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Pitcher Partners Superannuation Fund insurance guide (PPS.03)

If you receive default insurance, want to purchase insurance cover, or vary your existing cover through your super, this guide contains detailed information to help you make your decision.

The information in this guide forms part of the Product Disclosure Statement (PDS) for **Pitcher Partners Superannuation Fund – Employer & Personal Superannuation PDS dated 1 November 2020**, together with the general reference guide (**Pitcher Partners Superannuation Fund general reference guide (PPS.02)**) and investment guide (**Pitcher Partners Superannuation Fund investment guide (PPS.01)**). These documents should be considered before making a decision to acquire the products. We recommend you read this entire guide.

This guide contains important information including the definitions, exclusions and limitations to any cover you may decide to purchase through your super. It is a summary of the main terms and conditions of the Policy we have with the Insurer. We recommend that you read this entire guide.

The insurance cover provided is subject to the terms and conditions contained in the insurance policies issued to the Trustee by the Insurer. The terms and conditions of the policies prevail over any inconsistent information in the PDS and this insurance guide.

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Key words

There may be words in this guide you may not be familiar with. To help you understand these terms we have defined them in Section 9 of this guide and they are capitalised throughout the document.

General advice

The information contained in this guide:

- does not and is not intended to contain any recommendations, statements of opinion or advice
- is of a general nature only and does not take into account your individual objectives, financial situation or needs.

You should consider the appropriateness of this information having regard to your objectives, financial situation and needs and you may want to seek advice before making a decision about purchasing insurance through super.

Important notice

This guide has been prepared and issued by IOOF Investment Management Limited (IIML) (ABN 53 006 695 021) AFS Licence No. 230524. IIML is a company in the IOOF group comprising IOOF Holdings Ltd (ABN 49 100 103 722) and its related bodies corporate.

The Pitcher Partners Superannuation Fund is issued by IIML as Trustee of the IOOF Portfolio Service Superannuation Fund (ABN 70 815 369 818) The PDS is available by downloading a copy from our website (www.pitcherpartnerssuper.com.au) or by calling the Pitcher Partners Client Services Team on (07) 3222 8444. You should consider the Product Disclosure Statement before making an investment decision.

Section 1 – Insurance coverage – choose what is right for you

Everyone's lifestyle is different. Only you truly understand the effect your death, disablement or inability to work would have on you and your family.

The right insurance cover can provide you with the peace of mind that you or your family will be able to financially survive an unexpected death, illness or injury.

If you are unable to earn an income, the right insurance cover could help you meet repayments and may prevent you from losing any car, home and other assets you may already have. Many individuals and families experience severe financial hardship following an unexpected death, illness or injury an added burden at an already difficult time.

Arranging adequate insurance to protect your family and lifestyle can be done tax-effectively through your super account.

You can choose to purchase insurance either through the Group Life and Income Protection insurance policies we have arranged with the Insurer and pay the premiums for the insurance cover with pre-tax dollars through your super account.

Further details, including the Administration Fee we charge for this service, is described in the **Pitcher Partners Superannuation Fund general reference guide (PPS.02)**. Death and Total & Permanent Disablement (TPD) cover provides a lump sum benefit whereas Income Protection (often called income replacement or salary continuance cover) provides you with a regular monthly benefit while you are off work due to illness or injury.

This guide is designed to explain to you, as a member of the Pitcher Partners Superannuation Fund (the Plan), the insurance options available and the terms and conditions under the Group Life and Income Protection policies.

Employer Division

If you are a member of the Employer Plan, your employer may have arranged Group insurance for its employees. This means that you may automatically receive a basic level of insurance cover with no forms, no health checks and no underwriting (subject to the eligibility requirements for Automatic Acceptance under the Policy). This is called **Customised Cover** throughout this document.

If your employer has not arranged cover for you a default level of insurance cover may be provided. This is called **Default Cover** throughout this document.

You can apply individually for insurance if you would like cover in addition to what your employer may have arranged on your behalf.

Personal Division

If you are a member of the Personal Division, you can purchase insurance through the Group Life and Income Protection insurance policies we have arranged with the Insurer. This can be achieved by paying premiums for the insurance you need with pre-tax dollars through your super account. Further details, including the Administration Fee we charge for this service, is described in the **Pitcher Partners Superannuation Fund general reference guide (PPS.02)**.

Putting Members' Interests First (PMIF)

Putting Members' Interests First regulations commenced on 1 April 2020 and requires members to be at least age 25 *and* have achieved a balance of at least \$6,000 at least once since 1 April 2020 before automatically receiving Default Cover or Customised Cover insurance. More information can be found under the 'When does cover commence?' section of this guide.

Automatic Acceptance – Employer Division

Automatic Acceptance means you can receive insurance cover up to a certain amount without the need to provide the Insurer with any health evidence. If your Employer Plan is eligible for Automatic Acceptance you may automatically receive the type and amount of cover arranged by your Employer provided you meet the At Work requirements as outlined on page 6 under 'Default Cover' and other relevant terms and conditions of the Policies, including PMIF (see above). Your Member Schedule will indicate any insurance you have under Automatic Acceptance at the time we issue you your Welcome Pack. If Automatic Acceptance cover is issued at a later date, you will be issued with an updated Account Schedule to indicate any insurance you have been provided with under automatic Acceptance.

If you are eligible to receive automatic cover, it will be provided in addition to any cover you may already hold in another account within this product or any other IOOF product. However, the total insurance cover you may hold with IOOF will be subject to the insurance policies' terms and conditions, including any maximum benefit limits. Please contact the Pitcher Partners Client Services Team on (07) 3222 8444 if you wish to change your level of cover.

You may also receive an Employer Plan Summary that details the default insurance and Automatic Acceptance arrangements (if any) organised by your Employer on your behalf.

Customised Cover

Where your employer has nominated an insurance benefit design, provided you satisfy the relevant eligibility criteria and other requirements under the Policy you may be automatically entitled to the amount of cover nominated by your employer.

Where your employer has not nominated an insurance, benefit design the Insurer will provide Default Cover for eligible new members.

More information on the relevant eligibility criteria can be found in the 'When does cover commence?' section of this guide.

Default Cover

Default Cover is provided automatically to eligible members (who are not provided Customised Cover) who are aged 69 or younger when they join the Plan. More information on the relevant eligibility criteria can be found in the 'When does cover commence?' section of this guide. The amount of Death and TPD Default cover provided is based on your age, gender and occupational factors stated in the Policy. Please refer to the 'premium rate factors' and premium rates on our website for cover that will apply to you.

Your default insurance benefit for Death and TPD cover is the amount of cover purchased by the premium as follows from 1 April 2020:

Age Next Birthday	Male	Female
16	\$52.00	\$40.00
17	\$70.00	\$50.00
18	\$80.00	\$50.00
19	\$90.00	\$50.00
20	\$110.00	\$50.00
21-25	\$143.00	\$60.00
26-28	\$190.00	\$80.00
29	\$190.00	\$90.00
30	\$190.00	\$100.00
31	\$220.00	\$105.00
32	\$230.00	\$120.00
33-34	\$234.00	\$145.00
35	\$234.00	\$190.00
36	\$275.00	\$210.00
37	\$275.00	\$220.00
38	\$300.00	\$242.00
39-40	\$340.00	\$275.00
41-65	\$390.00	\$300.00
66-75	\$220.00	\$165.00

How do I obtain cover?

Provided you meet the eligibility criteria, there are two ways in which you can obtain insurance cover:

- Automatic Acceptance (Customised Cover or Default Cover), or
- Application for insurance.

If you are not eligible for Customised Cover or Default Cover, and/or you wish to increase or add to the level of cover you have, you will need to submit an Insurance application form.

All applications for increases or improvements to your insurance cover are subject to acceptance by the Insurer. The Insurer will assess your application and provide us with written notification of whether your cover is accepted or declined, and any conditions imposed. The Insurer may impose special conditions of acceptance including exclusions and/or an increase in the premium payable for the cover to be provided.

Once accepted, we will deduct all relevant insurance premiums from your Cash Account and pay these to the Insurer.

When does cover commence?

Generally, if your employer's Employer Plan has Customised Cover or Default Cover, eligible member's will commence automatically when you meet the following eligibility criteria:

- Your account balance has reached \$6000 at least once at any time since establishment
- You are aged 25 or more
- You are still employed by the same Employer who established the account with the fund and
- That employer made an employer contribution to the fund in the previous 120 days
- You have not opted into automatic cover or you have previously applied for cover
- Your cover has not lapsed, or you have not cancelled your cover

We will write to you when we determine you meet the above eligibility advising you that your automatic cover will commence 30 days after the date of the letter unless you advise us not to commence the cover prior to the cover commencement date.

Prior to meeting the above requirements and Customised cover or Default Cover automatically commencing, you are able to elect to opt into your employer's Customised Cover or Default Cover at any time, provided:

- You are still employed by the same Employer who established the account with the fund when cover commences and
- That employer made an employer contribution to the fund in the previous 120 days prior to acceptance of your opting in to cover

Your cover will commence from the date we accept your request to opt into the automatic cover.

Limitations may apply to your Customised Cover or Default Cover subject to when you meet the eligibility criteria or for automatic cover or when your opt in cover commences subject to the insurance commencing within (or after) 180 days from when you first commenced employment, or first became eligible to join the fund.

Please note insurance opt in is only available for new employees of an employer plan post 1 April 2020.

First 180 days

If your Customised Cover or Default Cover commences within the first 180 days from the date you first commenced employment, or first became eligible to join the Employer Division and you meet the At Work requirements outlined in the insurance Policy then your cover will not be subject to Limited Cover.

If you are not At Work on the date you first became eligible for insurance or the date you opted in for insurance the cover provided will be Limited Cover until you are At Work and you are At Work for 10 consecutive working days.

After 180 days

If your Customised Cover or Default Cover commences after the first 180 days from the date you first commenced employment or first became eligible to join the Employer Division, your cover will be subject to Limited Cover for at least 24 months, ceasing when you are At Work for 10 consecutive working days after the end of the 24 month period.

Limited Cover

Limited cover generally means cover is only provided for claims arising from:

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

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

The Illness or Injury referred to in paragraph (a) and (b) respectively cannot be caused directly or indirectly from an Illness or Injury, where the signs or symptoms existed prior to the commencement of the Limited Cover restriction on cover.

If you wish to remove the Limited Cover restriction prior to it ceasing as set out above, then you may apply for your health to be assessed through underwriting.

If you are not satisfied with the benefit option selected by your employer or your employer has not selected a benefit option, you can apply for a more suitable level of cover. This may impact on your ability to have the level of cover which has been prearranged by your employer and may require you to provide health evidence.

You should be aware that any additional cover you have requested in excess of Customised Cover or Default Cover will require you to provide health evidence. You need to be open and honest, providing as much detail as possible when completing an application. This is called your duty of disclosure. If you fail to mention something relevant and you end up making a claim, the Insurer may decline your claim or amend any benefit payable. For full information on your duty of disclosure, see the 'Information you must provide – your duty of disclosure' on page 13.

We will notify you when your application has been accepted by the Insurer.

The following benefit options may have been selected by your employer when determining your insurance cover (or, in the case of the first two, may be selected by you):

- **Fixed premium** – you or your employer may choose to pay a fixed premium which will provide you with the level of cover available for this premium each year. Your level of cover may increase or decrease each year on 1 July as a result of the increase in your age. For example: If you pay a \$3.00 per week premium your sum insured will normally reduce once you have passed a certain age.
- **Fixed cover** – you or your employer can choose the amount of the benefit you may receive. Premiums may increase or decrease each year on 1 July due to increases in your age. Please note, under this option, the level of TPD cover will reduce annually on 1 July by 20 per

cent from age 71, to zero upon reaching age 75 (refer 'Automatic reduction of TPD Benefit' on page 31).

- **Formula based cover**– your employer may select insurance cover for you which will vary based on a mathematical formula. (a percentage of salary multiplied by the number of years to age 75, for example, ten per cent of salary times years to age 75). If your salary is \$100,000 with ten years until you turn 75, your cover will be $(10\% \times \$100,000 \times 10) = \$100,000$.
- **Multiple of salary cover**– your employer may select insurance cover for you which will be a multiple of your salary. If your salary changes during the year, and we are advised of the change by your employer, your cover (and premium) will be recalculated based on the new salary at the 1 July following notification. Please note that under this option, the level of TPD cover will reduce annually on 1 July by 20 per cent from age 71, to zero upon reaching age 75 (refer 'Automatic reduction of TPD Benefit' on page 31). If your salary is \$100,000 and you have a benefit option of two times salary, your cover will be $(2 \text{ times } \$100,000) = \$200,000$.

