

Insurance from MLC



Making your
insurance
even better

Effective from:
17 October 2011

Welcome to your latest
upgrades summary for:

- MLC Life Cover
Super, and
- MLC Personal
Protection Portfolio.

If you're not sure which upgrades apply to you, please refer to your most recent policy schedule for the name and title of the type of insurance and options you've chosen.

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Our upgrade philosophy

We look for ways to improve our products and give you better protection.

Whenever we improve the features and benefits of our insurance products we automatically upgrade your policy with those improvements that don't require an increase in premium rates.

This means you can be confident that, long after the policy is purchased, we're working hard to help ensure that your cover stays up-to-date.

We also improve our products by offering new optional product features that, if you decide to apply for them, may affect your premium.

With over 200 improvements passed on, or made available, to our insurance clients for more than 20 years, you can see how our long-term commitment is to provide you with the best cover possible.

This brochure summarises the most recent upgrades we've made as at **17 October 2011** to MLC Life Cover Super and MLC Personal Protection Portfolio.

Which upgrades apply to you?

The upgrades that apply to you will depend on the type of insurance and options you've selected as part of your policy.

When do these upgrades apply?

The upgrades outlined in this brochure were effective from **17 October 2011**.

How you can find out more about a particular upgrade or any of our other insurance offers?

You can speak with your adviser or call us on **132 652**, 8 am to 6 pm AEST/AEDT, Monday to Friday.

New policy wording for the upgrades

For: MLC Life Cover Super (LCS) and MLC Personal Protection Portfolio (PPP).

Please read the new policy wording on the following pages carefully.

The wording does not replace your existing policy, but amends and updates the wording for each relevant section of your original policy document in line with upgrades that apply to your policy effective from 17 October 2011.

Other than these upgrades, the existing terms and conditions of your policy are unchanged.

The new wording applies from 17 October 2011. In accordance with the conditions attached to the Guarantee of Upgrade, these upgrades only apply to future claims and not to past or current claims resulting from health conditions or events which began or took place before this date.

The upgrades are improvements in your insurance but you may choose to have a claim assessed under the pre-improvement wording should you prefer.

Remember to check your most recent policy schedule to determine which upgrades are applicable to you.

The headings under the 'New policy wording' sections in this brochure will match the headings in your policy document.



MLC Personal Protection Portfolio

New product upgrades/policy wording

MLC Life Cover insurance

Financial Planning Benefit

We've increased this benefit from \$2,000 to \$5,000.

New policy wording

Under **When this Benefit applies** in **Financial Planning Benefit**, for **Life Cover Standard insurance** and **Life Cover Plus insurance**, the wording is replaced as follows:

When we pay a lump sum Benefit of at least \$100,000 to a beneficiary under this type of insurance, we will reimburse the reasonable cost, up to \$5,000, of a fully documented financial plan prepared by a qualified Financial Adviser for the beneficiary.

Increases without further medical evidence

The maximum amount you can apply for has been increased from \$1 million to \$2 million.

New policy wording

Under **Conditions applicable to increases without further medical evidence** in **Increases without further medical evidence**, for **Life Cover Plus insurance**, the 5th and 6th paragraphs are replaced as follows:

The maximum amount of all increases in the Life Cover Benefit under this right is:

- *100% of the Original Benefit, or*
- *\$2,000,000 (see below for details), whichever is the lesser amount.*

If more than one MLC insurance policy (superannuation and non-superannuation), covers the Life Insured and provides a right to increase the Life Cover Benefit without further medical evidence, each policy will proportionally contribute to any increase in the Life Cover benefits. Further, the maximum amount of all increases in the Life Cover benefits under this right for all the MLC policies covering the Life Insured is:

- *an amount equal to the total of the Life Insured's Life Cover benefits under the policies at the commencement of each policy, or*
 - *\$2,000,000,*
- whichever is the lesser amount.*



Asset Protection for businesses

We've extended the list of Business Events to now include Asset Protection (Loan Guarantee).

If your insurance is for Asset Protection (Loan Guarantee), you can apply to increase your Life Cover insurance without medical evidence within certain limits.

New policy wording

Under **Business Events in Increases without further medical evidence**, for **Life Cover Plus insurance**, after **Ownership (Buy/Sell), share purchase, business continuation**, the following new section has been added:

Asset Protection (Loan Guarantee)	<p><i>If this type of insurance forms part of a business loan (Business Loan) which the Life Insured is personally responsible for, and where that part of the Business Loan for which the Life Insured is responsible increases, You can apply to increase their Life Cover Benefit in proportion to the increase in the part of the Business Loan the Life Insured is responsible for since the last Review Date, up to a maximum of:</i></p> <ul style="list-style-type: none">• 25% of the Original Benefit,• the increase in that part of the Business Loan the Life Insured is responsible for, which is averaged over the preceding three years, or• \$200,000, <p><i>whichever is the lesser amount.</i></p> <p><i>In this section, the part of the Business Loan the Life Insured is responsible for in any one year will be calculated on their share of the Business Loan at the end of that year.</i></p> <p><i>In any period that the business was not operating the part of the Business Loan the Life Insured is responsible for is nil.</i></p>
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Note: To apply for Increases without further medical evidence, please complete the **Application for increases without further medical evidence** for LCS and PPP available on **mlc.com.au** under Forms & Brochures.

MLC Personal Protection Portfolio

New product upgrades/policy wording

MLC Terminal Illness Support insurance

Financial Planning Benefit

We've increased this benefit from \$2,000 to \$5,000.

New policy wording

Under When this Benefit applies in Financial Planning Benefit, for Terminal Illness Support insurance the wording is replaced as follows:

When we pay a lump sum Benefit of at least \$100,000 to a beneficiary under this type of insurance, we will reimburse the reasonable cost, up to \$5,000, of a fully documented financial plan prepared by a qualified Financial Adviser for the beneficiary.

MLC Total & Permanent Disability (TPD) insurance (including Loss of Independence over age 65)

Financial Planning Benefit

We've increased this benefit from \$2,000 to \$5,000.

New policy wording

Under When this Benefit applies in Financial Planning Benefit, for Total & Permanent Disability insurance (including Loss of Independence over age 65) and Total & Permanent Disability (Stand Alone) insurance (including Loss of Independence over age 65) the wording is replaced as follows:

When we pay a lump sum Benefit of at least \$100,000 to a beneficiary under this type of insurance, we will reimburse the reasonable cost, up to \$5,000, of a fully documented financial plan prepared by a qualified Financial Adviser for the beneficiary.

Any Occupation definition

The definition for Any Occupation TPD is now more generous:

- The definition has been extended to include your inability to work at an occupation you're reasonably suited to that will pay 25% or more of your earnings.
- The qualifying period has been reduced from six months to three months.
- The survival period for TPD stand-alone insurance has been changed from six months to 14 days.

New policy wording

Under the **Any Occupation Definition** section for **Total & Permanent Disability insurance (including Loss of Independence over 65)** and **Total & Permanent Disability (Stand Alone) insurance (including Loss of Independence over 65)**, the wording is replaced as follows:

Any Occupation Definition	Totally and Permanently Disabled (this applies until the Review Date after the Life Insured reaches age 65)
	<p>If, at the time the disability begins, the Life Insured is Gainfully Employed, they are Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:</p> <p>(a)</p> <ul style="list-style-type: none">• as a result of their disability they are completely unable to work at any occupation they are reasonably suited to by way of education, experience or training which would pay Earnings at a rate greater than 25% of their Earnings during the continuous 12 month period before they were disabled, and are unlikely ever to be able to do so again, and• these circumstances have existed continuously for at least three months, <p>or</p> <p>(b)</p> <ul style="list-style-type: none">• they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), and• as a result of this impairment, they are disabled to such an extent that they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again,• and for Total & Permanent Disability (Stand Alone) insurance only, they survive for 14 days after the event leading to this impairment. <p>or</p> <p>(c) they have suffered from the total and irrecoverable loss of:</p> <ul style="list-style-type: none">• the use of both hands, or• the use of both feet, or• the sight in both eyes, or• the use of one hand and one foot, or• the use of one foot and the sight in one eye, or• the use of one hand and the sight in one eye,• and for Total & Permanent Disability (Stand Alone) insurance only, they survive for 14 days after the event leading to the above loss.

MLC Personal Protection Portfolio

New product upgrades/policy wording

Any Occupation Definition (continued)	<p><i>If, at the time the disability begins, the Life Insured is not Gainfully Employed, they are Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:</i></p> <p class="list-item-l1">(a)</p> <ul style="list-style-type: none">• <i>as a result of their disability they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again, and</i>• <i>these circumstances have existed continuously for at least three months,</i> <p><i>or</i></p> <p class="list-item-l1">(b)</p> <ul style="list-style-type: none">• <i>they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), and</i>• <i>as a result of this impairment, they are disabled to such an extent that they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again,</i>• <i>and for Total & Permanent Disability (Stand Alone) insurance only, they survive for 14 days after the event leading to this impairment.</i> <p><i>or</i></p> <p class="list-item-l1">(c) <i>they have suffered from the total and irrecoverable loss of:</i></p> <ul style="list-style-type: none">• <i>the use of both hands, or</i>• <i>the use of both feet, or</i>• <i>the sight in both eyes, or</i>• <i>the use of one hand and one foot, or</i>• <i>the use of one foot and the sight in one eye, or</i>• <i>the use of one hand and the sight in one eye,</i>• <i>and for Total & Permanent Disability (Stand Alone) insurance only, they survive for 14 days after the event leading to the above loss.</i>
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**Any Occupation
Definition
(continued)**

*For the purposes of the above definitions, **Earnings** means:*

- *where the Life Insured is self-employed (i.e. directly or indirectly owns part of or all of a business or practice), the income of the business or practice generated by the personal efforts of the Life Insured after the deduction of their appropriate share of business or practice expenses in generating that income;*
- *where the Life Insured is an employee (i.e. does not directly or indirectly own part of or all of a business or practice), the total remuneration paid by the employer to the Life Insured including salary, commissions, fees, regular bonuses, regular overtime, fringe benefits and regular superannuation contributions paid by the employer on behalf of the Life Insured; and*
- *whether the Life Insured is self-employed or employed, Earnings do not include investment income and are calculated before tax.*



MLC Personal Protection Portfolio

New product upgrades/policy wording

Own Occupation definition

The definition for Own Occupation TPD is now more generous:

- The qualifying period has been reduced from six months to three months.
- The survival period for TPD stand-alone insurance has been changed from six months to 14 days.

