

PPS MUTUAL PROFESSIONALS CHOICE SUPPLEMENTARY PRODUCT DISCLOSURE STATEMENT



CHANGES TO THE PROFESSIONALS CHOICE PRODUCT DISCLOSURE STATEMENT

This Supplementary Product Disclosure Statement (SPDS) replaces the SPDS issued on 5 April 2021. This Supplementary Product Disclosure Statement (SPDS) supplements and should be read together with the PPS Mutual Professionals Choice Product Disclosure Statement (dated 1 April 2020) (Insurance PDS). Both the Insurance PDS and this are issued by the insurer NobleOak Life Limited ABN 85 087 648 708 AFS Licence No. 247302 (NobleOak). The purpose of this SPDS is to advise you of some changes to the PDS. Page references in this SPDS are references to pages of the Insurance PDS.

The terms of the Insurance PDS continue to apply, except as updated by the changes in this SPDS.

Change	Changes to the Insurance PDS
Tailored for the professional	On page 7 remove the True Level Premium paragraph
TPD	On page 14 please replace the description of Partial & Permanent Disability Benefit^{NS} with: <i>We will pay 25% of the TPD sum insured if you suffer partial loss of limbs – irreversible or partial loss of sight – permanent and irreversible</i>
TPD – General Cover TPD	On page 16 please replace the definition of General Cover TPD with: means as a result of <i>illness</i> or <i>injury</i> , the Life Insured has suffered: <ul style="list-style-type: none"> ▪ <i>loss of limbs – total and irreversible; or</i> ▪ <i>loss of sight – permanent loss in both eyes; or</i> ▪ <i>loss of independent existence – total and irreversible; or</i> ▪ <i>severe cognitive loss – permanent</i>
TPD – General Cover (super) TPD	On page 17 please replace the definition of General Cover (super) TPD with: means as a result of <i>illness</i> or <i>injury</i> , the Life Insured has suffered: <ul style="list-style-type: none"> ▪ <i>loss of limbs – total and irreversible; or</i> ▪ <i>loss of sight – permanent loss in both eyes; or</i> ▪ <i>loss of independent existence – total and irreversible; or</i> ▪ <i>severe cognitive loss – permanent</i> and <ul style="list-style-type: none"> ▪ the Life Insured has been absent from work and unable to work for 3 months and at the end of the 3 month period is unlikely to ever engage in any occupation for which the Life Insured is reasonably suited by way of education, training or experience
Trauma – Expiry Ages	On page 18 please replace the Expiry Ages description for Trauma with: <i>Expires at 80, but the insured events will be reduced to loss of independent existence – total and irreversible, loss of limbs – total and irreversible, loss of sight – permanent loss in both eyes; or severe cognitive loss – permanent from age 70</i>

On page 20-21 please replace **Trauma Event** table with:

Trauma Event

Cancers	% of sum insured	Brain and nerve	% of sum insured
<i>aplastic anaemia - requiring specified treatment</i>	100%	<i>bacterial meningitis - with severe permanent impairment</i>	100%
<i>cancer - excluding specified early stage cancers*</i>	100%	<i>benign brain tumour - with severe permanent impairment</i>	100%
<i>carcinoma in situ of the breast - with specified severity*</i>	25%	<i>benign brain tumour - with specified symptoms</i>	25%
<i>carcinoma in situ of the breast - with lumpectomy and specified treatment*</i>	100%	<i>brain damage - with severe permanent impairment</i>	100%
<i>carcinoma in situ of the female organs - with specified severity*</i>	25%	<i>coma - with specified severity and treatment</i>	100%
<i>early stage melanoma - with specified severity*</i>	25%	<i>dementia including Alzheimer's disease - resulting in significant cognitive impairment</i>	100%
<i>chronic lymphocytic leukaemia - with specified severity*</i>	25%	<i>encephalitis - resulting in significant permanent impairment</i>	100%
<i>hydatidiform mole requiring surgical removal*</i>	25%	<i>hydrocephalus - with specified treatment</i>	25%
<i>early stage prostate cancer - with specified severity*</i>	25%	<i>major head trauma - resulting in significant permanent impairment</i>	100%
		<i>motor neurone disease</i>	100%
		<i>multiple sclerosis - with persisting neurological abnormalities</i>	100%
		<i>muscular dystrophy</i>	100%
		<i>Parkinson's disease - with irreversible neurological deficit</i>	100%
		<i>severe cognitive loss - permanent</i>	100%
		<i>stroke - resulting in new neurological deficits*</i>	100%
		Musculoskeletal and mobility	
		<i>loss of limbs - total and irreversible</i>	125%
		<i>partial loss of limbs - irreversible</i>	25%
		<i>paralysis - total and irreversible</i>	125%
		<i>severe osteoporosis - with specified complications before age 50</i>	25%
		<i>severe rheumatoid arthritis - with specified treatment failure</i>	100%
		Ear, nose and throat	
		<i>loss of hearing - profound and irreversible (except by cochlear implant)</i>	100%
		<i>loss of speech - total and irrecoverable</i>	100%
		<i>partial loss of hearing - irreversible</i>	25%
		Endocrine system	
		<i>advanced diabetes - with severe specified complications</i>	100%
		<i>diabetes complications - with specified severe complications</i>	25%
		Other	
		<i>intensive care - with specified treatment</i>	100%
		<i>loss of independent existence - total and irreversible</i>	100%
		<i>major burns - of specified severity and requiring specified treatment</i>	100%
		<i>major organ or bone marrow transplant of specified organs from a human donor, or placement on a waiting list</i>	100%
		<i>medically acquired HIV - contracted through specified procedures</i>	100%
		<i>occupationally acquired hepatitis B or C</i>	100%
		<i>occupationally acquired HIV</i>	100%

Change**Changes to the Insurance PDS****Trauma - Trauma Benefit and Partial Trauma Benefit**

On **page 21** please replace the **Partial Benefits and Multiple Claims** wording with:

Partial Benefits and Multiple Claims

If we pay you a partial benefit, your *sum insured* will reduce by the amount we pay. Where a partial benefit payment reduces the *sum insured* to less than \$10,000, we will pay you the full *sum insured*.

Trauma Events with a payment level of 25% are limited to a maximum payment of \$100,000 except for *angioplasty / coronary artery stenting - through specific procedures* which has a maximum of \$50,000.

We will only pay one claim for each Trauma Event with the exception of *angioplasty / coronary artery stenting - through specific procedures* and *carcinoma in situ - with specified severity*. We will pay for multiple occurrences of *angioplasty / coronary artery stenting - through specific procedures* if the first *angioplasty / coronary artery stenting* procedure - through specific procedures occurs, and the symptoms leading to the first *angioplasty / coronary artery stenting - through specific procedures* only first become reasonably apparent, after the end of the 90 day qualifying period.

For *carcinoma in situ - with specified severity* we will pay once in respect of each different site on the Life Insured's body where a *carcinoma in situ - with specified severity* occurs as long as the *carcinoma in situ - with specified severity* is unrelated to any prior *carcinoma in situ - with specified severity* which was the subject of a claim.

