

Sunsuper for life

Insurance guide

for Ex-IAG & NRMA

Issue date: 14 November 2020

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IAG and NRMA has chosen Sunsuper to provide a specialised super plan for you.

IAG and NRMA is not responsible for the preparation of this document. They are not providing advice or a recommendation in relation to this investment.

Important information

This is the *Sunsuper for life Insurance guide* for Ex-IAG & NRMA. The *Insurance guide* contains information about the insurance in your *Sunsuper for life Corporate Plan*, including insurance terms and conditions.

The information in this *Insurance guide* forms part of the *Sunsuper for life Product Disclosure Statement (PDS)* for Ex-IAG & NRMA issued on 1 July 2021. The *PDS* references important information contained in this *Insurance guide* by "i". This *Insurance guide* may reference important information contained in the *Sunsuper for life guide* and *Sunsuper for life Investment guide*. The *PDS*, this *Insurance guide*, the *Sunsuper for life guide* and the *Sunsuper for life Investment guide* should be read in their entirety before making a decision to acquire or continue to hold an interest in Sunsuper.

Insurance in Superannuation Voluntary Code of Practice

Sunsuper complies with the Insurance in Superannuation Voluntary Code of Practice (Code). The Code is the superannuation industry's commitment to high standards when providing insurance to members of superannuation funds. The Code contains standards we will uphold when providing insurance benefits to you. Please refer to [sunsuper.com.au/insurance](https://www.sunsuper.com.au/insurance) for more information on the Code.

General advice disclaimer

This document contains general information only and doesn't take into account your personal objectives, financial situation or needs. You should consider the appropriateness

How to use this Insurance guide

This *Insurance guide* will provide you with important information to help you better understand your super. Make sure you read this *Insurance guide* so you can make informed decisions and get the most from your super – from your very first day of work, throughout your working life and during your retirement.

The insurer

Insurance cover is provided through group life policies issued by MLC Limited ABN 90 000 000 402 AFSL No. 230694 (MLC) to the Trustee of the Sunsuper Superannuation Fund. In the event of a dispute the policy will override the information in the *PDS* and this *guide*.

In conjunction with either a disability claim application or an application for Tailored cover, a Sunsuper member may be contacted directly by a representative of the insurer on behalf of the Fund to discuss or gather information relating to their application.

Key Facts Sheet

The *Insurance in super factsheet* summarises the key features about the insurance cover provided in your plan. It is provided in a consistent format, thus allowing you to easily compare features across all superannuation providers. The *factsheet* is available at [sunsuper.com.au/iagnrma](https://www.sunsuper.com.au/iagnrma)

of the information in this document with regard to your objectives, situation and needs. You should obtain financial advice tailored to your circumstances. Call us if you would like to speak to a qualified financial adviser.

Financial Services Guide (FSG)

Contains information about the financial services Sunsuper Pty Ltd provides and will help you decide whether to use these services. Visit [sunsuper.com.au/fsg](https://www.sunsuper.com.au/fsg) or contact us for a copy.

Protecting your privacy

Sunsuper respects the privacy of the information you give us. If you require a copy of our Privacy Policy visit [sunsuper.com.au/privacy](https://www.sunsuper.com.au/privacy) or contact us.

Defined Terms

There are a number of terms in this *Insurance guide* that are defined and have a particular meaning when used in this *Insurance guide*. Refer to the end of this *Insurance guide*. It is important to read their meanings carefully because they can affect your eligibility for cover and when a claim will be paid.

Terms and Conditions

There are terms and conditions attached to the insurance cover, and some situations in which the benefits will not be paid. In the event of a dispute the Insurance Policy/ies will override the information in the *PDS* and this *Insurance guide*.

Insurance in your super

The benefits, features and options for insurance cover are summarised in the table below. More information on each item can be found in this *Insurance guide*.

Features	Description
Death cover	Provides a lump sum benefit on the death of a member. Members can have Death only cover.
Total & Permanent Disability cover	Provides a lump sum benefit where a member becomes totally and permanently disabled and meets the conditions of the relevant part of the Total & Permanent Disability definition.
Standard cover	Cover is automatically provided to eligible members. The following Standard insurance cover is available (based on your employment status when employed by IAG or NRMA): Permanent employees - Death and Total & Permanent Disability cover Casual employees - Death only cover
Terminal Illness cover	This forms part of the Death cover and provides a lump sum benefit where a member is diagnosed as having a Terminal Illness .
Optional Income Protection cover for members employed on a permanent basis	Optional Income Protection cover is available to members employed on a permanent basis. Income Protection cover provides a replacement income where a member becomes Totally Disabled or Partially Disabled and cannot work as a result. The benefit payments are based on: <ul style="list-style-type: none"> • A monthly income of up to 85% of your Pre-Disability Salary (less offsets), • 75% is paid as income to you and 10% is paid as a superannuation contribution directly to your <i>Super-savings account</i>, • For a Benefit Period up to 2 years, after a 84-day Waiting Period.
Eligible age for Standard cover	Death - age 15 to 64 Total & Permanent Disability - age 15 to 64
Age when Standard cover ceases	Death - age 65 Total & Permanent Disability - age 65
Tailored cover	You can apply for Additional cover to suit your individual circumstances and needs. Limits may apply.
Transfer of insurance cover	We may agree to take over the cover provided by a previous insurance policy or superannuation fund and provide equivalent benefits on Sunsuper's terms and conditions. Permanent employees can apply to transfer Death and Total & Permanent Disability or Death only cover up to \$2,000,000 (inclusive of existing cover). Casual employees are only eligible to apply to transfer Death only cover.
Worldwide cover	Cover is provided 24/7 anywhere in the world.
Financial advice¹	We can assist members to determine the amount and type of insurance cover needed and to manage proceeds of claims.
Claims support	Our experienced Claims Representatives are here to help with your claim. Simply contact Sunsuper first and we will <i>guide</i> you through the process.
Rehabilitation - "work is good medicine"	If you have an injury, disability or health condition we may be able to arrange work related rehabilitation to assist you back to meaningful work.
Binding Nominations vs. Preferred Beneficiaries	You can make a binding death benefit nomination or you can nominate your preferred beneficiaries. Refer to the <i>Sunsuper for life guide</i> for more information.
Who pays for your insurance premiums?	Premiums for insurance cover are deducted from your <i>Super-savings account</i> .

¹ Sunsuper employees provide advice as representatives of Sunsuper Financial Services Pty Ltd (ABN 50 087 154 818, AFSL No. 227867), wholly owned by the Sunsuper Superannuation Fund.

Insurance solutions

If you held any Death and Total & Permanent Disability cover in the IAG Superannuation Plan or NRMA Superannuation Plan prior to ceasing employment or redirecting your Superannuation Guarantee (SG) contributions to another superannuation fund your cover will automatically transfer to a *Sunsuper for life for Ex-IAG & NRMA Super-savings account*. The terms and conditions will be as outlined in this *Insurance guide*.

Standard Death and Total & Permanent Disability cover is provided on a fixed cover basis. This means your covers stays the same, but your weekly premium generally increases as you get older.

If you belong to a group that is transferring to *Sunsuper for life for Ex-IAG & NRMA*, all members of your group may be insured on "take over" terms. If you are a former member of the IAG & NRMA Superannuation Plan and became a member of the plan when it commenced on 14 November 2020, different insurance arrangements may apply. You will have been advised separately if these apply to you.

Your insurance cover and premium are recalculated on your birthday each year.

Your specific level and type of cover will be detailed in your Welcome booklet and each year in your *Annual Statement*.

If you do not want to have Standard cover, or if you just want Standard Death only, please let us know.

Who pays for your insurance?

Your insurance premiums are calculated weekly and deducted monthly from your *Super-savings account*.

1. Standard Death and Total & Permanent Disability cover

Permanent employees

Employees who were previously employed on a Permanent basis with IAG or NRMA will continue to receive the benefits of their existing Death and Total & Permanent Disability cover. Cover is provided on a fixed cover basis. This means your cover stays the same, but your weekly premium generally increases as you get older.

Your insurance cover and premium are recalculated on your birthday each year. Standard Death and Total & Permanent Disability cover is available until age 65.

Your specific level and type of cover will be detailed in your *Welcome booklet* and each year in your *Annual Statement*.

An example of Standard Death and Total & Permanent Disability cover

James is 29 years old and has Standard Death and Total & Permanent Disability cover of \$200,000.

Weekly premium

(Death and TPD ¹ cover / \$10,000) x premium / 52	Weekly premium for Standard cover
(\$200,000 / \$10,000) x \$2.60 / 52	\$1.00

1. TPD means Total & Permanent Disability

Note: Rounding variations may occur when calculating premiums. Premiums per week are displayed as rounded up to the next whole cent.

Premiums for insurance cover are deducted from your *Super-savings account*. For full details on premium rates, refer to the *Premiums* section of this *Insurance guide*.

Total & Permanent Disability cover reduces from age 61

Once you reach age 61, your Total & Permanent Disability cover reduces annually by 20% of your insured benefit at age 60, until your 65th birthday when cover ceases. Your premiums are adjusted accordingly. An example is shown below. If you have \$200,000 of Total & Permanent Disability cover, your Total & Permanent Disability cover will reduce as follows:

Age	Total & Permanent Disability cover
60	\$200,000
61	\$160,000
62	\$120,000
63	\$80,000
64	\$40,000
65	Nil

If your cover commenced after age 60, your Total & Permanent Disability cover will reduce at a rate greater than 20% per annum. This will be consistent with any reduction had your cover commenced prior to age 60.

Casual employees

Employees who were previously employed on a Casual basis with IAG or NRMA will continue to receive the benefits of their existing Death cover. Cover is provided on a fixed cover basis. This means your cover stays the same, but your weekly premium generally increases as you get older.

Your insurance cover and premium are recalculated on your birthday each year.

Standard Death cover is available until age 65.

Your specific level and type of cover will be detailed in your *Welcome booklet* and each year in your *Annual Statement*.

An example of Standard Death only cover

James is 29 years old, and has Standard Death only cover of \$50,000.

Weekly premium

(Death cover / \$10,000) x premium / 52	Weekly premium for Standard cover
(\$50,000 / \$10,000) x \$1.90 / 52	\$0.19

Note: Rounding variations may occur when calculating premiums. Premiums per week are displayed as rounded up to the next whole cent.

