

Super

TEAM SUPER

TRANSPORT, ENERGY AND MINING

MINING 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 MINING DIVISION. You're in the Mining Division if you were a member of the Fund prior to 20 May 2024, or you joined the Fund on or after 20 May and within 60 days of the date of your Insurance Welcome letter you opted-in to be part of the Mining Division.

Once you hold cover in the Mining Division, you can't obtain cover in the Default Division. If you leave the Fund and rejoin on or after 20 May 2024, your insurance cover, if applicable, will initially be part of the Default Division. You will have 60 days from the date of your Insurance Welcome letter to opt into the Mining Division.

If you're in the DEFAULT DIVISION you're covered under different insurance arrangements. For more information about your insurance you should read the **Default 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.

WHY INSURANCE

Protect your biggest asset – you!

Your family probably relies on your income to put a roof over their head, so it makes sense to protect that income as part of a complete financial plan. Most Australians don't think twice before insuring assets like their home and car, but it's equally important to think of yourself as an asset. Consider that the average wage earner would make around \$3.92 million over their working life¹. That's worth protecting! If you become sick, disabled or die, your family can use your insurance proceeds to maintain their lifestyle, rather than finding other ways to make ends meet.

What insurance is offered?

We offer a range of flexible insurance options designed to protect you and your family if you're unable to work because of illness or injury, become permanently disabled or die:

- **Death and Terminal Illness (DTI) insurance** – provides a lump sum payment if you die or become terminally ill.
- **Total and Permanent Disablement (TPD) insurance** – provides a lump sum payment if you're unlikely to ever work again due to an illness or injury.
- **Income Protection (IP) insurance** – provides a temporary income if you're unable to work due to an illness or injury.

The benefits of having insurance through your Team Super account

- If you joined the Fund before 20 May 2024 and you're eligible, you'll receive Basic Cover, which is made up of DTI and TPD insurance, and Standard IP insurance. You don't need to have your health assessed to obtain this cover. You also have the option to apply for extra DTI and TPD insurance, called Voluntary Cover. You can also change your Standard IP insurance to suit your individual circumstances.
- If you joined or rejoined Team Super on or after 20 May 2024 and you received Basic Cover under our Default Division insurance, if eligible you can opt into the Mining Division within 60 days of the date of your Insurance Welcome letter for that cover. You'll receive Basic Cover, which is made up of DTI and TPD insurance, and Standard IP insurance. You don't need to have your health assessed to obtain this cover. You can also apply for extra DTI and TPD insurance, called Voluntary Cover, and /or change your Standard IP insurance to suit your individual circumstances.

¹ Australian Bureau of Statistics. Based on full time adult average weekly ordinary times earnings as at November 2023, multiplied by 40 years of continuous employment.

- Our insurance caters for people working in the mining, transportation, energy, and supporting industries, who can find it hard to obtain adequate and reasonably priced insurance due to their jobs.
- We have a dedicated claims team to help you through the claims process, including your own personal case manager.
- Simple ways to update and review your insurance, including the ability to apply for Voluntary Cover, change your insurance and make a claim over the phone.
- Access to Team Super Financial Advice. They aim to make sure you receive the right advice to make the most of your individual situation, and it won't cost the world. Visit teamsuper.com/advice for more information. Advice is provided by Team Super Services Pty Ltd ABN 49 051 315 014 AFS licence 502700.

Why insure through super

- **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, insurance without having to provide medical and financial information.

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 five million Australians.

OUR INSURANCE - DTI AND TPD

What is it?

Death and Terminal Illness (DTI) insurance pays a lump sum if you die or you are terminally ill and medically certified to have less than 24 months to live.

Total and Permanent Disablement (TPD) insurance pays a lump sum if you're unlikely to ever work again due to an illness or injury.

There are two types of DTI and TPD insurance – Basic Cover and Voluntary Cover.

BASIC COVER

What is it?

Basic Cover is DTI and TPD insurance that you don't need to apply for or have your health assessed. You'll receive a set amount of insurance based on your age.

You can only have Basic Cover on one account.

Who can have it?

If you joined Team Super before 20 May 2024, Basic Cover is added to your account after all the following have occurred:

- Your account balance is \$6,000 and above.
- You're aged 25 to 64.
- You're employed and your employer makes their first contribution to your account.

If you join or rejoin the Fund on or after 20 May 2024, Basic Cover is added to your account after all the following have occurred:

- You're aged 18 to 64.
- You're self-employed, or employed and your employer makes their first contribution to your account.
- You receive Basic Cover under the Default Division.
- You make an election to opt into the Mining Division within 60 days of the date of your Insurance Welcome letter for Basic Cover under the Default Division. This includes an opt in for your cover to continue should your balance be below \$6,000 and/or you are under age 25. If you don't opt in to the Mining Division within this time frame, you won't be eligible to join the Mining Division in the future.

If you joined the fund prior to 20 May 2024 and you're not eligible for Basic Cover because your balance is below \$6,000 and / or you're under 25 years of age, you can still choose to have Basic Cover added by completing an **opt in** form. You'll need to be aged 15 to 64 and be self-employed or employed, with your employer making their first contribution to your account.

If you're self-employed you can't have this insurance on your account if at the time your account started, you'd been paid or making a claim or were entitled to be paid a terminal illness benefit or a TPD benefit from any other source.

If you're employed and were previously paid or making a claim or were entitled to be paid a TPD or terminal illness benefit, then you'll receive Limited Cover indefinitely. Go to page 21 for more information.

When is Basic Cover added to your account?

- If you joined Team Super before 20 May 2024, if it's added to your account automatically – the later of the date your employer makes their first eligible contribution to your account OR the date you reach age 25 and your balance reaches \$6,000 and above.
- If you joined or rejoined Team Super on or after 20 May 2024, if it's added to your account on the date we receive your eligible application to opt-in to the Mining Division. Please be aware that any cover you hold under the Default Division will end the day before your cover begins in the Mining Division.
- If you joined Team Super before 20 May 2024, if you ask to add Basic Cover to your account – the later of the date your employer makes their first eligible contribution to your account or the date you ask us to add this insurance.

What type of Basic Cover am I eligible for?

If you're eligible, initially Limited Cover will be applied to your Basic Cover.

If your employer makes a contribution within 180 days of the date your cover commenced and you're in Active Employment for 30 consecutive days, Limited Cover will no longer apply to your Basic Cover. If however your employer makes a contribution outside of 180 days, Limited Cover will apply to your Basic Cover for a minimum period of 24 months followed by 30 consecutive days in Active Employment.

If you ask us to add Basic Cover to your account within 180 days of you commencing employment with your employer and you're in Active Employment for 30 consecutive days, Limited Cover will no longer apply to your Basic Cover.

If you ask us to add Basic Cover to your account outside of 180 days of you commencing employment, Limited Cover will apply to your Basic Cover for a minimum period of 24 months followed by 30 consecutive days in Active Employment.

If you held Basic Cover within the Default Division and within 60 days of your Insurance Welcome letter for this cover you opted into the Mining Division on or after 20 May 2024, any consecutive Active Employment days completed under your Default Division Basic Cover will be counted towards your Mining Division consecutive Active Employment days.

What are the default conditions of my cover?

When you receive Basic Cover, we won't give you an Occupation Group until you tell us one and your Occupation Group will show as 'undeclared'. 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. Go to pages 18 and 31 to 32 for more information.

What if I'm self-employed?

You can ask us to add Basic Cover to your account. Limited Cover will be applied to your Basic Cover indefinitely. If we have received a contribution to your account in the previous 16 months, your cover will start on the later of the date you reach age 25 and your balance reaches \$6,000 and above OR the date you ask us to add this insurance.

What if I've already been paid a terminal illness or TPD benefit?

If you're an employee and you've previously been paid a terminal illness or TPD benefit, or are entitled to be paid one before your cover commences or recommences, you'll be entitled to Limited Cover only.

Limited Cover means you're only covered for an illness that first becomes apparent or an injury that first occurs on or after the date your insurance started, restarted or increased (for the increased portion of cover only). Go to page 21 for more information.

How much cover do I get?

Age	DTI	TPD
15-24	\$50,000	\$50,000
25-49	\$100,000	\$100,000
50-54	\$80,000	\$80,000
55-59	\$60,000	\$45,000
60	\$50,000	\$25,000
61	\$50,000	\$20,000
62	\$50,000	\$15,000
63	\$50,000	\$10,000
64	\$50,000	\$5,000

Your DTI cover will reduce by any amount of TPD cover you're paid by us.

You can apply for extra DTI and TPD or DTI only insurance cover. For more information go to page 8 under the heading 'Voluntary Cover'.

If you would like to reduce your Basic Cover below the amounts shown above, or hold DTI cover only, you can do this and your cover will be converted to Voluntary Cover, where the terms under the Voluntary Cover section will apply.

How much does my insurance cover cost?

This depends on the amount of your cover, your age, your gender and your Occupation Group. Go to page 31 to 32 for the premium rates.

What aren't I covered for?

You're not covered if your claim is caused by war involving Australia or New Zealand or any other country you live in. If you have Limited Cover, other exclusions apply. For more info rmatoin go to page 21.

When does my Basic Cover stop?

When one of the following happens:

- You turn 65.
- You ask us to cancel your cover.
- You die.
- You're paid a terminal illness or TPD benefit. If you're paid a TPD Insurance Cover benefit, any death cover above your TPD benefit will transfer to Voluntary Cover. The amount of your DTI insurance cover will be reduced by the amount of the TPD benefit you're paid.

- There isn't enough money in your account to pay for your cover. We will send you a confirmation when your insurance cover is canceled due to insufficient account balance.
- You start active service with the armed forces of any country, although if you're a member of the Defence Force Reserve your cover will stop only when you become the subject of a call out order.
- You're no longer entitled to hold an interest in the Fund.
- You no longer have a Team Super account.
- Your account hasn't had a contribution (including a transfer from another super fund) for 16 months and you haven't let us know you want to keep your insurance. If you're getting close to the 16 months, we'll try and let you know and give you a chance to keep your insurance if you want to.