Trauma - Trauma Benefit and Partial Trauma Benefit

On **page 21** please replace the **Trauma Insurance Exclusions** wording with:

Trauma Insurance Exclusions

We will not pay a Trauma Insurance benefit if your trauma event is, or is a result of, similar to, or related to, any of the following:

- anything that is specifically excluded on your Plan Schedule; or
- any trauma event occurring, appearing or arising during the qualifying period; or
- *illnesses or injuries* that are the result of an intentional self-inflicted act (including attempted suicide); or
- an *illness or injury* that first appeared, happened or was diagnosed before the insurance Plan started, was reinstated or was increased (for the increased amount) unless that was disclosed to us and accepted by us; or
- a previous trauma event for which a claim was paid under this PPS Mutual Trauma Insurance, except where the trauma event is:
 - *angioplasty / coronary artery stenting through specific procedures*, or
 - *carcinoma in situ - with specified severity*, and the subsequent *carcinoma in situ - with specified severity* claims are in respect of a different site on the Life Insured's body where the *carcinoma in situ - with specified severity* is unrelated to any prior *carcinoma in situ - with specified severity* which was the subject of a claim.
- a previous trauma event for which a claim was paid under this PPS Mutual Trauma Insurance, except where cover has been reinstated under the Trauma Reinstatement Option, and the new trauma event is:
 - *cancer - excluding specified early stage cancers*; or
 - *heart attack (myocardial infarction) - with evidence of heart muscle damage*; in which case, the maximum benefit paid will be the lower of 10% of the original sum insured and \$50,000.
- any trauma event occurring, appearing or arising after the anniversary date after the Life Insured turns 70, except if the event is:
 - *Loss of Independent Existence - total and irreversible*;
 - *Loss of Limbs - total and irreversible*;
 - *Loss of Sight - permanent loss in both eyes*;
 - *Severe cognitive loss - permanent*.

On **page 23** please replace **Trauma Event** table with:

Trauma Event

Cancers

aplastic anaemia - requiring specified treatment

*cancer - excluding specified early stage cancers**

Heart and artery events

cardiomyopathy (heart failure) resulting in significant permanent impairment

*heart attack (myocardial infarction) - with evidence of heart muscle damage**

open heart surgery - excluding specified procedures

*out of hospital cardiac arrest - excluding medical procedures**

Kidney related events

kidney failure - requiring renal dialysis or renal transplantation

Ear, nose and throat events

loss of hearing - profound and irreversible (except by cochlear implant)

loss of speech - total and irrecoverable

Brain and nerve events

bacterial meningitis - with severe permanent impairment

brain damage - with severe permanent impairment

coma - with specified severity and treatment

encephalitis - resulting in significant permanent impairment

major head trauma - resulting in significant permanent impairment

muscular dystrophy

benign brain tumour - with severe permanent impairment

*stroke - resulting in new neurological deficits**

Lung related events

chronic lung disease - requiring long-term oxygen therapy

pulmonary arterial hypertension (idiopathic and familial)

resulting in significant right heart failure

Musculoskeletal and mobility events

loss of limbs - total and irreversible

paralysis - total and irreversible

Eye events

loss of sight - permanent loss in both eyes

Digestive system conditions

chronic liver failure - of specified severity

Other events

child's loss of independent existence

intensive care - with specified treatment

major organ or bone marrow transplant of specified organs from a human donor, or placement on a waiting list

medically acquired HIV - contracted through specified procedures

major burns - of specified severity and requiring specified treatment

Change	Changes to the Insurance PDS
Child Insurance	<p>On page 22 please replace the wording under Extension Option with:</p> <p>If the insured child is between ages 18 and 25, then the Plan Owner may elect to continue the Child Insurance until age 30.</p>
Child Insurance	<p>On page 24 please replace the Extension Option wording with:</p> <p>Extension Option</p> <p>At any time from the child's age of 18 to the child's reaching age 25, the Plan Owner may request in writing to continue the Child Insurance until age 30. If the Plan Owner has not elected to continue the insurance by the child's 25th birthday the insurance will expire.</p>
Child Insurance	<p>On page 25, please add the following sentence as a new paragraph at the very end of the Exclusions wording:</p> <p>No benefit will be paid for any trauma event, <i>illness</i> or <i>injury</i> occurring, appearing or arising during the qualifying period.</p>
Blood Borne Disease	<p>On page 27 please replace Included Benefits with:</p> <p>Included Benefits</p> <p>Blood Borne Disease Insurance Option Benefit</p> <p>We will pay the <i>sum insured</i> if you become infected with HIV or the hepatitis B or hepatitis C virus as the result of an <i>accident</i> during the course of your regular occupation.</p> <p>Any <i>accident</i> giving rise to a potential claim must be reported in accordance with any applicable exposure prone procedures (including reporting timeframes) issued by an appropriate governing body or industry association as applicable to your <i>regular occupation</i> or as required by your employer in connection with that <i>regular occupation</i> (such as AHPRA, the Medical Board of Australia, a hospital credentialing committee or other medical professional governing body) and the report is confirmed by negative test results of that infection taken during 7 days from the date of the <i>accident</i>.</p> <p>A test that confirms the production and detection (sero-conversion) of:</p> <ul style="list-style-type: none"> - HIV antibodies, by way of a positive HIV antibody test; or - Hepatitis B surface antigen or HBV DNA, by way of a positive hepatitis B surface antigen or HBV DNA test; or - Hepatitis C antibodies, by way of a positive hepatitis C antibody test, must be performed and the results shared with us within six months of the <i>accident</i>. <p>Cover ends on the anniversary date after the Life Insured reaches age 70.</p>
Life, TPD, Trauma and additional insurances in detail	<p>On page 28 please replace the wording Financial Plan Benefit^{NS} with:</p> <p><input checked="" type="checkbox"/> Life Insurance <input checked="" type="checkbox"/> TPD Insurance <input checked="" type="checkbox"/> Trauma Insurance</p> <p>Following the payment of any benefit of \$500,000 or more, we will reimburse you up to \$10,000 for the cost of engaging any of (or a combination of) the following to prepare a financial plan:</p> <ul style="list-style-type: none"> • a licensed financial adviser; • a qualified lawyer; • a qualified accountant. <p>The financial plan must be provided within 12 months of receiving the benefit. A limit of \$10,000 is payable per Life Insured across all PPS Mutual Plans. The benefit is primarily for the preparation of a Financial Plan, however it may also be used to help with legal and accounting services directly related to the management of the benefit paid. We reserve the right to request appropriate evidence of services.</p> <p>This benefit is not available inside superannuation.</p>

Change

Changes to the Insurance PDS

Life, TPD, Trauma and additional insurances in detail

On **page 28-29** please replace the wording under **Waiver of the Three Month Waiting Period^{NS}** with:

TPD Insurance

We will waive the requirement that your *illness* or *injury* must have continuously prevented you from working for three consecutive months if you suffer one of the following medical conditions, as described in the Medical definition section, and you satisfy all of the other requirements of your TPD definition:

- *pulmonary arterial hypertension (idiopathic and familial) resulting in significant right heart failure*
- *motor neurone disease*
- *muscular dystrophy*
- *multiple sclerosis - with persisting neurological abnormalities*
- *Parkinson's disease - with irreversible neurological deficit*
- *dementia including Alzheimer's disease - resulting in significant cognitive impairment*
- *paralysis - total and irreversible*
- *loss of sight - permanent loss in both eyes*
- *loss of speech - total and irrecoverable*
- *chronic lung disease - requiring long-term oxygen therapy*
- *severe rheumatoid arthritis - with specified treatment failure*

This benefit is not available inside superannuation.

Life, TPD, Trauma and additional insurances in detail

On **page 29** please replace the wording under **Partial and Permanent Disability^{NS}** with:

TPD Insurance

We will pay 25% of the TPD benefit up to a maximum of \$500,000 if you suffer:

- *partial loss of limbs - irreversible; or*
- *partial loss of sight - permanent and irreversible*

This benefit will only be paid once over the lifetime of the Plan, and it will reduce the TPD *sum insured* (and the *sum insured* on other linked insurances) by the amount of the payment.