The benefit option selected will be disclosed in your Employer Plan Summary. The amount of insurance you have received will be detailed in your Account Schedule.

Income Protection

If the Income Protection cover provided as part of any Customised Cover does not meet your needs, you may tailor an Income Protection package to suit your individual requirements.

The options available include a choice of:

- Income levels up to 75 per cent of Declared Earned Income (e.g. 50 per cent, 66 2/3 per cent or 75 per cent)
- Waiting Periods, i.e. 30, 60 or 90 days
- Benefit Payment Periods i.e. 2 years, 5 years, or to age 65
- Up to ten per cent of your Declared Earned Income as Superannuation Contributions Benefit when a disability benefit is payable. This enables you to maintain your superannuation contributions during periods of disability.

Forward Underwriting Limit for Customised Cover

If a part of your Customised Cover was subject to underwriting and was accepted by the Insurer, then the Insurer may agree with the Trustee to accept future Sum Insured increases according to the Customised Cover formula of the benefit design of your Employer Plan up to a Forward Underwriting Limit, without requiring further health evidence from you, subject to the limit on automatic increases in cover specified under the Policy (as outlined on page below under 'Limit on automatic benefit increases').

The Insurer will only agree to a Forward Underwriting Limit for you when:

- medical and any other evidence required has been provided to their satisfaction
- the Insurer has notified its written acceptance of your insurance cover to the Trustee, which includes the Forward Underwriting Limit, and
- your benefit formula contains a salary component.

Default Cover changes in the insured benefit

If your Employer Plan has Default Cover your insurance cover will vary automatically as a result of changes to your age on 1 July as per the Default Cover table above. If you are not At Work on this date, any increased cover will be Limited Cover until you have been At Work for ten consecutive working days.

Customised Cover changes in the insured benefit

If your Employer Plan has Customised Cover on a formula-based or multiple of salary benefit option, your insurance cover may increase automatically as a result of changes to your salary on 1 July following notification of the change to us by your employer, provided you are At Work on 1 July when the increase of salary is notified. If you are not At Work on this date, any increased cover will be Limited Cover until you have been At Work for ten consecutive working days. This increase is subject to the Trustee being notified of your new salary by your employer and the additional premium being paid.

The maximum amount of the increase in cover is the highest of the following:

- amount allowed under the Customised Cover
- Forward Underwriting Limit, or
- limit on automatic increases in cover as outlined below.

Except in the above three situations, you will always need to submit an Insurance application form if you would like to increase your cover.

Limit on automatic benefit increases

Automatic increases in the amount of cover in any 12 month period commencing 1 July, as a result of your Employer Plan's benefit design formula, is limited to a maximum of 25 per cent of the amount of cover last accepted by the Insurer, if:

- your Employer Plan has less than 200 insured members, and
- your cover is based on a formula-based benefit option, and
- your Death and/or TPD cover exceeds \$200,000, or
- your annual Income Protection cover exceed \$60,000.

Exceptions to these limits include where:

- the increase is due to a change in your work hours under your contract of employment, or
- the Insurer agrees in writing to the increase.

Applying for cover - Personal Division

To apply for insurance, or additional insurance, you have to complete an Insurance application form and submit it to us. You need to be open and honest, providing as much detail as possible when completing an application. This is called your duty of disclosure. If you fail to mention something relevant and you end up making a claim, the Insurer may decline your claim or amend any benefit payable. For full information on your duty of disclosure, see the 'Information you must provide – your duty of disclosure' section on page 13.

The Insurance application form asks questions about your health and medical history, occupation, pursuits, pastimes and other details the Insurer needs to assess an application.

In some cases, further information may be required, for example, a medical examination, blood tests or more detailed financial information.

Once the Insurer receives your application, they may ask us to contact you for further details, to provide medical records or to even take a few tests.

We will notify you when your application has been accepted or declined by the Insurer.

Important note

If you have insurance cover under the Employer Division and you leave your employer, you will be transferred to the Personal Division and your cover generally will continue in the Personal Division effective from the date you transfer, subject to other relevant terms and conditions.

There may be changes to your insurance calculation basis and insurance premiums. Please contact the Pitcher Partners Client Services Team, on (07) 3222 8444, for further information. If your work circumstances change you may need to re-consider your insurance needs.

What will the premiums be?

Premiums are the annual cost that you'll have to pay out of your super account to have cover. The insurance premiums you pay may differ depending on factors such as:

- your age and gender
- the type and amount of cover you choose.

For insurance provided outside Customised Cover or Default Cover the insurance premiums you pay may also differ depending on factors such as:

- your occupation and leisure activities
- your health and medical history
- any loadings placed on your cover by the Insurer.

To help you estimate how much you are likely to pay for the amount of insurance cover you want, you should call the Pitcher Partners Client Services Team on (07) 3222 8444.

Your insurance premium is reviewed and recalculated on 1 July each year to take into account changes in your age and salary (where applicable). The new premium will be shown on your account online and on your Annual Benefit Statement.

Where a member has not disclosed a gender or are gender indeterminate, they will be provided with premium rates under the default gender of male. This will apply for Death/TPD and Income Protection cover.

Who provides the insurance?

Group Life Insurance cover available is provided by TAL Life Limited ABN 70 050 109 450 AFSL 237848 (the Insurer) or another insurance provider approved by the Trustee.

Although you're applying for insurance as an individual, you do not actually own the Policy. You are covered under a Group Policy issued by the Insurer and owned by the Trustee. If you need to make a claim, then you need to contact us.

What are the main insured benefits available?

Type of insurance	What is it and how much?	Type of cover		
		Default Cover	Customised Cover	Member requested Cover (Tailored cover)
Death	<p>Death cover provides your family with financial security in the event of your death. If you die, your insured benefit will be paid to your dependants or your estate in addition to your super account balance.</p> <p>There's no limit to the amount of Death Benefit that you can apply for.</p>	The amount of Death and TPD Cover that can be purchased for a fixed annual premium which varies depending on your age and gender each year.	Subject to Automatic Acceptance, this is based on the Customised Cover design chosen by the employer.	Cover you apply for and is accepted by the Insurer.
Terminal illness (included in the death benefit)	<p>Terminal illness cover provides you and your family with financial security in the event you become Terminally ill. If this happens, your insured benefit may be paid to you in addition to your super account balance.</p> <p>The maximum Terminal illness benefit available is \$5 million.</p>			
Total & Permanent Disablement (TPD)	<p>TPD cover provides you and your family with financial security in the event you become totally and permanently disabled. If this happens, your insured benefit may be paid to you, in addition to your super account balance.</p> <p>The maximum TPD Benefit available is \$5 million.</p>			
Income Protection	<p>Income Protection cover provides you with a regular monthly income if you become Totally Disabled or Partially Disabled because of Illness or Injury and are unable to work and earn your income.</p> <p>The maximum amount of Income Protection insurance you can apply for is 75% of your Declared Earned Income (plus up to 10% of your Declared Earned Income as Superannuation Contributions Benefit) not exceeding \$30,000 per month. You can choose a Benefit Payment Period of two years, five years or to age 65 after a 30, 60 or 90 day Waiting Period.</p>	Nil.	Subject to Automatic Acceptance, this is based on the Customised Cover design chosen by the employer.	Cover you apply for and is accepted by the Insurer.

Section 2 – Details of the insurance available by application

This section provides you with details of the types of cover available, the eligibility requirements, as well as how to go about applying for cover. It also provides you with information about your duty of disclosure and when your cover commences.

What insurance can you purchase?

Death cover

Death cover provides your family with financial security in the event of your death or if you become terminally ill. In the event of your death or Terminal illness, your insured benefit may be payable as a lump sum in addition to your super account balance.

There's no limit to the amount of Death cover that you can apply for, however, the maximum amount of Terminal illness Benefit will be restricted to \$5 million (refer to Section 5 under the heading 'Lump sum insured benefits available' for more information). The higher the level of cover you choose, the higher the annual premiums you will pay.

To be eligible for Death cover you must be within the eligible age range, which is from age 16 (next birthday) to age 75 (next birthday).

Death and TPD cover

For an additional cost, you can add TPD cover to your Death cover, which provides a lump sum benefit should you become TPD. In some circumstances, depending on which definition of TPD applies, you may not receive your TPD Benefit at the time of claim; instead your TPD Benefit may be paid into your super account. Keep in mind that you will only be able to access this benefit if you meet a condition of release for super law purposes.

You can apply for TPD cover of up to \$5 million. The higher the level of cover you choose, the higher the annual premiums you will pay.

To be eligible for TPD cover you must be within the eligible age range, which is from age 16 (next birthday) to age 70 (next birthday).

Income Protection cover

Income Protection cover may provide you with a regular monthly payment if you become Totally Disabled or Partially Disabled because of Illness or Injury.

To be eligible to apply for Income Protection cover you must be within the eligible age range, which is from age 16 (next birthday) to age 65 (next birthday) and working at least 15 Hours Per Week. Income Protection is not available for non-working members or members who are working less than 15 Hours Per Week.

Depending on your agreed level of cover, Income Protection cover can provide you with a benefit payment of the lesser of an agreed percentage up to a maximum of 75 per cent of your Declared Earned Income or your insured cover at claim time with:

- a 30, 60 or 90 day Waiting Period
- a Benefit Payment Period of two years, five years or to age 65
- a Superannuation Contributions Benefit of up to ten per cent of your Declared Earned Income.

Application process

All applications for insurance are subject to acceptance by the Insurer. The Insurer may accept your application, decline the cover, or impose special conditions of acceptance including exclusions and/or an increase in the premium payable for the cover to be provided.

It will be your decision then if you still want to go ahead with the insurance.

Interim Accident cover applies for up to 180 days from the date that your application is received by us while your application for insurance is being processed (conditions apply).

If your application is accepted by the Insurer, we will notify you in writing of the date your insurance cover commenced, the premium and other details of your insurance. We will also notify you in the event that your application for insurance is declined or if any special conditions apply.

Information you must provide – your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell the Insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms.

You have this duty until the Insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the Insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

If you do not tell the Insurer something

In exercising the following rights, the Insurer may consider whether different types of cover can constitute separate contracts of insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the Insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within three years of entering into it.

If the Insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. 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 you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the Insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

Treatment of certain occupations

Hazardous Occupations

There are certain occupations considered by the Insurer to be hazardous or uninsurable. If you are working in such an occupation at the time you apply for cover or an increase in cover you may not be accepted for Income Protection cover or may have a modified definition for TPD cover (refer to the TPD definition table on page 23 for details).

If your Employer Plan is eligible for Customised Cover or Default Cover, you will automatically be covered for any occupation, including a Hazardous Occupation, and receive the type and amount of cover arranged by your employer provided you meet the At Work requirements. However, if you are in a Hazardous Occupation and your cover commenced or recommenced on or after 1 January 2014, you will have a modified definition for TPD cover (refer to the TPD definition table on page 23 for details). If you are working in a Hazardous Occupation at the time you apply for cover or, if you have cover under Customised Cover or Default Cover and are applying to increase in your cover, you may not be accepted for the insurance cover, or the increased insurance cover, you want. You will not lose the cover you have under Customised Cover or Default Cover.

If your cover was accepted, or are entitled to cover under Customised Cover or Default Cover and your cover commenced prior to 1 January 2014 and you subsequently change employment to a Hazardous Occupation, including leaving your Employer Plan and transferring within the Fund to a personal super product, your cover will remain in place provided you remain an eligible member of the Fund (however terms and conditions may change including the premiums payable).

Hazardous Occupations include unskilled workers, those involved in hazardous or very heavy manual work and/or specific occupations as decided by the Insurer (such as professional divers, fishermen, labourers, truck drivers, factory workers involved in highly repetitive unskilled duties, mining groups or drilling, exploration and explosive related industries, as well as any underground/underwater workers, forestry workers, workers at heights including riggers, scaffolders, roof workers, antenna erectors, seasonal workers/industries like fruit picking, prison services, firemen, police, ambulance drivers, paramedics, those performing full time Domestic Duties, professional sportspeople or entertainers and pilots and crew of commercial airlines).

Casual and contract workers

Casual and contract workers may be eligible for Death only cover, Death and TPD cover and Income Protection cover subject to the eligibility rules.

For Income Protection cover, you need to be working at least 15 Hours Per Week at the time cover commences. However, when you make a claim, a different definition of TPD and Total Disability may apply where your hours of work fall below 15 Hours Per Week (see the definitions in Section 5 – General information for more information).

Our responsibility

We do not guarantee the payment of an insured benefit or the performance of the Insurer. Any Death and TPD insurance benefit received by us from the Insurer is credited to your Cash Account. It will only be paid to you in accordance with the Trust Deed of the Fund and relevant super law requirements.

