



Personal Superannuation Service

Insurance Guide

Date prepared: 27 June 2023

This Insurance Guide is issued by the Trustee.

Trustee: Equity Trustees Superannuation Limited
ABN 50 055 641 757; RSE Licence No. L0001458;
Australian Financial Services Licence (AFSL) No. 229757.
Address: GPO Box 2307, Melbourne, VIC 3001.
Phone: (03) 8623 5000, Fax: (03) 8623 5200.

Fund: AMG Super
ABN 30 099 320 583; RSE Registration No. R1001006

Contact details: Freedom of Choice Client Services
Address: PO Box 3528, Tingalpa DC QLD 4173
Phone: 1800 806 013, Fax (07) 3899 7299
Email: enquiries@freedomofchoice.com.au;
Website: www.freedomofchoice.com.au

Unique Superannuation Identifier:
Freedom of Choice Personal Superannuation Service - ETS0003AU

The information in this document forms part of the Product Disclosure Statement of the Freedom of Choice Personal Superannuation Service and Personal Retirement Service dated **27 June 2023**

Introduction

This Insurance Guide (Guide) is issued by Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL 229757, RSE License L0001458, (the Trustee) as Trustee of AMG Super ABN 30 099 320 583, RSE Registration No R1001006 (the Fund) of which the Freedom of Choice Personal Superannuation & Personal Retirement Service (the Service) is a part. Where the words 'we', 'us' and 'our' appear they refer to the Trustee.

The Freedom of Choice Personal Superannuation Service & Personal Retirement Service Product Disclosure Statement (PDS) is made up of the documents listed below:

- » The Freedom of Choice Personal Superannuation Service & Personal Retirement Service PDS;
- » The Freedom of Choice Personal Superannuation Service & Personal Retirement Service Reference Guide (Reference Guide);
- » The Freedom of Choice Insurance Guide (this Guide); and
- » A Freedom of Choice Additional Insurance Guide (Additional Insurance Guide), if applicable to you.

This Guide, the PDS, the Reference Guide and (if applicable) Additional Insurance Guide contain some general information about the Service and are not intended to be relied on for the purpose of making an investment decision or other decisions pertinent to your investment in the Fund. It has been prepared without taking account of the objectives, financial situation and needs of any particular person. You should also consider obtaining professional advice before making decisions regarding your investment in the Fund, to determine if they are appropriate to your needs. Please read the relevant PDS and target market determinations relating to the Fund available at www.freedomofchoice.com.au or contact Client Services for a copy.

Acclaim Management Group Limited (ABN 52 091 082 058, AFSL 305604) (Administrator) is the Administrator and Promoter of the Service.

Insurance cover available through the Service is provided under a group insurance policy taken out by the Trustee with AIA Australia Limited (ABN 79 004 837 861, AFSL 230043) (the Insurer, AIA Australia). Alternative insurance may also be available.

The Trustee does not guarantee the payment of an insured benefit or the performance of the Insurer. Neither the Trustee, the Fund, the Administrator, any appointed investment managers, nor any related entity guarantee the performance of the Service, nor any return of capital.

Monies invested in the Service do not represent investments in, or liabilities of, the Trustee or any related entity. You should be aware that investments in the Service carry risks, including possible delays in repayment and loss of income and principal invested. An outline of some of the risks is contained in the PDS and the Reference Guide.

How to get up to date information

The information in this Guide is up-to-date at the date it was prepared. Some of the information in this Guide may change from time to time and may not be up-to-date at the time you receive it. If a change is made to information that is not materially adverse information, the Guide may not be updated. Instead, any updated information will be published on the Freedom of Choice website www.freedomofchoice.com.au or you may obtain a paper or electronic copy free of charge by calling Client Services on 1800 806 013.

Client Services

Member and Adviser administration enquiries

PO Box 3528
Tingalpa DC QLD 4173

Phone: 1800 806 013 Australia-wide
Fax: (07) 3899 7299

Website

www.freedomofchoice.com.au

Email address

enquiries@freedomofchoice.com.au

Contents

Insurance cover available through Freedom of Choice Personal Superannuation Service	4
Insurance through Freedom of Choice	4
Individual insurance through Freedom of Choice with an alternative Insurer (External Insurance)	4
Benefits available	4
Death cover (including terminal illness)	5
Total and Permanent Disablement (TPD) cover	5
Income Protection (IP) cover	8
Applying for insurance cover	10
When does insurance cover start?	11
When does insurance cover cease?	11
Reinstating your insurance cover	12
Employer approved leave	12
Changing your cover	12
Cost of insurance cover	13
Other important insurance information	19
General Information	20
Making a claim on your insurance	20

Insurance cover available through Freedom of Choice Personal Superannuation Service

Warning: Insurance is only available to Freedom of Choice Personal Superannuation Service account holders.

Most people don't think twice about insuring their car, home and valuables. But if your ability to work is your major source of income, insuring your life or taking out protection against sickness or injury means you are protecting yourself and your family against the unexpected. The need for insurance cover is important, however it may also not be appropriate for everyone. The Trustee strongly suggests you get advice tailored to your individual circumstances from an appropriately qualified adviser.

If you are a member of the Freedom of Choice Employer Superannuation Service with insurance cover it will be automatically transferred to Freedom of Choice Personal Superannuation Service on termination of employment (provided you remain eligible and cover has not ceased for some other reason). Special terms and conditions apply as set out in the Freedom of Choice Employer Superannuation Service PDS (and Insurance Guide) and as notified to you on termination of employment.

Insurance through Freedom of Choice

To help you receive competitive insurance rates and terms and conditions, the Fund makes available insurance to Service account holders through a group policy. The cover under this group policy (the Policy) is provided by AIA Australia. This section summarises the terms and conditions applicable to the insurance including some key definitions which must be satisfied to receive an insurance benefit. It is important to be aware of the limitations which could affect insurance. The Policy is the basis for determining any benefits or procedures. A copy of the Policy may be requested, at no cost, by contacting the Administrator. It is also important to be aware that Government laws can also affect insurance.

Important information about insurance:

This document does not contain full details of the insurance contract between the Trustee and its Insurer and only offers a

general guide to the insurance offered to Freedom of Choice Personal Superannuation Service members. The insurance is provided under a contract between the Trustee and the Insurer. If there is any conflict between this document and the insurance contract with the Insurer, to the extent permitted by law, the insurance contract will prevail.

Individual insurance through Freedom of Choice with an alternative Insurer (External Insurance)

Alternatively, you may select to establish an individual insurance policy through one of the Fund's approved external retail insurers. Information about external retail insurers whose individual insurance policies can be acquired through the Service can be found at www.freedomofchoice.com.au. Under this option, the Trustee will be the owner of the policy which allows the insurance fees applicable under the policy (i.e. insurance premiums) to be paid through your account. All external insurance policies are subject to Trustee approval. **If insurance through an external retail insurer applies to you, the information about insurance in this Insurance Guide does not apply. Your insurance cover will be subject to the terms and conditions of the insurance policy issued by the alternative insurer. Please note that this arrangement needs to be organised through a qualified adviser. You should read the product disclosure statement for an individual insurance policy before deciding to acquire it.**

Benefits available

The types of insurance covers available through Freedom of Choice on application to the Insurer are:

- » **Death cover** - If you are an insured member and die or suffer a terminal illness, a lump sum will be paid.
- » **Total and Permanent Disablement (TPD) cover** - provides for a lump sum benefit to be paid if you become permanently disabled while you are an insured member.
- » **Income Protection (IP) cover** - provides a monthly benefit paid if you are temporarily disabled while you are an insured member.

Eligibility for cover and maximum available cover is outlined below. TPD cover is only available with Death cover. For information about when cover commences, see further below.

	Death Cover	TPD Cover	IP Cover
Maximum Cover	Unlimited for death \$3,000,000 for terminal illness	\$3,000,000 ¹	\$30,000 per month
Eligibility criteria	» You are aged between 15 and 70 » You are an Australian Resident » Subject to acceptance by Insurer	» You are aged between 15 and 70 » You are an Australian Resident » Subject to acceptance by Insurer	» You are aged between 15 and 65 » You are an Australian Resident » You are engaged by your employer under a contract of employment as a Permanent Employee, Contractor with an initial fixed term of at least 12 months, or partner (if your employer is a partnership). » You are working more than 15 hours per week » Subject to acceptance by Insurer

Note: if you are under 25, or have an account balance of less than \$6,000, you can only be provided with cover if you make an election to take out cover, notwithstanding your age or the size of your account balance.

¹ Any fixed amount of cover is subject to TPD tapering described earlier which results in the amount of any TPD cover reducing after age 61.

Australian Resident means you are an Australian citizen or a person who is legally permitted to reside in and be gainfully employed in Australia. It also includes New Zealand citizens who are residing and working in Australia.

Death cover (including terminal illness)

If you die or suffer a terminal illness while an insured member, a lump sum insurance benefit will be paid in addition to any superannuation accumulated in your account.

If you die, a Death benefit will be paid to your beneficiaries or your estate. In the event of your death, your legal representative, spouse or relative should notify the Administrator as soon as possible. The Administrator will forward a Benefit Payment Advice which must be completed and returned with supporting documentation, e.g. death certificate and proof of age. If there is an insured benefit, the Administrator will lodge this claim with the Insurer.

If you suffer a terminal illness while you are an insured member, a terminal illness benefit will be paid by the Insurer to the Trustee. The Trustee can only release this lump sum payment to you if it is received from the Insurer and you satisfy criteria for terminal illness payments contained in superannuation law or meet another condition of release. If a terminal illness benefit is paid by the Insurer it will be considered as a prepayment of an insured member's Death benefit.

Terminal illness means:

- a. 2 registered Doctors have certified, jointly or separately, and approved by the Insurer, that you suffer from an Illness, or have incurred an Injury, that is highly likely to result in your death within a period (the certification period) that ends no more than 24 months after the date of the certification regardless of any treatment that may be undertaken, and
- b. at least 1 of the Doctors is a specialist practising in an area related to the Illness or Injury you suffered, and
- c. for each of the certificates, the certification period has not ended and is supported by test results.