New policy wording

Under the **Own Occupation Definition** section for **Total & Permanent Disability insurance (including Loss of Independence over 65)** and **Total & Permanent Disability (Stand Alone) insurance (including Loss of Independence over 65)**, the wording is replaced as follows:

Own Occupation Definition	Totally and Permanently Disabled (this applies until the Review Date after the Life Insured reaches age 65)
	<p><i>The Life Insured's own occupation means the occupation in which they were engaged at the time of their application for this type of insurance unless they have changed their occupation since then. Where the change is to an occupation or occupation category that is eligible for the own occupation definition, You may choose to have a claim assessed under either the Life Insured's occupation at the time of their application or their occupation immediately prior to their date of disability. Where the change is to an occupation or occupation category that is not eligible for the own occupation definition the claim will be assessed under the Life Insured's occupation at the time of their application.</i></p> <p><i>If, at the time the disability begins, the Life Insured is Gainfully Employed, the Life Insured is Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:</i></p> <p class="list-item-l1">(a)</p> <ul style="list-style-type: none"><i>as a result of their disability they are completely unable to work at their own occupation and are unlikely ever to be able to do so again, and</i><i>these circumstances have existed continuously for at least three months and during such period the Life Insured has not been working in any occupation,</i> <p><i>or</i></p> <p class="list-item-l1">(b)</p> <ul style="list-style-type: none"><i>they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), and</i><i>as a result of this impairment, they are disabled to such an extent that they are completely unable to work at their own occupation and are unlikely ever to be able to do so again,</i><i>and for Total & Permanent Disability (Stand Alone) insurance only, they survive for 14 days after the event leading to this impairment.</i> <p><i>or</i></p> <p class="list-item-l1">(c)</p> <ul style="list-style-type: none"><i>they have suffered from the total and irrecoverable loss of:</i><i>the use of both hands, or</i><i>the use of both feet, or</i><i>the sight in both eyes, or</i><i>the use of one hand and one foot, or</i><i>the use of one foot and the sight in one eye, or</i><i>the use of one hand and the sight in one eye,</i><i>and for Total & Permanent Disability (Stand Alone) insurance only, they survive for 14 days after the event leading to the above loss.</i>

**Own Occupation
Definition
(continued)**

If, at the time the disability begins, the Life Insured is not Gainfully Employed, they are Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:

(a)

- as a result of their disability they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again, and*
- these circumstances have existed continuously for at least three months,*

or

(b)

- they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), and*
- as a result of this impairment, they are disabled to such an extent that they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again,*
- and for Total & Permanent Disability (Stand Alone) insurance only, they survive for 14 days after the event leading to this impairment.*

or

(c) they have suffered from the total and irrecoverable loss of:

- the use of both hands, or*
- the use of both feet, or*
- the sight in both eyes, or*
- the use of one hand and one foot, or*
- the use of one foot and the sight in one eye, or*
- the use of one hand and the sight in one eye,*
- and for Total & Permanent Disability (Stand Alone) insurance only, they survive for 14 days after the event leading to the above loss.*

MLC Personal Protection Portfolio

New product upgrades/policy wording

Loss of Independence definition

The qualifying period has been reduced from six months to three months.

The survival period for TPD stand-alone insurance has been reduced from six months to 14 days.

New policy wording

Under the **Definition** section, the last paragraph for **Total & Permanent Disability insurance (including Loss of Independence over 65)** and the second last paragraph for **Total & Permanent Disability (Stand Alone) insurance (including Loss of Independence over 65)**, is replaced with the following wording:

The Loss of Independence circumstances must have existed continuously for at least three months.

Under **Total & Permanent Disability (Stand Alone) insurance (including Loss of Independence over age 65)** the last paragraph is replaced with the following wording:

Please note the Life Insured must survive for 14 days for us to consider a claim for Loss of Independence.

Partial Payment Benefit

We'll pay a partial benefit if you lose the sight of one eye or the use of one foot or one hand.

New policy wording

Under **Total & Permanent Disability insurance (including Loss of Independence over 65)** and **Total & Permanent Disability (Stand Alone) insurance (including Loss of Independence over 65)**, before **Increases without further medical evidence**, add the following new section:

	Partial Payment Benefit
	<i>If the Life Insured suffers the total and irrecoverable loss of the:</i> <ul style="list-style-type: none">• <i>sight of one eye, or</i>• <i>loss of one foot or one hand,</i> <i>we will pay You the Partial Payment Benefit (see below).</i>
What we will pay	<i>The Partial Payment Benefit payable will be:</i> <ul style="list-style-type: none">• <i>25% of the Total and Permanent Disability Benefit, or</i>• <i>\$500,000</i> <i>whichever is the lesser.</i>
Conditions that apply to the Partial Payment Benefit	<i>The Partial Payment Benefit:</i> <ul style="list-style-type: none">• <i>will only be payable once,</i>• <i>is not payable if it is less than \$10,000, and</i>• <i>will reduce the Total and Permanent Disability Benefit by the amount paid.</i>
Definitions for the Partial Payment Benefit	Loss of one foot or one hand. <i>The total and irrecoverable loss, or loss of the use, of the following:</i> <ul style="list-style-type: none">• <i>one foot, or</i>• <i>one hand.</i> Loss of sight in one eye. <i>The permanent loss of sight in one eye, whether aided or unaided, due to sickness or Injury to the extent that visual acuity is 6/60 or less.</i>

Increases without further medical evidence

The maximum amount you can apply for has been increased from \$1 million to \$2 million.

New policy wording

Under Conditions applicable to increases without further medical evidence in Increases without further medical evidence for Total & Permanent Disability insurance (including Loss of Independence over age 65) and Total & Permanent Disability (Stand Alone) insurance (including Loss of Independence over age 65), the 5th and 6th paragraphs are replaced as follows:

The maximum amount of all increases in the Total and Permanent Disability Benefit under this right is:

- 100% of the Original Benefit, or
- \$2,000,000 (see below for details), whichever is the lesser amount.

If more than one MLC insurance policy (superannuation and non-superannuation), covers the Life Insured and provides a right to increase the Total and Permanent Disability Benefit without further medical evidence, each policy will proportionally contribute to any increase in the Total and Permanent Disability benefits. Further, the maximum amount of all increases in the Total and Permanent Disability benefits under this right for all the MLC policies covering the Life Insured is:

- an amount equal to the total of the Life Insured's Total and Permanent Disability benefits under the policies at the commencement of each policy, or

- \$2,000,000,

whichever is the lesser amount.

Asset Protection for businesses

We've extended the list of Business Events to now include Asset Protection (Loan Guarantee).

If your insurance is for Asset Protection (Loan Guarantee), you can apply to increase your TPD insurance without medical evidence within certain limits.

New policy wording

Under Business Events in Increases without further medical evidence for Total & Permanent Disability insurance (including Loss of Independence over age 65) and Total & Permanent Disability (Stand Alone) insurance (including Loss of Independence over age 65), after Ownership (Buy/Sell), share purchase, business continuation, add the following new section:

Asset Protection (Loan Guarantee)	<p><i>If this type of insurance forms part of a business loan (Business Loan) which the Life Insured is personally responsible for, and where that part of the Business Loan for which the Life Insured is responsible increases, You can apply to increase their Total and Permanent Disability Benefit in proportion to the increase in the part of the Business Loan the Life Insured is responsible for since the last Review Date, up to a maximum of:</i></p> <ul style="list-style-type: none">• 25% of the Original Benefit,• the increase in that part of the Business Loan the Life Insured is responsible for, which is averaged over the preceding three years, or• \$200,000, <p><i>whichever is the lesser amount.</i></p> <p><i>In this section, the part of the Business Loan the Life Insured is responsible for in any one year will be calculated on their share of the Business Loan at the end of that year.</i></p> <p><i>In any period that the business was not operating the part of the Business Loan the Life Insured is responsible for is nil.</i></p>
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Note: To apply for Increases without further medical evidence, please complete the **Application for increases without further medical evidence** for LCS and PPP available on mlc.com.au under Forms & Brochures.

MLC Personal Protection Portfolio

New product upgrades/policy wording

Life Cover Buy Back Option

You can now buy back your Life Cover insurance for death, terminal illness and accidental injury (previously the restored insurance applied to death only).

Please note: if you hold Life Cover Standard insurance the restored insurance will apply to death and terminal illness only as accidental injury is not covered under this insurance.

New policy wording

Under **Life Cover Buy Back Option for Total & Permanent Disability insurance (including Loss of Independence over age 65)**, the wording is replaced with the following:

Life Cover Buy Back Option	<p>If a Life Insured lives for 14 days after first receiving a benefit for Total and Permanent Disability or Loss of Independence Benefit, as applicable, the life insurance on that Life Insured's life will be restored up to the same amount as the Benefit paid (without having to provide additional evidence of health, occupation or pursuits) in accordance with the following conditions:</p> <ul style="list-style-type: none">• The restored Life Cover Benefit will be payable in the event of the Life Insured's death or Terminal Illness for Life Cover Standard insurance.• The restored Life Cover Benefit will be payable in the event of the Life Insured's death, Terminal Illness or Accidental Injury for Life Cover Plus insurance.• The Accidental Injury Benefit under the restored Life Cover Plus insurance will not be paid for any loss arising from or contributed to by an Injury or sickness for which the benefit has been paid under the original Total and Permanent Disability or Loss of Independence insurance.• If you buy back Your Life Cover Benefit then the Financial Planning Benefit can only be claimed once per Life Insured.• If Terminal Illness Support has previously been paid it will not be available under the restored Life Cover.• If Total and Permanent Disability or Loss of Independence insurance was issued as a Connected Benefit and the life insurance on that Life Insured's life is restored under this option, the owner of the Life Cover insurance will be the same as the owner of the original connected Life Cover Policy.• The Premiums for the restored Life Cover will be based on MLC's normal Life Cover Premium Rates at the time, taking into account the amount of the Benefit, the Life Insured's age and the Premium and acceptance terms of this Policy.• This Option is only available until the Review Date after the Life Insured turns 75.
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MLC Critical Illness insurance

Critical Illness definitions

We've improved some of our critical condition definitions. Therefore, you may be able to claim benefits for certain critical conditions sooner.

The list of critical conditions has been extended to include Severe Diabetes.

New policy wording

Under **Critical Conditions insured for Critical Illness Plus insurance and Critical Illness Plus (Stand Alone) insurance**, the following has been added to the list of critical conditions:

- Severe diabetes

Please note: Major organ transplant has been renamed as follows:

- Major organ or bone marrow transplant

The definitions of the following critical conditions are now more generous:

- Heart attack
- Malignant cancer
- Any Occupation Total and Permanent Disability
- Own Occupation Total and Permanent Disability
- Benign brain tumour
- Cardiomyopathy
- Chronic liver failure
- Coma
- Coronary artery angioplasty
- Dementia or Alzheimer's disease
- Encephalitis
- Intensive care
- Loss of speech
- Major brain injury
- Major burns
- Major organ transplant (now called Major organ or bone marrow transplant)
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophy
- Out of hospital cardiac arrest
- Parkinson's disease
- Severe rheumatoid arthritis.

New policy wording

The following definitions under **Definitions in Critical Conditions (definitions) for Critical Illness Standard insurance, Critical Illness Plus insurance and Critical Illness Plus (Stand Alone) insurance**, are replaced with the following:

Heart attack. *The death of part of the heart muscle because of inadequate blood supply. The diagnosis must be based on electrocardiogram changes and either:*

- higher levels of cardiac enzyme (CK-MB) than normal; or
- an elevation (other than as a result of cardiac or coronary intervention or angina) of Troponin I in excess of 2.0 micro-grams per litre or Troponin T in excess of 0.6 micro-grams per litre.

If a diagnosis based on the above criteria is inconclusive, then we will consider a claim based on conclusive evidence that the Life Insured has been diagnosed as having suffered a heart attack, resulting in either one of the following:

- new pathological Q waves; or
- a permanent left ventricular ejection fraction of 50% or less, measured three or more months after the event.

We will also consider any claim based on any other medical test results provided by a cardiologist that unequivocally diagnose myocardial infarction of the degree of severity as documented above, or greater.

MLC Personal Protection Portfolio

New product upgrades/policy wording

Malignant Cancer. The presence of one or more malignant tumours, leukaemia or lymphomas.

The following are **not** included:

- Chronic lymphocytic leukaemia in its early stages (less than RAI stage 1).
- Prostate cancer which is histologically described as TNM classification T1(a) or (b) or another equivalent or lesser classification with a Gleason score of 5 or less unless:
 - the person insured is required to undertake major interventionist therapy including radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment; or
 - the tumour is completely untreatable.
- Carcinoma *in situ*, cervical dysplasia CIN1, CIN2, and CIN3, or pre-malignant tumours. Carcinoma *in situ* of the breast is included where it leads to the removal of the breast by a mastectomy. The procedure must be performed as a direct result of the carcinoma *in situ* and specifically to arrest the spread of malignancy, and be considered the necessary and appropriate treatment.
- Skin cancer other than melanoma that:
 - shows signs of ulceration as determined by histological examination; or
 - is at least 1.5 mm thick; or
 - is at least Clark Level 3 of invasion.
- Hyperkeratosis or basal cell skin carcinoma.
- Squamous cell skin carcinoma unless it has spread to other organs.

Any Occupation Total and Permanent Disability and Partial Benefit Payment

Please see pages 9 to 11 and page 14 for these new definitions.

