

Super

TEAM SUPER

TRANSPORT, ENERGY AND MINING

DEFAULT DIVISION INSURANCE GUIDE

20 January 2025

This Insurance Guide explains the insurance you can have through your Team Super account.

The information in this document forms part of the Product Disclosure Statement (PDS) for the Team Superannuation Fund.

You should read the PDS and this Insurance Guide before deciding if this insurance is appropriate. You can find these documents at **teamsuper.com/pds**

Insurance offered through Team Super is provided by TAL Life Limited ABN 70 050 109 450, AFS licence 237848 (TAL or Insurer).

While the PDS sets out general information about insurance, the Team Superannuation Fund's (Fund) Trust Deed and the insurance policy documents set out the full terms on which insurance is offered and, to the extent that there's any inconsistency, override the PDS. To read the Fund's Trust Deed and our insurance policy documents, call 13 64 63, email help@admin.teamsuper.com or visit our office during business hours.

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Important information

This Insurance Guide is for members who are part of our DEFAULT DIVISION. Generally you're in the Default Division if you joined or rejoined the Fund on or after 20 May 2024 (unless you opted-in to be part of the Mining Division).

If you're in the MINING DIVISION you're covered under different insurance arrangements. For more information about your insurance you should read the **Mining Division Insurance Guide** which you can find at teamsuper.com/pds

If you currently have insurance, you can find the Division you're part of by logging in to your online account at teamsuper.com/login or by calling us on 13 64 63.

INSURANCE AT A GLANCE

We offer a base level of insurance cover – like a safety net – to protect you and your family if you die or suffer from an illness or injury. If you need more than the base level, we have flexible options for you to tailor your insurance cover to suit your needs.

Our insurance caters for people working in mining and supporting industries, who can find it hard to obtain adequate and reasonably priced insurance due to their jobs.

Your cover options

Death and Terminal Illness (DTI) Cover

This provides a lump sum payment if you die or suffer from an illness, or have incurred an injury that is likely to result in death within 24 months.

Total and Permanent Disablement (TPD) Cover

This provides a lump sum payment if you become totally and permanently disabled.

Income Protection (IP) Insurance

This provides regular income replacement payments for up to two years if you are unable to work due to illness or injury.

INSURANCE FOR MEMBERS

When you join the Fund you:

- may automatically receive Basic DTI and TPD Cover if you're eligible (page 6)
- can opt-in to Basic DTI and TPD Cover if you're not eligible for automatic cover (page 7)
- can apply for Income Protection insurance and Voluntary Cover
- can apply to transfer existing cover into the Fund (page 24)

All members can:

- reduce or cancel cover (page 12)
- keep the level of Basic Cover the same while you're an insured member of the Fund (known as fixing Basic Cover) (page 12)
- apply for Voluntary DTI and TPD Cover (page 14)
- apply for Income Protection insurance (page 17)
- apply for Life Events Cover (page 23)
- opt-in to our Mining Division, but only within 60 days of the date of your Insurance Welcome letter for the Default Division, and receive Basic DTI and TPD Cover and Standard Income Protection insurance, as outlined in our **Insurance Guide - Mining Division**, without having your health assessed (page 23)
- apply to transfer existing cover into the Fund (page 24)

How your super is invested after death

On notification of a member's death, the member's account balance will remain invested in their current investment option/s until the benefit is paid to their beneficiaries. Any contributions received after the notification of a member's death will be invested in the Cash investment option until the benefit is paid to their beneficiaries. If the member also has insurance (e.g. death insurance), any insurance benefits payable will also be invested in the Cash investment option until the benefit is paid to their beneficiaries.

Partnering with TAL

We've partnered with TAL Life Limited (TAL) ABN 70 050 109 450, AFS licence 237848, Australia's leading life insurance specialist, to provide you with insurances. TAL is one of Australia's largest insurers and a leading insurance provider for the super industry. They have been protecting people for over 150 years and today they insure more than 5 million Australians.

It's important you let us know your occupation

Many details affecting your insurance cover with the Fund - such as when cover automatically starts, your level of cover, and the insurance fees you pay - depend on your age and occupation.

You can tell us your Occupation Group (including changes) at any time by completing an **Application to change occupation group** form.

Have you thought about financial advice?

Whether it's a simple phone call to cover the basics or a personal appointment to discuss wealth creation or your insurance, there's no 'one size fits all' approach. Advisers from Team Super Financial Advice are here to provide the help you need to make confident and informed financial decisions. If you have any questions or would like to make an appointment with Team Super Financial Advice, please get in touch. You can reach us on 13 64 63, Monday to Friday, 8am to 6pm or via our website.

An important note about fees

Insurance fees are made up of two parts.

- **Premiums:** Insurance premiums apply to all insured members – these are set out in the tables appearing on pages 8-11, 15-16, 21 and 22. The cost of premiums varies depending on what cover you have, the level of cover, your age and your Occupation Group.
- **Insurance administration fee:** In addition to insurance premiums, all insured members are charged an insurance administration fee. This fee is calculated as 3% of an insured member's gross insurance premiums, charged as a separate and standalone fee. The premiums detailed in the tables appearing on pages 8-11, 15-16, 21 and 22 do not include the insurance administration fee.

Insurance fees are deducted monthly from your super account unless you tell us you do not want the insurance cover, or you meet a condition that requires us to turn your cover off. If you do not have money going into your account, the ongoing deduction of fees will affect your balance and your final retirement benefit.

More information on the calculation and charging of fees can be found in our **Fees information** fact sheet.

Example

How insurance fees are charged:

David drives a truck for a mining company. He has Basic Cover with the Fund, is 38 years old and for insurance purposes, is in Occupation Group 1 - High risk.

David's insurance premiums are \$10.28 per week.

He will also pay an insurance administration fee, which is \$0.31 per week (3% x \$10.28 = \$0.31 rounded).

DEATH AND TERMINAL ILLNESS (DTI) AND TOTAL AND PERMANENT DISABLEMENT (TPD) COVER

About Basic Cover

Basic Cover and how it starts

Basic Cover is two units of DTI cover (up to age 70) and two units of TPD cover (up to age 65).

It's a base level of cover – like a safety net – that can help protect you and your family if you die or suffer from an illness or injury that prevents you from returning to work.

Many details affecting your insurance cover with the Fund – such as when cover starts, your level of cover and the insurance fees you pay – depend on which Occupation Group you belong to.

When Basic Cover automatically starts for you depends on which Occupation Group you fall into as follows:

Occupation Group	You will be placed into this Occupation Group if...	When Basic Cover starts automatically
Group 1 - High Risk (Undeclared)	<ul style="list-style-type: none"> We do not know your occupation. 	<p>The later of:</p> <ul style="list-style-type: none"> you are aged 18, and your account receives a mandatory employer contribution or you are self-employed, and your account balance is at least \$500.
Group 1 - High Risk	<ul style="list-style-type: none"> Your occupation is considered dangerous (see over) and you do not meet the definition of Group 2 - Non manual and Group 3 - Professional. 	
Group 1 - Manual	<ul style="list-style-type: none"> Your occupation is not considered dangerous (see over), AND You do not meet the definition of Group 2 - Non manual and Group 3 - Professional. 	<p>The later of:</p> <ul style="list-style-type: none"> you are aged 25 your account receives a mandatory employer contribution or you are self-employed, and your account balance is at least \$6,000. <p>Note: You can opt in to insurance cover beforehand, but will need to be aged 18, have received a mandatory employer contribution into your account or you are self-employed, and your account balance is at least \$500.</p>
Group 2 - Non manual	<ul style="list-style-type: none"> Your occupation is not considered dangerous (see over), AND You work at least 75% of the time in an office environment and perform only non-manual duties. 	
Group 3 - Professional	<ul style="list-style-type: none"> Your occupation is not considered dangerous (see over), AND You tell us you work 100% of the time in an office in a sedentary capacity, earn more than \$100,000 a year (or pro-rata if not working full time), and have an accredited higher education qualification or are eligible to belong to a recognised professional body. 	

Where we do not know your occupation

Your Occupation Group will show as Group 1 - High Risk (Undeclared) until you tell us otherwise. It's important you tell us your Occupation Group as soon as possible as it affects how much you pay for your insurance. If you don't tell us, you could pay more for your insurance than you have to.

As a majority of our members work in a dangerous occupation, we'll assume you also work in a dangerous occupation if you haven't told us your Occupation Group.

Cover will start with insurance fees deducted from your account once you meet the conditions for cover starting automatically that apply to Occupation Group, Group 1 - High Risk (Undeclared). If you don't work in a dangerous occupation you need to tell us.

You can apply to change your Occupation Group by completing an **Application to change occupation group** form. Please note, if you have insurance cover attached to your account, changing Occupation Groups may mean your insurance cover will be automatically switched off. To ensure this doesn't happen, when you complete your form you'll also be opting in to keep your cover.

All cover is subject to New Events Cover, meaning that until you have been in Active Employment for 30 consecutive days from the date cover starts, you will only be covered for new illnesses or injuries. If you're self-employed when your cover begins, your cover is New Events Cover indefinitely.

If you make a claim that is accepted by our Insurer your sum insured will be paid based on the Occupation Group we have assigned you or you have advised us of if the duties you actually perform support that selection. If you haven't told us your correct Occupation Group, your insured cover will be the insured cover of a Group 1 - High Risk (Undeclared) member. If you incorrectly advise us that you are eligible for Group 2 - Non manual or Group 3 - Professional and your duties at the time of notifying us do not support this, your insured cover and insurance fees will be adjusted for the Occupation Group that applied to your duties.

Cover for younger members

Members aged 14 to 17 are eligible for insurance cover but it must be applied for as Voluntary Cover (see page 14) and you will need to provide medical and lifestyle evidence.

About dangerous occupations

Government rules generally mean cover can't be automatically switched on unless you are aged at least 25 and have an account balance of at least \$6,000.

However, the Government allows us to choose to treat members who work in a 'dangerous occupation' differently.

Dangerous occupations include:

- Automotive and Engineering Trades Workers
- Construction and Mining Labourers
- Construction Trades Workers
- Design, Engineering, Science and Transport Professionals
- Electrotechnology and Telecommunications Trades Workers
- Factory Process Workers
- Health and Welfare Support Workers
- Machinery and Stationary Plant Operators
- Mobile Plant Operators
- Other Labourers
- Protective Service Workers
- Road and Rail Drivers
- Storepersons

Opting-in to Basic Cover

Even if you're not yet eligible for Basic Cover to be automatically switched on, you can opt-in to Basic Cover. Complete the **Application for Basic Cover (opt-in)** form available at teamsuper.com/resources

When cover starts

When Basic Cover is switched on for you, we will send you an Insurance Welcome letter outlining your level of cover and insurance fees. Cover will continue (with insurance fees deducted monthly from your account) until you cancel your cover or meet an end of cover condition (see page 30).