(Please note that the conditions for payment of a Terminal Illness benefit under the insurance policy may be different to those relating to the payment of a terminal illness benefit from the Fund to you).

A Terminal Illness benefit will be the lesser of your insurance cover for Death or \$3,000,000. An insured member may only

ever receive one terminal illness benefit.

Note: Terminal Illness benefits (including insured benefits, if any) which satisfy criteria in superannuation and taxation legislation can be paid tax free. Any insured Terminal Illness benefits will only become payable if a claim is accepted by the Insurer.

Who will receive a death benefit?

Refer to the Reference Guide for information about who will receive a Death benefit. Payment of death benefits may depend on whether you have made a *non-binding nomination* or a valid and effective *binding nomination*.

Death Cover Exclusions

The Insurer will not pay an insurance benefit in some circumstances which give rise to a Death Cover claim. Exclusions include:

- a. An act of War, or
- b. Participation in a criminal act, or
- c. Any additional exclusion that came into effect through underwriting or when taking over existing cover, or
- d. Suicide, attempt at suicide or intentional self-inflicted harm, within 13 months from the date the cover was accepted.

Total and Permanent Disablement (TPD) cover

If you suffer total and permanent disablement (TPD) while an insured member, a lump sum insurance benefit will be paid to you in addition to any superannuation accumulated in your account. The Trustee can only release this lump sum payment if it is received from the Insurer and the Trustee is satisfied you meet a condition of release in superannuation law. You should supply written notice to the Trustee of any claim or potential claim as soon as reasonably possible.

The insurance benefit is only payable if you satisfy the TPD definition in the Policy. Different Part of the TPD definition apply in different circumstances. Other defined terms are also relevant. A summary of the definition is outlined below, however for full details please refer to the Policy which is available on request.

Definition of TPD

Under the Insurer's TPD definition, to be considered totally and permanently disabled you must satisfy a Part of the TPD definition that applies to you as described below.

Refer to the Glossary for an explanation of defined terms used in the TPD Definition.

Where you:

- a. Are a *Permanent Employee* or *Contractor* on the *Date of Disablement*, and
- b. Have been working on average for a minimum of 15 hours in a normal working week in the 6 months immediately prior to the *Date of Disablement* (or where you have been employed for less than 6 months, over your period of employment),

you are considered to be *Totally and Permanently Disabled* if you satisfy either Part 1, Part 2, Part 3, Part 4, Part 5 or Part 6 below.

Where you do not satisfy (a) and (b) above, you are considered to be *Totally and Permanently Disabled* if you satisfy either Part 3, Part 4, Part 5 or Part 6 below.

If you are suffering from 1 or more of the *Immediate Assessment Conditions* and all claim requirements have been received by the Insurer, the 3-month waiting period that applies to Part 1, Part 4, Part 5 and Part 6 is waived and assessment commences immediately.

Part 1 - Unlikely to Return to Work	<p>You, solely as the result of <i>Injury or Illness</i>:</p> <ul style="list-style-type: none">a. Are absent from your occupation and unable to do any work for a period of 3 consecutive months solely as the result of <i>Injury or Illness</i>, andb. Are regularly attending a <i>Doctor</i> and have undergone all medical treatment reasonably recommended by a <i>Doctor</i> with respect to the <i>Injury or Illness</i> since ceasing work in your occupation, andc. At the end of the initial 3 consecutive months, are so severely disabled due to your ill-health (whether physical or mental) that in the Insurer's opinion:<ul style="list-style-type: none">i. You are unable to resume your previous occupation at any time in the future, andii. You are unlikely ever at any time in the future to engage in <i>Gainful Employment</i> for which they are reasonably suited by education, training or experience.
Part 2 - Permanent Impairment	<p>You, solely as the result of <i>Injury or Illness</i>:</p> <ul style="list-style-type: none">a. Suffer a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment 4th Edition', or the equivalent guide to the evaluation of impairment approved by the Insurer, andb. Are so severely disabled due to your ill-health (whether physical or mental) that in the Insurer's opinion you are unlikely ever at any time in the future to engage in <i>Gainful Employment</i> for which you are reasonably suited by education, training or experience.
Part 3 - Loss of Use of	<p>You, solely as the result of <i>Injury or Illness</i>:</p> <ul style="list-style-type: none">a. Suffer the total, permanent and irrecoverable <i>Loss Of Use Of</i>:<ul style="list-style-type: none">i. 2 limbs, orii. The sight of both eyes, oriii. 1 limb and the sight of 1 eye, andb. Are so severely disabled due to your ill-health (whether physical or mental) that in the Insurer's opinion you are unlikely ever at any time in the future to engage in <i>Gainful Employment</i> for which you are reasonably suited by education, training or experience.
Part 4 - Cognitive Loss	<p>You, solely as the result of <i>Injury or Illness</i>:</p> <ul style="list-style-type: none">a. Are first diagnosed with <i>Cognitive Loss</i>, andb. Are under the continuous care and supervision of another adult for a period of 3 consecutive months, andc. At the end of the 3 consecutive months, are so severely disabled due to your ill-health (whether physical or mental) that in the Insurer's opinion:<ul style="list-style-type: none">i. You are likely to require permanent ongoing continuous care and supervision by another adult, andii. You are unlikely ever at any time in the future to engage in <i>Gainful Employment</i> for which you are reasonably suited by education, training or experience.

Part 5 - Daily Functioning Activities	<p>You, solely as the result of <i>Injury or Illness</i>:</p> <ol style="list-style-type: none"> Are totally and irreversibly prevented from performing 2 of the <i>Daily Functioning Activities</i> without assistance from another adult, aid or adaptation, for a period of 3 consecutive months, and Are regularly attending a Doctor and have undergone all medical treatment reasonably recommended by a Doctor with respect to the <i>Injury or Illness</i>, and At the end of the initial 3 consecutive months, are so severely disabled due to your ill-health (whether physical or mental) that in the Insurer's opinion: <ol style="list-style-type: none"> You are unlikely ever at any time in the future to be able to perform at least 2 of the <i>Daily Functioning Activities</i> without the assistance of another adult, aid or adaptation, and You are unlikely ever at any time in the future to engage in <i>Gainful Employment</i> for which you are reasonably suited by education, training or experience.
Part 6 - Domestic Activities	<p>You, solely as the result of <i>Injury or Illness</i>:</p> <ol style="list-style-type: none"> Are totally and irreversibly prevented from performing all of the <i>Normal Physical Domestic Activities</i> without assistance from another adult, aid or adaptation, for a period of 3 consecutive months, and Are regularly attending a Doctor and have undergone all medical treatment reasonably recommended by a Doctor with respect to the <i>Injury or Illness</i>, and At the end of the initial 3 consecutive months, are so severely disabled due to your ill-health (whether physical or mental) that in the Insurer's opinion: <ol style="list-style-type: none"> You are unlikely ever at any time in the future to be able to perform all of the <i>Normal Physical Domestic Activities</i> without the assistance of another adult, aid or adaptation, and You are unlikely ever at any time in the future to engage in <i>Gainful Employment</i> for which you are reasonably suited by education, training or experience.

Glossary

Casual Employee means you are engaged in employment of a temporary nature where:

- Continuity of employment is not guaranteed by your employer, regardless of hours worked on the period of employment, and
- You are not entitled to annual leave or sick leave.

Cognitive Loss means a total and permanent deterioration or loss of intellectual capacity.

Contractor means you are engaged in employment for a fixed term by your employer under a contract that requires you to perform identifiable duties for a regular number of hours each week.

Daily Functioning Activities means:

- Walking - you cannot walk more than 200 metres on a level surface without stopping due to breathlessness, angina or severe pain elsewhere in the body,
- Rising/Sitting - you are unable to rise and sit using a raised chair with arms without the help of another person,
- Dexterity - you are unable to write legibly with a pen or pencil or use a keyboard with either hand,
- Communication - you cannot:
 - Clearly hear (with a hearing aid or other aid if normally used) conversational speech in a quiet room in their first language, or
 - Understand simple messages in their first language, or
 - Speak with sufficient clarity to be clearly understood in their first language,

- Eyesight - your visual ability is reduced to the extent that functional abilities are affected and independent functioning without physical assistance from another person in a workplace is impossible, even with the use of assistive devices.

Date of Disablement means the earlier of the date:

- The 3 consecutive months absence from work began that results in *Total and Permanent Disablement Part 1* (Unlikely to Return to Work). However, if you undertake a formalised graded return to work which fails within 12 months, the Insurer will take the *Date of Disablement* as being the date on you first ceased work, or
- The permanent impairment began that results *Total and Permanent Disablement Part 2* (Permanent Impairment), or
- You suffered the *Loss Of Use Of* the sight in both eyes, or the *Loss Of Use Of* both limbs, or the *Loss Of Use Of* both the sight in 1 eye and 1 limb, that results in *Total and Permanent Disablement Part 3* (Loss of Use of), or
- You suffered the *Loss Of Use Of* the sight of another eye or the *Loss Of Use Of* another limb, having already suffered the *Loss Of Use Of* the sight of an eye or the *Loss Of Use Of* a limb, that results in *Total and Permanent Disablement Part 3* (Loss of Use of), or
- The *Cognitive Loss* was first diagnosed that results in *Total and Permanent Disablement Part 4* (Cognitive Loss), or
- The 3 consecutive months inability to perform at least 2 of the *Daily Functioning Activities* began that results in *Total and Permanent Disablement Part 5* (Daily Functioning Activities), or

- g. The 3 consecutive months inability to perform Normal Physical Domestic Activities began that results in Total and Permanent Disablement Part 6 (Domestic Activities).

Doctor means a registered medical practitioner who is legally qualified and registered to practice in Australia or New Zealand other than you, or your parent, child, sibling, partner, business partner, associate or employee.

Gainful Employment means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment. It includes occupations of a lower status or that may not pay as much income as your previous occupation, and occupations that are part-time.

Illness means a sickness, disease or disorder.

Injury means physical damage to the body caused solely and directly by accidental, external and visible means and which is not an *Illness*.