Own Occupation Total and Permanent Disability and Partial Benefit Payment

Please see pages 12 to 13 and page 14 for these new definitions.

New policy wording

Under Definitions in Critical Conditions Plus (definitions) for Critical Illness Plus insurance and Critical Illness Plus (Stand Alone) insurance:

1. the following definition has been added:

Severe diabetes. Severe diabetes mellitus, either Insulin or Non-Insulin dependent, as certified by a consultant endocrinologist and resulting in at least two of the following criteria:

- Severe Diabetic Retinopathy resulting in visual acuity uncorrected and corrected of 6/36 or worse in both eyes;
- Severe Diabetic Neuropathy causing motor and/or autonomic impairment;
- Diabetic Gangrene leading to surgical intervention;
- Severe Diabetic Nephropathy causing chronic irreversible renal impairment (as measured by a corrected creatinine clearance below the laboratory/ies measured normal range).

2. the following definitions are replaced with the following:

Benign brain tumour. The presence of a non-cancerous tumour of the brain or spinal cord which is histologically confirmed and results in:

- at least 25% permanent impairment of the whole person function; or
- the undergoing of neuro-surgical intervention for its removal.

The following are **not** included:

- intracranial cysts, granulomas and haematomas;
- intracranial malformation in or of the arteries and veins; and
- tumours of the pituitary gland.

Cardiomyopathy. The inability of the heart muscle to function properly resulting in permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Chronic liver failure. The final stage of liver disease with at least two of the following conditions: permanent jaundice, ascites (abnormal retention of fluids within the abdominal cavity), deteriorating liver function tests and encephalopathy (related brain disease).

Coma. A total loss of consciousness and responsiveness in which the Life Insured is incapable of sensing or responding to external stimuli that results in a documented Glasgow Coma Scale of 6 or less for at least 72 hours.

Coronary artery angioplasty. An operation to correct narrowing or obstruction of one or more coronary arteries. Intra-arterial investigation procedures are not included.

This Critical Condition applies only for Policies where the Critical Illness Benefit is \$100,000 or more.

The Benefit payable for this Critical Condition is 10% of the Life Insured's Critical Illness Benefit up to a maximum of \$20,000 per event.

After this Benefit is paid, this type of insurance will continue, with the Benefit reduced by the amount paid. Critical Illness Premiums will be reduced in line with the reduced Benefit.

A Benefit will be paid for subsequent angioplasty procedures provided that they are necessary and occur at least six months apart.

Dementia or Alzheimer's disease. The unequivocal diagnosis of Dementia or Alzheimer's disease that results in:

- permanent failure of brain function resulting in significant cognitive impairment; and
- a deterioration in the Life Insured's Mini-Mental State Examination score to 24 or less.

Encephalitis. Severe inflammation of brain substance which results in the Life Insured suffering either:

- permanent loss of at least 25% of either the brain's mental function or its physical control function; or
- permanent Loss of Independence (as defined under **Critical Conditions (definitions)**).

Encephalitis occurring in patients with HIV infection is not covered.

Intensive care. Mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an intensive care unit of an acute care hospital.

Loss of speech. Total and permanent loss of ability to speak. A claim can only be made once the initial diagnosis is reconfirmed after three months.

Major brain injury. Physical head injury that results in the Life Insured suffering either:

- permanent loss of at least 25% of either the brain's mental function or its physical control function; or
- permanent Loss of Independence (as defined under **Critical Conditions (definitions)**).

Major burns. Full thickness burns to 20% or more of the body surface, or to 50% of the face or 50% of both hands requiring surgical debridement and/or grafting.

Major organ or bone marrow transplant. The transplant, or

placement on an Australian waiting list approved by us for:

- transplant of any of the following organs from a human donor to the Life Insured:
 - kidney
 - liver
 - heart
 - lung
 - pancreas
 - small bowel, or
 - bone marrow transplant.

This treatment must be considered medically necessary and the condition affecting the organ or bone marrow deemed untreatable by any other means other than transplant, as confirmed by a specialist.

MLC Personal Protection Portfolio

New product upgrades/policy wording

Motor neurone disease.

The progressive weakening and wasting of the muscles of the body. The unequivocal diagnosis of motor neurone disease must be certain and supported by neurological investigations.

Multiple sclerosis. The progressive destruction of the insulating layer of myelin in the brain and spinal cord. The unequivocal diagnosis of Multiple sclerosis must be by a consultant neurologist.

There must be more than one episode of defined neurological deficit with persistent abnormalities.

Neurological investigations such as lumbar puncture, MRI (Magnetic Response Imaging), evidence of lesions in the central nervous system and evoked visual responses are required to confirm diagnosis.

Muscular dystrophy. The unequivocal diagnosis of muscular dystrophy by a medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigations.

Parkinson's disease. The unequivocal diagnosis of degenerative idiopathic Parkinson's disease, as characterised by the clinical manifestation of one or more of:

- rigidity
- tremor
- akinesia from degeneration of the nigrostriatal system.

All other types of Parkinsonism, including secondary parkinsonism due to medication, are excluded.

Severe rheumatoid arthritis.

The unequivocal diagnosis of severe rheumatoid arthritis by a Rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:

- At least a six week history of severe rheumatoid arthritis which involves three or more of the following joint areas:
 - proximal interphalangeal joints in the hands
 - metacarpophalangeal joints in the hands
 - metatarsophalangeal joints in the foot
 - wrist, elbow, knee, or ankle.
- simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone)
- typical rheumatoid joint deformity; and
- at least two of the following criteria:
 - morning stiffness
 - rheumatoid nodules
 - erosions seen on x-ray imaging
 - the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.

Life Cover Buy Back Option

You can now buy back your Life Cover insurance for death, terminal illness and accidental injury (previously the restored insurance applied to death and terminal illness only).

Please note: if you hold Life Cover Standard insurance the restored insurance will apply to death and terminal illness only as accidental injury is not covered under this insurance.

We'll write to you and you'll need to let us know that you want this feature. To take advantage of this feature, please note you'll have to pay an extra premium.

New policy wording

Under **Life Cover Buy Back Option** for **Critical Illness Standard insurance** and **Critical Illness Plus insurance**, the wording is replaced with the following:

	Life Cover Buy Back Option
	<p><i>One year after we pay a Life Insured's full Critical Illness Benefit, You have the right to take out life insurance on that Life Insured's life up to the same amount as the Benefit paid (without having to provide additional evidence of health, occupation or pursuits).</i></p> <p><i>The right will also apply where the Life Insured's Benefit Payment was due to Total and Permanent Disability as a Critical Condition, and the Life Insured lived for 14 days after the event causing the Total and Permanent Disability.</i></p> <p><i>The following conditions apply:</i></p> <ul style="list-style-type: none">• <i>You must exercise this right within 30 days of the year being completed or, in the case of Total and Permanent Disablement, the life insurance on that Life Insured's life will be restored after the 14 day survival period.</i>• <i>The Life Cover Benefit under the new Policy will be payable in the event of the Life Insured's death or Terminal Illness for Life Cover Standard insurance.</i>• <i>The Life Cover Benefit under the new Policy will be payable in the event of the Life Insured's death, Terminal Illness or Accidental Injury for Life Cover Plus insurance.</i>• <i>The Accidental Injury Benefit under the restored Life Cover Plus insurance will not be paid for any loss arising from or contributed to by an Injury or sickness for which the benefit has been paid under the original Critical Illness insurance.</i>• <i>If You buy back Your Life Cover Benefit then the Financial Planning Benefit can only be claimed once per Life Insured.</i>• <i>If Terminal Illness Support has previously been paid it will not be available under the restored Life Cover.</i>• <i>If Critical Illness insurance was issued as a Connected Benefit and the life insurance on that Life Insured's life is restored under this option, the owner of the Life Cover insurance will be the same as the owner of the original connected Life Cover Policy.</i>• <i>You cannot exercise this Option if a benefit for Terminal Illness has been previously paid for the Life Insured.</i>• <i>The Premiums for the new insurance Policy will be based on MLC's normal Life Cover Premium Rates at the time, taking into account the amount of the Benefit, the Life Insured's age and the Premium and acceptance terms of this Policy.</i>• <i>This Option is only available until the Review Date after the Life Insured turns 75.</i>

MLC Personal Protection Portfolio

New product upgrades/policy wording

Increases without further medical evidence

The maximum amount you can apply for has been increased from \$1 million to \$2 million.

New policy wording

Under **Conditions applicable to increases without further medical evidence in Increases without further medical evidence for Critical Illness Plus insurance and Critical Illness Plus (Stand Alone) insurance**, the 5th and 6th paragraphs are replaced as follows:

The maximum amount of all increases in the Critical Illness Benefit under this right is:

- 100% of the Original Benefit, or
- \$2,000,000 (see below for details),

whichever is the lesser amount.

If more than one MLC insurance policy (superannuation and non-superannuation), covers the Life Insured and provides a right to increase the Critical Illness Benefit without further medical evidence, each policy will contribute to any increase in the Critical Illness benefits in the same proportion as its Critical Illness benefit bears to the total Critical Illness benefits. Further, the maximum amount of all increases in the Critical Illness benefits under this right for all the MLC policies covering the Life Insured is:

- *an amount equal to the total of the Life Insured's Critical Illness benefits under the policies at the commencement of each policy, or*
- \$2,000,000,

whichever is the lesser amount.

Asset Protection for businesses

We've extended the list of Business Events to now include Asset Protection (Loan Guarantee).

If your insurance is for Asset Protection (Loan Guarantee), you can apply to increase your Critical Illness insurance without medical evidence within certain limits.

New policy wording

Under **Business Events** in **Increases without further medical evidence for Critical Illness Plus insurance and Critical Illness Plus (Stand Alone) insurance**, after **Ownership (Buy/Sell), share purchase, business continuation**, add the following new section:

Asset Protection (Loan Guarantee)	<p><i>If this type of insurance forms part of a business loan (Business Loan) which the Life Insured is personally responsible for, and where that part of the Business Loan for which the Life Insured is responsible increases, You can apply to increase their Critical Illness Benefit in proportion to the increase in the part of the Business Loan the Life Insured is responsible for since the last Review Date, up to a maximum of:</i></p> <ul style="list-style-type: none">• 25% of the Original Benefit.• the increase in that part of the Business Loan the Life Insured is responsible for, which is averaged over the preceding three years, or• \$200,000, <p><i>whichever is the lesser amount.</i></p> <p><i>In this section, the part of the Business Loan the Life Insured is responsible for in any one year will be calculated on their share of the Business Loan at the end of that year.</i></p> <p><i>In any period that the business was not operating the part of the Business Loan the Life Insured is responsible for is nil.</i></p>
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Note: To apply for Increases without further medical evidence, please complete the **Application for increases without further medical evidence** for LCS and PPP available on **mlc.com.au** under Forms & Brochures.

Financial Planning Benefit

We've increased this benefit from \$2,000 to \$5,000.

New policy wording

Under **When this Benefit applies in Financial Planning Benefit for Critical Illness Standard insurance, Critical Illness Plus insurance and Critical Illness Plus (Stand Alone) insurance**, the wording is replaced as follows:

When we pay a lump sum Benefit of at least \$100,000 to a beneficiary under this type of insurance, we will reimburse the reasonable cost, up to \$5,000, of a fully documented financial plan prepared by a qualified Financial Adviser for the beneficiary.

MLC Personal Protection Portfolio

New product upgrades/policy wording

Child Support Benefit

If you have Critical Illness insurance of at least \$100,000, we'll pay a lump sum of \$10,000 if one of your children suffers one of the Child Support Benefit Conditions for the first time or dies. This benefit won't reduce your Critical Illness Plus or stand-alone benefit.

New policy wording

Under **Definitions in Your guide to understanding this Policy for General terms and conditions**, the following definition has been added:

Child for the purposes of *Child Support Benefit* and *Child Support Income Benefit* means a person who is:

- under the age of 21, and
- the natural child, stepchild, adopted child or a child under the legal guardianship of the Life Insured.