This benefit is not available inside superannuation.

Life, TPD, Trauma and additional insurances in detail (Future Increases Benefit)

On **page 30** please replace the wording under **Personal Events** with:

Personal Events

- You marry, register a de facto relationship, enter into a de facto agreement or enter into a de facto relationship which is recognised at law.
- You divorce, legally separate, register a separation from a marriage or registered de facto relationship, cancel a de facto agreement, or cease a de facto relationship which is recognised at law.
- The death of your spouse
- Your child is born or you legally adopt a child
- Your child starts school
- You increase your mortgage for your primary place of residence
- You complete your first undergraduate degree at a recognised Australian university
- You become a carer for the first time

Benefit may be increased by the:

- Lesser of 25% of the *sum insured* at the start of the insurance and \$250,000.

Change**Changes to the Insurance PDS****Life, TPD, Trauma
and additional
insurances in detail**

On **page 31** please replace the wording under **Suspending Insurance Benefit** with:

- Life Insurance
 TPD Insurance
 Trauma Insurance
 Child Insurance Option
 Blood Borne Disease Insurance Option

If you've held your PPS Mutual insurance for a continuous period of at least 12 months, you can suspend your insurance upon written request for up to 12 months (over the life of the insurance).

The length of suspension (3, 6, 9 or 12 months) must be specified at the outset of the suspension. Prior to the end of the suspension period, you may elect to extend the suspension period for a further 3, 6 or 9 months (but must not exceed, in aggregate, the maximum 12 months period).

If you do not extend the suspension period, we will automatically resume premium collections at the end of the suspension period. If the suspension period is extended, premium collections will automatically resume at the end of the extended suspension period.

The suspension can be for one or more insurance covers under the Plan.

You will not be able to claim a benefit on a suspended insurance or in respect of any event, *illness* or *injury* that occurs during the suspension (including any extended suspension period).

The insurance will be cancelled if you do not reactivate and pay the required premium prior to end of the selected period.

No premium related Profit-Share accrues during the suspended insurance period.

**Life, TPD, Trauma
and additional
insurances in detail**

On **page 33** under **Trauma Reinstatement Option** please replace:

'Loss of Independence' with 'Loss of Independent Existence - total and irreversible'; and

'cancer' with 'cancer - excluding specified early stage cancers'; and

'heart attack' with 'heart attack (myocardial infarction) - with evidence of heart muscle damage'

Change**Changes to the Insurance PDS**

Income Protection

On **page 41** please replace the **Income Protection Insurance Exclusions** wording with:

Income Protection Insurance Exclusions

No Income Protection benefit will be paid for:

- anything that is specifically excluded on your Plan Schedule, or
- an intentional self-inflicted injury or attempted suicide, or
- a trauma event occurring or arising during the qualifying period, or
- normal and uncomplicated pregnancy, childbirth or miscarriage (and in this respect, we will not pay benefits if the claim is caused or contributed to by multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar programme, or discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling, or bladder problems). If the condition is related to pregnancy, childbirth or miscarriage complications, a minimum 90 day waiting period will apply, or
- an *illness* or *injury* that occurred before the insurance started or was increased (for the increased amount) or during any period of lapse (except where disclosed and accepted by us), or
- war or act of war (except in relation to a death benefit payment), or
- any restrictions for reimbursement of expenses under the health insurance or other laws.

When do Income Protection benefits stop. On the earliest of:

- No longer *totally disabled* or *partially disabled*
- Your maximum benefit period is reached
- The insurance ends
- Death of the Life Insured

Home Duties**Income Protection**

On **page 43** please replace the **Exclusions** wording with:

Exclusions

No Home Duties Income Protection benefit will be paid for:

- anything that is specifically excluded on your Plan Schedule; or
 - intentional self-inflicted act, suicide or attempted suicide; or
 - normal and uncomplicated pregnancy, or childbirth or miscarriage (and in this respect, we will not pay benefits if the claim is caused or contributed to by multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar programme, or discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling, or bladder problems). If the condition is related to pregnancy, childbirth or miscarriage complications, a minimum 90 day waiting period will apply; or
 - *illness* or *injury* that first appeared, happened or was diagnosed before the insurance started or was increased (for the increased amount) or during any period of lapse (except where disclosed and accepted by us); or
 - war or act of war (doesn't apply to benefit payable upon death)
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Change**Changes to the Insurance PDS****Business Expenses
Insurance**

On **page 47** please replace the **Exclusions** wording with:

Exclusions

No Business Expenses benefit will be paid for:

- anything that is specifically excluded on your Plan Schedule; or
- intentional self-inflicted injury or attempted suicide; or
- normal and uncomplicated pregnancy, or childbirth or miscarriage (and in this respect, we will not pay benefits if the claim is caused or contributed to by multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar programme, or discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling, or bladder problems). If the condition is related to pregnancy, childbirth or miscarriage complication; a minimum 90 day waiting period will apply; or
- an *illness* or *injury* that occurred before the insurance started or was increased (for the increased amount) or during any period of lapse (except where disclosed and accepted by us); or
- elective surgery or treatment which is voluntarily undertaken within 6 months of commencement, reinstatement or increase (for the increase), or
- war or act of war (doesn't apply to benefit payable upon death); or
- expenses that are not permitted by law to be reimbursed

When do Business Expenses benefits stop

On the earliest of:

- no longer *totally disabled* or *partially disabled*
- we have paid 12 times the *monthly benefit*
- the insurance ends
- death of the Life Insured

**Income Protection
and Business Expenses
in Detail**

On **page 49** please replace the **Rehabilitation Expenses Benefit^{NS}** wording with:

In addition to any disability payment we will reimburse the costs of any equipment, vocational rehabilitation program or works which we agree you need for rehabilitation when you are *Totally Disabled*. We must agree in writing to reimburse the costs before you incur them (and we will act reasonably in providing approval – and will do so within 5 business days – subject to provision of such evidence as we reasonably require to verify the claimed expenses).

We will pay up to a maximum of 12 times the *monthly benefit* over the life of the Plan.

This benefit is not available inside superannuation.

**Income Protection
and Business
Expenses in Detail**

On **page 52** please replace the **Suspending Insurance Benefit** wording with:

- ✓ Income Protection Insurance
- ✓ Business Expenses Insurance
- ✓ Home Duties Income Protection Insurance

If you've held your PPS Mutual insurance for a continuous period of at least 12 months, you can suspend your insurance upon request for up to 12 months (over the life of the insurance). The length of suspension (3, 6, 9 or 12 months) must be specified at the outset of the suspension. Prior to the end of the suspension period, you may elect to extend the suspension period for a further 3, 6 or 9 months (but must not exceed, in aggregate, the maximum 12 months period).

The suspension can be for one or more insurances under the Plan.

You will not be able to claim a benefit on a suspended insurance or in respect of any event, *illness* or *injury* that occurs during the suspension period.

The insurance will be cancelled if you do not reactivate and pay the required premium prior to the end of the selected period.

No premium related Profit-Share accrues during the suspended insurance period.

Change**Changes to the Insurance PDS****Income Protection
and Business
Expenses in Detail**

On **page 55** please replace the **Specific Injuries Benefit** wording (and table) under **Extras Package Option^{NS}** with:

Specific Injuries Benefit

If you suffer a specified event or fracture as per the tables below, we will pay your monthly benefit for a specified period depending on the injury type, regardless of whether you are working or not. You can take the benefit in monthly instalments or as a lump sum.

The payment period will count towards the *waiting period* in assessing if and when you are eligible for a continuing claim at the end of the payment period.

