

Super Savings – Corporate Insurance Guide

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Former CBA Group Super Plan

Contents

Insurance in your super	2
1. Standard Death and Total & Permanent Disability cover	4
Important eligibility terms and conditions	5
Tailored cover	8
2. Income Protection cover	12
Conditions & exclusions	15
Other important information	17
Overseas travel and approved leave	20
3. Premiums	21
Facts about making a claim	24
4. Definitions - Total & Permanent Disability	26
5. Definitions - Total & Permanent Disability for members who held TPD¹ cover with Commonwealth Bank Group Super plan on 30/06/2014	27
6. Definitions - Income Protection	29
7. Definitions - general terms	30

The Commonwealth Bank of Australia (CBA) and the CBA group of companies, including BWA Group Services Pty Limited (BWAGS) (CBA Group) has chosen Australian Retirement Trust to provide a specialised super plan for you, the Former CBA Group Super Plan (Plan).

The Commonwealth Bank of Australia (CBA) and the CBA group of companies, including BWA Group Services Pty Limited (BWAGS) (CBA Group) are not responsible for the preparation of this document. They are not providing advice or a recommendation in relation to this investment.

Important information

This is the Super Savings – Corporate Insurance Guide (Corporate Insurance Guide). The Super Savings – Corporate Insurance Guide contains information about the insurance in your Super Savings – Corporate plan, including insurance terms and conditions.

The information in this Insurance guide forms part of the Super Savings – Corporate Product Disclosure Statement for Accumulation Account (PDS) issued on 1 July 2024. The PDS references important information contained in this Corporate Insurance Guide. This Corporate Insurance Guide may reference important information contained in the Super Savings Accumulation Guide and Super Savings Investment Guide. The PDS, this Corporate Insurance Guide, the Super Savings Accumulation Guide and the Super Savings Investment Guide should be read in their entirety before making a decision to acquire or continue to hold an interest in Australian Retirement Trust. Super Savings – Corporate Accumulation accounts are products issued within the public offer division of Australian Retirement Trust. Any references to Australian Retirement Trust contained in this Corporate Insurance Guide are references to the public offer division of Australian Retirement Trust.

Changes to insurance cover from time to time

Please note that our insurance offering changes from time to time. Different features, benefits and terms may apply to members who joined before the Corporate Insurance Guide's issue date. Contact us for a copy of the Corporate Insurance Guide that applied when you became a member, and any notifications of insurance changes that we have previously sent you.

General advice disclaimer

This document contains general information only and doesn't take into account your personal objectives, financial situation or needs. You should consider the appropriateness of the information in this document with regard to your objectives, situation and needs. You should obtain financial advice tailored to your circumstances. Call us if you would like to speak to a qualified financial adviser.

Financial Services Guide (FSG)

The FSG contains information about the financial services Australian Retirement Trust Pty Ltd (ABN 88 010 720 840, AFSL No 228975) provides and will help you decide whether to use these services. Visit australianretirementtrust.com.au/fsg or contact us for a copy.

Protecting your privacy

Australian Retirement Trust respects the privacy of the information you give us. If you require a copy of our Privacy Policy visit australianretirementtrust.com.au/privacy or contact us.

Defined Terms

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

Terms and Conditions

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

How to use this Corporate Insurance Guide

This Super Savings – Corporate Insurance Guide (Corporate Insurance Guide) will provide you with important information to help you better understand your insurance cover as a member of the Plan. Make sure you read this Corporate Insurance Guide so you can make informed decisions and get the most from your super – from your very first day of work, throughout your working life and during your retirement.

The insurer

Insurance cover is provided through group life policies issued by AIA Australia Limited ABN 79 004 837 861 AFSL No. 230 043 (AIA) to the Trustee of Australian Retirement Trust. In the event of a dispute the policy will override the information in the PDS and this Corporate Insurance Guide.

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

More information

Visit art.com.au/cbasp for dedicated plan information and resources to help you sort your super.

Insurance in your super

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

Features	Description
Death cover	Provides a lump sum benefit in the event of your death. You can have Death only cover.
Terminal Illness benefit	This forms part of your Death cover. You may receive a <i>Terminal Illness</i> benefit if you are diagnosed as having a <i>Terminal Illness</i> .
Total & Permanent Disability cover	Provides a lump sum benefit where you become totally and permanently disabled and meet the conditions of the relevant part of the <i>Total & Permanent Disability</i> definition.
Standard Death and Total & Permanent Disability cover	Death and Total & Permanent Disability cover is automatically provided to eligible members. Standard Death and Total & Permanent Disability insurance cover is available (based on your employment status and salary when you ceased to be a member of the CBA Group Super Plan).
Income Protection cover	Tailored Income Protection cover provides a replacement income where you become <i>Totally Disabled</i> or <i>Partially Disabled</i> and cannot work as a result. The benefit payments are based on: <ul style="list-style-type: none"> • A monthly income of up to 75% of your <i>Pre-Disability Salary</i> (less offsets) • A <i>Benefit Period</i> up to 2 years or to-age-65, after either a 30-day or 90-day <i>Waiting Period</i>.
Eligible age for automatic Standard cover	Death cover – age 25 to 69 Total & Permanent Disability cover – age 25 to 69
Age when Standard cover ceases	Death – age 70 Total & Permanent Disability – age 70
Tailored cover	You can apply for additional Death only, Death and Total & Permanent Disability and Income Protection cover to suit your individual circumstances and needs. Limits may apply.
Opt-in for insurance cover	This option only applies where Standard cover had not automatically commenced in the CBA Group Super Plan due to age and account balance requirements not being met while being a member of the CBA Group Super Plan. Standard cover does not start automatically until you attain age 25 and your Super Savings - Corporate Accumulation account balance reaches \$6,000. If you need cover before attaining age 25 and reaching an account balance of \$6,000 and you're aged 15 or older you can opt-in at anytime (subject to meeting the other eligibility conditions). Refer to the Opt-in for insurance cover section for more details.
Transfer of insurance cover	We may agree to take over the cover provided by an existing insurance policy or superannuation fund and provide equivalent benefits on Australian Retirement Trust's terms and conditions. You can apply to transfer Death and Total & Permanent Disability or Death only cover up to \$2,000,000 and up to \$240,000 per annum of Income Protection cover.
Worldwide cover	Cover is provided 24/7 anywhere in the world.
Automatic continuation of cover	Your cover continues once you leave your employer. Though you retain the same level of cover, the premium charged may change.
Financial advice¹	We can assist you in determining the amount and type of insurance cover needed and to manage proceeds of claims.
Claims support	Our experienced Claims Representatives are here to help with your claim. Simply contact Australian Retirement Trust first and we will guide you through the process.
Rehabilitation – “work is good medicine”	If you have an injury, disability or health condition we may be able to arrange work related rehabilitation to assist you back to meaningful work.
Binding Nominations vs. Preferred Beneficiaries	You can make a binding death benefit nomination or you can nominate your preferred beneficiaries. Refer to the Super Savings Accumulation Guide for more information.
Who pays for your insurance premiums?	Premiums for insurance cover are deducted from your Super Savings - Corporate Accumulation account.

¹ Employees in the Australian Retirement Trust group provide advice to members and employers as representatives of Sunsuper Financial Services Pty Ltd (ABN 50 087 154 818 AFSL No. 227867) (SFS), wholly owned by Australian Retirement Trust. SFS is a separate legal entity responsible for the financial services it provides. Eligibility conditions apply. Refer to the Financial Services Guide at australianretirementtrust.com.au/fsg for more information.

Insurance solutions

If you held any Death, Total & Permanent Disability or Income Protection cover in the CBA Group Super Plan prior to ceasing employment with the CBA Group or redirecting your Superannuation Guarantee contributions your cover will automatically transfer to a Super Savings - Corporate Accumulation Former CBA Group Super Plan account. The terms and conditions will be as outlined in this Corporate Insurance Guide.

Standard Death and Total & Permanent Disability cover is provided on a *Fixed Cover* basis. This means the amount of insurance cover is initially provided as a fixed dollar amount. From age 51, your Fixed Death and Total & Permanent Disability cover reduces annually by 5% of your insured benefit at age 50, until your 70th birthday when cover ceases.

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

Who pays for your insurance?

Your insurance premiums are calculated weekly and deducted monthly from your Super Savings - Corporate Accumulation account.

Need to know your level of cover

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

If you joined the CBA Group Super Plan as part of the CBA Successor Fund Transfer (SFT)

Prior Bankwest employees: If you joined the Plan as part of the Bankwest SFT in 6 November 2013, all Death and Total & Permanent Disability cover is applied as *Level Cover*. This means that cover will remain level until your 70th birthday when cover ceases.

Prior Colonial Group Staff Superannuation Scheme (Ex-CGSSS) members: If you joined the Plan as part of the Colonial Group Staff Superannuation Scheme SFT on 3 October 2003 and elected to retain Income Protection cover, you previously had salary-based Income Protection cover provided. Upon transferring to the Former CBA Group Super Plan, cover will be provided as a fixed dollar amount. The amount of your Tailored Income Protection cover will be indexed on 1 July each year.

Members who had elected to fix their cover: If you joined the Plan as part of the CBA SFT on 4 November 2023 and elected to fix your amount of cover on transfer to Australian Retirement Trust, all Death and Total & Permanent Disability cover is applied as *Level Cover*. This means that cover will remain level until your 70th birthday when cover ceases.

Any terms and conditions relating to Death and Total & Permanent Disability cover reducing from age 51 will not apply.

Important eligibility criteria

Australian Government reforms restrict when super funds can provide automatic insurance cover to members. This restriction is designed to help protect members' retirement savings from erosion by insurance premiums for insurance cover you may not want or need.