Can I restart or reinstate my Basic Cover if it stops?

If your Basic Cover stopped because:

- you had insufficient funds in your account to pay for your cover, we'll automatically restart your Basic Cover from the later of:
 - when an employer contribution is received within six months after the end of the month in which your cover stopped and this is no more than 120 days after the beginning of the period to which that contribution relates
 - the date you last started, or restarted, employment with your most recent employer
 - the day after your cover ended due to insufficient funds.
- your account hasn't had a contribution for 16 continuous months and you haven't let us know you want to keep your cover, we'll reinstate your Basic Cover if you tell us to by making an election within 60 days of the date your cover stopped.

Your cover will be reinstated if all premiums are paid in full from the date your cover stopped.

When your Basic Cover is restarted or reinstated, it will be:

- equal to the same type and amount of cover that was stopped, and will be subject to the same exclusions or special conditions that applied, including Limited Cover periods if applicable.
- for all cover that is restarted or reinstated, if Limited Cover does not already apply indefinitely, then Limited Cover will apply until you've been in Active Employment for 30 consecutive days from when your cover recommenced or is reinstated.

How can I cancel my Basic Cover?

Call us on 13 64 63 or fill out a **Cancel my insurance** form which you can find at teamsuper.com/resources

If Basic Cover has been applied automatically and you cancel it within 90 days of the date your insurance started we will refund your premiums to your account, provided you have not made a claim.

What can I customise on my Basic Cover?

Your Occupation Group

You can update your Occupation Group to reflect the type of job you have. If you haven't told us your Occupation Group, you should tell us as you could pay more for your insurance than you have to. If you haven't provided your Occupation Group it will show as 'undeclared'.

To update your Occupation Group call us on 13 64 63 or fill out a **Change my insurance** form which you can find at teamsuper.com/resources

For more information on the Occupation Groups go to page 18.

Can I convert my Basic Cover to Voluntary Cover?

Yes but you need to do this before you turn age 65. The cost of your insurance will be based on Voluntary Cover premium rates.

You might want to consider this:

- to lock in or fix your cover amount as Basic Cover automatically reduces from age 50
- if you want to continue with your cover after age 65 when your Basic Cover ends.

Special offer – Introductory Cover Option

If you're employed, you can increase your Basic Cover under our 'Introductory Cover Option'.

Under this option, you can apply to double your Basic Cover within 60 days of the date on your Insurance Welcome letter. If you're over 50, we'll ask you some basic questions about your health and Occupation Group.

You can only use this option once and you need to use it the first time Basic Cover is added to your account.

The cost of this extra cover is based on Basic Cover premium rates.

To increase your insurance under this option, you'll need to complete a **Double your Basic Insurance Cover** form which you can find at teamsuper.com/resources

This special offer is not available if you're self-employed when you join the Fund.

VOLUNTARY COVER

What is it?

Voluntary Cover is DTI and TPD insurance cover that you've applied to have added to your account. You can have different amounts of DTI and TPD cover but you can't have TPD cover by itself or for an amount more than your DTI cover. If you have just DTI cover you can apply to have TPD cover added later on.

Who can have it?

Any member aged between 15 and 69 for DTI cover and between 15 and 64 for TPD cover.

Our insurer will assess your application and might apply special conditions to your insurance because of your health, lifestyle and pastimes. Your application might also be declined.

How do I apply for Voluntary Cover?

You can apply over the phone by calling 13 64 63 or by filling out an **Apply for Voluntary Cover** form.

Am I covered while my application is being assessed?

While your application is being assessed you'll have 'Interim Accident Cover'. For more information go to page 21.

How much cover do I get?

You can choose the amount of Voluntary Cover you want to apply for. You can apply for any amount of DTI cover and up to a maximum of \$2 million of TPD cover. The terminal illness component of your DTI cover is a maximum of \$2.5 million. The amount you apply for must be a multiple of \$10,000.

Your Voluntary TPD Cover automatically reduces after you turn age 65.

It reduces by 20% each year on your birthday until it reaches zero when you reach age 70. This is outlined in the table to the right.

Age	TPD benefit
65	100%
66	80%
67	60%
68	40%
69	20%
70	0%

How much does my insurance cover cost?

This depends on the amount of your cover, your age, your gender, your Occupation Group and if you smoke. Go to pages 32 to 33 for the premium rates.

What aren't you covered for?

You're not covered:

- if your claim is caused by war involving Australia or New Zealand or any other country you live in
- for any exclusions applied to your cover by our insurer.

When does my Voluntary Cover stop?

When one of the following happens:

- You turn 70.
- You ask us to cancel your cover.
- You die.
- You're paid a terminal illness or TPD benefit. The amount of your DTI insurance cover will be reduced by the amount of the TPD benefit you're paid.
- There isn't enough money in your account to pay for your cover. We will send you a confirmation when your insurance cover is canceled due to insufficient account balance.
- You start active service with the armed forces of any country, although if you're a member of the Defence Force Reserve your cover will stop only when you become the subject of a call out order.
- You're no longer entitled to hold an interest in the Fund.
- You no longer have a Team Super account.
- Your account hasn't had a contribution (including a transfer from another super fund) for 16 months and you haven't let us know you want to keep your insurance. If you're getting close to the 16 months, we'll try and let you know and give you a chance to keep your insurance if you want to.

How can I cancel my Voluntary Cover?

Call us on 13 64 63 or fill out a **Cancel my insurance** form which you can find at teamsuper.com/resources

What can I customise on my Voluntary Cover?

You can change the amount you're covered for

You can apply to change the amount you're covered for at any time. If you're increasing your insurance, your application will be assessed by our insurer and they might apply conditions to your extra cover or decline your application.

You can change your cover over the phone by calling 13 64 63 or by filling out a **Change my insurance** form which you can find at teamsuper.com/resources

Changing your Occupation Group

If you change job, you should update your Occupation Group. To do this, call us on 13 64 63 or fill out a **Change my insurance** form which you can find at teamsuper.com/resources

For more information on the Occupation Groups go to page 18.

Transfer cover

If you're under the age of 60, you can transfer DTI / TPD insurance cover you have elsewhere to your Team Super account as Voluntary Cover. You'll need to complete the **Transfer in your other insurance to Team Super** form and answer some health questions. Our insurer will assess your application and decide whether or not to add this cover to your account.

Any restrictions such as exclusions or premium loadings will transfer over but you won't be charged for these. Any restrictions on your current cover will also apply.

There are risks you should consider when transferring your existing cover, such as the loss of any accrued benefits, any new health issues you may not be covered for under your new cover, the possibility of waiting periods having to start again and the implications if you don't disclose all relevant information on an application form (even if unintentional).

You shouldn't cancel any existing cover until your application is accepted by our insurer. Once your cover has been transferred, you must cancel your other policy.

The maximum amount of DTI / TPD insurance cover you can transfer is \$1 million. The maximum amount of TPD insurance you can have on your account is \$2 million. The amount you transfer will need to be the same amount of insurance you have elsewhere, rounded up to the nearest \$10,000.

Special offer - Significant Life Event Option

There are eight events when you can increase your Voluntary Cover without having your health assessed:

- Taking out a new mortgage or increasing an existing mortgage (excluding re-draws or refinancing) on your main place of residence by \$100,000.
- You or your spouse having or adopting a child.
- Marrying.
- Divorcing.
- A dependent child starting high school.
- Completing an undergraduate degree.
- Becoming a carer.
- Death of a spouse.

You must apply within 180 days of the event and provide proof the event occurred. You'll only be able to do this three times overall and only once in any 12 month period. To be eligible you must also:

- be under 60; and
- not be eligible, have received or applied for a permanent or temporary incapacity benefit or Terminal Illness Benefit or total and permanent disablement type benefit, or income protection benefit from workers' compensation, any superannuation fund or life insurance policy; and
- not have had an application for cover previously declined.

The amount of extra insurance you can add each time is a maximum of \$100,000 (with the amount required to be divisible by \$10,000). Any amount of extra cover will have the same exclusions or restrictions that apply to your existing cover, including Limited Cover if applicable.

The cost of this extra cover is based on Voluntary Cover premium rates.

OUR INSURANCE –

INCOME PROTECTION INSURANCE

Income Protection (IP) insurance is a temporary replacement for lost income due to illness or injury, helping protect you and your family from financial hardship while you recover.

What am I covered for?

If you joined Team Super before 20 May 2024 and you're eligible, you'll receive Standard IP insurance. If you're not eligible, you can ask to have Standard IP insurance added to your account or apply for IP insurance.

If you joined or rejoined Team Super on or after 20 May 2024 and you received Basic Cover under the Default Division, within 60 days of receiving your Insurance Welcome letter for insurance in the Default Division, you may opt in to the Mining Division. If eligible, you'll receive Standard IP insurance.

If you're not eligible to have Standard IP insurance automatically added to your account and you're eligible for insurance cover in the Mining Division, you can ask us to add Standard IP insurance to your account, or you can apply for IP insurance.

What is Standard IP insurance?

If you receive Standard IP insurance, you're covered for:

- **illnesses** – if you have full cover, you're covered for illnesses that first became apparent before and after your insurance started, while if you have Limited Cover you're only covered for illnesses that first become apparent after your insurance starts.
- **injuries** – if you have full cover, you're covered for injuries that first became apparent before and after your insurance started, while if you have Limited Cover you're only covered for illnesses that first become apparent after your insurance starts.

If Standard IP insurance has been applied automatically or you have elected to join the Mining Division, following holding Basic Cover in the Default Division and your employer makes a contribution within 180 days of the date your cover commenced, Limited Cover will apply until you've been in Active Employment for 30 consecutive days. If however your employer makes a contribution outside of 180 days, your cover will remain Limited Cover for a minimum period of 24 months followed by 30 consecutive days in Active Employment.

If you ask us to add Standard IP to your account within 180 days of you commencing employment with your employer, you'll have Limited Cover until you've been in Active Employment for 30 consecutive days. If you ask to add Standard IP insurance to your account more than 180 days of you commencing employment, you'll have Limited Cover for a minimum period of 24 months followed by 30 consecutive days in Active Employment.