Premiums for Basic Cover

The cost of Basic Cover varies depending on your age and Occupation Group.

Age next birthday	Premium cost per week		
	Two units DTI	Two units TPD	Total cost
Occupation Group 1 - High Risk, Group 1 - High Risk (Undeclared) and Group 1 - Manual			
19 – 20	\$2.24	\$3.26	\$5.50
21 – 25	\$2.72	\$3.94	\$6.66
26 – 29	\$3.14	\$4.56	\$7.70
30 – 65	\$4.20	\$6.08	\$10.28
66 – 70	\$4.26	N/A	\$4.26
Occupation Group 2 - Non manual			
19 – 20	\$0.82	\$1.40	\$2.22
21 – 25	\$0.98	\$1.68	\$2.66
26 – 29	\$1.14	\$1.94	\$3.08
30 – 65	\$2.74	\$2.64	\$5.38
66 – 70	\$2.76	N/A	\$2.76
Occupation Group 3 - Professional			
19 – 20	\$0.74	\$1.30	\$2.04
21 – 25	\$0.90	\$1.60	\$2.50
26 – 29	\$1.02	\$1.84	\$2.86
30 – 65	\$2.50	\$2.44	\$4.94
66 – 70	\$2.52	N/A	\$2.52

Example

How to calculate the cost of Basic Cover:

Steve, a 19 year old miner (age 20 next birthday), joins Team Super. As his occupation is considered dangerous he becomes an Occupation Group 1 - High Risk member. Looking at Table 1 (see page 9), Steve receives \$20,000 of DTI cover and \$152,000 of TPD cover.

Cost: Steve's weekly premium for Basic Cover is \$5.50 per week (see table above) **plus an insurance administration fee of \$0.17 per week.** Steve's level of cover and the costs will change as he gets older. See Table 1 on page 9 for cover levels and the table above for the costs.

Your level of Basic Cover

Your level of Basic Cover varies depending on your age and Occupation Group.

Table 1: Basic Cover (DTI and TPD) benefit

Age next birthday	Basic Cover sum insured			
	Occupation Group 1 - High Risk, Group 1 - High Risk (Undeclared) and Group 1 - Manual		Occupation Group 2 - Non manual and Occupation Group 3 - Professional	
	DTI Cover (2 units)	TPD Cover (2 units)	DTI Cover (2 units)	TPD Cover (2 units)
19 – 20	\$20,000	\$152,000	\$20,000	\$272,000
21 – 25	\$50,000	\$152,000	\$50,000	\$272,000
26 – 29	\$100,000	\$152,000	\$100,000	\$272,000
30	\$152,000	\$152,000	\$272,000	\$272,000
31	\$150,000	\$150,000	\$268,000	\$268,000
32	\$148,000	\$148,000	\$262,000	\$262,000
33	\$144,000	\$144,000	\$256,000	\$256,000
34	\$140,000	\$140,000	\$246,000	\$246,000
35	\$134,000	\$134,000	\$238,000	\$238,000
36	\$128,000	\$128,000	\$232,000	\$232,000
37	\$122,000	\$122,000	\$224,000	\$224,000
38	\$116,000	\$116,000	\$218,000	\$218,000
39	\$110,000	\$110,000	\$210,000	\$210,000
40	\$104,000	\$104,000	\$202,000	\$202,000
41	\$98,000	\$98,000	\$194,000	\$194,000
42	\$92,000	\$92,000	\$186,000	\$186,000
43	\$88,000	\$88,000	\$180,000	\$180,000
44	\$86,000	\$86,000	\$172,000	\$172,000
45	\$84,000	\$84,000	\$164,000	\$164,000
46	\$80,000	\$80,000	\$156,000	\$156,000
47	\$78,000	\$78,000	\$150,000	\$150,000
48	\$76,000	\$76,000	\$142,000	\$142,000
49	\$72,000	\$72,000	\$134,000	\$134,000
50	\$70,000	\$70,000	\$126,000	\$126,000
51	\$68,000	\$68,000	\$120,000	\$120,000
52	\$66,000	\$66,000	\$112,000	\$112,000
53	\$62,000	\$62,000	\$104,000	\$104,000
54	\$58,000	\$58,000	\$96,000	\$96,000
55	\$56,000	\$56,000	\$90,000	\$90,000
56	\$52,000	\$52,000	\$82,000	\$82,000
57	\$48,000	\$48,000	\$74,000	\$74,000
58	\$46,000	\$46,000	\$66,000	\$66,000

Table 1: Basic Cover (DTI and TPD) benefit (continued)

Age next birthday	Basic Cover sum insured			
	Occupation Group 1 - High Risk, Group 1 - High Risk (Undeclared) and Group 1 - Manual		Occupation Group 2 - Non manual and Occupation Group 3 - Professional	
	DTI Cover (2 units)	TPD Cover (2 units)	DTI Cover (2 units)	TPD Cover (2 units)
59	\$42,000	\$42,000	\$60,000	\$60,000
60	\$38,000	\$38,000	\$52,000	\$52,000
61	\$34,000	\$34,000	\$48,000	\$46,000
62	\$32,000	\$24,000	\$44,000	\$32,000
63	\$30,000	\$14,000	\$40,000	\$20,000
64	\$26,000	\$8,000	\$36,000	\$10,000
65	\$26,000	\$4,000	\$34,000	\$4,000
66	\$26,000	\$0	\$34,000	\$0
67	\$26,000	\$0	\$34,000	\$0
68	\$26,000	\$0	\$34,000	\$0
69	\$26,000	\$0	\$34,000	\$0
70	\$26,000	\$0	\$34,000	\$0

Note: To calculate the value of one unit of Basic Cover, divide the total Basic Cover for your age and Occupation Group by two. To calculate the value of three units of Basic Cover, divide by two and multiply the value of one unit by three.

Additional DTI and TPD cover

If you're employed and have Basic Cover switched on (whether this happens automatically or because you opt-in), you can apply (via the **Newly insured member offer** form) for an extra unit of DTI and TPD cover within 60 days of the date of your Insurance Welcome letter, without the need to provide medical and lifestyle evidence.

Beyond this 60 day period, any increase in cover can be applied for as Voluntary Cover and you will need to provide medical and lifestyle evidence (see page 14).

Age next birthday	Premium cost per week			
	Basic Cover (2 units of DTI and TPD cover)	Extra unit of DTI (including terminal illness) cover	Extra unit of TPD cover	Total for 3 units of DTI and TPD cover
Occupation Group 1 - High Risk, Group 1 - High Risk (Undeclared) and Group 1 - Manual				
19 – 20	\$5.50	\$1.12	\$1.63	\$8.25
21 – 25	\$6.66	\$1.36	\$1.97	\$9.99
26 – 29	\$7.70	\$1.57	\$2.28	\$11.55
30 – 65	\$10.28	\$2.10	\$3.04	\$15.42
66 – 70	\$4.26*	\$2.13	N/A	N/A
Occupation Group 2 - Non manual				
19 – 20	\$2.22	\$0.41	\$0.70	\$3.33
21 – 25	\$2.66	\$0.49	\$0.84	\$3.99
26 – 29	\$3.08	\$0.57	\$0.97	\$4.62
30 – 65	\$5.38	\$1.37	\$1.32	\$8.07
66 – 70	\$2.76*	\$1.38	N/A	N/A
Occupation Group 3 - Professional				
19 – 20	\$2.04	\$0.37	\$0.65	\$3.06
21 – 25	\$2.50	\$0.45	\$0.80	\$3.75
26 – 29	\$2.86	\$0.51	\$0.92	\$4.29
30 – 65	\$4.94	\$1.25	\$1.22	\$7.41
66 – 70	\$2.52*	\$1.26	N/A	N/A

*DTI cover only.

Example

How to calculate the cost of an extra unit of Basic Cover:

Patricia, a 44 year old office worker (age 45 next birthday), joins Team Super as a Occupation Group 2 - Non manual member. Looking at Table 1 (see page 9), Patricia receives \$164,000 of DTI cover and \$164,000 of TPD cover.

Cost: Patricia's weekly premium for Basic Cover is \$5.38 per week plus an insurance administration fee of \$0.16 per week (see Cost of Basic Cover table on page 11). As Patricia applied for an additional unit of Basic Cover within 60 days of the date of her Insurance Welcome letter, she didn't have to provide any medical and lifestyle evidence. Patricia's Basic DTI cover will be \$246,000 and TPD cover will be \$246,000.

Patricia will now have Basic Cover consisting of three units of DTI and TPD cover. Her weekly premium will increase to \$8.07 per week plus an insurance administration fee of \$0.24 per week.

Reducing or cancelling your Basic Cover

You can reduce or cancel your Basic Cover at any time by calling us on 13 64 63 or writing to us. The minimum level of cover is 1 unit, and the number of TPD units cannot be higher than your DTI units.

If your request to cancel is within 120 days of the date of your Insurance Welcome letter, any insurance fees deducted from your account will be refunded, as long as you have not claimed under the policy. Any request to cancel or reduce cover outside the 120 days will be effective from the date we receive your valid request. Once you have cancelled or reduced cover, you will need to apply for Voluntary Cover if you want to increase your cover in the future (see page 14).

Fixing your Basic Cover

Unless you choose to fix your Basic Cover, the dollar amount of cover will change as you get older (see Table 1 on pages 9 and 10). You can choose to fix your Basic Cover at any time without the need to provide medical and lifestyle evidence.*

This means the dollar amount of cover remains fixed, and as you get older, the premiums will generally increase with your age. Table 2 on pages 15 and 16 shows weekly premiums per \$1,000 of fixed cover by age and Occupation Group. This is known as Fixed Basic Cover.

* Provided you have not claimed and/or are not eligible to claim, a terminal illness or TPD benefit from the Fund, another super fund or a life insurance company

Example

Louise will be 53 years old on her next birthday. She is a miner and belongs to Occupation Group 1 - High Risk as she works in a dangerous occupation. Louise currently has \$62,000 of DTI and TPD cover (this equals two units of Basic Cover).

Louise's Basic Cover insurance premiums are \$10.28 per week plus an insurance administration fee of \$0.31 per week.

Louise wants to fix her Basic Cover so that the value of her cover does not decrease as she gets older. Her Fixed Basic Cover will be equal to her current cover.

Fixed DTI and TPD Cover	\$62,000
Fixed Basic Cover premiums are calculated using \$1,000 units	\$62,000 = 62 units
New insurance premiums for the Fixed Basic Cover	
DTI cover premium per week	62 x \$0.064 = \$3.968
TPD cover premium per week	62 x \$0.093 = \$5.766
Total premium per week for fixed DTI and TPD Cover	\$9.73
PLUS insurance administration fee per week	\$0.29

Louise's insurance premium for Fixed Basic Cover will generally increase at each birthday, as shown in Table 2 on pages 15 and 16.