Immediate Assessment Condition means any of the following: Cardiomyopathy, Chronic Lung Disease, Dementia and Alzheimer's Disease, Diplegia, Hemiplegia, Loss of Hearing, Loss of Speech, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Parkinson's Disease, Primary Pulmonary Hypertension, Quadriplegia, Severe Burns, Severe Rheumatoid Arthritis, Total Blindness. The waiver of the waiting period is at the Insurer's absolute discretion and they may choose to vary the immediate assessment conditions at any time.

Loss Of Use Of means:

- a. The permanent loss of sight, whether aided or unaided due to Injury or Illness to the extent that the visual acuity is 6/60 or less in both eyes, or to the extent that visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist, or
- b. The loss of the use of a leg from at or above the ankle, or an arm from at or above the wrist, which is permanent.

Normal Physical Domestic Activities means:

- a. Cleaning the family home (such as using a vacuum cleaner, sweeping with a broom, using a mop, cleaning dishes automatic or manually), and
- b. Shopping for food or household items (such as attending shops or using the phone or internet to purchase food or household items for the family), and
- c. Meal preparation and laundry for the family (such as preparing fresh or frozen food, using an oven, stove or microwave oven), loading and unloading a washing machine and hanging out clothes or using a dryer, folding clothes and ironing), and
- d. Looking after dependent children under the age of 16 years or in full-time secondary education, where applicable (such as supervising, lifting, transporting, feeding and bathing, or providing full-time care for an invalid member your immediate family), and
- e. Leaving the house without the assistance of another person.

Permanent Employee means you are employed on a permanent basis under an ongoing contract that:

- a. Requires you to perform identifiable duties for a regular number of hours each week, and

- b. Allows you to accrue annual leave, sick leave, leave loading and long service leave, and
- c. You are not employed as a *Casual Employee* or as a *Contractor*.

TPD Cover Exclusions

The Insurer will not pay an insurance benefit in some circumstances which give rise to a TPD claim. Exclusions include:

- a. An act of War, or
- b. Participation in a criminal act, or
- c. Any additional exclusion that came into effect through underwriting or when taking over existing cover, or
- d. Intentional self-inflicted harm or attempt at suicide.

TPD Cover Tapering

Any amount of TPD cover that you hold based on a fixed amount will reduce automatically (i.e. TPD tapering) each year as shown in the table below. It will reduce by 10% each year from your 61st birthday, until cover ceases when you turn 70:

Age Next Birthday	TPD Tapering Factor (as a % of corresponding Death cover)
62	90%
63	80%
64	70%
65	60%
66	50%
67	40%
68	30%
69	20%
70	10%

Claiming a TPD Benefit

Upon notification to the Administrator of a claim for a TPD benefit, a Benefit Payment Advice will be forwarded to you. This form should be completed and returned with supporting documentation, e.g. medical evidence and proof of age, to the Administrator who will lodge the claim with the Insurer (where appropriate).

If the claim is admitted by the Insurer and Trustee as a TPD benefit, the benefit payment will be made in accordance with the relevant law and the trust deed.

By completing the relevant Insurance Application, you agree to the Trustee and Insurer collecting, using, storing and disclosing personal information about you in accordance with their respective privacy statements. The Insurer's privacy policy can be accessed at www.aia.com.au/en/privacy-statement/privacy-statement.

Important notes

Acceptance of an insurance claim by the Insurer does not automatically mean that insured benefits can be paid from the Fund to a member. Insured benefits can only be paid by the Trustee if permissible under the trust deed and superannuation law. Please refer to the Reference Guide for further information.

Income Protection (IP) cover

IP cover is available subject to underwriting and acceptance by the Insurer. The maximum benefit is limited to 85% of your pre-disability income (where 75% is to replace your

salary and the additional 10% is for employer superannuation contributions, as defined in the Policy), subject to a maximum benefit of \$30,000 per month. **Important Note:** The maximum benefit is based on your salary at the date of claim. If, after commencement of IP cover, your employment status changes from permanent employment (working more than 15 hours per week) to casual in the event of a claim the Insurer will average your salary over the previous 12 months to determine your actual monthly IP benefit. If your salary has decreased, your insured benefit will also decrease and the amount payable will be based on your salary at the time of your claim (i.e. not the salary you had when you applied for cover). Please notify the Administrator in writing should your salary decrease.

A benefit will be payable monthly in arrears if you are suffering a Total or Partial Disability, and your claim is accepted by the Insurer. Cover is subject to the provisions of the Policy issued by the Insurer.

Benefit period

Members can elect the benefit payment period from the following options:

- » 2 years
- » 5 years
- » To age 65.

The maximum benefit period for a claim from any one cause (or related cause) is the total of the remaining months to the conclusion of the applicable benefit payment period.

Waiting period

The waiting period is the length of time between when you are Totally or Partially Disabled and when benefits start being paid, provided this date is after cover has started. Members can elect the waiting period from the following options:

- » 30 days
- » 60 days
- » 90 days.

A benefit is only payable when you are Totally Disabled for at least the waiting period or in respect of Partial disability, you are Totally disabled for 7 out of 12 consecutive days within the waiting period and then capable of returning to partial employment.

If you return to work at full capacity during the waiting period and this return to work proves unsuccessful due to the same or a related Injury or Illness causing your Total Disability, the original waiting period will continue provided the number of days you returned to work is no more than 10% of the Waiting Period. For example, if the waiting period is 30 days then you may return to work for a total of 3 days. In these circumstances, the Insurer will not extend the waiting period by the number of days you unsuccessfully returned to work.

Total Disability benefit

The monthly benefit will be paid if the Insurer is satisfied you are Totally Disabled for longer than the waiting period and while cover is still in force. The monthly benefit starts to accrue from the day after the end of the waiting period.

Total Disability means because of an injury or illness you are:

- a. Unable to perform at least 1 income producing duty of your occupation, and
- b. Under the regular care and following the advice of a Doctor, and

- c. Not working in any occupation, whether for reward or not for reward.

An 'income producing duty' is a duty of your occupation that generates at least 20% of your Pre-Disability Income.

The benefit will only be reduced by any *Other Disability Income* if:

- a. The monthly benefit, plus
- b. Any *Other Disability Income*, exceeds 75% of *Pre-Disability Income*.

If the benefit is payable for less than a whole month, the daily amount of this benefit will be equal to 1/30th of the monthly benefit for *Total Disability*.

The monthly benefit is payable monthly in arrears and stops at the earliest of the following conditions:

- » The end of the benefit period applicable to you
- » When you reach the maximum insurable age (age 65);
- » You die;
- » You cease to be an Australian resident;
- » You fail to provide any information that is required to assess the claim;
- » You are no longer Totally Disabled or Partially Disabled.
- » You are no longer under the regular care of and following the advice of a doctor

The monthly benefit may also cease where you refuse to undergo or continue a rehabilitation or return to work program as reasonably required.

Partial Disability benefit

A Partial Disability benefit will be paid where an insured member meets the partial disability definition below:

Partial Disability means because of an *Injury* or *Illness* you have suffered *Total Disability* continuously for a period of at least 7 days out of 12 consecutive days and:

- a. Have ceased to suffer *Total Disability*, and
- b. Have resumed partial employment or, in the Insurer's opinion, are deemed capable of returning to partial employment duties, and
- c. As a result of the *Injury* or *Illness* that caused your *Total Disability* have received, or could in the Insurer's opinion receive, a *Post-Disability Income* that is less than your *Monthly Income*, and
- d. You are under the continuous and regular care of a *Doctor* undergoing the appropriate treatment.

No Partial Disability benefit is accrued or payable until the waiting period has ended.

The Partial Disability benefit is calculated as follows, subject to a maximum benefit of \$30,000 per month:

$$\frac{A - B \times C}{A}$$

where,

A - your Pre-disability monthly income,

B - your actual monthly income earned during the month of Partial Disability,

C - is your monthly benefit which would be otherwise payable if the you had suffered Total Disability.

The benefit will be reduced by any *Other Disability Income* if:

- i. The benefit payable for Partial Disability, plus
- ii. Any Other Disability Income (e.g. workers compensation), exceeds 100% of Pre-Disability Income.

Other Disability Income means any income, other than income from benefits under The Policy, which you may derive during a month for which a benefit under The Policy is being assessed, whether that income was actually received or not, and includes:

- a. Any other income derived as a result of incapacity under any other insurance policy, and
- b. Any benefit under any worker's compensation or other similar legislation, statutory accident compensation scheme or any settlement under common law, and
- c. Sick leave, but only where the sick leave amount is paid to you.

It does not include:

- i. Income earned from investments, or
- ii. Any lump sum total and permanent disablement benefit, lump sum superannuation benefit, lump sum trauma or terminal illness style of benefit, or
- iii. Annual leave or long service leave entitlements, or
- iv. Termination payments from your employer, or
- v. Centrelink payments.

Any Other Disability Income that is in the form of a lump sum, or is exchanged for a lump sum, has a monthly income equivalent of 1% of the lump sum for each month a disability benefit is paid. If it can be shown that a portion of the lump sum represents compensation for pain and suffering, or the loss of use of a part of the body, the Insurer will not take that portion into account as Other Disability Income. However, if pain and suffering cannot be isolated from loss of earnings, it has a monthly income equivalent of 1% of the lump sum for each month a disability benefit is paid.

If your entitlement to Other Disability Income is in dispute, at the Insurer's absolute discretion they may pay the full amount of the benefit due under The Policy on a conditional basis until the dispute is resolved. If they choose to pay, and you receive Other Disability Income, the Insurer may offset those payments received from future benefits or recover the amount of benefit they have paid which would have been offset.

Post-Disability Income means the amount of *Income* you have received during the month that a Partial Disability Benefit is paid. If you are suffering Partial Disability but have not received such income, in order to enable the Insurer to calculate the benefit, they will estimate your capacity to earn and substitute an amount for partial earnings.

Pre-Disability Income means 1/12th of your annual *Income* immediately prior to your date of Total Disability. This will not include any income, or portion of income, that continues while you are disabled.

