

Complete Super Insurance Guide

19 June 2019



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Important information

The information in this Insurance Guide dated 19 June 2019 forms part of the Complete Super PDS dated 19 June 2019. You should consider this important additional information before making a decision about any insurance products available through Complete Super.

The information in this Insurance Guide is general information only and does not take into account your personal financial situation or needs. Should you wish to seek financial advice, please consult a licensed financial adviser who can tailor options to suit your personal circumstances.

The information contained in this Insurance Guide is a summary of the terms and conditions associated with the Group Life Insurance Policy and the Group Income Protection Policy and is for members whose Group Life Insurance Policy and/or Group Income Protection Policy was in force on or after 1 October 2014. Full terms and conditions of each policy can be provided upon request.

To the extent this Insurance Guide is inconsistent with the Group Life Insurance Policy and the Group Income Protection Policy, the terms of the respective Policies will prevail. The terms of the Policies may change after the date this Insurance Guide is prepared, without reference to the Fund's members.

Additional information on retail insurance and how to apply for all insurance is available online at www.brightday.com.au or via the secure online portal 'brightday transact'.

This Insurance Guide is issued by Diversa Trustees Limited ABN 49 006 421 638, AFSL No 235153 RSE Licence No L0000635 (referred to as we, our, us, the Trustee).

Complete Super is an accumulation superannuation product offered through the MAP Superannuation Plan (ABN 71 603 157 863) (the Fund).

The Sponsor and Promoter of the Fund is OneVue Wealth Services Ltd, ABN 70 120 380 627 AFSL 308868. Yellow Brick Road Financial Planners Pty Limited ABN 42 124 553 206 CAR 001240326 ('YBR') is the promoter of Complete Super using the 'brightday' brand. YBR is a corporate authorised representative of Yellow Brick Road Wealth Management Pty Limited ABN 93 128 650 037 AFSL 323825.

For more information

Phone: 1800 458 656

Write: PO Box 1282, Albury NSW 2640

Visit: www.brightday.com.au

1. Insurance in your Super

No one knows what the future holds. If you were to suffer a serious injury or illness, your family's financial situation and quality of life could be severely affected. You can access affordable insurance cover through Complete Super to protect your family's financial security against the unexpected.

Complete Super provides for the following insurance policy types:

- Group Life Insurance Cover
- Income Protection Cover
- Retail Insurance Cover.

2. Complete Super at a glance

Complete Super offers the following insurance options to eligible members of the Fund:

Death Insurance	Provides a lump sum benefit in the event of death, or are diagnosed with a Terminal Illness.
Death and Total and Permanent Disablement (TPD) Insurance	Provides a lump sum benefit if you suffer a TPD.
Income Protection Insurance	Pays a set percentage of your Monthly Income for a pre-defined length of time in the event that you suffer Total Disability as a result of Illness or Injury.

You can choose to take up all or any combination of the above insurance cover options. Your insurance cover is paid for out of your super account (which means, in most cases you will be paying for insurance out of your before-tax income).

How insurance is applied to Complete Super		
	Group Life	Retail
Insurer	Hannover Life Re of Australasia Ltd (ABN 37 062 395 484)	As determined by your financial adviser
Insurance cover Offered	Death Death & TPD Terminal Illness Income Protection	Death TPD Terminal Illness Income Protection
Application	Online at 'brightday transact'	Through your financial adviser
Insurance Terms	Refer to the Complete Super PDS and this Insurance Guide	Refer to the retail insurer's PDS (your financial adviser should provide you with a copy of this)
Policy Owner	The Trustee of Complete Super	
Life Insured	You	
Premium payment	Premiums are deducted from your Complete Super account	

Fees and costs

There are costs associated with insurance cover. These costs, which are deducted from your account, are calculated on the amount of insurance cover you request, your membership type, your age, gender, occupation, income (for Income Protection Insurance cover), upon assessment by the Insurer.

Group Life Insurance and Income Protection Costs

If you decide to take up group insurance cover, Complete Super will charge you an administration fee of \$99 per annum to cover the expenses of administering insurance through Complete Super. This fee is in addition to your premium.

Retail Insurance Costs

If you decide to take up retail insurance cover, Complete Super will charge you an Insurance Establishment Fee of \$99, and \$99 per annum to cover the expenses for administering insurance through Complete Super. These are in addition to your premium and are payable to OneVue Superannuation Services.

Type of fee	Amount	How and when paid
Activity Fee: Insurance Administration Fee (Retail Policies)	\$99 per annum	Charged at the end of the month and deducted from your account
Activity Fee: Insurance Establishment Fee (Retail Policies only)	\$99	
Activity Fee: Insurance Payment Administration Fee*	\$25	Charged at the time of payment and deducted from your account with each payment

* Activity Fee: Insurance Payment Administration Fee only applies to Income Protection insurance payments

3. Death and TPD cover

Death and TPD cover is available to all members of the Fund who satisfy the eligibility criteria outlined in section 5 of this Insurance Guide. You can select the amount of additional death or death and TPD cover to suit your needs.

The value of death cover remains fixed for as long as your membership and insurance continue with Complete Super.

The value of your TPD cover will remain fixed until age 61. When you reach your 61st birthday, your TPD insured amount reduces by 10% each year until you reach age 70. See example below:

Age Next Birthday	TPD benefit Taper %	Example: \$200,000 TPD
61	90%	180,000
62	80%	160,000
63	70%	140,000
64	60%	120,000
65	50%	100,000
66	40%	80,000
67	30%	60,000
68	20%	40,000
69	10%	20,000

You must apply for cover prior to your 60th birthday to be eligible. Cover for death and TPD ceases on your 70th birthday. The cost of insurance cover will be determined by the level of insurance cover that you apply for.

Transfer existing death and TPD cover to Complete Super

You may be able to transfer existing death and TPD cover from your current insurer to Complete Super, provided you meet eligibility conditions. Existing death and TPD cover transferred to Complete Super will be converted into the same type and level of insurance cover, and the relevant policy premiums rates under the Group Life Insurance Policy will be applied.

The maximum value that can be transferred from your existing insurance policy to your death and TPD cover is \$500,000. Your total death and TPD cover must not exceed the maximum cover limit under the Group Life Insurance Policy.

Increasing death and TPD cover

You can apply to increase your death and TPD insurance cover online via 'brightday transact'. All additional death and TPD insurance will be underwritten by the Insurer and is subject to the following policy maximums:

- death – unlimited
- TPD and Terminal Illness – \$3 million.

If you are less than 60 years of age, you can increase your insurance cover without providing medical evidence if the following 'Nominated Events' occur:

- home purchase
- business loan
- marriage; or
- birth or adoption of a child.

The amount of additional insurance cover will be the lesser of:

- 25% of your Agreed Benefit
- \$200,000
- the increase in mortgage (if existing); or
- the amount of the mortgage (if new).

Strict conditions and limits apply including a maximum of one increase in any 12 month period. See the Group Life Insurance Policy for full terms and conditions.

Calculating your death and TPD cover premiums

Example: 39 year old male with a white collar occupation and an additional \$1M death cover.