Switching between Fixed Basic and Basic Cover

You can switch between Fixed Basic and Basic Cover by completing and returning the **Switch into or out of Fixed Basic Cover** form which you can find at teamsuper.com/resources

If you want to switch back from Fixed Basic Cover to Basic Cover:

- your Basic Cover will revert to the number of units of Basic Cover you held before you fixed your Basic Cover, and
- your insurance premiums and the level of your Basic Cover will be calculated based on your age at your next birthday at the date of receiving your form.

Table 1 on pages 9 and 10 sets out the amount of cover that applies for your age.

Example

How to calculate the cost of Fixed Basic Cover:

Following on from the previous example, in three years from now Louise will be 56 years old on her next birthday. Louise still has \$62,000 of Fixed Basic DTI and TPD Cover, but her premiums have increased to \$11.78 per week. She has decided to switch her Fixed Basic Cover back to Basic Cover. Louise had two units of Basic Cover before she fixed her cover. Looking at Table 1, if Louise switches back to Basic Cover, she will receive \$52,000 of DTI and TPD cover.

Cost: Louise's weekly premium for Basic Cover will revert to \$10.28 per week plus an insurance administration fee of \$0.31 per week.

VOLUNTARY COVER

You may decide to add additional insurance cover to your existing cover, or decide you need insurance cover if you do not currently hold any.

You can apply for up to a total of \$2.5 million of DTI cover and \$2.5 million of TPD cover. These totals include Basic (or Fixed Basic) Cover and any Voluntary Cover in all accounts with the Fund.

You must be under age 70 to apply for Voluntary DTI Cover or Voluntary DTI and TPD Cover.

Each unit provides cover of \$1,000. For example, if you want an extra \$85,000 DTI and TPD cover, you need 85 units of Voluntary DTI Cover and 85 units of Voluntary TPD Cover.

How do you apply for Voluntary Cover?

You can apply for Voluntary Cover by completing the **Application for insurance cover** form.

Voluntary Cover is subject to the Insurer accepting the application, after considering medical and lifestyle evidence.

We require your consent to collect, use or disclose your medical, lifestyle and other personal information you provide in the form. This information is collected and provided to the Insurer to assess your eligibility for insurance and to administer your application.

If you need help completing insurance forms please call us on 13 64 63.

When does cover start?

Your Voluntary Cover will generally start on the date the Insurer accepts your application for cover.

In assessing your application, rather than declining it due to health or lifestyle issues, the Insurer may place an exclusion (e.g. left ankle) or a loading (i.e. an additional cost on the standard premium rates). If this happens, we will tell you and ask you to accept these conditions before adding insurance cover to your account.

Cost of Voluntary Cover

The cost of Voluntary Cover depends on your age and your Occupation Group. To work out the weekly premium for your age and Occupation Group, refer to the premium rates in Table 2 on pages 15 and 16.

The cost of cover is automatically deducted from your super account on a monthly basis, so you don't have to pay for it directly out of your pocket.

Please note that any Voluntary Cover added to your Team Super account as fixed cover and will be in addition to any existing cover on your account (where applicable). This means that the premiums generally increase as you get older. Refer to Table 2 on pages 15 and 16 to see how costs change with age.

Example

John and Katherine want to take out Voluntary Cover:

Name	John	Katherine
Age	54 years old next birthday	41 years old next birthday
Occupation Group	Group 2 - Non manual	Group 3 - Professional
Amount of cover needed	An extra \$120,000 DTI and TPD cover	An extra \$510,000 DTI and TPD cover
Cost calculation	<ul style="list-style-type: none"> • \$120,000 cover = 120 units (each unit is \$1,000) • DTI premium = 120 units x \$0.027 = \$3.24 • TPD premium = 120 units x \$0.024 = \$2.88 <p>Total premium = \$3.24 + \$2.88 = \$6.12 per week</p>	<ul style="list-style-type: none"> • \$510,000 cover = 510 units (each unit is \$1,000) • DTI premium = 510 units x \$0.011 = \$5.61 • TPD premium = 510 units x \$0.012 = \$6.12 <p>Total premium = \$5.61 + \$6.12 = \$11.73 per week</p>
Insurance administration fee	\$0.18 per week	\$0.35 per week

Table 2: Fixed and Voluntary Cover premium costs

You can use this table to calculate the cost of Fixed Basic Cover, transferred cover and Voluntary Cover.

Weekly premium costs for \$1,000 sum insured							
		Occupation Group 1 - High Risk, Group 1- High Risk (Undeclared) and Group 1 - Manual		Occupation Group 2 - Non manual		Occupation Group 3 - Professional	
Age next birthday	DTI	TPD	DTI	TPD	DTI	TPD	
15	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
16	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
17	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
18	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
19	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
20	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
21	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
22	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
23	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
24	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
25	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
26	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
27	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
28	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
29	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
30	\$0.026	\$0.038	\$0.009	\$0.009	\$0.008	\$0.008	
31	\$0.026	\$0.039	\$0.009	\$0.009	\$0.008	\$0.009	
32	\$0.027	\$0.039	\$0.009	\$0.009	\$0.009	\$0.009	
33	\$0.027	\$0.041	\$0.010	\$0.009	\$0.009	\$0.009	
34	\$0.029	\$0.042	\$0.010	\$0.009	\$0.009	\$0.009	
35	\$0.030	\$0.043	\$0.010	\$0.011	\$0.009	\$0.009	
36	\$0.031	\$0.045	\$0.010	\$0.011	\$0.010	\$0.009	
37	\$0.033	\$0.049	\$0.011	\$0.011	\$0.010	\$0.011	
38	\$0.034	\$0.050	\$0.011	\$0.011	\$0.010	\$0.011	
39	\$0.037	\$0.053	\$0.011	\$0.012	\$0.010	\$0.011	
40	\$0.039	\$0.055	\$0.013	\$0.012	\$0.011	\$0.011	
41	\$0.041	\$0.059	\$0.013	\$0.012	\$0.011	\$0.012	
42	\$0.043	\$0.062	\$0.014	\$0.012	\$0.013	\$0.012	
43	\$0.045	\$0.065	\$0.014	\$0.013	\$0.013	\$0.012	
44	\$0.047	\$0.067	\$0.015	\$0.013	\$0.014	\$0.013	
45	\$0.048	\$0.070	\$0.015	\$0.014	\$0.014	\$0.013	
46	\$0.050	\$0.072	\$0.016	\$0.014	\$0.015	\$0.013	
47	\$0.051	\$0.074	\$0.017	\$0.017	\$0.015	\$0.014	
48	\$0.053	\$0.075	\$0.017	\$0.017	\$0.016	\$0.017	
49	\$0.055	\$0.080	\$0.018	\$0.018	\$0.017	\$0.017	
50	\$0.056	\$0.082	\$0.019	\$0.020	\$0.018	\$0.018	
51	\$0.058	\$0.084	\$0.021	\$0.020	\$0.019	\$0.020	

Table 2: Fixed and Voluntary Cover premium costs (continued)

Age next birthday	Weekly premium costs for \$1,000 sum insured					
	Occupation Group 1 - High Risk, Group 1- High Risk (Undeclared) and Group 1 - Manual		Occupation Group 2 - Non manual		Occupation Group 3 - Professional	
	DTI	TPD	DTI	TPD	DTI	TPD
52	\$0.061	\$0.038	\$0.024	\$0.021	\$0.021	\$0.020
53	\$0.064	\$0.093	\$0.025	\$0.022	\$0.023	\$0.021
54	\$0.069	\$0.100	\$0.027	\$0.024	\$0.025	\$0.022
55	\$0.073	\$0.105	\$0.030	\$0.028	\$0.026	\$0.025
56	\$0.078	\$0.112	\$0.032	\$0.032	\$0.029	\$0.028
57	\$0.082	\$0.121	\$0.035	\$0.034	\$0.032	\$0.032
58	\$0.089	\$0.129	\$0.039	\$0.038	\$0.035	\$0.034
59	\$0.096	\$0.140	\$0.043	\$0.042	\$0.040	\$0.039
60	\$0.104	\$0.153	\$0.050	\$0.049	\$0.046	\$0.045
61	\$0.116	\$0.175	\$0.055	\$0.055	\$0.050	\$0.051
62	\$0.126	\$0.251	\$0.059	\$0.078	\$0.054	\$0.074
63	\$0.137	\$0.416	\$0.066	\$0.132	\$0.059	\$0.124
64	\$0.153	\$0.914	\$0.073	\$0.275	\$0.066	\$0.262
65	\$0.160	\$1.807	\$0.077	\$0.524	\$0.070	\$0.495
66	\$0.174	\$1.807	\$0.084	\$0.524	\$0.076	\$0.495
67	\$0.188	\$1.807	\$0.090	\$0.524	\$0.082	\$0.495
68	\$0.208	\$1.807	\$0.098	\$0.524	\$0.089	\$0.495
69	\$0.224	\$1.807	\$0.106	\$0.524	\$0.097	\$0.495
70	\$0.245	\$1.807	\$0.117	\$0.524	\$0.105	\$0.495

INCOME PROTECTION INSURANCE

Income Protection insurance can give you peace of mind by providing you with monthly income through benefit payments. These are designed to replace some of your lost income for up to two years if you are unable to work because of illness or injury.

Who can apply for Income Protection insurance?

Members who are aged 14 or more but less than 65 and are:

- permanently employed, or
- casually employed and working at least 15 hours per week, or
- not employed by an employer but are working for reward for at least 15 hours per week and are generating income directly due to personal exertion or activity (e.g. self-employed).

How much cover can you apply for?

If you are eligible for Income Protection insurance cover the minimum monthly benefit is \$1,000 per month. The maximum monthly benefit you can claim is the lowest of:

- 86.5% of your pre-disability income, or
- your agreed value of Income Protection insurance, or
- \$30,000 per month.

Your income protection benefits will be paid as up to 75% of your pre-disability income direct to you, plus up to 11.5% of your pre-disability income paid into your super account provided that your agreed value of Income Protection insurance is sufficient.

The income protection benefit payable is subject to the maximum monthly benefit referred to above and the 11.5% payment to your super account may vary to match any future changes in the Superannuation Guarantee rate.

Income protection benefit payments are gross of tax and will be taxed at your PAYG income tax rate.

How do you apply for Income Protection insurance?

You can apply for Income Protection insurance by completing an **Apply for insurance cover** form. If you need help completing forms please call us on 13 64 63.

You need to decide on the amount of cover you want and then apply for the appropriate number of units to receive that amount. You also need to decide whether you want a 30, 60 or 90 day waiting period.