New policy wording

Under **Critical Illness Plus insurance** and **Critical Illness Plus (Stand Alone) insurance**, after **Financial Planning Benefit**, the following new section has been added:

	Child Support Benefit
When this Benefit applies	<i>If a Child dies or first suffers a Child Support Benefit Condition (as defined below):</i> <ul style="list-style-type: none">• while this insurance is in force, and• after the Review Date following the Child's 2nd birthday, we will pay You the Child Support Benefit.
What we will pay	<i>The Child Support Benefit payable for each Child is \$10,000. The Benefit paid will not reduce the Critical Illness Benefit to which it is connected.</i>
Child Support Benefit Conditions	<i>Critical Conditions insured are (see detailed definitions in the Critical Conditions (definitions) section of this Policy):</i> <ul style="list-style-type: none">• Aplastic anaemia• Bacterial meningitis• Benign brain tumour• Blindness• Cardiomyopathy• Chronic kidney failure• Chronic liver failure• Coma• Deafness• Encephalitis• Heart attack• Heart valve surgery• HIV contracted through medical procedures• Intensive care• Loss of speech• Major brain injury• Major burns• Major organ or bone marrow transplant• Malignant cancer• Meningococcal septicaemia• Open heart surgery• Out of hospital cardiac arrest• Paralysis• Pneumonectomy• Primary pulmonary hypertension• Stroke

Child Support Benefit Conditions (continued)	<p><i>The Child first has a Child Support Benefit Condition:</i></p> <ul style="list-style-type: none">• <i>for surgical conditions, when the underlying condition requiring the surgical intervention first appeared, happened or was diagnosed as meeting its definition, and</i>• <i>for all other conditions, when the condition first appeared, happened or was diagnosed as meeting its definition.</i>
Conditions that apply to the Child Support Benefit	<p><i>The Child Support Benefit:</i></p> <ul style="list-style-type: none">• <i>will only be payable if the Critical Illness Benefit is \$100,000 or more, and</i>• <i>is payable once only for any one Child.</i>
Exclusions	<p><i>We will not pay a Benefit for any Child Support Benefit Condition arising from or contributed to by:</i></p> <ul style="list-style-type: none">• <i>the Child's intentional self-inflicted Injury or attempted suicide,</i>• <i>sickness or Injury that first appeared, happened or was diagnosed before or within three months of this insurance starting or last being reinstated,</i>• <i>sickness or Injury that first appeared, happened or was diagnosed before the Review Date following the Child's 2nd birthday,</i>• <i>congenital abnormalities that first appeared for the Life Insured, the Life Insured's Spouse or any of their Children before this insurance started or was last reinstated,</i>• <i>congenital abnormalities that first appeared before the Review Date following the Child's 2nd birthday, or</i>• <i>an Injury maliciously inflicted on the Child for the purpose of gain from this insurance, including by You or the Life Insured.</i>

Please note: The Child Support Benefit Condition definitions have the same definition as those under Critical Illness insurance. For the purposes of the Child Support Benefit, Life Insured means the Child for the relevant Critical Illness critical condition definitions.



MLC Personal Protection Portfolio

New product upgrades/policy wording

Critical Illness Extra Benefits Option—Additional critical conditions

The list of additional critical conditions now includes:

- Carcinoma in situ of the female reproductive organs, and
- Orchidectomy (as required to diagnose Carcinoma in situ of the testicle).

The definitions of the following additional critical conditions are now more generous:

- Chronic Lymphocytic Leukaemia (now called Early stage chronic lymphocytic leukaemia)
- Facial reconstructive surgery and skin grafting
- Loss of one foot or one hand
- Melanoma (now called Early stage melanoma)
- Prostate Cancer (now called Early stage prostate cancer), and
- Serious Accidental Injury.

Please note: The following critical conditions have been removed as a full benefit is now available for these conditions (see page 20):

- Diagnosed motor neurone disease (now covered under Motor neurone disease)
- Diagnosed multiple sclerosis (now covered under Multiple sclerosis)
- Diagnosed muscular dystrophy (now covered under Muscular dystrophy)
- Diagnosed Parkinson's disease (now covered under Parkinson's disease)
- Placement on waiting list for major organ transplant (now covered under Major organ or bone marrow transplant).

New policy wording

Under **Additional Critical Conditions and Maximum Benefit Payable** in **Critical Illness Extra Benefits Option for Critical Illness Plus insurance** and **Critical Illness Plus (Stand Alone) insurance** is replaced with the following:

Additional Critical Conditions and Maximum Benefit Payable	Critical Condition
	<p><i>The maximum benefit payable is \$100,000 for the following conditions:</i></p> <ul style="list-style-type: none">• Adult onset insulin dependent diabetes mellitus• Advanced endometriosis• Carcinoma in situ of the breast• Deafness in one ear• Early stage chronic lymphocytic leukaemia• Early stage prostate cancer• Facial reconstructive surgery and skin grafting• Serious accidental injury.
	<p><i>The maximum benefit payable is \$200,000 for the following conditions:</i></p> <ul style="list-style-type: none">• Loss of one foot or one hand• Loss of sight in one eye.
	<p><i>The maximum benefit payable is \$50,000 for the following conditions:</i></p> <ul style="list-style-type: none">• Congenital abnormalities of a Child• Inability of a Child to gain independence.
	<p><i>The maximum benefit payable is \$20,000 for the following conditions:</i></p> <ul style="list-style-type: none">• Carcinoma in situ of the female reproductive organs• Death of a Child• Early stage melanoma• Orchidectomy (as required to diagnose Carcinoma in situ of the testicle)• Specified complications of pregnancy.

New policy wording

Under **Qualifying periods in Critical Illness Extra Benefits Option for Critical Illness Plus insurance and Critical Illness Plus (Stand Alone) insurance**, the fourth paragraph is replaced with the following:

*The following Critical Conditions are also not covered if they **first appear, first happen or are first diagnosed during the first three months after this Extra Benefits Option began or was last reinstated.***

- *Carcinoma in situ of the breast*
- *Carcinoma in situ of the female reproductive organs*
- *Early stage chronic lymphocytic leukaemia*
- *Early stage melanoma*
- *Early stage prostate cancer*
- *Orchidectomy (as required to diagnose carcinoma in situ of the testicle).*



MLC Personal Protection Portfolio

New product upgrades/policy wording

Critical Illness Extra Benefits Option definitions

New policy wording

Under Definitions in Critical Conditions Plus Extra Benefits Option (definitions) for Critical Illness Plus insurance and Critical Illness Plus (Stand Alone) insurance:

1. the following definitions have been added:

Carcinoma in situ—Female Reproductive Organs. The presence of Carcinoma in situ of:

- corpus uteri
- fallopian tube (requiring removal);
- ovary (requiring removal);
- perineum (excluding skin equivalent cancers)
- vagina (excluding skin equivalent cancers)
- vulva (excluding skin equivalent cancers).

Carcinoma in situ of the cervix, cervical dysplasia, CIN1, CIN2, CIN3 are excluded.

Carcinoma in situ means a focal autonomous new growth of carcinomatous cells which has not yet resulted in the invasion of normal tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane. The tumour must be classified as Tis according to the TNM staging method or FIGO Stage 0.

Orchidectomy (as required to diagnose Carcinoma in situ of the testicle).

The removal of one or both testes by radical orchidectomy as required to positively or negatively diagnose Carcinoma in situ (Tis) of the testicle. The removal must be the appropriate and necessary treatment. Orchidectomy for any other reason is specifically excluded.

2. the following definitions have been replaced with the new wording below:

Early stage chronic lymphocytic leukaemia (CLL). The presence of chronic lymphocytic leukaemia diagnosed as less than RAI stage 1 (characterised by lymphocytosis and enlarged lymph nodes).

Early stage melanoma. The presence of one or more malignant melanomas.

The melanoma must be less than 1.5 mm depth of invasion or Clark Level 3. The diagnosis must be by biopsy. The malignancy must be characterised by the uncontrollable growth and spread of malignant cells.

Early stage prostate cancer.

The presence of prostate cancer histologically described as:

- TNM classification T1(a) or (b) (or another equivalent classification); or
- a Gleason score of 5 or less.

Facial reconstructive surgery and skin grafting.

The undergoing of skin grafting and plastic or reconstructive surgery above the neck which is deemed medically necessary for the treatment of facial disfigurement as a direct result of an Accident requiring inpatient hospital treatment of the Life Insured. The Accident must occur while the insurance is in force.

Loss of one foot or one hand. The total and irrecoverable loss or loss of the use, of the following:

- one foot
- one hand.

Serious accidental injury.

The Life Insured suffers a serious accidental injury resulting in confinement to an acute care hospital for a period of 30 consecutive days (24 hours per day) under the full-time care of a registered doctor.

Critical Illness Extra Benefits Option—Critical Illness Buy Back

Twelve months after a partial Critical Illness insurance benefit has been paid, this enhanced option now means you can buy back the partial insurance amount (previously this only applied after the full benefit had been paid).

New policy wording

The **Critical Illness Buy Back Option** in **Critical Illness Extra Benefits Option** for **Critical Illness Plus insurance** and **Critical Illness Plus (Stand Alone) insurance** is replaced with the following:

Critical Illness Buy Back Option	<p>One year after we pay a Life Insured's Critical Illness Benefit including a partial Benefit paid under the Critical Illness Extra Benefits Option which covers that Life Insured, You have the right to take out Critical Illness insurance on that Life Insured's life up to the same amount as the Benefit paid (without having to provide additional evidence of health, occupation or pursuits) in accordance with the following conditions:</p> <ul style="list-style-type: none">• You must exercise this right within 30 days of the year being completed.• If You have Critical Illness as part of Your Life Cover and:<ul style="list-style-type: none">– You have the option to buy back Your Life Cover after a claim, You must restore the Life Cover Benefit at the same time You restore Your Critical Illness Benefit.– You do not have the option to buy back Your Life Cover after a claim, Your new cover will be issued as a Critical Illness (Stand Alone) insurance.• Where a Critical Illness Benefit, excluding a partial Benefit paid under the Extra Benefits Option, has been paid the new Benefit will not provide cover and therefore a claim will not be payable, for a Critical Condition:<ul style="list-style-type: none">– for which a Benefit, including a partial Benefit, has been paid (excluding Coronary Artery Angioplasty);– which is related to, arises from or is contributed to by (directly or indirectly, or wholly or partly) any Critical Condition for which a Benefit, including a partial Benefit, has been paid.• Where a Critical Illness Benefit has been paid for a partial Benefit under the Extra Benefits Option, the new Benefit will not provide cover and therefore a claim will not be payable for:<ul style="list-style-type: none">– any Extra Benefits Option Critical Condition for which a Benefit has been paid, or– any Extra Benefits Option Critical Condition which is related to, arises from or is contributed to by (directly or indirectly, or wholly or partly) any Extra Benefits Option Critical Condition for which a Benefit has been paid.• If Critical Illness insurance was issued as a Connected Benefit and the life insurance on that Life Insured's life is restored under this option, the owner of the Life Cover insurance will be the same as the owner of the original connected Life Cover Policy.• The Premiums for the new insurance Policy will be based on MLC's normal Critical Illness Premium Rates at the time, taking into account the amount of the Benefit, the Life Insured's age and the Premium and acceptance terms of this Policy.• Total and Permanent Disability, Increases without further medical evidence and the Financial Planning Benefit (unless the Financial Planning Benefit has not previously been paid) are not available in relation to the new Critical Illness cover.• This Option is only available until the Review Date after the Life Insured turns 75.
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MLC Personal Protection Portfolio

New product upgrades/policy wording

MLC Income Protection insurance

Partial Disability and Rehabilitation

The following definitions are now more generous:

- Diagnosed motor neurone disease (now called Motor neurone disease)
- Diagnosed muscular dystrophy (now called Muscular dystrophy)
- Diagnosed multiple sclerosis (now called Multiple sclerosis)
- Diagnosed Parkinson's disease (now called Parkinson's disease).