Please note that if prior to your cover commencing you were previously paid or making a claim or were entitled to be paid a TPD or Terminal illness benefit, then you'll receive Limited Cover indefinitely.

Who receives Standard IP insurance?

If you joined Team Super before 20 May 2024 Standard IP insurance is added to your account after all the following have occurred:

- Your account balance is \$6,000 and above.
- You're aged 25 to 64.
- You're employed and your employer makes their first contribution to your account.

If you joined or rejoined Team Super on or after 20 May 2024 and you opted into the Mining Division, Standard IP insurance is added to your account after all of the following has occurred:

- You're aged 18 to 64.
- You're employed and your employer makes their first contribution to your account.
- You received Basic Cover under the Default Division and elected to opt into the Mining Division within 60 days of your Default Division Basic Cover Insurance Welcome letter.

If you joined Team Super before 20 May 2024 and you're not eligible for Standard IP insurance because your balance is below \$6,000 and/or you're under 25 years of age, you can still choose to have it added by completing the **Opt in** form. You'll need to be aged 15 to 64 and be employed, with your employer making their first contribution to your account.

When is Standard IP insurance added to your account?

- If it's added to your account automatically - the later of the date your employer makes their first eligible contribution to your account OR the date you reach age 25 and your balance reaches \$6,000 and above.

- If you ask us to add it to your account - the later of the date the Fund receives your request to add IP insurance to your account, your employment commencement date, your employer makes their first eligible contribution to your account or the date you ask us to add this insurance.

If you joined or rejoined Team Super on or after 20 May 2024 and Standard IP insurance is added to your account, it will begin on the date we receive your eligible application to opt-in to the Mining Division. Please be aware that any cover you hold under the Default Division will end the day before your cover begins in the Mining Division.

What if I apply to have IP insurance added to my account?

If your insurance arrangements are applicable to the Mining Division and you don't have Standard IP insurance but wish to apply to add IP insurance to your account, you can apply by completing the **Apply for Income Protection insurance** form which you can find at teamsuper.com/resources. You must have at least \$5,000 in your account if you're not receiving employer contributions into your accumulation account. If you apply, your IP insurance will be Limited Cover for either:

- a minimum period of 24 months plus 30 consecutive days in Active Employment; or,
- if prior to your cover commencing you were previously paid or making a claim or were entitled to be paid a TPD or Terminal illness benefit, then you'll receive Limited Cover indefinitely.

What are the conditions of my IP insurance?

If you don't make any changes your IP insurance will have a:

- **Waiting period** – 60 days
- **Benefit period** – 2 years if you're under 65 and if you're aged between 65 and 70:
 - for illnesses – 12 weeks or to age 70, whichever occurs first
 - for injuries – 52 weeks or to age 70, whichever occurs first

If you're already being paid a benefit at age 65, you'll receive a further 12 weeks' payments for illnesses and 52 weeks' payments for injuries, but only to a total maximum benefit period of two years.

- **Fortnightly sum insured** – \$2,600, including a superannuation contribution
- **Occupation Group** – We won't give you an Occupation Group until you tell us one and your Occupation Group will show as 'undeclared'. 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. Go to pages 18 and 34 for more information.

You can ask us to change these to reflect your personal circumstances.

What if I am self-employed?

You'll need to apply to add IP insurance to your account by filling out an **Apply for Income Protection insurance** form. If you apply, your IP insurance will be Limited Cover for either:

- a minimum period of 24 months followed by 30 consecutive days in Active Employment; or,
- if prior to your cover commencing you were previously paid or making a claim or were entitled to be paid a TPD or Terminal illness benefit, then you'll receive Limited Cover indefinitely.

How is my IP benefit calculated?

If you meet the requirements for an IP claim you will receive the **lesser of**:

- fortnightly sum insured of \$2,600 at the date you became disabled. This includes a super contribution component paid to your Team Super account (calculated using the compulsory super contribution rate current at the date of your disablement), with the remaining amount paid to you directly. The super contribution component can change in line with super law, or
- 84.5% of your **actual salary**. This includes a super contribution component paid to your Team Super account (calculated using the compulsory super contribution rate current at the date of your disablement), with the remaining amount paid to you directly. The super contribution component can change in line with super law.

Your IP benefit amount is capped at a maximum of \$18,461.54 per fortnight if your Occupation Group is Professional or White Collar or \$11,538.46 per fortnight if your Occupation Group is Undeclared, Light Manual, Heavy Manual or Mining.

Payments to help you return to work

If you become sick or suffer an injury, you might also be able to get up to \$25,000 for:

- modifying your home or workplace to help you return to work
- vocational training, including counselling.

These payments are paid directly by the insurer.

How is my salary calculated for a claim?

The salary used to calculate your insurance benefit is:

- **If you're employed** – the total income you earn before tax in the 12 months immediately prior to the date you became disabled, or if employed for less than 12 months with an Industry Employer, the average salary from the start of your employment to the date you became disabled. It includes incentive payments and bonuses, overtime, shift loadings and allowances, any salary package you can take as cash and nil amounts for periods of unemployment. If you started working for a participating employer of the Fund for the first time in the previous year, your salary will be based on your average salary for the time you've worked for a participating employer. Your salary doesn't include super contributions your employer pays for you.
- **If you're self-employed** – what you earned from your own personal exertion in your business before tax is taken out (gross salary) in the 12 months immediately prior to the date you became disabled, less your business expenses in earning that income.

How much does my insurance cover cost?

This depends on the amount of your cover, your age, your gender, your Occupation Group and, for some types of cover, if you smoke. Go to page 34 for the premium rates.

What am I not covered for?

You're not covered if your injury or illness:

- is intentionally self-inflicted, including attempted suicide
- is from uncomplicated pregnancy or childbirth
- relates to any act of war, whether declared or not, revolution, invasion, rebellion or civil unrest
- is caused by you participating in a criminal act
- can't be paid due to relevant legislation governing this insurance
- occurred participating in professional sporting activities and your IP insurance started after 31 March 2017. Professional sportspeople are not eligible to hold IP insurance.

If you've been paid a benefit for the maximum benefit period, you will no longer have cover for that illness or injury. You will still be covered for any other unrelated illnesses or injuries.

What happens to my benefit if I'm getting other income?

If you're working in a reduced capacity, and your income is less than the income you earned before you were disabled, you might be eligible for a partial disability benefit. For more information go to the 'Important definitions and meanings' section on page 20.

Any other payments received as income might reduce your benefit. This may include things like employer paid leave (sick, annual or long service leave), compensation payments (workers compensation, motor accident compensation or other statutory scheme), payments from other insurance policies or income from a job that's not your usual one. Income from Centrelink, Department of Veteran Affairs, superannuation pensions and annuities, investments, lump sum TPD and trauma insurance benefits and genuine gifts won't reduce the amount you receive.

If you're being paid a benefit and also receiving workers compensation payments, your IP benefit payment will stop when a doctor considers that you're fit to return to work. If you're appealing a Workers Compensation Authority decision, then you might be able to continue receiving benefits under this policy, subject to you agreeing to repay benefits at the conclusion of the appeal.

Example

John is no longer able to work in his usual job and has his claim under his Team Super IP insurance approved by our insurer after meeting the eligibility requirements. John's fortnightly benefit amount is \$1,500. At the start of John's benefit payment period, he also has \$350 in fortnightly sick leave benefits payable by his employer and is also receiving a \$150 fortnightly Centrelink benefit. John's fortnightly benefit amount will therefore reduce by \$350 (his sick leave payment amount) to \$1,150. His Centrelink payment does not affect his benefit.

When will my Income Protection insurance cover stop?

When any one of the following occurs:

- You turn 70.
- 12 months from the date you were unemployed.
- You're on approved leave (including parental leave) for more than 24 months.
- You're no longer a member of the Fund.
- You retire permanently.
- You cancel your insurance.
- You no longer have enough money in your account to cover the cost of this insurance. We will send you a confirmation when your insurance cover is canceled due to insufficient account balance.
- You start service with the defence forces of any country, except if you're in the defence force reserves and not overseas.
- You make a fraudulent claim.
- The date your TPD cover ceases under the Mining Division after you become totally and permanently disabled.
- You die.
- The insurance policy we have with the insurer, as a whole, is terminated.
- Your account hasn't had a contribution (including a transfer from another super fund) for 16 months and you haven't let us know you want to keep your insurance. If you're getting close to the 16 months, we'll try and let you know and give you a chance to keep your insurance if you want to.

Can I restart or reinstate my Income Protection insurance if it stops?

If your IP insurance stopped because:

- You had insufficient funds in your account to pay or your cover, or you were unemployed for 12 months. We'll automatically restart your IP insurance when an employer contribution is received within 180 days of the date your cover stopped.
- Your account hasn't had a contribution for 16 months and you haven't let us know you want to keep your cover, we'll reinstate your IP insurance if you tell us to within 60 days of the date your cover stopped.

In both instances your cover will only be restarted or reinstated if all premiums are paid in full from the date your cover stopped.

When your IP insurance is restarted or reinstated it will be:

- equal to the same type and amount of cover that was stopped and will be subject to the same exclusions or special conditions that applied before cover ceased (including any Limited Cover if applicable).
- Limited Cover until you've been in Active Employment for 30 consecutive days.

How can I cancel my Income Protection insurance?

Call us on 13 64 63 or fill out a **Cancel my insurance** form which you can find at teamsuper.com/resources. If you cancel your Standard IP insurance within 90 days of the date your insurance started, we'll refund your premiums to your account, as long as a claim has not been made.

What can I customise on my Income Protection insurance?

We've designed our IP insurance so you can customise it to meet your personal circumstances. You can change your:

- insured salary
- waiting period
- benefit period
- Occupation Group
- smoking status.

If you improve your cover (i.e. increase your salary, decrease your waiting period and / or extend your benefit period) more than 60 days of the date on your Insurance Welcome letter, you won't be covered for existing illnesses or injuries for the improved part of your cover.