In the event multiple injuries arise from the same injury or condition we will only pay for the specific injury with the longest payment period.

Event	Payment Period (months)
Paralysis – total and irreversible	60 months (only 24 months for 2 year benefit period)
Total and permanent loss of use of two of:	
▪ Hand (from the wrist)	24 months
▪ Foot (from the ankle)	24 months
▪ Sight in one eye	24 months
Total and permanent loss of use of one of:	
▪ Arm	18 months
▪ Leg	18 months
Total and permanent loss of use of one of:	
▪ Hand (from the wrist)	12 months
▪ Foot (from the ankle)	12 months
▪ Sight in one eye	12 months
Total and permanent loss of use of one of:	
▪ Thumb and index finger on the same hand at or above the first joint	6 months
Fracture of one of the listed bones requiring application of a plaster, pin or other immobilising device	Payment Period (months)
▪ Spine NOT resulting in paralysis – total and irreversible	3 months
▪ Thigh	3 months
▪ Pelvis	3 months
▪ Skull	2 months
▪ Upper arm	2 months
▪ Shoulder bone	2 months
▪ Jaw	2 months
▪ Leg (excluding ankle)	2 months
▪ Kneecap	2 months
▪ Forearm (including wrist)	1 month
▪ Collarbone	1 month
▪ Ankle	1 month

Change**Changes to the Insurance PDS****Income Protection
and Business
Expenses in Detail**

On **page 56-57** please replace **Trauma Benefit** (and trauma event listing) under **Extras Package Option^{NS}** with:

Trauma Benefit

We will pay you your *monthly benefit* for a 6 month period if you suffer any of the *trauma events* listed below, regardless of whether you are working. You can take the benefit in monthly instalments or as a lump sum.

The payment period will count towards the *waiting period* in assessing if and when you are eligible for a continuing claim at the end of the 6 month payment period.

Cancer

- *aplastic anaemia - requiring specified treatment*
- *cancer - excluding specified early stage cancers**

Heart and artery events

- *aortic surgery - excluding specific procedures*
- *cardiomyopathy (heart failure) resulting in significant permanent impairment*
- *coronary artery bypass surgery**
- *heart attack (myocardial infarction) - with evidence of heart muscle damage**
- *heart valve surgery*
- *out of hospital cardiac arrest - excluding medical procedures**
- *triple vessel angioplasty / coronary artery stenting**

Musculoskeletal and mobility events

- *loss of limbs - total and irreversible*
- *paralysis - total and irreversible*

Brain and nerve events

- *bacterial meningitis - with severe permanent impairment*
- *benign brain tumour - with severe permanent impairment*
- *coma - with specified severity and treatment*
- *dementia including Alzheimer's disease - resulting in significant cognitive impairment*
- *encephalitis - resulting in significant permanent impairment*
- *major head trauma - resulting in significant permanent impairment*
- *motor neurone disease*
- *multiple sclerosis - with persisting neurological abnormalities*
- *muscular dystrophy*
- *Parkinson's disease - with irreversible neurological deficit*
- *severe cognitive loss - permanent*
- *stroke - resulting in new neurological deficits**

Lung related events

- *chronic lung disease - requiring long-term oxygen therapy*
- *pulmonary arterial hypertension (idiopathic and familial) resulting in significant right heart failure*

Kidney related events

- *kidney failure - requiring renal dialysis or renal transplantation*

Ear, nose and throat events

- *loss of hearing - profound and irreversible (except by cochlear implant)*
- *loss of speech - total and irrecoverable*

Eye events

- *loss of sight - permanent loss in both eyes*

Digestive system

- *chronic liver failure - of specified severity*

Change**Changes to the Insurance PDS**

**Income Protection
and Business
Expenses in Detail**
(continued)**Other**

- *intensive care – with specified treatment*
- *loss of independent existence – total and irreversible*
- *major burns – of specified severity and requiring specified treatment*
- *major organ or bone marrow transplant of specified organs from a human donor, or placement on a waiting list*
- *medically acquired HIV – contracted through specified procedures*
- *occupationally acquired HIV*

For events marked with an* in the table above, no benefit will be paid if the *trauma event* first occurred or symptoms leading to the event occurred or were diagnosed or first became apparent during the first 90 days after the insurance started or was reinstated or was increased (but only in relation to the increased portion).

However, if the Trauma Benefit is replacing a comparable existing Trauma insurance provided by us or another insurer, there will be no such period (i.e. Qualifying Period will be zero) if:

- The insurance being replaced has been in force for 90 days; and
- The insurance being issued is providing similar insurance for the same Trauma Event; and
- The *sum insured* of the insurance being issued is equal or less than the cancelled insurance (if higher the qualifying period only applies to the excess); and
- The Plan being replaced is cancelled within 7 days of the issue of this insurance; and
- All similar qualifying periods under the Plan being replaced have expired; and
- No claim is payable or pending under the Plan being replaced, and
- The Life Insured is not eligible to be assessed in respect of a claim under the Plan being replaced.

You can make more than one claim under the Trauma benefit as long as each claim is for a different *trauma event*. We will only pay a Trauma benefit once in any consecutive 12 month period.

**Interim Accident
Insurance**

On **page 66**, please replace **Trauma Interim Accident Insurance** wording with:

We will pay you the Interim Trauma Insurance if solely because of an injury (or injuries) caused by an accident the life to be insured suffers a trauma event, provided that the accident occurred while the life to be insured is covered for Trauma Interim Accident Insurance, and provided that the trauma event occurs within 90 days of the accident and they survive 14 days after suffering the trauma event. The trauma events are:

- *major head trauma – resulting in significant permanent impairment*
- *loss of sight – permanent loss in both eyes*
- *paralysis – total and irreversible*
- *loss of hearing – profound and irreversible (except by cochlear implant)*
- *major burns – of specified severity and requiring specified treatment*
- *loss of limbs – total and irreversible*
- *coma – with specified severity and treatment*
- *loss of independent existence – total and irreversible*

The benefit payable is the lesser of:

- the amount applied for
 - \$750,000
 - the amount that would have been approved under our underwriting and assessment guidelines.
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Change**Changes to the Insurance PDS****Making a Claim**

On **page 68**, please replace the **Step 1 – Notify us of the claim** wording with:

Step 1 – Notify us of the claim

Please speak to your Financial Adviser who will support you through the Claims process.

If you need to contact us directly please call us on **1300 401 436** or email us at **claims@ppsmutual.com.au** and notify us of a claim.

You should notify us of a claim in a timely manner unless it is impracticable to do so (otherwise we may reduce liability under the claim by an amount that fairly represents the extent to which our interests were prejudiced as a result of a delay in claim notification).

Making a Claim

On **page 68**, please replace the **Further information around claims** wording with:

Further information around claims

We may (acting reasonably) require the Life Insured to provide us with additional information in consideration of your claim. This may include having the Life Insured examined by one or more registered medical practitioners or other health care practitioner that we choose.

Where we specifically require the Life Insured to undergo a medical examination to support the additional evidence sought, we will pay for that examination.

Where the Life Insured is residing overseas at the time of claim, then acting reasonably we may at any stage require the Life Insured to travel to a regional medical facility to attend a medical practitioner approved by us; if we are unable to appoint a health care practitioner in the relevant region including where a suitably qualified health care practitioner is not available then the Life Insured is required to return to Australia at their own expense to attend a medical practitioner approved by us (although acting reasonably, we may agree for alternative arrangements having regard to the circumstances including the nature of the *illness* or *injury*; such alternative arrangements may include a remote or telehealth consultation with a Medical Practitioner or other health care practitioner appointed by us).

All claims will be paid in Australian dollars.