If you suffer any of these four conditions, and meet the policy terms and conditions, you don't need to be totally disabled for at least 14 days beforehand to be eligible for 'Partial Disability' or 'Rehabilitation' benefits.

New policy wording

The No prior Total Disability required for certain specified conditions section in Other Benefits for Income Protection Standard insurance and Income Protection Plus insurance is replaced with the following:

No prior Total Disability required for certain specified conditions	<p>Where Partial Disability or Rehabilitation is due to one of the following specified conditions, a prior period of Total Disability is not required to be eligible for those Benefits.</p> <p>The specified conditions (which are defined in detail below) are:</p> <ul style="list-style-type: none">• Motor neurone disease• Muscular dystrophy• Multiple sclerosis• Parkinson's disease. <p>The specified condition must meet all the terms of its definition. It must be diagnosed by a Doctor who is an appropriate specialist and confirmed by MLC's medical adviser.</p> <p>Motor neurone disease. The progressive weakening and wasting of the muscles of the body. The unequivocal diagnosis of motor neurone disease must be certain and supported by neurological investigations.</p> <p>Multiple sclerosis. The progressive destruction of the insulating layer of myelin in the brain and spinal cord. The unequivocal diagnosis of Multiple sclerosis must be by a consultant neurologist. There must be more than one episode of defined neurological deficit with persistent abnormalities. Neurological investigations such as lumbar puncture, MRI (Magnetic Response Imaging), evidence of lesions in the central nervous system and evoked visual responses are required to confirm diagnosis.</p> <p>Muscular dystrophy. The unequivocal diagnosis of muscular dystrophy by a medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigations.</p> <p>Parkinson's disease. The unequivocal diagnosis of degenerative idiopathic Parkinson's disease, as characterised by the clinical manifestation of one or more of:</p> <ul style="list-style-type: none">• rigidity• tremor• akinesia from degeneration of the nigrostriatal system. <p>All other types of Parkinsonism, including secondary parkinsonism due to medication, are excluded.</p> <p>Benefits will start to accrue the day after the Waiting period ends. The first payment will be due one month later. Payments will be made monthly while Your entitlement continues.</p>
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MLC Personal Protection Portfolio

New product upgrades/policy wording

Increases without further medical evidence

When certain changes in your life happen such as taking out a mortgage or having a child, you can now apply to increase your Income Protection benefit by up to 20% once during any three year period without further medical evidence, subject to the maximum insurable amount.

Please note: additional conditions apply to this maximum insurable amount. This feature isn't available if you work in a special risk occupation.

New policy wording

Under Other Benefits for Income Protection Plus insurance (professional and clerical occupations) and Income Protection Plus insurance (general occupations), the following new section has been added:

Increases without further medical evidence	<p>If a Personal Event (see below) happens You can request an increase in the Income Protection Monthly benefit for the Life Insured by up to 20%, subject to the maximum insurable amount based on their Earnings, without needing to provide further medical evidence. You will need to provide financial evidence satisfactory to us to support the increase requested, proof of the Personal Event and request the increase in writing. This increase will be in addition to any increases available under the Inflation Linked Option.</p> <p>Personal Event</p> <p><i>Birth, adoption, marriage, divorce, undergraduate degree completed or dependent child attends secondary school</i></p> <p>If the Life Insured:</p> <ul style="list-style-type: none">• or their Spouse gives birth to, or adopts, a child• gets married or divorced• completes an undergraduate degree at a government recognised university, or• has a dependent child who starts secondary school. <p>Home loans and home improvement loans</p> <p>If the Life Insured takes out, or increases, a Mortgage to purchase or improve their home.</p>
Conditions that apply to Increases without further medical evidence	<p>The application for an increase in the Income Protection Monthly benefit must be made between the day the relevant Personal Event happens and 30 days after the first Review Date following the Personal Event.</p> <p>Under this feature You can only apply for one increase during any three year period.</p> <p>Your Income Protection Monthly benefit cannot be increased if:</p> <ul style="list-style-type: none">• the Life Insured is over age 55• You are being paid a Benefit or are eligible to make a claim for a Benefit• a medical loading or exclusion applies to Your insurance (see Your current Schedule), or• the total amount of all income protection insurance issued by MLC which covers the Life Insured exceeds \$30,000 per month. <p>For the first 12 months after Your Income Protection Monthly benefit is increased without further medical evidence, the increased Income Protection Monthly benefit (excluding any further increases due to the Inflation Linked Option) is only payable for disability caused by an Accident.</p>

Child Support Income Benefit

We'll pay you the lesser of three times the monthly benefit, or \$25,000 as a lump sum, if one of your children suffers one of the Child Support Income Benefit Conditions for the first time or dies.

Please note: the definition of Child as set out on page 24 now applies.

New policy wording

Under **Other Benefits for Income Protection Plus insurance** and **Income Protection Plus insurance (Farmer Package)**, the following new section has been added:

	Child Support Income Benefit
	<p><i>If a Child dies or first suffers a Child Support Income Benefit Condition (as defined below):</i></p> <ul style="list-style-type: none">• <i>while this insurance is in force, and</i>• <i>after the Review Date following the Child's 2nd birthday,</i> <p><i>we will pay You the Child Support Income Benefit.</i></p>
What we will pay	<p><i>The Child Support Income Benefit payable for each Child will be:</i></p> <ul style="list-style-type: none">• <i>three times the Monthly benefit, or</i>• <i>\$25,000</i> <p><i>whichever is the lesser.</i></p> <p><i>The Child Support Income Benefit will be paid as a lump sum. This Benefit is not payable if it is less than \$10,000.</i></p>
Child Support Income Benefit Conditions	<p>See detailed definitions in Child Critical Illness Conditions (definitions):</p> <ul style="list-style-type: none">• <i>Aplastic anaemia</i>• <i>Bacterial meningitis</i>• <i>Benign brain tumour</i>• <i>Blindness</i>• <i>Cardiomyopathy</i>• <i>Chronic kidney failure</i>• <i>Chronic liver failure</i>• <i>Coma</i>• <i>Deafness</i>• <i>Encephalitis</i>• <i>Heart attack</i>• <i>Heart valve surgery</i>• <i>HIV contracted through medical procedures</i>• Intensive care• Loss of speech• Major brain injury• Major burns• Major organ or bone marrow transplant• Malignant cancer• Meningococcal septicaemia• Open heart surgery• Out of hospital cardiac arrest• Paralysis• Pneumonectomy• Primary pulmonary hypertension• Stroke

MLC Personal Protection Portfolio

New product upgrades/policy wording

Child Support Income Benefit Conditions (continued)	<p><i>The Child first has a Child Support Income Benefit Condition:</i></p> <ul style="list-style-type: none">• for surgical conditions, when the underlying condition requiring the surgical intervention first appears, happens or is diagnosed as meeting its definition, and• for all other conditions, when the condition first appears, happens or is diagnosed as meeting its definition.
Conditions that apply to the Child Support Income Benefit	<p><i>The Child Support Income Benefit is payable once only for any one Child.</i></p>
Exclusions	<p><i>We will not pay a Benefit for any Child Support Income Benefit Condition arising from or contributed to by:</i></p> <ul style="list-style-type: none">• the Child's intentional self-inflicted Injury or attempted suicide,• sickness or Injury that first appeared, happened or was diagnosed before or within three months of this insurance starting or last being reinstated,• sickness or Injury that first appeared, happened or was diagnosed before the Review Date following the Child's 2nd birthday,• congenital abnormalities that first appeared for the Life Insured, the Life Insured's Spouse or any of their children, before this insurance started or was last reinstated,• congenital abnormalities that first appeared before the Review Date following the Child's 2nd birthday, or• an Injury maliciously inflicted on the Child for the purpose of gain from this insurance, including by You or the Life Insured.
Child Critical Illness Conditions (definitions)	<p>For the purposes of the Child Support Income Benefit Life Insured means the Child.</p> <p>Aplastic anaemia. Means bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring as a minimum one of the following treatments:</p> <ul style="list-style-type: none">(i) marrow stimulating agents(ii) bone marrow transplantation(iii) blood product transfusions(iv) immunosuppressive agents.

**Child Critical
Illness
Conditions
(definitions)
(continued)**

Bacterial meningitis. Severe inflammation of the membrane that surrounds the brain and spinal cord which results in a permanent impairment of at least 25% of whole person function.

Bacterial meningitis as a result of HIV infection is excluded.

Benign brain tumour. The presence of a non-cancerous tumour of the brain or spinal cord which is histologically confirmed and results in:

- at least 25% permanent impairment of the whole person function, or
- the undergoing of neuro-surgical intervention for its removal.

The following are **not** included:

- intracranial cysts, granulomas and haematomas
- intracranial malformation in or of the arteries and veins, and
- tumours of the pituitary gland.

Blindness. The permanent loss of all sight in both eyes, whether aided or unaided, due to sickness or injury to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Cardiomyopathy. The inability of the heart muscle to function properly resulting in permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Chronic kidney failure. The final stage of kidney disease that requires permanent dialysis or a transplant.

Chronic liver failure. The final stage of liver disease with at least two of the following conditions: permanent jaundice, ascites (abnormal retention of fluids within the abdominal cavity), deteriorating liver function tests and encephalopathy (related brain disease).

Coma. A total loss of consciousness and responsiveness in which the Life Insured is incapable of sensing or responding to external stimuli that results in a documented Glasgow Coma Scale of 6 or less for at least 72 hours.

Deafness. Permanent loss of all hearing in both ears.

Encephalitis. Severe inflammation of brain substance which results in the Life Insured suffering either:

- permanent loss of at least 25% of either the brain's mental function or its physical control function, or
- permanent Loss of Independence (as defined elsewhere in this Policy Document).

Encephalitis occurring in patients with HIV infection is not covered.

Heart Attack. The death of part of the heart muscle because of inadequate blood supply. The diagnosis must be based on electrocardiogram changes and either:

- higher levels of cardiac enzyme (CK-MB) than normal, or
- an elevation (other than as a result of cardiac or coronary intervention or angina) of Troponin I in excess of 2.0 micro-grams per litre or Troponin T in excess of 0.6 micro-grams per litre.

If a diagnosis based on the above criteria is inconclusive, then we will consider a claim based on conclusive evidence that the Life Insured has been diagnosed as having suffered a heart attack, resulting in either one of the following:

- new pathological Q waves, or
- a permanent left ventricular ejection fraction of 50% or less, measured three or more months after the event.

We will also consider any claim based on any other medical test results provided by a cardiologist that unequivocally diagnose myocardial infarction of the degree of severity as documented above, or greater.

Heart valve surgery. The surgical repair or replacement of a defective heart valve or valves. It does **not** include intra-arterial procedures or other non-surgical procedures.