Generally, any Income Protection claim payments are paid net of tax directly to you via the Insurer.

Complaints resolution and privacy

It's important to read the complaints resolution process in **Pitcher Partners Superannuation Fund general reference guide (PPS.02)**. Please take note of the privacy policy on the IOOF website at www.ioof.com.au/privacy and the privacy statement in the insurance application.

Section 3 – How to make changes to your insurance cover

How to increase your cover

You can use the insurance application to:

- add further insurance– for instance, you may have Death only cover and would like Death and TPD cover
- increase your current level of cover
- make any changes to your existing insurance cover.

You may also apply for an increase to your Death only, Death and TPD or Income Protection cover with reduced health assessment requirements if one of the prescribed Life Events has occurred. Further details appear on page 32 of this guide.

How to cancel or reduce your cover

If you no longer want part or all of your insurance cover, you need to advise us. This request needs to be signed and dated and must specify which cover you want to cancel or the amount by which you want it reduced. Your insurance cover will be reduced or cancelled from the date on which we receive your request. Premiums cannot be refunded once they are deducted from your account.

Important note If you choose to vary or cancel the cover provided under Customised Cover or Default Cover, you will need to apply and be underwritten if you subsequently want to increase or add cover.

How to transfer insurance you hold with another provider

If you have Death only, Death and TPD or Income Protection cover with another super fund or in a retail policy, you may be able to transfer it to your Pitcher Partners Superannuation Fund account.

The maximum sum insured you can transfer is:

- \$2 million for Death only or Death and TPD, providing the total Sum Insured after the transfer does not exceed \$3 million
- \$25,000 per month for Income Protection, providing the total Sum Insured after the transfer does not exceed \$30,000 per month.

You cannot transfer your Death only, Death and TPD or Income Protection cover if you are subject to:

- more than two exclusions; and/or
- loading of more than 100 per cent.

To apply to transfer your insurance, you will need to:

- Complete the transfer Insurance cover form.
- Provide details of your current cover including any loadings, exclusions or special conditions applicable to that cover. Any conditions on your existing cover will transfer over to your new cover within the Plan.
- Provide a photocopy of the insurer/fund confirmation, which is less than 12 months old. This needs to specify if there are any loadings, special conditions or exclusions that apply to the current cover. Please note, your transfer of cover is subject to approval by the Insurer.

Conditions of transfer

It is important to note that:

- You must be under age 60 to apply.
- Any existing automatic acceptance limits or forward underwriting limits provided by your current insurer in relation to the cover transferred will not apply to your Pitcher Partners Superannuation Fund cover.
- Any existing exclusions/loading/special conditions applicable to your current cover will be applied to your cover within the Plan.
- To transfer your Income Protection cover, you must be working at least 30 Hours Per Week.
- The amount of Death only and Death and TPD transferred over will be in addition to any existing Death and TPD cover you currently have through the Plan.
- The amount of Income Protection transferred over will replace any existing cover you already have through the Plan.

How to re-apply for cover

You cannot restart your insurance at any time. You must re-apply and meet the eligibility conditions.

Your application will then be assessed by the Insurer. As a result of this assessment, you may not receive the same level of cover or pay the same premium as you previously paid under the cancelled or lapsed cover.

If your Income Protection cover ceases under the cover cessation situation “six months from the date you ceased to be last employed” (refer to the cover cessation situations on page 36 for further information) then, if you return to Gainful Employment working at least 15 Hours Per Week within 12 months from ceasing to be employed, you may be eligible to apply to reinstate the Income Protection cover you previously held without the need for underwriting.

How changes to the premium rate affect your cover

If the premium rate is reduced (e.g. the Trustee reduces or removes the Administration Fee or your adviser reduces or removes any pre-existing commission) and this results in an increase in your Death only or Death and TPD cover (for example, if your cover is based on Fixed premium), then any increase in cover will be Limited Cover if you are not At Work on the date your cover increases. Limited Cover will continue to apply until you have been At Work for ten consecutive working days.

Section 4 – How much is your insurance cover going to cost?

Estimating insurance premiums

There are a number of factors which affect the calculation of your premium. The Pitcher Partners Client Services Team can assist you to calculate an approximate premium. A copy of the premium rates is available on our website www.pitcherpartnerssuper.com.au.

Factors affecting your insurance premium

It's important to be aware of the various factors that may impact the premiums payable for your insurance cover. These include:

- type of cover you have or choose (Death only, Death and TPD, Income Protection)
- level of cover (Sum Insured, etc.)
- whether your Employer Plan uses plan rating factors
- occupation
- age
- gender
- Smoking status in certain cases
- state of health
- sporting/recreational activities
- financial adviser commission
- stamp duty.

Level of cover

The amount of cover you have will affect the premium you pay. As the amount of insured benefit increases, generally so does the premium (for example \$500,000 of Death cover generally has a higher premium than \$100,000 of Death cover).

Plan Rating Factor in Employer Plans (PRF)

The plan rating factor is a number that takes into account the industry in which the employer is involved, the occupational classification and salaries of all employees of the Employer Plan and the previous claims history of the Employer Plan. This plan rating factor is applied to adjust the underlying premium rates that apply to all members of the Employer Plan, regardless of individual occupations and circumstances. Plan rating factors can apply to both Customised Cover and Default Cover. The plan rating factor is set by the Insurer.

Your plan rating factor can be obtained by logging on to Pitcher Partners Online or contacting the Pitcher Partners Client Services Team on (07) 3222 8444.

Occupational classification

Your premium rate may also depend on your occupational classification. The following table is intended as a guide to how some occupations might be classified. You should check with us to obtain your own current occupational classification and details of any adjustment factor that may apply.

Occupational classification	Description	Adjustment factor		
		Death	Death and TPD	Income Protection
Category 1 Professional	White collar professionals performing no manual duties (e.g. doctor, lawyer, accountant). Usually those with a tertiary qualification or registration by a professional body (you must be using these qualifications in your current occupation). Well established senior executives (with ten or more years in that role) with incomes in excess of \$80,000 pa without tertiary qualifications may also be included.	0.875	0.875	0.75
Category 2 White Collar	Clerical, administration and managerial occupations involving office and travel duties. No manual work (e.g. administrator, book-keeper, computer operator). Includes occupations with tertiary qualifications that involve very light physical work (e.g. osteopath, jeweller).	1.00	1.00	1.00
Category 3 Light Blue Collar	Certain qualified trades people (e.g. electrician) who engage in light manual work only. Includes business owners in non-hazardous industries involved in light manual work (e.g. coffee shop owner) and those who may supervise blue collar workers (no more than 25% of their work time). Includes occupations that are not limited to an office, where travel is an essential part of the job (e.g. field surveyor).	1.00	1.25	1.50
Category 4 Blue Collar	Skilled workers in non-hazardous industries wholly involved in manual duties (e.g. air conditioning technician, farmer/grazier, plasterer or mechanic).	1.30	1.70	2.00
Category 5 Heavy Blue Collar	Heavy manual workers (unskilled) in non-hazardous industries performing higher risk occupations (e.g. warehouse worker, labourer, bricklayer or house removalist).	1.60	2.10	3.00

After you have been accepted for cover, if you change your occupation, including undertaking employment in a more Hazardous Occupation, you do not need to inform the Insurer.

If you are applying to change your cover, you will need to inform the Insurer of your current occupation at the time of completing the application for a change of insurance

The TPD definition applicable at claim time may also vary based on your occupation when you claim.

When a member transfers from an Employer Plan that used a plan rating factor (PRF)

When you transfer from the Pitcher Partners Employer Plan that used a PRF into Pitcher Partners Personal Super and we do not know your occupation or occupation rating, we will endeavour to transfer you using the occupation classification closest to the PRF of your previous Pitcher Partners Employer Super Plan.

Stamp duty

The premium rates for Death only cover and Death and TPD cover include an allowance for stamp duty. The stamp duty applied to your Income Protection cover varies depending on which state you live in. You are able to obtain the information relating to your premium rates and the stamp duty rate applicable to your state. Refer to 'Pitcher Partners 'premium rate factors and premium rates' information sheet on our website www.pitcherpartnerssuper.com.au.

Premium for Interim Accident cover

We do not charge a separate premium for Interim Accident cover. When an application is approved by the Insurer, premiums will be charged from the date cover commenced.

Payment of premiums

Insurance premiums are deducted from your Cash Account monthly in arrears from the date your cover commences.

Your annual insurance premium is shown on your Account Schedule and your Annual Benefit Statement. Your Annual Benefit Statement shows the premiums paid for the previous financial year. As your insurance premiums are deducted from your super account, it's important when choosing the level of cover to consider the effect these regular costs will have on your retirement savings.

Increasing your insurance premiums will reduce your retirement benefit. You can find up to date information on your insurance premium by visiting Pitcher Partner Online Access.

Changes in premium rates

Premium changes due to your age and/or salary may (depending upon the design of your cover), take place automatically without notification each 1 July. The new premium will be shown in your insurance details on Pitcher Partner Online.

We have the ability to increase your premium rates at any time provided we give you 30 days' prior written notice.

Any increase in Government charges may be passed on to you at any time by increasing your premium payable without notification.

Insufficient funds

You should ensure your account balance is sufficient to cover all fees and charges, including insurance premiums. We may redeem sufficient assets to pay fees, charges and insurance premiums.

If, at the time a premium is due to be deducted, your account balance is not sufficient to meet the premium, you will have 90 days to increase your account balance so that the full amount of the premiums outstanding can be deducted, we will notify you in writing and request an additional contribution.

If after 90 days your account balance is still insufficient to deduct the total premium owing including for the 90 day period, your insurance cover will cease.

We will send you a notification 28 days prior to your cover lapsing. To reinstate your cover after it has lapsed, you will need to notify us and go through the Underwriting process which begins with a new application for insurance. This application will need to be accepted in writing by the Insurer before you are covered.

The Trustee bears no responsibility and accepts no liability for your insurance cover lapsing as a result of:

- you having an insufficient account balance to pay premiums, or
- you having an insufficient account balance to pay premiums as a result of doing a partial withdrawal, or
- not informing you that your cover is about to lapse due to you not collecting your mail or you not updating your postal address.

You should monitor your account balance regularly.

Section 5 – General information

Types of insured benefits payable and the Insurer's definitions of each benefit

The following are all the possible benefits that you may receive if you take out insurance through your super. You are only entitled (subject to the satisfaction of relevant criteria) to the benefits applicable to the cover you have taken out. This section also provides the Insurer's detailed definition of each benefit type. It is very important that you understand these definitions and your rights in case you ever need to make a claim.

The payment of any insurance benefit is conditional on the Insurer accepting the claim and paying the benefit to the Trustee (us) first. We cannot pay any benefit we have received from the Insurer on your behalf until we have satisfactory proof that you've satisfied a condition of release as outlined in the **Pitcher Partners Superannuation Fund general reference guide (PPS.02)**.

Lump sum insured benefits available

Death Benefit

An insured Death Benefit is payable in the event of your death.

Amount payable

The amount accepted by the Insurer and communicated to you in writing as your insured Death Benefit.

Your Death Benefit is reduced by the amount of any TPD Benefit or Terminal illness Benefit previously paid to you under the Policy that we have with the Insurer.

Terminal illness Benefit

You may receive an insured Terminal illness Benefit prior to your death if you are diagnosed as terminally ill.

Definition of terminally ill for Insurance purposes* Means:

- a) two Medical Practitioners have separately certified in writing that you suffer from an Illness, or have incurred an Injury, that is likely to result in your death within a period ('the certification period') that ends not more than 12 months after the date of certification;
- b) at least one of the registered Medical Practitioners is a Specialist Medical Practitioner practicing in an area related to the Illness or Injury suffered by you;
- c) the Illness and certification referred to in paragraph (a) occurs while you continue to have cover under the Policy;
- d) for each of the certificates, the certification period has not ended; and
- e) We are satisfied, on medical or other evidence, that despite reasonable medical treatment, the Illness or Injury will lead to your death within 12 months of the date of the certifications.

*If you do not meet the definition for Terminal illness under the Insurance policy (such as not receiving certification that a Terminal illness will result in your death within 12 months), you will not be eligible to receive the Insurance portion of your benefit. However, you may be eligible to claim your superannuation account balance - please refer to the **Pitcher Partners Superannuation Fund general reference guide (PPS.02)** to understand the conditions of release for Superannuation Benefits.

Amount payable

Upon meeting the Terminal illness definition for insurance purposes, the insured benefit paid is the amount of your Death Benefit subject to a maximum of \$5 million.