	How to calculate	Example
1.	Note your level of agreed cover	\$1M death only
2.	Note your age next birthday and occupational category	40 years old, white collar
3.	Using your agreed cover (1.) and your age next birthday (2.) find the annual premium rate per \$1,000 Agreed Benefit in <i>Table 1</i>	0.55
4.	Multiply the agreed cover amount (1.) by the annual premium rate (3.) and divide by 1,000. This is your annual premium.	$(\$1M \times 0.55) \div 1,000 = \550

Death and TPD Insurance Premium Rates

Table 1: Occupational Adjustment Factors

Occupational category	Occupational description	Death only multiple to base rates	Death & TPD multiple to base rates
1	Professional	90%	90%
2	White Collar	100%	100%
3	Sales/Light Manual	125%	150%
4	Skilled Blue Collar	150%	200%
5	Unskilled Blue Collar	175%	250%

Death and TPD Insurance Tables

Table 2: Group Life Insurance Rate Table

Annual white collar Premium Rates per \$1,000 agreed cover (rates include stamp duty and exclude brokerage)

Age next birthday	Death only		Death and TPD	
	Male	Female	Male	Female
16 - 21	0.51	0.16	0.59	0.21
22	0.49	0.15	0.58	0.19
23	0.46	0.14	0.55	0.18
24	0.43	0.14	0.53	0.18
25	0.41	0.11	0.53	0.16
26	0.39	0.11	0.50	0.16
27	0.38	0.11	0.49	0.18
28	0.38	0.11	0.49	0.18
29	0.38	0.11	0.50	0.19
30	0.38	0.14	0.50	0.21
31	0.35	0.14	0.50	0.23
32	0.35	0.15	0.50	0.25
33	0.38	0.16	0.53	0.28
34	0.39	0.18	0.55	0.31
35	0.40	0.19	0.58	0.35
36	0.41	0.23	0.60	0.40
37	0.43	0.25	0.64	0.45
38	0.46	0.26	0.69	0.50
39	0.50	0.31	0.77	0.58
40	0.55	0.34	0.83	0.65
41	0.58	0.38	0.90	0.73
42	0.64	0.40	1.00	0.82
43	0.70	0.43	1.13	0.90
44	0.75	0.46	1.27	0.99
45	0.83	0.48	1.42	1.07
46	0.90	0.50	1.61	1.18
47	0.99	0.55	1.80	1.32
48	1.08	0.59	2.02	1.48
49	1.19	0.65	2.26	1.68
50	1.29	0.73	2.52	1.93
51	1.39	0.80	2.80	2.19
52	1.52	0.89	3.14	2.47
53	1.65	0.98	3.50	2.78
54	1.78	1.08	3.92	3.11
55	1.93	1.19	4.31	3.43
56	2.10	1.29	4.77	3.75
57	2.29	1.41	5.29	4.11
58	2.51	1.54	5.90	4.47
59	2.76	1.68	6.61	4.87
60	3.03	1.81	7.37	5.29
61	3.30	1.96	8.16	5.71
62	3.57	2.15	8.99	6.27

63	3.84	2.37	9.88	6.93
64	4.13	2.64	10.82	7.72
65	4.45	2.95	11.88	8.60
66	4.77	3.28	10.82	7.89
67	5.19	3.68	11.85	8.73
68	5.64	4.13	12.98	9.68
69	6.09	4.56	14.18	10.66
70	6.58	5.02	15.47	11.74

4. Income Protection insurance cover

Income Protection insurance cover is available to all members of the Fund subject to the Policy maximums of 75% of any pre-disability Monthly Income, up to a maximum of \$30,000 per month. You can select from 30, 60 or 90 day waiting periods, and have the choice of a **2 year** or **to age 65** Benefit Period. Income Protection insurance cover is subject to underwriting and acceptance by the Insurer.

You can also apply for additional Income Protection insurance cover equal to the lesser of the amount nominated by you or the amount your Employer contributes to your superannuation subject to a maximum of 10%. This amount is included in the \$30,000 per month maximum.

Transfer existing Income Protection cover

You may be able to transfer existing Income Protection cover from your current insurer to Complete Super. Income Protection insurance, provided you meet eligibility conditions. Income Protection cover transferred will be subject to the following:

- the maximum amount of cover that can be transferred is \$15,000 per month
- if the waiting period is under 30 days, a 30 day waiting period will be applied
- if the waiting period is under 60 days, a 60 day waiting period will be applied
- if the waiting period is greater than 90 days, a 90 day period will be applied
- the Benefit Period will be confirmed by the Insurer; and
- your total cover does not exceed the maximum monthly benefit of \$30,000.

Calculating your Income Protection premiums

Example: 30 year old female with a white collar occupation earning a gross income of \$80,000 per annum.

	How to calculate	Example
1.	Note your gross salary and occupational category	\$80,000 white collar
2.	Note your age next birthday	31
3.	Choose a Benefit Period	2 years
4.	Choose a benefit waiting period	60 days
5.	Calculate your cover amount = 75% of salary	\$60,000
6.	Note your annual premium rate per \$1,000 Agreed Benefit by using your occupational category (1.), finding your age next birthday (2.), and your benefit waiting period (3.)	2.06
7.	To calculate your annual premium divide the Agreed Benefit amount required by 1,000, then multiply by the annual premium rate	$60,000 \div 1,000 \times 2.06$
8.	Your annual premium is:	\$123.60

Income Protection insurance premium rates

Table 1: Occupational Adjustment Factors

Occupational category	Occupational description	Multiple to base rates
1	Professional	90%
2	White Collar	100%
3	Sales / Light Manual	140%
4	Skilled Blue Collar	220%
5	Unskilled Blue Collar	300%

Table 2: Group Income Protection Rates

Annual White Collar premium rates per \$1,000 agreed cover, Benefit Period of 2 years (rates exclude stamp duty and brokerage)

Age next birthday	Premium Rates					
	Benefit waiting period					
	30 days		60 days		90 days	
	Female	Male	Female	Male	Female	Male
16 - 21	2.94	1.96	1.72	1.2	1.07	0.71
22	2.98	1.99	1.74	1.22	1.07	0.71
23	3.02	2.01	1.77	1.23	1.07	0.71
24	3.04	2.03	1.78	1.24	1.07	0.71
25	3.1	2.07	1.82	1.27	1.07	0.71
26	3.14	2.1	1.86	1.27	1.07	0.71
27	3.18	2.12	1.87	1.3	1.07	0.71
28	3.27	2.18	1.9	1.33	1.07	0.71
29	3.35	2.23	1.94	1.36	1.07	0.71
30	3.45	2.3	1.98	1.4	1.09	0.73
31	3.6	2.4	2.06	1.45	1.13	0.75
32	3.76	2.51	2.15	1.51	1.15	0.77
33	3.95	2.63	2.26	1.57	1.19	0.79
34	4.15	2.77	2.38	1.65	1.25	0.84
35	4.36	2.9	2.51	1.72	1.34	0.89
36	4.6	3.07	2.67	1.81	1.42	0.95
37	4.91	3.27	2.87	1.94	1.5	1
38	5.2	3.47	3.06	2.05	1.64	1.1
39	5.53	3.69	3.28	2.19	1.79	1.19
40	5.9	3.93	3.53	2.36	1.95	1.3
41	6.25	4.16	3.77	2.52	2.12	1.41
42	6.66	4.44	4.06	2.72	2.32	1.55
43	7.13	4.75	4.39	2.96	2.55	1.7
44	7.6	5.07	4.72	3.20	2.86	1.9
45	8.14	5.42	5.1	3.48	3.14	2.1
46	8.71	5.81	5.52	3.79	3.51	2.34
47	9.33	6.22	5.96	4.12	3.95	2.63
48	10.03	6.69	6.47	4.51	4.4	2.93
49	10.75	7.16	6.99	4.92	4.93	3.29
50	11.55	7.7	7.57	5.37	5.53	3.69
51	12.43	8.29	8.21	5.87	6.21	4.14
52	13.42	8.95	8.93	6.42	6.97	4.64
53	14.49	9.66	9.7	7.02	7.83	5.22
54	15.64	10.42	10.53	7.65	8.79	5.86
55	16.93	11.29	11.46	8.36	9.86	6.58
56	18.37	12.25	12.48	9.13	11.1	7.4
57	19.95	13.3	13.6	9.98	12.41	8.27
58	21.7	14.47	14.83	10.9	13.91	9.27
59	23.67	15.78	16.22	11.92	15.58	10.38