There are exceptions to this. You'll be covered for existing illness for the improved part of your cover if:

- you make this change within 60 days of the date on your Insurance Welcome letter
- the increase to your salary is part of a documented promotion or pay-rise by your employer
- the increase to your salary is a normal variation, for example overtime.

Special offer to improve your Standard IP insurance

Under our special offer, you can improve your standard IP insurance and be covered for existing illnesses on the improved part of your cover if:

- you apply within 60 days of the date on your Insurance Welcome letter, and
- you're in 'Active Employment' on the date your cover started and when you signed the form to make the change, and
- you don't suffer an injury or illness between the date your insurance started and when we received your form to make this change.

An improvement to your cover is when you decrease your waiting period from 60 days to 30 days and / or extend your benefit period from 2 years to 5 years. Higher premiums do apply for improved cover.

Changing your insured salary

You can change the salary you're covered for at any time, provided the amount isn't more than your actual salary and is below the maximum limits. If, at the time you make a claim, your actual salary over the past 12 months is less than your 'nominated salary', you'll only be covered for your actual salary.

An example

John's cover was based on a salary of \$100,000 when his cover started. A year after his cover started, John asked us to increase the salary recorded on his account to \$120,000. At the time John told us his higher salary, he had a heart condition. John then made a claim for this heart condition. He's covered for his original benefit based on the \$100,000 salary but not the \$20,000 increase as he already had the heart condition at the time he increased his cover. However, if John's claim related to a new condition, for example a new condition such as cancer, John's cover would be based on the salary of \$120,000.

Changing your waiting period

You won't be paid a benefit during the waiting period. After your waiting period ends, benefits will start to be paid.

You can change the standard 60 day waiting period to suit your individual circumstances. You can change it to 14 days (can only be taken with a two year benefit period), 30 days, 90 days, 120 days or up to 2 years. The cost of your IP insurance generally decreases the longer you wait to be paid a benefit.

If you apply for a 14 or 30 day waiting period within 60 days of your Income Protection insurance starting but you:

- weren't in 'Active Employment' when your Income Protection insurance started, or
- weren't in 'Active Employment' on the day you made this change, or
- incurred an injury or illness between the day your Income Protection insurance started and when we received your change application form,

the 14 or 30 day waiting period won't take effect until you've been in 'Active Employment' for 30 consecutive days. Also, you'll still have a 60 day waiting period for any claim that relates to the illness or injury which caused you to not be in 'Active Employment', or which occurred before we received your change application form, until 12 consecutive months have passed without that injury or illness causing you to not be in Active Employment.

Extending your waiting period to up to two years – Policy Extension Option

Generally it's not cost effective to have two IP policies at the same time as any benefits paid will offset each other and you'll not get the full amount of the benefits you've been paying for. If you already have IP elsewhere though you might consider taking up our Policy Extension Option. This option allows you to extend the waiting period on your Team Super IP insurance to up to two years to match the benefit period of your other IP policy. This means that when benefit payments stop on your other insurance, you can start having benefits paid from your Team Super insurance.

Under the Policy Extension Option:

- the cost of your insurance won't change.
- it's only available if you have a two year benefit period and 60 day waiting period.
- must be taken up within 90 days of the date on your Insurance Welcome letter or within your current waiting period after you become sick or injured.

Extend your waiting period to the end of your sick leave

If your employer makes you take sick leave for a period longer than your waiting period, you can extend your waiting period until your sick leave ends. The benefit of doing this is that your benefit payments won't be reduced by the amount of your sick leave payments.

To do this:

- you must have a two year benefit period and a 60 day waiting period
- your waiting period can only be extended up to a maximum of two years
- you must apply for this extension during your existing waiting period

Changing the benefit payment period

You can increase the standard two year benefit period to five years. The cost of your insurance will increase by 80% as this improves your cover. If you make this change after 60 days of the date on your Insurance Welcome letter, you'll also be charged 20% extra if you smoke.

There are some restrictions for medical conditions you had before applying to make this change. For more information go to the section titled 'Important definitions and meanings' on page 20.

If you apply for a five year benefit period within 60 days of your Income Protection insurance starting but:

- weren't in 'Active Employment' when your Income Protection insurance started, or
- weren't in 'Active Employment' on the day you made this change, or

- incurred an injury or illness between the day your Income Protection insurance started and when we received your change application form,

the five year benefit period won't take effect until you've been in 'Active Employment' for 30 consecutive days. Also, you'll still only have a two year benefit period for any claim that relates to the illness or injury which caused you to not be in 'Active Employment', or which occurred before we received your change application form, until 12 consecutive months have passed without that injury or illness causing you to not be in 'Active Employment'.

You can't have a five year benefit payment period together with a waiting period of up to two years.

Changing your Occupation Group

If you change roles, you should update your Occupation Group. To do this, call us on 13 64 63 or fill out a **Change my insurance** form which you can find at teamsuper.com/resources

For more information on the Occupation Groups go to page 18.

Changing your smoking status

If you improve your cover or have applied for cover, i.e. don't have Standard IP insurance, you'll have answered questions about whether you smoke or not because there are additional premiums on that type of cover for smokers. If you have that type of cover and start smoking or no longer smoke, you need to tell us as it affects the cost of your insurance and could impact a claim if you need to make one. To update your smoking status, call us on 13 64 63 or fill out a **Change my insurance** form which you can find at teamsuper.com/resources

Transfer cover

You can transfer IP insurance you have elsewhere to your Team Super account. You'll need to complete the **Transfer in your other insurance** form and answer some health questions. Our insurer will assess your application and decide whether or not they're happy to take on this cover.

Any restrictions such as exclusions will transfer over but you won't be charged for these. Any restrictions on your current cover and premium loadings under our policy will apply. There are risks you should consider when transferring your existing cover, such as the loss of any accrued benefits, the possibility of waiting periods having to start again and the implications if you don't disclose all relevant information on an application form (even if unintentional).

You shouldn't cancel any existing cover until your application is accepted by our insurer. Once your cover has been transferred, you must cancel your other policy and not enact a reinstatement or exercise a continuation option.

Your transferred cover will not begin unless there is sufficient money in your account to pay the first premium when it is due.

The maximum amount of cover you can transfer is a fortnightly benefit payment amount of \$6,923.08 (\$180,000 pa) and the maximum time you can be covered for is five years even if you were covered for longer on your previous policy.

If the waiting and benefit payment periods on your other insurance are different from the ones on your Team Super account, you'll receive the next longest waiting period and the next shortest benefit period.

HOW DO I MAKE A CLAIM?

We have a dedicated claims team to assist you through the claims process. We'll provide you with a dedicated claims officer who will work with you and our insurer throughout your claim.

If you need to make a claim, you can call us on 13 64 63. It's important that if you believe you might be eligible for a benefit, you lodge your claim as soon as possible.

To make the claims process easier for you, we'll ask our insurer to contact you by phone to talk to you about your claim. This means less forms for you to complete! Of course, if you'd still like to complete a form, we can send one to you.

What if I'm overseas and claiming a TPD or Terminal Illness Benefit?

If you make a claim our insurer can ask you to return to Australia at your expense so your claim can be properly assessed.

Claim type	What is it?	How is it paid?	How do I access the benefit?
Death	Lump sum payment.	To your Team Super account.	As your benefit is paid to your super account, it forms part of your death benefit which is then paid to your dependants or estate.
Terminal Illness (TI)	Lump sum payment.	To your Team Super account.	To receive your benefit you must also meet a 'condition of release' under super law. Once you meet one of these conditions, you can access your benefit. In most circumstances if you're paid a TI or TPD benefit you'll also meet a condition of release.
Total and Permanent Disablement (TPD)	Lump sum payment.	To your Team Super account.	
Income Protection (IP)	Fortnightly payments.	Your fortnightly benefit is paid to your bank account and the super contribution is paid to your Team Super account. No payment is paid for your Waiting Period. Your payments are paid in arrears and the first payment is two weeks after your waiting period ends.	We've arranged for the insurer to pay the benefits directly to you. We only allow access to the insured component of your account if you suffer temporary incapacity.

What if I'm overseas and either on claim or wanting to claim an Income Protection benefit?

If you're overseas when you submit a claim, the maximum benefit period is nine months while you're overseas. If you return to Australia benefits will continue for the rest of your benefit period or until you're able to work again.

If you make a claim our insurer can, if it's reasonable, ask you to return to Australia or another country acceptable to our insurer at your expense for assessment of your claim.

Do I get any of my premiums back?	Special considerations	Can I claim more than one type of benefit at a time?	Where can I find more information?
Premiums will be refunded back to the date you died.	Nominate your beneficiaries and have a say in who receives your benefit when you pass away. Go to teamsuper.com/nominate	No, as all insurance cover stops at the time you die.	Call us on 13 64 63 or read our What happens to super when a person dies? factsheet at teamsuper.com/resources
Premiums will be refunded back to the date you were certified as terminally ill by two doctors.	None.	You can claim a TPD or TI benefit along with an IP benefit. You can't claim both a TI and TPD benefit.	
If you're certified as totally and permanently disabled by us and your Date of Disablement is on or after 1 April 2017, we'll refund your premiums back to the day of your Date of Disablement. If your Date of Disablement is prior to 1 April 2017 your premiums will be refunded to 1 April 2017.	You need to be off work for three months before you're able to receive a TPD benefit unless you're suffering from one of the 'defined' TPD conditions. Go to page 23 for more information.	If you're paid a TPD benefit, your death and TI cover will reduce by the amount of TPD benefit paid to you. If you have the same amount of DTI and TPD, your cover will stop.	Call us on 13 64 63 or for more information on the conditions of release, read our When can I access my super? factsheet at teamsuper.com/resources
If you're certified as totally and permanently disabled by us and your Date of Disablement is on or after 1 April 2017, we'll refund your IP premiums back to the day of your Date of Disablement. If your Date of Disablement is prior to 1 April 2017 your premiums will be refunded to 1 April 2017. Your IP insurance will then stop.	There are various factors assessed at the time you make a claim.	You can claim IP alongside TPD or TI.	Call us on 13 64 63 or for more information on the conditions of release, read our When can I access my super? factsheet at teamsuper.com/resources

YOUR OCCUPATION GROUP

The cost of your insurance depends on the type of insurance you have and your circumstances, including the amount of your cover, your salary, your age, your gender, if you smoke and the Occupation Group you have. There are five Occupation Groups.

