

Super

TEAM SUPER

TRANSPORT, ENERGY AND MINING

WA COAL

INSURANCE GUIDE

Western Australia (WA) Coal Division
20 January 2025

This Insurance Guide explains the insurance you can have through 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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Insurance guide

This Insurance Guide explains the insurance you can take out through your Team Super account. We've split this Insurance Guide into three parts:

Part A – which explains the death and disablement benefits available if you hold a defined benefit account.

Part B – which explains the automatic benefits available if you hold an accumulation account only.

Part C – which explains Voluntary Cover and Income Protection insurance that you may apply for if you hold an accumulation account.

You should read the **WA Coal Division Product Disclosure Statement (PDS)** and this **Insurance Guide** before deciding if this insurance is appropriate. You can find the PDS on our website teamsuper.com/pds

YOUR DEATH AND DISABLEMENT BENEFITS IF YOU HOLD A DEFINED BENEFIT ACCOUNT

These benefits aren't traditional insurance but are benefits you're entitled to under WA law. To fund these benefits, we take out death and total and permanent disablement insurance. When making a claim you'll need to complete forms and provide information to us and our insurer.

Who's eligible for these benefits?

Death and total and permanent disablement (TPD) benefits

If your employer is contributing super to your defined benefit account, you're entitled to receive a death and TPD benefit if you die or become disabled. If death or disablement occurs at:

- **Under age 60** – the benefit payable is the sum of:
 - a) the Accrued Defined Benefit which is 12% x Benchmark Amount at date of death or disablement x years in the WA Coal Division of the Fund; and
 - b) an additional amount based on potential service to the age of 60: 12% x Benchmark Amount at date of death or disablement x years of potential service from the date of death or total and permanent disablement to the age of 60.

To illustrate:

John starts employment with a WA employer at the age of 20. At the age of 35, after 15 years of service, John sustains an injury and claims a TPD benefit.

John's TPD benefit is the sum of:

- (a) 12% x Benchmark Amount at date of disablement x 15, and
 - (b) 12% x Benchmark Amount at date of disablement x 25 (being the years of potential service from the date of disablement to the age of 60).
- **60 or over** – the benefit paid will be your Retirement Benefit.

Benchmark Amount – You can find the current Benchmark Amount in the **WA Coal PDS** at teamsuper.com/pds. This amount usually rises in line with Average Weekly Ordinary Time Earnings.

Partial or temporary disablement benefit

If you become partially and permanently disabled and are forced to leave your coal mining job, you might be entitled to receive a benefit.

The rules around eligibility and how we're required to pay you are complicated and depend on your individual circumstances. If you think you might be eligible please contact us on 13 64 63.

If you're eligible, the total benefit you're able to claim if you're partially and permanently disabled is your Retirement Benefit as at the date you were disabled. You might also meet this definition if you're temporarily disabled. Please contact us for further information if you become temporarily disabled.

What happens if I stop working for my WA coal industry employer?

If you become a Retained member your death and disablement benefit is equal to the Accrued Defined Benefit calculated under point (a) to the left. The additional amount under point (b) is only available whilst you are in service with a WA coal industry employer and if you stop working for one, you will no longer be entitled to the additional amount.

Do these death and disablement benefits cost me anything?

No. The cost of insurance we take out to fund these benefits is built into the employer's contribution rate.

What conditions do I need to meet to be paid a TPD benefit?

If you're under 60, to be eligible for a TPD benefit you need to meet the definition of 'Totally and Permanently Disabled' under the insurance policy we've taken out to fund these benefits. As at the date of this guide, the definition is as follows:

Total and Permanent Disablement/ Totally and Permanently Disabled/ TPD

means, an insured member who, solely because of an illness or injury:

- 1) is under the regular care of and following the advice of a medical practitioner; and
- 2) has:
 - a) suffered a specific illness; or
 - b) been continuously unable to return to gainful employment from the date of disablement for a period of at least 90 consecutive days; and
- 3) in the Insurer's opinion, is unlikely to ever again engage in any gainful employment for which they are reasonably suited by their education, training or experience taking account of, at the date the Insurer form their opinion:
 - a) any retraining, re-skilling, gainful employment or voluntary work that has been undertaken or that could reasonably be expected to be undertaken within a reasonable period by the insured member; and
 - b) any rehabilitation that has been undertaken or could reasonably be expected to be undertaken within a reasonable period by the insured member.