60	25.83	17.22	17.73	13.04	17.42	11.62
61	28.23	18.82	19.4	14.25	19.44	12.96
62	30.95	20.63	21.28	15.61	21.68	14.45
63	31.85	21.23	21.9	16.02	22.79	15.19
64	26.86	17.9	17.76	12.96	17.75	11.84
65	9.27	6.18	5.89	4.29	5.51	3.67

Table 3: Group Income Protection Rates

Annual white collar premium rates per \$1,000 agreed cover, Benefit Period to age 65 (rates exclude stamp duty and brokerage)

Age next birthday	Premium Rates					
	Benefit waiting period					
	30 days		60 days		90 days	
	Female	Male	Female	Male	Female	Male
16	8.72	6.19	7.24	5.11	4.13	3.21
17	8.72	6.19	7.24	5.11	4.13	3.21
18	8.83	6.27	7.35	5.18	4.16	3.29
19	8.89	6.34	7.42	5.26	4.21	3.3
20	8.97	6.41	7.49	5.32	4.25	3.35
21	9.05	6.49	7.57	5.4	4.29	3.38
22	9.3	6.44	7.74	5.3	4.4	3.21
23	9.54	6.44	7.92	5.24	4.5	3.06
24	9.8	6.43	8.11	5.18	4.61	2.96
25	10.06	6.45	8.28	5.14	4.71	2.82
26	10.31	6.49	8.47	5.11	4.81	2.75
27	10.73	6.62	8.83	5.19	5.19	2.72
28	11.21	6.82	9.25	5.3	5.47	2.71
29	11.81	7.07	9.7	5.44	5.74	2.74
30	12.49	7.37	10.21	5.65	5.97	2.78
31	13.27	7.72	10.78	5.88	6.2	2.86
32	14.14	8.13	11.4	6.16	6.46	2.97
33	15.06	8.59	12.07	6.48	6.72	3.08
34	16.09	9.09	12.82	6.84	7.03	3.24
35	17.19	9.64	13.61	7.24	7.38	3.42
36	18.34	10.23	14.5	7.68	7.81	3.65
37	19.58	10.89	15.45	8.17	8.31	3.89
38	20.85	11.58	16.45	8.7	8.9	4.19
39	22.2	12.35	17.53	9.26	9.58	4.51
40	24.04	13.41	18.7	9.88	10.38	4.9
41	25.89	14.51	19.92	10.54	11.32	5.33
42	27.74	15.6	21.19	11.25	12.34	5.83
43	29.32	16.61	22.54	12.03	13.5	6.39
44	30.92	17.67	23.93	12.84	14.79	7.03
45	32.55	18.78	25.39	13.73	16.17	7.75
46	34.2	19.96	26.88	14.68	17.65	8.55
47	35.85	21.2	28.4	15.69	19.27	9.43
48	37.5	22.5	29.94	16.74	20.92	10.42
49	39.13	23.85	31.5	17.87	22.67	11.46
50	40.74	25.26	33.02	19.03	24.41	12.53
51	42.3	26.71	34.53	20.28	26.19	13.61
52	43.8	28.2	35.97	21.57	27.91	14.95
53	45.2	29.7	37.31	22.87	29.55	16.36
54	46.47	31.19	38.53	24.18	31.06	17.8
55	47.6	32.66	39.57	25.47	32.34	19.29
56	48.5	34.06	40.39	26.71	33.38	20.75
57	49.15	35.35	40.96	27.85	34.06	22.13
58	49.49	36.46	41.18	28.84	34.33	23.38
59	49.41	37.31	40.98	29.6	34.1	24.4
60	48.82	37.8	40.27	30.01	33.27	25.07
61	47.52	37.72	38.89	29.91	31.71	25.22

62	45.28	36.82	36.6	29.06	29.25	24.61
63	41.47	34.46	32.9	26.88	25.49	22.73
64	33.8	28.3	26.02	21.54	19	17.58
65	17.38	14.37	12.24	10.06	6.28	5.89

Table 4: Stamp Duty: Group Income Protection

Stamp duty is expressed as a percentage of the premium rates payable and is determined by your state of residence.

NSW	ACT	VIC	QLD	WA	SA	NT	TAS
Income Protection							
5%	Nil	10%	9%	10%	11%	10%	10%

* Indicates that stamp duty payable on the first year's premiums only. Otherwise, stamp duty is payable on all premiums.

** Stamp Duty rates current at 1/7/17

5. Group Life Death and TPD Insurance Terms and Conditions

Complete Super provides members with the opportunity to have death or death and Total and Permanent Disablement insurance through a Group Life Insurance Policy, issued to us by **Hannover Life Re of Australasia Ltd** (the Insurer). The information contained in this section is a summary of the terms and conditions. Full terms and conditions are contained in the Group Life Insurance Policy. In this section, all references to the Policy are to the Group Life Insurance Policy. Terms not defined within this section are defined in the glossary in section 9.

The Insurer has the right under the Policy to: accept cover for the member; accept cover for the member subject to premium loadings, exclusions or restrictions it may consider appropriate; or refuse to provide cover to a member.