We won't give you an Occupation Group until you tell us one and your Occupation Group will show as 'undeclared'. 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. Go to page 31 for information about the cost of cover.

To tell us your Occupation Group give us a call on 13 64 63 or fill out a **Change my insurance** form, which you can find at teamsuper.com/resources

Professional

You work in a predominantly office based sedentary occupation for over 80% of your total work time and earn more than \$80,000 pa, excluding employer super contributions, so long as you're not defined as 'mining'.

White collar

You work in a predominantly office based sedentary occupation for over 80% of your total work time and earn \$80,000 pa or less, excluding employer super contributions, so long as you're not defined as 'mining'.

For the Professional and White collar Occupation Groups, it's important to select the Occupation Group that reflects your circumstances. We will record your Occupation Group according to what you tell us.

Light manual

You perform light manual work for more than 20% of your total work time and spend less than 5% of your work time in an underground mine, so long as you're not defined as 'heavy manual' or 'mining'. This Occupation Group includes duties such as carpenter, electrician, plumber and factory production manager.

Heavy manual

You perform heavy manual work or work in an open-cut mine for more than 20% of your total work time and spend less than 5% of your work time in an underground mine, so long as you're not defined as 'mining'. This Occupation Group includes duties such as bricklayer, roof carpenter and truck, forklift or bulldozer driver.

Open cut miners are classified as Heavy Manual, not Mining.

Mining

You perform light or heavy manual work in an underground mine for more than 5% of your total work time or work in any other high risk occupation agreed between the insurer and Team Super.

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 DEFINITIONS AND MEANINGS

Death and Terminal Illness, Total and Permanent Disablement

General definitions

The following definitions are taken from our DTI and TPD Policy. Any capitalised terms that are not defined in this Insurance Guide have the meaning given to that term in the DTI and TPD Policy.

Accident (applies to Interim Accident Cover only)

means an Injury caused wholly by violent, accidental, external and visible means.

Active Service

means an Insured Member's occupation as part of the military force when involved in War, (including without limitation the Defence Force Reserve, the army, the navy, the air force or the like). Reserve duty is excluded.

Date of Disablement

means the later of the following dates:

- (a) the date the Insured Member suffers from the Illness or Injury that is the principal cause of the Insured Member's Total and Permanent Disablement; and
- (b) the date the Insured Member ceases all work due to the Illness or Injury that is the principal cause of the Insured Member's Total and Permanent Disablement.

The Date of Disablement must occur while the Insured Member is covered under the Policy.

Diagnostic and Statistical Manual of Mental Disorders (DSM)

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, the Insurer will use another manual as agreed between us and the Insurer which is similar to it for the determination as determined by the Royal Australian and New Zealand College of Psychiatrists.

Domestic Duties

means the tasks performed by a person whose sole occupation is to maintain their family Home. These tasks include unassisted cleaning of the Home, cooking of meals for their family, doing their family's laundry, shopping for their family's food and taking care of dependent children (where applicable). It does not include duties performed outside the person's Home for salary, reward or profit.

Employer Contribution

means any contribution for the benefit of the Member by an Employer that we determine consistent with our administrative business rules to treat as within this definition.

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;
 - (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 the Insurer;

(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).

Gainful Employment / Gainfully Employed

means employed or Self-employed for gain or reward, or in the expectation of gain or reward, such as salary, wages, business income, bonuses, commissions, fees or gratuities, in return for personal exertion.

Illness

means a sickness or disease suffered by an Insured Member as confirmed by a Medical Practitioner.

Injury

means a bodily injury suffered by the Insured Member.

Interim Accident Cover

means cover that is provided pursuant to clause 22.9 of the Policy, whilst an Application for Voluntary Cover is being assessed for the Insurer Underwriting Requirements.

Interim Cover Benefit

means the amount the Insurer will pay under clause 22.9 of the Policy and will be the lesser of:

- (a) \$500,000;
- (b) the amount of Insured Cover the Eligible Person has applied for; and
- (c) the difference between the amount of Insured Cover the Eligible Person has applied for and any existing Insured Cover which is to be replaced.

Limited Cover

means an Insured Member is covered only with respect to claims arising from:

- (a) an Illness which first became apparent; or
- (b) an Injury which first occurred,

on or after the date the Insured Member's cover commenced, recommenced, or was reinstated or the date cover was increased (for the increased portion of cover).

Medical Practitioner

means, unless the Insurer agree otherwise, a medical practitioner legally qualified and registered with the Australian Health Practitioner Regulation Agency (AHPRA) to practice in Australia, but shall not include chiropractors, physiotherapists, psychologists or alternative health providers.

The Medical Practitioner cannot be the Insured Member, or their:

- (a) spouse or partner with whom they are in a de facto relationship;
- (b) parent, child, sibling or other;
- (c) close family relative;
- (d) business partner, associate, employer or employee; or
- (e) fellow shareholder or unit holder of the Insured Member in a company or trust that is not a publicly listed company or trust.

Occupational Group

means the Occupation Group that is applied to an Insured Member's occupation in accordance with the criteria set out below:

- (a) 'mining' - perform light manual or heavy manual work and required to work in an underground mine for more than 5% of total work time; or work in any other occupation which we and the Insurer agree to insure as a high risk occupation.
- (b) 'heavy manual' - perform heavy manual work or work in an open-cut mine for more than 20% of total work time and spend less than 5% of work time in an underground mine. The Insured Member's occupation must not be in 'mining' as defined above. The types of duties involved in the following occupation may fit this Occupation Group: bricklayer, roof carpenter, truck driver, forklift driver, bulldozer driver.

- (c) 'light manual' - perform light manual work for more than 20% of total work time and spend less than 5% of work time in an underground mine so long as the Insured Member's occupation is not defined as 'heavy manual' or 'mining' above. The types of duties involved in the following occupations may fit within this Occupation Group: carpenter, electrician, plumber, factory production manager.

This definition will be applied to an Insured Member where we are advised that they have retired from the workforce.

- (d) 'white collar' - work in a predominantly office based sedentary occupation for over 80% of total work time, so long as they are not defined as 'mining' as defined above.
- (e) 'professional' - work in a predominantly office based sedentary occupation for over 80% of total work time and earn more than \$80,000 per annum, so long as they are not defined as 'mining' as defined above.

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
- (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, the Insurer will use another scale similar to it for the determination of the claim as determined by the relevant medical body.

Psychiatrist

means unless the Insurer agree otherwise, a Medical Practitioner legally qualified and currently registered to practice in Australia as a practicing psychiatrist and registered with the Australian Health Practitioner Regulation Agency (AHPRA).

Self-employed

means an Insured Member that we:

- (a) determine is self-employed; and
- (b) provide written confirmation to the Insurer that they are self-employed.

Specialist Medical Practitioner

means a Medical Practitioner who has a fellowship qualification with a specialist college accredited by the Australian Medical Council (AMC) and is currently practising in a field of speciality practice other than general practice. The speciality practice must be related to the Illness or Injury that the claim is for.

Specific Illness

means one or more of the following as defined in clause 33 of the Policy:

- (a) Alzheimer's Disease
- (b) Blindness
- (c) Cardiomyopathy
- (d) Chronic Lung Disease/Chronic Lung Failure
- (e) Dementia
- (f) Loss of Hearing
- (g) Loss of Speech
- (h) Loss of use of Limbs
- (i) Major Head Trauma
- (j) Motor Neurone Disease
- (k) Multiple Sclerosis
- (l) Muscular Dystrophy
- (m) Parkinson's Disease
- (n) Primary Pulmonary Hypertension
- (o) Severe Rheumatoid Arthritis

Terminal Illness / Terminally Ill

means:

- (a) two Medical Practitioners have, separately or jointly, certified in writing that the Insured Member suffers from an Illness, or has incurred an Injury, that is highly likely to result in their 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 registered Medical Practitioners is a Specialist Medical Practitioner practicing in an area related to the Illness or Injury suffered by the Insured Member;
- (c) each of the certificates referred to in clause (a) are completed while the Insured Member has death cover in force under the Policy;
- (d) the certification period for each of the certificates has not expired at the time the claim is lodged; and
- (e) the Insurer is satisfied that on other medical evidence, that despite reasonable medical treatment, the Illness or Injury is likely to result in the Insured Member's death within 24 months of the date of the certifications.

Terminal Illness Benefit

means, the lesser of:

- (a) the Insured Member's Death Benefit as at the last date of certification by a Medical Practitioner in accordance with part (a) of the definition of Terminal Illness; and
- (b) the Maximum Benefit Level for Terminal Illness.

Total and Permanent Disablement / Totally and Permanently Disabled

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) satisfies one of the following Parts of the Total and Permanent Disablement definition, which apply to an Insured Member as follows:
 - (a) **Part A:** applies if the Insured Member immediately prior to the Date of Disablement:
 - (i) is Gainfully Employed (or on Employer Approved Leave); or
 - (ii) has undertaken Gainful Employment in the last 16 months prior to the Date of Disablement;
 - (b) **Part B:** applies if neither Part A or Part C apply; or
 - (c) **Part C:** applies if the Insured Member:
 - (i) had cover for Total and Permanent Disablement commence before 1 July 2014 which remained in force continuously to the Date of Disablement; and
 - (ii) has been diagnosed suffering a condition caused by, arising from or related to CWP.

Part A - unlikely to ever do a suited occupation:

The Insured Member:

- (a) has suffered a Specific Illness; or
- (b) solely because of an Illness or Injury, has been continuously unable to return to Gainful Employment from the Date of Disablement for a period of at least 90 consecutive days; and
- (c) 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:
 - (i) 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
 - (ii) any rehabilitation that has been undertaken or could reasonably be expected to be undertaken within a reasonable period by the Insured Member.