Under the Putting Members' Interests First reforms, we generally cannot automatically provide Standard cover to new members before they attain age 25 and their account balance reaches \$6,000. These age and balance requirements are now a key component of the eligibility criteria for you to automatically receive Standard cover.

However, you have the option to opt-in to Standard cover before meeting age 25 and the \$6,000 account balance requirement (subject to meeting the other eligibility conditions). Refer to the section *Opt-in for insurance cover* for more details.

This only applies where Standard cover had not automatically commenced in the CBA Group Super Plan due to age and account balance requirements not being met while being in the CBA Group Super Plan.

1. Standard Death and Total & Permanent Disability cover

Employees who were previously employed with the CBA Group or redirected their Superannuation Guarantee (SG) contributions to an alternate superannuation fund will continue to receive the benefits of their existing Death and Total & Permanent Disability cover. Cover is provided on a *Fixed Cover* basis.

From age 51 your Standard Death and Total & Permanent Disability cover reduces annually by 5% of your insured benefit at age 50, until your 70th birthday when cover ceases.

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

If you ceased to be a member of the CBA Group Super Plan and became a Former CBA Group Super Plan member before your Standard cover automatically commenced, you will remain eligible for Standard cover. When you attain age 25 and your Super Savings – Corporate Accumulation account balance reaches \$6,000 (subject to meeting the other eligibility conditions), cover will be provided as *Fixed Cover*. The *Fixed Cover* will be calculated based on your *Salary* at the date you either ceased employment with the CBA Group or redirected your SG contributions.

You also have the option to *Opt-in for insurance cover* sooner.

If you are a prior Bankwest employee or had elected to fix your amount of cover on transfer to Australian Retirement Trust, any Standard Death and Total & Permanent Disability cover will be provided as *Level Cover*. This means that cover will remain level until your 70th birthday when cover ceases.

Your specific level and type of cover will be detailed in your Welcome letter and each year in your Annual Statement and Annual Insurance Summary.

An example of Standard Death and Total & Permanent Disability cover

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

Weekly premium

(Death and TPD ¹ cover / \$10,000) x premium rate / 52	Weekly premium for Standard cover
(\$200,000 / \$10,000) x \$4.60 / 52	\$1.77

1. TPD means Total & Permanent Disability.

Note: Rounding variations may occur when calculating premiums. The weekly premiums displayed above are rounded up to the next whole cent.

Premiums for insurance cover are deducted from your Super Savings - Corporate Accumulation account.

Premiums for partial weeks are not pro-rated.

For full details on premium rates, refer to the Premiums section of this Corporate Insurance Guide.

Death and Total & Permanent Disability cover reduces from age 51

Death and Total & Permanent Disability cover is provided as *Fixed cover*. From age 51, your Standard Death and Total & Permanent Disability cover reduces annually by 5% of your insured benefit at age 50, until your 70th birthday when cover ceases. Your premiums are adjusted accordingly. An example is shown below. If you have \$200,000 of Death and Total & Permanent Disability cover at age 50, your cover will reduce as follows:

Age ¹	Death and Total & Permanent Disability cover
50	\$200,000
51	\$190,000
52	\$180,000
53	\$170,000
54	\$160,000
55	\$150,000
56	\$140,000
57	\$130,000
58	\$120,000
59	\$110,000
60	\$100,000
61	\$90,000
62	\$80,000
63	\$70,000
64	\$60,000
65	\$50,000
66	\$40,000
67	\$30,000
68	\$20,000
69	\$10,000
70	Nil

1. The insurance cover is recalculated based on your age on your birthday. Your premium is recalculated based on your updated cover on or around this date.

If your cover commenced after age 50, any cover will reduce at a rate greater than 5% per annum. This will be consistent with any reduction had your cover commenced prior to age 50.

Opt-in for insurance cover

If you would like to obtain Standard cover before attaining age 25 and reaching an account balance of \$6,000, please select the “Opt-in for insurance cover” option in *Member Online*.

Member Online is available at australianretirementtrust.com.au/memberonline

For information on when cover starts please refer to the When does my Standard cover start? section in this Corporate Insurance Guide.

Limited Cover will apply in the following circumstances,

- if you opt-in for insurance within 120 days of joining your employer and you are not *At Work* on the date cover starts, your cover will be provided as *Limited Cover* until you have been *At Work* for 30 consecutive days,
- if you opt-in for insurance cover outside of 120 days of joining your employer, your Standard cover will be provided as *Limited Cover* for 12 months¹ and subject to a 30-consecutive day *At Work* requirement after the end of the 12-month period to remove the limitation.

If you opt-in for insurance cover outside of 120 days of joining your employer, you will not be eligible to claim where your death, *Terminal Illness* or *Total & Permanent Disability* results from suicide or any intentional self-inflicted act within 12 months of cover starting.

1. Where you joined the Plan within 120 days of the date you joined your employer, if you attain age 25 and your Super Savings – Corporate Accumulation account balance reaches \$6,000 before the expiration of the 12 month *Limited Cover* period, this limitation will be removed subject to you being *At Work* on the date you meet both the age and balance requirements. If you are not *At Work* on that date, cover will remain *Limited Cover* until you have been *At Work* for 30 consecutive days.

Note: Rounding variations may occur when calculating premiums. The weekly premiums displayed above are rounded up to the next whole cent.

Important eligibility terms and conditions

Am I eligible for Standard cover?

If you held any Death and Total & Permanent Disability cover in the CBA Group Super Plan prior to ceasing employment with the CBA Group or redirecting your SG contributions, your cover will automatically continue in the Former CBA Group Super Plan on a *Fixed Cover* basis.

If you ceased to be a member of the CBA Group Super Plan and became a Former CBA Group Super Plan member before your Standard cover automatically commenced, you will remain eligible for Standard cover.

Cooling-off period

If you start Standard or Additional Death and Total & Permanent Disability and cancel it within 60 days, we'll refund any premiums that you've paid back into your Accumulation account.

When does my Standard cover start?

The following table outlines when your cover will start and the conditions applicable to that cover.

Insurance cover or option	Requirements for insurance cover to start	Insurance cover start date
Standard cover	Standard cover is automatically provided when all three have occurred: <ul style="list-style-type: none"> • you are a member of the Plan; and • you attain age 25; and • your account balance reaches \$6,000, and • we receive a Superannuation Guarantee (SG) contribution on your behalf. 	Cover starts when you attain age 25 and reach an account balance of \$6,000 if an SG contribution was received in the prior 120 days. Otherwise, cover starts on the date of receipt of the next SG contribution following the later of you attaining age 25 and reaching an account balance of \$6,000.
Opt-in for insurance cover – you can opt-in for Standard cover prior to attaining age 25 and reaching an account balance of \$6,000	Standard cover is provided when both have occurred: <ul style="list-style-type: none"> • you are a member of the Plan; and • we receive a Superannuation Guarantee (SG) contribution on your behalf, and • we receive a request from you to opt-in for insurance cover. 	if an SG contribution was received in the prior 120 days, your cover starts on the date your application is received. Otherwise, cover starts on the date of receipt of the next SG contribution following the date your application is received.

Limited Cover will apply to automatic Standard cover in the following circumstances, if

- you joined the Plan within 120 days of joining your employer and you are not *At Work*, on the date cover starts, your Standard cover will be provided as *Limited Cover* until you have been *At Work* for 30-consecutive days, or
- you joined the Plan outside of 120 days of joining your employer, your Standard cover will be provided as *Limited Cover* for 12 months and subject to a 30-consecutive day *At Work* requirement after the end of the 12-month period to remove the limitation.

If you're on leave for reasons other than sickness or injury you are still generally considered to be *At Work*.

If you're not eligible to opt-in or automatically receive Standard cover, you can apply for Tailored cover at any time. Applications are subject to acceptance by the insurer and evidence of health may be required. Simply complete and return the *Change of insurance cover form*. This form is available at art.com.au/cbasp

What is Limited Cover?

Limited Cover generally means you're only covered for sickness or injury that first manifests after the date cover commenced. For more information on *Limited Cover* refer to the Definitions section of this Corporate Insurance Guide.

What is Total & Permanent Disability cover?

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

Total & Permanent Disability insurance cover is available to you regardless of your working (subject to satisfying eligibility criteria).

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

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

Depending on the type of sickness or injury there is generally a 6-month waiting period before a Total & Permanent Disability claim becomes assessable.

If you meet the definition of *Total & Permanent Disability* and have your claim accepted by the insurer, the payment will be paid to you as a single lump sum.

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

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

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

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

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

If you meet the definition of *Total & Permanent Disability* and have your claim accepted by the insurer, your Total & Permanent Disability cover as at the *Date of Disablement* will be payable. You may also be able to access your Accumulation account balance.

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

Payment of a Total & Permanent Disability benefit will reduce the Death cover by the amount paid as a Total & Permanent Disability benefit. Any Death cover in excess of the Total & Permanent Disability cover will still continue while you continue to pay premiums and have an account.

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

What happens in the event of a specified Medical Condition?

If you do experience one of the specified *Medical Conditions* listed below, and meet the *Total & Permanent Disability* definition, you may be paid a lump sum benefit equal to your Total & Permanent Disability cover amount at the *Date of Disablement*.

To qualify for a single lump sum benefit payment due to a Medical Condition you must have one of the following:

- Blindness
- Cardiomyopathy
- Chronic Lung Disease
- Dementia and Alzheimer's Disease
- Loss of speech
- Loss of hearing
- Major Head Trauma
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Paraplegia (including Quadriplegia, Hemiplegia, and Diplegia)
- Parkinson's Disease
- Primary Pulmonary Hypertension
- Severe Rheumatoid Arthritis

For more details refer to the Definitions section for *Medical Conditions*, and *Total & Permanent Disability – Suffering a specifically defined medical condition and permanently unlikely to work because of that condition*.