MLC Personal Protection Portfolio

New product upgrades/policy wording

Child Critical Illness Conditions (definitions) (continued)	<p>HIV contracted through medical procedures. Accidental infection with Human Immunodeficiency Virus (HIV) as a direct result of one of the following medical procedures:</p> <ul style="list-style-type: none">• blood transfusion, or transfusion with blood products• organ transplant to the Life Insured• assisted reproductive techniques, or• any other procedure or operation performed by a medical practitioner or dentist. <p>The procedure must have occurred in Australia and have been performed by a recognised and registered medical practitioner or dentist.</p> <p>Any event that might lead to a claim must be reported to us within 14 days. The claim must be supported by a negative HIV antibody test on a blood sample taken immediately after the event. We must have access to the blood sample tested and must be able to take further samples if we think this is needed.</p> <p>Seroconversion must occur within six months of the event.</p> <p>A Benefit will not be paid if any of the following are true:</p> <ul style="list-style-type: none">• the HIV infection has any other cause, including sexual activity or recreational intravenous drug use, or• the Australian Government has approved a treatment which makes HIV inactive and non-infectious. <p>Intensive care. Mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) in an intensive care unit of an acute care hospital.</p> <p>Loss of independence. The Life Insured suffers a Loss of independence if, as a result of sickness or Injury they are permanently unable to perform any two or more of the following groups of activities of daily living without physical help from someone else:</p> <ul style="list-style-type: none">• bathing or showering• dressing• moving from place to place, in and out of bed and in and out of a chair• eating and drinking• using the toilet. <p>The Life Insured also suffers a Loss of independence if they have severe permanent cognitive impairment (with a score of 15 or less out of 30 in a Mini Mental State Examination) which leads to a need for continuous supervision of the Life Insured to protect them or other people.</p> <p>A mini mental state examination is a test which samples various functions including arithmetic, memory and orientation to assess cognition.</p> <p>The Loss of independence circumstances must have existed continuously for at least six months.</p> <p>Loss of speech. Total and permanent loss of ability to speak. A claim can only be made once the initial diagnosis is reconfirmed after three months.</p> <p>Major brain injury. Physical head injury that results in the Life Insured suffering either:</p> <ul style="list-style-type: none">• a permanent loss of at least 25% of either the brain's mental function or its physical control function, or• a permanent Loss of independence (as defined elsewhere in this Policy Document). <p>Major burns. Full thickness burns to 20% or more of the body surface, or to 50% of the face or 50% of both hands requiring surgical debridement and/or grafting.</p>
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**Child Critical
Illness
Conditions
(definitions)
(continued)**

Major organ or bone marrow transplant. The transplant, or placement on an Australian waiting list approved by us for:

- transplant of any of the following organs from a human donor to the Life Insured:
 - kidney
 - liver
 - heart
 - lung
 - pancreas
 - small bowel, or
- bone marrow transplant.

This treatment must be considered medically necessary and the condition affecting the organ or bone marrow deemed untreatable by any other means other than transplant, as confirmed by a specialist.

Malignant cancer. The presence of one or more malignant tumours, leukaemia or lymphomas. The following are **not** included:

- Chronic lymphocytic leukaemia in its early stages (less than RAI stage 1).
- Prostate cancer which is histologically described as TNM classification T1(a) or (b) or another equivalent or lesser classification with a Gleason score of 5 or less unless:
 - the person insured is required to undertake major interventionist therapy including radiotherapy, brachytherapy, chemotherapy, biological response modifiers or any other major treatment, or
 - the tumour is completely untreatable.
- Carcinoma *in situ*, cervical dysplasia CIN1, CIN2 and CIN3, or premalignant tumours. Carcinoma *in situ* of the breast is included where it leads to the removal of the breast by a mastectomy. The procedure must be performed as a direct result of the carcinoma *in situ* and specifically to arrest the spread of malignancy, and be considered the necessary and appropriate treatment.
- Skin cancer, other than melanoma, that:
 - shows signs of ulceration as determined by histological examination, or
 - is at least 1.5 mm thick, or
 - is at least Clark Level 3 of invasion.
- Hyperkeratosis or basal cell skin carcinoma.
- Squamous cell skin carcinoma unless it has spread to other organs.

Meningococcal septicaemia. Severe infection in the blood stream that causes blood poisoning which results in a permanent impairment of at least 25% of whole person function.

Open heart surgery. Open heart surgery for the treatment of a cardiac defect, cardiac aneurysm or benign cardiac tumour.

Out of hospital cardiac arrest. Cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to cardiac asystole or ventricular fibrillation with or without ventricular tachycardia.

Paralysis. Total and permanent loss of the function of two or more limbs caused by damage to the nervous system.

Pneumonectomy. The removal of an entire lung when considered the necessary and appropriate treatment.

MLC Personal Protection Portfolio

New product upgrades/policy wording

Child Critical Illness Conditions (definitions) (continued)

Primary pulmonary hypertension. A condition associated with right ventricular enlargement established by cardiac catheterisation resulting in permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Stroke. An incident in the blood vessels of the brain or bleeding in the brain leading to neurological effects that last for at least 24 hours.

There must be clear evidence on a CT, MRI or similar scan that a stroke has occurred.

Transient ischaemic attacks, symptoms due to migraine, vascular disease of the optic nerve, physical head injury, reversible neurological deficit or any blood vessel incident outside the cranium, except embolism resulting in stroke, are **not** included.



Death Benefit

We'll now pay a Death Benefit while the policy is in force. (Previously the benefit only applied if you were on claim).

New policy wording

The **If the Life Insured dies while they're disabled** section for **Income Protection Standard insurance, Income Protection Plus insurance** and **Income Protection Plus insurance (Farmer Package)**, is replaced with the following:

If the Life Insured dies while covered by this insurance	<i>If the Life Insured dies while this type of insurance is in force, in addition to any other Benefits that have been paid or are payable, we will pay You:</i> <ul style="list-style-type: none">• six times the Monthly benefit, or• \$60,000 <i>whichever is the lesser.</i>
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Income Protection Extra Benefits Option

The following benefits under this option have been improved.

Home Assistance

This benefit has been increased from \$85 to \$150 per day.

New policy wording

The **Payment Amounts and Conditions for Home Assistance Benefit** sections in **Income Protection Extra Benefits Option for Income Protection Plus insurance** and **Income Protection Plus insurance (Farmer Package)**, are replaced with the following:

Payment amounts	<i>While the Life Insured is receiving care from a Spouse we will pay the daily Benefit for each day the Spouse provides that care.</i> <i>For registered nursing care we will pay \$150 for each day (or part day) of that care.</i>
Conditions for Home Assistance Benefit	<i>The most we will pay each month under this Benefit is either \$4,500 or an amount equal to the Life Insured's Monthly benefit, whichever is the lesser amount.</i> <i>We will pay this Benefit up to a maximum of six months.</i>

MLC Personal Protection Portfolio

New product upgrades/policy wording

Double benefits for specified conditions

You'll be able to get double benefits more easily because the definitions of the following critical conditions are now more generous:

- Benign Brain Tumour
- Cardiomyopathy
- Chronic Liver Failure
- Coma
- Dementia or Alzheimer's Disease
- Heart Attack
- Major Brain Injury
- Major Burns
- Major Organ Transplant (now called Major organ or bone marrow transplant)
- Malignant Cancer
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy, and
- Parkinson's disease.

New policy wording

Under **Up to 6 months of Double Benefits for specified conditions in Income Protection Extra Benefits Option for Income Protection Plus insurance and Income Protection Plus insurance (Farmer Package)**:

- Major organ transplant has been renamed as follows:
- *Major organ or bone marrow transplant.*

Under **Condition must meet definition in Income Protection Extra Benefits Option for Income Protection Plus insurance and Income Protection Plus insurance (Farmer Package)**:

The new definitions as set out on pages 17 to 20 now apply to the applicable critical conditions listed above.

Claiming from another source

The calculation for Partial Disability under Agreed Value Cover when you receive benefits from another source is now more generous. No reduction will apply that would reduce your overall benefit to less than 100% of pre-disability earnings (previously 75%).

New policy wording

The **Benefits will be reduced if there is a benefit from another source** section for **Income Protection Plus insurance**, is replaced with the following:

Benefits will be reduced if there is a benefit from another source	<p><i>Your Benefits will be reduced where any regular income benefits are paid to the Life Insured from Workers' Compensation, and/or similar legislation, but not including any social security payments or benefits at common law.</i></p> <p><i>The reduction will be made to ensure that the amount we pay You together with the aggregate of the other payments, is not more than:</i></p> <ul style="list-style-type: none">• <i>75% of the Life Insured's Earnings before disability for Total Disability, or</i>• <i>100% of the Life Insured's Earnings before disability for Partial Disability.</i> <p><i>However Your Benefit will not be reduced below an amount where the Benefit we pay You together with the Life Insured's benefits from another source is less than Your Monthly benefit.</i></p> <p><i>If the benefit from another source is paid as a lump sum, it will be treated as though it was paid in equal monthly instalments for eight years, to calculate the reduction in Your Benefits under this type of insurance.</i></p>
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The **Benefits will be reduced if there is a benefit from an employer or another source** section for **Income Protection Plus insurance**, is replaced with the following:

Benefits will be reduced if there is a benefit from an employer or another source	<p><i>Your Benefits will be reduced where there is a benefit entitlement of the Life Insured provided or arranged by their employer such as sick leave or disability insurance benefits.</i></p> <p><i>Your Benefits will also be reduced where any regular income benefits are paid to the Life Insured from Workers' Compensation, and/or similar legislation, but not including any social security payments or benefits at common law.</i></p> <p><i>The reduction will be made to ensure that the amount we pay You together with the aggregate of the other payments, is not more than:</i></p> <ul style="list-style-type: none">• <i>75% of the Life Insured's Earnings before disability for Total Disability, or</i>• <i>100% of the Life Insured's Earnings before disability for Partial Disability.</i> <p><i>However Your Benefit will not be reduced below an amount where the Benefit we pay You together with the Life Insured's benefits from another source is less than Your Monthly benefit.</i></p> <p><i>If the benefit from or arranged by the employer or from another source is paid as a lump sum, it will be treated as though it was paid in equal monthly instalments for eight years, to calculate the reduction in Your Benefits under this type of insurance.</i></p>
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MLC Personal Protection Portfolio

New product upgrades/policy wording

MLC Business Expenses insurance

Net cost of a Locum

The list of covered expenses under Business Expenses has been extended to include the net cost of a locum.

New policy wording

Under the **Definitions** section for **Business Expenses insurance**:

1. the Covered Expenses definition is replaced with the following:

Covered Expenses. *The reasonable and regular operating expenses of the business. These may include:*

- rent or mortgage payments
- property rates and taxes
- equipment or vehicle lease costs
- electricity, heating and water costs
- cleaning and laundry costs
- depreciation on office equipment and premises that the business owns
- salaries of employees not generating income
- costs of accounting services
- fees for memberships of professional associations
- business insurance premiums
- Net cost of a Locum.

It does not include:

- payment or other Benefits of any kind to the Life Insured
 - any expense that wasn't normally paid before the disability
 - repayment of the principal of a loan or mortgage that started less than one year before the disability, or
 - the cost of equipment or merchandise for the business.
2. the following two new definitions have been added:

Locum means a person engaged to work in the Life Insured's business from an external source as a direct replacement for the Life Insured.

Net cost of a Locum means the cost incurred in engaging a Locum less the gross sales, earnings or billings generated by the Locum.

Death Benefit

We'll now pay a death benefit while the policy is in force. (Previously the benefit only applied if you were on claim).

New policy wording

The **If the Life Insured dies while they're disabled** section for **Business Expenses insurance**, is replaced with the following:

If the Life Insured dies while covered by this insurance	<i>If the Life Insured dies while this type of insurance is in force, in addition to any other Benefits that have been paid or are payable, we will pay You:</i> <ul style="list-style-type: none">• three times the Monthly benefit, or• \$30,000 <i>whichever is the lesser.</i>
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MLC Premium Waiver insurance

Totally and Permanently Disabled definition

The definition for Totally and Permanently Disabled is now more generous:

- The definition of has been extended to include your inability to work at an occupation you're reasonably suited to that will pay 25% or more of your earnings.
- The qualifying period has been reduced from six months to three months.