In forming the Insurer's opinion in relation to the above, including whether an insured member may likely be able to engage in any gainful employment for which they are reasonably suited by education, training or experience, the Insurer will have regard to all evidence available to them including but not limited to:

- a) medical evidence (including the medical evidence provided by the Insured Member's Medical Practitioners), the advice of a specialist medical practitioner approved by the Insurer, the advice of other experts (medical or otherwise) and any other information that the Insurer consider to be appropriate and relevant at the date the Insurer from their opinion;

- b) whether the insured member has exhausted all reasonable and appropriate treatment options by the date the Insurer form their opinion;
- c) any retraining, re-skilling, gainful employment or voluntary work that has been undertaken by the date the Insurer form their opinion, or that could reasonably be expected to be undertaken by the insured member within a reasonable period following the date the Insurer form their opinion; and
- d) any rehabilitation that has been undertaken by the date the Insurer form their opinion or could reasonably be expected to be undertaken by the insured member within a reasonable period following the date the Insurer form their opinion.

How will your benefit be paid?

If you die

Your benefit will be part of your super account and normal super rules will apply. It will not form part of your estate.

You can choose the people you want to receive your death benefit if you die by completing a **Nominate your beneficiaries** form. There are special rules around who you can choose, whether we'll be bound to follow your choice and how we pay your benefit out.



To choose who you want your benefit paid to if you die, you'll need to complete a **Nominate your beneficiaries** form at teamsuper.com/resources. For more information read our **Nominating beneficiaries** factsheet at teamsuper.com/resources

If you're disabled

Your benefit will be credited to your Team Super account. To take this money out of your account, you'll need to meet one of the government's conditions for withdrawing money from super.

AUTOMATIC INSURANCE YOU MAY HOLD THROUGH YOUR TEAM SUPER ACCUMULATION ACCOUNT

The following section applies to members with an accumulation account only. If you hold a WA Coal defined benefit account (either by itself or with an accumulation account) you're not eligible for this insurance.

Why it's good to insure through a Team Super accumulation account

- **Hassle free payments** - your insurance is easier to manage as the premiums are automatically deducted from your super account, so you don't need to worry about budgeting or making payments.
- **Automatic insurance cover** - if you're eligible, Death and Terminal Illness (DTI) and Total and Permanent Disablement (TPD) insurance without having to provide medical and financial information. This is called Basic Cover.

Although there are advantages of insuring through your super, it might not be the best solution for everyone, particularly if you have an existing illness or injury and other insurance. You should talk to your financial adviser to see what's best for your situation.

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 options 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 insurance cover automatically starts for you, your level of cover, and the insurance fees you pay - depend on your age and occupation. You can let us know your Occupation Group (including any 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 11, 14, 16 and 17. 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 11, 14, 16 and 17 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** factsheet.

Example

How insurance fees are charged:

David drives for 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\% \times \$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, 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, 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, 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 will assume you also work in a dangerous occupation if you have not told us your Occupation Group.

Cover will start with insurance fees deducted from your account once you meet the conditions for the automatic start of cover 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 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 make a claim that is accepted by the Insurer:

- your sum insured will be paid based on the Occupation Group we have assigned or you have advised us if the duties you actually perform support the selection. If you have not told us your correct Occupation Group, your insured cover will be the insured cover of a Group 1 - High Risk (Undeclared) member, or
- your insured cover and insurance fees will be adjusted for the Occupation Group that applied to your duties if you had incorrectly advised 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.

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 22).

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 12), 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 12 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

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)
57	\$48,000	\$48,000	\$74,000	\$74,000
58	\$46,000	\$46,000	\$66,000	\$66,000
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 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.

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 12), 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.

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 12 and 13). 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 16 and 17 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 is 52 years old (age 53 next birthday), 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 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 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 cover will generally increase at each birthday, as shown in Table 2 on pages 16 and 17.

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 12 and 13 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 55 (age 56 next birthday). Louise still has \$62,000 of fixed 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.

Table 2: Fixed Basic Cover premium costs

You can use this table to calculate the cost of Fixed Basic Cover.

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
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

Table 2: Fixed Basic 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
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
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

Other flexible insurance options

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

If you've opted into the Mining Division, you're unable to switch back.