For any advanced payments due to death, where there are multiple beneficiaries, the benefit will be split commensurate with the benefit allocation.

Please note that if a fraudulent claim is made, we will have no liability in respect of the claim and we may cancel the cover altogether.

Premiums, fees and payment

On **page 73** please replace all **Level premium** wording (including the title) with the following wording:

Level premium and True-Level premium

Professionals Choice offers a level premium structure for cover where the original quote was produced on or after 9 May 2021; and a true level premium structure for cover where the original quote was produced prior to 9 May 2021.

Under both, the cost of your cover is based on your age when your cover first commences. Unlike a stepped premium, your premium will not increase each year as a result of your age increasing.

Under a level premium structure, the premium for any increased cover will be based on your age when the increase happens. Under a true-level premium structure, the premium for any increased cover that results from the application of the Indexation for Professionals Benefit will be based on your age when your cover first commenced and not your age at the time the indexation is applied. The premium for other increases in cover will be based on your age at the time of commencement of the increased cover.

If you have either a level premium or a true-level premium and exercise the Trauma Reinstatement Option or Life Insurance Reinstatement after One Year Benefit, the premium for the reinstated cover is calculated based on your age at the date of original commencement of the relevant cover, rather than your age at the time the relevant cover is reinstated.

Change	Changes to the Insurance PDS
Premiums, fees and payment	<p>On page 73 please replace the Flexible premium structure wording with the following wording:</p> <p>A flexible premium structure allows you to have both a stepped and level premium structure (being a true-level premium structure for cover originally quoted prior to 9 May 2021 and a level premium structure for cover originally quoted on or after that date, as described in Level premium and True-Level premium above) applied to the one insurance type.</p> <p>Under a stepped premium structure, premiums are initially lower than that of a level premium structure, however as time progresses the premiums increase, resulting in a level premium structure becoming more affordable over time. Therefore, a Flexible Premium Structure provides additional flexibility and control over how premiums can be structured enabling your cover to match your insurance requirements and to ensure maximum affordability.</p>
Plan Fee	<p>On page 74, please replace the description of the Plan Fee wording with:</p> <p>A Plan Fee is included in your premium payment. The amount of the fee is currently \$160.80 per annum. The amount of the Plan Fee will increase each year (as determined by us).</p>
Definitions - General	<p>On page 89 please replace the definition of Terminal illness, terminally ill, terminal illness benefit^{NS} with:</p> <p>Terminally ill means a medical practitioner has certified that you suffer from an illness, or you have incurred an injury, that is likely to result in your death within 24 months of diagnosis regardless of any reasonable medical treatment that maybe undertaken.</p>
Definitions - General	<p>On page 89 please replace the definition of Terminal illness, terminally ill, terminal illness benefit^{NS} with:</p> <p>Terminally ill means:</p> <ul style="list-style-type: none"> ▪ Two medical practitioners have certified, jointly or separately, that you suffer from an illness, or you have incurred an injury, that is likely to result in your death within 24 months of the date of certification ▪ At least one of the medical practitioners is a specialist practising in an area related to the illness or injury, and ▪ For each of the certificates, the certification period has not ended.
Definitions - General	<p>On page 89 please add the following definition:</p> <p>Specialist medical practitioner</p> <p>Means a medical practitioner who practices in a specialty field and is listed on the Australian Health Practitioner Regulation Agency (AHPRA) Specialist Register, who cannot be:</p> <ul style="list-style-type: none"> ▪ the Member or the Life Insured; or ▪ a family member, business partner, employee or employer of the Member or the Life Insured

On page 80-86 please replace **Medical Glossary** section with:

Medical Glossary

Meet Financial Services Council (FSC) Minimum Definitions:

The FSC has imposed minimum definitions that apply to cancer, heart-attack and stroke under trauma insurance products. This means that any claim for one of these conditions will be assessed under the definition included in this PDS as well as the FSC definition, and the most favourable one to you being used to assess the claim.

Definitions of medical conditions referred to in this PDS are set out below.

If due to medical advancements, the medical diagnostic techniques and investigations within the medical definitions below used for diagnosing the relevant trauma event have been superseded, are inconclusive or impractical to apply, we will consider other medically recognised methods or tests that conclusively diagnose the condition to at least the same severity.

The following requirements must be met for a claim in respect of a trauma event to be considered under new or alternative diagnostic techniques and/or investigations:

- they are not experimental and are medically necessary and medically equivalent or superior to the diagnostic technique or investigation referenced in the medical definition, and
- they must be deemed medically acceptable based on medical standards and medically recognised in Australia by *specialist medical practitioners*.

Change	Changes to the Insurance PDS
advanced diabetes - with severe specified complications	<p>A certified consultant endocrinologist has confirmed that at least two of the following complications have occurred as a direct result of diabetes:</p> <ul style="list-style-type: none"> ▪ severe diabetic retinopathy resulting in permanent visual acuity (whether aided or unaided) 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; or ▪ severe diabetic nephropathy causing chronic irreversible renal impairment as measured by a corrected creatinine clearance less than 28ml/min (CKD stage 4, International Chronic Kidney Disease classification) 6 months apart.
angioplasty / coronary artery stenting - through specific procedures	<p>Undergoing either angioplasty or coronary stenting on one or two coronary arteries, as considered necessary by a cardiologist to treat coronary artery disease. Angiographic evidence is required to confirm the need for this procedure.</p>
aortic surgery - excluding specific procedures	<p>Surgery to repair or correct an aortic aneurysm, an obstruction of the aorta, a coarctation of the aorta or traumatic injury to the aorta. For the purpose of this definition, aorta means the thoracic and abdominal aorta but not its branches. Angioplasty, intra-arterial procedures or other non-surgical techniques are excluded.</p>
aplastic anaemia - requiring specified treatment	<p>Permanent bone marrow failure that results in anaemia, neutropenia and thrombocytopenia requiring specified treatment by at least one of the following:</p> <ul style="list-style-type: none"> ▪ blood product transfusion ▪ marrow stimulating agents ▪ immunosuppressive agents, or ▪ bone marrow transplantation (including stem cell transplantation).
bacterial meningitis - with severe permanent impairment	<p>The unequivocal diagnosis of Bacterial Meningitis by a <i>specialist medical practitioner</i> in the field, which is characterised by:</p> <ul style="list-style-type: none"> ▪ 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' 6th edition; or ▪ an equivalent guide to impairment approved by us; or ▪ total and irreversible inability to perform without the assistance of another person, at least one of the <i>activities of daily living</i>.
benign brain tumour - with specified symptoms	<p>The diagnosis of a non-cancerous tumour in either the brain tissue or between the brain tissue and the cranium giving rise to symptoms of increased intracranial pressure such as seizures, sensory impairment or motor impairment.</p> <p>The presence of the underlying tumour must be confirmed by CT scan, MRI or other imaging studies.</p>
benign brain tumour - with severe permanent impairment	<p>The diagnosis of a non-cancerous tumour in either the brain tissue or between the brain tissue and the cranium giving rise to neurological deficits that results in the Life Insured either:</p> <ul style="list-style-type: none"> ▪ suffering 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, 6th edition; or ▪ being permanently unable to perform at least one of the <i>activities of daily living</i> without the physical assistance of someone else. <p>The presence of the underlying tumour must be confirmed by CT scan, MRI or other imaging studies.</p>
brain damage - with severe permanent impairment	<p>Brain damage, as confirmed by a <i>medical practitioner</i> who is a consultant neurologist, which results in a neurological deficit causing 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' 6th edition.</p>