Premiums for insurance cover are deducted from your *Super-savings account*. For full details on premium rates, refer to the *Premiums* section of this *Insurance guide*.

Need to know your level of cover

Just log into sunsuper.com.au/memberonline. If you're not signed up for *Member Online* – it's simple – just contact us on **13 11 84** and we'll get you set up in no time.

Important eligibility terms and conditions

Am I eligible for Standard cover?

If you held any Death and/or Total & Permanent Disability cover in the IAG Superannuation Plan or NRMA Superannuation Plan prior to ceasing employment with IAG or NRMA or redirecting your Superannuation Guarantee (SG) contributions to another superannuation fund, your cover will automatically continue in *Sunsuper for life for Ex-IAG & NRMA* on a Fixed cover basis.

What is Total & Permanent Disability cover?

The intention of Total & Permanent Disability cover is to provide a payment to you should you suffer an injury or illness that permanently prevents you from working to retirement age.

Total & Permanent Disability insurance cover is available to you regardless of your working hours or the basis on which you are employed (subject to satisfying eligibility criteria).

In the event of a claim your capacity to work is assessed by Sunsuper's insurer and is determined by your ability to perform any reasonably suitable occupation based on all of your education, training or experience, not just your usual occupation or the job you were performing when you become injured or ill.

When reviewing your education, training or experience, the insurer may consider, for example, the level of schooling you completed, further studies undertaken since then and any subsequent qualifications or certifications you have obtained, the transferable skills and abilities you have acquired through any work you have undertaken (both paid and unpaid) as well as any of your hobbies and interests.

If you are deemed totally and permanently disabled and you are eligible for a total and permanent disablement benefit, the payment will be paid to you as a single lump sum.

What happens if you believe you are totally and permanently disabled?

As a profit-for-members fund, we're here to help, support and guide you through the claims process so you don't feel confused or overwhelmed.

If you believe that you may be eligible to apply for a Total & Permanent Disability claim, we are here to help you along the way.

In order to lodge a claim you would need to be under the care of a **Doctor** and are still suffering from an ongoing and serious injury or illness that is permanently preventing you from working ever again. Refer to the **Total & Permanent Disability** definition in the *Definitions* section.

Our Claims Representatives are here to help you every step of the way and will confirm your eligibility to lodge a claim. Following lodgement of your claim application, the Insurer will assess whether your claim is successful. The assessment process takes into account the **Total & Permanent Disability** definition at the **Date of Disablement**, and the impact that your injury or illness will have on your ability to work again.

What benefits are paid out if you are totally and permanently disabled?

If you are totally and permanently disabled and meet the **Total & Permanent Disability** definition, your Total & Permanent Disability cover as at the **Date of Disablement** will be payable. You may also be able to access your *Super-savings account* balance.

Any Total & Permanent Disability benefit payment is subject to acceptance of the claim by the insurer.

Payment of a Total & Permanent Disability benefit will reduce the Death cover by the amount paid as a Total & Permanent Disability benefit. Any Death cover in excess of the Total & Permanent Disability cover will cease.

In limited circumstances you will not be eligible to claim on the Standard Death and Total & Permanent Disability insurance cover through Sunsuper.

Payment of a total and permanent disability benefit

If you are eligible to receive a Total & Permanent Disability benefit, the insurer will pay the benefit to your *Super-savings account* where it will be invested in the Cash investment option.

We will then contact you for payment instructions. Should we not receive payment instructions within 28 days, the payment will be invested as per your current investment strategy.

Bring your current cover with you

You may be eligible to transfer existing Death and Total & Permanent Disability (**Permanent employees only**), or Death only cover up to \$2,000,000 (inclusive of existing cover) to the Sunsuper.

To apply to transfer your existing cover please complete and return the *Transfer of insurance cover* form, available at sunsuper.com.au/iagnrma

It's important you include all required documentation, which will include:

- a letter or certificate of currency from your superannuation fund or insurance provider detailing your current insurance cover,
- details of any visits to medical specialists in the previous twelve months,
- details of any loadings, exclusions and restrictions applicable to that cover, and
- the confirmation must have been issued within 30 days of your application.

If accepted by the insurer:

- you will be subject to the terms and conditions outlined in the Group Life Insurance policy,
- you will need to cancel the cover you had under your previous fund or policy, and
- your transferred cover will be fixed and in addition to your Standard cover.

The insurer will not accept any transfer application where your previous insurance cover has any premium loadings, exclusions or non-standard terms or where you are currently claiming, or intending to claim, on any other life, disability and/or trauma policy.

If you are thinking about transferring your existing insurance cover, make sure you compare the features and benefits, and are accepted by Sunsuper's insurer, before transferring cover.

Transferred cover will start on the date your application is accepted by the insurer.

Interim Accident cover

Where you are not entitled to Standard Death and Total & Permanent Disability cover or you choose to apply for Tailored cover, up to 90 days interim Accidental Death and/or Accidental Total & Permanent Disability cover will apply immediately from the date we receive your completed *Change of insurance cover* form. No premium is charged for the interim accident cover.

The amount of interim accident cover is the lesser of the amount of Tailored Death and/or Total & Permanent Disability cover you are applying for or \$1,000,000.

Interim cover starts from the date you fully completed and signed the applicable insurance application form and automatically ends as soon as one of the following happens:

- your application is accepted or declined; or
- the application is withdrawn; or
- 90 days pass from the date the interim cover commenced; or
- you are no longer eligible for cover, or your cover ceases, under the Plan (please refer to the *When your cover stops* section).

Interim cover is provided for an insured event which is caused by illness or accidental injury other than in the circumstances explained below.

Interim cover does not apply to an illness or accidental injury:

you are engaged in hazardous pastimes or sports that would not be covered under our normal assessment *guidelines*;

- occurred prior to the date of you becoming an eligible member;
- that first occurred or appeared before interim cover commenced, or for which you experienced symptoms or received medical advice/treatment before interim cover commenced, unless you were not aware, or could not reasonably be expected to be aware, of the condition or symptoms.

If you are eligible and being assessed by the insurer for cover (or for cover above the automatic acceptance limit) then the insurer provides interim cover for the amount of cover that it is assessing.

A benefit will not be paid under interim cover if:

- the cover applied for would have been declined by the insurer under its current assessment criteria; or
- you claim for an event or condition that would have been excluded under the insurer's normal underwriting criteria.

The interim accident cover available to you is determined by the type of cover available in your Plan.

Tailored cover

There are many reasons that you may want to apply for Tailored cover:

- you have previously cancelled your cover and want to reapply,
- you simply want to increase the level of cover, or
- you want to change the basis of insurance provided by Standard cover.

Any application for insurance cover is subject to acceptance by the insurer. Satisfactory evidence of health may be required. Sunsuper reserves the right to limit the amount of Tailored cover provided.

Remember you may have a condition that does not impede your day-to-day activities but may affect your risk assessment with the insurer.

You may apply for Tailored Death and Total & Permanent Disability cover or Death only cover at any time. Tailored cover is available on a fixed cover basis, this means your cover stays the same but your premium generally increases as you get older.

Types of cover available

The cover you can apply for depends on your employment status at the time of application. If you were a **Casual Employee** of IAG or NRMA but are now a **Permanent Employee** of a new employer, you can apply for Tailored Death and/or Total Permanent Disability cover.

The types of cover available are:

- Death only (this includes Terminal Illness)
- Death and Total & Permanent Disability

Casual Employees are not eligible to apply for Total & Permanent Disability cover.

How much can I apply for?

You can apply for either Death and/or Total & Permanent Disability cover up to the following maximum cover levels (this includes any existing Standard cover):

- Death cover – \$10 million
- Terminal Illness – \$3 million (this forms part of the Death cover)
- Total & Permanent Disability cover – \$3 million (**Permanent employees** only)

It's simple, you can apply for Tailored cover anytime

You can apply for cover through sunsuper.com.au/iagnrma

Simply download and complete the *Change of insurance cover* form and return it to us.

When does Tailored cover start?

Your Tailored cover will generally start from the date the insurer approves your application. However as a condition of acceptance of the Tailored cover, the insurer may apply a loading (a higher premium) for the increased amount of cover. The insurer may also specify a benefit exclusion that will apply if a claim for the increased amount of cover is related to a specified condition or pastime.

If you accept the terms of this Special Acceptance offer (if applicable), your Tailored cover will start on the date you accept the offer. Commencement of cover is also subject to you having sufficient money in your *Super-savings account* to pay insurance premiums. If you do not have enough money in your *Super-savings account* to pay premiums, you will be notified of the conditions that apply to you.

Tailored Total & Permanent Disability cover reduces from age 61

Once you reach age 61, your Tailored Total & Permanent Disability cover reduces annually by 20% of your insured benefit at age 60, until your 65th birthday when cover ceases. Your premiums are adjusted accordingly. An example is shown below. If you have \$200,000 of Total & Permanent Disability cover, your Total & Permanent Disability cover will reduce as follows:

Age	Total & Permanent Disability cover
60	\$200,000
61	\$160,000
62	\$120,000
63	\$80,000
64	\$40,000
65	Nil

If your cover commenced after age 60, your Tailored Total & Permanent Disability cover will reduce at a rate greater than 20% per annum. This will be consistent with any reduction had your cover commenced prior to age 60.

An example of how to calculate Tailored Death and Total & Permanent Disability premiums

James is 29 years old and is a Permanent employee. He decides to apply for \$200,000 of Tailored Death cover and Total & Permanent Disability cover. If accepted by the insurer, James' premiums for Tailored cover will be as follows:

**(Tailored Death and TPD¹ cover / \$10,000)
x Tailored Death and TPD¹ premium / 52**

$(\$200,000 / \$10,000) \times \$2.60 / 52 = \1.00 per week

1. TPD means Total & Permanent Disability

Note: Rounding variations may occur when calculating premiums. Premiums per week are displayed as rounded up to the next whole cent.

Premiums for insurance cover are deducted from your *Super-savings account*. For full details on premium rates, refer to the *Premiums* section of this *Insurance guide*.

Conditions & exclusions

When does Death and Total & Permanent Disability insurance cover stop?