Payment of a total and permanent disability benefit

If you are eligible to receive a Total & Permanent Disability benefit, the insurer will pay the benefit (less any applicable tax) to your Super Savings - Corporate Accumulation account where it will be invested in the Cash investment option.

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

When would a health questionnaire be required?

A health questionnaire will be required if:

- you have previously cancelled your cover and want to reapply, or
- you choose to apply for Tailored cover.

In addition, a full health assessment may also be required if requested by the insurer.

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

Bring your current cover with you

You may be eligible to transfer existing Death and Total & Permanent Disability or Death only cover up to \$2,000,000 to the Former CBA Group Super Plan.

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

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

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

If accepted by the insurer:

- you will be subject to the terms and conditions outlined in the Group life policies issued by AIA,
- you will continue to be subject to any individual loadings, exclusions and restrictions applicable to the cover that was transferred,
- you will need to cancel the cover you had under your previous fund or policy, and
- your transferred cover will be provided on the same basis as your existing cover and will be in addition to your existing cover.

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

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

Interim Accident cover

Where you are not entitled to Standard Death and Total & Permanent Disability cover or you choose to apply for Tailored cover, up to 90 days interim Accidental Death and/or Accidental Total & Permanent Disability cover will apply immediately from the date we receive your completed *Change of insurance cover form*.

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

The amount of interim accident cover is the lesser of the amount of Tailored Death and/or Total & Permanent Disability cover you are applying for or \$2,000,000.

No premium is charged for the interim accident cover.

The interim accident cover available to you is determined by the type of cover available in the Plan and the cover you are applying for.

No interim accident benefit will be paid during the interim period if a Death or Total & Permanent Disability claim is caused directly or indirectly by engaging in any sport or pastime that the insurer would not normally cover at standard rates or terms, or where a benefit exclusion applies (refer to the Conditions & exclusions section in this Corporate Insurance Guide).

Refer to the Definitions section of this Corporate Insurance Guide for the definition of *Accident*.

Tailored cover

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

- you have previously cancelled your cover and want to reapply,
- you simply want to increase the level of cover.

Any application for insurance cover is subject to acceptance by the insurer. Satisfactory evidence of health may be required. Australian Retirement Trust reserves the right to limit the amount of cover provided. Cover will commence on the date the insurer accepts your application.

Tailored cover is available on a *Fixed Cover* basis. With *Fixed Cover*, from age 51, your Death and Total & Permanent Disability cover reduces annually by 5% of your insured benefit at age 50, until your 70th birthday when cover ceases.

If you are a prior Bankwest employee or had elected to fix your amount of cover on transfer to Australian Retirement Trust, any additional Tailored Death and Total & Permanent Disability cover will be provided as *Level Cover*. This means that cover will remain level until your 70th birthday when cover ceases.

Types of cover available

The types of Tailored cover available are:

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

How much can I apply for?

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

- Death cover — \$5,000,000
(Terminal Illness benefits are part of Death cover. In the event of a claim, any Terminal Illness benefit will be limited to \$5,000,000)
- Total & Permanent Disability cover — \$3,000,000

When does Tailored Death and Total & Permanent Disability cover start?

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

If you accept the terms of this Special Acceptance offer (if applicable), your Tailored cover will start on the date you accept the offer.

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

Tailored Death and Total & Permanent Disability cover reduces from age 51

Tailored Death and Total & Permanent Disability cover is provided as *Fixed cover*. From age 51, your Tailored Death and Total & Permanent Disability cover reduces annually by 5% of your insured benefit at age 50, until your 70th birthday when cover ceases. Your premiums are adjusted accordingly. An example is shown below. If you have \$200,000 of Death and Total & Permanent Disability cover at age 50, your cover will reduce as follows:

Age ¹	Death and Total & Permanent Disability cover
50	\$200,000
51	\$190,000
52	\$180,000
53	\$170,000
54	\$160,000
55	\$150,000
56	\$140,000
57	\$130,000
58	\$120,000
59	\$110,000
60	\$100,000
61	\$90,000
62	\$80,000
63	\$70,000
64	\$60,000
65	\$50,000
66	\$40,000
67	\$30,000
68	\$20,000
69	\$10,000
70	Nil

1. The insurance cover is recalculated based on your age on your birthday. Your premium is recalculated based on your updated cover on or around this date.

If your cover commenced after age 50, any Tailored cover will reduce at a rate greater than 5% per annum. This will be consistent with any reduction had your cover commenced prior to age 50.

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

You can apply for cover through art.com.au/cbasp

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

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

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

$$\begin{aligned}
 & \text{(Tailored Death cover / \$10,000) x} \\
 & \text{Death premium rate / 52} \\
 & \text{plus} \\
 & \text{(Tailored TPD}^1 \text{ cover / \$10,000) x TPD}^1 \text{ premium rate / 52} \\
 & \text{(\$200,000 / \$10,000) x \$2.40 / 52} \\
 & \text{+} \\
 & \text{(\$200,000 / \$10,000) x \$2.20 / 52 = \$1.77 per week}
 \end{aligned}$$

1. TPD means Total & Permanent Disability.

Note: Rounding variations may occur when calculating premiums. The weekly premiums displayed above are rounded up to the next whole cent.

Premiums for insurance cover are deducted from your Super Savings – Corporate Accumulation account.

Premiums for partial weeks are not pro-rated.

For full details on premium rates, refer to the Premiums section of this Corporate Insurance Guide.

Restrictions and exclusions on Tailored cover

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

This means the Death and Total & Permanent Disability cover that is accepted by the insurer will not be paid for a suicide or intentional self-inflicted injury related claim in the 12 month period from the date that your Tailored cover is accepted by the insurer.

This exclusion does not apply if you last commenced employment with the CBA Group on a permanent basis on or before 1 March 2006 and continued to be employed by the CBA Group on a permanent basis.

Conditions & exclusions

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

Cover will stop when:

- you turn 70 for Standard Death cover,
- you turn 70 for Standard Total & Permanent Disability cover,
- you turn 70 for Tailored Death cover,
- you turn 70 for Tailored Total & Permanent Disability cover,
- you die,
- you receive a Total & Permanent Disability insurance benefit which is not less than the amount of the Death benefit,
- you cancel the cover,
- you are paid a Terminal Illness benefit which is not less than the amount of the Death and/or Total & Permanent Disability benefit,
- you withdraw all monies from Super Savings – Corporate Accumulation account ,
- the policy issued to the Trustee is cancelled or terminated for any reason,
- you start duty in the military services of any country (except the Australian Armed Forces Reserve as long as you are not on active duty outside Australia),
- you are *Employed* under a working visa and the term of the working visa expires, or you permanently depart Australia (whichever is earlier),
- Contribution Inactivity - your Super Savings – Corporate Accumulation account has not received an Eligible Contribution in the last 12 months or more and you have not elected in writing to keep your cover¹, or
- Zero account balance - the premium is due and there is not enough money in your Super Savings – Corporate Accumulation account to pay the premiums and the premiums remain unpaid for 4 months.

1. Where we have valid contact details, we will contact you advising the date your cover will stop. If you wish for your cover to continue even if no Eligible Contributions are made to your account for continuous periods of 12 months or longer, you can advise us in writing or visit australianretirementtrust.com.au/keep-my-insurance. Make sure you consider the impact of premiums on your account balance.

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

If your insurance cover automatically stops because of:

- Contribution Inactivity; or
- Zero Account Balance,

you have the option to advise us in writing to reinstate the insurance cover that was stopped due to Contribution Inactivity. This written request must be received within 60 days of the cover stopping. We will restart the type and amount of cover you had as at the date of the automatic cancellation, and it will be as if your cover was never cancelled. Your first premium deduction after reinstatement includes any backdated premium that applies since the date your cover was cancelled.

Should you wish to restart cover outside of 60 days or where cover has ceased due to Zero Account Balance, you will be required to complete an application that may be subject to health and lifestyle assessment, and acceptance by the insurer.

For the definitions of Contribution Inactivity and Zero Account Balance refer to the When does Death and Total & Permanent Disability insurance cover stop? section.

Life Event option

When your life changes, Life Events options give you the opportunity to increase your Death and Total & Permanent Disability cover at the times in your life when it matters the most.

You can apply to increase your cover by the lesser of 100% of your current cover and \$250,000. To increase cover you must:

- have existing Death only or Death and Total & Permanent Disability cover in the Plan,
- be *At Work* in Australia. If you're not *At Work*, you can still apply under the Life Events options but you may receive *Limited Cover*, and
- submit your application for Life Events cover, including evidence confirming the Life Event, within 120 days of the Life Event occurring.

If you have Death and Total & Permanent Disability cover, both components must be increased under the Life Events option, i.e. you can't increase only the Death component. You could subsequently request to change the individual components at a later date if required.

Life Event options

- you get married,
- you start a de facto relationship,
- you have or adopt a child,
- you take out a mortgage for purchase of your primary residence,
- your child's first day at compulsory primary or secondary school,
- you get divorced, or
- the death of your spouse or de facto spouse.

Applications are subject to acceptance by the insurer.

The additional cover will be provided as *Fixed cover*.

You can apply under the Life Events option more than once using the same or different events, except for the mortgage option, which you can only use once. You can only apply for one increase due to a Life Event within any 12 month period. You will need to provide us proof of your Life Event.

To apply for a Life Event please complete and return the *Life Event form*, available at art.com.au/cbasp

If you are not *At Work* at the date your increased Life Events cover begins, *Limited Cover* will apply to the portion of cover increased under the Life Events option. *Limited Cover* will cease to apply after you've been *At Work* for two consecutive months.