If the Terminal illness Benefit paid is equal to your Death Benefit all your cover will cease. If the Terminal illness Benefit paid is less than your Death Benefit the remaining balance is payable on your death, provided you remain an eligible member of the Fund, the applicable premium is paid, and cover does not cease (subject to the terms and conditions of the Policy).

TPD Benefit

An insured TPD Benefit is payable to you in the event of your total and permanent disablement.

Definition of TPD

TPD means that, in the Insurer's opinion, while insured by the Insurer, you:

1. are under the care of and following the advice of a Medical Practitioner, and
2. if your cover commenced or recommenced on or after 1 July 2014, you meet the Permanent Incapacity definition under the *Superannuation Industry (Supervision) Regulations 1994 (Cth)*, as amended from time to time, and
3. meet one of the following definitions Parts A, B, C, D or E as applicable.

How to use the table to determine which TPD definition applies to you:

Work through the questions in the first column to understand which scenario applies to your circumstances and then you can identify which TPD definitions may be available to you. The definition of TPD applicable to you will be determined by the Insurer at the time of claim in accordance with the following criteria:

Scenario	1	2	3	4
Is the member under 65 years of age?	Yes	Yes	Yes	No
Is the member working in a hazardous occupation? [^]	No	No	Yes	N/A
Is the member working 15 hours or more per week*	Yes	No	N/A	N/A
You will need to satisfy one of these TPD definitions	A, B, C or D	A, B, C or E	A or C	A or C

[^] where TPD cover commenced prior to 1 January 2014 and has remained in force, the restriction for Hazardous occupations will not apply unless you have transferred cover or exercised a life event.

* averaged over the 13 week period prior to the Date of Disablement or such shorter period if employed for less than 13 weeks immediately prior to the Date of Disablement, where a member is unemployed this is averaged over the 13 week period prior to the date of being unemployed or such shorter period if employed for less than 13 weeks immediately prior to the Date of Disablement.

Example:

Mr Adell, is 40 years of age, is working full time in a hazardous occupation and received cover at 1 January 2014. He was At Work on the day he received cover. Working through the table, Mr Adell answers yes to the first three questions so he identifies that scenario three is applicable. Mr Adell's TPD definition may require him to satisfy either Part A or Part C.

When Mr Adell submits his claim his details are assessed by the Insurer who confirms that Part A or Part C are the definitions that he can be assessed under and his assigned claim manager calls him to discuss what is required and how they can help with the claim.

TPD definitions for Parts A; B; C; D and E.

Part A. Solely because of Illness or Injury, you have suffered the permanent loss of:

- i. the use of two limbs (where 'limb' is defined as the whole hand below the wrist or whole foot below the ankle), or
- ii. the sight in both eyes, or
- iii. the use of one limb and the sight in one eye.

OR

Part B. Solely because of Illness or Injury, you:

- i. have suffered at least 25 per cent whole person impairment
- ii. are not engaged in any occupation, and
- iii. are disabled to such an extent as to render you unlikely to ever be engaged in any occupation for which you are reasonably suited by education, training or experience.

Where 'whole person impairment' means the same as that term in the latest edition of the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', or an equivalent guide approved by the Insurer.

To form their opinion the Insurer will have regard to all evidence available to them at the date they form their opinion including, but not limited to:

- (a) medical advice (including the opinion of your Medical Practitioner), the advice of other experts (medical or otherwise) and other information that the Insurer considers to be appropriate and relevant to form their decision;
- (b) any retraining, re-skilling, work or voluntary work that has been undertaken or that could reasonably be expected to be undertaken by you within a reasonable period following the date the Insurer forms their opinion; and
- (c) any rehabilitation that has been undertaken or that could reasonably be expected to be undertaken by you within a reasonable period following the date the Insurer forms their opinion.

Before considering for whether a benefit is payable under this definition, you must have undertaken all reasonable treatment, rehabilitation, retraining or re-skilling.

OR

Part C. Solely because of Illness or Injury, you are unlikely ever to be able to perform at least two of the following activities of daily living:

- dressing – the ability to put on and take off clothing without assistance
- bathing – the ability to bathe or shower without assistance
- toileting – the ability to use the toilet including getting on and off without assistance
- mobility – the ability to get in and out of bed and a chair without assistance, or
- feeding – the ability to get food from a plate into the mouth without assistance. Where 'assistance' means the assistance of another person.

OR

Part D You meet both of the following:

- i) solely because of Illness or Injury resulting from:
 - a. any of the 18 Medical Conditions (see the definitions in Section 7 – Key words explained), you have been continuously unable to return to Gainful Employment from the Date of Disablement, or
 - b. any other medical conditions, you have been continuously unable to return to Gainful Employment for a period of three consecutive months from the Date of Disablement and,
- ii) at the date the Insurer forms their opinion and, in relation to (i)b above at the end of the period of three months based on consideration of all relevant evidence, the Insurer has determined that you are unlikely to ever again be engaged in any occupation for which you are reasonably suited by your education, training or experience.

To form their opinion, the Insurer will have regard to all evidence available to them at the date they form their opinion including, but not limited to:

- (a) medical advice (including the opinion of your Medical Practitioner), the advice of other experts (medical or otherwise) and other information that the Insurer considers to be appropriate and relevant to form their decision.
- (b) any retraining, re-skilling, work or voluntary work that has been undertaken or that could reasonably be expected to be undertaken by you within a reasonable period following the date the Insurer forms their opinion; and
- (c) any rehabilitation that has been undertaken or that could reasonably be expected to be undertaken by you within a reasonable period following the date the Insurer forms their opinion.

Before considering whether to qualify for a benefit is payable under this definition, you must have undertaken all reasonable, treatment, rehabilitation, retraining or re-skilling.

OR

Part E Solely because of Illness or Injury you:

- a. are under the care of a Medical Practitioner
- b. are unable to perform those Domestic Duties
- c. are unable to leave your home unaided
- d. have not engaged in any Gainful Employment for a period of three consecutive months after the occurrence of the Injury or Illness, and
- e. at the end of the period of three months, in the Insurer's opinion, after consideration of all relevant evidence, you are disabled to such an extent as to render you unlikely to perform those domestic duties or engage in any gainful occupation for which you are reasonably suited by education, training or experience.

Where 'domestic duties' means the unpaid duties performed by you which may include (but are not limited to):

- a. purchasing cleaning items and cleaning the family home
- b. laundering and ironing clothing items for the household, and
- c. purchasing food items and preparing meals for the household
- d. Undertaking child rearing at the family home.

If you are Gainfully Employed, are actively seeking Gainful Employment, or are performing unpaid domestic duties for less than 30 Hours Per Week, you will not be deemed to be performing Domestic Duties.

To form their opinion, the Insurer will have regard to all evidence available to them at the date they form their opinion including, but not limited to:

- (a) medical advice (including the opinion of your Medical Practitioner), the advice of other experts (medical or otherwise) and other information that the Insurer considers to be appropriate and relevant to form their decision.
- (b) Any retraining, re-skilling, work or voluntary work that has been undertaken or that could reasonably be expected to be undertaken by you within a reasonable period following the date the Insurer forms their opinion; and
- (c) any rehabilitation that has been undertaken or that could reasonably be expected to be undertaken by you within a reasonable period following the date the Insurer forms their opinion.

Before considering whether a benefit is payable under this definition you must have undertaken all reasonable treatment, rehabilitation, retraining or re-skilling,

Amount payable

The TPD Benefit will be equal to the amount of TPD cover you are insured for.

If the TPD Benefit paid is equal to your Death Benefit, your cover will cease. If the TPD Benefit paid is less than your Death Benefit, the remaining balance is payable on the earlier of your death or Terminal illness, provided you remain an eligible member of the Fund, the applicable premium is paid, and cover has not ceased (subject to the terms and conditions of the Policy).

Monthly insured benefits under Income Protection

Total Disability Benefit

If you have a continuous period of Total Disability for longer than the Waiting Period, the Insurer may pay a monthly benefit.

Definition of Total Disability

The definition of Total Disability which applies to you is the definition most applicable to you at the time you became Totally Disabled according to the following criteria:

Own Occupation – you were working 15 hours or more per week (averaged over the 13 week period prior to the Date of Disablement or such shorter period if employed for less than 13 weeks immediately prior to the Date of Disablement).

Any Occupation – you were working less than 15 Hours Per Week not due to Illness or Injury (averaged over the 13 week period prior to the Date of Disablement or such shorter period if employed for less than 13 weeks immediately prior to the Date of Disablement).

Similar Occupation – you have become unemployed from employment where you worked 15 or more Hours Per Week and are actively seeking employment.

You will not be considered to be totally unable to perform any of the income producing or important duties of your occupation or Gainful Employment if you refuse to accept:

1. any reasonable omission, modification or substitution of duties; and/or
2. the use of any appropriate assistive aids (including those available to you through an Approved Rehabilitation Program);

that would allow you to carry out those duties.

In forming their opinion in relation to the definitions, the Insurer will have regard to all evidence available to them including, but not limited to:

- (i) medical advice (including the opinion of your Medical Practitioner), the advice of other experts (medical or otherwise) and any other information that the Insurer considers to be appropriate and relevant;
- (ii) your employment history, knowledge, personal attributes, transferrable skills (vocational and personal), training, education and experience undertaken by the time the Insurer forms their opinion; and
- (iii) rehabilitation, retraining, re-skilling that has been or could be undertaken by you.

For monthly benefits to be paid and continue to be paid, you must undertake or follow all reasonable treatment, rehabilitation, retraining or re-skilling.

Own Occupation Definition of Total Disability

Total Disability and Totally Disabled means that, in the Insurer's opinion, you solely and directly as a result of an Illness or Injury are:

- unable to perform at least one important income producing duty of your regular occupation
- not working in any capacity, in Gainful employment or otherwise, and
- under the regular care of a Medical Practitioner and are complying with the advice and treatment given by that Medical Practitioner.

Any Occupation Definition of Total Disability

Total Disability and Totally Disabled means that, in the Insurer's opinion, you solely and directly as a result of an Illness or Injury are:

- unable to perform the important duties of any gainful employment, business, or profession for which you are reasonably suited by education, training or experience
- not working in any capacity, in Gainful employment or otherwise, and
- under the regular care of a Medical Practitioner and are complying with the advice and treatment given by that Medical Practitioner.

Similar Occupation Definition of Total Disability

Total Disability and Totally Disabled means that in the Insurer's opinion, you solely and directly as a result of an Illness or Injury:

- in respect of the first two years of disability meet the Own Occupation Definition above, and
- thereafter meet the Any Occupation Definition above.

Amount payable

The Total Disability Benefit is payable monthly in arrears by way of instalments from the expiry of the Waiting Period until the earliest of:

- the first day on which you are not Totally Disabled
- the end of your Benefit Payment Period
- the date you reach age 65
- the date of your death.

If the Total Disability Benefit is payable for a period of less than one month, the amount payable shall be calculated as 1/365th of the benefit for every day that it is payable.

The Waiting Period is the continuous period of days as accepted by the Insurer at application for the Income Protection cover, commencing from the date a Medical Practitioner certifies you as totally disabled, and for which you have to be disabled before the Total Disability Benefit or Partial Disability Benefit is payable.

If, during the Waiting Period, you return to employment, the Waiting Period will still be regarded as continuous if your return to work is for five days or less and you again become disabled as a result of the same Injury or Illness. The days for which the Insured Person was in employment will be added to the Waiting Period.

If you return to employment for more than five days, then a new Waiting Period will commence from when you are next Totally Disabled.

There may be circumstances where you participate in an Approved Rehabilitation Program which includes a return to Gainful Employment during the Waiting Period. If you are unsuccessful in returning to Gainful Employment as part of an Approved Rehabilitation Program at the same capacity as prior to becoming disabled, the Waiting Period will still be deemed to commence as at the first day you became Totally Disabled.

Any days of Gainful Employment as part of an Approved Rehabilitation Program will not be added to the Waiting Period.

The monthly benefit available is up to 75 per cent of your Declared Earned Income (which, together with the Superannuation Contributions Benefit, if selected, cannot exceed \$30,000 per month) subject to a maximum of the selected insured percentage (which may be lower than 75 per cent).

If you claim while unemployed from employment where you worked 15 or more Hours Per Week within the first six months following unemployment, if you have Income Protection cover, the definition of Totally Disabled that will apply is the 'own occupation' definition.

Partial Disability Benefit

If you have been Totally Disabled for at least 14 consecutive days and you return to work in a partial capacity, you may be entitled to Partial Disability Benefit, subject to meeting the applicable Waiting Period.

If you are Partially Disabled, the Insurer may pay an insured monthly benefit from the later of the first day after the Waiting Period and immediately upon you ceasing to be Totally Disabled.