Cover will stop when:

- you turn 65 for Standard Death cover,
- you turn 65 for Standard Total & Permanent Disability cover,
- you turn 70 for Tailored Death cover,
- you turn 65 for Tailored Total & Permanent Disability cover,
- you die,
- you receive a Total & Permanent Disability insurance benefit,
- you cancel the cover,
- you are paid a Terminal Illness benefit which is not less than the amount of the death and/or Total & Permanent Disability benefit,
- you withdraw all monies from Sunsuper,
- the policy issued to the Trustee is cancelled or terminated for any reason,
- the day before you commence service in the armed forces of any country (not including service in the Australian Army Reservists not deployed overseas) or service with an organisation which is involved in, or promotes, armed conflict, terrorism, civil commotion or unrest, or
- 24 months from the commencement of Employer approved leave of absence or parental leave by you, if you have not returned to work prior to the expiry of the 24 month period or an extension of cover has not been approved by the Insurer,
- 60 days after the date you retire or cease to be employed,
- 60 days after the date you no longer qualify as an insured member,
- Standard and Tailored Total & Permanent Disability cover will cease if you are in **Permanent Employment** and transfer to **Casual Employment**,
- you are employed under a working visa and the term of the working visa expires, or you permanently depart Australia (whichever is earlier),
- Contribution Inactivity - your *Super-savings account* has not received an **Eligible Contribution** in the last 12 months or more and you have not elected in writing to keep your cover¹, or
- Zero Account Balance - the premium is due and there is not enough money in your *Super-savings account* to pay the premiums and the premiums remain unpaid for 4 months.

1. Where we have valid contact details, we will contact you advising the date your cover will stop. If you wish for your cover to continue even if no **Eligible Contributions** are made to your account for continuous periods of 12 months or longer, you can advise us in writing or visit [sunsuper.com.au/keepmyinsurance](https://www.sunsuper.com.au/keepmyinsurance). Make sure you consider the impact of premiums on your account balance.

Can Death and Total & Permanent Disability cover restart if it ceases?

If your insurance cover automatically stops because of Contribution Inactivity then you have the option to advise us in writing to restart the insurance cover that was stopped due to Contribution Inactivity. This written request must be received within 60 days of the cover stopping. We will restart the type and amount of cover you had as at the date of the automatic cancellation from the date your written request for reinstatement is received.

If outside of 60 days of the cancellation date, your cover will **not** automatically restart.

Any cover that is reinstated will be provided as **Limited Cover** until you have been **At Work** for 30 consecutive days.

If you have requested a cancellation of your cover or the insurance cover that was stopped due to a Zero Account Balance, your cover will **not** automatically restart. Should you wish to restart cover in this instance, you will be required to complete an application that may be subject to health and lifestyle assessment, and acceptance by the insurer.

Note: You will not be able to make a claim for the period between when your cover stopped and when your cover restarted.

What happens if you have a Terminal Illness?

A **Terminal Illness** means that you are suffering from a sickness or injury that is likely to result in your death within 12 months.

If your Death cover is in force, subject to providing all the required documentation to support your claim and approval by the Trustee and Insurer, which includes certification of the **Terminal Illness** by the two **Doctors** (as defined in the **Definitions** section), you will be paid a **Terminal Illness** benefit.

If you have Death cover and the insurer accepts your claim for **Terminal Illness**, the benefit paid is the amount of your account balance plus the amount of your Death cover in force at the most recent certification (up to a maximum of \$3 million).

The remaining amount of Death cover (if any) is then your total Death cover, less the amount of insurance paid by the insurer on account of the **Terminal Illness** benefit. Your beneficiaries will then receive this in the event of your death if Death cover is still in force at time of claim..

What benefits are paid out if you die?

Your Death benefit is the amount of your superannuation account balance plus the total amount of Death cover. In the event of your death, your Death benefit may be paid to your nominated beneficiaries (subject to Trustee discretion – unless you have a binding death benefit nomination).

Any Death benefit is subject to acceptance of the claim by the insurer.

General exclusions

- War or Service in armed forces

Benefits are not payable for Death, Total & Permanent Disability, or Terminal Illness arising directly or indirectly from:

- war or warlike operations; or
- service in the armed forces of any country (excluding Australian Defence Force Reservists not deployed overseas).

Special Conditions

Where an existing employee of either IAG or NRMA directs their employer to recommence remittance of Superannuation Guarantee (SG) contributions to Sunsuper after previously electing SG contributions be paid to another superannuation fund, your membership in the IAG Superannuation Plan or NRMA Superannuation Plan will recommence. The members cover will be provided as Fixed cover. Should a **Permanent Employee** wish to attain Standard cover based on the default level of cover their application will be subject to acceptance by the insurer and proof of health will be required.

Should a former employee recommence permanent employment with either IAG or NRMA their existing cover will be transferred to the relevant Plan and cover will be calculated as a **Percentage of Salary x Years of Future Membership to age 65**. The percentage rate used will be based on your existing level of cover rounded to the closest 5%. The maximum percentage cannot exceed 20% of **Salary**.

Restrictions and exclusions on Tailored cover

There is a benefit exclusion that applies for 12 months after acceptance of the Tailored insurance cover to any claim resulting from suicide or any intentional self-inflicted injury.

This means the Death and/or Total & Permanent Disability cover that is accepted by the insurer will not be paid for a suicide or intentional self-inflicted injury related claim in the 12 month period from the date that your Tailored cover is accepted by the insurer. This restriction applies only to the amount above any Standard insurance cover you may have been automatically entitled to on joining Sunsuper.

2. Optional Income Protection cover for members employed on a permanent basis

The intention of Income Protection insurance cover is to provide you with ongoing income and financial support, should you become temporarily unable to work due to an injury or illness. It can give you the peace of mind that you have income that can help pay your expenses while you focus on your health and recovery.

If you are in **Permanent Employment** (including employees on fixed term contracts of 3 months or more) and working at least 15 hours a week, you may be eligible to apply for cover. Applications are subject to acceptance by the insurer and evidence of health may be required.

You may be able to claim a total disability benefit if you are unable to work due to injury or illness.

If accepted you will be covered for up to 75% of the income you were earning prior to becoming disabled; this is known as your monthly benefit. You may receive an additional 10% of your income as a superannuation contribution paid into your super account. This helps you continue to save for your retirement. We will support you to return to work, by providing occupational rehabilitation where applicable.

Please note your cover will be provided on a Fixed cover basis, meaning your amount of cover stays the same and does not automatically adjust with **Salary** changes.

Where you are working in a reduced capacity while on claim and earning less, due to injury or illness and satisfy other requirements (as set out in the *Definitions- Income Protection* section of this *guide*), you may be able to claim a partial disability benefit to assist with your transition back to work in a full capacity.

If you are paid a monthly benefit it will generally be reduced where you receive other disability benefits, such as workers compensation or benefits from other income protection policies. This prevents you from receiving more income than you earned before you were injured or became ill.

The **Waiting Period** is the length of time you must be injured or ill before you can claim a benefit. The **Benefit Period** is the maximum period you can claim benefits whilst you are totally or partially disabled.

Example of how an Income Protection benefit is paid:

Fiona has a 84-day **Waiting Period**. Her benefit will be payable from day 85 subject to acceptance by the insurer. As benefit payments are paid monthly in arrears her first benefit payment will be made a month later.

Income Protection features at a glance

Feature	Description
Cover obtained	On application
Cover starts	On acceptance by the insurer
% of Salary	85%
Maximum cover	\$600,000 p.a.
Cover up to age	65
Benefit Period	2 years
Waiting Period	84 days
Premium waiver	When on claim
Occupational rehabilitation support	✓
Partial Disability payments	✓
Cover during paid & Unpaid leave	✓
Cover during overseas employment	✓
Bereavement benefit	✓
Family Carer benefit	✓
Workplace Modification benefit	✓
Emergency Transport benefit	✓

1. The maximum level of Income Protection cover available is \$600,000 per annum. Your Income Protection benefit will be calculated as 75% of your salary (plus 10% Monthly superannuation contribution benefit) up to \$30,000 per month; then 25% of your salary (plus 10% Monthly superannuation contribution benefit) thereafter up to the maximum benefit of \$50,000 per month.

How does Income Protection cover work?

Income Protection cover provides a replacement income based on the lower of:

- a level of cover selected by you (less offsets),
- a 85% of your **Pre-Disability Salary** (less offsets),
 - 75% is paid as income to you and 10% is paid as a superannuation contribution (directly to your *Super-savings account*),
- for a **Benefit Period** up to 2-years, after a 84-day **Waiting Period**.

Any benefit payments paid as a superannuation contribution will count towards your concessional contributions cap. This may have tax implications for you.

Your specific benefit amount and weekly premium will be detailed in your *Welcome booklet* and each year in your *Annual Statement*.

Things to consider

- Premiums generally increase with age.
- Income Protection benefits are taxable income and subject to Pay As You Go (PAYG) tax. If applicable, an income statement will be issued by the insurer at the end of the financial year.
- You may also have the added advantage of insurance premiums offsetting your 15% contributions tax liability.
- An Income Protection benefit is not paid during the **Waiting Period**.

Waiting Period and Benefit Period

The **Waiting Period** and **Benefit Period** determine when a claim payment commences and the maximum length of time a benefit is payable.

The **Waiting Period** is the number of continuous days which must elapse before becoming eligible to claim a benefit. The **Waiting Period** commences from the date a **Doctor** certifies you are **Totally Disabled** and unable to work as determined by the insurer. Benefit payments will commence when the **Waiting Period** ends and are paid monthly in arrears.

The **Benefit Period** is the maximum length of time that a claim will be paid for.

Does my cover change each year?

Cover is provided on a Fixed cover basis. This means your cover stays the same, but your weekly premium generally increases as you get older. Your amount of cover does not automatically adjust with **Salary** changes.

Your premium are recalculated on your birthday each year.

It's very important you keep your level of Income Protection cover up to date as your benefit payments are limited to a maximum of 85% of your **Pre-Disability Salary**. Should you require additional cover you will must apply for any increase and is subject to acceptance by the insurer.

Premium waiver

Your Income Protection premiums will be waived whilst you are in receipt of monthly benefit payments.

Once you stop receiving benefit payments, deduction of the Income Protection premiums will recommence being drawn from your **Super-savings account**.

Partial Disability payments

A reduced monthly Income Protection benefit may be payable if you become **Partially Disabled**.