If you do not choose a waiting period when you apply for cover, you will automatically be assessed for a 30 day waiting period. You should be aware that higher premiums apply for a 30 day waiting period.

Each unit provides Income Protection insurance of \$100 per month. For example, if you want to be insured for \$2,500 monthly benefit payments you will need to apply for 25 units of cover. Your Income Protection insurance will start on the date the Insurer accepts your application for cover.

Example

How to calculate an IP benefit

Bruce's income protection claim is accepted and his pre-disability income is \$60,000.

- 1 If Bruce has chosen a \$2,000 monthly benefit, his monthly benefit will be \$2,000 which is less than 86.5% of his income.
- 2 If Bruce has chosen a \$6,000 monthly benefit, his monthly benefit will be a total of \$4,325 (\$3,750 paid to him and \$575 paid to his Team Super account).

It is important to understand how a change in your income can lead to under or over-insurance. You should check your cover regularly to ensure it meets your needs and you are not paying more in insurance fees than you need to. Unnecessary fees can impact your future retirement benefit.

Your Income Protection insurance is subject to the Insurer accepting your application after considering your medical and lifestyle evidence.

In assessing your application, rather than declining it due to health or lifestyle issues, the Insurer may place an exclusion (e.g. left ankle) or a loading (i.e. an additional cost on standard insurance fees). If this happens, we will tell you and ask you to accept these conditions before adding insurance cover to your account.

When does an income protection benefit start?

The income protection benefit will be paid monthly in arrears and will start once:

- the waiting period of 30, 60 or 90 days has elapsed, and
- the Insurer has determined that you are disabled due to illness or injury.

No benefits are paid during the waiting period. The waiting period starts on the date a Medical Practitioner examines you and certifies that you are totally disabled.

Example

Bruce held IP insurance on his Team Super account with a 60 day waiting period. He was injured on 10 May. After providing claim documents and supporting medical evidence showing he cannot return to work, Bruce's claim was approved and his first IP payment was made on 9 August.

Bruce's claim timeline looks like this:

Date Bruce was injured (medical reports show unable to work, these cannot be backdated)	10 May
60 day waiting period (no payments were made during this period)	10 May to 9 July
First payment period	10 July to 9 August
First payment date (payment in arrears up to the payment period)	9 August

Your monthly income protection benefit will be reduced by any disability income you receive (see page 19). If you are eligible to receive income protection payments from another fund or insurer, you may apply in writing for the Fund's waiting period to be extended so that it does not end until the payment period of the other income protection ceases. You must submit this application before your 30, 60 or 90 day waiting period with us ends.

If you return to work in your normal occupation or work at full capacity during the waiting period and subsequently cease such work because of the illness or injury that caused your disability, the waiting period will start again from the date a Medical Practitioner next examines you and certifies that you are totally disabled, unless the total number of days of your return to work is less than, or equal to, 10% of the number of days of your chosen waiting period.

If you are on leave without pay at the date you become totally disabled, income protection benefits will not be paid to you until after your specified return date that was approved by your employer before you went on leave.

How much will I be paid?

If your claim is approved, your benefit of up to 75% of your pre-disability income will be paid directly to you, plus up to 11.5% of your pre-disability income paid into your super account subject to a maximum total benefit of \$30,000 per month. By continuing to make contributions to your super while you are off work, you can ensure your super is still working towards your retirement. Your monthly benefit will be reduced by any income you receive from other sources like Worker's Compensation and sick leave payments. The insurer will deduct the appropriate PAYG tax from your payments.

Example

Jeff has a monthly IP benefit of \$5,000 on his Team Super account. His pre-disability income is \$75,000 p.a.

He will receive the lower of:

- his sum insured - \$5,000 per month, or
- 86.5% of his pre-disability income - \$5,406.25 per month ($\$75,000/12 \times 86.5\%$).

Without any other income to offset his payments Jeff would receive \$4,687.50* ($\$75,000/12 \times 75\%$) as a direct payment plus \$312.50 ($\$5,000 - \$4,687.50$) paid to his Team Super account as an SG payment.

If Jeff is receiving \$2,000 a month from workers compensation payments this will reduce the payment from his IP benefit to \$3,000 per month ($\$5,000 - \$2,000$).

Jeff would receive \$3,000* as a direct payment and \$0 to his Team Super account as an SG payment because this is the maximum amount Jeff can receive with his offsets.

* All income protection payments are subject to PAYG tax. This will be deducted and paid to the ATO on your behalf when we make payments to you.

When does your Income Protection benefit end?

Your monthly income protection benefit will continue to be paid to you until the earliest of any one of the following events occurs:

- you are no longer disabled
- the end of the benefit period, which is two years
- you reach age 65
- you die (however, an additional two months' benefit will be paid as a death benefit if you are receiving income protection benefit payments at that time).

If after being totally disabled you are assessed to be only partially disabled during the benefit payment period, you may still be eligible to receive part of the monthly benefit.

Special offer to apply for Income Protection insurance

Within 60 days of the date on your Insurance Welcome letter you may apply for Income Protection insurance with a quicker and simpler application process (than would otherwise apply). You can apply by completing a **Newly insured member offer** form. A maximum monthly benefit of \$6,000 applies if Income Protection is applied for under this special offer.

Disability for the purpose of Income Protection insurance

To be eligible for the income protection benefit you must be either totally or partially disabled immediately after the end of the waiting period.

Totally disabled means, if, because of illness or injury, you have ceased to be gainfully employed and are:

- a) unable to perform at least one income producing duty of your own occupation;
- b) under the regular care of, and following the advice of, a Medical Practitioner; and
- c) not working in any occupation, whether or not for reward.

Where gainfully employed means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment including where you have ceased temporarily to receive any gain or reward under a continuing arrangement for you to be gainfully employed, and where income producing duty means a duty of your occupation that immediately before you became disabled generated 20% or more of your income.

Partially disabled means you are not totally disabled, but because of illness or injury, you:

- a) have been totally disabled for at least 7 out of the first 12 consecutive days of the relevant waiting period (30, 60 or 90 days);
- b) are unable to work at full capacity in your normal occupation or work immediately after becoming totally disabled because of the illness or injury that caused your total disability;
- c) are working in a reduced capacity in your normal occupation or you are working in another occupation;
- d) are earning a monthly income that is less than your pre-disability income, and
- e) are under the regular care of, and following the advice of, a Medical Practitioner.

Your monthly income protection benefit will be reduced by any disability income you may receive.

Disability income means the sum of:

- a) any income (other than benefits received under the Fund's insurance policy) or commutation of income, paid or payable in respect of you as a result of your illness or injury including:
 - i) sick leave payments;
 - ii) any amounts payable under legislation such as workers' compensation or motor accident compensation;
 - iii) any benefits payable under other income protection insurance policies; and
 - iv) any benefits payable under any other part of the Fund's insurance policy;

- b) any social security benefits paid or payable in respect of you;
- c) any income earned by you from personal exertion while disabled; and
- d) any income which, in the Insurer's opinion, you could reasonably be expected to earn in your occupation while disabled;

for a month for which a disability benefit is payable under the Fund's insurance policy.

Waiting period is the continuous period of days you are off work and disabled before a benefit can be paid. The waiting period is 30 days unless 60 or 90 day waiting periods have been agreed. The waiting period starts on the date a Medical Practitioner certifies you are disabled. You must be totally disabled for 7 out of the first 12 consecutive days of the waiting period.

Cost of Income Protection insurance

The cost of Income Protection insurance depends on your age, Occupation Group and chosen waiting period (30, 60 or 90 days). The premiums generally increase each year as you get older. To work out the weekly premium for your age, Occupation Group and waiting period, refer to Table 3 on pages 21 and 22.

The cost of cover is deducted monthly from your super account.

If you are receiving income protection benefit payments from the Fund, we will suspend your income protection premiums while you are receiving such payments.

Example

Name	Brian
Age	36 years old next birthday
Occupation	Open-cut miner
Occupation Group	Group 1 - High Risk
Salary	\$41,000 pa
Waiting period	90 days
Maximum amount of cover	$\$41,000/12 \times 86.5\% = \$2,955.42$ = \$3,000 monthly benefit
Number of units	$\$3,000/100 = 30$ units (rounded up)
Unit cost	\$0.102
(using Table 3 on page 21)	
Total premium	$30 \times \$0.102 = \3.06 per week
Insurance administration fee	$3\% \times \$3.06 = \0.09 per week

This is the total initial premium. Premiums generally increase with age.

Brian will receive the lower of 86.5% of his salary immediately before becoming disabled or the agreed value of his Income Protection insurance (\$3,000) if the Insurer accepts the claim.

Note: If Brian chooses the same level of cover but opts for the shorter 60 day **waiting period**, higher premium rates would apply (see Table 3 on page 21). The initial cost would be \$5.67 per week: \$0.189 (the cost of one unit of cover) multiplied by 30 (the number of units) = \$5.67 insurance premium per week plus an insurance administration fee of \$0.17 per week.