Definition of Partial Disability

You are Partially Disabled if you were Totally Disabled for at least 14 consecutive days and as a direct result of the same Illness or Injury that caused your Total Disability, you:

- are incapable of undertaking the same amount of hours as performed in the 12 months preceding the Date of Disablement, or are unable to perform at least one important income producing duty of your regular occupation, or you do not have the capacity to work at the same level you were working at prior to commencement of Total Disability
- you suffer a reduction of your Declared Earned Income, and
- you are under the regular care and following the advice of a Medical Practitioner and, in the Insurer's reasonable opinion, are complying with the advice and treatment given by that Medical Practitioner.

All work undertaken by you must be approved by the Insurer and your Medical Practitioner.

You will not be considered to be totally unable to perform any of the income producing or important duties of your occupation or Gainful Employment if you refuse to accept:

1. any reasonable omission, modification or substitution of that duty; or
2. the use of any appropriate assistive aids (including those available to them through an Approved Rehabilitation Program),

that would allow you to carry out that duty.

This means that you will be considered to be able to perform an important duty of Gainful Employment even though you may be refusing to accept points 1. or 2. above

To form their opinion, the Insurer will have regard to all evidence available to them at the date they form their opinion including, but not limited to:

- (a) medical advice (including the opinion of your Medical Practitioner), the advice of other experts (medical or otherwise) and other information that the Insurer considers to be appropriate and relevant to form their decision. To qualify for a benefit, you must undertake reasonable rehabilitation.
- (b) your employment history, knowledge, personal attributes, transferrable skills (vocational and personal), training, education and experience undertaken; and
- (c) rehabilitation, retraining, re-skilling that has been or could be undertaken by you.

For monthly benefits to be paid and continue to be paid, you must undertake or follow all reasonable treatment, rehabilitation, retraining or re-skilling.

Amount payable

The Partial Disability Benefit is payable monthly in arrears by way of instalments from the expiry of the Waiting Period until the earliest of:

- the first day on which you are not Partially Disabled
- the end of your Benefit Payment Period
- the date you reach age 65
- the date of your death.

If the Partial Disability Benefit is payable for a period of less than one month, the amount payable shall be calculated as 1/365th of the benefit for every day that it is payable.

A Partial Disability Benefit is a proportionate benefit of the monthly benefit you would receive if you were Totally Disabled and is calculated as follows:

$$\frac{(A - B)}{A} \times \text{Total Disability Benefit}$$

A

where

A is your Declared Earned Income

B is your Return to Employment Income

Superannuation Contributions Benefit

This Income Protection option allows you to continue to build your super while you are not working and are entitled to a Total or Partial Disability Benefit. This means the Insurer may make contributions to your super account on your behalf while you are receiving a Total Disability or Partial Disability Benefit.

Amount payable

If you have this benefit, the maximum Superannuation Contributions Benefit payable is the lesser of the actual percentage of superannuation contributions made by you or your employer on your behalf and ten per cent of your Declared Earned Income.

For the purpose of calculating your Declared Earned Income for this benefit your employer's mandated and/or voluntary superannuation contributions (but not including any salary sacrifice contributions made at your request) are not included.

These contributions by the Insurer are taxed at 15 per cent in the Fund and are treated as concessional contributions for the purposes of the contributions caps.

Interim Accident Benefit

Prior to acceptance by the Insurer of an application for insurance, the Insurer may provide you with Interim Accident cover for the type of cover you applied for (Death, Death and TPD or Income Protection cover), where the claim results directly from an Accident.

When is an Interim Accident Benefit payable?

You are entitled to an Interim Accident Benefit if the Accident occurred after we receive your fully completed Insurance application form and before the earliest of:

- the application is withdrawn
- the Insurer advises the Trustee that it has cancelled the Interim Accident cover (where permitted to do so by law)
- the Insurer declines the application
- the Insurer accepts the application, conditionally or unconditionally then either:
 - 30 days from the date that the Insurer notifies the Trustee of your acceptance, or
 - the date the cover commences in the Fund
- 90 days from the date the Insurer receives the fully completed application, however, if the Insurer requests further information and that information is received prior to the end of the 90 days, the period of cover may be extended by a further 30 days and will continue to be extended for a further 30 days subject to receipt of required information to a maximum of 180 days
- in case of an application to increase cover, the date you cease to be an insured member of the Fund, or
- the earlier of 90 days after the date you exceed your Customised Cover or Default Cover or Forward Underwriting Limit.

If the application is for Death only or Death and TPD, Interim Accident cover will begin on the date we receive your fully completed Insurance application form.

If the application is for Income Protection then if, as a result of an Accident, you have a continuous period of Total Disability for longer than the Waiting Period, an interim disability benefit is payable from the first day after the Waiting Period until the earliest of:

- the first day upon which, in the Insurer's reasonable opinion, you are no longer Totally Disabled or Partially Disabled
- the date you reach 65 years of age
- the date of your death, or
- the end of your Benefit Payment Period.

An Accident is defined to be an unforeseen, violent, external and visible event occurring during the period of cover.

An Interim Accident Benefit is not payable if the Injury:

- can reasonably be attributed to a Pre-existing Condition
- is due to suicide
- is self-inflicted (whether intentional or not)

- is due to any exclusion the Insurer would have applied to the cover if it had been accepted
- is, for Total Disability or Partial Disability due to:
 - uncomplicated pregnancy or childbirth;
 - war or acts of war, whether declared or not;
 - service in the armed forces of any national or international organisation (other than non-active service within Australian armed forces reserve units).

Also, an Interim Accident Benefit will not be payable if you failed to comply with your duty of disclosure when applying for cover.

Amount payable

The amount of the benefit payable under the Interim Accident cover will be the amount of the benefit you specify when applying for insurance, subject to a maximum of \$2 million for Death cover and Death and TPD cover, (less any existing cover you have), or \$15,000 per month for Income Protection cover (and the maximum insured percentage).

Death Benefit when receiving a disability benefit

If you die while receiving an insured Total Disability or Partial Disability Benefit you will receive an additional lump sum.

Amount payable

The additional lump sum will be equal to one quarter of the annual Total Disability Benefit payable.

Automatic reduction of TPD Benefit

Where your TPD Sum Insured does not reduce as you get older (such as a fixed dollar amount or a fixed multiple or percentage of salary), your TPD Sum Insured will reduce annually as at 1 July from age 72 next birthday, as shown in the following table.

As at 1 July, your age next birthday	Death Benefit	TPD Benefit (as % of matching amount of Death Benefit when 100%)
71 or less	100%	100%
72	100%	80%
73	100%	60%
74	100%	40%
75	100%	20%
76*	Nil	Nil

* Cover will cease on your 75th birthday.

Example: Insurance cover based on a fixed Death and TPD Benefit of \$250,000

As at 1 July, your age next birthday	Death Benefit	TPD Benefit
71 or less	\$250,000	\$250,000
72	\$250,000	\$200,000
73	\$250,000	\$150,000
74	\$250,000	\$100,000
75	\$250,000	\$50,000
76*	Nil	Nil

* Cover will cease on your 75th birthday.

Life Events Cover increases

You may apply for an increase to your Death only, Death and TPD or Income Protection cover if one of the following Life Events occurs:

- you marry
- the birth of your child
- the adoption of a child by you
- your dependant child starts secondary school
- you divorce
- you take out a mortgage with a mortgage provider or lender who holds and Australian Credit Licence on the purchase of your primary place of residence (either alone or jointly with another person)
- you increase your existing mortgage with a mortgage provider or lender who holds and Australian Credit Licence for the purpose of building or renovating your primary place of residence.

You may apply for an increase of your cover due to a Life Event only once in any 12 month period. To apply for this increase in cover, you need to:

- submit the application to us within 90 days of the Life Event or 30 days from the date of your first annual Benefit Statement following the Life Event
- provide us with satisfactory evidence of the occurrence of the Life Event within the required time frame.

For Death or Death and TPD cover, the maximum increase for each Life Event application should be the lesser of the following:

- 25 per cent increase from the existing cover
- the total amount or amount of increase of the mortgage you are taking out (where applicable) \$200,000.

The total level of cover after the increase can be no more than \$3 million.

For Income Protection cover, the maximum increase for each Life Events cover application should be the lesser of:

- \$2,500 per month
- 25 per cent increase from the existing cover.

The total level of cover after the increase will be the lesser of the following:

- \$25,000 per month
- your selected insured percentage or 75 per cent of your Earned Income, plus Superannuation Contributions Benefit of up to ten per cent of your Earned Income (if you have selected this cover).

You are **not** eligible for a Life Events cover increase if:

- your insured benefit has increased during the previous 12 months for a Life Event
- your insured benefit following the increase will exceed the maximum benefit allowed following a Life Event increase
- in any 12 month period, the amount of benefit increase exceeds 25 per cent of your insured benefit before the benefit increase

- you have applied for an increase of cover during the previous 12 months
- you have had an application for Death, Death and TPD or Income Protection cover declined or had a loading, limitation or exclusion added
- you suffer from a serious Illness that may cause a Terminal illness or permanent inability to work
- you have been diagnosed with an Illness that reduces your life expectancy to less than 12 months
- you are above age 60
- for **Income Protection Cover** if you are engaged in a Hazardous Occupation
- due to an Illness, Accident or Injury, you are off work (or have been off work in the previous 12 months for more than six days), or unable to perform your full and normal duties on a full-time basis (for at least 30 Hours Per Week) even though your actual employment may be full-time, part-time or casual
- you have made, or are entitled to make, a claim for any Injury or Illness through Workers' Compensation, sickness benefit, invalid pension or any insurance policy providing TPD cover, accident or sickness cover.

An application for Life Events cover may be accepted or rejected by the Insurer. If your Life Events cover increase is accepted by the Insurer it will commence from the date the Insurer accepts your application. If you are not At Work on the commencement date, your increased cover will be Limited Cover for the first 24 months and from the expiry of the 24 month period until the date you have been At Work for ten consecutive working days.

Life Events cover increases are subject to the current exclusions and limitations under the Policies including any exclusions and limitations applying to your existing cover and that the increase will not be payable if your claim arises from suicide or an intentional self-inflicted act or injury within the first 13 months of the commencement date. You may be eligible for Interim Accident cover in relation to your Life Events cover increase application.

Adjusting Income Protection with salary increases

If your Income Protection cover is not automatically increased by your employer providing salary updates to us, you may apply for an increase of your Income Protection cover within 60 days of the effective date of your salary increase.

When you apply, you must provide us proof of your new salary, the effective date and the amount of the increase in your salary.

For your Income Protection cover to increase due to salary increase, the requested increase of your cover must be agreed by the Insurer based on your application. The Insurer may agree to increase your Income Protection cover without Underwriting, if you meet each of the following conditions:

- your employer confirms your salary increase in writing
- your insured benefit has not increased during the previous 12 months.

The maximum increase should be the lesser of:

- \$2,500 per month
- 25 per cent increase from the existing cover.

The total level of cover after the increase will be the lesser of the following:

- \$25,000 per month

- your selected insured percentage or 75 per cent of your Earned Income, plus Superannuation Contributions Benefit of up to ten per cent of your Earned Income (if you have selected this cover).

You are not eligible for an increase if any of the following applies to you:

- your insured benefit has increased during the previous 12 months
- your insured benefit following the increase will exceed the maximum benefit allowed following a Salary increase
- in any 12 month period, the amount of benefit increase exceeds 25 per cent of your insured benefit before the benefit increase
- you have applied for an increase of cover during the previous 12 months
- you have had an application for Death, Death and TPD or Income Protection cover declined or had a loading, limitation or exclusion added
- you suffer from a serious Illness that may cause a Terminal illness or permanent inability to work
- you have been diagnosed with an Illness that reduces your life expectancy to less than 12 months
- you are above age 60
- you are engaged in a Hazardous Occupation
- due to an Illness, Accident or Injury, you are off work (or have been off work in the previous 12 months for more than six days), or unable to perform your full and normal duties on a full-time basis (for at least 30 Hours Per Week) even though your actual employment may be full-time, part-time or casual
- you have made, or are entitled to make, a claim for any Injury or Illness through Workers' Compensation, sickness benefit, invalid pension or any insurance policy providing TPD cover, accident or sickness cover.

An application may be accepted or rejected by the Insurer. If your cover increase is accepted by the Insurer it will commence from the date the Insurer accepts your application. If you are not At Work on the commencement date, your cover increase will be Limited Cover for the first 24 months and from the expiry of the 24 month period until the date you have been At Work for ten consecutive working days.

The cover increase is subject to normal exclusions and limitations under the Policy.

You may be eligible for Interim Accident cover while you are applying for cover due to a salary increase.