Any special conditions like exclusions or loadings that apply to your existing cover also apply to the increased portion of cover.

Your additional cover will generally start from the date the insurer approves your application.

What happens if you have a Terminal Illness?

In summary, *Terminal Illness* means that you are suffering from a sickness or injury that is likely to result in your death within 24 months.

If your Death cover is in force, subject to providing all the required documentation to support your claim and approval by the Trustee and insurer, which includes certification of *Terminal Illness* by two *Medical Practitioners* (one being a specialist physician in the particular medical field), you will be paid a *Terminal Illness* benefit.

If you have Death cover and the insurer accepts your claim for *Terminal Illness*, the benefit paid is the amount of your superannuation account balance plus the amount of your Death cover in force at the most recent certification (up to a maximum of \$5 million).

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

If you have received or are eligible to receive a *Terminal Illness* benefit or *Terminal Medical Condition* payment from Australian Retirement Trust or another fund or insurer when you join Australian Retirement Trust, you will not be eligible for Death or Total & Permanent Disability cover with Australian Retirement Trust.

What benefits are paid out if you die?

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

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

General exclusions

- active military service

A Death, *Terminal Illness* or *Total & Permanent Disability* benefit will not be paid if the sickness or injury arises from you being deployed to a hostile environment as part of active military service.

- suicide or intentional self-inflicted injury

Within 12 months of:

- the start of your Standard Death and Total & Permanent Disability cover where your cover is subject to a 12 month *Limited Cover* period, or
- the start of your Tailored Death and Total & Permanent Disability cover,

you will not be eligible to claim where your death or total and permanent disability results from suicide or from an intentional self-inflicted injury. For more information please refer to the Opt-in for insurance cover and When does my Standard cover start? sections in this Corporate Insurance Guide.

This exclusion does not apply if you last commenced employment with the CBA Group on a permanent basis on or before 1 March 2006 and continued to be employed by the CBA Group on a permanent basis.

Restrictions and exclusions on Level Cover

If you elected to opt out of the change in your Death and Total & Permanent Disability cover design and to fix your cover in your CBA Group Super Plan account effective 4 November 2023, an exclusion for suicide or an intentional self-inflicted act applies to your *Level Cover*.

This means that where your death or total & permanent disability claim results from suicide or an intentional self-inflicted act within 24 months of 4 November 2023, the claim amount will be reduced if you are aged 51 or older at the date of claim.

The claim amount will be reduced by the difference between your Death and Total & Permanent Disability cover as at 4 November 2023, and the level of cover you would have held at time of claim if you had not opted out of tapering.

2. Income Protection cover

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

You may be able to lodge a claim for a *Total Disability* benefit or *Partial Disability* benefit if you are unable to work due to injury or sickness.

If you are working regular hours per week before getting injured or sick, a *Total Disability* assessment will be based on your inability to do one of the major duties of your regular occupation, which involves at least 20% of your occupational tasks and meet other requirements.

You will generally be covered for up to 75% of the income you were earning prior to becoming disabled; this is known as your monthly benefit. We will support you to return to work, by providing occupational rehabilitation where applicable.

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

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

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

If you joined the CBA Group Super Plan as part of the CBA Successor Fund Transfer (SFT)

Prior Colonial Group Staff Superannuation Scheme (Ex-CGSSS) members: If you joined the Plan as part of the Colonial Group Staff Superannuation Scheme SFT on 3 October 2003 and elected to retain Income Protection cover, your cover will now be provided as Tailored Income Protection cover on a *Fixed Cover* basis.

Members who held Optional Income Protection cover: If you joined the Plan as part of the CBA SFT on 4 November 2023 and held Income Protection cover, upon ceasing employment with the CBA Group or redirecting your Superannuation Guarantee (SG) contributions to an alternate superannuation fund this cover will continue to be provided in the Former CBA Group Super Plan. Tailored Income Protection cover is provided on a *Fixed Cover* basis.

Income Protection features at a glance

Feature	Description
% of Salary	75%
Maximum cover	\$600,000 per annum ¹
Cover up to age	65
Benefit Period	2-years or to-age-65
Waiting Period	30 or 90 days
Claim escalation	to-age-65 <i>Benefit Period</i> only
Premium waiver	When on claim
Occupational rehabilitation support	✓
Partial Disability payments	✓
Cover during the first 24 months of paid & Unpaid leave	✓
Cover during overseas employment	✓
Rehabilitation expenses	✓
Death benefit	✓

1. Where the cover is based on 75% of *Salary*, for the first two (2) years of Benefit payments are based on 75% of the first \$400,000 of your annual *Salary*, and 50% of the next \$600,000 of your annual *Salary*. For Benefit payments beyond two (2) years, 75% of the first \$400,000 of your annual *Salary*, and 50% of the next \$120,000 of your annual *Salary*.

How does Income Protection cover work?

With Tailored Income Protection you can choose the length of your *Benefit Period and Waiting Period*. You can select:

- to receive a monthly income for a *Benefit Period* of up to 2 years or to-age-65,
- a *Waiting Period* of either 30 or 90 days

Your selection impacts the cost of cover.

You can choose at any time to apply for Tailored Income Protection cover. Simply complete and return the *Change of insurance cover form* available at art.com.au/cbasp

Applications are subject to acceptance by the insurer and evidence of health may be required. You should consider getting financial advice before applying.

Any application for insurance cover is subject to acceptance by the insurer. Satisfactory evidence of health may be required.

If you hold Income Protection cover, your specific benefit amount and weekly premium will be detailed in your Welcome letter and each year in your Annual Statement and Annual Insurance Summary.

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

You can apply for cover through art.com.au/cbasp

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

Things to consider

- Premiums generally increase with age.
- Income Protection benefits are taxable income and may be subject to Pay As You Go (PAYG) tax. If applicable, an income statement will be issued by the insurer at the end of the financial year.
- You may also have the added advantage of insurance premiums offsetting your 15% contributions tax liability.

An Income Protection benefit is not paid during the *Waiting Period*.

When does Tailored Income Protection cover start?

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

If you accept the terms of this Special Acceptance offer (if applicable), your Income Protection cover will start on the date you accept the offer.

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

Maximum cover limits

Your Income Protection cover is limited to the lower of:

- your selected insured amount less any offsets,
- 75% of your *Pre-Disability Salary* (less any offsets), and
- the maximum level of Income Protection benefits as detailed below.

Where your Income Protection cover is based on 75% of your *Salary*, in the event of a claim:

- for the first two (2) years, benefit payments are based on 75% of the first \$400,000 of your annual *Salary*, and 50% of the next \$600,000 of your annual *Salary*,
- for any benefit payments beyond two (2) years, benefit payments are based on 75% of the first \$400,000 of your annual *Salary*, and 50% of the next \$120,000 of your annual *Salary*.

Waiting Period and Benefit Period

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

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

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

Claim escalation - to-age-65 Benefit Period only

When on claim, your Income Protection benefits will be indexed by the lesser of the Consumer Price Index (*CPI*) increase or 5% on each anniversary of the commencement of your continuing Income Protection claim.

Premium waiver

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

Once you stop receiving benefit payments, deduction of the Income Protection premiums will recommence being drawn from your Super Savings – Corporate Accumulation account.

Partial Disability payments

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

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

- following a period of *Total Disability* for seven (7) out of the first ten (10) working days of the *Waiting Period*, you are continuously disabled for the remainder of the *Waiting Period*, and
- you have returned to work in your usual or an alternative occupation, and
- your monthly income is less than your *Pre-Disability Salary*, and
- you are under the care of, and complying with the reasonable advice given by a *Medical Practitioner*.

We will pay a *Partial Disability* monthly benefit. The benefit payable is calculated in accordance with the following formula.

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

A is your *Pre-Disability Salary*

B is your actual *Salary* during the month of *Partial Disability*

C is the Monthly Benefit

Occupational rehabilitation support

At Australian Retirement Trust we work with our insurer to offer you access to one of the largest and most experienced rehabilitation teams, so if you have an injury, disability or health condition that leads to an Income Protection claim we can arrange work related rehabilitation to assist you back to meaningful work.

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

Rehabilitation services may include:

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

Rehabilitation may not be appropriate for everyone. If you would like further information about your rehabilitation options please speak with your Claims Representative at Australian Retirement Trust.

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

Rehabilitation expenses

The insurer may pay for rehabilitation expenses incurred to directly assist you in returning to work in a gainful occupation or in undertaking a vocational retraining program because of your disability, providing they pre-approve these expenses in writing before they're incurred.

Generally, these expenses include the cost of a rehabilitation program that a *Medical Practitioner* certifies as necessary for your rehabilitation. Some rehabilitation programs may be excluded.

The maximum reimbursement for any one disability is the lesser of:

- the actual expense amount, or
- 24 times your monthly cover amount;

less any amounts that can be claimed from any other source for those expenses. The insurer makes any reimbursement payment directly to the provider of the service.

Any rehabilitation reimbursement is paid in addition to your monthly disability benefit, and may be payable even if a disability benefit isn't payable.

Death benefit

If you die while you're entitled to receive a disability benefit, the insurer will pay an additional payment, equal to twice your monthly cover amount.

Am I eligible for Tailored Income Protection cover?

You are eligible for Tailored Income Protection cover if:

- you joined the CBA Group Super Plan or Former CBA Group Super Plan as part of the CBA successor fund transfer (SFT) on 4 November 2023 and you held existing Income Protection cover,
- you apply for Income Protection cover and your application is accepted by the insurer,
- you are under the age of 65,
- you are *Employed* and working regular hours per week for your employer,
- you are an Australian citizen, permanent resident or holder of a working visa which enables you to work in Australia, unless otherwise agreed by the insurer, and
- you meet the specified eligibility criteria established by your employer.