Insurance fee waiver

Any insurance fee which falls due while you are receiving a Total or Partial Disability benefit will be waived.

Rehabilitation benefit

Whilst you are suffering Total or Partial disability, approved rehabilitation expenses, such as the cost of a rehabilitation course, device or course of treatment, may be paid by the

Insurer if they consider this likely to assist your return to work. The Insurer's prior approval is required in all cases before the cost is incurred.

The Trustee must also be satisfied that the payment is permissible under the Trust Deed and superannuation legislation.

Recurring disablement

If you become disabled by the same or related injury or illness within six months of the date your previous period of disability ceased, it will be treated by the insurer as a continuation of the earlier claim, and the waiting period will not apply. Both your cover and the Policy must still be in force. Benefits will be limited to the unexpired portion of the applicable benefit payment period.

Benefit indexation

Where you have a benefit period of more than 12 months and have been in receipt of a Total Disability benefit for twelve (12) continuous months, the Insurer will increase your monthly benefit from that date by the lesser of the annual CPI percentage increase or 5%.

Your monthly benefit will thereafter be increased at the end of each consecutive twelve (12) month period where a Total Disability benefit continues to be paid.

The maximum monthly benefit available under the insurance policy is \$30,000 per month, including benefit indexation.

Benefit indexation does not apply to Partial Disability benefits.

IP Cover Exclusions

No IP benefit will be payable when a claim arises directly or indirectly as a result of:

- a. An act of War, or
- b. Participation in a criminal act, or
- c. Intentional self-inflicted harm or attempt at suicide, or
- d. Normal and uncomplicated pregnancy, caesarean birth, threatened miscarriage, participating 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), where the continuous period of Total Disability is less than 90 consecutive days, or
- e. Any additional exclusion that came into effect through underwriting.

Applying for insurance cover

Applying for new insurance cover

Members who wish to apply for insurance benefits will need to complete the Insurance Cover Application Form available from www.freedomofchoice.com.au. New Insurance benefits are subject to underwriting, acceptance by the Insurer of the application relating to the member and payment of insurance fees, in accordance with the Policy terms and conditions.

Underwriting requirements

Set out below are the requirements for health evidence for Death, TPD and IP cover (based on amounts of cover requested) where medical underwriting is required.

Unless the Insurer has agreed otherwise, full underwriting will apply to all members who apply for insurance cover and the Insurer may apply exclusions, loadings or restrictions to insurance cover where applicable.

Evidence of Health	Death & TPD Amount (to age 44)	Death & TPD Amount (age 45+)	IP Monthly Amount
Personal Statement	Up to \$2,500,000	Up to \$1,500,000	Up to \$12,000
Personal Statement + A	n/a	\$1,500,001 - \$2,500,000	\$12,000 – \$15,000
Personal Statement + A + B	\$2,500,001 - \$3,500,000	\$2,500,001 - \$3,500,000	\$15,001 – \$20,000
Personal Statement + A + B + C	\$3,500,001 - \$5,000,000	\$3,500,001 - \$5,000,000	Over \$20,000
Personal Statement + A + B + C + D	Over \$5,000,000	Over \$5,000,000	n/a

A – Blood test (one sample): HIV, Hepatitis B & C Serology, Multiple Biochemical Analysis including Liver Function test, Renal Function test, Fasting Glucose test and Lipid profile.

B – GP Medical Exam

C – Personal Medical Attendants Report (PMAR)

D – Full Blood Count (FBC) and Exercise ECG

Applying for the transfer of existing cover under the Fund's policy

Where a member is insured under an external superannuation policy and are rolling over their entire superannuation benefit to the Service, they can apply to the Fund's Insurer to transfer the amount of their existing Death, TPD and IP insurance cover (Existing Cover) without underwriting subject to the below terms.

Members must however satisfy certain conditions to be eligible for the transfer of insurance cover. These conditions can be found on the Insurance Transfer form available at www.freedomofchoice.com.au.

If a member does not meet all of the conditions then no transfer of cover will be provided and any cover will be subject to underwriting and will commence on the date they are advised in writing. Any transferred cover, if accepted by the Insurer, becomes subject to the terms and conditions of the Fund's Policy.

When does insurance cover start?

Insurance cover will only commence on the date the Insurer accepts your application for insurance by formally notifying you in writing. The Insurer can accept or reject an application for cover at their discretion. This is subject to the receipt and assessment of requested medical evidence, other particulars and your acceptance of any special terms.

When does insurance cover cease?

Death and TPD insurance cover will cease when any of the following occurs:

- » You turn 70 years of age, or
- » The Administrator receives your request in writing to cancel your cover, or
- » You permanently reside overseas, or
- » You retire permanently from the workforce, or
- » You join the military forces of any country, except as a member of the Australian Defence Forces Reserve whilst performing duties within Australia, or
- » You cease to be an Australian Resident, or
- » You die, or
- » The Insurer admits a claim, unless they admit a claim for Terminal Illness and your death cover exceeds the Terminal Illness Benefit in which case you will continue to have death cover with the amount reduced by the Terminal Illness Benefit, or
- » You exercise your right to direct future contributions to another fund and transfer your entire account balance to that fund as a result of Choice of Fund legislation, or

- » There are insufficient funds in your account to meet the next Insurance fee that falls due, or
- » Unless you have made an election, at the end of the period for which insurance fees have already been paid upon your account becoming inactive, for 16 consecutive months as described below, or
- » If the Trustee is required to transfer your account balance out of the Fund as required by any government legislation.

Also, the Trustee is required by the Government to cease any insurance cover you hold if no amount (e.g. contributions or rollovers) has been received for you (i.e. your account is inactive) for 16 continuous months, unless an election has been received by the Administrator from you during that period to maintain your insurance.

Election means an election provided by you to maintain your insurance cover even if your account becomes inactive. A separate election is required for each continuous period of inactivity.

For more details on how to make an election to maintain insurance cover, please phone 1800 806 013.

Note: If you elect to take out or maintain cover, the costs of cover will be deducted from your account and may erode your balance in the Fund.

An election to maintain cover despite inactivity does not mean that cover cannot cease for some other reason. For example, if you make an election to maintain cover, but subsequently reach the maximum insurable age or the Insurer admits a benefit claim for you, your cover will cease.

The cessation of your Death and TPD insurance cover does not affect any cover for an insurable event that occurred in the past when your insurance cover was still active.

IP cover will cease when any of the following occurs:

- » You turn 65 years of age, or
- » The Administrator receives your request in writing to cancel your cover, or
- » You permanently reside overseas, or
- » You retire permanently from the workforce, or
- » You join the military forces of any country, except as a member of the Australian Defence Forces Reserve whilst performing duties within Australia, or
- » You cease to be an Australian Resident, or
- » You die, or
- » You exercise your right to direct future contributions to another fund and transfer your entire account balance to that fund as a result of Choice of Fund legislation, or
- » There are insufficient funds in your account to meet the next Insurance fee that falls due, or
- » Unless you have made an election, at the end of the period for which insurance fees have already been paid upon your account becoming inactive, for 16 consecutive months as described below, or

- » If the Trustee is required to transfer your account balance out of the Fund as required by any government legislation.

Also, the Trustee is required by the Government to cease any insurance cover you hold if no amount (e.g. contributions or rollovers) has been received for you (i.e. your account is inactive) for 16 continuous months, unless an Election is received by the Administrator from you during that period to maintain your insurance.

Note: If you elect to take out or maintain cover, the costs of cover will be deducted from your account and may erode your balance in the Fund.

An election to maintain cover despite inactivity does not mean that cover cannot cease for some other reason. For example, if you make an election to maintain cover, but subsequently reach the maximum insurable age or the Insurer admits a benefit claim for you, your cover will cease.

The cessation of your IP insurance cover does not affect any cover for an insurable event that occurred in the past when your insurance cover was still active.

Reinstating your insurance cover

If your Death and TPD or IP cover ceases due to your account being inactive for 16 consecutive months, you can have your cover reinstated from the date it ceased if all the following conditions are met:

- » You request for your cover to be reinstated within 60 calendar days of the date it ceased, and
- » You have a sufficient account balance to pay the insurance fees owed for your reinstated cover within 60 calendar days of the date it ceased, and
- » You have, at all times since your cover ceased, continued to meet the eligibility criteria for the ceased cover.
- » You have never been paid a total and permanent disablement benefit or terminal illness benefit from any superannuation fund or insurance policy, you've never sought medical advice for a condition that would entitle you to apply for or receive a total and permanent disablement benefit, and you've never been diagnosed with a terminal illness.

The same restrictions, conditions, exclusions or premium loadings that applied to your cover before it ceased will continue to apply to reinstated cover.

New Events Cover will apply to reinstated cover if you are not At Work on the date you apply for your cover to be reinstated until you have been in Active Employment for 30 consecutive days.

If your cover ceased due to any other reason or you do not meet the reinstatement conditions above, it can only be reinstated through applying for insurance cover and underwriting as specified in the 'Underwriting requirements' section above. Cover that is reinstated through underwriting commences from the date the Insurer accepts your application.

At Work means:

- You are actively performing all of the normal duties and normal hours of your regular occupation without restriction by any Injury or Illness, or
- If on employer approved leave (except leave caused by Injury or Illness), you are in the Insurer's opinion capable of actively performing all of the normal duties and normal hours of your regular occupation, without restriction by any Injury or Illness.

New Events Cover means the Insurer will only pay a benefit for an Injury or Illness if it first occurs on or after the date your cover commenced, recommenced or increased. An Injury or Illness is considered to have first occurred on the day you first sought medical advice for the Injury or Illness.

Active Employment means you are capable of performing all of the normal duties of your regular occupation, without restriction by any Injury or Illness, for at least 35 hours per week (whether or not you are actually working those hours).

Employer approved leave

Cover will continue in respect of a member on employer approved leave provided:

- » your insurance fees continue to be paid, and
- » cover does not cease for some other reason.

If you suffer total and permanent disablement within 24 months of the employer approved leave commencing, the parts of the total & permanent disablement definition that applied to you on the date your approved leave commenced will apply. After 24 months and until you have returned to work and are in active employment for 30 consecutive days, you must satisfy either Part 3, Part 4, Part 5, or Part 6 under the definition of total and permanent disablement.