Change	Changes to the Insurance PDS
cancer – excluding specified early stage cancer	<p>The presence of one or more malignant tumours (including leukaemia, lymphoma, Hodgkin's disease, inaccessible brain tumours described as malignant on neuroimaging and colorectal cancer) characterised by the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue.</p> <p>The following cancers are excluded:</p> <ul style="list-style-type: none"> ▪ Conditions classified by their clinical features, cytopathology and/or histopathology as tumours showing the malignant changes of 'carcinoma in situ' or which are histopathologically described as premalignant or non-invasive (carcinoma in situ of the breast is covered if it results directly in the removal of the entire breast. This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment). Uterine cervical intraepithelial lesions, cervical dysplasias and cervical intraepithelial neoplasias, including those classified as CIN 1, CIN 2 and CIN 3 are examples of tumours categorised as either being carcinoma in situ and/or premalignant and are excluded ▪ All hyperkeratosis and basal cell carcinomas, and squamous cell carcinomas of skin unless there has been evidence of metastatic spread ▪ Prostatic cancers which remain histologically as TNM Classification T1 or are of another equivalent or lower classification and have a Gleason score of less than 6, unless major interventionist treatment is required to arrest the spread of malignancy ▪ Melanomas which are less than stage T1b N0M0 ▪ Chronic lymphocytic leukaemia diagnosed as less than RAI Stage 1.
carcinoma in situ of the breast – with specified severity	Localised cancer where there is a confirmed histopathological diagnosis of carcinoma in situ without evidence of invasive cancer.
carcinoma in situ of the breast with lumpectomy and specified treatment	Carcinoma in situ of the breast requiring breast conserving surgery and adjuvant therapy (such as radiotherapy). This procedure must be performed specifically to arrest the spread of malignancy and be considered the appropriate and necessary treatment.
carcinoma in situ of the female organs – with specified severity	<p>Localised cancer characterised by a focal autonomous new growth of carcinomatous cells, which has not yet resulted in the invasion of normal tissues.</p> <p>Carcinoma in situ of the following sites is covered:</p> <ol style="list-style-type: none"> a) Cervix-uteri: the tumour must be classified as TIS according to the TNM staging method. (This excludes LSIL and HSIL with Cervical Intraepithelial (CIN) classifications CIN 1 and CIN2) b) Corpus-uteri: where the tumour must be classified as TIS according to the TNM staging method c) Fallopian tube: where the tumour must be limited to the tubal mucosa and classified as TIS according to the TNM staging method d) Ovary: where the tumour must be classified as TIS according to the TNM staging method e) Vagina: where the tumour must be classified as TIS according to the TNM staging method f) Vulva: where the tumour must be classified as TIS according to the TNM staging method.
cardiomyopathy (heart failure) resulting in significant permanent impairment	Impaired ventricular function due to disease of the heart muscle which causes the heart to enlarge and become weaker and results in significant permanent and irreversible cardiac impairment to the degree of at least Class 3 of the New York Heart Association functional classification system. The diagnosis must be confirmed by a <i>specialist medical practitioner</i> in the field.
child's loss of independent existence	After reaching seven years of age, the total and irreversible inability to perform at least two of the numbered <i>activities of daily living</i> without the assistance of another person.
chronic liver failure – of specified severity	End stage liver failure together with permanent jaundice (yellow discolouration of the skin or eyes) and either ascites (abnormal build-up of fluid in the abdomen) or hepatic encephalopathy (a decline in brain function that occurs as a result of severe liver disease). The diagnosis must be confirmed by a <i>specialist medical practitioner</i> in the field.

Change	Changes to the Insurance PDS
chronic lung disease - requiring long-term oxygen therapy	End-stage respiratory failure requiring permanent and continuous oxygen therapy. The diagnosis must be confirmed by a <i>specialist medical practitioner</i> in the field.
chronic lymphocytic leukaemia - with specified severity	The presence of chronic lymphocytic leukaemia diagnosed as RAI Stage 0, which is defined to be the blood and the bone marrow only.
colostomy/ileostomy - permanent and irreversible	The creation of a permanent and irreversible surgical opening, linking the colon and/or ileum to the surface of the body.
coma - with specified severity and treatment	A state of total unconsciousness and unresponsiveness to all external stimuli, resulting in a Glasgow Coma Scale score of 6 or less and requiring continuous assisted ventilation to maintain life for at least 72 consecutive hours.
coronary artery bypass surgery	Bypass grafting surgery performed to correct or treat coronary artery disease.
dementia including Alzheimer's disease - resulting in significant cognitive impairment	Unequivocal Clinical diagnosis of Dementia (including Alzheimer's Disease) by a <i>specialist medical practitioner</i> in the field. The diagnosis must confirm permanent, irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment in this definition means a deterioration in the Life Insured's score to 24 or less out of 30 in a Mini-Mental State Examination.
diabetes complications - with specified severe complications	Diagnosis of Type 1 insulin dependent diabetes mellitus, as certified by a consultant endocrinologist and resulting in at least two of the following criteria: <ul style="list-style-type: none"> ▪ urinary protein excretion of more than 300mg per day, ▪ creatinine clearance of 28-42ml/min (CKD stage 3b, International Chronic Kidney Disease classification), ▪ diabetic retinopathy with a minimum severity of at least exudates and/or dot-blot haemorrhages, or ▪ persistent sensory, motor or autonomic neuropathy.
early stage melanoma - with specified severity	The presence of one or more melanomas which are classified as melanoma in situ or stage T1aN0M0.
early stage prostate cancer - with specified severity	Localised cancer characterised by focal autonomous new growth of cancer cells. The tumour must be described histologically as TNM Classification T1 and have a Gleason score of less than 6.
encephalitis - resulting in significant permanent impairment	An inflammatory disease of the brain resulting in neurological deficit causing: <ul style="list-style-type: none"> ▪ at least 25 per cent impairment of whole person function that is permanent; or ▪ total and permanent inability to perform at least one of the <i>activities of daily living</i>. Diagnosis must be confirmed by a <i>specialist medical practitioner</i> in the field.

Change	Changes to the Insurance PDS
heart attack (myocardial infarction) – with evidence of heart muscle damage	<p>The death of heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be confirmed by a cardiologist and evidenced by typical rise and/or fall of cardiac biomarker blood test (Troponin T, Troponin I or CK-MB) with at least one level above the 99th percentile of the upper reference limit and one of the following:</p> <ul style="list-style-type: none"> ▪ Acute cardiac symptoms and signs consistent with myocardial infarction (e.g. chest pain); ▪ New serial ECG changes with the development of any of the following: ST elevation or depression, T wave inversion, pathological Q waves or left bundle branch block (LBBB); or ▪ Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality. <p>If the above tests are inconclusive we will consider other appropriate and medically recognised tests. We will not pay under this definition for other acute coronary syndromes including, but not limited to:</p> <ul style="list-style-type: none"> ▪ Angina; ▪ Angina pectoris; ▪ Myocyte necrosis classified as micro-infarction; ▪ Acute coronary insufficiency; and ▪ An elective percutaneous procedure for coronary artery disease, which is the sole cause of a rise in cardiac biomarkers.
heart valve surgery	The actual undergoing of a procedure to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.
hydatidiform mole requiring surgical removal	The presence of a hydatidiform mole requiring surgical removal as recommended and confirmed by a <i>specialist medical practitioner</i> in the field.
hydrocephalus – with specified treatment	An excessive accumulation of cerebrospinal fluid within the cranium requiring the insertion of a permanent shunt.
intensive care – with specified treatment	An illness or injury has resulted in the Life Insured requiring continuous mechanical ventilation by means of tracheal intubation for 10 consecutive days (24 hours per day) or more in an authorised intensive care unit of an acute care hospital. No benefit shall be payable where the <i>illness</i> or <i>injury</i> is as a result of drug or alcohol intake or other self-inflicted means.
kidney failure – requiring renal dialysis or renal transplantation	<p>End stage renal failure presenting as chronic irreversible failure of both kidneys to function with a permanent requirement for regular renal dialysis or renal transplantation.</p> <p>The definition will be met if, despite the need for regular dialysis or a kidney transplant as confirmed by a <i>specialist medical practitioner</i> in the field, the Life Insured chooses renal supportive care.</p>
loss of hearing – profound and irreversible (except by cochlear implant)	Irreversible loss of hearing in both ears (except by cochlear implant) which even with amplification, results in an average hearing threshold of greater than 81dB as measured at 500, 1000, 1500 and 3000 Hz in the better ear as confirmed by a <i>specialist medical practitioner</i> .
loss of independent existence – total and irreversible	The total and irreversible inability to perform at least two of the numbered <i>activities of daily living</i> without the assistance of another person (if the Life Insured can perform the activity on his/her own by using special equipment we won't treat the Life Insured as unable to perform that activity).
loss of limbs – total and irreversible	The total and irreversible loss of the use of two limbs, where 'limb includes whole hand or whole foot.