You are not eligible for cover if:

- you are under the age of 15
- you have previously received or are eligible to receive a *Total & Permanent Disability* benefit or *Terminal Illness* benefit or a benefit for *Permanent Incapacity* or *Terminal Medical Condition* from Australian Retirement Trust or any other fund or insurer.

Applications are subject to acceptance by the insurer and evidence of health may be required. Simply complete and return the *Change of insurance cover form*. This form is available at art.com.au/cbasp

Does my cover change each year?

The amount of your Tailored Income Protection cover will increase on 1 July each year. We limit any increase to a maximum of 5%. The indexation amount is based on how much the annual trend adjusted rise in Average Weekly Ordinary Time Earnings was at the previous November - or, simply put, how much wages have gone up. You can find more information about Average Weekly Ordinary Time Earning at ato.gov.au

You can choose:

- not to have Tailored Income Protection indexed each year,
- to opt back into automatic indexation of your Tailored Income Protection cover.

If you choose to opt back into annual indexation, the increased Income Protection cover will be subject to *Limited Cover* for a period of 24 months and until you are *At Work* for 30 consecutive days after the end of the 24-month period.

To make changes use the *Insurance Variation form* available at art.com.au/cbasp

Example of how an Income Protection benefit is paid:

Fiona has a 90-day *Waiting Period*. Her benefit will be payable from day 91 subject to acceptance by the insurer. As benefit payments are paid monthly in arrears her first benefit payment will be made one month later.

An example of how to calculate Tailored Income Protection premiums

Karen is 30 years old when she joins the Plan. She is a on a *Salary* of \$75,000 p.a. and has been accepted for Tailored Income Protection cover of \$56,250, with a 90-day *Waiting Period* and 2-year *Benefit Period*.

Insurance cover

75% x Salary	Annual fixed cover
75% x \$75,000	\$56,250

Weekly Premium

(Cover / \$1,000) x premium rate / 52	Weekly premium
(\$56,250 / \$1,000) x \$1.01	\$1.10
/ 52	

Note: Rounding variations may occur when calculating premiums. The weekly premiums displayed above are rounded up to the next whole cent.

Premiums for insurance cover are deducted from your Super Savings - Corporate Accumulation account.

Premiums for partial weeks are not pro-rated.

For full details of Income Protection premiums, refer to the Premiums section of this Corporate Insurance Guide.

Conditions & exclusions

When does Income Protection cover stop?

Income Protection cover stops when:

- you turn 65,
- you die,
- you cancel the cover,
- you withdraw all monies from Australian Retirement Trust,
- your period of *Unpaid Leave* or parental leave exceeds 24 months,
- you cease employment with your Australian based employer while overseas,
- the policy issued to the Trustee is cancelled or terminated for any reason,
- you start duty in the military services of any country (except the Australian Armed Forces Reserve as long as you are not on active duty outside Australia),
- you are *Employed* under a working visa and the term of the working visa expires, or you permanently depart Australia (whichever is earlier),
- Contribution Inactivity - your Super Savings – Corporate Accumulation account has not received an *Eligible Contribution* in the last 12 months or more and you have not elected in writing to keep your cover¹, or
- Zero account balance - the premium is due and there is not enough money in your Super Savings – Corporate Accumulation account to pay the premiums and the premiums remain unpaid for 4 months.

1. Where we have valid contact details, we will contact you advising the date your cover will stop. If you wish for your cover to continue even if no *Eligible Contributions* are made to your account for continuous periods of 12 months or longer, you can advise us in writing or visit australianretirementtrust.com.au/keep-my-insurance. Make sure you consider the impact of premiums on your account balance.

Can Income Protection cover restart if it ceases?

If your insurance cover automatically stops because of:

- Contribution Inactivity; or
- Zero Account Balance,

your Tailored Income Protection will **not** automatically restart.

You have the option to advise us in writing to restart the insurance cover that was stopped due to Contribution Inactivity. This written request must be received within 60 days of the cover stopping. We will restart the type and amount of cover you had as at the date of the automatic cancellation, and it will be as if your cover was never cancelled. Your first premium deduction after reinstatement includes any backdated premium that applies since the date your cover was cancelled.

In all other circumstances reinstatement is subject to acceptance by the insurer. Should you wish to restart cover you will be required to complete an application for Tailored Income Protection that may be subject to health and lifestyle assessment, and acceptance by the insurer.

For the definitions of Contribution Inactivity and Zero Account Balance refer to the When does Income Protection cover stop? section.

What benefit is paid out?

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

- your insured amount less any offsets,
- 75% of your *Pre-Disability Salary* (less any offsets), and
- the maximum level of Income Protection benefits as detailed below.

Where your Income Protection cover is based on 75% of your *Salary*, in the event of a claim:

- for the first two (2) years, benefit payments are based on 75% of the first \$400,000 of your annual *Salary*, and 50% of the next \$600,000 of your annual *Salary*.
- for any benefit payments beyond two (2) years, benefit payments are based on 75% of the first \$400,000 of your annual *Salary*, and 50% of the next \$120,000 of your annual *Salary*.

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

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

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

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

When we won't pay a benefit

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

- deliberate self-inflicted injury or suicide, or attempted suicide or self-destruction while sane or insane,
- 'uncomplicated pregnancy, childbirth' or miscarriage,
- you being deployed to a hostile environment as part of active military service,
- a criminal act committed by you, or
- any other exclusions imposed by the insurer.

'Uncomplicated pregnancy or childbirth' means normal and uncomplicated pregnancy or childbirth, including multiple pregnancy, caesarean birth, threatened miscarriage, post-natal depression, participation in in-vitro fertilisation or other medically assisted fertilisation techniques and normal discomforts of pregnancy, such as morning sickness, backache, varicose veins, ankle swelling and bladder problems.

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

Will there be offsets to my benefit payment?

Your Income Protection benefit payment will be reduced by the following payments:

- (i) all benefits or other payments (whether lump sum, periodic or otherwise) which are paid, or are required to be paid, in relation to the injury or sickness, under any:
 - (a) workers' compensation, motor accident compensation or similar legislation or scheme;
 - (b) statute, or as damages under common law (whether or not modified by statute), for loss of income, loss of earning capacity or any other economic loss (including any benefits or payments for work injury damages), whether paid as a lump sum or not; and
 - (c) other income protection insurance policies;
- (ii) any paid sick leave received by you at the same time the insurer is paying a benefit which results in you receiving more than 100% of your *Pre-Disability Salary*. However you are not required to exhaust your sick leave balance prior to receiving a benefit payment; and
- (iii) any other loss of income, loss of earning capacity or any other economic loss component of a lump sum payment paid or required to be paid in relation to the injury or sickness (other than a total and permanent disablement or *Terminal Illness* benefit paid to you).

If an amount is commuted (or will be commuted) to a lump sum, for the purposes of the offset calculation the lump sum will be converted to a monthly amount at the

rate of 1/60th of the lump sum per month over a period of 60 months.

Payment of benefits

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

You will be assessed against the *Total Disability* or *Partial Disability* (as applicable) definition. If your claim is accepted, payments (monthly in arrears) will start when the *Waiting Period* finishes. If a payment is for part of a month, then it will be calculated on the basis of 1/30 of the monthly benefit amount for each day the benefit is payable.

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

Proof of income

In the event of a claim, proof of income is required to ensure your benefit does not exceed 75% of your *Pre-Disability Salary* at the first day of absence from active employment due to sickness or injury resulting in *Total Disability*.

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

You can return to work during the *Waiting Period* without having to restart the *Waiting Period*. Where you have a 30-day *Waiting Period*, you may return to work for up to 5 days. Where you have a 90-day *Waiting Period*, you may return to work for up to 10 days.

If you do return to work, the days returned to work will extend your original *Waiting Period* by the number of days returned to work. If you return for longer than specified, your *Waiting Period* will restart.

Recurrent event

Following a claim, if you make a further claim arising from the same or related cause as the first claim, the further claim will be:

- treated as a separate claim if it occurred after you returned to work for at least six continuous months, or
- deemed to be a continuation of the original claim if made within six months from the end of payments from the earlier claim. A further *Waiting Period* will not apply in this case but the relevant *Benefit Period* will be adjusted to take into account prior benefits paid under this policy for the original claim.

Concurrent event

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

When does payment of the benefit stop?

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

- you no longer satisfy the definition of *Total Disability* or *Partial Disability*, as assessed by the insurer,
- the end of the benefit payment period,
- for a *Partial Disability* benefit, the date you earn, or become capable of earning, a monthly salary equal to or greater than your *Pre-Disability Salary*,
- you are no longer under the care of, and or complying with the reasonable advice given by a *Medical Practitioner*,
- you reside overseas and you have received six months of benefit payments,
- you reaching age 65, or
- your death.

The benefit will be paid even if the insurer assesses you to be totally and permanently disabled. Providing you were an insured member at the time you finished work due to the sickness or injury that gave rise to a claim, monthly income benefits will be payable or continue to be paid provided you continue to be eligible to receive a benefit, regardless of whether you continue to be a member of Australian Retirement Trust.

Other important information

Can your health affect your insurance cover?

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

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

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

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

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

Change in circumstances

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

Can I nominate a beneficiary?

In the unfortunate event of your death, the Trustee of Australian Retirement Trust is required to pay your Death benefit to your beneficiaries, or where there are no eligible beneficiaries, to any person who has a fair claim. For your Super Savings – Corporate Accumulation account you can complete either:

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

Refer to the Super Savings Accumulation Guide for more information.

What happens if I leave employment with the CBA Group and hold Commonwealth Bank Employee Income Protection (CBA EIP) cover

If you leave employment with the CBA Group, to help you maintain access to Income Protection cover if required, you can apply to transfer your CBA EIP cover amount into the Super Savings - Corporate Accumulation Former CBA Group Super Plan without needing to provide full health and medical evidence to the insurer.