General Eligibility	A member is eligible to apply for insurance (Eligible Person) if:	
	1.	They are a member of Complete Super and have sufficient funds in their account to cover the cost of monthly premiums;
	2.	They are an Australian Resident;
	3.	They are aged between 15 and 60;
	4.	The member is not employed in an Excluded Occupation, or does not perform any duties of an Excluded Occupation;
	5.	The member is currently gainfully employed as a Permanent Employee or Contractor working 15 more hours each week on the date they join Complete Super (required for TPD eligibility only); The member is currently engaged in gainful employment at the time insurance cover is approved (for TPD eligibility only)
	6.	The member is not currently applying for, entitled to, or being paid a TPD or Terminal Illness benefit from any super fund or life insurance policy; and
	7.	The Insurer expressly agrees in writing that the member is an Eligible Person.
Transfer Eligibility	A member is eligible to transfer their existing cover from another provider if:	
	1.	The member meets the general eligibility conditions;
	2.	The member is currently insured under another Employer sponsored policy; or
	3.	The member holds an individual insurance policy with another Australian life insurer or superannuation plan, provided the policy has been underwritten and accepted for cover within the last 5 years,
	AND, subject to meeting the following criteria:	
	1.	The member must be aged less than 65 and must not be working in or performing any of the duties of an Excluded Occupation;
	2.	The member must confirm that their insured benefit in their existing fund or insurance policy will cease on cover commencing under this Policy. No claim will be considered under this Policy where the member retains any form of their previous cover elsewhere;
	3.	The member must transfer their entire account balance to Complete Super;
	4.	The member must not continue cover under any other insurance arrangement, reinstate cover or effect a continuation option with any fund;
	5.	The member must provide a copy of their most recent Benefit Statement or Policy Renewal Statement as evidence of their current cover and insured benefit previously held. This includes a copy of the advice they received from the insurer or fund advising them of acceptance of their insurance and if on standard terms or subject to additional terms;
	6.	The member's existing cover not being subject to any premium loading,, exclusion or pre-existing condition, exclusion or restriction in relation to medical or other conditions;
	7.	The maximum amount of cover that can be transferred for death only or death and TPD is \$500,000;
8.	The member's total cover must not exceed the maximum benefit levels under this Policy; and	
9.	The member must satisfactorily complete a transfer of insurance application form, including answering 'no' to the agreed health questions, and be received by the Plan within 31 days of being signed and dated.	
Exclusions	No benefits will be payable where a claim arises as a result of:	
	1.	War or an act of war;
	2.	Total and Permanent Disablement from intentional self-inflicted injury or illness or attempted suicide;
	3.	Death caused by suicide or attempted suicide in the 13 month period commencing from the date that each additional request for cover commences; or
	4.	Any additional exclusions advised by the Insurer in writing during the underwriting process.
Cover Commencement	Cover commences on the date the Insurer advises in writing that they have agreed to accept cover subject to:	
	1.	The provisions on transfer of cover;
	2.	Receipt of a fully completed and signed membership application form by Complete Super;
	3.	The Eligible Person's account with Complete Super having sufficient funds to cover the premium due within 31 days of their cover being accepted by the Insurer; and
	4.	The Eligible Person not having received, or being entitled to receive a Total and Permanent Disablement or

	Terminal Illness benefit from any other superannuation fund or life insurance policy.
Total and Permanent Disability (Permanent Incapacity)	Total and Permanent Disablement in respect of an Insured Person who is suffering permanent incapacity and who is:
	1. Gainfully employed as a Permanent Employee or Contractor working 15 or more hours each week within the 6 months prior to the Date of Disablement is determined under either Part 1, Part 2, Part 3, Part 4 or Part 5; or
	2. Gainfully employed as a Permanent Employee or Contractor and working less than 15 hours each week within the 6 months prior to the Date of Disablement is determined under either Part 3, Part 4 or Part 5; or
	3. Not gainfully employed as a Permanent Employee or Contractor within the 6 months prior to the Date of Disablement is determined under either Part 3, Part 4 or Part 5.
	The Insurer may waive the 3 month Total and Permanent Disablement waiting period and provide immediate assessment where a member is suffering Paralysis and all claim requirements have been received by Insurer.
	In order to satisfy Part 2, 3, 4 or 5, an Insured Person must be so disabled at the Date of Disablement as a result of their ill-health (whether physical or mental) that in the Insurer's opinion, they are unlikely to resume their previous occupation at any time in the future and will be unlikely at any time in the future to engage in Gainful Employment.
	Part 1 - Unlikely to Return to Work:
	The Insured Person is unable to do any work as a result of Injury or Illness for 3 consecutive months and in the Insurer's opinion, at the end of that 3 month period, they continue to be so disabled (whether physical or mental) that they are unlikely to resume their previous occupation at any time in the future, and will be unlikely at any time in the future to engage in Gainful Employment for which they are reasonably qualified by education, training or experience.
	Part 2 - Permanent Impairment:
	The Insured Person is engaged in Gainful Employment when suffering an Injury or Illness and, as a result of that Injury or Illness, they suffer a Permanent Impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or any other recognised standard the Insurer agrees to.
	Part 3 - Loss of Use Of:
	The Insured Person suffers the total, permanent and irrecoverable loss of:
	(a) The use of 2 limbs;
	(b) The sight of both eyes; or
	(c) The use of 1 limb and sight of 1 eye.
Part 4 - Cognitive Loss:	
The Insured Person, as a result of Illness or Injury, suffers Cognitive Loss.	
Part 5 - Activities of Daily Living:	
The Insured Person suffers an Illness or Injury, that in the Insurer's opinion:	
(a) Totally and irreversibly prevents them from performing 2 of the Activities of Daily Living without assistance from another adult person for at least 3 consecutive months; and	
(b) Since they became ill or injured, they have been under the regular care and attention of a Doctor for that Illness or Injury; and	
(c) The Illness or Injury means that they are unlikely to ever again, be able to perform at least 2 of the Activities of Daily Living without assistance from another adult person.	
Cognitive Loss	Means: We have determined a total and permanent deterioration or loss of intellectual capacity which requires the Insured Person to be under the continuous care and supervision of another adult person for at least 3 consecutive months and at the end of that 3 month period, they are likely to require permanent ongoing continuous care and supervision by another adult person.
Gainful Employment	Means: Employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment at the time we assess the claim and includes part-time occupations.
Activities of Daily Living	Means: 1. Bathing, the ability to wash or shower without assistance; 2. Dressing, the ability to put on and take off clothing without assistance; 3. Feeding, the ability to get food from a plate into the mouth without assistance; 4. Mobility, the ability to get in and out of bed and a chair without assistance; 5. Toileting, the ability to use the toilet including getting on and off without assistance.
Paralysis	Means any of the following: 1. Diplegia, the permanent and total loss of function of both sides of the body due to Injury or Illness, or 2. Hemiplegia, the permanent and total loss of function of one side of the body due to Injury or Illness, or 3. Paraplegia, the permanent and total loss of use of both legs resulting from Injury or Illness, or 4. Quadriplegia, the permanent and total loss of use of both arms and both legs resulting from Injury or Illness, or