For income protection cover, if you suffer total disability during a period of approved leave which is unpaid:

- Your monthly benefit accrues from the latter of:
 - The date that has been agreed and documented by your employer and yourself as the date you will be returning to their employment, and
 - The day after the waiting period has ended.
- The Insurer will use your monthly income on the day immediately before your approved leave commenced to calculate your Monthly Benefit.

Note: If you are on employer approved leave for a period exceeding 16 consecutive months and no contributions are being made to your super account you must make an election to maintain your insurance cover for it to continue. If you do not make this election then your insurance cover will cease after the first period of 16 months' inactivity.

Changing your cover

You can apply for additional cover (type or amount) by completing an 'Insurance Application Form' subject to eligibility criteria and normal underwriting requirements being met. Increased cover does not commence until your application is accepted by the Insurer and is subject to the payment of additional insurance fees.

You can cancel your cover at any time. The request must be in writing and sent to the Administrator at PO Box 3528, Tingalpa DC, QLD 4173. Cancellation is effective from the date the Insurer receives notice from the Trustee to cancel cover for you.

You can also reduce your cover by sending a request in writing to the Administrator at PO Box 3528, Tingalpa DC, QLD 4173.

If you do cancel or reduce your cover, reinstatement will require a personal application to the Insurer and will be subject to the provision of satisfactory health evidence.

Cost of insurance cover

Insurance fees are deducted monthly in arrears from your account either by deductions from your cash holdings or redemption of units. Units are sold from your portfolio in accordance with your investment profile. If there is insufficient money in your account, insurance cover will cease. If the Trustee doesn't receive an amount for you for 16 continuous months, cover may also cease. If you would like to make certain your insurance cover continues, you should ensure that you have sufficient funds in your account to meet the cost of that cover and regularly make contributions to the account. Whether the continuation of cover in the Fund is right for you depends on your personal circumstances. You should consider obtaining financial advice about this.

Death and TPD insurance fees

The annual insurance fee rates shown below are applicable to standard lives and white collar occupations (i.e. they are base rates). Members in other occupations may be subject to different rates depending on their occupational category and occupational insurance fees factors described in the table below. To calculate the cost of your cover, please refer to the 'Calculating your Death and TPD Insurance Fees' section below or contact the Administrator. Please note, the annual insurance fee rates do not include adviser remuneration that may be payable.

IP insurance fees

The tables below provide a guide to calculating the insurance

fees to be charged to your account for IP cover. The annual insurance fee rates shown are applicable to standard lives and white collar occupations (i.e. they are base rates). Members in other occupations may be subject to different rates depending on their occupational classification and occupational factors described further below. Different insurance fees apply depending on the waiting period and benefit payment period selected. The rates do not cover stamp duty which varies depending on the charges applied by each state or territory. Stamp duty applies, ranging from 5% to 11% (refer to Stamp Duty table below for more details). To calculate the cost of your cover, please refer to the 'Calculating your IP Insurance Fees' section below or contact the Administrator. Please note, the annual insurance fee rates do not include adviser remuneration that may be payable.

Occupational factors

Occupational Category	Death & TPD Factors	IP Factors
Professional	0.90	0.90
White Collar	1.00	1.00
Light Blue Collar	1.25	1.40
Blue Collar	1.75	2.20
Heavy Blue Collar	2.05	3.00

The occupational factors shown above are applied to the standard insurance fees rates to determine the insurance fees applicable to a member's insurance cover. An explanation of the occupational classifications appears below.

Occupational classifications

Class	Type of Occupation
Professional	Professional white-collar occupations where the worker holds a tertiary qualification relevant to their occupation and is a member of a professional institute and earns a gross income of at least \$100,000 per annum. They must be working in a sedentary capacity in an office environment with less than 20% of time spent outdoors. (e.g. solicitor, accountant and medical practitioner).
White Collar	Clerical, administration and managerial occupations involving office duties only. (e.g. office administrator, computer operator, bank clerk, consultant).
Light Blue Collar	Occupations mainly engaged in light manual duties in non-hazardous industries. This includes store workers, professionals with some fieldwork, persons who travel but do not deliver goods, and supervisors of manual work (e.g. retail and sales personnel, computer technicians, purchasing officer, coffee shop owner).
Blue Collar	Qualified tradespeople who perform a moderate amount of manual work (e.g. plumber, carpenter, nurse).
Heavy Blue Collar	Unskilled occupations performing manual work or skilled employees mainly performing heavy manual work (e.g. construction workers, factory workers, cleaners, labourers, delivery drivers, storemen, production workers and machine operators).
Excluded Occupations	<p>If you apply for cover whilst employed in one of the following hazardous or higher risk occupations, the Insurer is unlikely to accept you for cover:</p> <ul style="list-style-type: none">» Aviation worker such as a pilot, air traffic controller or aerial photographer,» Emergency services worker such as a fireman, police officer, ambulance officer or paramedic, except as a volunteer,» Entertainer working professionally such as an actor, dancer, musician or performer,» Forestry worker such as a tree feller or sawmill worker,» Horse racing industry worker such as a jockey, trainer or strapper,» Mining worker such as a miner, mineral explorer earth driller or explosives handler,» Offshore worker such as a fisherman, oil rig worker or diver,» Security worker such as a security guard, doormen, bouncer or crowd controller,» Sex worker,» Sportsperson working professionally or semi-professionally,» Underground or underwater worker, or» Working at heights above 10 metres such as a rigger, scaffolder or roof worker.

Calculating your Death and TPD Insurance Fees

To calculate the annual cost of your Death Only and Death and TPD insurance cover, first find your occupational class as shown in the previous 'Occupational Classifications' table. Then find the 'Occupational factor' applicable (if applying for TPD) to your occupational classification and the rate of insurance fees based on your gender, smoker status and age next birthday, as shown in the following tables.

Then perform the following calculation:

Death Annual Insurance Fees = (sum insured ÷ \$1,000) x (occupational factor x death annual rate of insurance fees)

TPD Annual Insurance Fees = (sum insured ÷ \$1,000) x (occupational factor x TPD annual rate of insurance fees)

For example:

The insurance fees required to provide a male office worker, aged 35 next birthday, non-smoker, with a Death only benefit of \$300,000 would be calculated as follows:

Monthly insurance fees = [$\$300,000 \div \$1,000$] x [1.00 (white collar occupational factor)] x \$0.35
= $\$300 \times \0.35
= \$105 per annum
= \$ 8.75 per month

The insurance fees required to provide a female electrician, aged 40 next birthday, smoker, with a Death and TPD benefit of \$250,000 would be calculated as follows:

Monthly insurance fees = [$(\$250,000 \div \$1,000) \times [1.75 \text{ (blue collar occupational factor)} \times \$1.12]$
= $\$250 \times \1.96
= \$490 per annum
= \$40.83 per month

Calculating your IP Insurance Fees

To calculate the annual cost of your IP cover, first find your occupational class as shown in the previous 'Occupational Classifications' table, then the 'Occupational Factor' applicable to your occupational classification and the insurance fees rate based on your gender, age next birthday, and relevant benefit and waiting periods as shown in the following tables.

Then perform the following calculation*:

Annual Benefit = [Annual Salary x 85% (10% being superannuation contribution benefit)]

Annual Insurance Fees = [Annual Benefit ÷ \$1,000] x [annual rate of insurance fees x occupational factor*]

For example:

The monthly cost of IP cover (for a two-year benefit period with a 60 day waiting period) available to a male nurse, aged 35 next birthday, non smoker, earning \$50,000 per year, based on a 85% of salary formula, is calculated as follows:

Annual Benefit = $\$50,000 \times 85\% = \$42,500$
Annual Insurance Fees = [$\$42,500 \div 1,000$] x [2.20 (blue collar occupational factor) x \$1.21]
= $\$42.5 \times 2.662$
= \$113.14 per annum
= \$9.43 per month

The monthly cost of IP cover (for a benefit period to age 65 with a 90 day waiting period) available to a female office worker, aged 40 next birthday, non smoker, earning \$60,000 per year, based on a 75% of salary formula, is calculated as follows:

Annual Benefit = $\$60,000 \times 75\% = \$45,000$
Annual Insurance Fees = [$\$45,000 \div 1,000$] x [1.00 (white collar occupational factor) x \$11.99]
= $\$45 \times 11.99$
= \$539.55 per annum
= \$44.96 per month

* Please note that stamp duty has not been included.