Where you are unable to work at full capacity due to sickness or injury, and

- following a period of at least 14 consecutive days of **Total Disability** and you have returned to work in your own or another occupation, and
- your monthly income is less than your **Pre-Disability Salary**, and
- you are under the care of, and complying with the reasonable advice given by a **Doctor**.

We will pay a partial disablement monthly benefit. The benefit payable is calculated in accordance with the following formula.

$[(A - B) / A] \times C$ where:

A is your Monthly Income, or Restricted Monthly Income, immediately prior to **Total Disability** commencing.

B is the actual Monthly Income earned by you during the month in which you are **Partially Disabled**.

C is the Monthly Benefit

Occupational rehabilitation support

At Sunsuper we work with our insurer to offer you access to experienced rehabilitation teams, so if you have an injury, disability or health condition that leads to an Income Protection claim we can arrange work related rehabilitation to

assist you back to meaningful work.

We work in partnership with you, your treating health professionals and employer to assist you back to suitable work as part of your recovery plan. If you are unemployed, we can assist you to improve your fitness for work.

Rehabilitation services may include:

- initial meetings with a rehabilitation provider to identify your return to work needs,
- workplace visits to identify solutions in your return to work plan,
- equipment to ensure you maintain your job,
- career guidance to explore alternate work options if you can't work in your usual role, and
- improving your skills and capabilities so that your return to work is sustainable.

Rehabilitation is not appropriate for everyone. If you would like further information about your rehabilitation options please speak with your Claims Representative at Sunsuper.

Together we can assist you back to work and back to a fuller life.

Bereavement benefit

Another additional feature of this plan is that if you die while either **Total Disability** or **Partial Disability** benefits are being paid, then an additional lump sum equal to three times your Monthly Benefit from the date of your death will be paid to your beneficiaries.

Rehabilitation expense benefit

Following lodgement of an Income Protection claim, and if you are approved by the insurer and your **Doctor** to participate in a rehabilitation program, the expenses may be paid, up to an amount equivalent to 24 monthly benefit payments (less any amount that can be claimed from any other source for those expenses), by the insurer to the rehabilitation service provider on your behalf.

The expenses must be incurred to directly assist you in returning to work in a gainful occupation or in undertaking a vocational retraining program because of your disability. Any payment of this expense will be made at the insurers discretion.

Family Carer benefit¹

The family carer benefit will be paid if a member of your family leaves permanent employment to care for you whilst suffering a **Total Disability**, for which benefits are being paid.

This additional benefit may be payable for a maximum period of six months. The benefit amount will be the lesser of:

- the amount we estimate the carer would have earned if you had not been disabled; or
- a maximum benefit amount of \$2,000 per month.

This benefit accrues and payment will commence from the later of the end of the **Waiting Period** and the date the family member terminates employment to care for you.

This is only payable while you continue to receive **Total Disability** benefits.

Workplace Modification benefit

If **Total Disability** or **Partial Disability** benefits are being paid, the insurer may pay you an additional benefit up to a maximum amount of two and a half times the Monthly Benefit for the purpose of modifying your workplace to facilitate your return to work.

Any payment of this benefit will be made at the insurer's discretion and the expense must be approved by the insurer before the expense has been incurred.

Emergency Transport benefit¹

If you have an illness or injury which results in **Total Disability** or **Partial Disability** the insurer will reimburse the emergency transportation costs incurred up to a maximum amount of \$500. This benefit will not be payable if the emergency transport costs are payable from any other source.

Bed Confinement benefit¹

An additional Benefit is payable if you are suffering a **Total Disability**, and during the **Waiting Period**. The amount payable will be one-thirtieth of the Monthly Benefit for each consecutive day of confinement in excess of the initial three (3) days for each period of bed confinement.

1. Some benefits are only payable directly to you if you satisfy a condition of release under superannuation laws. Where a restriction applies this benefit may be applied to your *Super-savings account*.

Am I eligible for Income Protection cover?

You are eligible for Income Protection cover if:

- you are under the age of 65,
- you are **Permanently Employed** (including employees on fixed term contracts of three months or more) and working at least 15 hours per week for your employer,
- your employer is making superannuation contributions to Sunsuper on your behalf,
- you are an Australian citizen, permanent resident or holder of a working visa which enables you to work in Australia, unless otherwise agreed by the insurer, and
- you apply for Income Protection cover and your application is accepted by the insurer.

Applications are subject to acceptance by the insurer and evidence of health may be required. Simply complete and return the *Change of insurance cover* form.

When does my Income Protection cover start?

Your Income Protection cover will generally start from the date the insurer approves your application. However as a condition of acceptance of the Income Protection cover, the insurer may apply a loading (a higher premium) for the increased amount of cover. The insurer may also specify a benefit exclusion that will apply if a claim for the cover is related to a specified condition or pastime.

If you accept the terms of this Special Acceptance offer (if applicable), your Income Protection cover will start on the date you accept the offer. Commencement of cover is also subject to you having sufficient money in your *Super-savings account* to pay insurance premiums. If you do not have enough money in your *Super-savings account* to pay premiums, you will be notified of the conditions that apply to you.

An example of how to calculate Income Protection premiums

Karen is 30 years old. She is in permanent employment and is on a **Salary** of \$60,000. She is working at least 15 hours per week and the insurer has accepted her application for Optional Income Protection cover.

Insurance cover

85% x Salary	Annual Income Protection cover
85% x \$60,000	\$51,000

Weekly Premium

(Cover / \$1,000) x premium / 52	Income Protection cover weekly premium
(\$51,000 / \$1,000) x \$0.92 / 52	\$0.91

Note: Rounding variations may occur when calculating premiums. Premiums per week are displayed as rounded up to the next whole cent.

Premiums for insurance cover are deducted from your *Super-savings account*. For full details of Income Protection premiums, refer to the *Premiums* section of this *Insurance guide*.

Interim Accident cover

Where you choose to apply for Income Protection cover, up to 90 days interim Accidental Income Protection cover will apply immediately from the date we receive your completed *Change of insurance cover* form.

The amount of interim accident cover is the lesser of the amount of Income Protection cover you are applying for and \$180,000 per annum. Your chosen **Benefit Period** and **Waiting Period** will apply.

The interim cover ends on the earlier of acceptance, deferral or rejection of your application for cover or the expiry of the 90-day period.

No premium is charged for the interim accident cover.

Interim cover starts from the date you fully completed and signed the applicable insurance application form and automatically ends as soon as one of the following happens:

- your application is accepted or declined; or
- the application is withdrawn; or
- 90 days pass from the date the interim cover commenced; or
- you are no longer eligible for cover, or your cover ceases, under the Plan (please refer to "*When does Income Protection cover stop*").

Interim cover is provided for an insured event which is caused by illness or accidental injury other than in the circumstances explained below.

Interim cover does not apply to an illness or accidental injury:

- you are engaged in hazardous pastimes or sports that would not be covered under our normal assessment *guidelines*;
- occurred prior to the date of you becoming an eligible member;
- that first occurred or appeared before interim cover commenced, or for which you experienced symptoms or received medical advice/treatment before interim cover commenced, unless you were not aware, or could not reasonably be expected to be aware, of the condition or symptoms.

If you are eligible and being assessed by the insurer for cover (or for cover above the automatic acceptance limit) then the insurer provides interim cover for the amount of cover that it is assessing.

A benefit will not be paid under interim cover if:

- the cover applied for would have been declined by the insurer under its current assessment criteria; or
- you claim for an event or condition that would have been excluded under the insurer's normal underwriting criteria.

The interim accident cover available to you is determined by the type of cover available in your Plan.

Conditions & exclusions

When does Income Protection cover stop?

Income Protection cover stops when:

- you turn 65,
- you die,
- you cancel the cover,
- you withdraw all monies from Sunsuper,
- you are no longer working for at least 15 hours per week with your employer, or you no longer satisfy the eligibility conditions for Income Protection cover,
- you are accepted by the insurer for a **Total & Permanent Disability** benefit payment or **Terminal Illness** benefit payment,
- your period of **Unpaid Leave** or parental leave exceeds 24 months,
- you permanently depart Australia,
- the policy issued to the Trustee is cancelled or terminated for any reason,
- the day before you commence service in the armed forces of any country (not including service in the Australian Army Reservists not deployed overseas),
- 24 months from the commencement of Employer approved leave of absence or parental leave by you, if you have not returned to work prior to the expiry of the 24 month period or an extension of cover has not been approved by the Insurer,
- 60 days after the date you retire or ceases to be employed,
- 60 days after the date you no longer qualify as an insured member,
- Contribution Inactivity - your *Super-savings account* has not received an **Eligible Contribution** in the last 12 months or more and you have not elected in writing to keep your cover¹, or
- Zero Account Balance - the premium is due and there is not enough money in your *Super-savings account* to pay the premiums and the premiums remain unpaid for 4 months.

1. Where we have valid contact details, we will contact you advising the date your cover will stop. If you wish for your cover to continue even if no **Eligible Contributions** are made to your account for continuous periods of 12 months or longer, you can advise us in writing or visit [sunsuper.com.au/keepmyinsurance](https://www.sunsuper.com.au/keepmyinsurance). Make sure you consider the impact of premiums on your account balance.

Can Income Protection cover restart if it ceases?

If your insurance cover automatically stops because of Contribution Inactivity then you have the option to advise us in writing to restart the insurance cover that was stopped due to Contribution Inactivity. This written request must be

received within 60 days of the cover stopping. We will restart the type and amount of cover you had as at the date of the automatic cancellation from the date your written request for reinstatement is received.

If outside of 60 days of the cancellation date, your cover will **not** automatically restart.

Any cover that is reinstated will be provided as **Limited Cover** until you have been **At Work** for 30 consecutive days.

If you have requested a cancellation of your cover or the insurance cover that was stopped due to a Zero Account Balance, your cover will **not** automatically restart. Should you wish to restart cover in this instance, you will be required to complete an application that may be subject to health and lifestyle assessment, and acceptance by the insurer.

Note: You will not be able to make a claim for the period between when your cover stopped and when your cover restarted.

What benefit is paid out?

An Income Protection benefit is payable if you are **Totally Disabled** or **Partially Disabled** after the **Waiting Period** has ended. The maximum **Total Disability** benefit is the lower of:

- your insured amount less any offsets,
- 85% of your **Pre-Disability Salary** (less any offsets),
- 75% is paid as income and 10% of your **Pre-Disability Salary** is paid as a superannuation contribution, and
- the maximum level of Income Protection cover of \$600,000¹ per annum.