	5.	Tetraplegia, the permanent and total loss of use of both arms and both legs resulting from Injury or Illness.
Date of Disablement	Total and Permanent Disablement is treated as having occurred on the earliest of:	
	1.	The date on which the 3 months consecutive absence from work that results in Total and Permanent Disablement began;
	2.	The date on which the 3 months consecutive inability to perform the Activities of Daily Living that results in Total and Permanent Disablement began;
	3.	The date on which the Cognitive Loss that results in Total and Permanent Disablement began;
	4.	The date on which the Permanent Impairment that results in Total and Permanent Disablement began;
	5.	The date the Insured Person suffers the loss of the sight in both eyes, or the use of both limbs, or the sight in 1 eye and the use of 1 limb; or
	6.	The date the Insured Person suffers the loss of the sight of another eye or the use of another limb, having already suffered the loss of sight of an eye or the use of a limb.
Terminal Illness Benefit	Where the Insurer is satisfied that the Insured Person has been diagnosed with a Terminal Illness, it will pay a Terminal Illness benefit, subject to the following:	
	1.	An Insured Person will be eligible for a Terminal Illness benefit where the date of diagnosis of the Terminal Illness is on or after the date their cover commenced under the Policy. No Terminal Illness benefit will be considered where the date of diagnosis is prior to this date.
	2.	A Terminal Illness benefit will be the lesser of the Insured Person's Agreed Benefit or \$3,000,000. Provided they remain an Insured Person and the Insurer continues to receive the premium for their cover, the Insurer will pay the residual death benefit balance, calculated as at the Insured Person's date of death, less any Terminal Illness benefit that has already been paid.
	3.	The Insured Person must supply, at their own expense, supporting medical evidence from 2 registered Doctors who are approved by the Insurer. The medical evidence must certify that in the Doctors' opinion, it is likely the Illness or Injury will result in the Insured Person's death within a period of 12 months (the certification period) from the date the Doctors provide certification in respect of the Terminal Illness and the certification period must not have ended. At least 1 of the registered Doctors providing certification must be a specialist in the field to which the Terminal Illness relates. The Insurer will require this information in a form of its choosing and reserves the right to ask for any additional information that it believes is appropriate. Where the Insurer asks for additional information, it will incur the cost of obtaining this information.
	4.	Where a Terminal Illness benefit is paid it will be considered as an advance payment of the Insured Person's death benefit.
	5.	If a Terminal Illness benefit is paid, all cover will cease from that date. However, subject to 2. above any residual death benefit balance will be payable on the Insured Person's death.
	6.	From the date a Terminal Illness claim has been lodged, a member will no longer be eligible for any Total and Permanent Disablement cover, any increase in cover or any reinstatement of cover that would otherwise occur under the Policy.
	7.	If the Policy has been terminated, a member will no longer be eligible for a Terminal Illness benefit from the date of termination, unless the certification in respect of the Terminal Illness was prior to the date cover was terminated.
Terminal Illness	Means: A disease or condition that, in the opinion of two Doctors approved by us and supported by test results, is likely to result in the Insured Person's death within a period of 12 months (the certification period) from the date the Doctor provides certification in respect of the Terminal Illness and the certification period must not have ended. At least one of the Doctors must be a specialist in the field to which the Terminal Illness relates.	
Agreed Benefit	Means: In relation to an Insured Person, the amount of benefit for which cover is in force. A minimum amount of \$200,000 death or death and Total and Permanent Disablement applies to all Insured Persons in Complete Super.	
Agreed Benefit on Death, Total and Permanent Disablement or Terminal Illness	The Agreed Benefit that the Insurer must pay is the amount for which cover is in force:	
	1.	On the date of death, if the claim is for death;
	2.	On the Date of Disablement, if the claim is for Total and Permanent Disablement; or
	3.	On the date the Insurer is satisfied the Terminal Illness is diagnosed, if the claim is for a Terminal Illness.
Worldwide Cover	How worldwide cover applies: Cover will continue for an Insured Person regardless of their geographical location subject to the conditions included in 'cover whilst working overseas' and 'benefit whilst residing overseas' in the Policy.	
Interim Accident Cover	How interim Accident Cover applies: There is a period of time between an application for cover being received by the Insurer and the completion of the assessment process. The Insurer will provide interim cover called Accident Cover from the date the Insurer receives an	

	<p>application for cover or an application for an increase in cover. Accident Cover covers only visible, violent and external events to the body that result in the death or Total and Permanent Disablement of a member. The amount of cover for Accident Cover will be the lesser of:</p> <ol style="list-style-type: none"> 1. The maximum amount of cover applicable to the member as an Insured Person; or 2. The amount of cover being applied for; or 3. \$1,500,000. <p>Unless otherwise agreed between us and the Insurer, Accident Cover terminates on the earliest of the following events: when the member's application is refused, withdrawn, cancelled or the Insurer is advised it is not being proceeded with, 90 days after the cover began, on the Insurer notifying the Insurer of its acceptance of the member's cover, or on termination of the Policy.</p>
Accident Cover	<p>Means:</p> <p>Only where a claim is as a result of Injury solely by visible, violent and external means to the body that results in death, or where applicable Total and Permanent Disablement, of an Eligible Person or Insured Person.</p>
Life Events	<p>A Nominated Event occurs when:</p> <p>An Insured Person purchases a home for their permanent residence and takes out a mortgage of at least \$100,000 on that residence; or takes out a business loan or increases an existing business loan over \$100,000; or gets married; or gets divorced; or they or their Partner give birth or adopt a child or children.</p> <p>If a Nominated Event occurs, the member can increase their cover by the lesser of:</p> <ol style="list-style-type: none"> 1. 25% of their Agreed Benefit; or 2. \$200,000; or 3. The increase in mortgage, (if existing), or the amount of the mortgage (if new). <p>An Insured Person can increase their cover, subject to the specified maximums, without providing medical evidence when a Nominated Event occurs provided:</p> <ol style="list-style-type: none"> 1. The member's cover is in force on the date of the Nominated Event; 2. The member is aged less than 60 on the date that they apply for this increase in cover; 3. The member's cover is not subject to any special conditions such as premium loadings, restrictions, exclusions, special terms, or conditions; 4. The member must not have previously been declined cover under the Policy; 5. The member must not be applying for, entitled to, or have been paid a Total and Permanent Disablement benefit or Terminal Illness benefit from the Policy, any superannuation fund or life insurance policy; 6. The member must provide sufficient proof to the Insurer's satisfaction that the Nominated Event occurred; 7. The member must apply within 90 days of the Nominated Event; 8. The member's Agreed Benefit must not exceed the maximum benefit in the Policy; and 9. The member must be actively performing all the duties and hours of their usual occupation for their Employer, on both the date that the Nominated Event occurred and on the date the Insurer accepts their application. <p>New Events cover will apply to the increased portion of cover for the first 24 months after the Insurer has accepted the application.</p> <p>Increased cover will not be paid if death or Total and Permanent Disablement was a result of suicide or a self-inflicted injury that occurred within the first 13 months from the date the Insurer agreed to any increase in cover.</p> <p>Cover will commence from the date that the Insurer notifies us in writing of its acceptance of cover.</p>
New Events	<p>Means:</p> <p>An Illness diagnosed or an Injury that occurs on or after the date cover commenced for an Insured Person under the Policy.</p>
Termination of Cover	<p>Cover ceases on the earliest of the following:</p> <ol style="list-style-type: none"> 1. When the member turns 70; 2. When the member ceases to be an Eligible Person or Insured Person under Complete Super; 3. When the member commences active service with the armed forces of any country other than the Australian Defence Force Reserves whilst performing duties in Australia; 4. On the date the member's account balance is insufficient to pay premiums; 5. Subject to Terminal Illness benefit provisions, on the date a claim is admitted for a benefit for the member; 6. On the date the member exercises their right to direct future contributions to another fund and transfers their entire account balance to this fund as a result of choice of fund legislation; 7. When the member ceases to reside in Australia and the conditions in 'cover whilst overseas' and 'benefit whilst residing overseas' in the Policy are not met; 8. When we notify the member that we wish for the member's cover to cease; or 9. When all cover for every member under the Policy ceases.

6. Group Income Protection Insurance Terms and Conditions

Complete Super provides members with the opportunity to have Income Protection insurance through a Group Income Protection Policy, issued to us by **Hannover Life Re of Australasia Ltd** (the Insurer). The information contained in this section is a summary of the terms and conditions. Full terms and conditions are contained in the Group Income Protection Policy. In this section, all references to the Policy are to the Group Income Protection Policy. Terms not defined within this section are defined in the glossary in section 9.

The Insurer has the right under the Policy to: accept cover for the member; accept cover for the member subject to premium loadings, exclusions or restrictions it may consider appropriate; or refuse to provide cover to a member.