Application window

You must apply to transfer cover within 90 days of you ceasing employment with the CBA Group

Eligibility to transfer CBA EIP

To be eligible to transfer CBA EIP cover amount into your Super Savings - Corporate Accumulation account, all of the following conditions must apply up until the date of transfer:

- You've left employment with the CBA Group and were covered under the CBA EIP immediately before your date of exit,
- You're less than 65 years of age,
- You apply to transfer cover within 90 days of you leaving employment with the CBA Group,
- You have sufficient money in your Super Savings - Corporate Accumulation account to pay insurance premiums in order for cover to commence. If you do not have enough money in your Accumulation account to pay premiums, you will be notified of the conditions that apply to you.

You are not eligible to transfer CBA EIP cover if any of the following apply:

- You've received or are eligible to receive a benefit payment, or you've lodged or are going to lodge a claim, for a terminal illness or disability benefit from a super fund, insurance company or any state or federal government body, such as workers' compensation, social security, veterans' affairs or motor accident scheme,
- You joined any armed forces (other than the Australian Armed Forces reserve) before the date cover is accepted by the insurer,
- You've exercised a continuation option to transfer CBA EIP cover to another provider,
- You've had any insurance application for death, Total & Permanent Disability or Income Protection cover declined,
- As a result of injury, illness or impairment, any of the following apply:
 - (i) You're unable to work 35 hours a week, even if you're not currently working on a full-time basis,
 - (ii) You've had your duties or workplace modified in the last two years and you're yet to resume your pre-modified duties or arrangements, or
 - (iii) You're working in a role or occupation that's been designed or chosen to suit your medical needs.

You must apply to transfer your CBA EIP cover amount within 90 days of leaving employment. If we receive a request more than 90 days from that date, the insurer's standard application and assessment process applies, which may require you to provide full health and/or medical evidence.

To be eligible to continue cover you must ensure regular contributions will be paid into your Super Savings - Corporate Accumulation account.

Upon acceptance by the insurer, your Income Protection cover will be provided with the same level of cover as your CBA EIP cover amount, a **Benefit Period** of 2-years and **Waiting Period** of 90-days. You will continue to be subject to any individual loadings, exclusions and restrictions applicable to the cover that was transferred.

If your existing Income Protection cover in your Former CBA Group Super Plan account has a different **Waiting Period** and/or **Benefit Period** from those shown above, any

transferred cover effectively cancels and replaces your existing cover.

Warning: If you don't have a Former CBA Group Super Plan account, you cannot open a new account, nor will you be eligible for a transfer of cover.

To transfer cover from CBA EIP

Complete our *Request to transfer from CBA EIP insurance cover form* – we must receive this form within 90 days of the date you left employment with the CBA Group, otherwise the insurer's standard application and assessment process applies.

The *Request to transfer from CBA EIP insurance cover form* is available at art.com.au/cbasp

Effective date for transferred cover

If your transfer request is accepted, your new level of cover commences on the date we receive your completed request form.

A cooling-off period applies to any transferred cover.

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

If you don't want cover, or you just want to reduce your cover, you need to let us know, otherwise the premiums will continue to be deducted from your Super Savings – Corporate Accumulation account each month. The cancellation or reduction will be effective from the date your instruction is received by Australian Retirement Trust.

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

If you cancel your cover, evidence of health satisfactory to the insurer will be required before cover can restart. The insurer may apply special conditions before agreeing to restart your cover. Cover will restart on the date your application is approved by the insurer or, if the insurer imposes special conditions on the cover, from the date you accept those special conditions.

Your duty to take reasonable care not to make a misrepresentation

About your duty

When you apply for life insurance as a member of Australian Retirement Trust, the insurer may conduct a process called underwriting. It's how the insurer decides whether it will cover you, and if so on what terms and at what cost. If your application is underwritten, you will be asked questions which the insurer needs to know the answers to. These will be about your personal circumstances and may include questions about your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you provide in response to the questions is vital to the insurer's decision.

The duty to take reasonable care

When applying for insurance which is to be underwritten, you have a legal duty to take reasonable care not to make a misrepresentation before your application is accepted by the insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced. Please note that there may be circumstances where the insurer later investigates whether the information you provided was true. For example, the insurer may do this when a claim is made.

Guidance for answering questions

When answering questions as part of an application for insurance cover, you should:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us or the insurer before you respond.
- Answer every question.
- Answer truthfully, accurately and completely.
- If you are unsure about whether you should include information or not, you should include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), you should check every answer (and if necessary, make any corrections) before the application is submitted.
- You must not assume that Australian Retirement Trust or the insurer will contact your doctor for any medical information.

Changes before your cover starts

Before your application is accepted, the insurer may ask about any changes that mean you would now answer the questions differently. As any changes might require further assessment or investigation, it could save time if you let us or the insurer know about any changes when they happen.

If you need help

It's important that you understand this information and the questions that you are asked. Ask us or the insurer for help if you have difficulty understanding the process of applying for insurance or answering our or the insurer's questions. If you're having difficulty due to a disability, understanding English or for any other reason, we are here to help and can provide additional support for anyone who might need it.

What can the insurer do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to the insurer. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put the insurer in the position they would have been in if the duty had been met.

For example, the insurer may:

- Avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- Whether you took reasonable care not to make a misrepresentation (this depends on all of the relevant circumstances);
- what the insurer would have done if the duty had been met – for example, whether they would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before the insurer exercises any of these remedies, they will explain their reasons, how to respond and provide further information, including what you can do if you disagree.

Special offers

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

Financial Advice

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

Speak to your adviser to get the advice you need. If you don't have your own personal financial adviser and you need advice about your Super Savings – Corporate Accumulation account, Australian Retirement Trust also has qualified financial advisers¹ who can help you over the phone with simple advice about your Super Savings – Corporate Accumulation account. This service is included in your membership. For more comprehensive advice, we may also refer you to an accredited external financial adviser². Advice of this nature may incur a fee.

1. Employees in the Australian Retirement Trust group provide advice to members and employers as representatives of Sunsuper Financial Services Pty Ltd (ABN 50 087 154 818 AFSL No. 227867) (SFS), that is wholly owned by the Trustee as an asset of Australian Retirement Trust. SFS is a separate legal entity responsible for the financial services it provides. Eligibility conditions apply. Refer to the *Financial Services Guide* at australianretirementtrust.com.au/fsg for more information.

2. The Trustee has established a panel of accredited external financial advisers who are not employees of the Australian Retirement Trust group. The Trustee is not responsible for the advice provided by these advisers and does not receive or pay any referral fees. These advisers will explain to you how their advice fees are determined.

Overseas travel and approved leave

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

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

What happens during Unpaid Leave or parental leave?

Your Death and Total & Permanent Disability cover will continue.

Your Income Protection cover will stop after 24 months.

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

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

What happens if you travel overseas on paid leave?

Where you travel overseas while on paid leave from your Australian-based employer (or an international subsidiary or associated company of your Australian employer), your cover continues with no travel restrictions.

If you become disabled whilst overseas you may be required to return to Australia, at your own expense, for assessment.

What happens if you reside overseas?

Your cover will continue while you reside overseas as long as you remain in the active employment of your Australian-based employer (or an international subsidiary or associated company of your Australian employer).

If you become disabled while based overseas you may, at your own expense be required to return to Australia for assessment of any disability claim.

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

What happens if you are Employed under the terms of a work visa?

Employees employed under the terms of a work visa are eligible for Standard insurance cover and may apply for Tailored cover.

Income Protection cover whilst temporarily residing overseas

Where you temporarily reside overseas during a period of *Unpaid Leave* your Income Protection cover may continue for up to 24 months. After 24 months your Income Protection cover will stop (refer to the Definitions section for the definition of *Unpaid Leave*). If you reside overseas and you have received six months of benefit payments, your benefit payments will cease.

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

3. Premiums

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

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

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

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

Generally your insurance premiums are recalculated annually around your birthday, unless agreed otherwise with the insurer.

From time to time, our insurer may need to change premium rates, which may result in an increase or decrease to your premiums.

Your insurance premiums are calculated weekly and deducted monthly from your Super Savings - Corporate Accumulation account.