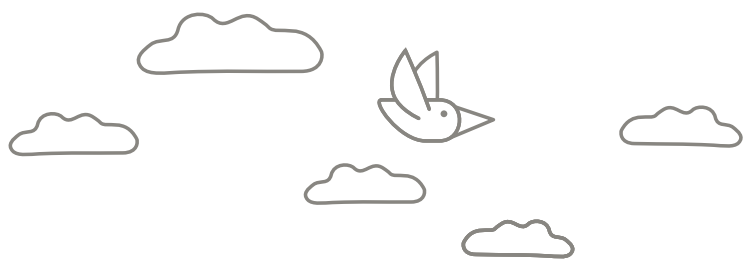
Change	Changes to the Insurance PDS
loss of sight – permanent loss in both eyes	<p>The permanent loss of sight in both eyes, whether aided or unaided, due to <i>illness or injury</i> to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc, as diagnosed by a <i>specialist medical practitioner</i> in the field.</p> <p>For clarity:</p> <ul style="list-style-type: none"> ▪ Any loss of sight that is reversible through treatment or visual aids, including (but not limited to) cataracts, is excluded as it would not be considered irreversible. ▪ Best corrected visual acuity is reduced to at least 6/60 means that even with the use of visual aids, the Life Insured needs to be at 6 metres or closer to see what someone with normal vision can see at 60 metres. ▪ Visual field is reduced to at least 20 degrees of arc means that the Life Insured’s field of vision is less than 20 degrees in diameter.
loss of speech – total and irrecoverable	<p>The total and irrecoverable loss of the ability to produce intelligible speech as a result of <i>illness or injury</i> which causes permanent damage to the larynx or its nerve supply or the speech centres of the brain, as certified by a <i>specialist medical practitioner</i> in the field. Loss of speech due to psychological reasons is excluded.</p>
major burns – of specified severity and requiring specified treatment	<p>Tissue injury caused by thermal, electrical or chemical agents causing deep partial-thickness burns or full thickness burns to:</p> <ul style="list-style-type: none"> ▪ 20% or more of the body surface area as measured by the ‘Rule of Nines’ or the Lund and Browder Body Surface Chart, requiring surgical debridement and/or grafting; ▪ 50% or more of both hands, requiring surgical debridement and/or grafting; ▪ 50% or more of both feet, requiring surgical debridement and/or grafting; ▪ 50% or more of the face, requiring surgical debridement and/or grafting; or ▪ the whole of the skin of the genitalia, requiring surgical debridement and/or grafting. <p>The diagnosis must be confirmed by a <i>specialist medical practitioner</i> in the field.</p>
major head trauma – resulting in significant permanent impairment	<p>A head injury (or injuries) caused by an accident resulting in neurological deficit causing:</p> <ul style="list-style-type: none"> ▪ 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’ 6th edition; or ▪ total and permanent inability to perform at least one of the <i>activities of daily living</i>. <p>The diagnosis must be confirmed by a <i>specialist medical practitioner</i> in the field.</p>
major organ or bone marrow transplant of specified organs from a human donor, or placement on a waiting list	<p>The Life Insured is the recipient of an organ transplant or is on the waiting list to receive one of the following organs:</p> <ul style="list-style-type: none"> ▪ heart, ▪ kidney, ▪ liver, ▪ lung, ▪ pancreas, ▪ small bowel, or ▪ the transplantation of bone marrow (including stem cell transplantation). <p>The transplant must be considered the appropriate and necessary treatment.</p> <p>For the purposes of this definition ‘Waiting list’ means the waiting list of a Transplantation Society of Australia and New Zealand recognised transplant list.</p>

Change	Changes to the Insurance PDS
medically acquired HIV - contracted through specified procedures	<p>The infection with Human Immunodeficiency Virus (HIV), which on the balance of probabilities arose from an accident during one of the following medical procedures:</p> <ul style="list-style-type: none"> transfusion of blood or blood products, organ transplant, assisted reproduction techniques, or other medical procedure or operation performed by a <i>doctor</i> or at a registered medical facility. <p>The procedure must have been performed by a registered health professional and have occurred in Australia. We require a statement from the appropriate Statutory Health Authority that provides documented proof of the incident and confirms that the infection is medically acquired.</p> <p>A Trauma claim for medically acquired HIV will not be payable if:</p> <ul style="list-style-type: none"> HIV infection is caused by any other means, including sexual activity or recreational intravenous drug use, or a treatment is developed and approved which renders the HIV virus inactive and non-infectious.
motor neurone disease	<p>Unequivocal diagnosis of motor neurone disease confirmed by a <i>specialist medical practitioner</i> in the field.</p>
multiple sclerosis - with persisting neurological abnormalities	<p>The unequivocal diagnosis of Multiple Sclerosis by a <i>specialist medical practitioner</i> in the field, which is characterised by demyelination in the brain and spinal cord. There must have been more than one episode of well-defined neurological deficit with persisting clinical neurological abnormalities.</p> <p>Neurological investigations such as lumbar puncture, Magnetic Resonance Imaging (MRI), evidence of lesions in the central nervous system, evoked visual responses and evoked auditory responses are required to confirm diagnosis.</p>
muscular dystrophy	<p>Unequivocal diagnosis of muscular dystrophy confirmed by a <i>specialist medical practitioner</i> in the field, which causes progressive and selective degeneration and weakness of voluntary muscles.</p>
occupationally acquired hepatitis B or C	<p>The Life Insured becoming infected with the Hepatitis B or Hepatitis C virus as the result of an <i>accident</i> during the course of the Life Insured's regular occupation.</p> <p>The production and detection (sero-conversion) of:</p> <ul style="list-style-type: none"> Hepatitis B surface antigen or HBV DNA, by way of a positive Hepatitis B surface antigen or HBV DNA test; or Hepatitis C antibodies, by way of a positive Hepatitis C antibody test. <p>and the applicable test must be confirmed within six months of the <i>accident</i>.</p> <p>Your <i>accidental</i> infection will need to be reported to the relevant health authority at the time of the <i>accident</i>.</p> <p>We encourage you to report any <i>accident</i> giving rise to a potential claim within 30 days. Your <i>accidental</i> infection will need to be supported by a negative Hepatitis B or Hepatitis C test (as applicable) taken within 7 days after the <i>accident</i>.</p> <p>We will not pay a benefit if the Life Insured has elected not to take an approved vaccine that is recommended by the relevant professional governing body for use in the Life Insured's occupation and which was available prior to the <i>accident</i>, which caused infection.</p>