Base (White Collar) - Annual insurance fee rates per \$1,000 sum insured

Age next birthday	DEATH RATES				DEATH & TPD RATES			
	Male		Female		Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
16	0.46	0.82	0.15	0.27	0.58	1.01	0.22	0.38
17	0.46	0.82	0.15	0.27	0.58	1.01	0.22	0.38
18	0.46	0.82	0.15	0.27	0.58	1.01	0.22	0.38
19	0.46	0.82	0.15	0.27	0.58	1.01	0.22	0.38
20	0.46	0.82	0.15	0.27	0.58	1.01	0.22	0.38
21	0.46	0.82	0.15	0.27	0.58	1.01	0.22	0.38
22	0.44	0.78	0.13	0.24	0.58	1.01	0.19	0.33
23	0.41	0.72	0.12	0.22	0.55	0.96	0.18	0.31
24	0.39	0.69	0.12	0.22	0.53	0.91	0.18	0.31
25	0.37	0.65	0.11	0.19	0.52	0.90	0.17	0.29
26	0.34	0.60	0.11	0.19	0.49	0.86	0.17	0.29
27	0.33	0.59	0.11	0.19	0.48	0.84	0.18	0.31
28	0.33	0.59	0.11	0.19	0.48	0.84	0.18	0.31
29	0.33	0.59	0.11	0.19	0.49	0.86	0.20	0.35
30	0.33	0.59	0.12	0.22	0.49	0.86	0.22	0.38
31	0.31	0.55	0.12	0.22	0.49	0.86	0.23	0.39
32	0.31	0.55	0.13	0.24	0.49	0.86	0.25	0.43
33	0.33	0.59	0.15	0.27	0.53	0.91	0.29	0.51
34	0.34	0.60	0.17	0.29	0.55	0.96	0.32	0.57
35	0.35	0.62	0.18	0.31	0.56	0.98	0.35	0.62
36	0.37	0.65	0.19	0.33	0.58	1.01	0.39	0.69
37	0.39	0.69	0.23	0.39	0.62	1.10	0.43	0.76
38	0.41	0.72	0.24	0.41	0.67	1.17	0.48	0.84
39	0.45	0.80	0.28	0.48	0.74	1.31	0.57	1.00
40	0.51	0.88	0.30	0.53	0.83	1.44	0.63	1.12
41	0.53	0.91	0.33	0.59	0.88	1.55	0.72	1.27
42	0.57	1.00	0.35	0.62	0.99	1.74	0.81	1.41
43	0.62	1.10	0.39	0.69	1.12	1.96	0.89	1.56
44	0.68	1.19	0.41	0.72	1.26	2.20	0.99	1.74
45	0.74	1.31	0.42	0.74	1.39	2.44	1.04	1.84
46	0.82	1.43	0.45	0.80	1.58	2.77	1.17	2.05
47	0.90	1.58	0.51	0.88	1.78	3.13	1.31	2.30
48	0.97	1.70	0.54	0.94	1.98	3.47	1.47	2.58
49	1.05	1.86	0.58	1.01	2.23	3.90	1.66	2.91
50	1.16	2.03	0.65	1.13	2.50	4.40	1.91	3.36
51	1.26	2.20	0.71	1.25	2.77	4.86	2.16	3.78
52	1.34	2.37	0.81	1.41	3.10	5.43	2.46	4.32
53	1.48	2.60	0.88	1.55	3.47	6.10	2.76	4.85
54	1.60	2.82	0.97	1.70	3.88	6.82	3.10	5.43
55	1.72	3.03	1.05	1.86	4.26	7.48	3.40	5.96
56	1.87	3.28	1.16	2.03	4.71	8.27	3.74	6.57
57	2.05	3.61	1.27	2.23	5.26	9.22	4.09	7.17
58	2.25	3.95	1.38	2.42	5.84	10.26	4.44	7.79
59	2.47	4.33	1.51	2.63	6.55	11.48	4.85	8.51
60	2.72	4.76	1.62	2.85	7.30	12.81	5.27	9.23
61	2.95	5.18	1.74	3.06	8.08	14.20	5.68	9.97
62	3.19	5.60	1.92	3.38	8.92	15.66	6.22	10.92
63	3.45	6.05	2.13	3.73	9.80	17.21	6.89	12.09
64	3.70	6.48	2.37	4.16	10.74	18.84	7.68	13.48
65	3.99	6.99	2.64	4.64	11.79	20.70	8.55	15.00
66	4.27	7.50	2.93	5.16	12.86	22.58	9.44	16.57
67	4.64	8.15	3.29	5.78	14.08	24.73	10.44	18.32
68	5.06	8.89	3.70	6.48	15.57	27.33	11.62	20.39
69	5.45	9.57	4.09	7.17	17.11	30.05	12.89	22.62
70	5.89	10.33	4.49	7.89	18.81	33.03	14.27	25.04

- » Age next birthday is defined as the member's current age plus one year as at commencement date of cover and then at the annual review date of 1 July each year.
- » The table above does not include advice fees payable to your adviser (where agreed by you). Any advice fees will be in addition to the insurance fee rates shown in the table above. Refer to the Reference Guide for more information about advice fees.
- » Insurance fees are payable monthly in arrears.

Base (White Collar) IP rates - Annual insurance fee rates per \$1,000 annual agreed benefit period to age 65

Age next birthday	NON SMOKER						SMOKER					
	Male 30 day wait	Male 60 day wait	Male 90 day wait	Female 30 day wait	Female 60 day wait	Female 90 day wait	Male 30 day wait	Male 60 day wait	Male 90 day wait	Female 30 day wait	Female 60 day wait	Female 90 day wait
16	6.08	5.02	3.71	8.57	7.12	4.77	10.69	8.82	6.50	15.05	12.50	8.37
17	6.08	5.02	3.71	8.57	7.12	4.77	10.69	8.82	6.50	15.05	12.50	8.37
18	6.16	5.08	3.79	8.68	7.22	4.81	10.81	8.93	6.65	15.23	12.69	8.44
19	6.24	5.17	3.82	8.75	7.30	4.86	10.94	9.07	6.70	15.35	12.80	8.52
20	6.31	5.24	3.87	8.83	7.36	4.89	11.07	9.19	6.79	15.49	12.92	8.59
21	6.39	5.31	3.90	8.90	7.44	4.96	11.21	9.32	6.85	15.63	13.06	8.70
22	6.34	5.21	3.71	9.15	7.61	5.08	11.13	9.16	6.50	16.07	13.36	8.92
23	6.34	5.15	3.54	9.38	7.79	5.19	11.13	9.04	6.21	16.48	13.67	9.12
24	6.33	5.08	3.42	9.63	7.98	5.32	11.10	8.93	6.00	16.92	14.00	9.34
25	6.34	5.06	3.25	9.89	8.15	5.44	11.13	8.88	5.71	17.36	14.30	9.55
26	6.37	5.02	3.17	10.13	8.33	5.56	11.19	8.82	5.57	17.78	14.62	9.75
27	6.51	5.10	3.14	10.55	8.68	5.99	11.43	8.95	5.50	18.51	15.23	10.51
28	6.71	5.20	3.13	11.03	9.09	6.32	11.77	9.14	5.48	19.36	15.96	11.09
29	6.94	5.35	3.16	11.62	9.54	6.62	12.19	9.40	5.56	20.40	16.75	11.62
30	7.25	5.56	3.21	12.28	10.03	6.89	12.72	9.75	5.64	21.55	17.61	12.09
31	7.59	5.77	3.30	13.04	10.60	7.15	13.32	10.14	5.79	22.90	18.60	12.56
32	8.00	6.05	3.43	13.90	11.20	7.46	14.05	10.63	6.01	24.40	19.67	13.09
33	8.45	6.37	3.55	14.81	11.87	7.75	14.82	11.19	6.24	26.00	20.84	13.61
34	8.94	6.73	3.73	15.82	12.61	8.12	15.70	11.80	6.56	27.77	22.13	14.25
35	9.47	7.12	3.95	16.90	13.38	8.52	16.63	12.48	6.93	29.67	23.49	14.96
36	10.06	7.56	4.21	18.04	14.27	9.02	17.66	13.27	7.41	31.66	25.04	15.83
37	10.71	8.03	4.49	19.25	15.19	9.59	18.80	14.09	7.88	33.80	26.67	16.83
38	11.38	8.56	4.84	20.50	16.18	10.28	20.00	15.02	8.49	35.99	28.40	18.04
39	12.15	9.12	5.20	21.82	17.24	11.06	21.32	16.00	9.14	38.31	30.27	19.41
40	13.19	9.72	5.67	23.65	18.38	11.99	23.16	17.05	9.93	41.52	32.27	21.05
41	14.28	10.36	6.15	25.46	19.59	13.07	25.06	18.19	10.80	44.69	34.38	22.95
42	15.34	11.06	6.73	27.27	20.83	14.25	26.94	19.41	11.80	47.88	36.57	25.02
43	16.33	11.84	7.39	28.83	22.16	15.58	28.67	20.77	12.96	50.61	38.89	27.35
44	17.37	12.63	8.11	30.40	23.53	17.08	30.51	22.17	14.23	53.36	41.31	29.98
45	18.47	13.50	8.95	32.00	24.96	18.66	32.42	23.69	15.72	56.19	43.82	32.77
46	19.63	14.44	9.88	33.63	26.43	20.37	34.46	25.34	17.34	59.03	46.41	35.77
47	20.84	15.43	10.89	35.25	27.92	22.24	36.58	27.08	19.11	61.88	49.02	39.04
48	22.11	16.46	12.03	36.87	29.44	24.14	38.83	28.90	21.11	64.73	51.69	42.40
49	23.46	17.57	13.23	38.47	30.97	26.18	41.17	30.84	23.23	67.55	54.37	45.95
50	24.83	18.73	14.47	40.07	32.47	28.19	43.60	32.86	25.39	70.34	57.00	49.48
51	26.27	19.94	15.72	41.59	33.95	30.23	46.12	35.00	27.58	73.01	59.60	53.06
52	27.72	21.21	17.26	43.06	35.37	32.22	48.68	37.23	30.30	75.60	62.09	56.56
53	29.20	22.49	18.93	44.45	36.69	32.21	51.26	39.47	33.24	78.03	64.40	56.55
54	30.67	23.78	20.25	45.70	37.88	33.52	53.85	41.75	35.55	80.22	66.51	58.83
55	32.11	25.05	21.58	46.81	38.92	34.63	56.37	43.98	37.87	82.17	68.32	60.79
56	33.49	26.27	22.88	47.69	39.72	35.51	58.78	46.12	40.15	83.72	69.72	62.34
57	34.77	27.39	24.07	48.33	40.28	36.11	61.03	48.08	42.26	84.84	70.71	63.39
58	35.85	28.36	25.14	48.67	40.50	36.34	62.94	49.78	44.14	85.43	71.10	63.79
59	36.69	29.10	25.99	48.59	40.30	36.14	64.40	51.09	45.63	85.30	70.76	63.44
60	37.17	29.51	26.51	48.01	39.60	35.40	65.25	51.80	46.54	84.28	69.52	62.15
61	32.79	24.75	22.18	49.18	35.17	32.28	57.57	43.45	38.93	86.33	61.74	56.67
62	27.80	21.15	18.87	41.70	30.48	27.69	48.79	37.11	33.12	73.21	53.50	48.61
63	20.24	15.44	13.66	30.36	22.54	20.21	35.53	27.09	23.98	53.30	39.57	35.49
64	14.13	11.29	9.97	21.19	16.73	14.85	24.80	19.82	17.49	37.20	29.37	26.06
65	4.88	3.95	3.32	7.31	5.92	4.98	8.56	6.93	5.83	12.84	10.40	8.73

- » The table above does not include Stamp Duty.
- » Age next birthday is defined as the member's current age plus one year as at commencement date of cover and then at the annual review date of 1 July each year.
- » The table above does not include advice fees payable to your adviser (where agreed by you). Any advice fees will be in addition to the insurance fee rates shown in the table above. Refer to the Reference Guide for more information about advice fees.
- » Insurance fees are payable monthly in arrears.