The total claim payment period for any one illness or injury is limited to your **Benefit Period**.

Benefit payments will commence when the **Waiting Period** ends and are paid monthly in arrears. A reduced monthly Income Protection benefit may be payable if you become **Partially Disabled**. The benefit may also be reduced by income received by alternate income sources, refer to offsets detailed below.

Benefits paid under the Income Protection benefit may be subject to Pay As You Go (PAYG) tax. This will be deducted prior to payment.

Whilst on claim Income Protection premiums are waived. Any claim for your Income Protection benefit is assessed independently of any Total & Permanent Disability claim.

1. Your Income Protection benefit will be calculated as 75% of your salary (plus 10% Monthly superannuation contribution benefit) up to \$30,000 per month; then 25% of your salary (plus 10% Monthly superannuation contribution benefit) thereafter up to the maximum benefit of \$50,000 per month.

When we won't pay a benefit

It is important to understand in what circumstances an Income Protection benefit is not payable. A benefit won't be paid if the sickness or injury is caused, wholly or partly, directly or indirectly, from:

- any intentional self-inflicted injury or attempted suicide, whether sane or insane,
- normal and uncomplicated pregnancy or childbirth,
- war or warlike operations,
- service in the armed forces (excluding Australian Army Reservists not deployed overseas),
- a criminal act committed by you,
- or any other exclusions imposed by the insurer.

A benefit won't be paid where a fraudulent claim is made.

Will there be offsets to my benefit payment?

Your Income Protection benefit payment may be reduced by the following payments that you are entitled to receive, including:

- any other income derived as a result of disability from employment under any other insurance policy; and
- any Benefit under any workers' compensation or other similar compensation under state or federal legislation or common law, but not including payments in respect of medical treatment, rehabilitation and permanent impairment or permanent loss of use of a body part; and
- monies paid in respect of any claim for past or future economic loss arising from any claim by you for personal injury.

Lump sum payments will be adjusted by the insurer to a monthly equivalent.

Any income from other sources which is in the form of a lump sum or is commuted for a lump sum, will be treated as a monthly equivalent of one sixtieth (1/60) of the lump sum over a period of sixty (60) months, to calculate the reduction in Monthly Benefits under this Policy. Income from other sources does not include income earned from investments and any lump sum total & permanent disablement benefit.

Payment of benefits

The insurer will pay monthly benefits directly to you with a maximum payment of 85% of **Pre-Disability Salary** (less any offsets), 75% is paid as income and 10% of your **Pre-Disability Salary** is paid as a superannuation contribution. Generally Income Protection benefit payments are taxable income and subject to Pay As You Go (PAYG) tax. If applicable, an income statement will be issued by the insurer at the end of the financial year.

You will be assessed against the **Total Disability** or **Partial Disability** (as applicable) definition. If your claim is accepted, payments (monthly in arrears) will start when the **Waiting Period** finishes.

The Income Protection benefit is subject to a maximum level based on your most recent **Pre-Disability Salary** accepted by the insurer immediately before you become **Totally Disabled**. If you are on **Unpaid Leave** or parental leave, your benefit is based on your most recent **Pre-Disability Salary** accepted by the insurer immediately prior to starting leave.

Payments will be made monthly in arrears.

Proof of income

In the event of a claim, proof of income is required to ensure your benefit does not exceed 85% of your **Pre-Disability Salary** at the first day of absence from active employment due to sickness or injury resulting in **Total Disability**.

What happens if I return to work during the Waiting Period?

You can return to work for up to 5 days during the **Waiting Period** without having to restart the **Waiting Period**. If you do return to work, the days returned to work will extend your original **Waiting Period** by the number of days returned to work. If you return for longer than specified, your **Waiting Period** will restart.

Recurrent event

If you return to work after receiving a monthly Income Protection benefit and you become **Totally Disabled** or **Partially Disabled** again within six months from the same or a related cause while your Income Protection cover is in force, the insurer will treat the new claim as a continuation of the earlier claim. This means that no **Waiting Period** will apply for the new claim, but the benefit will only be payable for the remainder, if any, of the benefit payment period of two years.

Concurrent event

Where you are **Totally Disabled** because of more than one injury or sickness, or from both, whether related or not, benefits are payable in respect of only one injury or sickness, as the insurer shall reasonably determine, based on medical evidence.

When does payment of the benefit stop?

Benefit payments start after the **Waiting Period**, and will cease upon the earliest of any of the following events:

- you are accepted by the insurer for a **Total & Permanent Disability** benefit payment or **Terminal Illness** benefit payment (subject to having received Income Protection benefits for at least 3 months),
- you are no longer **Totally Disabled** or **Partially Disabled**;
- you die, subject to payment of the bereavement benefit;
- the maximum **Benefit Period** expires;
- you attain age 65;
- you are no longer under the regular and continuous care of a **Doctor**;
- you fail to provide the insurer with all requested information and other evidence reasonably required to assess the claim.

Information and other evidence reasonably required to assess the claim. The benefit will be paid even if the insurer assesses you to be total & permanently disabled. Providing you were an insured member of Sunsuper at the time you finished work due to the sickness or injury that gave rise to a claim, monthly income benefits will be payable or continue to be paid, regardless of whether you continue to be a member of Sunsuper.

Other important information

Can your health affect your insurance cover?

If you wish to apply for Tailored cover, when assessing your application for cover, the insurer may ask for further details in relation to the information you disclose in your application.

As a condition of acceptance of the Tailored cover, the insurer may apply a loading (a higher premium) for the increased amount of cover. The insurer may also specify a benefit exclusion that will apply if a claim for the increased amount of insurance is related to a specified condition or pastime.

Any premium loadings or benefit exclusions will be advised to you as a Special Acceptance offer. You will be required to either accept or decline the offer within 30 days. If no response is received from you it will be deemed that you have declined this offer. Interim Cover will apply until the terms are accepted or declined. If you do not respond to the Special Acceptance offer within 30 days the application will be cancelled and interim cover will cease.

If you accept the terms of this offer, your increased cover will start on the date you accept the Special Acceptance offer.

Commencement of cover is also subject to you having sufficient money in your *Super-savings account* to pay insurance premiums. If you do not have enough money in your *Super-savings account* to pay premiums, you will be notified of the conditions that apply to you.

Change in circumstances

Different people will have different needs depending on their individual circumstances. You may need more cover, or you may not want to cover yourself at all. It is important that you review your insurance needs and check that you are adequately covered. To help you work out your insurance needs, call us on **13 11 84**.

Can I nominate a beneficiary?

In the unfortunate event of your death, the Sunsuper Trustee is required to pay your Death benefit to your beneficiaries, or where there are no eligible beneficiaries, to any person who has a fair claim. For your *Sunsuper for Life Corporate* account you can complete either:

- a binding death benefit nomination - this allows you to nominate who will receive your superannuation benefits in the event of your death and ensures that the Trustee is legally bound by your wishes. Claims are generally processed faster when a valid binding death benefit nomination is in place, or
- a preferred beneficiary nomination - this is used by the Trustee as a guide when deciding who should receive your Death benefit. There may be restrictions on who the benefit can be legally paid to. There may also be lengthy investigations to determine who the benefit should be paid to.

Refer to the *Sunsuper for life guide* for more information.

What happens if I want to reduce or cancel my cover?

If you don't want Standard or Tailored cover, or you just want to reduce your cover, you need to let us know, otherwise the premiums will continue to be deducted from your *Super-savings account* each month. The cancellation or reduction will be effective from the date your instruction is received by Sunsuper.

Our secure online service *Member Online* allows you to cancel your insurance cover, alternatively just contact us.

If you cancel your cover, evidence of health satisfactory to the insurer will be required before cover can restart from the date approved by the insurer or if Special Conditions apply, the date you accept the Special Conditions.

Duty of disclosure for insurance cover

Before a superannuation fund trustee like Sunsuper Pty Ltd enters into a life insurance contract in respect of your life, it has a duty to tell the insurer anything that it knows, or could reasonably be expected to know, that may affect the insurer's decision to provide the insurance and on what terms.

The trustee entering into the contract has this duty until the insurer agrees to provide the insurance. The trustee has the same duty before it extends, varies or reinstates the contract. The trustee does not need to tell the insurer anything that reduces the risk of the insurance, or is common knowledge, or

the insurer knows or should know as an insurer, or where the insurer waives the duty to tell them.

If you as a member of Sunsuper do not tell us or the insurer something

If you, as the person whose life is to be insured under the life insurance contract, do not tell us or the insurer something that you know, or could reasonably be expected to know, may affect the insurer's decision to provide insurance and on what terms, this may be treated as a failure by us to comply with our Duty of Disclosure. This could affect the insurance cover provided to you as described below.

If we do not tell the insurer something (because you didn't tell us or otherwise)

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If the insurer does, it may apply the following rights separately to each type of cover.

If we do not tell the insurer anything we are required to, and the insurer would not have provided the insurance if it had been told, the insurer may avoid the contract within three years of entering into it.

If the insurer chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if we had told the insurer everything we were required to. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if we had told the insurer everything we were required to. However, this right does not apply if the contract has a surrender value, or provides cover on death. If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed. For further information please call us on **13 11 84**.

Special offers

Information on special offers may be available on our website from time to time. If we make a special offer, we will provide you with separate terms and conditions about the offer on request. Special offers may only be available to you for a short time and we may withdraw them at any time.

Financial Advice

Working out how much insurance is right for you can be a difficult task. The amount of insurance you need will depend on a combination of things such as your liabilities, assets, ongoing expenses and your expected standard of living.

If you need some financial advice and help deciding what you should do in the short-term as well as a long term plan, please don't hesitate to contact one of our qualified financial planners on **13 11 84**. They can help you with a tailored financial plan.

Sunsuper employees provide advice as representatives of Sunsuper Financial Services Pty Ltd (ABN 50 087 154 818, AFSL No. 227867), wholly owned by the Sunsuper Superannuation Fund.

Overseas travel and approved leave

Total premiums (including stamp duty) will continue to be deducted from your *Super-savings account* during the period of leave. It is your responsibility to ensure sufficient monies are in your *Super-savings account* during the period of leave to pay your premiums.

