Target Market Determination

Product: Group Personal Accident and Illness – Resources Plus
Product Disclosure Statement: Prepared on 8 November 2024 (PDS JM 09/00065.8)
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Issuer: AIG Australia Limited (AIG) ABN 93 004 727 753 AFSL No 381686

What is a target market determination?

A Target Market Determination (TMD) is a determination that AIG has made that sets out:

- the class of customers that comprise AIG's target market for this Product, taking into consideration their likely needs, objectives and financial situation;
- any conditions and restrictions placed on retail product distribution conduct in relation to the Product;
- the events and circumstances that would reasonably suggest that the TMD is no longer appropriate;
- the review periods for the TMD; and
- the reporting obligations for the TMD.

This TMD does not provide any financial product advice on the Product and does not take into consideration the needs, objectives and financial situation of individual customers.

The terms and conditions of the Product are set out in the Product Disclosure Statement (PDS). Insurance products and services are provided by AIG Australia Limited ABN 93 004 727 753 AFSL 381686. This TMD does not form part of the insurance contract and is not a summary of the Product's terms and conditions. Customers should review the PDS before making any decision on whether to purchase this Product.

AIG will make this TMD available to any person, upon request, free of charge.

Terms used in this TMD, which are defined in the *Corporations Act,* have the same meaning as under that legislation.

Application of this TMD

This TMD applies to customers who acquire the Product as retail clients namely sole traders and small businesses (a business which employs less than 100 people, if a manufacturing business, or otherwise 20 people or less).

It does not apply to other customers (wholesale clients) who may purchase the Product.

1. Target market

This section of the TMD describes the class of retail client customers who comprise the target market for the Product, taking into account their likely needs, objectives and financial situation.

Outlined below is a description of the Product, key eligibility criteria and key Product attributes that affect whether this Product is likely to meet the needs, objectives and financial situation of the target market.

The target market is retail client customers:

- who meet key eligibility criteria of the Product; and
- where the key Product attributes meet their likely needs, objectives and financial situation.

Product Description & Key Attributes

This is a Group Personal Accident and Sickness Product that offers personal accident and sickness insurance to businesses in or those that provide services in the resource sector, who wish to purchase cover for their employees and officeholders for personal accident and sickness.

Please refer to the PDS for full details of Product coverage including benefits.

Key Eligibility Criteria

The table below provides a summary of the key eligibility criteria of this Product. This outlines the types of customers that this Product is available for. This Product is subject to underwriting criteria prior to acceptance.

This cover is available to	This cover is NOT available to
Businesses in or those that provide services to the resource sector, with an Australian Business Number (ABN) and who wish to purchase cover for their: • employees • officeholders	• Businesses that are neither operating in nor provide services to the resource sector, • armed forces, police, fire fighters or ambulance service employees, • pilots of any kind seeking loss of licence cover. • Non-Australian residents who require cover for Temporary Total Disablement or Temporary Partial Disablement.

Needs and Objectives

This Product is likely to meet the needs and objectives of businesses in, or provide services to, the resource sector, who require personal accident and/or sickness cover for employees and officeholders. Depending on the needs of the business, cover can be tailored to vary sums insureds. The scope of cover to which benefits apply can be selected to cover working hours only, outside working hours, or 24 hours a day, 7 days per week. A summary is provided overpage of the key Product features outlining what is covered and what is not covered.

Key Product Features

What is covered

- lump sum payments up to a specified amount for certain bodily injuries sustained by a person insured under the policy such as permanent loss of fingers, toes, eye/s or limbs and accidental death,
- weekly injury and/or sickness benefits payable where a person insured under the policy suffers temporary total disablement or temporary partial disablement following bodily injury or sickness as defined in the policy terms,
- home help benefit – for a FIFO worker's Spouse/Partner following an injury whilst the FIFO insured person is away or scheduled to be away on a FIFO roster,

This Product contains other benefits that can be found in the PDS.