Table 3: Income Protection insurance premium costs

Age next birthday	Weekly premium costs per monthly benefit of \$100 sum insured (2-year benefit period)								
	Occupation Group 1 - High Risk and Group 1 - Manual			Occupation Group 2 - Non manual			Occupation Group 3 - Professional		
	30 days	60 days	90 days	30 days	60 days	90 days	30 days	60 days	90 days
15	\$0.207	\$0.152	\$0.095	\$0.064	\$0.049	\$0.032	\$0.060	\$0.046	\$0.031
16	\$0.207	\$0.152	\$0.095	\$0.064	\$0.049	\$0.032	\$0.060	\$0.046	\$0.031
17	\$0.207	\$0.152	\$0.095	\$0.072	\$0.052	\$0.032	\$0.069	\$0.050	\$0.031
18	\$0.207	\$0.152	\$0.095	\$0.072	\$0.052	\$0.032	\$0.069	\$0.050	\$0.031
19	\$0.213	\$0.154	\$0.095	\$0.072	\$0.052	\$0.032	\$0.069	\$0.050	\$0.031
20	\$0.213	\$0.154	\$0.095	\$0.072	\$0.052	\$0.032	\$0.069	\$0.050	\$0.031
21	\$0.218	\$0.160	\$0.101	\$0.072	\$0.056	\$0.041	\$0.069	\$0.053	\$0.037
22	\$0.225	\$0.163	\$0.101	\$0.072	\$0.056	\$0.041	\$0.069	\$0.053	\$0.037
23	\$0.225	\$0.163	\$0.101	\$0.072	\$0.056	\$0.041	\$0.069	\$0.053	\$0.037
24	\$0.225	\$0.163	\$0.101	\$0.072	\$0.056	\$0.041	\$0.069	\$0.054	\$0.038
25	\$0.231	\$0.166	\$0.101	\$0.072	\$0.056	\$0.041	\$0.069	\$0.054	\$0.038
26	\$0.225	\$0.160	\$0.096	\$0.072	\$0.052	\$0.032	\$0.069	\$0.050	\$0.031
27	\$0.219	\$0.158	\$0.096	\$0.072	\$0.052	\$0.032	\$0.069	\$0.050	\$0.031
28	\$0.214	\$0.152	\$0.089	\$0.072	\$0.052	\$0.032	\$0.069	\$0.050	\$0.031
29	\$0.214	\$0.150	\$0.085	\$0.072	\$0.052	\$0.032	\$0.069	\$0.050	\$0.031
30	\$0.220	\$0.153	\$0.085	\$0.073	\$0.053	\$0.032	\$0.070	\$0.051	\$0.031
31	\$0.226	\$0.156	\$0.085	\$0.073	\$0.053	\$0.032	\$0.070	\$0.051	\$0.031
32	\$0.231	\$0.158	\$0.085	\$0.073	\$0.053	\$0.032	\$0.070	\$0.051	\$0.031
33	\$0.242	\$0.166	\$0.090	\$0.081	\$0.057	\$0.032	\$0.076	\$0.054	\$0.031
34	\$0.249	\$0.170	\$0.090	\$0.081	\$0.057	\$0.032	\$0.076	\$0.054	\$0.031
35	\$0.260	\$0.178	\$0.096	\$0.088	\$0.060	\$0.032	\$0.084	\$0.058	\$0.031
36	\$0.276	\$0.189	\$0.102	\$0.088	\$0.064	\$0.041	\$0.084	\$0.061	\$0.038
37	\$0.287	\$0.201	\$0.114	\$0.097	\$0.069	\$0.041	\$0.092	\$0.066	\$0.038
38	\$0.304	\$0.209	\$0.114	\$0.104	\$0.073	\$0.042	\$0.099	\$0.069	\$0.038
39	\$0.321	\$0.227	\$0.131	\$0.104	\$0.073	\$0.042	\$0.099	\$0.069	\$0.038
40	\$0.344	\$0.243	\$0.142	\$0.113	\$0.081	\$0.049	\$0.108	\$0.077	\$0.047
41	\$0.361	\$0.255	\$0.148	\$0.121	\$0.084	\$0.049	\$0.115	\$0.081	\$0.047
42	\$0.383	\$0.274	\$0.163	\$0.129	\$0.093	\$0.057	\$0.123	\$0.087	\$0.053
43	\$0.405	\$0.292	\$0.180	\$0.137	\$0.101	\$0.064	\$0.130	\$0.096	\$0.061
44	\$0.434	\$0.315	\$0.198	\$0.145	\$0.104	\$0.064	\$0.137	\$0.099	\$0.061
45	\$0.457	\$0.339	\$0.220	\$0.153	\$0.113	\$0.073	\$0.146	\$0.108	\$0.070
46	\$0.489	\$0.369	\$0.249	\$0.160	\$0.122	\$0.081	\$0.153	\$0.115	\$0.077
47	\$0.522	\$0.399	\$0.276	\$0.168	\$0.129	\$0.088	\$0.160	\$0.123	\$0.084
48	\$0.563	\$0.434	\$0.304	\$0.184	\$0.145	\$0.104	\$0.176	\$0.138	\$0.099
49	\$0.601	\$0.473	\$0.344	\$0.200	\$0.157	\$0.113	\$0.190	\$0.150	\$0.108

Table 3: Income Protection insurance premium costs (continued)

Age next birthday	Weekly premium costs per monthly benefit of \$100 sum insured (2-year benefit period)								
	Occupation Group 1 - High Risk and Group 1 - Manual			Occupation Group 2 - Non manual			Occupation Group 3 - Professional		
	30 days	60 days	90 days	30 days	60 days	90 days	30 days	60 days	90 days
50	\$0.652	\$0.517	\$0.383	\$0.216	\$0.173	\$0.129	\$0.205	\$0.164	\$0.123
51	\$0.706	\$0.567	\$0.427	\$0.232	\$0.184	\$0.137	\$0.222	\$0.176	\$0.130
52	\$0.763	\$0.620	\$0.477	\$0.256	\$0.208	\$0.160	\$0.243	\$0.198	\$0.153
53	\$0.829	\$0.681	\$0.534	\$0.271	\$0.225	\$0.176	\$0.259	\$0.214	\$0.167
54	\$0.902	\$0.752	\$0.600	\$0.295	\$0.249	\$0.200	\$0.281	\$0.236	\$0.189
55	\$0.976	\$0.824	\$0.673	\$0.320	\$0.271	\$0.224	\$0.304	\$0.259	\$0.213
56	\$1.058	\$0.904	\$0.751	\$0.350	\$0.298	\$0.248	\$0.333	\$0.284	\$0.235
57	\$1.146	\$0.993	\$0.838	\$0.375	\$0.328	\$0.279	\$0.356	\$0.310	\$0.265
58	\$1.246	\$1.095	\$0.943	\$0.406	\$0.359	\$0.310	\$0.386	\$0.341	\$0.294
59	\$1.362	\$1.208	\$1.054	\$0.446	\$0.397	\$0.349	\$0.424	\$0.379	\$0.333
60	\$1.491	\$1.336	\$1.181	\$0.493	\$0.441	\$0.388	\$0.468	\$0.418	\$0.369
61	\$1.634	\$1.474	\$1.312	\$0.541	\$0.488	\$0.436	\$0.513	\$0.464	\$0.413
62	\$1.790	\$1.626	\$1.461	\$0.588	\$0.536	\$0.483	\$0.558	\$0.509	\$0.459
63	\$1.607	\$1.493	\$1.379	\$0.532	\$0.495	\$0.459	\$0.504	\$0.471	\$0.437
64	\$1.337	\$1.192	\$1.044	\$0.438	\$0.393	\$0.348	\$0.415	\$0.373	\$0.332
65	\$0.808	\$0.616	\$0.423	\$0.262	\$0.199	\$0.135	\$0.250	\$0.189	\$0.129

OTHER FLEXIBLE INSURANCE OPTIONS

Opt-in to our Mining Division

If you join or rejoin the Fund on or from 20 May 2024, and become eligible for Basic Cover to begin in the Default Division, we'll send you an Insurance Welcome letter. You'll then have a one-off opportunity to opt in to our Mining Division within 60 days of the date of this letter. If you don't opt in, your insurance (if applicable) will remain in the Default Division and you'll not be able to opt into the Mining Division in the future.

If you opt into the Mining Division, you're unable to switch back into the Default Division.

Whether it's best for you to join our Mining Division depends on your personal circumstances. For example, the Mining Division offers automatic IP insurance, which means you don't need to get your health assessed. There are differences in the definitions and costs of insurances across the Mining and Default Divisions. It's important you read the Mining Division and Default Division Insurance Guides, which you can find at teamsuper.com/pds, closely before making any decision. You can also find further information by reading our **Insurance - Default or Mining Division** factsheet which you can find at teamsuper.com/resources

If you decide to opt into the Mining Division, your cover under the Default Division will end on the day before your cover begins in the Mining Division. Your cover will begin in the Mining Division on the date we receive your application. You can't hold cover in the Mining Division and Default Division at the same time.

To opt into the Mining Division fill in an **Opt-in to the Mining Division** form which you can find at teamsuper.com/resources

For more information about the Mining Division read the **Insurance Guide - Mining Division** which you can find at teamsuper.com/pds

Life Events Cover

Following a 'life event', if you currently have cover with us, you may be eligible to apply for increased DTI only, DTI and TPD cover, or Income Protection insurance with no medical and lifestyle evidence required.

These events include:

- a salary increase
- you recently married

- you or your spouse gave birth to or adopted a child
- your child attends primary or secondary school for the first time
- you mortgaged your home as security for a loan to purchase that home, (can only be used once)
- you got divorced
- your spouse died
- you first became eligible for a Centrelink Carer's allowance

The amount of extra DTI only, or DTI and TPD cover you will receive will be the:

- equivalent of one unit of Basic Cover based on your age next birthday if you hold Basic Cover or Fixed Basic Cover, or
- maximum of \$150,000 or 100% of your current cover if you hold Voluntary Cover only.

If any of the events happen, you may also apply for increased Income Protection insurance where the maximum increase is the lesser of:

- 25% of your existing Income Protection insurance, or
- \$2,500 per month, or
- the maximum monthly benefit (see page 17).

Importantly, you do not need to provide any medical and lifestyle evidence to obtain this additional cover. However, to be eligible for additional DTI, TPD or Income Protection insurance you must have the relevant cover on your account at the time.

You can apply for Life Events Cover by completing the **Application for life events insurance cover** form with proof the life event occurred (e.g. marriage certificate, divorce order, birth certificate, adoption documentation, mortgage document). You can find the form at teamsuper.com/resources

You can apply for Life Events Cover more than once, except in the case of mortgaging your home as security for a loan to purchase your home, where you can claim for this event once. Please note you are limited to one application per life event in any 12 month period.

You need to apply for the cover within 60 days of the relevant life event occurring or within 60 days from the date of the next member statement issued to you following the occurrence of the event. You must also lodge your application before your cover ends and before your date of disablement.

You are ineligible for Life Events Cover if the Insurer has previously rejected your application for cover.

An increase in cover is subject to the same exclusions and other special conditions that applied immediately before the increase, and additional premiums will apply.

If you are not in Active Employment on the date your additional Life Events Cover commences, New Events Cover conditions apply to the increase in additional cover until you return to Active Employment for 30 consecutive days (see page 32).

Transfer existing cover

You may be eligible to apply to transfer your existing DTI, TPD or Income Protection cover to the Fund from another super fund or life insurer. This means that if you meet the transfer conditions, we will match the dollar amount of cover you have under your existing insurance, subject to the maximum cover limits of the Fund's insurance policy. The cost of cover and the terms and conditions that will apply to the transferred cover will be those under our Fund's insurance policy. However, if you have any exclusions or special conditions on the insurance policy you are transferring, these will carry over with your transferred cover.

Any Income Protection insurance you apply to transfer must be on the same basis as the cover available in the Fund. In the event your existing cover has conditions that exceed those available in the Fund, your transferred cover will be adjusted to reflect the maximum entitlements within the Fund. For example – a waiting period of greater than 90 days will be adjusted to a 90 day waiting period and a benefit period of greater than two years will be adjusted to two years.

Current cover waiting period (existing external cover)	Transferred cover waiting period with the Fund (Team Super)
30 days	30 days
60 days	60 days
90 or more days	90 days

See Table 2 on pages 15 and 16 for the premiums that apply to transferred DTI and TPD cover for each

Occupation Group and Table 3 on pages 21 and 22 for the premiums that apply to transferred Income Protection insurance.

Can you transfer your existing insurance cover?