Other insured benefits

Upgrade of benefits

Generally, any improvement in benefits which is made to the Policy the Insurer has with the Trustee will be provided to all existing members, not just new members. The improvement will only apply to future claims and not past or current claims or any claims resulting from health conditions or events which began or took place before the effective date of the improvement.

Other Income Protection Benefits

Type of benefit	Definition	Amount payable
Approved rehabilitation benefit	If you are suffering a Total Disability or Partial Disability, the Insurer may pay for the cost of approved rehabilitation if the Insurer reasonably considers the program likely to assist in your rehabilitation, provided the Insurer and your Medical Practitioner have approved the program of rehabilitation prior to the program being undertaken.	The cost of the approved rehabilitation program.
Benefit escalation	If you have been receiving a Total Disability or Partial Disability Benefit for a continuous period of 12 months or more, the Insurer will increase your benefit payments from each anniversary date of the claim.	The benefit payments will be increased annually whilst on claim, by the lesser of the increase in the CPI and 5%. The increase will occur on the first payment of the benefit after your benefit payment anniversary.
Premium waiver	The Insurer will waive the insurance premium for your Income Protection cover while you are entitled to a Total Disability or Partial Disability Benefit.	The amount of the Income Protection premium due at that time.

Limitations and exclusions to your insured cover

Cover while on leave without pay

While on employer approved leave without pay, provided premiums continue to be paid and you remain insured:

- a. Your Death cover will continue.
- b. Your TPD cover will continue subject to the following:
 - i. For the first 24 months of leave without pay you will have your claim assessed in accordance with TPD definition applicable to you based on your occupation before you took the leave without pay.
 - ii. At the conclusion of the 24 months period referred to in (b) (i) above you will have your claim assessed against the applicable TPD definitions excluding Part D.

- c. Your Income Protection cover will continue for up to 24 months unless the Insurer agrees in writing to an extension before the expiry of the 24 month period. For the first 24 months of leave without pay your claim will be assessed in accordance with the definition of Total Disability applicable to you based on your occupation immediately before you took the leave without pay.

Cover while unemployed

Death and TPD cover

Your TPD cover will continue even if you become unemployed but the definition of TPD under which you can claim may change. You can refer to the TPD definition on page 23 to understand which will apply to your circumstances.

Income Protection cover

The Similar Occupation definition of Total Disability for Income Protection cover applies to you while you are unemployed and actively seeking employment. However, if you do not find employment within six months, your Income Protection cover will cease.

Cover while overseas

You are covered worldwide 24 hours a day, seven days a week, subject to the terms of the insurance Policy.

If you are residing, travelling overseas or employed overseas provided premiums continue to be paid, your Death, TPD and Income Protection cover may continue subject to limitations and exclusions described. In the event that you need to claim on your benefits you may be required to return to Australia for any medical assessments or other required assessments as requested by the Insurer or the Trustee.

Limitations to insured Death Benefits

Any Death Benefit paid to your account or your estate will be reduced by the amount of any benefit you have already received under these insurance arrangements for Terminal illness or TPD. It is important to note that, in the situation where your cover for Death is higher than the TPD or Terminal illness Benefit, the Death cover reduced by the amount of any TPD or Terminal illness payment will continue even after a TPD or Terminal illness claim has been paid subject to the relevant premiums continuing to be paid and other relevant policy terms and conditions.

Limitations to Income Protection Benefits

Any insured Total Disability or Partial Disability Benefit payable to you may be reduced by all amounts paid or payable from:

- a. Workers' Compensation schemes
- b. motor accident compensation
- c. statutory compensation, pension, social security or similar schemes
- d. benefits paid under state or federal legislation, such as the Department of Veterans' Affairs
- e. income benefits from other disability income insurance policies or super funds
- f. employer funded sick leave entitlements.

The reduction in the Total Disability Benefit or Partial Disability Benefit will be by an amount so that the total received by you from all sources does not exceed the agreed insured percentage of your Declared Earned Income.

Any Superannuation Contributions Benefit payable to you will be reduced by all amounts paid or payable for you from other sources such as the employer's superannuation guarantee obligations, award or industrial agreement obligations or additional voluntary contributions during a period of Total or Partial Disability.

Exclusions

Except for insurance cover provided under Customised Cover or Default Cover no insured Death, Terminal illness or TPD Benefit shall be payable where a claim arises from any of the following:

- a. suicide occurring in the first 13 months after the date that the cover commences or is reinstated after having lapsed for any reason
- b. TPD as a result of an intentional self-inflicted act or intentional self-inflicted injury by you
- c. any such exclusion as the Insurer may apply to you as a condition of acceptance of cover.

No Income Protection Benefit of any type is payable if your Total Disability or Partial Disability arises from any of the following:

- a. intentional self-inflicted injury
- b. uncomplicated pregnancy or childbirth
- c. war or acts of war whether declared or not
- d. service in the armed forces of any national or international organisation (other than non-active service within Australian armed forces reserve units within Australia)
- e. any exclusion or restriction the Insurer may apply to you as a condition of acceptance of cover.

When does cover cease?

Your cover will continue without the need to provide any further health evidence subject to the terms and conditions outlined in this guide.

If you have both TPD and Income Protection cover you may be able to make a claim for TPD, even if you have claimed a Total Disability Benefit under Income Protection, provided the relevant terms and conditions to claim each benefit are satisfied.

Your cover will cease, without any notification from us or the Insurer, when any of the following events occur.

Situation	Death	TPD	Income Protection
On the day you reach age 65	N/A	N/A	√
On the day you reach age 75 or for Customised Cover the age it ceases, whichever is the lesser	√	√	N/A
The date the Trustee accepts your request to terminate your cover	√	√	√
The date the that the Trustee has with the Insurer Policy terminates	√	√	√
The expiry of 24 months of the approved leave without pay, unless otherwise agreed by the Insurer in writing prior to the expiry of such leave	N/A	N/A	√
60 days from the date you cease to be a member of the Fund ¹	√	√	√
The date a Terminal illness or TPD Benefit becomes payable that is equal to the whole amount for death under the Policy	√ Terminal Illness	√	N/A
28 days after the Trustee has issued a lapse notice to you and the premium remains unpaid	√	√	√
The date of your death	√ ²	√	√
Six months from the date you ceased to be last employed	N/A	N/A	√ ³
The date you permanently retire from the workforce	N/A	N/A	√
The date we determine that your account is inactive ⁴ and you have not made an election to maintain your cover.	√	√	√

Note: "√" means that the insurance cover specified in the relevant column will cease upon occurrence of the event described in the relevant row. "N/A" means the event described in the relevant row is not applicable to the cessation of the insurance cover in the relevant column.

1. Subject to your options to transfer your cover between funds or between products within the same Fund.
2. A claim may still be able to be made for any eligible Death and TPD Benefit.
3. Where your Income Protection cover ceases due to you ceasing to be employed for more than six months, if you then return to gainful employment (working at least 15 Hours Per Week) at any time within the 12 months after your employment ceased, when you commence the employment you can apply to reinstate the Income Protection cover you

- previously held which ceased without the need for Underwriting provided you are eligible for cover.
- Your account is Inactive if a contribution has not been received into your account for 16 months or more.

What do you need to know about making a claim?

While we hope you do not ever need to make a claim, the following information will assist with the claim process. Any insured benefit to which you may be entitled for Death only and Death and TPD will be paid in addition to your super account balance (less applicable fees and taxes).

How to make a claim

Please contact your adviser or call our Client Services Team on (07) 3222 8444. To make a claim, you need to notify us as soon as you can of an event that is likely to give rise to a claim. Once you have informed us about the claim, we will send you (or your Legal Personal Representative in the case of your death) a list of the initial requirements and the claim forms which need to be completed and returned to us. The claim forms will generally require relevant medical certificates, Medical Practitioner's reports, employer reports and relevant evidence for the claim. You are responsible for meeting any costs in completing the claim forms including any associated documents.

The sending of your claim form by us to the Insurer does not constitute an admission of liability in respect of any claim.

To assist with the assessment of your claim, you may receive a request for additional information or be required to undergo an examination by a Medical Practitioner or relevant professional of the Insurer's choice including pathology tests.

The Insurer will meet the costs in relation to this additional information. If you fail to attend any pre-arranged medical examination, then you will be liable to pay any fees incurred. It is important that all information requested is submitted otherwise the claim may be delayed while waiting for that information.

Payment of a claim

After considering the evidence provided, we and the Insurer will decide if you meet the relevant definition of your cover and whether you're entitled to payment.

Payment of your Sum Insured will be made to us and we will credit the proceeds to your super account. A claim for a Death or TPD Benefit will not be released until the claim is approved by our claims committee.

Income Protection claims, once approved, will be paid to you by the Insurer after the applicable tax is deducted.

Please note that as the insurance benefits are paid by the Insurer, the payment of the insurance benefit is conditional on the Insurer accepting the claim.

Incorrect age

If your age is incorrectly stated, we and the Insurer have the right to adjust the premium or the benefit based on your correct age.

Incorrect salary

If you are in the Employer division and the cover provided to you is based on your salary, your employer is required to provide us with updated salary information at each annual review date. If your employer does not supply us with updated salary information at least annually (at the annual review date), even if it is a confirmation that the salaries have not changed, any benefit at claim time, will be based on the lesser of your insured benefit or salary at the date of claim.

If you are in the Employer division and your benefit is based on your salary and your salary has increased from the salary last advised by the employer at the last annual review:

- a. The Insurer will need to agree that the salary increase is reasonable and acceptable for any changes to the benefit, and
- b. premiums will be required to be paid from the date of the salary increase on the increased amount.

If your salary has decreased, then your benefit will decrease accordingly.

If at claim time we ascertain that you had left the employer before the claim date then we will deem you to have been a Personal Division member from the date you left the employer and the relevant rules for the Personal Division in relation to claims calculation and payment will apply.

Claims after your cover has ceased

If a claim event occurs prior to the date your cover ceased or terminated you may still be eligible for that claim to be considered by the Insurer, subject to terms and conditions of the Policy.

Claims whilst overseas

In the event you suffer TPD, a Total Disability or Partial Disability whilst overseas, the Insurer may require you to return to Australia at your own expense for assessment of the claim. You will need to provide medical certification issued by a Medical Practitioner approved by the Insurer and any other information or evidence that may reasonably be required.

What to do if your claim is declined

If you are not happy with a decision made about your claim, you can request us to reconsider the decision. Our claims committee will review your claim and may make a representation to the Insurer on your behalf. If you are not satisfied with the outcome you can raise the issues with the Australian Financial Complaints Authority (AFCA). More details about the complaints process and contact details for the AFCA can be found in the 'Complaints' section of the **Pitcher Partners Superannuation Fund general reference guide (PPS.02)**.

Special conditions relating to Income Protection claims

Payment of benefit before notification

The Insurer will not pay a Total Disability or a Partial Disability Benefit for any period more than 14 days before the date that the Insurer is notified of a claim.

Waiting Period

A Total Disability Benefit or Partial Disability Benefit will only be payable after the expiry of the Waiting Period.

The Waiting Period is the continuous period of days as accepted by the Insurer at application for the Income Protection cover, commencing from the date a Medical Practitioner certifies you as Totally Disabled, and for which you have to be disabled before the Total Disability Benefit or Partial Disability Benefit is payable.

If, during the Waiting Period, you return to employment, the Waiting Period will still be regarded as continuous if your return to work is for five days or less and you again become disabled as a result of the same Injury or Illness. The days for which you were in employment will be added to the Waiting Period.

If you return to employment for more than five days, then a new Waiting Period will commence from when you are next Totally Disabled.

There may be circumstances where you participate in an Approved Rehabilitation Program which includes a return to employment during the Waiting Period. If you are unsuccessful in returning to employment as part of an Approved Rehabilitation Program at the same capacity as prior to becoming disabled, the Waiting Period will still be deemed to commence as at the first day you became Totally Disabled and will not recommence if the return to employment is greater than five days.

Any days of Gainful Employment as part of an Approved Rehabilitation Program will also not be added to the Waiting Period.

Example of a Waiting Period

Joe has Income Protection cover with a 90 day Waiting Period, a Benefit Payment Period of five years and a monthly benefit of \$3,000.

On 1 July 2019 Joe was injured and submitted a claim to the Insurer which was accepted. Joe does not receive any benefit during the Waiting Period which ends 90 days after 1 July, being 28 September 2019.

Joe is entitled to receive his first monthly benefit of \$3,000 from 29 September 2019. Benefits are paid monthly in arrears. He continues to receive his monthly benefit payment while he remains Totally Disabled, or a lesser amount if Partially Disabled, until 27 September 2024 (subject to the Policy terms and conditions).