General Eligibility	A member is eligible to apply for insurance (Eligible Person) if:	
	1.	They are a member of Complete Super;
	2.	They are an Australian Resident;
	3.	They are aged between 15 and 60;
	4.	The member is not employed in an Excluded Occupation, or does not perform any duties of an Excluded Occupation;
	5.	The member is currently gainfully employed as a Permanent Employee or Contractor working 15 more hours each week on the date they join Complete Super;
	6.	The member has not received, or is not entitled to receive a TPD or Terminal Illness benefit from any super fund or life insurance policy; and
	7.	The Insurer expressly agrees in writing that the member is an Eligible Person.
Transfer Eligibility	A member is eligible to transfer their existing cover from another provider if:	
	1.	The member meets the general eligibility conditions;
	2.	The member is currently insured under another Employer sponsored policy; or
	3.	The member holds an individual insurance policy with another Australian life insurer or superannuation plan, provided the policy has been underwritten within the last 5 years
	AND, subject to meeting the following criteria:	
	1.	The member must be aged less than 65 and must not be working in or performing any duties of an Excluded Occupation;
	2.	The member must confirm that their insured benefit in their existing fund or insurance policy will cease on cover commencing under this Policy. No claim will be considered under this Policy where the member retains any form of their previous cover elsewhere;
	3.	The member must transfer their entire account balance to Complete Super;
	4.	The member must not reinstate cover or effect a continuation option with any fund;
	5.	The member must provide a copy of their most recent Benefit Statement or Policy Renewal Statement dated within the previous 12 months as evidence of their current cover and insured benefit previously held. This includes a copy of the advice they received from the insurer or fund advising them of acceptance of their insurance and if on standard terms or subject to additional terms;
	6.	The member's existing cover not being subject to any premium loading, restriction, exclusion or pre-existing condition, exclusion or restriction in regard to medical or other conditions;
7.	The maximum amount of cover that can be transferred for Income Protection is \$15,000 per month;	
8.	The member's total cover must not exceed the maximum benefit levels under this Policy;	
9.	The waiting period is at least as long as the waiting period nominated on the membership application form;	
10.	The Benefit Period is less than or equal to the Benefit Period nominated on the membership application form; and	
11.	The member must satisfactorily complete a transfer of insurance application form, including answering 'no' to the agreed health questions, which must be received by us within 31 days of being signed and dated.	
Benefit Period	Means:	
	The 2 year or to age 65 period which an Eligible Person may nominate on their application for Income Protection insurance. Where an Eligible Person is applying to transfer existing Income Protection insurance to Complete Super from another insurer, the nominated Benefit Period must be equal to or less than the Benefit Period under the existing cover.	
Exclusions	No benefit will be payable when a claim arises directly or indirectly as a result of:	
	1.	War or an act of war;
	2.	Self-inflicted harm or attempted suicide, regardless of whether the Insured Person was sane or insane at the time;
	3.	Normal and uncomplicated pregnancy or childbirth. For the purposes of this exclusion multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar programme, discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling and bladder problems are not considered abnormal or complications of pregnancy;

	4.	Participation in a criminal act; or
	5.	Service in the armed forces with the exception of the Australian Defence Force Reserves;
	6.	A member who becomes an insured member where their occupation is an Excluded Occupation and where the Insurer has not given their prior approval;
	7.	Any other exclusion advised in the underwriting process.
	In the absence of prior approval by the Insurer, the Insurer will not provide cover to a person employed in an Excluded Occupation.	
Pre-existing Medical Conditions	Disclosure of pre-existing medical conditions: If a member makes a claim in relation to a pre-existing medical condition that they were aware of before they were covered under the Policy, subject to the terms of the Policy, the Insurer will only be liable to pay any further portion of the benefit that came into force as a result of the Insurer's underwriting decision, if the condition was disclosed to, and accepted by the Insurer in writing.	
Monthly Income	Means: 1. Where the member does not directly or indirectly own part of their Employer, their Monthly Income is 1/12 th of their current annual pre-tax salary from their Employer but does not include any director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income, income received from deferred compensation plans, Disability income policies or retirement plans or income not derived from vocational activities, unless the Insurer has expressly agreed otherwise; or 2. Where the member directly or indirectly owns part or all of a business or practice which is their Employer, their Monthly Income is 1/12 th of the annual share of the income of that business or practice generated by their personal exertion in the previous 12 months, after the deduction of their share of expenses in generating that income, or any other income the Insurer has expressly approved.	
Monthly Benefit	Means: 1. 75% of the Insured Person's pre-disability Monthly Income, plus the Superannuation Contribution benefit percentage, subject to the Monthly Benefit limit of \$30,000 per month, based on all cover held with the Insurer and under all policies. 2. If immediately prior to the date of Disability, the Insured Person was no longer a Permanent Employee or Contractor working at least 15 hours per week, their Monthly Income will be averaged over the 12 months immediately prior to the date of Disability.	
Disability	Means: Either Total Disability or Partial Disability.	
Total Disability	An Insured Person is totally disabled if, because of Illness or Injury, they are: 1. For the first 5 years of the Benefit Period, unable to perform at least one income producing duty of their occupation. For the remainder of the Benefit Period, unable to perform their own occupation or any other occupation they are reasonably capable of performing by reason of education, training or experience; 2. Under the regular care of, and following the advice of a Doctor; and 3. Not working in any occupation, whether or not for reward. An income producing duty is a duty of the Insured Person's occupation immediately before they became disabled which generates 20% or more of their Monthly Income.	
Partial Disability Benefit	On the expiry of the waiting period, an Insured Person may be eligible for a Partial Disability benefit if the Insured Person has ceased to suffer Total Disability and: 1. Has resumed partial employment, or is in the Insurer's opinion deemed capable of returning to partial employment duties directly after suffering from Total Disability continuously for a period of at least 7 days out of 12 consecutive days; and 2. Is under the continuous and regular care of a Doctor and undergoing appropriate treatment; and 3. As a result of the Injury or Illness that caused their Total Disability, receives or would, in the Insurer's opinion, receive a Post-Disability Income that is less than their Monthly Income. The Partial Disability benefit is calculated according to the formula specified in the Policy. If a member suffers a Partial Disability and no work is available, their Post-Disability Income is substituted with an amount calculated by the Insurer as the member's capacity to earn based on medical evidence.	
Partial Disability	Means: Where a benefit is payable under the above clause and where an Insured Person has ceased to suffer Total Disability and: 1. Has resumed partial employment or in the Insurer's opinion, is deemed capable of returning to partial employment duties, and 2. As a result of the Injury or Illness that caused their Total Disability the Insured Person receives, or would in the Insurer's opinion receive, a Post-Disability Income that is less than their Monthly Income, and 3. Is under the continuous and regular care of a Doctor undergoing the appropriate treatment.	