If you cancel your cover while on leave, you will need to reapply for cover on returning to work. Evidence of health satisfactory to the insurer will be required before cover can restart from the date accepted by the insurer.

What happens during Unpaid Leave or parental leave?

Your Death and Total & Permanent Disability cover will continue for up to 24 months from the commencement of employer approved leave of absence or parental leave by you, if you have not returned to work prior to the expiry of the 24 month period your cover will cease.

Your Income Protection cover under this Policy may be continued for up to twenty-four (24) months while you are on Employer approved leave of absence or parental leave, providing:

- you were working an average of 15 hours or more per week in the 3 months immediately prior to going on unpaid leave;
- you do not join the armed forces (excluding Australian Defence Force Reservists not deployed overseas);
- premiums continue to be paid; and
- you remain **Employed** and remain a member of the Fund.

Note: If you're on **Unpaid Leave** or leave without pay, you will not be eligible to start claiming benefits until the later of the end of your **Waiting Period** and the end of the leave period. The **Salary** used to calculate your benefit will be your **Salary** in place on your last day of work prior to beginning of your unpaid leave period.

You can reapply for cover upon returning to work. Evidence of health satisfactory to the insurer will be required before cover can restart from the date accepted by the insurer.

Warning - If your account does not receive an **Eligible Contribution** for a 12 month period and you haven't informed us in writing that you wish to opt out of ceasing your insurance cover, your cover will cease 12 months after your last **Eligible Contribution**.

What happens if you travel overseas on paid leave or reside overseas?

Your cover will continue while you reside overseas as long as you remain in the active employment of your Australian-based employer (or an international subsidiary or associated company of your Australian employer). If you become disabled while based overseas you may, at your own expense be required to return to Australia for assessment of any disability claim.

The cover described in this guide is provided 24 hours a day on a worldwide basis. However, unless you are continuously residing in Australia or one of the following approved

countries; Belgium, Canada, Denmark, France, Germany, Hong Kong, Italy, Japan, the Netherlands, New Zealand, Singapore, Sweden, Switzerland, the United Kingdom, the United States of America or any other country the insurer may agree to in writing, the payment of Income Protection benefits to you will be subject to the following conditions:

- payment of continuous Income Protection benefits will be limited to 12 months from the date of your disability; and
- after expiration of the 12 month period, no additional Income Protection benefits will be payable to you unless and until you return to Australia or one of the approved countries.

If you return to Australia or an approved country and you are still **Totally Disabled** or **Partially Disabled** with the terms of the Policy, Income Protection benefits may be reinstated effective from the date you return to Australia or one of the approved countries.

3. Premiums

How is the premium for Standard and Tailored cover calculated and when is it paid?

The premium rates for your Employer Plan are generally based on a number of factors including:

- the number of insured members in your Employer Plan,
- the age, gender and occupational mix of your Employer Plan, and
- the claims history of your Employer Plan.

The cost of your cover depends on the amount and type of cover you have, your age and gender, stamp duty (where applicable) and the premium rates applying to your Employer Plan. Premiums for cover in addition to the Standard insurance cover you receive automatically may also depend on your health at the time you applied and were accepted for the Tailored cover.

Generally your insurance premiums are recalculated on your birthday, unless agreed otherwise with the insurer. Premiums are deducted from your *Super-savings account* unless otherwise agreed with your employer.

Your insurance premiums are calculated weekly and deducted monthly from your *Super-savings account*.

Permanent employees - Standard and Tailored Death and Total & Permanent Disability cover

Your insurance premiums are determined by your age, amount of insurance and the premium rates applying to your Employer Plan. The table below shows the annual premium for each \$10,000 of cover.

Age	Death & TPD ¹ cover	Death only cover	TPD ¹ cover
	Unisex \$	Unisex \$	Unisex \$
15	1.40	1.10	0.30
16	1.60	1.30	0.30
17	1.80	1.60	0.20
18	2.00	1.80	0.20
19	2.20	1.90	0.30
20	2.30	2.00	0.30
21	2.30	2.00	0.30
22	2.30	2.00	0.30
23	2.30	2.00	0.30
24	2.20	1.90	0.30
25	2.20	1.90	0.30
26	2.30	1.90	0.40
27	2.40	1.90	0.50
28	2.50	1.90	0.60
29	2.60	1.90	0.70
30	2.70	1.90	0.80
31	2.80	1.90	0.90
32	3.00	2.00	1.00
33	3.20	2.10	1.10
34	3.40	2.20	1.20
35	3.70	2.30	1.40
36	4.00	2.40	1.60
37	4.30	2.50	1.80
38	4.70	2.80	1.90
39	5.20	3.00	2.20
40	5.70	3.20	2.50
41	6.20	3.50	2.70
42	6.80	3.80	3.00
43	7.60	4.10	3.50
44	8.60	4.50	4.10
45	9.70	5.00	4.70
46	10.90	5.50	5.40
47	12.30	6.00	6.30
48	13.70	6.60	7.10
49	15.30	7.20	8.10
50	17.10	7.80	9.30
51	19.10	8.60	10.50
52	21.40	9.40	12.00
53	23.70	10.20	13.50
54	26.30	11.10	15.20
55	29.20	12.00	17.20
56	32.30	13.10	19.20
57	35.90	14.20	21.70
58	39.00	15.60	23.40
59	42.50	17.20	25.30
60	46.10	18.80	27.30
61	50.10	20.60	29.50
62	54.50	22.50	32.00
63	59.90	24.50	35.40
64	66.00	26.60	39.40
65	N/A	28.90	N/A
66	N/A	31.50	N/A
67	N/A	34.20	N/A
68	N/A	37.70	N/A
69	N/A	41.60	N/A

1. TPD means Total & Permanent Disability

When you have Tailored cover, your Total & Permanent Disability cover reduces by 20% each year from age 61 and ceases on your 65th birthday. The premiums above do not reflect the reduced cover. Rounding variations may occur when calculating premiums. The Death only premiums shown from age 65-69 apply to Tailored Death cover only.

Premium Rates - Standard Death and Tailored Death cover - Casual employees

Your insurance premiums are determined by your age, amount of insurance and the premium rates applying to your Employer Plan. The table below shows the annual premium for each \$10,000 of cover.

Age	Death only cover
	Unisex \$
15	1.10
16	1.30
17	1.60
18	1.80
19	1.90
20	2.00
21	2.00
22	2.00
23	2.00
24	1.90
25	1.90
26	1.90
27	1.90
28	1.90
29	1.90
30	1.90
31	1.90
32	2.00
33	2.10
34	2.20
35	2.30
36	2.40
37	2.50
38	2.80
39	3.00
40	3.20
41	3.50
42	3.80
43	4.10
44	4.50
45	5.00
46	5.50
47	6.00
48	6.60
49	7.20
50	7.80
51	8.60
52	9.40
53	10.20
54	11.10
55	12.00
56	13.10
57	14.20
58	15.60
59	17.20
60	18.80
61	20.60
62	22.50
63	24.50
64	26.60
65	28.90
66	31.50
67	34.20
68	37.70
69	41.60

The Death only premiums shown from age 65-69 apply to Tailored Death cover only.

Permanent employees - Premium Rates - Optional Income Protection cover

Your insurance premiums are determined by your age, amount of insurance, **Waiting Period**, **Benefit Period** and the premium rates applying to your Employer Plan. The table below shows the annual premium for each \$1,000 of Income Protection cover.

Age	Unisex \$
15	1.05
16	1.05
17	1.05
18	1.05
19	1.05
20	1.06
21	1.07
22	1.07
23	1.08
24	1.08
25	1.03
26	0.98
27	0.95
28	0.93
29	0.92
30	0.92
31	0.93
32	0.96
33	0.99
34	1.05
35	1.11
36	1.19
37	1.28
38	1.39
39	1.52
40	1.65
41	1.83
42	2.02
43	2.24
44	2.49
45	2.78
46	3.11
47	3.47
48	3.90
49	4.36
50	4.89
51	5.49
52	6.42
53	7.51
54	8.76
55	10.19
56	11.83
57	13.72
58	15.88
59	18.34
60	21.16
61	24.35
62	18.41
63	10.24
64	17.40

Premiums include stamp duty. Rounding variations may occur when calculating premiums.

Facts about making a claim

Let us help you

As a profit-for-members fund, we're here to help support and guide you through the claims process so you don't feel confused or overwhelmed.

At Sunsuper, we understand that making a claim can sometimes be a stressful and difficult process. We understand that the circumstances of every claim are as different as the individuals making them.

To help you and your family through this difficult time, we have experienced Claims Representatives that can assist and guide you through the claims process from start to finish.

All of our Claims Representatives are trained to understand and explain our claims process. Once you make the initial contact with us to commence a claim, you will be assigned an individual Claims Representative to help you through the rest of the process and answer your questions.

We'll do everything in our power to ensure all eligible claims are paid as quickly as possible.

Sunsuper Insurance claims guide

Want to know more about:

- Making a claim
- How a claim is assessed

We have developed a *guide* to help step you through the various claims processes. Visit [sunsuper.com.au/makeclaim](https://www.sunsuper.com.au/makeclaim) for more information on making a claim.

Do you need a lawyer to assist with your claim?

Every insurance claim is different. Our claim process has been designed so that in most cases you or your family should not need the assistance of a lawyer when making a claim with Sunsuper. Our experienced Claims Representatives are here to assist you with your claim throughout the whole process.

However, if you wish to engage the services of a lawyer to assist with your claim you can do so at any time.

Remember, we are here to help, so call us on **13 11 84** if you have any questions about how to make a claim.

How to make a claim

While we do hope that you never need to, the following information will assist you in understanding the claim process in the event that you do need to make a claim. Any claim process will involve:

- notification to us,
- gathering information and providing it to us,
- assessment of the insurance claim by the insurer,
- assessment by the Sunsuper Trustee, including determination of the beneficiary/ies,
- decision by the Sunsuper Trustee, and
- payment of the claim, if approved.

These steps do take some time, although our experienced Claims Representatives will help you at every stage of the process.

Further information may be requested at different stages of the process, and with disablement claims you may be required to undergo an examination by a **Doctor** or professional of the insurer's choice. The insurer will usually meet the costs associated with any additional information requests.