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 between the Mining Division and Basic Cover described here. It's important you read the **Insurance Guide - Mining Division** and this Insurance Guide closely before making any decision to change your insurance division. 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 this 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.

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

Life Events Cover

Following a 'life event', if you have Basic Cover with us, you may be eligible to apply for an increase to your cover, 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 equivalent of one unit of Basic Cover based on your age next birthday.

Importantly, you do not need to provide any medical and lifestyle evidence to obtain this additional cover. However, to be eligible for additional DTI and/or TPD you must have Basic or Fixed Basic Cover on your account at the time. Please note that any cover added to your account under this feature will be considered Voluntary Cover. Please refer to Part C of this Insurance Guide for further information.

You can apply for Life Events Cover by completing the **Application for life events insurance cover** form with proof the life event occurred (eg 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 apply 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 Insured Cover is subject to the same exclusions and other special conditions as applied to the Insured Cover 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 24).

Special offer to apply for Income Protection – Applies to members who receive Basic Cover under Part B of this guide

Where cover begins under Part B of this guide, within 60 days of the date on your Insurance Welcome letter you may apply for Income Protection insurance in the Default Division. This special offer provides 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.

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.

To claim a terminal illness or TPD 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 and TPD 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.

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).

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 22).

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 22).

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) the Illness has been assessed by a Specialist Medical Practitioner, approved by Us, 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 23 for further information).

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

You can cancel your DTI or TPD cover by calling us or putting your request in writing.

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

Our insurance provider

The Trustee has taken out insurance contracts with TAL Life Limited, ABN 70 050 109 450 AFSL 237848 (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 will rely on the information which has been provided to us and if that information is not 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 or TPD insurance 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.

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.

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 and Fixed Basic DTI Cover, and in the case of Fixed Basic TPD Cover
- the day you turn 65, in the case of 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
- 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 Insurance 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 death, terminal illness or TPD Cover 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 is subject to New Events Cover.

This means you will only be covered for death, terminal illness or TPD 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 and TPD 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) – \$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 or TPD, 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.

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 TPD. 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.

Additional TPD definitions

- **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.

- **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.

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

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
- (c) you are aged at least 18 for basic cover
- (d) you are aged less than the cover expiry age,
- (e) 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
 - aged at least 25 years and have an account balance of \$6,000 or more; and,
- (f) you satisfy such other requirements that are from time to time stipulated by the Insurer.

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 23).

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 are Employed you will be eligible for full Basic DTI and TPD Cover after you have been in **Active Employment** with your employer for 30 consecutive days.

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.

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 osteoarthritis and all other arthritides are excluded.

Terminal illness means all of the following apply:

- (a) 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;
- (b) at least one of the **Medical Practitioners** is a specialist practising in an area related to the illness or injury suffered by you;
- (c) for each of the certificates, the certification period has not ended; and

- (d) 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.

VOLUNTARY COVER AND INCOME PROTECTION INSURANCE AND MEANINGS

The following section applies to members with an accumulation account.

If you joined as a WA Coal member **prior to** 20 May 2024 and you also have an accumulation account, and you would like to apply for Voluntary Cover, you may do so within our Mining Division offering. Please refer to the **Insurance Guide - Mining Division** for further information.

Voluntary Cover is Death and Terminal Illness Cover, Total and Permanent Disablement Cover that you apply for. You may also apply for Income Protection insurance.

If you joined as a WA Coal member **on or after** 20 May 2024, and wish to apply for Voluntary Cover or Income Protection insurance, you may do so within the Insurance Division (Mining or Default Division) corresponding with any insurance cover you may already hold as outlined below;

- If you hold Basic Cover as outlined in Part B of this guide, and have not opted into the Mining Division, you may apply for Voluntary Cover and/or Income Protection insurance under the Default Division.
- If you hold any cover in the Mining Division, you may apply for Voluntary Cover and/or Income Protection insurance under the Mining Division.
- If you do not have Basic Cover as outlined in Part B of this guide and you do not already hold cover in your accumulation account under the Mining Division or Default Division, you may apply for Voluntary Cover and /or Income Protection Insurance in either the Mining or Default Division.

You can find further information about our Mining and Default Divisions by reading the relevant **PDS** and **Insurance Guides** available at teamsuper.com/pds

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