Part B – 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:

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

- (a) the Insured Member has 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 the Insurer's opinion the Insured Member is 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) the Insured Member's mental health condition has been diagnosed by a Specialist Medical Practitioner using criteria outlined in the DSM;
 - (ii) the mental health condition has caused the Insured Member to be absent from Gainful Employment for 12 consecutive months from the Date of Disablement;
 - (iii) the Insured Member has been under the regular ongoing and appropriate care of a Psychiatrist for at least 12 months (unless the Insurer agree to a shorter period) who considers that the Insured Member has exhausted all reasonable and appropriate treatment options, and
 - (iv) the Insured Member has been assessed by a Psychiatrist, approved by the 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 the Insurer, to be a Severe Cognitive Impairment and the Insured Member, solely because of that Illness, has been absent from Gainful Employment for 12 consecutive months from the Date of Disablement (unless the Insurer agrees otherwise).

Part C: unlikely ever to be able to engage in an own occupation

The Insured Member as a result of an Illness or Injury, has been absent from all work for 90 consecutive days from the Date of Disablement and the Insurer consider, on the basis of medical and other evidence satisfactory to the Insurer, the Insured Member is unlikely ever to be able to engage in any other Occupation, where Occupation means:

- (a) for a mining industry employee, professional or senior management, the person's occupation based on the general area of expertise of the person; otherwise

- (b) an occupation that the person can perform on a full time or part time basis, based on the skills and knowledge the person has acquired through previous education, training or experience.

Notes

- (a) Mining industry employee means the member has been working within the Australian mining industry (including mining other than coal mining) as:
 - (i) an employee with at least 5 consecutive years' service; or
 - (ii) an apprentice with at least 4 years' service out of the last 5 years; or
 - (iii) an employee with at least 5 years' service out of the last 8 years.
- (b) Professional means a person who:
 - (i) has a university degree;
 - (ii) belongs, or is eligible to belong, to a professional body;
 - (iii) earns a salary greater than \$60,000 per annum; and
 - (iv) only works in an office environment and in a sedentary capacity.
- (c) Senior management means a person who:
 - (i) is part of the senior management of an employer;
 - (ii) earns a salary greater than \$60,000 per annum.

In forming the Insurer's opinion in relation to Part A or Part B 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 form 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.

Total and Permanent Disablement Benefit

means, where the Insured Member has:

- (a) Basic Cover, the value of the number of units of Total and Permanent Disablement cover allocated to the Insured Member's Account as at the Date of Disablement based on the Insured Member's age as at the Date of Disablement;
- (b) Voluntary Cover, the amount of Voluntary Cover for Total and Permanent Disablement allocated to the Insured Member's Account at the Date of Disablement; and
- (c) Defined Benefit Cover, the amount of Total and Permanent Disablement cover determined for the Insured Member by us as at the Date of Disablement.

Transferred Cover

means existing cover the Insured Member applies to transfer from a Previous Policy to the Policy.

Underwriting / Underwritten

means the process the Insurer undertake to assess an Eligible Person's Application for Insured Cover including obtaining and considering Information concerning their medical, health and employment status and such other information as the Insurer, in their reasonable discretion, require.

War

means any act of war (whether declared or not), revolution, invasion, rebellion or civil unrest.

Medical definitions

Alzheimer's Disease

means the unequivocal diagnosis of Alzheimer's Disease by an appropriate Specialist Medical Practitioner. The diagnosis must confirm dementia due to permanent failure of brain function with cognitive impairment for which no other recognisable cause has been identified.

A Mini-Mental State Examination (a screening test of cognitive function) score of 24 or less out of 30 or evidence from another neuropsychometric test that is acceptable to the Insurer is required.

Blindness

means the permanent and irrecoverable loss of sight (whether aided or unaided) in both eyes as a result of an 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 reduced to 20 degrees or less of arc.

Cardiomyopathy

means a myocardial disorder characterised by structural, functional and/or electrophysiological dysfunction of the heart muscle, resulting in significant permanent and irreversible cardiac impairment to the degree of at least Class III of the New York Heart Association functional classification of cardiac impairment.

Chronic Lung Disease / Chronic Lung Failure

means end-stage lung disease with a consistent pulmonary function test result of either:

- (a) Forced Expiratory Volume in the First Second (FEV1) less than 60% predicted; or
- (b) a Diffusing Capacity of Lung for Carbon Monoxide (DLCO) less than 60% predicted;

and the Insured Member is on permanent oxygen therapy.

Dementia

means the unequivocal diagnosis of dementia by a Specialist Medical Practitioner. The diagnosis must confirm dementia due to permanent failure of the brain function with consistent cognitive decline for which no other recognisable cause has been identified.

A Mini-Mental State Examination (a screening test of cognitive function score of 24 or less out of 30 or evidence from another neuropsychometric test that is acceptable to the Insurer is required.

Loss of Hearing

means the irrecoverable profound loss of all hearing in both ears, resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500, 1000 and 3000 hertz, both natural and assisted, as a result of an Illness or Injury. The condition must be diagnosed by an appropriate Specialist Medical Practitioner.

Loss of Speech

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 an Illness or Injury.

Loss of use of Limbs

means the total and irrecoverable loss of use of two or more Limbs.

Limb means an arm, leg, hand or foot. In respect of this definition, the hand or foot starts from the wrist or ankle joint, respectively. This includes the following conditions;

- (a) Diplegia;
- (b) Hemiplegia;
- (c) Paraplegia;
- (d) Quadriplegia; and
- (e) Tetraplegia.

Major Head Trauma

means Accidental head Injury resulting in permanent neurological deficit causing:

- (a) permanent Whole Person Impairment of at least 25% where Whole Person Impairment means the calculation based on the latest edition adopted in Australia of the American Medical Association publication titled 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; or
- (b) the Insured Member being total and permanently unable to perform any one of the activities of daily living where activities of daily living are:
 - (i) Bathing - the ability to shower and bathe;
 - (ii) Dressing - the ability to put on and take off clothing;
 - (iii) Toileting - the ability to get on and off and use the toilet;
 - (iv) Mobility - the ability to get in and out of bed and a chair; and
 - (v) Feeding - the ability to get food from a plate into the mouth.

Motor Neurone Disease

means the unequivocal diagnosis of a progressive form of debilitating motor neurone disease by an appropriate Specialist Medical Practitioner.

The diagnosis must be supported by ancillary testing (e.g. clinical neurophysiology) and exclusion of other causes by imaging and appropriate investigations.

Multiple Sclerosis (with persisting neurological abnormalities)

means a disease characterised by demyelination in the brain and/or spinal cord. Multiple Sclerosis must be unequivocally diagnosed by an appropriate Specialist Medical Practitioner. There must be more than one episode of well defined attack resulting in persisting neurological abnormalities or progressive worsening of neurologic function.

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 by a Specialist Medical Practitioner. The diagnosis must be supported by appropriate clinical investigations including genetic test, muscle biopsy or electromyography.

Parkinson's Disease

means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease by an appropriate Specialist Medical Practitioner, caused by degeneration of the nigrostriatal system and as characterised by the clinical manifestation of bradykinesia in combination with at least one of the following:

- (a) rigidity; or
- (b) rest tremor

The condition must have interfered with daily life despite maximum evidence-based medical therapy.

All other types of Parkinsonism are excluded (e.g. secondary due to medication).

Primary Pulmonary Hypertension

means idiopathic pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in permanent impairment to the degree of the New York Heart Association functional Class III or above. The condition must be diagnosed by an appropriate Specialist Medical Practitioner.

Severe Rheumatoid Arthritis

means diagnosis of severe rheumatoid arthritis causing:

- (a) permanent Whole Person Impairment of at least 25% where Whole Person Impairment means the calculation based on the latest edition of the American Medical Association publication titled 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; or

- (b) have evidence of all the following:
 - (i) typical rheumatoid joint deformity;
 - (ii) simultaneous bilateral and symmetrical soft tissue joint swelling or fluid (not bony overgrowth alone) in the upper and lower limbs; and
 - (iii) erosions seen on x-ray imaging in two or more joints or the presence of either a positive rheumatoid factor or anti-citrullinated protein antibodies.

The diagnosis must be confirmed by appropriate radiology and blood tests and the condition must have failed to respond to all treatment regimens including, but not limited to, conventional and targeted synthetic disease modifying drugs and biological agents.

Income Protection insurance

General definitions

The following definitions are taken from our IP Policy. Any capitalised terms that are not defined in this Insurance Guide have the meaning given to that term in the IP Policy.

Active Employment

means an Eligible Person:

- (a) is:
 - (i) Gainfully Employed and working at the relevant time and not on leave – they are actively performing all the usual duties of their Usual Occupation, working their usual hours free from any limitation due to an Illness or Injury;
 - (ii) Gainfully Employed and not working at the relevant time for reasons other than due to an Illness or Injury or is on leave approved by their Employer – they are capable of actively performing all the usual duties of their Usual Occupation and capable of working their usual hours free from any limitation due to an Illness or Injury;
 - (iii) engaged exclusively in Domestic Duties at the relevant time – they are actively performing all their unpaid Domestic Duties free from any limitation due to an Illness or Injury; or
 - (iv) unemployed at the relevant time for reasons other than due to an Illness or Injury – they are capable of actively performing all the usual duties of their Usual Occupation and capable of working their usual hours free from any limitation due to an Illness or Injury; and

(b) is not in receipt of and/or entitled to claim income support benefits from any source including but not limited to workers' compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits).

Any One Event

means all insured losses which arise directly from the same cause and which occur during the same period of time and in the same area. Such cause is understood to be the peril which directly occasions the losses or where there are several perils which, in an unbroken chain of causation, have occasioned the losses, the peril which triggered the chain of causation.

For example, as long as they are covered by the Policy, losses occasioned by the perils set out below at letters (a) to (g) shall constitute single events:

- (a)** storm due to an atmospheric disturbance usually so designated by a meteorological institute,
- (b)** hail and/or thunderstorms and/or tornadoes due to an atmospheric disturbance,
- (c)** earthquake, tsunami, volcanic eruption,
- (d)** flood by one and the same instance of high water which may have more than one peak and which may occur in one or more bodies of water,
- (e)** conflagration,
- (f)** strike, riot, civil commotion or violent demonstration occurring within the boundaries of one city, town or village,
- (g)** any communicable disease arising from a single source or pathogen.