New policy wording

Under **Definitions for Premium Waiver insurance**, the **Totally and Permanently Disabled** definition is replaced with the following:

Totally and Permanently Disabled definition	<p>Totally and Permanently Disabled. If, at the time the disability begins, the Life Insured is Gainfully Employed, the Life Insured is Totally and Permanently Disabled if they have a disability caused by Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:</p> <p>(a)</p> <ul style="list-style-type: none">• as a result of their disability they are completely unable to work at any occupation they are reasonably suited by way of education, experience or training which would pay Earnings at a rate greater than 25% of their Earnings during the continuous 12 month period before they were disabled, and are unlikely ever to be able to do so again, and• these circumstances have existed continuously for at least three months. <p>or</p> <p>(b)</p> <ul style="list-style-type: none">• they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), and• as a result of this impairment, they are disabled to such an extent that they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again, <p>or</p> <p>(c) they have suffered from the total and irrecoverable loss of:</p> <ul style="list-style-type: none">• the use of both hands, or• the use of both feet, or• the sight in both eyes, or• the use of one hand and one foot, or• the use of one foot and the sight in one eye, or• the use of one hand and the sight in one eye.
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MLC Personal Protection Portfolio

New product upgrades/policy wording

Totally and Permanently Disabled definition (continued)	<p>If, at the time the disability begins, the Life Insured is not Gainfully Employed, they are Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:</p> <p>(a)</p> <ul style="list-style-type: none">• as a result of their disability they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again; and• these circumstances have existed continuously for at least three months. <p>or</p> <p>(b)</p> <ul style="list-style-type: none">• they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), and• as a result of this impairment, they are disabled to such an extent that they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again, <p>or</p> <p>(c) they have suffered from the total and irrecoverable loss of:</p> <ul style="list-style-type: none">• the use of both hands, or• the use of both feet, or• the sight in both eyes, or• the use of one hand and one foot, or• the use of one foot and the sight in one eye, or• the use of one hand and the sight in one eye. <p>For the purposes of the above definitions, Earnings means:</p> <ul style="list-style-type: none">• where the Life Insured is self-employed (ie directly or indirectly owns part of or all of a business or practice), the income of the business or practice generated by the personal efforts of the Life Insured after the deduction of their appropriate share of business or practice expenses in generating that income,• where the Life Insured is an employee (ie does not directly or indirectly own part of or all of a business or practice), the total remuneration paid by the employer to the Life Insured including salary, commissions, fees, regular bonuses, regular overtime, fringe benefits and regular superannuation contributions paid by the employer on behalf of the Life Insured, and• whether the Life Insured is self-employed or employed, Earnings do not include investment income and are calculated before tax.
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MLC Life Cover Super

New policy improvements/wording

MLC Life Cover insurance

Increases without further medical evidence

The maximum amount you can apply for has been increased from \$1 million to \$2 million.

New policy wording

Under **Conditions applicable to increases without further medical evidence in Increases without further medical evidence for Life Cover Plus**, the 5th and 6th paragraphs are replaced as follows:

The maximum amount of all increases in the Life Cover Benefit under this right is:

- 100% of the Original Benefit, or
- \$2,000,000 (see below for details), whichever is the lesser amount.

If more than one MLC insurance policy (superannuation and non-superannuation), covers the Member and provides a right to increase the Life Cover Benefit without further medical evidence, each policy will proportionally contribute to any increase in the Life Cover benefits. Further, the maximum amount of all increases in the Life Cover benefits under this right for all the MLC policies covering the Member is:

- an amount equal to the total of the Member's Life Cover benefits under the policies at the commencement of each policy, or
- \$2,000,000,

whichever is the lesser amount.

Asset Protection for businesses

We've extended the list of Business Events to now include Asset Protection (Loan Guarantee).

If your insurance is for Asset Protection (Loan Guarantee), you can apply to increase your Life Cover insurance without medical evidence within certain limits.

New policy wording

Under **Business Events in Increases without further medical evidence for Life Cover Plus, after Ownership (Buy/Sell), share purchase, business continuation**, the following new section has been added:

Asset Protection (Loan Guarantee)	<p><i>If this type of insurance forms part of a business loan (Business Loan) which the Member is personally responsible for, and where the part of the Business Loan for which the Member is responsible increases, the Member can apply to increase the Life Cover Benefit in proportion to the increase in the part of the Business Loan the Member is responsible for since the last Review Date, up to a maximum of:</i></p> <ul style="list-style-type: none">• 25% of the Original Benefit• the increase in that part of the Business Loan the Member is responsible for, which is averaged over the preceding three years, or• \$200,000, <p><i>whichever is the lesser amount.</i></p> <p><i>In this section, the part of the Business Loan the Member is responsible for in any one year will be calculated on their share of the Business Loan at the end of that year.</i></p> <p><i>In any period that the business was not operating the part of the Business Loan the Member is responsible for is nil.</i></p>
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Note: To apply for Increases without further medical evidence, please complete the **Application for increases without further medical evidence** for LCS and PPP available on mlc.com.au under Forms & Brochures.

MLC Total & Permanent Disability insurance

Any Occupation definition

The definition for Any Occupation TPD is now more generous:

- The definition has been extended to include your inability to work at an occupation you're reasonably suited to that will pay 25% or more of your earnings.
- The qualifying period has been reduced from six months to three months.

New policy wording

Under the Any Occupation Definition section for Total & Permanent Disability insurance (including Loss of Independence over 65), the wording is replaced as follows:

Any Occupation Definition	Totally and Permanently Disabled (this applies up to (but excluding) the Review Date after the Member reaches age 65)
	<p><i>If, at the time the disability begins, the Member is Gainfully Employed, the Member is Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:</i></p> <p class="list-item-l1">(a) • <i>as a result of their disability they are completely unable to work at any occupation they are reasonably suited to by way of education, experience or training which would pay Earnings at a rate greater than 25% of their Earnings during the continuous 12 month period before they were disabled, and are unlikely ever to be able to do so again, and</i></p> <p class="list-item-l1">(b) • <i>these circumstances have existed continuously for at least three months,</i></p> <p><i>or</i></p> <p class="list-item-l1">(c) • <i>they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), and</i></p> <p class="list-item-l1">(d) • <i>as a result of this impairment, they are disabled to such an extent that they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again,</i></p> <p><i>or</i></p> <p class="list-item-l1">(e) • <i>they have suffered from the total and irrecoverable loss of:</i></p> <ul style="list-style-type: none">• <i>the use of both hands, or</i>• <i>the use of both feet, or</i>• <i>the sight in both eyes, or</i>• <i>the use of one hand and one foot, or</i>• <i>the use of one foot and the sight in one eye, or</i>• <i>the use of one hand and the sight in one eye.</i>

MLC Life Cover Super

New policy improvements/wording

Any Occupation Definition (continued)	<p>If, at the time the disability begins, the Member is not Gainfully Employed, the Member is Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:</p> <p>(a)</p> <ul style="list-style-type: none">as a result of their disability they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again, andthese circumstances have existed continuously for at least three months, <p>or</p> <p>(b)</p> <ul style="list-style-type: none">they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), andas a result of this impairment, they are disabled to such an extent that they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again, <p>or</p> <p>(c) they have suffered from the total and irrecoverable loss of:</p> <ul style="list-style-type: none">the use of both hands, orthe use of both feet, orthe sight in both eyes, orthe use of one hand and one foot, orthe use of one foot and the sight in one eye, orthe use of one hand and the sight in one eye. <p>For the purposes of the above definitions, Earnings means:</p> <ul style="list-style-type: none">where the Member is self-employed (i.e. the Member directly or indirectly owns part of or all of a business or practice), the income of the business or practice generated by the personal efforts of the Member after the deduction of their appropriate share of business or practice expenses in generating that income,where the Member is an employee (i.e. does not directly or indirectly own part of or all of a business or practice), the total remuneration paid by the employer to the Member including salary, commissions, fees, regular bonuses, regular overtime, fringe benefits and regular superannuation contributions paid by the employer on behalf of the Member, andwhether the Member is self-employed or employed, Earnings do not include investment income and are calculated before tax.
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Own Occupation definition

The definition for Own Occupation TPD is now more generous:

- The qualifying period has been reduced from six months to three months.

New policy wording

Under the **Own Occupation Definition** section for **Total & Permanent Disability insurance (including Loss of Independence over 65)**, the wording is replaced as follows:

Own Occupation Definition	Totally and Permanently Disabled (this applies up to (but excluding) the Review Date after the Member reaches age 65)
	<p><i>The Member's own occupation means the occupation in which they were engaged at the time of their application for this type of insurance unless they have changed their occupation since then. Where the change is to an occupation or occupation category that is eligible for the own occupation definition, the Member may choose to have a claim assessed under either their occupation at the time of their application or their occupation immediately prior to their date of disability. Where the change is to an occupation or occupation category that is not eligible for the own occupation definition the claim will be assessed under the Member's occupation at the time of their application.</i></p> <p><i>If, at the time the disability begins, the Member is Gainfully Employed, the Member is Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:</i></p> <p class="list-item-l1">(a)</p> <ul style="list-style-type: none"><i>as a result of their disability they are completely unable to work at their own occupation and are unlikely ever to be able to do so again, and</i><i>these circumstances have existed continuously for at least three months and during such period the Member has not been working in any occupation,</i> <p><i>or</i></p> <p class="list-item-l1">(b)</p> <ul style="list-style-type: none"><i>they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), and</i><i>as a result of this impairment, they are disabled to such an extent that they are completely unable to work at their own occupation and are unlikely ever to be able to do so again,</i> <p><i>or</i></p> <p class="list-item-l1">(c) <i>they have suffered from the total and irrecoverable loss of:</i></p> <ul style="list-style-type: none"><i>the use of both hands, or</i><i>the use of both feet, or</i><i>the sight in both eyes, or</i><i>the use of one hand and one foot, or</i><i>the use of one foot and the sight in one eye, or</i><i>the use of one hand and the sight in one eye.</i>

MLC Life Cover Super

New policy improvements/wording

Own Occupation Definition (continued)	<p>If, at the time the disability begins, the Member is not Gainfully Employed, the Member is Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:</p> <p>(a)</p> <ul style="list-style-type: none">• as a result of their disability they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again, and• these circumstances have existed continuously for at least three months, <p>or</p> <p>(b)</p> <ul style="list-style-type: none">• they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), and• as a result of this impairment, they are disabled to such an extent that they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again, <p>or</p> <p>(c) they have suffered from the total and irrecoverable loss of:</p> <ul style="list-style-type: none">• the use of both hands, or• the use of both feet, or• the sight in both eyes, or• the use of one hand and one foot, or• the use of one foot and the sight in one eye, or• the use of one hand and the sight in one eye.
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Loss of Independence definition

The qualifying period has been reduced from six months to three months.

New policy wording

Under the **Definition** section for **Total & Permanent Disability insurance (including Loss of Independence over 65)**, the last paragraph is replaced with the following:

The Loss of Independence circumstances must have existed continuously for at least three months.

Increases without further medical evidence

The maximum amount you can apply for has been increased from \$1 million to \$2 million.

New policy wording

Under **Conditions applicable to increases without further medical evidence in Increases without further medical evidence for Total & Permanent Disability insurance (including Loss of Independence over age 65)**, the 5th and 6th paragraphs are replaced as follows:

The maximum amount of all increases in the Total and Permanent Disability Benefit under this right is:

- 100% of the Original Benefit, or
- \$2,000,000 (see below for details), whichever is the lesser amount.

If more than one MLC insurance policy (superannuation and non-superannuation), covers the Member and provides a right to increase the Total and Permanent Disability Benefit without further medical evidence, each policy will proportionally contribute to any increase in the Total and Permanent Disability benefits. Further, the maximum amount of all increases in the Total and Permanent Disability benefits under this right for all the MLC policies covering the Member is:

- *an amount equal to the total of the Member's Total and Permanent Disability benefits under the policies at the commencement of each policy, or*
- \$2,000,000,

whichever is the lesser amount.

Asset Protection for businesses

We've extended the list of Business Events to now include Asset Protection (Loan Guarantee).

If your insurance is for Asset Protection (Loan Guarantee), you can apply to increase your TPD insurance without medical evidence within certain limits.