Standard and Tailored Death and Total & Permanent Disability cover

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

Age	Death & TPD ¹ cover		Death only cover	
	Male \$	Female \$	Male \$	Female \$
15	2.10	1.00	2.00	0.90
16	2.70	1.20	2.40	1.00
17	3.60	1.50	2.90	1.20
18	4.30	1.90	3.30	1.40
19	4.50	1.90	3.50	1.40
20	4.60	1.90	3.30	1.30
21	4.60	1.90	3.10	1.20
22	4.60	1.90	3.00	1.10
23	4.60	1.90	2.90	1.00
24	4.60	1.90	2.70	1.00
25	4.60	1.90	2.60	1.00
26	4.60	1.80	2.60	0.90
27	4.60	1.90	2.50	0.90
28	4.60	1.90	2.40	1.00
29	4.60	2.10	2.40	1.00
30	5.60	2.70	2.50	1.10
31	5.80	2.90	2.50	1.10
32	5.90	3.30	2.40	1.20
33	6.30	3.80	2.60	1.40
34	6.50	4.10	2.60	1.50
35	6.90	4.70	2.60	1.70
36	7.30	5.20	2.60	1.80
37	7.90	6.00	2.70	1.90
38	8.80	6.90	3.10	2.10
39	9.20	7.80	3.30	2.50
40	9.90	8.50	3.60	2.70
41	10.60	9.30	4.20	3.20
42	11.80	10.20	4.60	3.40
43	13.40	11.40	5.00	3.60
44	15.00	12.30	5.70	3.90
45	17.00	13.40	6.40	4.20
46	19.20	14.80	7.10	4.50
47	21.70	16.30	7.90	4.80
48	24.40	18.50	8.80	5.30
49	27.50	21.00	10.20	6.10
50	30.70	23.80	11.40	7.00
51	34.30	27.20	12.80	7.90
52	38.30	30.60	14.20	9.10
53	43.60	34.80	16.00	10.50
54	50.30	39.40	18.10	12.00
55	56.30	44.10	20.10	13.40
56	62.90	49.00	22.00	14.80
57	70.70	54.00	24.40	16.40
58	78.60	58.70	26.80	18.00
59	87.50	63.50	29.50	19.50
60	97.80	68.80	32.60	21.30
61	109.00	74.80	35.80	23.30
62	120.90	82.40	39.30	25.70
63	133.40	91.60	42.90	29.00
64	147.10	102.20	46.70	32.60
65	158.70	111.80	62.20	44.90
66	173.60	124.40	68.30	51.30
67	189.10	138.90	74.60	58.90
68	207.70	158.20	80.10	67.20
69	227.70	180.50	85.60	76.80

1. TPD means Total & Permanent Disability

From age 51, Death and Total & Permanent Disability cover provided on a **Fixed Cover** basis reduces annually by 5% of your insured benefit at age 50, until your 70th birthday when cover ceases. The above premiums for Death & Total & Permanent Disability cover do not reflect the reduced cover. Rounding variations may occur when calculating premiums.

Income Protection cover
30-day Waiting Period, 2 year Benefit Period

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

Age	Male \$	Female \$
15	1.67	1.88
16	1.70	1.92
17	1.73	1.96
18	1.74	2.01
19	1.77	2.06
20	1.80	2.12
21	1.82	2.19
22	1.84	2.26
23	1.86	2.33
24	1.87	2.37
25	1.82	2.39
26	1.77	2.41
27	1.76	2.42
28	1.76	2.45
29	1.77	2.52
30	1.82	2.64
31	1.88	2.76
32	1.96	2.89
33	2.03	3.04
34	2.13	3.20
35	2.23	3.37
36	2.35	3.57
37	2.48	3.77
38	2.64	4.01
39	2.80	4.24
40	2.96	4.49
41	3.13	4.76
42	3.33	4.99
43	3.52	5.25
44	3.74	5.54
45	3.98	5.84
46	4.27	6.17
47	4.60	6.56
48	4.95	6.98
49	5.34	7.43
50	5.78	7.93
51	6.27	8.43
52	6.81	8.99
53	7.39	9.59
54	8.02	10.23
55	8.70	10.91
56	9.41	11.63
57	10.26	12.39
58	11.21	13.22
59	12.28	14.12
60	13.47	15.11
61	14.75	16.23
62	13.27	14.62
63	11.05	12.19
64	6.66	7.35

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

Income Protection cover
90-day Waiting Period, 2 year Benefit Period

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

Age	Male \$	Female \$
15	0.68	0.64
16	0.68	0.65
17	0.69	0.67
18	0.69	0.68
19	0.70	0.70
20	0.71	0.73
21	0.71	0.77
22	0.71	0.82
23	0.71	0.89
24	0.70	0.92
25	0.67	0.97
26	0.64	0.97
27	0.62	0.98
28	0.62	0.99
29	0.60	1.00
30	0.62	1.01
31	0.62	1.02
32	0.62	1.03
33	0.65	1.08
34	0.68	1.12
35	0.71	1.18
36	0.77	1.27
37	0.82	1.37
38	0.89	1.47
39	0.97	1.61
40	1.05	1.75
41	1.15	1.92
42	1.25	2.11
43	1.39	2.31
44	1.53	2.52
45	1.72	2.77
46	1.93	3.05
47	2.17	3.34
48	2.42	3.67
49	2.71	4.02
50	3.02	4.39
51	3.37	4.78
52	3.80	5.20
53	4.25	5.64
54	4.77	6.09
55	5.36	6.57
56	5.98	7.08
57	6.72	7.62
58	7.53	8.18
59	8.43	8.76
60	9.42	9.37
61	10.48	10.00
62	8.67	8.30
63	6.53	6.25
64	2.63	2.52

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

Income Protection cover
30-day Waiting Period, to-age-65 Benefit Period

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

Age	Male \$	Female \$
15	6.37	9.61
16	6.37	9.61
17	6.37	9.61
18	6.37	9.61
19	6.37	9.61
20	6.37	9.61
21	6.32	9.85
22	6.27	10.05
23	6.25	10.30
24	6.25	10.52
25	6.25	10.78
26	6.37	11.18
27	6.53	11.71
28	6.77	12.37
29	7.07	13.17
30	7.42	14.12
31	7.87	15.17
32	8.37	16.42
33	8.98	17.82
34	9.66	19.34
35	10.41	21.07
36	11.24	22.97
37	12.17	25.01
38	13.22	27.22
39	14.36	29.58
40	15.58	32.12
41	16.92	34.79
42	18.36	37.60
43	19.91	40.53
44	21.55	43.58
45	23.32	46.68
46	25.17	49.84
47	27.14	53.05
48	29.19	56.26
49	31.34	59.46
50	33.57	61.37
51	35.87	63.13
52	38.27	64.69
53	40.69	66.05
54	43.19	67.60
55	45.69	69.88
56	48.12	71.85
57	50.36	73.34
58	52.24	74.24
59	53.61	74.35
60	54.07	73.31
61	53.19	70.68
62	50.12	65.52
63	14.15	15.61
64	8.52	9.42

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

Income Protection cover
90-day Waiting Period, to-age-65 Benefit Period

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

Age	Male \$	Female \$
15	2.95	3.68
16	2.95	3.68
17	2.95	3.68
18	2.95	3.68
19	2.95	3.68
20	2.95	3.68
21	2.82	3.75
22	2.72	3.83
23	2.65	3.92
24	2.57	3.99
25	2.53	4.08
26	2.51	4.34
27	2.51	4.57
28	2.54	4.80
29	2.60	5.02
30	2.70	5.27
31	2.77	5.57
32	2.92	5.87
33	3.07	6.22
34	3.26	6.67
35	3.50	7.19
36	3.77	7.82
37	4.09	8.55
38	4.47	9.42
39	4.89	10.44
40	5.40	11.60
41	5.96	12.94
42	6.62	14.47
43	7.37	16.19
44	8.23	18.07
45	9.21	20.13
46	10.29	22.37
47	11.48	24.72
48	12.83	27.22
49	14.32	29.80
50	15.91	31.76
51	17.63	33.65
52	19.47	35.37
53	21.42	36.90
54	23.47	38.17
55	25.54	38.37
56	27.58	38.12
57	29.49	37.38
58	31.09	36.10
59	32.21	34.21
60	29.41	31.63
61	28.71	28.22
62	26.36	24.32
63	7.50	7.18
64	3.02	2.89

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

Facts about making a claim

Let us help you

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

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

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

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

Easy online service

Australian Retirement Trust has an online Claims Eligibility Tool, that allows you to contact us at your earliest convenience 24 hours a day, 7 days a week.

The online Claims Eligibility Tool, allows you to notify Australian Retirement Trust of your need to claim, provides you with information of your type of cover and any claim requirements, and allows you to lodge your claim electronically via eClaims.

eClaims allows you to lodge and monitor your claim online. It also provides third parties (i.e. employers and doctors) with the capability to complete and submit claim information directly online for the insurer to assess.

Both the Claims Eligibility Tool and eClaims are designed to help simplify the process and reduce the time taken to finalise your claim. You can always contact us on **13 11 84** – We're here to help!

Super Savings Insurance claims guide

Want to know more about:

- Making a claim
- How a claim is assessed

We have developed a guide to help step you through the various claims processes.

Visit australianretirementtrust.com.au/claim for more information on making a claim.

Do you need a lawyer to assist with your claim?

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

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

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

How to make a claim

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

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

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

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

Death claims

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

Disability claims

Australian Retirement Trust should be notified as soon as reasonably possible after an event that is likely to give rise to a disability or *Terminal Illness* claim. Depending on the type of sickness or injury there is a waiting period before a claim becomes assessable.

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

Claims after your cover has stopped

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

If your claim is declined

If your claim is declined by the insurer your claim will be referred to the Trustee of Australian Retirement Trust for review and consideration.

If the Trustee of Australian Retirement Trust declines your claim and you disagree with this decision you can either:

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

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

AFCA's contact details are as follows:

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

If your claim is declined a vocational retraining payment may be available

In some cases, a Total & Permanent Disability claim may not be accepted because the insurer considers that you would be able to perform one or more occupations on a full or part-time basis after undergoing reasonable retraining.

If this occurs, the insurer may pay a lump sum of up to \$5,000 to cover costs incurred to directly assist in providing the vocational retraining you may require to perform one of the occupations they've identified.

This payment must be approved by the insurer before any cost is incurred and is paid directly to the vocational retraining provider. This benefit is only payable once and only where the payment doesn't breach health insurance laws.

Claim investigation

If you make a claim, the insurer reserves the right to investigate the claim including but not limited to conducting surveillance and requesting information and medical examinations.

Incorrect information and eligibility for cover

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

Financial advice

When you make a claim, or receive an insurance benefit, not only is it likely to be a difficult time, but it can be hard to know what your next step is. You may need help with a tailored financial plan or help in moving into a new or different phase of your financial life after a major event and/or insurance payout. You don't need to panic and you don't need to be rushed into a course of action. Speak to your adviser to get the advice you need. If you don't have your own personal financial adviser and you need advice about your Super Savings – Corporate Accumulation account, Australian Retirement Trust also has qualified financial advisers¹ who can help you over the phone with simple advice about your Super Savings – Corporate Accumulation account. This service is included in your membership. For more comprehensive advice, we may also refer you to an accredited external financial adviser². Advice of this nature may incur a fee.