You are generally eligible to transfer existing cover if you meet all of the following conditions:

- your other insurance cover is in place and current when you request the transfer
- you cancel your other insurance cover within 60 days of receiving confirmation that your transfer of cover has been accepted
- you have not made a TPD claim under any other insurance policy and you are not eligible to make a claim in the future
- the Insurer is satisfied you have not been diagnosed with an illness that would reduce your life expectancy to less than 24 months
- you are in Active Employment at the time you apply to transfer your cover
- you can provide evidence of your existing cover satisfactory to the Insurer
- you complete the **Insurance transfer** form.

How to apply to transfer your existing cover

To transfer your existing cover into the Fund send the following to us:

1. completed **Insurance transfer** form
2. a copy of one of the following that shows your insured values (evidence):
 - a) up-to-date statement
 - b) certificate of currency
 - c) written confirmation from the other fund/life insurer (this must be current and provided to us within 60 days of the issue date).

Cost of transferred cover

The cost of transferred cover depends on your age and your Occupation Group. To determine the weekly premium for your age and Occupation Group, refer to the premium rates in Table 2 on pages 15 and 16.

Please note that transferred cover is in addition to any existing Voluntary Cover you may already hold, and is added to your Team Super account as Fixed Basic Cover.

This means that the premiums generally increase as you get older to ensure the amount of transferred cover does not reduce. Refer to Table 2 to see how costs change with age.

Example

Michael is 46 years old (age 47 next birthday) with a Group 1 - High Risk Occupation Group. Michael has DTI cover of \$300,000 with his old super fund and wants to transfer this cover to Team Super as part of a rollover.

Cost: Looking at Table 2, Fixed and Voluntary Cover premium costs (see page 15), the weekly premium for a member with \$1,000 of death cover, a Group 1 - High Risk Occupation Group and turning 47 next birthday is \$0.051.

If Michael meets all the conditions and requirements to transfer his cover to Team Super, he will pay a weekly premium of \$15.30 (or 300 units x \$0.051) for \$300,000 of additional DTI cover plus an insurance administration fee of \$0.46 per week.

Premiums for transferred cover increase with age. The cost of transferred cover is in addition to the premiums Michael pays for his Basic Cover. Michael will hold his transferred cover in addition to his Basic Cover (and any other cover) with Team Super.

Importantly, Michael did not have to provide any medical and lifestyle evidence.

Note: It is important not to close your old super account or cancel any insurance cover until you have received written confirmation from the Fund that your transfer of cover has been accepted by the Insurer.

Once you have been accepted you then may want to transfer your account balance to Team Super to finalise the consolidation of your super accounts.

THE DUTY TO TAKE REASONABLE CARE

If you apply for life insurance, you will be treated as if you are applying for cover under an individual consumer insurance contract. The Insurer will conduct a process called underwriting. It's how it decides whether it can cover you, and if so on what terms and at what cost.

As part of underwriting, the Insurer will ask questions it needs to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance.

The information you provide in response to those questions will be vital to the Insurer's decision. As such, when applying for life insurance you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed.

This may also result in a claim being declined or a benefit being reduced. Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances;
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

IMPORTANT INFORMATION

Claiming on insurance

A death, terminal illness or TPD insurance benefit is paid in addition to any super account balance.

If you or your beneficiaries make a claim that is accepted, your insurance benefit will be paid in one of the following ways:

- a death benefit will be paid to one or more of your beneficiaries
- a terminal illness benefit will be paid to you
- a TPD benefit will be paid to you.
- an income protection benefit will be paid to you.

To claim a terminal illness, TPD or income protection benefit, you (or in the case of a death benefit, your beneficiaries) should call us. Our insurance team will discuss any necessary paperwork and explain the claims process. If you have queries or need help with the paperwork call us on 13 64 63.

For terminal illness, TPD and income protection claims, the Insurer will deal with you directly through the claims process – this includes your own personal case manager.

Death claims

If you die, your insurance benefits will be paid into your super account and will then be paid to your estate or dependents in accordance with the Fund's rules. You may select the dependents who will be paid the benefit by ensuring you have a binding death benefit nomination in place at the time of your death. For more information read our **Nominating beneficiaries** factsheet at teamsuper.com/resources

To assist the Trustee we encourage you to regularly review your nomination and ensure it is kept up-to-date.

Terminal illness claims

A terminal illness benefit payment may be made tax free if all of the following circumstances are met:

- two registered Medical Practitioners certify, jointly or separately, that you suffer from an illness, or have incurred an injury, that is likely to result in your death within 24 months of the certification (certification period), and
- at least one of the registered Medical Practitioners is a specialist practising in an area related to the illness or injury suffered by you, and
- for each of the certifications, the certification period has not ended, and

- the Insurer is satisfied on medical or other evidence that, despite reasonable medical treatment, your illness or injury is likely to result in your death within the certification period.

The illness or injury that you suffer from occurs, and the date of the certifications takes place, while you are insured under the policy.

The amount paid will be the greater of your death insured value or your TPD insured value (if applicable).

Income protection claims

If you have been medically certified as being temporarily unable to work due to illness or injury, and you have Income Protection insurance on your account and are going to be off work longer than your chosen waiting period (30, 60 or 90 days), you may be able to make a claim. Claims can be complex so our dedicated insurance team can check what cover you have, help you through the process and answer any questions.

TPD claims

The assessment of a TPD claim involves the collection and assessment of medical and other evidence. This may mean in some cases that a decision is not able to be made for several months after you lodge your claim, or even longer in some cases. The longer you leave it to lodge your claim, the harder an assessment can be due to the lapse in time and obtaining your old medical records. This can cause lengthy delays.

If your TPD claim is accepted and your death insured value is greater, the difference will remain in place on your death cover, subject to an end of cover condition (see When your cover ends on page 30). For example, if your death cover is \$200,000 and your TPD is \$150,000, upon acceptance of your TPD insured benefit your death insurance cover will remain on your account (and premiums payable) for \$50,000. You can cancel this at any time (see page 29).

You are totally and permanently disabled if one of the following applies:

Part A - Unlikely to do a suited occupation ever again

You were, on the date of disablement, aged less than 65 years and, as a result of illness or injury, have been absent from all employment for three consecutive months from the date of disablement and the Insurer considers, on the basis of medical and other evidence satisfactory to the Insurer, you are unlikely ever to be able to engage in any occupation, whether or not for reward.

Without limiting the definition of occupation used in this context, your occupation will also include any reasonable alternative occupation you have engaged in for six consecutive months or more at any time.

or

Part B - Suffering a specifically defined medical condition and permanently unable to work because of it

All of the following paragraphs (i), (ii), (iii) and (iv) apply to you:

- (i) you were, on the date of disablement, aged less than 65 years;
- (ii) you were absent from all work as a result of suffering a specified medical condition;
- (iii) the Insurer considers, on the basis of medical and other evidence satisfactory to the Insurer, you are unlikely ever to be able to engage in any occupation, whether or not for reward; and
- (iv) you are likely to be so disabled for life.

Without limiting the definition of occupation used in this context, your occupation will also include any reasonable alternative occupation you have engaged in for six months or more at any time.

or

Part C - Incapable of doing basic activities associated with work ever again or suffering a severe mental health condition or Severe Cognitive Impairment and, in addition, incapable of doing a suited occupation:

You have suffered ill-health (whether physical or mental) that makes it unlikely that you will engage in Employment for which you are reasonably qualified by education, training or experience and solely because of that Illness or Injury you satisfy either (a), (b) or (c) below:

- (a) you have been prevented from being able to perform at least two of the Everyday Work Activities without assistance from another adult person, despite the use of appropriate aids, for at least 12 consecutive months and in our Insurer's opinion you are unlikely to ever again be able to perform at least two of the Everyday Work Activities without assistance from another adult person, despite the use of appropriate aids; or
- (b) the Illness is a mental health condition and
 - (i) your mental health condition has been diagnosed by a Specialist Medical Practitioner using criteria outlined in the **DSM**;
 - (ii) the mental health condition has caused you to be absent from Employment for 12 consecutive months from the Date of Disablement;
 - (iii) you have been under the regular ongoing and appropriate care of a Psychiatrist for at least 12 months (unless the Insurer agrees to a shorter period) who considers that you have

exhausted all reasonable and appropriate treatment options, and

- (iv) you have been assessed by a Psychiatrist approved by our Insurer against the **Psychiatric Impairment Rating Scale** as having an impairment of 19% or higher; or
- (c) you have been assessed by a Specialist Medical Practitioner, approved by our Insurer, to be a Severe Cognitive Impairment and the Insured Member, solely because of that Illness, has been absent from Employment for 12 consecutive months from the Date of Disablement (unless our Insurer agrees otherwise).

Despite the above, you will not be totally and permanently disabled under Part A or Part B if:

- 1) at any time after you cease employment with your employer but prior to the date you suffer from the illness or injury that is the principal cause of your disablement ("the disability date"), you are not employed for a period of 16 or more consecutive months ("period of unemployment"); and
- 2) you do not, after your most recent period of unemployment but prior to the disability date, return to Active Employment for 30 consecutive days.

Circumstances where death, terminal illness or TPD benefits will not be payable

- The Insurer will not pay an insurance benefit for death, terminal illness or TPD which is caused by war outside of Australia.
- An insured benefit will not be paid under New Events Cover for Basic Cover (and additional Basic Cover if applicable) if:
 - the member's death is due to suicide which happens within 13 months of the insurance commencement date whether or not they are sane at the time, or
 - your TI or TPD is due to intentional self inflicted injury or illness or attempt at suicide whether or not you are sane at the time.

Circumstances where a death benefit will not be payable

Your beneficiaries will not be entitled to an insured death benefit if you have previously been paid a terminal illness or TPD benefit (except where your DTI cover is greater than your TPD cover – see page 27 for further information).

Circumstances where income protection benefits will not be payable

There are some circumstances where an income protection benefit will not be payable. Income protection benefits will not be payable if your illness or injury is caused directly or indirectly from:

- any war or act of war (whether declared or not), revolution, invasion, rebellion or civil uprising
- any intentional self-inflicted injury or infection or attempted suicide, whether or not you were sane at the time, or
- normal pregnancy or childbirth, where normal pregnancy or childbirth means normal and uncomplicated pregnancy or childbirth, including multiple pregnancy, caesarean birth, threatened miscarriage, participation in in-vitro fertilisation or other medically assisted fertilisation techniques and normal discomforts of pregnancy such as morning sickness, backache, varicose veins, ankle swelling and bladder problems.

If you do not want insurance cover, you can cancel your cover

You can cancel your DTI, TPD and Income Protection insurance cover by calling us or putting your request in writing. You can reapply for cover at any time, but you will have to provide medical and lifestyle evidence with your application form. You can re-apply by:

- calling us on 13 64 63 and arranging for an underwriter to call you to complete the application over the phone, or
- completing and returning the **Application for insurance cover** form.