The following hours clause is then applied. An event shall thus encompass a continuous period of time starting with the occurrence of the Fund's first individual loss and lasting:

- (i)** 72 hours for perils mentioned under (a), (b), (e) and (f),
- (ii)** 168 hours for perils mentioned under (c) and (d) as well as those perils not referred to above but covered by the Policy,
- (iii)** 504 hours for perils mentioned under (g).

In the case of differing perils which are not connected to each other by an unbroken chain of causation, the applicable number of hours corresponds to those of the peril which has caused the largest amount of damages.

In the case of more than one event, if it is impossible to allocate any losses, the Fund shall allocate them to the event whose cause is most likely to have occasioned them.

In case of uncertainty over scientific issues, the parties agree to seek expert advice from a neutral and recognised organisation.

Benefit

means either a:

- (a)** Total Disability benefit payable under clause 21.1 of the Policy; or
- (b)** Partial Disability benefit payable under clause 21.2 of the Policy.

Benefit Period

means the period which represents the maximum duration for which the Insurer will pay a Total Disability or Partial Disability Benefit for an individual Insured Member.

Available Benefit Periods are specified in the Policy Schedule.

Contractor

means an Eligible Person is providing services for an Employer under a contract, having salary paid in respect of them.

Date of Disablement

means the later of the following dates:

- (a)** the date the Insured Member suffers from the Illness or Injury that is the principal cause of the Insured Member's Total Disability or Partial Disability; and
- (b)** the date the Insured Member ceases all work due to the Illness or Injury that is the principal cause of the Insured Member's Total Disability or Partial Disability

The Date of Disablement must occur while the Insured Member is covered under the Policy.

Deemed Fortnightly Income

means the total of any Salary received by the Insured Member in the period that a Partial Disability benefit is payable or which, though not actually received during that period, can be reasonably apportioned to them for that period.

Disability

means either of:

- (a)** Total Disability; or
- (b)** Partial Disability.

Division

means the specifically defined division of the Fund to which the Eligible Person belongs because of the manner in which they have joined the Fund and includes the Employer Division and the Personal Division.

Employer

means an employer (including any related body corporate of that employer, as that term is defined under the Corporations Act 2001 (Cth) who engages a natural person under a contract of employment or who engages a Contractor.

Fortnightly Insured Salary

means 1/26th of the Insured Member's Insured Salary.

Illness

means a sickness or disease suffered by an Insured Member as confirmed by a Medical Practitioner.

Industry Employer

means an Employer who;

- (a) makes or agrees to make Employer superannuation contributions to the Fund in respect of a Member; and
- (b) is in or provides employees for the coal, mining or associated industries (but excludes an 'employer' under the Coal Industry Superannuation Act 1989 (WA)) that we determine and advise the Insurer is an Industry Employer.

Injury

means a bodily injury suffered by the Insured Member.

In the circumstance where the Insured Member's condition is in the Insurer's opinion considered as both an Injury and an Illness, this condition will be considered an Injury.

Medical Practitioner

means, unless the Insurer agrees otherwise:

- (a) a medical practitioner legally qualified and registered to practice in Australia; or
- (b) if the claimed condition is a psychiatric condition it is to be diagnosed in accordance with the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) by, a person who is legally qualified and registered as a practicing psychiatrist by the relevant medical registration boards and/ or the Specialist Recognition Advisory Committee coordinated through the Australian Health Practitioner Health Regulation Agency;

but shall not include chiropractors, physiotherapists, psychologists or alternative health providers.

The Medical Practitioner cannot be the Insured Member, or their:

- (i) spouse or partner with whom they are in a de facto relationship;
- (ii) parent, child, sibling or other;
- (iii) close family relative;
- (iv) business partner, associate, employer or employee; or
- (v) fellow shareholder or unit holder of the Insured Member in a company or trust that is not a publicly listed company or trust.

Occupational Group

means the Occupation Group and occupational description specified on page 21 of this document.

Occupational Loading Factor

means an applicable loading factor as specified in Table Two of the Policy or page 34 of this document, which is used to determine the cost of the Insured Member's cover.

Other Disability Income

means, subject to paragraphs (d) and (e) of this definition, any amount paid or payable in connection with, or arising out of, the Illness or Injury causing the Insured Member's Total Disability or Partial Disability which they may receive or be entitled to receive during a month a Benefit is payable (whether by lump sum, periodic payment or otherwise) including but not limited to:

- (a) any amount paid or payable:
 - (i) under another Income Protection insurance policy, salary continuance insurance policy, loan protection insurance policy, or similar policy, in any jurisdiction;
 - (ii) under any workers' compensation, motor accident compensation, statutory compensation or similar scheme, however named, in any jurisdiction or other similar state, federal, territory or extraterritorial legislation;
 - (iii) under common law or under state, federal, territory or extraterritorial legislation unless excluded under (d) or (e) below;
 - (iv) as employer-funded sick leave, annual leave, long service leave, personal leave or any other employer-paid leave in any jurisdiction (except if the sick leave entitlements must be requested by the Insured Member to be paid and they have not requested the payment for the relevant period);

- (b) any out of court settlement sum, or any award of money sum by a court, tribunal, arbitrator or government body in any jurisdiction;
- (c) whether an amount under paragraph (a) of this definition is:
 - (i) a lump sum, a periodic payment, a combination of a lump sum and a periodic payment, or otherwise; or
 - (ii) in the nature of a capital payment or income payment (as those terms are understood having regard to normal accounting standards and practice),
 has no bearing on whether that amount is Other Disability Income or otherwise;
- (d) note that Other Disability Income does not include:
 - (i) an amount paid or payable under this Policy or Deemed Fortnightly Income;
 - (ii) Centrelink, Department of Veterans Affairs, or any equivalent or replacement agencies;
 - (iii) a total and permanent disability benefit, a trauma benefit, terminal illness benefit or similar benefits; or
 - (iv) a pension or annuity paid from a superannuation fund other than a disability pension,
 whether a lump sum, a periodic payment, a combination of a lump sum and a periodic payment, or otherwise;
- (e) in addition to the amounts, benefits and payments excluded under paragraph (d), the Insurer will not consider any portion of an amount paid or payable to the Insured Member to be an Other Payment, if the Insured Member establishes to the Insurer's reasonable satisfaction, that it represents or covers compensation for or payment in respect of:
 - (i) pain and suffering;
 - (ii) the loss of a part, or the use of a part of the body to the extent that such compensation is not income or capital (as those terms are understood having regard to normal accounting standards and practice);
 - (iii) medical expenses; or
 - (iv) reasonable legal expenses,
 and, for clarity, to the extent that the Insured Member cannot establish to the Insurer's satisfaction, acting reasonably, that any portion of an amount paid or payable to them represents compensation for or payment in respect of those items set out in (i) to (iv) above, the entirety of that amount will be deemed to be an Other Disability Income; and
- (f) where an Other Disability Income is in the form of a lump sum or is commuted to a lump sum, unless we and the Insurer agree otherwise, the monthly Benefit

will be reduced by an amount equal to one sixtieth (1/60) of the lump sum over a period of sixty months or the remainder of the Benefit Period, whichever is the less.

Partial Disability

means, as a result of an Illness or Injury, an Insured Member:

- (a) is unable to perform at least one Income Producing Duty necessary to generate income in their Usual Occupation;
- (b) is under the regular care of, and acting in accordance with, instructions or professional advice of a Medical Practitioner; and
- (c) is not earning or is not capable of earning a Deemed Fortnightly Income more than their Pre-disability Fortnightly Income.

Participating Employer

means an Employer who makes or agrees to make Employer superannuation contributions to the Fund in respect of a Member but excludes an "employer" under the Coal Industry Superannuation Act 1989 (WA).

Personal Division

means the segment of the Fund in which Members who are not Members of the Employer Division are eligible to become Members.

Pre-disability Fortnightly Income

means 1/26th of the Insured Member's Salary averaged over the 12 months immediately prior to the Date of Disablement (including any amount of nil Salary for periods where the Insured Member is unemployed).

However, if an Insured Member has become employed by an Industry Employer and has been employed with that Employer for a period of less than 12 months before the Date of Disablement, then the average will be taken over the period from the date they commenced employment to the Date of Disablement.

If the Insured Member is on Unpaid Leave at the Date of Disablement, Pre-disability Fortnightly Income will be calculated based on the 12 month period immediately before the Insured Member went on Unpaid Leave.

Pregnancy or Childbirth

means normal and uncomplicated pregnancy or childbirth, 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.

Professional Sporting Activities

means any sporting activity where the Insured Member earns more than 50% (including any sponsorship they receive) of their annual gross income from that activity. This includes, but not limited to, registered players, coaches and non-playing officials.

Salary

means:

- (a)** if an Insured Member is an employee, the total remuneration earned by the Insured Member including:
 - (i)** salary, wages, director's fees, allowances, packaged fringe benefits, pre-tax superannuation contributions; plus
 - (ii)** commissions, bonuses and overtime payments; and
- (b)** if the Insured Member is Self-Employed, Salary also includes the Insured Member's share of the net profit and/or net loss of the business, whether the income is paid to them or not. This income from the Insured Member's business:
 - (i)** is calculated after the deduction of expenses necessarily incurred or normally required in producing that income but before the deduction of tax;
 - (ii)** where the business income, expenses, profits or losses are accounted for in multiple business entities and/or structures, the Insurer will have to consider all these entities in determining the Insured Member's Salary; and
 - (iii)** where income is split with or paid to a family member who is not involved in the generation of that income, the Insurer will allocate that income (minus remuneration expenses commensurate with the role of the family member) to the Insured Member.

Salary does not include passive investment earnings, such as rental earnings or interest received.

In the case of an Insured Member who was in multiple roles (and to whom a combination of the above applies), the elements of the Insured Member's Salary will be taken together.

Statutory Benefit

means a weekly benefit payment to an Insured Member as compensation for lost earnings or earning potential from a relevant Workers' Compensation Insurer or Authority or as a result of a transport accident.