Post-Disability Income	<p>Means:</p> <p>Any income (other than income under The Policy) that a person may derive after the commencement of the waiting period during a month for which the amount of the benefit that applies to them under The Policy is being assessed. However, if the Insured Person is in the Insurer's opinion suffering Partial Disability but has not received such income we will estimate their capacity to earn by substituting an amount for partial earnings with regard to the extent of their Partial Disability to enable us to calculate the benefit.</p>
Cover Commencement	<p>Cover commences on the date the Insurer advises in writing that it has agreed to accept cover subject to:</p> <ol style="list-style-type: none"> 1. The provisions on transfer of cover; and 2. Receipt of a fully completed and signed membership application form by Complete Super; and 3. The Eligible Person's account with Complete Super having sufficient funds to cover the premium due within 31 days of their cover being accepted by the Insurer; and 4. The Eligible Person not having received, or being entitled to receive a Total and Permanent Disablement or Terminal Illness benefit from any other superannuation fund or life insurance policy. When a contribution in respect of that member has been received by us; and On the date the Insurer advises in writing that they have agreed to accept cover.
Benefit Limits	<p>Irrespective of any other provisions of the Policy:</p> <ol style="list-style-type: none"> 1. The benefit the Insurer is liable to pay in respect of a member will never be more than the maximum Monthly Benefit as stated in the Policy; and 2. The Insurer is not liable to continue to pay a benefit in respect of a member once they are 65 years old; and 3. The entitlement to the Monthly Benefit payable will not exceed the Insured Person's selected Benefit Period for the same or related Injury or Illness.
Benefit Offsets	<p>How the Monthly Benefit may be offset:</p> <ol style="list-style-type: none"> 1. The amount of the Monthly Benefit in respect of the Insured Person for a month will be reduced by any Other Disability Income including sick leave benefits that the member receives or is entitled to during that month. If an Insured Person is in receipt of, or is entitled to any Other Disability Income, and this exceeds the agreed Monthly Benefit of the Insured Person, the Insurer is not liable to pay the Monthly Benefit. 2. If the entitlement of an Insured Person to Other Disability Income is in dispute, the Insurer will, at their discretion, pay the full amount of the benefits due under the Policy on a conditional basis until the dispute is resolved. If the Insurer chooses to pay and the Insured Person received Other Disability Income, the Insurer may offset those payments received from future benefits or recover the amount of the benefit paid which would have been offset.
Other Disability Income	<p>Means:</p> <p>Any income (other than income under The Policy) which a person may derive during a month for which the amount of the benefit that applies to them under The Policy is being assessed, whether that income was actually received or not, and includes:</p> <ol style="list-style-type: none"> 1. Any other income derived as a result of incapacity under any other insurance policy, and 2. Any benefit under any worker's compensation, motor accident compensation or other similar State, Federal or Territory legislation, and 3. Sick leave entitlements <p>But does not include:</p> <ol style="list-style-type: none"> 4. Income earned from investments, and 5. Any lump sum total and permanent disablement benefit, lump sum superannuation benefit, lump sum trauma or terminal illness style of benefit, and 6. Annual leave or long service leave entitlements, and 7. Centrelink or termination payments. <p>Any Other Disability Income that is in the form of a lump sum, or is commuted for a lump sum, has a monthly equivalent of 1% of the lump sum for each month a Disability benefit is paid. If it can be shown that a portion of the lump sum represents compensation for pain and suffering, or the loss of use of a part of the body, we will not take that portion into account as Other Disability Income.</p> <p>Where a common law, workers compensation or statute payment is received as a lump sum and pain and suffering cannot be isolated from loss of earnings, we will convert this to income on the basis of 1% of the lump sum for each month a Disability benefit is paid.</p>
Benefit Indexation	<p>How and when the Monthly Benefit increases:</p> <p>Where an Insured Person has been in receipt of a Total Disability or Partial Disability benefit for 12 continuous months, the Insurer will increase their Monthly Benefit at that date by the lesser of the annual CPI percentage increase or 5%. Thereafter, the Insured Person's Monthly Benefit will be increased each consecutive 12 month period that a Total Disability or Partial Disability benefit continues to be paid in respect of an Insured Person.</p>

Interim Accident Cover	How interim Accident Cover applies:
	<p>There is a period of time between an application for cover being received by the Insurer and the completion of the assessment process. The Insurer will provide interim cover called Accident Cover from the date the Insurer receives an application for cover or an application for an increase in cover. Accident Cover covers only Total Disability that results from Injury. The amount of cover for Accident Cover is the lesser of:</p> <ol style="list-style-type: none"> 1. The maximum amount of cover which would have been applicable to the person as an Insured Person; 2. The amount of cover being applied for; or 3. \$15,000 per month. <p>Unless otherwise agreed between us and the Insurer, Accident Cover terminates on the earliest of the following events: when the member's application is refused, withdrawn or cancelled, 90 days after the cover began, on the Insurer notifying us of its acceptance of the member's cover, or on termination of the Policy.</p>
Accident Cover	<p>Means:</p> <p>Only where a claim is as a result of Injury solely by visible, violent and external means to the body, which lasts for at least the length of the waiting period.</p>
Notice of a Claim	<p>When a notice of claim should be provided:</p> <p>Initial notice of a potential claim must be provided as soon as possible after the incident that caused the claim. The Insurer will only consider a claim where the delay in notification does not prejudice its ability to assess the claim.</p>
Commencement of Payments and Ongoing Payments	<p>When benefit payments commence:</p> <p>After the conclusion of the waiting period, all Total Disability and Partial Disability benefits will be paid monthly in arrears following the month in which the entitlement to the benefit arose. Income tax will be deducted. If a benefit is payable for less than the whole month, 1/30th of the benefit will be paid for each day the benefit is payable.</p>
Death Benefit Whilst on Claim	<p>Additional lump sum death benefit:</p> <p>Where an Insured Person who is in receipt of a Total Disability or Partial Disability benefit dies, the Insurer will pay us an additional lump sum death benefit.</p>
Approved Rehabilitation Benefit	<p>Discretionary payment for Approved Rehabilitation:</p> <p>If an Insured Person is suffering Total Disability or Partial Disability and the Insurer agrees there is Approved Rehabilitation which is likely to assist their return to work, the Insurer may consider paying for the cost of the program. The Insurer is not liable to pay these costs unless they have been approved by the Insurer in writing prior to being incurred. If the Insurer has determined that it will pay such costs, they will be paid directly to the provider of the program.</p>
Approved Rehabilitation	<p>Means:</p> <p>A program, device or course of treatment certified by a Doctor or other health professional 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</i> (Cth) or any other program which might cause The Policy to cease to be exempt from the <i>National Health Act 1953</i> (Cth) or <i>Health Insurance Act 1973</i> (Cth) or any similar legislation in connection with health insurance.</p>
Recurrent Disability Benefit	<p>When a recurrent Disability benefit is paid:</p> <p>Where the Policy is still in force, a period of Disability will be deemed to be a continuation of an earlier period of Disability if it is caused by the same medical condition and is separated from the previous period of Disability by less than 6 months of active full time work. If a period of Disability is deemed to be a continuation of an earlier period of Disability the waiting period does not apply to it. The Insured Person's usual hours of work prior to their Disability will be considered as their full time work. If cover ceases due to the member being on claim for longer than the Benefit Period, cover is subject to underwriting and acceptance by the Insurer when the member resumes employment.</p>
Employer Superannuation Contribution Benefit	<p>When the Insurer pays an Employer Superannuation Contribution benefit:</p> <p>Where an Insured Person elects the Superannuation Contribution benefit on their membership application form, the Insurer will pay a Superannuation Contribution benefit to the Insured if the Insurer must pay a benefit in relation to the Insured Person for Total Disability or Partial Disability. In the case of Total Disability, the Superannuation Contribution benefit is the lesser of:</p> <ol style="list-style-type: none"> 1. The amount specified on the Insured Person's membership application form; or 2. The total that was being contributed by the Employer as superannuation on behalf of the Insured Person on a monthly basis immediately prior to the member's Total Disability, subject to a maximum of 10% of the Insured Person's Monthly Income. 3. The combined total Monthly Benefit does not exceed 100% of the insured member's pre-disability income <p>If the Insured Person suffers Partial Disability, the Insurer is liable to pay only the Superannuation Contribution benefit that corresponds to the proportion of the Monthly Benefit payable for Partial Disability.</p>
Waiver of Premium	<p>When a premium is waived:</p> <p>When Total Disability benefits are being paid for a member by the Insurer, the premium that relates to the period of their Total Disability claim will be waived for that member. Premium is payable to the Insurer while a member is in receipt of a benefit from another insurer.</p>