You can get independent financial advice to help you make a decision on cancellation.

Your insurance provider

The Trustee has taken out insurance contracts with TAL Life Limited, ABN 70 050 109 450 AFSL 237848 of Level 16, 363 George Street, Sydney NSW 2000 (the Insurer) to provide insurance for Team Super members. The Trustee may change the Insurer from time to time. The Trustee does not guarantee the payment of an insured benefit or the performance of the Insurer. Information about the insurance cover made available through this Insurance Guide is based on the Policy Documents provided by the Insurer. While every care has been taken in the preparation of this **Insurance Guide** and the **PDS**, the Policy Documents held with the Insurer will prevail in all disputes.

Conditions that apply to your insurance cover

Like most forms of insurance, there are certain conditions and exclusions that apply to the granting, or payout, of your insurance cover. The main features that apply to the insurance cover available through the Fund are set out in this guide. An insurance benefit is only payable if the terms of the insurance contract are satisfied. Any insurance benefit received by the Trustee

from the Insurer is paid to you into your super account (except income protection) and paid only in accordance with the Fund's Trust Deed and superannuation law.

There are a number of circumstances set out in this guide where you may not be eligible for a particular level or type of insurance cover or your cover may cease. We'll rely on the information which has been provided to us and if that information isn't correct or circumstances are such that you were not eligible for cover you will not have insurance cover for any period when such circumstances apply. This is the case even if we have sent you information indicating that you had cover or you have had insurance charges deducted from your super account. However, any overpaid DTI, TPD or Income Protection premiums will be re-credited to your account. It is important that you let us know if you are, or become, ineligible for a particular level or type of insurance cover.

Maximum cover

You can apply to insure yourself for up to a total of \$2.5 million of DTI cover and a total of \$2.5 million of TPD cover. These limits are the maximum total amounts of Basic Cover, Fixed Basic Cover and Voluntary DTI and TPD Cover that you may have as a member of the Fund, regardless of how many divisions you belong to. You can only apply for TPD cover if you already hold or are applying for DTI cover.

Note that the total of your TPD cover cannot be more than the total of your DTI cover (except for younger ages holding Basic Cover). You cannot apply for Voluntary TPD Cover that would result in your TPD cover exceeding your Voluntary DTI Cover, or apply to reduce your DTI cover below your existing TPD cover.

Increase in costs of cover

The Insurer may increase the cost of any insurance cover offered by the Fund. We will provide you with at least 30 days prior written notice where this occurs.

Interim accident cover

While an application for Voluntary DTI, TPD or Income Protection insurance is being assessed by the Insurer, you will be provided with interim accident cover for the amount of cover you have applied for (to a maximum of \$2 million for DTI or TPD, less the amount of cover already in place). In the event your application is for Income Protection insurance, you will be provided with interim accident cover of up to \$15,000 per month.

This interim accident cover will continue until the application for insurance is either accepted or declined, the request for cover is withdrawn, or 120 days has expired, or in the case of Income Protection insurance only, a monthly benefit becomes payable under the interim accident cover or the interim accident cover is cancelled by the Insurer, whichever is earlier.

When your cover ends

Your insurance cover will end on the earlier of any one of the following events occurring:

- the day you cease to be a member of the Fund
- the day you turn 70, in the case of Basic DTI Cover, Fixed Basic Cover and Voluntary DTI Cover
- the day you turn 65, in the case of Income Protection insurance and Basic TPD Cover
- the last day of the month which there is an insufficient account balance to deduct the previous month's premiums in full. We will send you a confirmation when your insurance cover is cancelled due to insufficient account balance.
- the day your account becomes inactive, unless you've made an election
- the day any death, terminal illness or TPD benefit becomes payable by the Insurer in respect of you*
- the date you are no longer deemed to be an Occupation Group 1 - High Risk or Group 1 High Risk (Undeclared) member, unless you otherwise satisfy the eligibility criteria or opt-in to maintain cover
- the day you join any armed forces (other than the Australian Armed Forces Reserve)
- the day the Fund receives your request to cancel insurance cover
- the day the Trustee discontinues the relevant (Basic or Voluntary) death, terminal illness or TPD cover or Income Protection insurance for members
- the date of your death
- the day before your cover commences in the Mining Division.

If you cease to be eligible for cover for some other reason and we do not know about this, you may still receive a statement showing a level of cover you are not eligible for and would be unable to claim, as well as fee (premium) deductions.

It is important to remain aware of the circumstances under which cover will cease.

* If you make a TPD claim which is accepted and your DTI insured value is greater, the difference will remain in place on your DTI cover, subject to an end of cover condition.

New Events Cover

All cover commencement and recommencement (except Voluntary Cover) is subject to New Events Cover.

This means you will only be covered for death, terminal illness, TPD or disability arising from:

- an illness that first becomes apparent, or
- an injury that first occurs

on or after the date cover last commenced, recommenced or was increased.

New Events Cover can be converted to full cover by:

- calling us on **13 64 63** to arrange a call back from the Insurer to apply over the phone, or
- completing the **Application for insurance cover** form.

Cover will be subject to the Insurer accepting the application, after considering your medical and lifestyle evidence.

Recommencement of cover

Where insurance cover has been switched off, it may be possible for it to recommence – either automatically or at your request. All cover commencement and recommencement are subject to **New Events Cover**.

Insufficient account balance

Where your DTI, TPD and/or Income Protection cover (if applicable) ceases due to an insufficient account balance, your cover may recommence at the same level you held prior to cover ceasing if:

- (1) You request – in writing – that cover recommence within 60 days of receiving your cancellation letter and you top-up your account with at least two months' worth of insurance fees (premiums).

OR

- (2) In addition, for DTI and TPD cover (if applicable) all of the following conditions are met:

- the next mandatory employer contribution is received by the Fund within 183 days from the cover ceasing in the Fund
- you remain at all times a Fund member, and
- you have not previously requested the cancellation of your cover.

Cover will recommence if you are eligible effective the later of the:

- cash received date of the first employer contribution in respect of your employment with your employer, or
- date your account balance reaches at least \$500 for Group 1 - High Risk or Group 1 - High Risk (Undeclared) members, or \$6,000 (and you are aged at least 25) for all other members.

Inactivity

If your cover ceases due to inactivity (no contributions or roll-ins are received into your super account for 16 consecutive months), your cover may automatically recommence when we receive a contribution or roll-in for you. The following minimum balances are also required for insurance to recommence:

- members with a Occupation Group of Group 1 - High Risk or Group 1 - High Risk (Undeclared) Occupation Group – \$500
- all other members – \$6,000 (and you are aged at least 25).

Worldwide cover

Your cover will remain in force if you travel outside Australia as long as you do not meet one of the end of cover conditions under the relevant insurance policy. However, if you need to make a claim for terminal illness, TPD or income protection, you may be required to return to Australia for assessment (at your expense). Consequently, the Insurer may make the payment of a benefit conditional upon this assessment.

While you are outside Australia, an income protection benefit will only be paid for six months in total or such time as agreed by the Insurer in writing.

Check your insurance cover

It is your responsibility to ensure that your account balance is sufficient to cover your premiums each month. We accept no responsibility or liability if your insurance cover lapses because you have not maintained sufficient funds to pay premiums or for informing you if your cover has lapsed or will lapse. We also do not accept any responsibility or liability if we are required to turn your insurance cover off because the law requires us to, and you have not told us you want to keep your insurance within the notice period. You can check your insurance details any time via your Online Account.

It is important to check your member statement we send you to ensure that your level of insurance cover is recorded correctly. If you make a claim, the cover assessed may be the lower of the cover you applied for and the cover we have recorded. If you cease to be eligible for cover and we do not know about this, you may still receive a statement showing a level of cover you are not eligible for and therefore you would be unable to claim in the event of death, terminal illness or disablement. It is important to remain aware of the circumstances under which cover will cease.

Please call or email us if you have questions about your insurance cover.

SOME INSURANCE TERMS EXPLAINED

Accredited higher education qualification means a certificate, diploma, degree or other qualification which the Insurer accepts is a higher education qualification in terms of the guidelines, standards and criteria set down for a qualification having Higher Education Sector Accreditation under the Australian Qualifications Framework.

Where **Australian Qualifications Framework** means the unified system of national qualifications which is monitored by the Australian Qualifications Framework Advisory Board established by the Ministerial Council on Education, Employment, Training and Youth Affairs (MCEETYA) or such other system of national qualifications acceptable to the Insurer.

Active Employment means you are:

- a) an employee engaged to carry out identifiable duties
- b) actively performing all the duties and work hours of your usual occupation
- c) in the Insurer's opinion, not restricted by illness or injury from being capable of performing those duties on a full time basis and the duties of your normal occupation on a full time basis (even if not then working on a full time basis), and
- d) not entitled to, or receiving, income support benefits relating to illness or injury, from any source including, but not limited to, workers' compensation benefits, statutory transport accident benefits and disability income benefits.

Where **full time basis** means working at least 35 hours per week.

Basic Cover provides you with death, terminal illness and TPD insurance, with the amount of insurance varying depending upon your age and Occupation Group.

Definitions applicable to TPD cover:

- **Psychiatric Impairment Rating Scale** means the scale for assessing the level of functional impairment caused by a mental health condition in six areas of functioning:
 - 1) Self-Care and Personal Hygiene;
 - 2) Social and Recreational Activities;
 - 3) Travel;
 - 4) Social functioning (relationships);
 - 5) Concentration; and
 - 6) Adaptation and employability.

The assessment needs to be completed by a Psychiatrist who has undergone appropriate training in this assessment method. If the Psychiatric Impairment Rating Scale as detailed in the 6th edition of AMA Guides to the Evaluation of Permanent Impairment is no longer used or published, we will use another scale similar to it for the determination of the claim as determined by the relevant medical body.

- **Severe Cognitive impairment** means permanent severe cognitive impairment with a deterioration or loss of intellectual capacity that results in a requirement for a full-time permanent caregiver.
- **Everyday Work Activities** means the following activities:
 - a) Mobility – the Insured Member can do the following:
 - i) walk without assistance more than 200m on a level surface without stopping; and
 - ii) bend, kneel or squat to pick something up from the floor from a standing position and straighten up again;
 - b) Communicating – the Insured Member can do the following:
 - i) speak in their first language so that they are understood in a quiet room; and
 - ii) understand a simple message in their first language, and relay that message to another person; and
 - iii) hear, which means the Insured Member has not suffered the irrecoverable profound loss of all hearing in both ears, resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500 hertz, 1000 hertz and 3000 hertz, both natural and assisted, as certified by an appropriate Specialist Medical Practitioner approved by Us;
 - c) Vision – The ability to see which means the Insured Member has not suffered the total and irrecoverable loss of sight (whether aided or unaided) of both eyes as a result of an Illness or Injury to the extent that:
 - i) visual acuity in both eyes, on a Snellen Scale after correction by suitable lens is less than 6/60; or
 - ii) the visual field is reduced to 20 degrees or less of arc;

d) Lifting – The Insured Member can lift a 5 kg weight with either or both hands from a bench/table height, carry it over a 5 metre distance and place it back down at a bench/table height; and

e) Manual dexterity – The Insured Member can use their hands or fingers to manipulate small objects with precision (such as picking up a coin or fastening shoelaces or buttons, using cutlery, or using a pen or keyboard to write a short note).