Recurrent claims

If you've been receiving an Income Protection Benefit payment and return to work, but within six months of benefit payments ending you again become Totally Disabled or Partially Disabled as a result of the same or related Illness or Injury and you are still covered, the Insurer will regard it as a continuation of your previous claim. The Waiting Period will not apply and the Insurer will pay the benefit as a continuation of the previous claim. However, your Benefit Payment Period will be reduced by the period that a benefit was paid or payable under your previous claim.

Moving between products in the Fund

We have a range of products within the Fund. If you move to another IOOF super product in the Fund, you may be able to continue your cover without the need for further acceptance by the Insurer.

Applicants transferring from another IOOF super product may be entitled to maintain their existing Death only or Death and TPD and Income Protection cover without the need for further acceptance by the Insurer subject to the terms and conditions in this guide and the relevant insurance policies. Please contact us to confirm the requirements in relation to transfers.

Ceasing to be a member of the Fund.

When you cease to be a member of the Fund, you need to be aware of the following:

Extension of cover

Your insurance cover will continue for up to 60 days from the date on which you ceased to be a member of the Fund. For Income Protection cover, this is subject to you maintaining employment during this time.

Transfer of insurance to a personal product

Death and TPD cover

If you have insurance cover and you leave your Employer Plan, your cover will continue in the Personal Division effective from the date you transfer into the Personal Division, unless your employer was making additional contributions to pay for your cover, and you have not opted in or met the eligibility conditions for cover.

There may, however, be changes to your insurance calculation basis and insurance premiums. Please contact the Pitcher Partners Client Services Team, on (07) 3222 8444 for further information.

In general, you will not need to complete an insurance application. On transfer to the Personal Division, the amount of cover transferred will depend on the basis of the cover in the Employer Plan and:

- the cover at the time of transfer, and
- the corresponding premium in the insurance rate table for the same occupational rating that applied to you immediately prior to transfer to the personal super product and which is subject to increases with age.

As the premiums under some Employer Plans are different and may be subject to a plan rating factor, your premium may increase or decrease.

Income Protection cover

If you cease with your employer, your existing cover will be transferred to the Personal Division, without the need for further underwriting unless your employer was making additional contributions to pay for your cover, and you have not opted in or met the eligibility conditions for cover.

In general, you will not need to complete an insurance application. On transfer to the Personal Division, the amount of cover transferred will be fixed based on:

- the cover at the time of transfer (i.e. no longer linked to your salary); and
- the corresponding premium in the insurance rate table for the same occupational rating that applied to you immediately prior to transfer to the personal super product and which is subject to increases with age.

You must advise us of any change to your salary to ensure correct cover and premium levels. Increases in cover will be subject to underwriting. As the premium rates under some Employer Plans are different, your premium may increase or decrease when your cover is transferred to Personal Division.

As the premiums under some Employer Plans are different, your premium may increase or decrease.

Section 6 – Significant risks

As with the purchase of any financial product, you should consider the risks that may impact your super insurance arrangement.

Main risks that may affect your insurance

Pre-existing Conditions risk	If you apply for cover, or an increase in cover, you must disclose any Pre-existing Conditions with your request for cover or increase in cover. Non-disclosure could result in a claim being declined or the Insurer avoiding your insurance cover.
Non-disclosure risk	If you fail to comply with your duty of disclosure the Insurer may be able to decline a claim, avoid your insurance cover or reduce the amount of benefit payable to you.
Variation of terms and conditions risk	The Trustee is able to change the terms and conditions of your insurance arrangements by giving at least 30 days' prior written notice.
Variation of premium rates risk	The Trustee has the right to increase the premium rates (outside of the normal age changes which take place automatically each 1 July) by giving you 30 days' prior written notice.
Change of Insurer risk	The Trustee has the right to change the Insurer by giving you 30 days' prior notice.
Replacing or changing your insurance	The terms and conditions between insurance policies can vary significantly and it is important that you compare the differences when you are looking at replacing or cancelling your insurance cover. There is a risk that your new cover may not provide the same benefits or have pre-existing restrictions or other limitations that did not exist under your old insurance arrangement or Policy. It is important that you also consider the risk that you might not be covered for a period of time if you cancel your insurance before the new insurance commences.
Future insurability	There is a risk as you get older that you may not be able to obtain insurance or insurance without a significant premium loading/restriction. Therefore it is recommended that you consider your insurance needs now or take this into consideration if you are contemplating the cancellation of your cover.
Limitations and exclusions to cover	Insurance policies tend to have various limitations and exclusions which apply that vary between insurance policies. It is important that you understand the limitations and exclusions which apply to your cover.
Low account balance	There is a risk that your cover might lapse if there are insufficient funds in your super account to pay your insurance premiums. To avoid this happening, you may need to make further contributions to ensure that there are sufficient funds in your super account to pay the premiums when due.
Employer failure to pay Superannuation Guarantee contributions	There is a risk that your cover may lapse if your employer does not pay your Superannuation Guarantee (SG) contributions on time. Your cover may also lapse if your SG contributions do not cover your insurance premiums. To avoid this happening, you may need to make personal contributions to ensure that there are sufficient funds in your account to pay the premiums when due.

Section 7 – Key words explained

This section helps explain some of the key terms used in this guide.

Accident	An unforeseen, violent, external and visible event during the period of cover.
Approved Rehabilitation Program	A program, device or course of treatment certified in writing by a Medical Practitioner to be necessary for the rehabilitation of a person but excluding any program providing hospital treatment or an ancillary health service within the meaning of the <i>National Health Act 1953 (Cth)</i> or any other program which might cause the Policy to cease to be exempt from the relevant Health Insurance Legislation.
At Work	<p>A person who is:</p> <ol style="list-style-type: none"> employed with an employer: The person is actively performing or capable of actively performing all of the duties and work hours (for at least 30 Hours Per Week) of their usual occupation with their employer free from any limitation due to Illness or Injury. A person who is on employer approved leave for reasons other than Illness or Injury, who would otherwise be capable of performing their usual occupation (for at least 30 Hours Per Week), will be considered as having met the requirements of this definition, or self-employed: The person is actively performing or capable of actively performing all of the duties and work hours (for at least 30 Hours Per Week) of their usual occupation on a Full-time basis free from any limitation due to Illness or Injury, or unemployed: The person is capable of actively performing all of the duties and work hours (for at least 30 Hours Per Week) of their usual occupation prior to becoming unemployed, free from any limitation due to Illness or Injury, or engaged exclusively in unpaid Domestic Duties on a full time basis: The person is actively performing all of their domestic duties free from any limitation due to Illness or Injury, and the person is not entitled to, or receiving, income support benefits relating to an Illness or Injury, from any source including but not limited to Workers' Compensation benefits, statutory transport accident benefits and disability income benefits.
Automatic Acceptance	The amount of insurance cover which the Insurer will provide without requiring evidence of state of health.
Benefit Payment Period	The maximum period for which an Income Protection Benefit is payable in relation to the same or related Illness or Injury, excluding the Waiting Period.
Consumer Price Index (CPI)	The percentage change in the Consumer Price Index (Weighted Average All Capital Cities) as last published by the Australian Bureau of Statistics prior to the effective date of calculation.
Customised Cover	Insurance cover provided under Automatic Acceptance, nominated by an Employer.
Date of Disablement (Death only and Death and TPD)	<p>The later of:</p> <ul style="list-style-type: none"> the date you cease to work due to Injury or Illness, or the date a Medical Practitioner examines you and certifies in writing that you suffer from the Illness or Injury that is the principal cause of your inability to work.
Date of Disablement (IP)	Means the commencement of the Waiting Period.
Declared Earned Income	<p>For the purposes of determining the level of Income Protection Benefit available, means the lesser of:</p> <ul style="list-style-type: none"> your annual earnings most recently agreed by the Insurer and the Trustee in writing, and the sum calculated in accordance with the Earned Income definition.

Default Cover	<p>Insurance cover that the Insurer has agreed to provide under Automatic Acceptance provisions, provided you satisfy the relevant eligibility criteria under the Policy where your employer:</p> <ul style="list-style-type: none"> • has not nominated an insurance benefit design • has established the Employer Plan as the Standard Fund, and • meets the other requirements under the Policy. <p>The amount of Default Cover will vary depending on your age, gender and occupational factors stated in the Policy at 1 July each year.</p>
Earned Income	<p>a. If you are employed on a Permanent Basis this means the annual wages or salary last agreed between you and your employer immediately before commencement of Total Disability plus:</p> <ul style="list-style-type: none"> • any commissions paid by your employer under a provision in a contract to you in the 12 month period immediately before commencement of Total Disability, and • all other regular (cash and non-cash) payments or benefits provided to you by your employer under a provision in a contract in the 12 month period immediately before commencement of Total Disability, which, when combined, the Insurer reasonably considers as your remuneration package. <p>For the avoidance of doubt, Earned Income, does not include:</p> <ol style="list-style-type: none"> superannuation guarantee obligations award or industrial agreement obligations additional voluntary contributions, but <p>includes employer superannuation contributions made under an effective salary sacrifice arrangement in accordance with Superannuation Guarantee Legislation.</p> <p>b. If you are not employed on a Permanent Basis the total earnings from employment averaged over the 12 months immediately before the commencement of Total Disability, or the period of time since you became insured, whichever is the lesser;</p> <p>c. If you are self-employed this means the annual income generated by you from your personal exertion, calculated by averaging your net income per year for the two years immediately preceding commencement of Total Disability. For the purposes of this definition, net income means your gross income received as remuneration or recompense for services rendered, less all expenses incurred by you in earning that income but does not include investment income, profit distributions or similar payments.</p>
Employer Plan	<p>A superannuation plan established by an employer for its employees in IOOF Employer Super within the Fund. This could also be the Standard Fund into which an employer will make Superannuation Guarantee contributions if a member has not nominated a choice fund in the Superannuation Choice environment.</p>
Forward Underwriting Limit	<p>The amount (if any):</p> <ul style="list-style-type: none"> • which may be provided by the Insurer in respect of an insured member of the Fund or group of members of the Fund with salary related benefit options, after the assessment of the relevant insured member's evidence of state of health, and • up to which the Insurer may accept future increases in the relevant insured member's cover without the requirement to provide further evidence of their state of health.
Full-time	<p>At least 30 Hours Per Week</p>
Gainfully Employed/Gainful Employment	<p>Means employed or self-employed for gain or reward, or in the expectation of gain or reward, where gain or reward envisages the receipt of remuneration such as salary, wages, business income, bonuses, commissions, fees or gratuities, in return for personal exertion.</p>

Hazardous Occupation	<p>Means an occupation that the Insurer determines as an Occupation involving hazardous or very heavy manual work or other such Occupation presenting particular underwriting difficulties.</p> <p>Includes unskilled workers, those involved in hazardous or very heavy manual work and/or specific occupations as decided by the Insurer (however this is not an exhaustive list):</p> <ul style="list-style-type: none"> • offshore oil rig workers • fishermen • forest workers • workers in mining or drilling and explosive • underground/underwater workers • workers at heights, including riggers, scaffolders • seasonal workers/industries with a high proportion of seasonal or casual workers (such as fruit picking) • airline and air force workers • prison services • brick and concrete labourers • firemen and policemen • truck drivers – interstate, long distance, oil and gas, tow • professional sportspeople or entertainers • bicycle courier.
Health Insurance Legislation	<p>Means the <i>National Health Act 1953 (Cth)</i>, <i>Health Insurance Act 1973 (Cth)</i>, <i>Private Health Insurance Act 2007 (Cth)</i> or any similar legislation or regulation in connection with health insurance, as amended from time to time.</p>
Hours Per Week	<p>Hours Per Week is based on the terms of your usual employment (or previous employment if unemployed) and averaged over the consecutive 13 week period prior to the relevant date of application of this definition, for example</p> <ul style="list-style-type: none"> • Date of Disablement in case of TPD cover, or • prior to the date cover commences in case of Income Protection cover, or • such shorter period if employed for less than 13 weeks immediately prior to the applicable date.
Illness	<p>Sickness or disease that occurs during the period during which you have cover under the Policy.</p>
Injury	<p>Bodily injury solely resulting from an Accident that occurs during the period during which you have cover under the Policy.</p>
Insured Person	<p>A person who has cover under the Policy and is:</p> <ol style="list-style-type: none"> a. accepted as an Insured Person in writing, or b. who meets the Eligibility Criteria specified in the Policy.
Limited Cover	<p>Cover for claims arising from an Illness for which the symptoms first became apparent or an Injury which first occurred on or after the date cover commenced, recommenced, was reinstated or increased and the Illness or Injury is not caused directly or indirectly from an Illness or Injury the signs or symptoms existed prior to the commencement of the Limited Cover.</p>
Medical Conditions	<p>Means one of the following medical conditions: Blindness, Cardiomyopathy, Chronic Lung disease, Dementia and Alzheimer’s disease, Loss of Hearing in One Ear, Loss of Speech, Major Head Trauma, Progressive and Debilitating Motor Neurone disease, Multiple Sclerosis, Muscular Dystrophy, Paralysis, Parkinson’s disease, Primary Pulmonary Hypertension, and Severe Rheumatoid Arthritis.</p> <p>The definition for each of these Medical Conditions is provided at the end of this section.</p>
Medical Practitioner	<p>Means, unless we agree otherwise:</p> <ol style="list-style-type: none"> (a) if the claimed condition is a psychological condition we require the condition to be diagnosed in accordance with the latest edition of the

Diagnostic and Statistical Manual of Mental Disorders (DSM), and the definition of a Medical Practitioner means a person who is legally qualified and registered as a practicing psychiatrist by the relevant medical registration boards and/or the Specialist Recognition Advisory Committee coordinated through the Australian Health Insurance Commission;

- (b) otherwise, a Medical Practitioner legally-qualified and registered to practice in Australia, but shall not include chiropractors, physiotherapists, psychologists or alternative health providers.