Base (White Collar) IP rates - Annual insurance fee rates per \$1,000 annual agreed benefit period for 2 years

Age next birthday	NON SMOKER						SMOKER					
	Male 30 day wait	Male 60 day wait	Male 90 day wait	Female 30 day wait	Female 60 day wait	Female 90 day wait	Male 30 day wait	Male 60 day wait	Male 90 day wait	Female 30 day wait	Female 60 day wait	Female 90 day wait
16	1.38	0.84	0.55	2.06	1.21	0.83	2.41	1.47	0.97	3.62	2.13	1.46
17	1.38	0.84	0.55	2.06	1.21	0.83	2.41	1.47	0.97	3.62	2.13	1.46
18	1.38	0.84	0.55	2.06	1.21	0.83	2.41	1.47	0.97	3.62	2.13	1.46
19	1.38	0.84	0.55	2.06	1.21	0.83	2.41	1.47	0.97	3.62	2.13	1.46
20	1.38	0.84	0.55	2.06	1.21	0.83	2.41	1.47	0.97	3.62	2.13	1.46
21	1.38	0.84	0.55	2.06	1.21	0.83	2.41	1.47	0.97	3.62	2.13	1.46
22	1.40	0.85	0.55	2.09	1.21	0.83	2.45	1.49	0.97	3.67	2.14	1.46
23	1.41	0.86	0.55	2.12	1.24	0.83	2.48	1.52	0.97	3.72	2.17	1.46
24	1.42	0.87	0.55	2.13	1.25	0.83	2.49	1.53	0.97	3.74	2.19	1.46
25	1.45	0.89	0.55	2.18	1.28	0.83	2.55	1.56	0.97	3.83	2.25	1.46
26	1.47	0.89	0.55	2.20	1.31	0.83	2.58	1.56	0.97	3.87	2.29	1.46
27	1.49	0.91	0.55	2.24	1.31	0.83	2.61	1.60	0.97	3.92	2.29	1.46
28	1.53	0.92	0.55	2.29	1.33	0.83	2.69	1.63	0.97	4.02	2.34	1.46
29	1.57	0.96	0.55	2.35	1.35	0.83	2.75	1.68	0.97	4.13	2.38	1.46
30	1.61	0.98	0.56	2.42	1.40	0.85	2.84	1.72	0.99	4.25	2.45	1.49
31	1.69	1.02	0.59	2.52	1.44	0.88	2.96	1.78	1.03	4.42	2.53	1.55
32	1.76	1.05	0.60	2.63	1.51	0.90	3.10	1.85	1.05	4.62	2.64	1.58
33	1.84	1.11	0.62	2.76	1.59	0.92	3.23	1.94	1.09	4.86	2.78	1.63
34	1.94	1.15	0.65	2.91	1.68	0.98	3.40	2.02	1.14	5.12	2.93	1.72
35	2.03	1.21	0.70	3.05	1.76	1.03	3.57	2.13	1.23	5.36	3.10	1.82
36	2.15	1.27	0.73	3.23	1.87	1.11	3.77	2.23	1.29	5.65	3.28	1.94
37	2.29	1.35	0.77	3.44	2.01	1.17	4.02	2.38	1.35	6.04	3.54	2.05
38	2.43	1.44	0.85	3.64	2.15	1.28	4.27	2.53	1.49	6.41	3.77	2.25
39	2.58	1.54	0.92	3.87	2.30	1.40	4.54	2.70	1.63	6.79	4.04	2.45
40	2.76	1.66	1.02	4.13	2.47	1.52	4.84	2.90	1.78	7.26	4.34	2.67
41	2.92	1.77	1.11	4.38	2.64	1.64	5.13	3.11	1.94	7.68	4.63	2.89
42	3.11	1.90	1.21	4.67	2.85	1.81	5.45	3.34	2.13	8.19	5.00	3.17
43	3.33	2.07	1.32	4.99	3.07	1.99	5.85	3.63	2.32	8.76	5.40	3.48
44	3.55	2.25	1.48	5.33	3.31	2.23	6.24	3.95	2.60	9.36	5.81	3.90
45	3.81	2.44	1.63	5.70	3.58	2.45	6.68	4.28	2.87	10.01	6.29	4.30
46	4.07	2.66	1.83	6.11	3.87	2.74	7.15	4.65	3.21	10.72	6.79	4.81
47	4.35	2.89	2.05	6.54	4.18	3.06	7.64	5.07	3.60	11.48	7.34	5.39
48	4.69	3.15	2.28	7.02	4.54	3.43	8.22	5.54	4.01	12.33	7.97	6.01
49	5.02	3.44	2.57	7.53	4.89	3.84	8.82	6.04	4.50	13.21	8.59	6.74
50	5.40	3.76	2.87	8.08	5.30	4.31	9.48	6.61	5.04	14.20	9.31	7.56
51	5.81	4.12	3.23	8.71	5.76	4.83	10.19	7.22	5.65	15.29	10.11	8.47
52	6.27	4.50	3.62	9.41	6.25	5.43	11.01	7.90	6.35	16.51	10.98	9.52
53	6.76	4.91	4.09	10.15	6.79	5.84	11.87	8.63	7.17	17.81	11.92	10.24
54	7.31	5.36	4.50	10.97	7.37	6.43	12.82	9.41	7.91	19.24	12.94	11.28
55	7.91	5.86	4.98	11.86	8.03	7.08	13.89	10.28	8.73	20.82	14.09	12.44
56	8.58	6.40	5.50	12.87	8.75	7.83	15.06	11.22	9.66	22.59	15.35	13.74
57	9.32	7.00	6.07	13.99	9.54	8.63	16.36	12.28	10.66	24.54	16.73	15.15
58	10.14	7.63	6.71	15.21	10.40	9.54	17.80	13.41	11.77	26.70	18.24	16.73
59	11.06	8.36	7.41	16.59	11.37	10.54	19.41	14.67	13.01	29.11	19.96	18.50
60	12.06	9.14	8.18	18.10	12.43	11.64	21.18	16.04	14.37	31.78	21.81	20.44
61	13.19	10.02	9.05	19.79	14.24	13.18	23.16	17.60	15.88	34.73	25.00	23.13
62	14.46	11.14	10.06	21.68	16.05	14.77	25.38	19.55	17.66	38.07	28.18	25.94
63	14.88	11.61	10.54	22.32	16.96	15.58	26.12	20.38	18.50	39.18	29.78	27.35
64	12.55	9.91	8.64	18.82	14.67	12.87	22.03	17.39	15.17	33.03	25.77	22.59
65	4.32	3.46	2.87	6.49	5.19	4.31	7.59	6.08	5.04	11.40	9.12	7.58

- » The table above does not include Stamp Duty.
- » Age next birthday is defined as the member's current age plus one year as at commencement date of cover and then at the annual review date of 1 July each year.
- » The table above does not include advice fees payable to your adviser (where agreed by you). Any advice fees will be in addition to the insurance fee rates shown in the table above. Refer to the Reference Guide for more information about advice fees.
- » Insurance fees are payable monthly in arrears.

Base (White Collar) IP rates - Annual insurance fee rates per \$1,000 annual agreed benefit period for 5 years