• **DSM (Diagnostic and Statistical Manual of Mental Disorders)** means the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA).

If the Diagnostic and Statistical Manual of Mental Disorders is no longer used or published, We will use another manual as agreed between You and Us which is similar to it for the determination as determined by the Royal Australian and New Zealand College of Psychiatrists.

Eligible member for insurance means at the time you become a member of the Fund and otherwise entitled to insurance cover:

- a)** you are a member of the Fund
- b)** you are an employee in respect of whom employer contributions are required to be made or self-employed
- c)** you are aged at least 18 for Basic Cover
- d)** you are either;
 - an Insured (Group 1 - High Risk (Undeclared)) Member or an Insured (Group 1 - High Risk) Member; or
 - have made an Election; or
 - are aged at least 25 years and have an account balance of \$6,000 or more; and,
- e)** you are aged less than the cover expiry age, and
- f)** you satisfy such other requirements that are from time to time stipulated by the Insurer.

Income means your annual salary earned from personal exertion.

Where you are not **self-employed**, salary includes any:

- overtime payments and shift allowances (as determined by the average amount received by you over the 12 months prior to your date of disablement, or the period since you started your current occupation if you have worked for less than 12 months); and
- packaged elements not received directly by you as taxable earnings but excludes any director's fees, bonuses, compulsory employer superannuation entitlements, commission, investment income and profit distribution.

Where you **are self-employed**, salary means the earnings generated by the business as a direct result of your

personal exertion (i.e. business earnings that would stop if you could not work due to illness or injury):

- during the 12 months immediately before your most recent period of disability; or
- if you have not been in business for at least 12 months, during the period for which you have been in business; less your share of business expenses incurred in generating the relevant earnings, but before the deduction of income tax, for the business for the same period.

Where:

- a) self-employed** means performing a regular occupation in a business of which you are, in whole or part, the direct or indirect owner;
- b) business expenses** include the following, but are not limited only to:
 - superannuation for you and your 'nonworking' spouse;
 - depreciation;
 - motor vehicle expenses (including payments under a lease), unless used primarily as a work vehicle.

Inactive means your account has not received a contribution or rollover for at least 16 months. You may be able to recommence your cover (see page 30).

Insurance Fees are the premiums you pay for insurance cover, deducted monthly from your account.

Medical and lifestyle evidence/proof of age means at some point you may be asked to provide evidence of health and lifestyle or proof of age. Cover may be refused or special terms and conditions may be imposed if the information supplied is incorrect or unsatisfactory or if you do not supply the requested information.

Medical Practitioner means a person acceptable to the Insurer who is registered and practising as a medical practitioner in Australia, other than yourself, your spouse or partner, parent, child, sibling, business partner, associate or employee. The Insurer may accept a similarly qualified person who is registered and practising as a medical practitioner in another country.

New Events Cover, in relation to DTI and TPD cover, means that you are only covered for claims arising from:

- an illness or injury that first becomes apparent, or
- an injury that first occurs,

on or after the date insured cover last commenced, recommenced or, where the Insurer agrees in writing, was increased for you under the policy.

If you're employed, you'll be eligible for full Basic DTI and TPD Cover after you've been in **Active Employment** with your employer for 30 consecutive days. If you're self employed your cover will be **New Events Cover** indefinitely.

New Events Cover in relation to IP insurance for members who applied for the Special Offer for IP insurance within 60 days of the date of their Insurance Welcome letter (see page 19), means you are only covered for claims arising from:

- an injury that first occurs,

on or after the date insured cover last commenced, recommenced or where cover was increased and in the event of IP insurance will cease on the earlier of:

- the Insurer agrees to remove the **New Events Cover** as you have gone through underwriting, or
- on the day after you have been continuously in Active Employment for 30 consecutive days following the commencement of cover and have continued to be insured for 12 consecutive months.

Participating Employer means a person or entity that makes super contributions to Team Super on your behalf to satisfy, or reduce its obligations under an award or industrial agreement or under the Superannuation Guarantee legislation and has been accepted by the Trustee as a Participating Employer under the Fund's Trust Deed.

Pre-disability income means the total monthly value of income received by you from your **regular occupation** averaged over the most recent 12 months immediately prior to becoming disabled.

Where you were employed by an employer on a permanent basis or working at least 15 hours per week and have been employed for less than 12 months, then the total monthly value of **income** will be averaged over the period since you last commenced employment but subject to a minimum averaging period of 6 months.

Where you were not employed by an employer but were working for reward for at least 15 hours per week and you generate your **income** directly due to personal exertion or activity and have been working for reward for less than 12 months, then the total monthly value of **income** will be averaged over the period since you last commenced working for reward but subject to a minimum averaging period of 6 months.

Regular occupation means any form of personal exertion performed by you on a regular and recurring basis during the relevant period for the purpose of producing income excluding any activity that produces income through investments or other forms of passive income generation.

Specified medical condition includes the following:

- **Blindness (permanent)** means the total and irrecoverable loss of sight (whether aided or unaided) in of both eyes as a result of illness or injury to the extent that visual acuity in both eyes, on a Snellen Scale after correction by suitable lens is less than 6/60, or to the extent that the visual field is reduce to 20 degrees or less of arc.

- **Cardiomyopathy (permanent)** means a disease of heart muscle causing the heart muscle to enlarge and become weaker, resulting in significant permanent cardiac impairment to the degree of at least Class 3 of the New York Heart Association functional classification system.
- **Chronic Lung Failure (requiring permanent oxygen therapy)** means end-stage lung disease with a consistent pulmonary function test result of FEV1 less than 40% predicted; or a DLCO less than 40% predicted; and requiring permanent oxygen therapy.
- **Dementia including Alzheimer's Disease (permanent)** means the unequivocal diagnosis of dementia by a consultant neurologist or geriatrician. The diagnosis must confirm dementia or Alzheimer's Disease due to permanent failure of brain function with associated cognitive impairment. A Mini-Mental State Examination score of 24 or less out of 30 or evidence from another neuropsychometric test that is acceptable to us is required.
- **Loss of Hearing in One Ear (permanent)** means the total and irrecoverable loss of hearing in one ear, both natural and assisted, as a result of illness or injury.
- **Loss of Speech (permanent)** means the total and irrecoverable loss of the ability to produce intelligible speech, as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, due to illness or injury.
- **Major Head Trauma (with permanent neurological deficit)** means accidental head injury resulting in neurological deficit causing: (a) at least a permanent 25% impairment of "Whole Person Function"; or (b) the person being totally and permanently unable to perform any one of the "Activities of Daily Living".

"Activities of Daily Living" are:

- Bathing – the ability to shower and bathe;
- Dressing – the ability to put on and take off clothing;
- Toileting – the ability to get on and off and use the toilet;
- Mobility – the ability to get in and out of bed and a chair; and
- Feeding – the ability to get food from a plate into the mouth.

"Whole Person Function" means where a payment depends on the person meeting criteria based on the Whole Person Function, the calculation is to be based on the current edition of the American Medical Association publication entitled Guides to the Evaluation of Permanent Impairment until an equivalent Australian guide, sanctioned by the Australian Medical Association, has been produced, at which time the calculation in the relevant Australian guide will apply.

- **Multiple Sclerosis (with multiple episodes of neurological deficit and persisting neurological abnormalities)** means a disease characterised by demyelination in the brain and/or spinal cord. Multiple Sclerosis must be unequivocally diagnosed. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities. Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses are required to confirm diagnosis.
- **Muscular Dystrophy** means the unequivocal diagnosis of muscular dystrophy.
- **Paralysis (permanent)** means the total and permanent loss of function of two or more limbs through illness or injury causing permanent damage to the nervous system. This includes, but is not limited to, quadriplegia, paraplegia, diplegia and hemiplegia.
- **Parkinson's Disease (permanent)** means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease caused by degeneration of the nigrostriatal system and as characterised by the clinical manifestation of one or more of the following: rigidity, tremor and akinesia. All other types of Parkinsonism are excluded (e.g. secondary to medication).
- **Primary Pulmonary Hypertension** means the unequivocal diagnosis of Primary Pulmonary Hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.
- **Progressive and Debilitating Motor Neurone Disease** means the unequivocal diagnosis of a progressive form of debilitating Motor Neurone Disease.
- **Severe Rheumatoid Arthritis (with significant impairment)** means diagnosis of rheumatoid arthritis, confirmed by appropriate radiology and blood tests, that has failed to respond to all treatment regimens including, but not limited to immunosuppressive and biological agents, causing permanent reduction to Whole Person Function of at least 25%; or the unequivocal diagnosis of severe rheumatoid arthritis by a Rheumatologist, supported and evidenced by 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; and
- 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.

Degenerative osteo arthritis and all other arthritides are excluded.

Terminal illness means all of the following apply:

- two **Medical Practitioners** have certified in writing, jointly or separately, that you suffer from an illness, or have incurred an injury, that is likely to result in your death within a period (the '**certification period**') that ends not more than 24 months after the date of the certification;
- at least one of the **Medical Practitioners** is a specialist practising in an area related to the illness or injury suffered by you;
- for each of the certificates, the certification period has not ended; and
- the Insurer is satisfied, on medical or other evidence, that, despite reasonable medical treatment, your illness or injury is likely to result in your death within the certification period.

The illness or injury that you suffer from must occur, and the date of the certifications must take place, while you are an insured member of the Fund.

Team Super

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Any financial advice in this document does not take into account your financial situation, needs or objectives. Before acting, consider if the information is right for your needs and circumstances and read the relevant Product Disclosure Statement (PDS) at teamsuper.com. The Target Market Determinations for our financial products can be found at teamsuper.com/tmd. If there are any inconsistencies between this document and the PDS or Trust Deed, the terms of the PDS or Trust Deed will prevail. This information is based on our understanding of current Australian laws and assumes they will remain unchanged. Financial planning services are provided by Team Super Financial Advice a trading name of Team Super Services Pty Ltd ABN 49 051 315 014 AFS licence 502700. Issued by Team Super Pty Ltd ABN 70 003 566 989 AFS licence 246864 as trustee for the Team Superannuation Fund ABN 16 457 520 308.