The medical practitioner cannot be:

- (i) the insured member;
- (ii) the insured member's spouse or partner in a de facto relationship, parent, child, sibling or close family relative;
- (iii) the insured member's business partner, associate, employer or employee; or
- (iv) a fellow shareholder or unit holder of the insured member in a company or trust that is not a publicly-listed company or trust.

Other Payment

Means any amount paid or payable in connection with, or arising out of, the Injury or Illness causing your Total Disability or Partial Disability (other than any amount payable under the Policy and Return To Employment Income) which you may receive or be entitled to receive during a month for a benefit is payable (whether by lump sum, periodic payment or otherwise) including but not limited to, any amount paid or payable under:

- (a) any other income protection insurance policy in any jurisdiction;
- (b) any workers' compensation, motor accident compensation, statutory compensation or similar schemes; and pension, social security or similar scheme in any jurisdiction or other similar state, federal, territory or extraterritorial legislation;
- (c) under state, federal, territory or extraterritorial legislation including, without limitation, legislation administered by the Department of Veteran Affairs (or replacement agency);
- (d) as employer-funded sick leave entitlements in any jurisdiction (except if the sick leave entitlements must be requested by you to be paid and you have not requested the payment for the relevant period); and
- (e) in respect of illness or injury, including any settlement sum, damages or compensation in any jurisdiction.

The Insurer will not consider any portion of a lump sum to be an Other Payment if you establish to the insurer, that it represents compensation for or payment of:

- (i) pain and suffering;
- (ii) the loss of use of a part of the body;
- (iii) medical expenses;
- (iv) reasonable legal expenses.

and, for clarity, to the extent that you cannot establish to the Insurers satisfaction, acting reasonably, that any portion of an amount paid or payable to you represents compensation for or payment in respect of those items set out in i) – iv) above, the entirety of that amount will be deemed to be an Other Payment.

Where an Other Payment is in the form of a lump sum or is commuted to a lump sum, unless you and the Insurer agree otherwise, the monthly Benefit will be reduced by an amount equal to one sixtieth (1/60) of the lump sum over

	a period of sixty months or the remainder of the Benefit Period, whichever is the less.
Permanent Basis	Means being an employee of an employer under a single and ongoing contract of employment or contract for personal services that: <ul style="list-style-type: none"> (a) requires the person to perform identifiable duties; (b) requires the person to work a regular number of hours each week; and (c) entitles the employee to be paid annual leave, sick leave, and to accrue long service leave.
Policy	The Group Life policy or Income Protection policy issued by the Insurer to the Trustee, including any Policy endorsements, as amended from time to time. The Policy does not form part of this guide and is a legal agreement between the Insurer and the Trustee.
Pre-existing Condition	An Illness, Injury or a symptom which, at the time of an application for cover or increased cover, you: <ul style="list-style-type: none"> • were aware of, or a reasonable person in your position should have been aware of, • should have sought advice or treatment for (conventional or alternative) from a Medical Practitioner or other allied health professional (in circumstances where a reasonable person would have sought advice or treatment) • or had a medical consultation or were prescribed medication or therapy.
Return to Employment Income	Means: <p>If you are employed, the annual remuneration in the form of wages or salary paid by your employer in respect of work performed by you (including commissions, bonuses and other payments that the Insurer reasonably considers form part of your remuneration package) in the period that a Partial Disability benefit is payable.</p> <p>If you are self-employed or unemployed, your gross income, less all expenses incurred by you in earning that income in the period that a Partial Disability benefit is payable.</p>
Specialist Medical Practitioner	A Medical Practitioner practicing in an area related to the Illness or Injury suffered by you.
Standard Fund	A complying superannuation fund that your employer has selected as the fund into which it will pay employer Superannuation Guarantee Contributions on your behalf, unless you exercise Choice of Fund in accordance with Superannuation Guarantee Legislation.
Sum Insured	The amount for which you are covered under the Policy, as agreed by the Insurer.
Terminal Illness	Means: <ul style="list-style-type: none"> a. two Medical Practitioners have separately certified in writing that you suffer from an Illness, or have incurred an Injury, that is likely to result in your death within a period ('the certification period') that ends not more than 12 months after the date of certification; b. at least one of the registered Medical Practitioners is a Specialist Medical Practitioner practicing in an area related to the Illness or Injury suffered by you; c. the Illness and certification referred to in paragraph (a) occurs while you continue to have cover under the Policy; d. for each of the certificates, the certification period has not ended; and

	<p>e. the Insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment, the Illness or Injury will lead to your death within 12 months of the date of the certifications.</p>
Totally Disabled	<p>Means you satisfy the relevant Total Disability definition which applies based on your employment status and the number of Hours Per Week you are working at the Date of Disablement.</p>
Underwriting/Underwritten	<p>The process by which the Insurer reviews your personal, medical, financial and other circumstances to decide if it will accept your application for insurance or increase in insurance and, if accepted whether it will add extra loadings or exclusions to your cover.</p>
Waiting Period	<p>The continuous period commencing from the date a Medical Practitioner certifies you as Totally Disabled, and for which you have to be disabled before the Total Disability Benefit or Partial Disability Benefit is payable. If, during the Waiting Period, you return to employment, the Waiting Period will still be regarded as continuous if your return to work is for five days or less and you again become disabled as a result of the same Injury or Illness. The days for which you were in employment will be added to the end of the Waiting Period. If you return to employment for more than five days, then a new Waiting Period will commence from when you are next Totally Disabled. There may be circumstances where you participate in an Approved Rehabilitation Program which includes a return to employment during the Waiting Period. If you are unsuccessful in returning to employment as part of an Approved Rehabilitation Program at the same capacity as prior to becoming disabled, the Waiting Period will still be deemed to commence as at the first date you became Totally Disabled and will not recommence if the return to employment is greater than five days. Any days of Gainful Employment as part of an Approved Rehabilitation Program will also not be added to the Waiting Period. Depending on your cover, the Waiting Periods are 30, 60 or 90 consecutive days for which you must be Totally Disabled. The Waiting Period starts on the day you first became Totally Disabled. An example of a 90 day Waiting Period appears in the section entitled 'What do you need to know about making a claim?'</p>

Medical Condition Definitions:

Medical Condition	Definition
Blindness (permanent)	Means the total and irrecoverable loss of sight (whether aided or unaided) of both eyes as a result of illness or injury to the extent that visual acuity in both eyes, on a Snellen Scale after correction by suitable lens is less than 6/60, or to the extent that the visual field is reduce to 20 degrees or less of arc.
Cardiomyopathy (permanent)	Means a disease of heart muscle causing the heart muscle to enlarge and become weaker, resulting in significant permanent cardiac impairment to the degree of at least Class 3 of the New York Heart Association functional classification system.
Chronic Lung disease (requiring permanent oxygen therapy)	Means a disease of heart muscle causing the heart muscle to enlarge and become weaker, resulting in significant permanent cardiac impairment to the degree of at least Class 3 of the New York Heart Association functional classification system.
Dementia and Alzheimer's disease (permanent)	Means the unequivocal diagnosis of dementia by a consultant neurologist or geriatrician. The diagnosis must confirm dementia or Alzheimer's Disease due to permanent failure of brain function with associated cognitive impairment. A Mini-Mental State Examination score of 24 or less out of 30 or evidence from another neuropsychometric test that is acceptable to <i>us</i> is required.
Loss of Hearing in One Ear (permanent)	Means the total and irrecoverable loss of hearing in one ear, both natural and assisted, as a result of illness or injury.
Loss of Speech (permanent)	Means the total and irrecoverable loss of the ability to produce intelligible speech, as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, due to illness or injury.

<p>Major Head Trauma <i>(with permanent neurological deficit)</i></p>	<p>Means accidental head injury resulting in neurological deficit causing:</p> <p>(a) at least a permanent 25% impairment of “Whole Person Function”; or</p> <p>(b) the person being totally and permanently unable to perform any one of the “Activities of Daily Living”.</p> <p>“Activities of Daily Living” are:</p> <ul style="list-style-type: none"> • Bathing – the ability to shower and bathe; • Dressing – the ability to put on and take off clothing; • Toileting – the ability to get on and off and use the toilet; • Mobility – the ability to get in and out of bed and a chair; and • Feeding – the ability to get food from a plate into the mouth. <p>“Whole Person Function” means where a payment depends on the person meeting criteria based on the Whole Person Function, the calculation is to be based on the current edition of the American Medical Association publication entitled Guides to the Evaluation of Permanent Impairment until an equivalent Australian guide, sanctioned by the Australian Medical Association, has been produced, at which time the calculation in the relevant Australian guide will apply.</p>
<p>Progressive and Debilitating Motor Neurone Disease</p>	<p>Means the unequivocal diagnosis of a progressive form of debilitating Motor Neurone Disease.</p>
<p>Multiple Sclerosis <i>(with multiple episodes of neurological deficit and persisting neurological abnormalities)</i></p>	<p>Means a disease characterised by demyelination in the brain and/or spinal cord. Multiple Sclerosis must be unequivocally diagnosed. There must be more than one episode of well defined neurological deficit with persisting neurological abnormalities.</p> <p>Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses are required to confirm diagnosis.</p>
<p>Muscular Dystrophy</p>	<p>Means the unequivocal diagnosis of muscular dystrophy.</p>
<p>Paralysis (permanent)</p>	<p>Means the total and permanent loss of function of two or more limbs through illness or injury causing permanent damage to the nervous system. This includes, but is not limited to, quadriplegia, paraplegia, diplegia and hemiplegia.</p>
<p>Parkinson’s disease</p>	<p>Means the unequivocal diagnosis of degenerative idiopathic Parkinson’s disease caused by degeneration of the nigrostriatal system and as characterised by the clinical manifestation of one or more of the following:</p> <ul style="list-style-type: none"> • rigidity; • tremor; and • akinesia. <p>All other types of Parkinsonism are excluded (e.g. secondary to medication).</p>

Primary Pulmonary Hypertension	<p>Means the unequivocal diagnosis of Primary Pulmonary Hypertension with right ventricular enlargement established by investigations including cardiac catheterisation.</p>
Severe Rheumatoid Arthritis (with significant impairment)	<p>Means diagnosis of rheumatoid arthritis, confirmed by appropriate radiology and blood tests, that has failed to respond to all treatment regimens including, but not limited to immunosuppressive and biological agents, causing permanent reduction to Whole Person Function of at least 25%; or</p> <p>The unequivocal diagnosis of severe rheumatoid arthritis by a Rheumatologist, supported and evidenced by 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; and ○ metatarsophalangeal joints in the foot, wrist, elbow, knee, or ankle; • simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone); • typical rheumatoid joint deformity; and at least two of the following criteria: <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>

Insurance terms and conditions

The information outlined in this guide is subject to the Insurer continuing to offer insurance under the terms and conditions contained in the relevant insurance policies. You'll be informed if the terms and conditions change.

The Insurer may accept or reject any request for insurance or impose different terms and conditions based on their assessment of a member's health, occupation and pastimes. All insurance is subject to written acceptance by the Trustee and the Insurer.

The Trustee and the Insurer will assess all claims based on their criteria and in accordance with the terms and conditions of the relevant Policy document. The Trustee is only liable to pay (if the Trust Deed and super law permits) the insured component of a benefit upon acceptance of the claim by the Insurer and on receipt of the proceeds from the Insurer.

Please note that while every effort has been made to ensure that the information contained in this guide is accurate, the terms and conditions of the Policy documents issued by the Insurer to the Trustee will prevail to the extent that they are inconsistent with the information contained in this guide.