Age next birthday	NON SMOKER						SMOKER					
	Male 30 day wait	Male 60 day wait	Male 90 day wait	Female 30 day wait	Female 60 day wait	Female 90 day wait	Male 30 day wait	Male 60 day wait	Male 90 day wait	Female 30 day wait	Female 60 day wait	Female 90 day wait
16	2.76	1.75	1.04	4.14	2.49	1.57	4.84	3.07	1.84	7.27	4.39	2.75
17	2.76	1.75	1.04	4.14	2.49	1.57	4.84	3.07	1.84	7.27	4.39	2.75
18	2.76	1.75	1.04	4.14	2.49	1.57	4.84	3.07	1.84	7.27	4.39	2.75
19	2.76	1.75	1.04	4.14	2.49	1.57	4.84	3.07	1.84	7.27	4.39	2.75
20	2.76	1.75	1.04	4.14	2.49	1.57	4.84	3.07	1.84	7.27	4.39	2.75
21	2.78	1.77	1.05	4.18	2.53	1.59	4.89	3.11	1.85	7.34	4.43	2.78
22	2.87	1.82	1.08	4.31	2.60	1.60	5.04	3.19	1.88	7.56	4.57	2.82
23	2.95	1.87	1.10	4.41	2.67	1.63	5.16	3.28	1.92	7.74	4.69	2.87
24	3.02	1.90	1.11	4.52	2.73	1.66	5.30	3.34	1.94	7.93	4.79	2.90
25	3.09	1.96	1.13	4.62	2.80	1.70	5.42	3.43	1.99	8.12	4.91	2.99
26	3.17	2.00	1.13	4.76	2.86	1.70	5.57	3.52	1.99	8.35	5.03	2.99
27	3.26	2.06	1.13	4.89	2.95	1.70	5.72	3.62	1.99	8.58	5.16	2.99
28	3.35	2.13	1.15	5.04	3.04	1.72	5.89	3.74	2.02	8.85	5.33	3.02
29	3.50	2.21	1.15	5.26	3.16	1.72	6.15	3.89	2.02	9.22	5.56	3.02
30	3.66	2.31	1.18	5.48	3.30	1.77	6.42	4.06	2.07	9.63	5.79	3.11
31	3.86	2.44	1.23	5.78	3.48	1.84	6.77	4.28	2.16	10.16	6.12	3.23
32	4.05	2.57	1.26	6.08	3.67	1.89	7.12	4.50	2.20	10.69	6.44	3.31
33	4.29	2.71	1.31	6.44	3.87	1.98	7.53	4.75	2.31	11.30	6.79	3.46
34	4.55	2.86	1.40	6.82	4.11	2.09	7.99	5.03	2.45	11.95	7.20	3.67
35	4.83	3.04	1.49	7.25	4.36	2.24	8.47	5.33	2.61	12.72	7.66	3.92
36	5.15	3.23	1.60	7.71	4.70	2.39	9.04	5.65	2.81	13.53	8.26	4.19
37	5.48	3.45	1.69	8.23	4.97	2.53	9.63	6.06	2.96	14.46	8.72	4.43
38	5.86	3.70	1.84	8.78	5.26	2.76	10.28	6.49	3.23	15.43	9.22	4.84
39	6.26	3.93	2.01	9.38	5.57	3.01	10.99	6.91	3.54	16.48	9.78	5.28
40	6.68	4.18	2.19	10.01	5.91	3.29	11.72	7.34	3.86	17.57	10.37	5.77
41	7.12	4.43	2.42	10.67	6.28	3.63	12.48	7.78	4.25	18.74	11.02	6.39
42	7.58	4.70	2.67	11.36	6.69	4.01	13.30	8.23	4.69	19.94	11.74	7.03
43	8.08	4.99	2.96	12.14	7.14	4.44	14.20	8.75	5.19	21.30	12.53	7.79
44	8.62	5.28	3.30	12.92	7.62	4.95	15.14	9.28	5.79	22.69	13.38	8.68
45	9.17	5.59	3.67	13.76	8.16	5.49	16.10	9.81	6.44	24.16	14.32	9.64
46	9.83	5.98	4.09	14.73	8.77	6.12	17.24	10.49	7.17	25.85	15.40	10.74
47	10.47	6.36	4.52	15.72	9.43	6.78	18.38	11.18	7.93	27.58	16.54	11.91
48	11.18	6.83	5.01	16.78	10.14	7.51	19.63	11.98	8.79	29.46	17.80	13.20
49	11.95	7.32	5.57	17.94	10.92	8.35	20.99	12.86	9.77	31.49	19.18	14.66
50	12.85	8.95	6.83	19.26	12.63	10.24	22.55	15.73	11.99	33.82	22.18	17.98
51	13.82	9.79	7.68	20.75	13.70	11.50	24.27	17.19	13.47	36.42	24.05	20.20
52	14.93	10.71	8.61	22.39	14.89	12.92	26.21	18.80	15.11	39.30	26.14	22.67
53	16.11	11.71	9.73	24.17	16.18	13.89	28.28	20.55	17.07	42.43	28.40	24.39
54	17.39	12.76	10.73	26.09	17.57	15.31	30.54	22.40	18.83	45.81	30.83	26.88
55	18.83	13.94	11.86	28.25	19.11	16.88	33.07	24.48	20.81	49.60	33.55	29.63
56	22.32	16.94	14.70	31.98	23.05	20.46	39.18	29.75	25.80	56.14	40.46	35.91
57	25.81	19.93	17.53	35.69	26.98	24.05	45.31	34.99	30.78	62.66	47.38	42.20
58	29.30	22.92	20.37	39.42	30.92	27.63	51.45	40.24	35.77	69.20	54.29	48.50
59	32.80	25.92	23.22	43.14	34.85	31.22	57.58	45.50	40.76	75.73	61.18	54.81
60	36.28	28.91	26.07	46.87	38.79	34.81	63.69	50.75	45.76	82.28	68.09	61.11
61	34.68	25.85	22.89	52.01	36.74	33.34	60.88	45.39	40.18	91.31	64.51	58.51
62	29.40	22.09	19.48	44.10	31.84	28.58	51.62	38.78	34.20	77.42	55.90	50.17
63	21.40	16.11	14.10	32.10	23.56	20.86	37.57	28.29	24.77	56.35	41.36	36.61
64	14.94	11.80	10.29	22.40	17.47	15.32	26.23	20.73	18.06	39.33	30.67	26.89
65	5.16	4.12	3.43	7.73	6.18	5.14	9.05	7.23	6.01	13.57	10.86	9.02

- » The table above does not include Stamp Duty.
- » Age next birthday is defined as the member's current age plus one year as at commencement date of cover and then at the annual review date of 1 July each year.
- » The table above does not include advice fees payable to your adviser (where agreed by you). Any advice fees will be in addition to the insurance fee rates shown in the table above. Refer to the Reference Guide for more information about advice fees.
- » Insurance fees are payable monthly in arrears.

Stamp duty rates by State or Territory

The following table shows the stamp duty rates that currently apply to the insurance fee rates of income protection shown above.

State	Stamp duty rate
Victoria	10%
New South Wales	5%
Queensland	9%
South Australia	11%
Western Australia	10%
ACT	0%
Northern Territory	10%
Tasmania	10%

Other important insurance information

Interim Accident Cover benefit

Where an application for Death only, Death and TPD or IP cover (including applications for increased cover) is being assessed, you are able to access Interim Accident Cover for the type of cover being applied for. For Death and TPD you will receive Interim Accident Cover if you die or suffer Total and Permanent Disablement as a result of an unintended and unexpected injury. In the case of IP, the Insurer will provide the Interim Accident Cover if you suffer Total Disability as a result of an unintended and unexpected injury.

The amount of accidental cover provided will be:

- » For Death and TPD cover, the lesser of the requested benefit or a maximum of \$1,500,000, and
- » For IP cover, the lesser of requested benefit or \$15,000 per month, less any Other Disability Income.

For IP cover the waiting period will still apply and the maximum benefit period is the lesser of the benefit period you have applied for and 2 years.

The Accident Cover benefit will commence on the day the Trustee receives a properly completed 'Insurance Cover Application Form' from the member, and will cease on:

- a. The date the Insurer declines the risk; or
- b. The date the Insurer accepts the risk on standard terms; or
- c. The date the member accepts or rejects the non-standard terms offered by the Insurer; or
- d. 28 days from the date the Insurer notifies the Administrator of their offer to accept cover and apply a non-standard term; or
- e. The date the member withdraws their application; or
- f. 90 days from the date the Interim Accident Cover commenced unless (d) applies in which case Interim Accident Cover ceases 28 days from the date the Insurer notifies the Administrator of their offer to accept cover and apply a non-standard term; or
- g. When the cover applied for begins.

Interim Accident Cover will not be payable for Death and TPD cover where:

- » Death is directly or indirectly the result of suicide or attempted suicide; or
- » Total and Permanent Disablement is directly or indirectly the result of an intentional self-inflicted injury or attempted suicide; or
- » Any other exclusion mentioned in the Exclusion section for Death and TPD cover applies.
- » Interim Accident Cover will not be payable for IP cover where:
 - Total Disability is directly or indirectly the result of an intentional self-inflicted injury; or
 - You are suffering Partial Disability;

- Any other exclusion mentioned in the Exclusion section for IP cover applies.

Duty to take reasonable care

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

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 applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

When you apply for life insurance, the Insurer conducts a process called underwriting. It's how the Insurer decides whether they can cover you, and if so, on what terms and at what cost.

The Insurer will ask questions they need 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 give the Insurer in response to these questions is vital to the Insurer's decision.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to the Insurer. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put the Insurer in the position they would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where the Insurer later investigates whether the information given to them was true. For example, the Insurer may do this when a claim is made.

Before the Insurer exercises any of these remedies, they will explain their reasons and what you can do if you disagree.

The Insurer may apply these remedies separately to each type of cover that they consider could form a separate policy.

Guidance for answering the Insurer's questions

You are responsible for the information provided to the Insurer. When answering the Insurer's questions, please:

- » Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask the Administrator before you respond.
- » Answer every question.
- » Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- » Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, the Insurer may ask about any changes that mean you would now answer the Insurer's questions differently. As any changes might require further assessment or investigation, it could save time if you let the Insurer know about any changes when they happen.

If you need help

It's important that you understand this information and the questions the Insurer asks. Contact the Administrator or a

person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering the Insurers questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the Insurer

If, after the cover starts, you think you may not have met your duty, please contact the Administrator immediately and we'll let you know whether it has any impact on the cover.

Overseas cover

Cover applies 24 hours a day seven days a week anywhere in the world, provided cover has not ceased for some reason.

Cover will continue if you travel overseas, including being temporarily employed overseas, provided the residence overseas is temporary in nature and cover would not otherwise have ceased due to a condition under the policy, including ceasing because your account balance is insufficient to pay insurance fees.

If you are overseas and become disabled or reside in Australia and subsequently travel overseas and become disabled, the Insurer will not be liable to pay benefits for more than a total of 6 months while you remain overseas. However, if the entitlement to the benefit is continuing, the Insurer must continue to pay the monthly benefit again with effect from the date you return to Australia on provision of sufficient evidence supporting a permanent return to Australia.

The Insurer reserves the right to ask you to return to Australia at your expense for the ongoing assessment of a claim.

There is no restriction on the location or duration of overseas travel.

Note: If you are residing overseas for a period exceeding 16 consecutive months and no contributions are being made to your super account you must make an election to maintain your insurance cover for it to continue. If you do not make this election then your insurance cover will cease after the first period of 16 months' inactivity.

AIA Australia Privacy

Your privacy is important to AIA Australia. By becoming a member, or otherwise interacting or continuing your relationship with AIA Australia directly or via a representative or intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of personal and sensitive information in the manner described in the AIA Australia Group Privacy Policy on AIA Australia's website www.aia.com.au/en/privacy-statement/privacy-statement as updated from time to time (AIA Australia Group Privacy Policy).

AIA Australia has consented to the statements referable to it in this document in the form and context in which they are included.

General Information

How much insurance cover do you need? Individuals have varying insurance requirements. The Trustee recommends that you speak to your financial adviser to determine how much insurance cover is appropriate.

Making a claim on your insurance

If you believe that you have an insurance claim you should contact:

Freedom of Choice

Address: PO Box 3528, Tingalpa DC QLD 4173

Phone: 1800 806 013

Fax: (07) 3899 7299

Email: enquiries@freedomofchoice.com.au