Death claims

It is important that in the event of your death, Sunsuper is notified by a relative or legal personal representative to enable the claims process to begin. Once we receive formal notification of your death, your *Super-savings account* will normally be transferred to the Cash investment option. Any insurance benefit paid into your *Super-savings account* will also be invested in the Cash investment option, and will remain invested there until the Trustee finalises payment of your death benefit.

Disability claims

Sunsuper should be notified as soon as reasonably possible after an event that is likely to give rise to a disability or **Terminal Illness** claim. Please note there is a 6-month waiting period before a Total & Permanent Disability claim becomes assessable, and a 84-day **Waiting Period** applicable to you in the event of an Income Protection claim.

If you don't have insurance with us, you may still be able to claim your super balance under a **Permanent Incapacity** benefit. If you are suffering from a **Terminal Medical Condition** you may also be able to access your super balance. Please contact Sunsuper on **13 11 84** to discuss these options.

Claims after your cover has stopped

If an event occurs before the date your cover stops or is terminated, and that event entitles you to make an insurance claim, you may still be eligible for that payment even after your cover has stopped.

If your claim is declined

If your claim is declined by the Insurer your claim will be referred to the Sunsuper Trustee for review and consideration.

If the Sunsuper Trustee declines your claim and you disagree with this decision you can either:

- lodge a complaint in writing, with Sunsuper. Your complaint will be investigated, and if the decision to decline your claim is confirmed by the Fund, you can refer your complaint to the Australian Financial Complaints Authority (AFCA), or
- lodge a complaint directly with AFCA, however AFCA may refer your complaint back to Sunsuper.

There are time limits on when you can make a complaint to AFCA about a Total & Permanent Disability claim. Call AFCA on 1800 931 678 or visit their website www.afca.org.au for more information about these time limits.

AFCA's contact details are as follows:

Australian Financial Complaints Authority
GPO Box 3 Melbourne VIC 3001
Call: 1800 931 678
Email: info@afca.org.au
Web: www.afca.org.au

Incorrect information and eligibility for cover

If your recorded age or gender is incorrect, the insurer has the right to adjust the premium or the benefit based on the correct information. As a general rule, your eligibility for cover will not be assessed until you make a claim.

Financial advice

When you make a claim, or receive an insurance benefit, not only is it likely to be a difficult time, but it can be hard to know what your next step is. You don't need to panic and you don't need to be rushed into a course of action.

If you need some financial advice and help deciding what you should do in the short-term as well as a long term plan, please don't hesitate to contact one of our dedicated qualified financial planners.

Call **13 11 84** to speak to one of our phone based qualified financial planners¹ who can give you simple advice about your Sunsuper account at no additional cost. For more comprehensive advice, we may also refer you to an accredited external financial planner². Advice of this nature may incur a fee.²

¹ Sunsuper employees provide advice as representatives of Sunsuper Financial Services Pty Ltd (ABN 50 087 154 818 AFSL No. 227867) (SFS), wholly owned by the Sunsuper Superannuation Fund.

² Sunsuper has established a panel of accredited external financial planners for our members. Sunsuper does not receive or pay any referral fees to these planners. Each of these planners will explain to you how their advice fees are determined. The accredited external financial planners are not employed by Sunsuper, and Sunsuper is not responsible for the advice provided by these planners.

4. Definitions general terms

Term	Definition
Accidental Injury	Accidental Injury means an event where bodily injury is caused directly and solely by external and visible means, independent of all other causes.
Approved Leave	Approved Leave means parental leave, annual leave, bereavement leave, long service leave or any other leave approved by your Employer for reasons other than related to injury or illness.
Benefit Period	Benefit Period means the maximum period of time for which benefits will be paid for any one period of Total Disability or one period of Total and Partial Disability . The total claim payment period for any one illness or injury is limited to your Benefit Period.
Casual Employment\ Casual Employee	Casual Employment means you are engaged in employment of a temporary nature where continuity of employment is not guaranteed by your employer regardless of hours worked or the period of employment. Casual Employment also includes persons appointed on fixed term contracts of less than three months.
Date of Disability - Income Protection	The Date of Disability is where you are: <ul style="list-style-type: none"> i) the date you cease all work as a result of a illness or injury, or ii) the date on which the Doctor certifies that you suffer from an injury or illness that is the cause of your Total Disability..
Date of Disablement - Total & Permanent Disability	The Date of Disablement means the later of the date: <ul style="list-style-type: none"> i) you cease all work solely as a result of injury or Illness; and ii) the date on which the Doctor certifies that you suffer from an injury or Illness that is the cause of Total & Permanent Disability.
Eligible contributions	Eligible contributions include Superannuation Guarantee, additional Employer contributions, personal contributions (including voluntary contributions and contributions made by a spouse) and rollovers and automatic transfers from other superannuation funds. They do not include co-contributions or the low income super tax offset.
Employed	Employed mean engaged in regular permanent employment (including Casual Employment) for at least 15 hours per week but does not include any person engaged in Seasonal or Contract Employment basis..
Limited Cover	Limited Cover means means that a person is covered only for claims arising from: <ul style="list-style-type: none"> • an illness that first became apparent to you; or • an injury which first occurred; on or after the date the cover commenced, recommenced, reinstated, or increased.
Doctor	Doctor means a legally qualified and registered doctor of medicine. It does not include the Employer, the Insured Member, an Employee or the Insured Member's immediate family or business partner/s.
Permanent Employment / Permanently Employed	Permanent Employed means you are engaged in Full Time Employment or Fixed Term Employment for three (3) or more months with your employer, but does not include any person engaged in Casual Employment , Contract Employment or Fixed Term Employment.

Term	Definition
Medical Condition Definitions	<p>Blindness The permanent loss of sight in both eyes, whether aided or unaided, due to illness or injury to the extent that visual acuity is 6/60 or less in both eyes or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.</p> <p>Cardiomyopathy Condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, i.e. Class 3 on the New York Heart Association classification of cardiac impairment.</p> <p>Chronic lung disease Permanent end stage respiratory failure with FEV1 test results of consistently less than one litre requiring continuous permanent oxygen therapy.</p> <p>Dementia and Alzheimer's disease Clinical diagnosis of dementia (including Alzheimer's disease) as confirmed by a consultant neurologists, psycho-geriatrician, psychiatrist or geriatrician. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration in the person's Mini-Mental State Examination scores to 24 or less and deterioration would continue but for any effective treatment. Dementia related to alcohol, drugs abuse or AIDS is excluded.</p> <p>Diplegia The total loss of function of both sides of the body due to illness or injury, where such loss of function is permanent.</p> <p>Hemiplegia The total loss of function of one side of the body due to illness or injury, where such loss of function is permanent.</p> <p>Loss of hearing Complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of illness or injury, as certified by a specialist we consider appropriate.</p> <p>Loss of speech 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 the speech centres of the brain. The loss must be certified by an appropriate medical specialist.</p> <p>Major head trauma Injury to the head resulting in neurological deficit causing either:</p> <ul style="list-style-type: none"> • a permanent loss of at least 25% whole person function (as defined in the American Medical Association publication "Guides to the Evaluation of Permanent Impairment" 4th Edition or an equivalent <i>guide</i> to the evaluation of impairment approved by us); or • the permanent and irreversible inability to perform without the assistance of another person any one of the following activities of daily living: <ul style="list-style-type: none"> - dressing - the ability to put on and take off clothing; - toileting - the ability to use the toilet, including getting on or off; - mobility - the ability to get in and out of bed and a chair - continence - the ability to control bowel and bladder function; - feeding - the ability to get food from a plate into the mouth; <p>as certified by a consultant neurologist.</p> <p>Motor neurone disease Motor neurone disease diagnosed by a consultant neurologist.</p> <p>Multiple sclerosis The unequivocal diagnosis of multiple sclerosis as confirmed by a consultant neurologist and characterised by demyelination in the brain and spinal cord evidenced by Magnetic Resonance Imaging or other investigations acceptable to us. There must have been more than one episode of well-defined neurological deficit with persisting neurological abnormalities.</p> <p>Muscular dystrophy The unequivocal diagnosis of muscular dystrophy by a consultant neurologist.</p> <p>Paraplegia The permanent loss of use of both legs or both arms, resulting from spinal cord illness or injury.</p>

Term	Definition
Medical Condition Definitions continued	<p>Parkinson's disease The unequivocal diagnosis of Parkinson's disease by a consultant neurologist where the consultant neurologist confirms that the condition:</p> <ul style="list-style-type: none"> • is the established cause of two or more of the following: <ul style="list-style-type: none"> - muscular rigidity; - resting tremor; - bradykinesia; and • has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit. <p>The person must be following the advice and treatment of a specialist neurologist.</p>
	<p>Primary pulmonary hypertension Primary Pulmonary Hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.</p>
	<p>Quadriplegia The permanent loss of use of both legs and both arms, resulting from spinal cord illness or injury.</p>
	<p>Severe rheumatoid arthritis The unequivocal diagnosis of severe rheumatoid arthritis by a Rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:</p> <ul style="list-style-type: none"> • at least a six week history of severe rheumatoid arthritis which involves three or more of the following joint areas: <ul style="list-style-type: none"> - proximal interphalangeal joints in the hands; - metacarpophalangeal joints in the hands; - metatarsophalangeal joints in the foot, wrist, elbow, knee or ankle; • simultaneous bilateral and symmetrical Joint soft tissue swelling or fluid (not bony overgrowth alone) • typical rheumatoid joint deformity and at least two of the following criteria: <ul style="list-style-type: none"> - morning stiffness; - rheumatoid nodules; - erosions seen on X-ray imaging; - the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis. <p>Degenerative osteoarthritis and all other arthritides are excluded.</p>
	<p>Tetraplegia The total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain illness or spinal cord illness or injury.</p>
Permanent Incapacity	<p>Permanent Incapacity is defined in the Superannuation Industry (Supervision) Regulations 1994 (Cth). A member of a superannuation fund is taken to be suffering permanent incapacity if the trustee of the fund is reasonably satisfied that the member's ill-health (whether physical or mental) makes it unlikely that the member will engage in gainful employment for which the member is reasonably qualified by education, training or experience.</p>
Pre-Disability Salary	<p>Pre-Disability Salary means the Salary earned at the Date of Disability.</p>
Salary	<p>Salary is generally calculated as the total value of your salary package (excluding employer super contributions), as determined by your employer. It includes (as applicable) tool of trade car allowance, regular shift allowance and district allowance, but excludes any other bonus, overtime, commission, incentive, reimbursement of expenses or other special payment (unless so decided in an exceptional case and declared in writing by your employer).</p> <p>Proof of Salary is also required at the time of a benefit claim.</p>
Terminal Illness	<p>Terminal Illness means you suffer an illness that two registered Doctors (at least one of whom is a specialist practicing in an area related to the illness suffered by you) have certified, jointly or separately, is likely to result in your death within a period that ends not more than 12 months after the date of the certification and the 12 month period has not yet expired in relation to the certificates.</p>