What is not covered

- piloting an aircraft,
- training for or participating as a professional in any sport,
- intentional self-inflicted injury, suicide or any illegal or criminal act,
- war or civil war,
- pre-existing medical conditions,
- travel to a country or countries that are subject to sanctions or embargos or to a country or countries otherwise excluded under the Product,
- racing in or on any motor-powered device.
- outside the age limit (as set out in the Policy Schedule)
- an event that arises directly or indirectly out of pregnancy, childbirth or miscarriage,

This Product contains other exclusions that can be found in the PDS.

These are the key attributes. Please refer to the PDS for full details of Product coverage including benefits. The benefits are subject to specified sums insured and the terms and conditions of the policy.

Financial Situation

This Product is likely to meet the financial situation of businesses in, or provide services to, the resource sector who:

- require insurance coverage in line with the sums insured and policy limits available under the Product; and
- have the ability to pay premiums in accordance with the policy structure, chosen benefits, excess, fees and charges considering the business's financial circumstances.

Consistency between the Product and target market

This Product is likely to be consistent with the needs, objectives and financial situation of the customers in the target market because the Product provides cover to those customers who meet key eligibility criteria and require cover for the types of loss or damage that customers in the target market are seeking to insure against.

2. Distribution conditions

This section of the TMD describes the conditions and restrictions on retail product distribution conduct that apply to customers who are retail clients. It does not apply to other customers (wholesale clients) who may purchase the Product.

The Product is distributed (purchased) via:

- insurance brokers and their authorised representatives.

The distribution conditions that apply to the sale of this Product do not apply to the extent that the insurance broker is arranging for a customer to acquire the Product for the purpose of implementing personal advice given to the customer.

The brokers will distribute the Product to retail client customers that meet AIG's eligibility criteria, which aligns with the target market set out in section 1 above. The brokers apply a consistent application process in relation to the Product, which supports the sale of the Product and any additional extensions to customers in the target market. Insurance brokers distributing the Product are required to submit customer applications using that process.

The broker ensures that all authorised representatives it deals with in relation to the Product:

- specialise in providing insurance to the industry;
- have a general understanding of the likely needs, objectives and financial situation of the class of customers that fall within the target market; and
- have been trained in the relevant acceptance criteria for the Product.

3. Review period and triggers

AIG will review this TMD during the following periods to ensure that it remains appropriate:

First review period	Within two years from the TMD's commencement date.
ONGOING REVIEW PERIODS	At least every two years after the completion of the first review period.

AIG will also review this TMD if there are events or circumstances that reasonably suggest that the TMD is no longer appropriate. The triggers for this review may arise from:

Trigger	• a material change to the cover provided by the Product, • the discovery of a relevant and material deficiency in the Product's disclosure documentation, • a change in AIG's risk acceptance criteria or underwriting guidelines that may impact the suitability of the Product for the target market, • a material change to the distribution of the Product, • complaints or other feedback indicative of the Product no longer being suitable for the target market, • claims denials or other issues indicative of the Product no longer being suitable for the target market, • material decreases in sales and Product performance metrics including but not limited to Product acceptance rates, cancellation rates, Product value and affordability, benefits to customers, and the like, • a material change to the legislation, • issues arising from compliance monitoring, breaches or internal audit findings, or • concerns raised by a regulator, the Code Governance Committee or the Australian Financial Complaints Authority.

4. Reporting obligations

Insurance Brokers, authorised representatives and AIG staff are required to report the following information to AIG:

Event or circumstance	Person required to report	Reporting period
Any issue arising from the sale of the Product to retail client customers in breach of the distribution conditions or outside the target market.	AIG staff, the insured's appointed broker or its authorised representative.	As soon as practicable after becoming aware of the matter, and within 10 business days.
Any significant dealings that are not consistent with this TMD.	AIG staff, the insured's appointed broker or its authorised representative.	As soon as practicable after becoming aware of the matter and within 10 business days.
The number and detail of complaints received about the Product.	AIG staff, the insured's appointed broker or its authorised representative.	Referral of Product related complaints within 24 hours. Periodic reporting within 10 business days after the end of each calendar quarter (31 March, 30 June, 30 September and 31 December).
Any actual or likely compliance breach relating to sale of the Product or to distribution requirements under the PDDO.	AIG staff, the insured's appointed broker or its authorised representative.	As soon as practicable after becoming aware of the matter, and in any event within 10 business days of the compliance breach being identified.

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