Total Disability

means that as a result of an Illness or Injury, an Insured Member is:

- (a)** prevented from engaging in their Usual Occupation;
- (b)** under the regular care of, and acting in accordance with, the instructions or professional advice of a Medical Practitioner;
- (c)** not working in any occupation, whether or not for gain or reward, including the expectation of gain or reward.

Transfer Date

means the date the Sub-plan is established in the Employer Division.

Usual Occupation

means in the case of an Insured Member who:

- (a)** is employed, the role of the Insured Member in their employment with an employer, or employers as applicable;
- (b)** is Self-employed, the role the Insured Member usually performs in their trade, business or profession or employment;
- (c)** is not in Gainful Employment, the Usual Occupation of the Insured Member immediately before they ceased to be in Gainful Employment.

If the Insured Member has multiple roles, is employed or Self-employed on a part-time basis or to whom a combination of these situations applies, these elements of the Insured Member's Usual Occupation are taken together.

Waiting Period

means the period that must expire before payment of a Total Disability or Partial Disability benefit under the Policy commences for an individual Insured Member.

Available Waiting Periods are specified in the Policy Schedule.

War

means any act of war (whether declared or not), revolution, invasion, rebellion or civil unrest.

PREMIUM RATES

Under the terms of our insurance, the premiums rates we charge you can change in line with the terms of the policy. If the change is material, we'll let you know in writing at least 30 days before the changes take effect. The premium rates disclosed in this document include an insurance administration fee of 6.8% that is retained by Team Super for managing DTI and TPD insurance on behalf of members. This includes claims management, online tools and managing the policies with the Insurer.

Basic Cover

Monthly cost of insurance for males

Age	Amount of cover		Monthly cost males					
	DTI	TPD	Undeclared	Professional	White Collar	Light Manual	Heavy Manual	Mining
15-24	\$50,000	\$50,000	\$10.41	\$2.79	\$3.20	\$6.07	\$7.63	\$10.41
25-29	\$100,000	\$100,000	\$19.68	\$5.28	\$6.03	\$11.46	\$14.40	\$19.68
30-34	\$100,000	\$100,000	\$52.64	\$14.10	\$16.16	\$30.68	\$38.54	\$52.64
35-39	\$100,000	\$100,000	\$54.76	\$14.67	\$16.82	\$31.92	\$40.09	\$54.76
40-44	\$100,000	\$100,000	\$64.37	\$17.24	\$19.78	\$37.50	\$47.11	\$64.37
45-49	\$100,000	\$100,000	\$70.66	\$18.93	\$21.72	\$41.19	\$51.75	\$70.66
50-54	\$80,000	\$80,000	\$60.40	\$16.18	\$18.56	\$35.20	\$44.22	\$60.40
55-59	\$60,000	\$45,000	\$43.26	\$11.61	\$13.32	\$25.24	\$31.63	\$43.26
60	\$50,000	\$25,000	\$30.52	\$8.24	\$9.44	\$17.83	\$22.28	\$30.52
61	\$50,000	\$20,000	\$27.98	\$7.57	\$8.67	\$16.36	\$20.41	\$27.98
62	\$50,000	\$15,000	\$25.44	\$6.90	\$7.90	\$14.89	\$18.54	\$25.44
63	\$50,000	\$10,000	\$22.90	\$6.23	\$7.13	\$13.42	\$16.67	\$22.90
64	\$50,000	\$5,000	\$20.36	\$5.56	\$6.36	\$11.95	\$14.80	\$20.36
65	Nil	Nil	n/a	n/a	n/a	n/a	n/a	n/a

Monthly cost of insurance for females

Age	Amount of cover		Monthly cost females					
	DTI	TPD	Undeclared	Professional	White Collar	Light Manual	Heavy Manual	Mining
15-24	\$50,000	\$50,000	\$9.43	\$2.22	\$2.46	\$5.09	\$5.90	\$9.43
25-29	\$100,000	\$100,000	\$17.81	\$4.18	\$4.65	\$9.60	\$11.15	\$17.81
30-34	\$100,000	\$100,000	\$47.66	\$11.19	\$12.43	\$25.70	\$29.84	\$47.66
35-39	\$100,000	\$100,000	\$49.57	\$11.65	\$12.94	\$26.74	\$31.05	\$49.57
40-44	\$100,000	\$100,000	\$58.29	\$13.68	\$15.21	\$31.41	\$36.49	\$58.29
45-49	\$100,000	\$100,000	\$63.99	\$15.03	\$16.70	\$34.49	\$40.07	\$63.99
50-54	\$80,000	\$80,000	\$54.69	\$12.85	\$14.26	\$29.49	\$34.25	\$54.69
55-59	\$60,000	\$45,000	\$39.15	\$9.21	\$10.21	\$21.13	\$24.53	\$39.15
60	\$50,000	\$25,000	\$27.60	\$6.52	\$7.20	\$14.91	\$17.32	\$27.60
61	\$50,000	\$20,000	\$25.30	\$5.98	\$6.60	\$13.68	\$15.88	\$25.30
62	\$50,000	\$15,000	\$22.99	\$5.45	\$6.00	\$12.44	\$14.44	\$22.99
63	\$50,000	\$10,000	\$20.69	\$4.91	\$5.40	\$11.21	\$13.01	\$20.69
64	\$50,000	\$5,000	\$18.38	\$4.38	\$4.80	\$9.97	\$11.57	\$18.38
65	Nil	Nil	n/a	n/a	n/a	n/a	n/a	n/a

Voluntary Cover

To work out the annual cost of your Voluntary Cover, follow these steps.

Step 1: Choose a cover amount.

Step 2: Divide this by \$10,000.

Step 3: Times this by the premium rate which is the rate for you from the table on page 33 (if you want both DTI and TPD add the amounts together).

Step 4: Times this by the Occupation Loading Factor that relates to you.

Occupation Loading Factors

Occupation Group	Male		Female	
	Smoker	Non-Smoker	Smoker	Non-Smoker
Professional	1.05	0.85	0.80	0.65
White Collar	1.20	1.00	0.90	0.75
Light Manual	1.70	1.40	1.25	1.05
Heavy Manual	2.50	2.05	1.95	1.60
Mining	3.00	2.50	2.35	1.95

Annual cost of insurance

Age	Voluntary DTI and TPD insurance rates per \$10,000 pa	
	DTI	TPD
15	7.155	0.934
16	8.364	1.456
17	9.900	1.556
18	10.040	1.578
19	9.330	1.512
20	8.364	1.589
21	7.701	1.533
22	7.003	1.345
23	6.584	1.456
24	6.444	1.589
25	6.189	1.856
26	5.898	1.689
27	6.748	1.334
28	6.329	1.856
29	6.444	2.156
30	6.584	2.601
31	7.155	2.768
32	7.562	3.246
33	8.120	3.412
34	8.667	3.445
35	8.934	4.179
36	9.493	4.346
37	10.040	4.968
38	10.854	5.858
39	11.959	6.368
40	13.052	7.436
41	14.286	8.369
42	15.391	9.425

Age	Voluntary DTI and TPD insurance rates per \$10,000 pa	
	DTI	TPD
43	16.764	10.802
44	17.857	12.581
45	19.522	13.826
46	21.150	15.637
47	23.070	17.749
48	25.420	20.472
49	28.165	23.351
50	30.911	26.796
51	34.075	29.986
52	37.379	33.598
53	40.951	37.810
54	45.069	42.623
55	50.001	47.924
56	55.108	55.059
57	60.866	63.373
58	66.241	70.241
59	72.826	76.932
60	80.388	84.122
61	88.484	91.892
62	97.559	101.294
63	109.378	113.453
64	122.280	128.490
65	138.102	148.262
66	156.785	171.168
67	178.621	198.764
68	204.727	232.217
69	235.370	270.539
70	n/a	n/a

Income Protection insurance

To work out the monthly cost of your IP insurance, follow these steps.

Occupation Loading Factors

Occupation Group	Factor
Professional	0.85
White Collar	1.00
Light Manual	1.60
Heavy Manual	3.20
Mining	3.20

Step 1: Your gross salary (before-tax salary) earned over the previous 12 months x 84.5%. This includes a super contribution paid to your Team Super account (calculated using the compulsory super contribution rate current at the date of your disablement), with the remaining amount paid to you directly.

Step 2: Divide this by \$1,000.

Step 3: Times by the premium rate relevant to you from the table below.

Step 4: Times this by the Occupation Loading Factor relevant to you. If your Occupation Group is showing as 'undeclared', you'll need to times this by 3.20.

Step 5: Times this by the waiting period factor relevant to you.

- 14 days: 2.0
- 30 days: 1.5
- 60 days: 1.0
- 90 days: 0.9
- 120 days: 0.8
- Up to two years: 1.0

Step 6: Times this by the Benefit Period factor relevant to you.

- 2 years: 1.0
- 5 years: 1.8

Step 7: Times this by the smoking factor of 1.2 if applicable.

Monthly Income Protection insurance premiums per \$1,000 of cover

Age	Male	Female
15-23	0.147	0.196
24-28	0.147	0.208
29	0.160	0.233
30-31	0.172	0.241
32	0.176	0.241
33	0.196	0.278
34	0.208	0.282
35	0.216	0.306
36	0.241	0.335
37	0.241	0.339
38	0.266	0.372
39	0.278	0.388
40	0.306	0.429
41	0.323	0.449
42	0.339	0.478
43	0.367	0.515
44	0.384	0.527
45	0.404	0.572
46	0.441	0.617

Age	Male	Female
47	0.478	0.666
48	0.511	0.711
49	0.555	0.784
50	0.608	0.854
51	0.661	0.918
52	0.711	0.996
53	0.784	1.090
54	0.849	1.184
55	0.915	1.278
56	0.996	1.400
57	1.090	1.527
58	1.205	1.686
59	1.327	1.854
60	1.466	2.050
61	1.596	2.238
62	1.657	2.323
63	1.290	1.809
64-69	0.576	0.808
70	n/a	n/a

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