New policy wording

Under **Business Events in Increases without further medical evidence for Total & Permanent Disability insurance (including Loss of Independence over age 65), after Ownership (Buy/Sell), share purchase, business continuation, the following new section has been added:**

Asset Protection (Loan Guarantee)	<i>If this type of insurance forms part of a business loan (Business Loan) which the Member is personally responsible for, and where that part of the Business Loan for which the Member is responsible increases, the Member can apply to increase the Total and Permanent Disability Benefit in proportion to the increase in the part of the Business Loan the Member is responsible for since the last Review Date, up to a maximum of:</i>
	<ul style="list-style-type: none">• 25% of the Original Benefit• <i>the increase in that part of the Business Loan the Member is responsible for, which is averaged over the preceding three years, or</i>• \$200,000, <i>whichever is the lesser amount.</i>
	<i>In this section, the part of the Business Loan the Member is responsible for in any one year will be calculated on their share of the Business Loan at the end of that year.</i>
	<i>In any period that the business was not operating the part of the Business Loan the Member is responsible for is nil.</i>

Note: To apply for Increases without further medical evidence, please complete the **Application for increases without further medical evidence** for LCS and PPP available on mlc.com.au under Forms & Brochures.

MLC Life Cover Super

New policy improvements/wording

Life Cover Buy Back Option

You can now buy back your Life Cover insurance for death, terminal illness and accidental injury (previously the restored insurance applied to death only).

Please note: if you hold Life Cover Standard insurance the restored insurance will apply to death and terminal illness only as accidental injury is not covered under this insurance.

New policy wording

Under **Life Cover Buy Back Option for Total & Permanent Disability insurance (including Loss of Independence over age 65)**, the wording is replaced with the following:

Life Cover Buy Back Option	<p>If a Member lives for 14 days after receiving a benefit for Total and Permanent Disability or Loss of Independence Benefit, as applicable, the life insurance on the Member's own life will be restored up to the same amount as the Benefit paid (without having to provide additional evidence of health, occupation or pursuits) in accordance with the following conditions:</p> <ul style="list-style-type: none">• The restored Life Cover Benefit will be payable in the event of the Life Insured's death or Terminal Illness for Life Cover Standard insurance.• The restored Life Cover Benefit will be payable in the event of the Member's death, Terminal Illness or Accidental Injury for Life Cover Plus Insurance.• The Accidental Injury Benefit under the restored Life Cover Plus insurance will not be paid for any loss arising from or contributed to by an Injury or sickness for which the benefit has been paid under the original Total and Permanent Disability or Loss of Independence insurance.• If Terminal Illness Support has previously been paid it will not be available under the restored Life Cover.• If Total and Permanent Disability or Loss of Independence insurance was issued as a Connected Benefit and the life insurance on the Member's life is restored under this option, the owner of the Life Cover insurance will be the same as the owner of the original connected Life Cover Policy.• The premiums for the restored Life Cover will be based on MLC's normal Life Cover Premium Rates at the time, taking into account the amount of the benefit, the Member's age and the premium and acceptance terms of this Policy.
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MLC Income Protection insurance

Increases without further medical evidence

When certain changes in your life happen such as taking out a mortgage or having a child, you can now apply to increase your Income Protection benefit by up to 20% once during any three year period without further medical evidence, subject to the maximum insurable amount.

Please note: additional conditions apply to this maximum insurable amount. This feature isn't available if you work in a special risk occupation.

New policy wording

Under **Other Benefits for Income Protection Plus insurance (professional and clerical occupations)** and **Income Protection Plus insurance (general occupations)**, the following new section has been added:

Increases without further medical evidence	<p>If a Personal Event (see below) happens the Member can request an increase in the Income Protection Monthly benefit by up to 20%, subject to the maximum insurable amount based on the Member's Earnings, without needing to provide further medical evidence.</p> <p>The Member will need to provide financial evidence satisfactory to us to support the increase requested, proof of the Personal Event and request the increase in writing.</p> <p>This increase will be in addition to any increases available under the Inflation Linked Option.</p> <p>Personal Event</p> <p>Birth, adoption, marriage, divorce, undergraduate degree completed or dependent child attends secondary school</p> <p>If the Member:</p> <ul style="list-style-type: none">• or their Spouse gives birth to, or adopts, a child• gets married or divorced• completes an undergraduate degree at a government recognised university, or• has a dependent child who starts secondary school. <p>Home loans and home improvement loans</p> <p>If the Member takes out, or increases, a Mortgage to purchase or improve their home.</p>
Conditions that apply to Increases without further medical evidence	<p>The application for an increase in the Income Protection Monthly benefit must be made between the day the relevant Personal Event happens and 30 days after the first Review Date following the Personal Event.</p> <p>Under this feature the Member can only apply for one increase during any three year period.</p> <p>The Income Protection Monthly benefit cannot be increased if:</p> <ul style="list-style-type: none">• the Member is over age 55• the Trustee is being paid a Benefit or are eligible to make a claim for a Benefit• a medical loading or exclusion applies to this insurance (see the current Schedule), or• the total amount of all income protection insurance issued by MLC which covers the Member exceeds \$30,000 per month. <p>For the first 12 months after the Income Protection Monthly benefit is increased without further medical evidence, the increased Income Protection Monthly benefit (excluding any further increases due to the Inflation Linked Option) is only payable for disability caused by an Accident.</p>

MLC Life Cover Super

New policy improvements/wording

Death Benefit

We'll now pay a Death Benefit while the policy is in force. (Previously the benefit only applied if you were on claim).

New policy wording

The **If the Member dies while they're disabled** section for **Income Protection Standard insurance** and **Income Protection Plus insurance**, is replaced with the following:

If the Member dies while covered by this insurance	<i>If the Member dies while this insurance is in force, in addition to any other Benefits that have been paid or are payable, we will pay the Trustee:</i> <ul style="list-style-type: none">• six times the Monthly benefit, or• \$60,000, <i>whichever is the lesser.</i>
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Claiming from another source

The calculation for Partial Disability under Agreed Value Cover when you receive benefits from another source is now more generous. No reduction will apply that would reduce your overall benefit to less than 100% of pre-disability earnings (previously 75%).

New policy wording

The **Benefits will be reduced if there is a benefit from another source** section for **Income Protection Plus insurance**, is replaced with the following:

Benefits will be reduced if there is a benefit from another source	<p><i>The Member's Benefits will be reduced where any regular income benefits are paid to the Member from Workers' Compensation, and/or similar legislation, but not including any social security payments or benefits at common law.</i></p> <p><i>The reduction will be made to ensure that the amount MLC pays the Member together with the aggregate of the other payments, is not more than:</i></p> <ul style="list-style-type: none">• 75% of the Member's Earnings before disability for Total Disability. or• 100% of the Member's Earnings before disability for Partial Disability. <p><i>However the Member's Benefit will not be reduced below an amount where the Benefit we pay the Member together with the Member's benefits from another source is less than the Monthly benefit.</i></p> <p><i>If the benefit from another source is paid as a lump sum, it will be treated as though it was paid in equal monthly instalments for eight years, to calculate the reduction in the Member's Benefits under this type of insurance.</i></p>
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New policy wording

The **Benefits will be reduced if there is a benefit from an employer or another source** section for **Income Protection Plus insurance**, is replaced with the following:

Benefits will be reduced if there is a benefit from an employer or another source	<p><i>The Member's Benefits will be reduced where there is a benefit entitlement of the Member provided or arranged by their employer such as sick leave or disability insurance benefits.</i></p> <p><i>The Member's Benefits will also be reduced where any regular income benefits are paid to the Member from Workers' Compensation, and/or similar legislation, but not including any social security payments or benefits at common law.</i></p> <p><i>The reduction will be made to ensure that the amount MLC pays the Member together with the aggregate of the other payments, is not more than:</i></p> <ul style="list-style-type: none">• <i>75% of the Member's Earnings before disability for Total Disability, or</i>• <i>100% of the Member's Earnings before disability for Partial Disability.</i> <p><i>However the Member's Benefit will not be reduced below an amount where the Benefit we pay the Member together with the Member's benefits from another source is less than the Monthly benefit.</i></p> <p><i>If the benefit from or arranged by the employer or from another source is paid as a lump sum, it will be treated as though it was paid in equal monthly instalments for eight years, to calculate the reduction in the Member's Benefits under this type of insurance.</i></p>
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MLC Life Cover Super

New policy improvements/wording

MLC Premium Waiver insurance

Totally and Permanently Disabled definition

The definition for **Totally and Permanently Disabled** is now more generous:

- The definition of Totally and Permanently Disabled has been extended to include your inability to work at an occupation you're reasonably suited to that will pay 25% or more of your earnings.
- The qualifying period has been reduced from six months to three months.

New policy wording

Under **Definitions for Premium Waiver insurance**, the **Totally and Permanently Disabled** definition is replaced with the following:

Totally and Permanently Disabled	Totally and Permanently Disabled. If, at the time the disability begins, the Member is Gainfully Employed, the Member is Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:
	<p>(a)</p> <ul style="list-style-type: none">• as a result of their disability they are completely unable to work at any occupation they are reasonably suited to by way of education, experience or training which would pay Earnings at a rate greater than 25% of their Earnings during the continuous 12 month period before they were disabled, and are unlikely ever to be able to do so again, and• these circumstances have existed continuously for at least three months. <p>or</p> <p>(b)</p> <ul style="list-style-type: none">• they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), and• as a result of this impairment, they are disabled to such an extent that they are completely unable to work at their usual occupation or any other occupation they are reasonably suited to by way of education, experience or training, and are unlikely ever to be able to do so again, <p>or</p> <p>(c) they have suffered from the total and irrecoverable loss of:</p> <ul style="list-style-type: none">• the use of both hands, or• the use of both feet, or• the sight in both eyes, or• the use of one hand and one foot, or• the use of one foot and the sight in one eye, or• the use of one hand and the sight in one eye.

**Totally and Permanently Disabled
(continued)**

If, at the time the disability begins, the Member is not Gainfully Employed, the Member is Totally and Permanently Disabled if they have a disability caused by an Injury or sickness and they satisfy the criteria in (a), (b) or (c) below:

(a)

- as a result of their disability they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again, and
- these circumstances have existed continuously for at least three months.

or

(b)

- they suffer a permanent impairment of at least 25% of whole person function (as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' current edition as at the date of impairment, or an equivalent guide to impairment approved by us), and
- as a result of this impairment, they are disabled to such an extent that they are completely unable to do any Normal Physical Domestic Duties and are unlikely ever to be able to do so again,

or

(c) they have suffered from the total and irrecoverable loss of:

- the use of both hands, or
- the use of both feet, or
- the sight in both eyes, or
- the use of one hand and one foot, or
- the use of one foot and the sight in one eye, or
- the use of one hand and the sight in one eye.

For the purposes of the above definitions, **Earnings** means:

- where the Member is self-employed (i.e. the Member directly or indirectly owns part of or all of a business or practice), the income of the business or practice generated by the personal efforts of the Member after the deduction of their appropriate share of business or practice expenses in generating that income,
- where the Member is an employee (i.e. does not directly or indirectly own part of or all of a business or practice), the total remuneration paid by the employer to the Member including salary, commissions, fees, regular bonuses, regular overtime, fringe benefits and regular superannuation contributions paid by the employer on behalf of the Member, and
- whether the Member is self-employed or employed, Earnings do not include investment income and are calculated before tax.



New feature

MLC Personal Protection Portfolio

Extended Income Protection

Following your policy expiry date, at age 65, we'll give you the option to continue your Income Protection Plus insurance on altered terms until age 70, if you continue to work full-time and aren't receiving, or entitled to receive benefits at the review date when you turn 65.

Please note: This feature is not available if:

- your insurance expires before age 65, or
- you work in a special risk occupation.

If approved, extended cover will be provided under a new policy, and your existing policy will end. Please see your adviser for more information.

How do you take advantage of this feature?

If you're eligible, we'll write to you giving you the option to continue Income Protection Plus insurance.

Important information

MLC Life Cover Super is issued by MLC Nominees Pty Limited (ABN 93 002 814 959, AFSL 230702, RSE L0002998) which is the trustee of The Universal Super Scheme (ABN 44 928 361 101 R1056778).

MLC Personal Protection Portfolio is issued by MLC Limited (ABN 90 000 000 402, AFSL 230694).



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How to contact MLC

For more information call MLC from anywhere in Australia on **132 652** (8.00 am to 6.00 pm AEST/AEDT, Monday to Friday) or contact your adviser.

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