Term	Definition
Terminal Medical Condition	Terminal Medical Condition is a condition of release under the Superannuation Industry (Supervision) Regulations 1994 (Cth). For more information refer to the <i>Sunsuper for life guide</i> .
Unpaid Leave	<p>Unpaid Leave means leave (not being cessation of employment) without pay from your employer. This leave must be:</p> <ul style="list-style-type: none"> i) approved by your employer or authorised by: <ul style="list-style-type: none"> a) the Commonwealth, a State or a Territory, or b) a certified agreement or award made by a tribunal or body having the authority to do so under the law of the Commonwealth, a State or a Territory. ii) in relation to which you have a statutory or contractual right to resume employment at the end of the leave, and iii) in relation to which you are not being paid by the employer. <p>Unpaid Leave excludes leave:</p> <ul style="list-style-type: none"> i) that is due to your illness or injury, or ii) during which you receive or are entitled to receive: <ul style="list-style-type: none"> a) income benefits, or b) disability income benefits, or c) social security sickness benefits, or iii) due to strike or lockout.
Waiting Period	<p>The Waiting Period is the number of continuous days which you must remain off work due to an illness or injury before the Total Disability benefit or Partial Disability benefit begins to accrue. The Waiting Period commences from the date you are Totally Disabled and unable to work, as certified by a Doctor.</p> <p>If you attempt to return to work during the Waiting Period, and that proves unsuccessful due to the injury or illness causing the Total Disability, the original Waiting Period will continue and be extended by the number of days you worked. With a Waiting Period of 84 days that means you can work up to 5 days. Otherwise, the Waiting Period will start again.</p>

4. Definitions - Total & Permanent Disability

It is important that you understand the Total & Permanent Disability definition and the factors that can impact the payment of a benefit. The following statements are here to assist your understanding of the Total & Permanent Disability definition.

Ongoing medical care - you are required to be under the ongoing care of and following the advice recommended by your treating Doctor.

Already receiving disability support payments - you are not automatically entitled to a total & permanent disability benefit where you are eligible to access your superannuation balance because of permanent incapacity or you have received benefits from Centrelink (for example a Disability Support Pension) or workers compensation. You must meet the applicable Total & Permanent Disability definition.

How is your prior education, training and experience taken into account? - your Total & Permanent Disability definition is based on your capacity to perform any suitable occupation based on all your education, training or experience and not just your own occupation. It will not be limited to the occupation or job you were doing immediately prior to your disablement.

The time period over which your education, training or experience is considered depends on which part of the Total & Permanent Disability definition applies to you. The insurer will consider all your education, training or experience up the end of any waiting period (as set out in the definition).

Working on a part-time basis - your ability to participate in part-time work, regular casual work or lower paid work after you become injured or ill may disqualify you from receiving a total & permanent disability benefit payment even if you were working full time prior to your disablement.

Work availability - the availability or desirability of suitable work in your immediate area is not a relevant consideration - it is only your capacity to perform work that is the determining factor.

How will your benefit be paid - If you are eligible for a Total & Permanent Disability benefit, this will be paid to you as a single lump sum payment.

Total & Permanent Disability means:

(a) Unable to engage in work

You:

- i) have been absent from your occupation solely through illness or injury for a period of six consecutive months,
- ii) have been regularly attending a **Doctor** and undertaking medical treatment reasonably recommended by that **Doctor** with respect to that illness or injury since ceasing work in your occupation solely through illness or injury, and
- iii) are incapacitated to such an extent that, in the opinion of the insurer and the Trustee, after consideration of 'medical and other relevant evidence', you are, at the end of the initial period of six consecutive months absence from your occupation, unable to ever engage in or work (on a full time or part time employment basis) in any occupation for which you are reasonably suited by education, training or experience.

(b) Specific loss

You suffer, as a result of illness or injury:

- i) the total and permanent loss of the use of two limbs; or
- ii) blindness in both eyes; or
- iii) the total and permanent loss of one limb and blindness in one eye;

where 'limb' means the whole hand below the wrist or whole foot below the ankle; and 'blindness' means the permanent loss of sight to the extent that visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc.

(c) Activities of daily living

As a result of illness or injury, you are totally unable to perform without physical assistance of another person any two of the following activities of daily living:

- i) dressing - the ability to put on and take off clothing,
- ii) toileting - the ability to use the toilet, including getting on and off,
- iii) mobility - the ability to get in and out of bed and a chair,
- iv) continence - the ability to control bowel and bladder function,
- v) feeding - the ability to get food from a plate into your mouth,

and you are permanently and irreversibly unable to do so for life.

(d) Specific illness

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

- i) you were, on the date of claim, aged 65 years or less; and
- ii) you are absent from all work as a result of suffering cardiomyopathy, primary pulmonary hypertension, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia, hemiplegia, diplegia, tetraplegia, dementia and Alzheimer's disease, Parkinson's disease, blindness, loss of speech, loss of hearing, chronic lung disease or severe rheumatoid arthritis - Refer to Medical Condition Definitions for further details; and

- iii) the insurer and the Trustee consider, on the basis of medical and other evidence satisfactory to the insurer and the Trustee, that you are unlikely ever to be able to engage in any occupation, whether or not for reward; and
- iv) you are likely to be so disabled for life.

(e) In an occupation classified as Home duties

You have been absent from your occupation solely through injury or illness for a period of six consecutive months and are incapacitated to such an extent that, in the insurer's and the Trustee's opinion after consideration of medical and other relevant evidence, you were, at the end of the period of six consecutive months absence from employment, unlikely to ever again attend to at least two normal physical domestic household duties.

For the purposes of part (e) of this definition 'normal physical domestic household duties' means:

- i) cleaning the family home; or
- ii) shopping for food and household items; or
- iii) meal preparation and laundry services; or
- iv) leaving the house without the assistance of another person; or
- v) looking after dependent child/children under 16 years of age or in full-time secondary education, where applicable; or
- vi) providing full-time care for a disabled person(s) who is a member of your immediate family, where applicable.

If you are able to perform the normal physical domestic household duties with the assistance of another person or with the use of assistive devices, you are deemed to be able to perform these duties. You must be under the regular care and attention and following the advice of a **Doctor** for that injury or illness. Evidence that you carried out the duties on a daily basis prior to your period of disability will be required.

(f) Permanent incapacity

You are incapacitated to such an extent that, in the insurer's and the Trustee's opinion (after consideration of medical and other relevant evidence) makes it unlikely that you will engage in work for reward in any occupation for which you are reasonably qualified by education, training or experience.

'**medical and other relevant evidence**' includes, but is not limited to:

- i) the prospect of improvement in your capacity after treatment and rehabilitation that could reasonably be expected to be undertaken by you, and
- ii) whether reasonable retraining or re-skilling would render you able to engage in or work (on a full-time or part-time basis) in any occupation for which you are reasonably suited by education, training or experience.

'**occupation**' means an occupation that you can reasonably perform, on a full-time or part-time basis, based on the skills or knowledge you have acquired through previous education, training or experience.

'**part time**' means engaged in permanent employment for at least 15 hours per week.

6. Definitions - Income Protection

It is important that you understand the Income Protection definitions and the factors that can impact the payment of an Income Protection benefit. The following statements are here to assist your understanding of the Income Protection definition.

Ongoing medical care - to remain eligible for Income Protection benefits, you are required to be under the care of and following the advice recommended by your treating Doctor.

Unable to work - this will be based on your inability to perform at least one of the Important Duties (as defined) of your usual occupation. Where you return to paid work (even in a different job or occupation), you will no longer be eligible for a total disability benefit, however may be eligible to claim a partial disability benefit.

You may be eligible for a partial disability benefit

- where you have been disabled and return to work in a reduced capacity and have a reduced income as a result of your illness or injury. You must be totally disabled for at least 14 consecutive days to be eligible for a partial disability benefit.

If you are partially disabled, the amount of your benefit may change each month depending on the actual income you earned during that month.

Occupational rehabilitation support - where appropriate, our insurer will work with you, your doctor, your employer and the insurer to encourage and support you through occupational rehabilitation (including workplace modifications). Participating in occupation rehabilitation is voluntary and will not impact your monthly benefit.

Already receiving disability support payments - your total or partial disability benefit may will be reduced if you also receive payments from other sources (for example workers' compensation, sick leave or from other Income Protection policies).

Ongoing assessment - Income Protection claims are assessed on a monthly basis over the duration of your benefit period. You will need to periodically provide ongoing evidence to support your claim.

Maximum period you could be paid - the benefit period is the maximum length of time that you will receive a monthly benefit whilst you continue to remain totally or partially disabled. Your payments will stop when your benefit period ends, even if your disability continues.

Totally and permanently disabled - your monthly benefit will not be impacted if you are paid a Total & Permanent Disability benefit from Sunsuper or any other superannuation fund.

Total Disability or Totally Disabled

Total Disability or Totally Disabled means that solely as a result of injury or Illness, you are continuously:

- unable to perform at least one of the **Important Duties** of your own occupation; and
 - under the care of and following the regular and continuous advice for treatment from a **Doctor** in relation to that Illness or injury; and
 - not engaged in any occupation, paid or unpaid.
-

Partial Disability or Partially Disabled

Partial Disability or Partially Disabled means that immediately following a period of at least 14 consecutive days of Total Disability and as a direct result of injury or Illness which caused the Total Disability, you have returned to work in your own or another occupation and is:

- continuously unable to perform the Important Duties of your own occupation; and
 - earning less than your Monthly Income prior to Total Disability; and
 - under the continuous care, and following the advice for treatment of a **Doctor** in relation to that Illness or injury.
-

Important Duties means the duties of your occupation which are essential in producing a salary.