Cessation of Payments	Benefit payments will cease on the earliest of the following events:	
	1.	The Insured Person no longer has a Total Disability or Partial Disability; or
	2.	The member dies; or
	3.	The maximum Benefit Period expires; or
	4.	The member turns 65; or
	5.	The member is no longer under the regular care of and following the advice of a Doctor; or
	6.	The member resides overseas for a period longer than agreed to by the Insurer under the conditions for 'benefit whilst residing overseas' in the Policy; or
	7.	Insurer or the member fail to provide the Insurer with any requested information that is required to assess the Insured Person's claim; or
	8.	A fraudulent claim is made in respect of the Insured Person.
Worldwide Cover	How worldwide cover applies:	
	Cover will continue for an insured person regardless of their geographical location subject to the conditions in 'cover whilst working overseas' and 'benefit whilst residing overseas' in the Policy.	
Termination of Cover	Cover ceases on the earliest of the following:	
	1.	When the member turns 65; or
	2.	When the member ceases to be an Eligible Person or an Insured Person under Complete Super; or
	3.	When the member commences active service with the armed forces of any country other than the Australian Defence Force Reserves whilst performing duties in Australia; or
	4.	On the date the member's account balance is insufficient to pay premiums; or
	5.	When the Benefit Period expires; or
	6.	When the member ceases to reside in Australia or fails to meet the conditions in 'cover whilst working overseas' and 'benefit whilst residing overseas' in the Policy; or
	7.	When the member dies; or
	8.	When the member retires permanently from the workforce; or
	9.	When the member is the subject of a fraudulent claim; or
	10.	When we notify the Insurer that we wish for the member's cover to cease; or
	11.	When all cover for every member under the Policy ceases.
	12.	On the date the member exercises their right to direct future contributions to another fund and transfers their entire account balance to this fund as a result of choice of fund legislation.
	13.	When the member ceases to be an Australian Resident;
14.	When the member ceases to be employed;	

7. Making a Claim

Subject to providing evidence of your claim, we will determine whether you are entitled to be paid based on the terms of the Policy, the Fund's rules and the law.

Please contact us on 1800 458 656 if you wish to make a claim.

8. Other Information

Cooling-off Period

After an application for insurance has been made, members have a 28 day cooling-off period during which time they can cancel their insurance cover and obtain a refund of the insurance premium (other than any Government taxes or charges that we have been required to deduct).

The 28 day period commences after a membership application form for the Insured Person has been accepted by the Insurer. You cannot exercise the right to cancel your insurance cover if you have made a claim for a benefit under the Fund.

After the 28 day cooling-off period, your option to cancel the insurance cover and receive a refund will be forfeited.

Duty of Disclosure

Before you enter into or become insured under a contract of life insurance with an insurer, you have a duty, under the *Insurance Contracts Act 1984* (Cth), to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate your insurance.

Your duty, however, does not require disclosure of a matter that diminishes the risk to be undertaken by the insurer; that is of common knowledge; that your insurer knows, or, in the ordinary course of its business, ought to know; or as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure, there may be consequences in the event that the insurer would not have provided the cover if the non-disclosure had not occurred. If the non-disclosure is not fraudulent, the insurer may avoid your cover within 3 years of issuing it. If the non-disclosure is fraudulent, the insurer may avoid your cover at any time.

An insurer who is entitled to avoid death cover may, within 3 years of issuing the death cover, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

An insurer who is entitled to avoid cover, other than death cover, may, at any time, elect not to avoid it but to:

1. reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer; or
2. vary your cover in such a way as to place the insurer in the position it would have been if you had complied with your duty of disclosure.

Your duty of disclosure continues after you have completed this statement until your cover has been issued by the insurer and confirmation of your cover is issued to you in writing.

Please ensure all applicable questions are fully answered.

Change of Circumstances

- If you change your occupation,
- location,
- income and amount of hours you are working, or
- if you cease working altogether,

then these changes in your circumstances may have an impact on your eligibility to claim for benefits under your insurance policy, should you become temporarily or permanently disabled. Please let us know in writing or call us on 1800 458 656 to determine the impact of any changes to your circumstances.

9. Glossary

Refer to the definitions section of the Group Life Insurance Policy and the Group Income Protection Policy for a full list of defined terms. The definitions referred to in this document are listed below.

Australian Resident: means an Australian citizen or a person who is the holder of an Australian permanent visa within the meaning of Section 30 of the *Migration Act 1958* (Cth) or resides in Australia on a 457 working visa. It also includes a New Zealand citizen who is residing and working in Australia.

Benefit Statement: member statement of account.

Contractor: means a person who is working on a fixed term contract for the Employer with a duration of at least 12 months that requires the person to perform identifiable duties for a regular number of hours each week.

CPI: means the Consumer Price Index (all groups and all capital cities) published by the Australian Bureau of Statistics. If no such CPI is published, the CPI will be a figure determined by us in our discretion.

Doctor: means a registered medical practitioner who is legally qualified and properly registered to practice in Australia or New Zealand or as otherwise agreed by us. That person may not be the Insured Person, the Insured Person's business partner, a member of the Insured Person's immediate family or their Employer.

Employer: means the Employer stated in the Insured Person's:

- a) Group Life insurance membership application form; or
- b) Group Income Protection insurance membership application form and any associated entity agreed to by the Insurer in writing.

Excluded Occupation: unless the Insurer has expressly agreed in writing to provide cover for the member under the Policy (either the Group Life Insurance Policy or Group Income Protection Policy), any occupations which include any of the following duties are an Excluded Occupation:

- a) Air traffic controller;
- b) Earth drilling, mineral exploration, miner or person working with explosives;
- c) Fireman, police, ambulance officer or paramedic;
- d) Fisherman;
- e) Forestry worker;
- f) Offshore oil rig worker;

- g) Pilot;
- h) Professional entertainer such as actor, dancer, musician or stage performer;
- i) Professional or semi-professional sports people;
- j) Seasonal workers or employees in industries with a high level of seasonal or casual workforce;
- k) Security guard, doormen, bouncer or person employed in crowd control;
- l) Sex worker;
- m) Sheltered workshop employees;
- n) Underground or underwater worker;
- o) Workers in the horse racing industry such as trainer, jockey or strapper;
- p) Workers whose work requires them to work at heights such as rigger, scaffolder, roof worker or antenna erector.

Illness: means a sickness, disease or disorder.

Injury: means bodily injury caused by violent, external and visible means.

Insured Person: means an Eligible Person for who cover other than Accident Cover is in force.

Insurer: Hannover Life Re of Australasia Ltd (ABN 37 062 395 484).

Partner: means a legal spouse or a person living with an Insured Person as their spouse on a bona-fide domestic basis, they may be the same sex as the Insured Person.

Permanent Employee: means an employee who is employed on a permanent basis under an ongoing contract that:

- a) Requires the employee to perform identifiable duties for a regular number of hours each week, and
- b) Provides the employee with paid annual leave, sick leave, leave loading and long service leave.

Policy Renewal Statement: a notice issued by an insurance company to an Insured Person requesting them to renew their insurance policy.