Change	Changes to the Insurance PDS
occupationally acquired HIV	<p>The Life Insured becoming infected with HIV as the result of an <i>accident</i> during the course of the Life Insured's <i>regular occupation</i>.</p> <p>The production and detection (sero-conversion) of HIV antibodies, by way of a positive HIV antibody test must be confirmed within 6 months of the <i>accident</i>.</p> <p>Your <i>accidental</i> infection will need to be reported to the relevant health authority at the time of the <i>accident</i>.</p> <p>We encourage you to report any <i>accident</i> giving rise to a potential claim within 30 days. Your accidental infection will need to be supported by a negative HIV Antibody Test taken within 7 days after the <i>accident</i>.</p> <p>We will not pay a benefit if the Life Insured has elected not to take an approved vaccine that is recommended by the relevant professional governing body for use in the Life Insured's occupation and which was available prior to the <i>accident</i>, which caused infection.</p>
open heart surgery - excluding specified procedures	<p>The undergoing of a thoracotomy (excluding keyhole surgeries) for treatment of cardiac defect, cardiac aneurysm or benign cardiac tumour.</p>
out of hospital cardiac arrest - excluding medical procedures	<p>Cardiac arrest which is not associated with any medical procedure and is documented by an electrocardiogram, occurs out of hospital and is due to:</p> <ul style="list-style-type: none"> ▪ cardiac asystole; or ▪ ventricular fibrillation with or without ventricular tachycardia <p>If ECG evidence is not available, other medical evidence that unequivocally confirms a cardiac arrest has occurred will be considered. Such evidence may include ambulance or hospital medical records.</p>
Parkinson's disease - with irreversible neurological deficit	<p>Unequivocal diagnosis of Parkinson's disease confirmed by a <i>specialist medical practitioner</i> in the field, leading to irreversible neurological deficit.</p>
paralysis - total and irreversible	<p>The total and irreversible loss of the use of two limbs, where a limb is defined as the shoulder down to the hand or the hip down to the foot.</p> <p>Paraplegia, quadriplegia, tetraplegia, diplegia (such as both arms or both sides of the face) and hemiplegia (such as one arm and one leg of the same side of the body) are included in this definition.</p>
partial loss of hearing - irreversible	<p>Irreversible loss of hearing in one ear (except by cochlear implant) which even with amplification, results in an average hearing threshold of greater than 81dB as measured at 500, 1000, 1500 and 3000 Hz as confirmed by a <i>specialist medical practitioner</i> in the field.</p>
partial loss of limbs - irreversible	<p>The total and irreversible loss of the use of one limb, where 'limb' means whole hand or whole foot.</p>
partial loss of sight - permanent and irreversible	<p>The permanent loss of sight in one eye, whether aided or unaided, due to <i>illness</i> or <i>injury</i> to the extent that visual acuity is 6/60 or less in one eye, or to the extent that the visual field is reduced to 20 degrees or less of arc, as diagnosed by a <i>specialist medical practitioner</i> in the field.</p> <p>For clarity:</p> <ul style="list-style-type: none"> ▪ Any loss of sight that is reversible through treatment or visual aids, including (but not limited to) cataracts, is excluded as it would not be considered irreversible. ▪ Best corrected visual acuity is reduced to at least 6/60 means that even with the use of visual aids, the Life Insured needs to be at 6 metres or closer to see what someone with normal vision can see at 60 metres. ▪ 'Visual field is reduced to at least 20 degrees of arc' means that the Life Insured's field of vision is less than 20 degrees in diameter.
pneumonectomy - total	<p>The undergoing of a surgery to remove an entire lung. This treatment must be considered medically necessary and deemed the most appropriate treatment.</p>

Change	Changes to the Insurance PDS
pulmonary arterial hypertension (Idiopathic and familial) resulting in significant right heart failure	<p>The confirmed diagnosis of idiopathic or familial (meaning of a spontaneous or unknown cause, or inherited) pulmonary arterial hypertension (increased blood pressure in the blood vessels of the lungs) with right ventricular enlargement (enlarged right side of the heart muscle) established by investigations including cardiac catheterisation, resulting in permanent physical impairment to the degree of at least Class III* of the World Health Organisation Functional Classification of Pulmonary Hypertension.</p> <p>The diagnosis must be confirmed by a <i>specialist medical practitioner</i> in the field.</p> <p>*Class III of the World Health Organisation Functional Assessment of Pulmonary Hypertension means: Patients with pulmonary hypertension resulting in a slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity causes undue dyspnoea or fatigue, chest pain or near syncope.</p>
severe cognitive loss - permanent	<p>A total and permanent deterioration or loss of intellectual capacity (supported by a score of 15 or less out of 30 in a Mini Mental State Examination or evidence from another neuropsychometric test that is acceptable to NobleOak) that has required the Life Insured to be under continuous care and supervision by another person for at least three consecutive months and at the end of that three month period the Life Insured is likely to require ongoing continuous care and supervision by another person. The diagnosis must be confirmed by a <i>specialist medical practitioner</i> in the field.</p>
severe Crohn's disease - requiring specified treatment	<p>Diagnosis of Crohn's disease that requires permanent immunosuppressive medication.</p>
severe osteoporosis - with specified complications before age 50	<p>Before the age of 50, the Life Insured:</p> <ul style="list-style-type: none"> ▪ suffers at least two vertebral body fractures or a fracture of the neck of femur, due to osteoporosis; and ▪ has bone mineral density reading with a T-score of less than -2.5 (i.e. 2.5 standard deviations below the young adult mean for bone density). This must be measured in at least two sites by dual energy x-ray absorptiometry (DEXA).
severe rheumatoid arthritis - with specified treatment failure	<p>Diagnosis of rheumatoid arthritis, confirmed by appropriate radiology and blood tests, that has failed to respond to treatment with at least 2 immunosuppressive agents administered consistently for a period of at least 12 months.</p>
severe ulcerative colitis - with specified treatment failure	<p>Unequivocal diagnosis of Ulcerative Colitis that has failed to be controlled by standard therapy including cortisone treatment and requires permanent immunosuppressive medication.</p>
Stroke - resulting in new neurological deficits	<p>An infarction of the central nervous system or intracranial haemorrhage (including subarachnoid haemorrhage), or embolism from an extracranial source causing the onset of new and acute neurological deficits.</p> <p>The diagnosis must be confirmed by:</p> <ul style="list-style-type: none"> ▪ neuroimaging and ▪ a consultant neurologist. <p>The following are excluded:</p> <ul style="list-style-type: none"> ▪ transient ischaemic attacks; ▪ reversible ischaemic neurological deficits; ▪ cerebral events due to migraine, hypoxia or trauma; ▪ vascular disease affecting the eye, optic nerve or vestibular functions.
triple vessel angioplasty / coronary artery stenting	<p>The undergoing of angioplasty or coronary artery stenting on the arteries (or their branches) of three or more coronary arteries within one or more procedures within a two-month period to correct a narrowing or blockage. Evidence indicating obstruction of three or more coronary arteries is required prior to the first angioplasty procedure. It must be considered the appropriate and necessary treatment on the basis of angiographic evidence.</p>

NOTES



CONTACT US

Should you have any queries please contact
the Member services contact centre by phone or email:
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memberservices@ppsmutual.com.au

The issuer of this SPDS (and the Insurance PDS) is NobleOak Life Limited ABN 85 087 648 708. AFSL No. 247302.
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Please consider the Insurance PDS together with this SPDS.