1 Employees in the Australian Retirement Trust group provide advice to members and employers as representatives of Sunsuper Financial Services Pty Ltd (ABN 50 087 154 818 AFSL No. 227867) (SFS), that is wholly owned by the Trustee as an asset of Australian Retirement Trust. SFS is a separate legal entity responsible for the financial services it provides. Eligibility conditions apply. Refer to the Financial Services Guide at australianretirementtrust.com.au/fsg for more information.

2 The Trustee has established a panel of accredited external financial advisers who are not employees of the Australian Retirement Trust group. The Trustee is not responsible for the advice provided by these advisers and does not receive or pay any referral fees. These advisers will explain to you how their advice fees are determined.

4. Definitions - Total & Permanent Disability

Total & Permanent Disability means:

Loss of limbs and/or sight

This definition **applies if you're under age 70** at the *Date of Disablement* and your Total & Permanent Disability cover began on or after 1 July 2014.

As a result of sickness or injury you have suffered, at the *Date of Disablement*:

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

and

the insurer considers, on the basis of medical and other evidence satisfactory to them, you're unlikely ever to be able to engage in any 'occupation', whether or not for reward;

where:

- '**limb**' means the whole hand below the wrist or whole foot below the ankle;
- '**blindness**' means the permanent loss of sight to the extent that visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist;

or

Suffering a specifically defined medical condition and permanently unlikely to work because of that condition

This definition **applies if you're under age 67** at the *Date of Disablement*

Where, at the *Date of Disablement* you are absent from all work:

- (i) as a result of suffering one or more of the following listed *Medical Conditions*; Cardiomyopathy, Primary pulmonary hypertension, Major head trauma, Motor neurone disease, Multiple sclerosis, Muscular dystrophy, Paraplegia (including Quadriplegia, Hemiplegia and Diplegia), Dementia and Alzheimer's disease, Parkinson's disease, Blindness, Loss of speech, Loss of hearing, Chronic lung disease or Severe rheumatoid arthritis;
- (ii) the insurer considers, on the basis of medical and other evidence satisfactory to them, you're unlikely ever to be able to engage in any 'occupation', whether or not for reward; and
- (iii) you're likely to be so disabled for life.

or

Unlikely to do a suited occupation ever again

This definition **applies if you're under age 67** at the *Date of Disablement*

Where, as a result of an sickness or injury, you've been absent from all work for six consecutive months from the *Date of Disablement* and the insurer considers (on the basis of medical and other evidence satisfactory to them), that you're unlikely ever to be able to engage in any occupation, whether or not for reward, and you're likely to be so disabled for life.

Inability to perform activities of daily work

This definition **applies if you're under age 70** at the *Date of Disablement*

As a result of sickness or injury:

- (i) you are continuously unable, for a period of 3 consecutive months from the *Date of Disablement*, to do at least 2 out of 5 'Activities' without assistance from another adult (even if using 'aids and adaptations') as certified by a *Medical Practitioner*; and
- (ii) the insurer considers, on the basis of medical and other evidence satisfactory to the insurer:
 - you will be permanently and irreversibly unable to do so for life; and
 - you are unlikely ever to be able to engage in any 'occupation', whether or not for reward.

'**Activities**' include:

Mobility: To:

- (i) bend, kneel or squat to pick something up from the floor and straighten up again, and get into and out of a standard sedan; or
- (ii) walk more than two hundred (200) metres at a normal pace on a level surface without stopping due to breathlessness as a result of a medical condition or angina;

Seeing: To read ordinary newsprint and pass the standard eye test for a car licence (even with glasses or contact lenses) and your vision is better than legal blindness. Legal blindness is as certified by an ophthalmologist;

Lifting: To lift (from bench height) and carry a five (5) kg weight a distance of ten (10) metres and place the item back down at bench height;

Communicating: To speak with sufficient clarity such that you can hold a conversation with another person in a quiet room in their first language. This involves understanding a simple message and relaying that message to another person; and

Manual dexterity: To use:

- (i) at least one hand to pick up or manipulate small objects precisely with your hand or fingers (such as picking up a coin from desk height, using cutlery, tie shoelaces or fasten buttons); or
- (ii) a pen, pencil or keyboard to write a short note that can be understood by another person in your first language.

Where you are unable to perform one or more of the above 'Activities' when your cover commenced, that 'Activity' will not be taken into consideration by the insurer as part of the Total & Permanent Disability assessment.

'**Aids and adaptations**' refers to equipment or fixtures which assist you to carry out the 'Activities'.

'**Occupation**' means an occupation that you can perform, on a full-time or part-time basis, based on the skills and knowledge you've acquired through previous education, training or experience and includes an occupation that you'd be able to perform on a full-time or part-time basis after undergoing reasonable retraining.

Note: a different definition applies for members who held Total & Permanent Disability cover with the former fund (the Commonwealth Bank Group Super Plan) on 30/06/2014 and continue to hold this cover.

5. Definitions - Total & Permanent Disability for members who held TPD¹ cover with Commonwealth Bank Group Super plan on 30/06/2014

Total & Permanent Disability means:

Loss of limbs and/or sight

This definition **applies if you're under age 70** at the *Date of Disablement*

As a result of sickness or injury you have suffered, at the *Date of Disablement*:

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

where:

'**limb**' means the whole hand below the wrist or whole foot below the ankle;

'**blindness**' means the permanent loss of sight to the extent that visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist;

or

Suffering a specifically defined medical condition and permanently unlikely to work because of that condition

This definition **applies if you're under age 67** at the *Date of Disablement*

Where, at the *Date of Disablement* you are absent from all work:

- (i) as a result of suffering one or more of the following listed *Medical Conditions*; Cardiomyopathy, Primary pulmonary hypertension, Major head trauma, Motor neurone disease, Multiple sclerosis, Muscular dystrophy, Paraplegia (including Quadriplegia, Hemiplegia and Diplegia), Dementia and Alzheimer's disease, Parkinson's disease, Blindness, Loss of speech, Loss of hearing, Chronic lung disease or Severe rheumatoid arthritis;
- (ii) the insurer considers, on the basis of medical and other evidence satisfactory to them, you're unlikely ever to be able to engage in any 'occupation', whether or not for reward; and
- (iii) you're likely to be so disabled for life.

or

Unlikely to do a suited occupation ever again

This definition **applies if you're under age 67** at the *Date of Disablement*

Where, as a result of a sickness or injury, you've been absent from all work for six consecutive months from the *Date of Disablement* and the insurer considers (on the basis of medical and other evidence satisfactory to them), that you're unlikely ever to be able to engage in any occupation, whether or not for reward, and you're likely to be so disabled for life.

or

Inability to perform activities of daily work

This definition **applies if you're under age 70** at the *Date of Disablement*

As a result of sickness or injury:

- (i) you are continuously unable, for a period of 3 consecutive months from the *Date of Disablement*, to do at least 2 out of 5 'Activities' without assistance from another adult (even if using 'aids and adaptations') as certified by a *Medical Practitioner*; and
- (ii) the insurer considers, on the basis of medical and other evidence satisfactory to the insurer:
 - you will be permanently and irreversibly unable to do so for life; and
 - you are unlikely ever to be able to engage in any 'occupation', whether or not for reward.

'**Activities**' include:

Mobility: To:

- i) bend, kneel or squat to pick something up from the floor and straighten up again, and get into and out of a standard sedan; or
- ii) walk more than two hundred (200) metres at a normal pace on a level surface without stopping due to breathlessness as a result of a medical condition or angina;

Seeing: To read ordinary newsprint and pass the standard eye test for a car licence (even with glasses or contact lenses) and your vision is better than legal blindness. Legal blindness is as certified by an ophthalmologist;

Lifting: To lift (from bench height) and carry a five (5) kg weight a distance of ten (10) metres and place the item back down at bench height;

Communicating: To speak with sufficient clarity such that you can hold a conversation with another person in a quiet room in their first language. This involves understanding a simple message and relaying that message to another person; and

Manual dexterity: To use:

- i) at least one hand to pick up or manipulate small objects precisely with your hand or fingers (such as picking up a coin from desk height, using cutlery, tie shoelaces or fasten buttons); or
- ii) a pen, pencil or keyboard to write a short note that can be understood by another person in your first language.

Where you are unable to perform one or more of the above 'Activities' when your cover commenced, that 'Activity' will not be taken into consideration by the insurer as part of the Total & Permanent Disability assessment.

'**Aids and adaptations**' refers to equipment or fixtures which assist you to carry out the Activities.

'**Occupation**' means an occupation that you can perform, on a full-time or part-time basis, based on the skills and knowledge you've acquired through previous education, training or experience and includes an occupation that you'd be able to perform on a full-time or part-time basis after undergoing reasonable retraining.

or

1. TPD means Total & Permanent Disability

Prior Bankwest employees in professional or senior management roles

This definition **applies if you're under age 65** and either a 'professional' or a 'person in senior management' and employed by Bankwest on a permanent basis for at least 15 hours per week at the *Date of Disablement*:

As a result of sickness or injury;

- (i) you have been absent from all work for three (3) consecutive months from the *Date of Disablement*; and
- (ii) the insurer considers, on the basis of medical and other evidence satisfactory to the insurer, that you are unlikely ever to be able to engage in your occupation based on the general area of your expertise, whether or not such an occupation is for reward;

where:

'professional' means a person who satisfies all of the following requirements:

- has an 'accredited higher education qualification';
- belongs, or is eligible to belong, to a professional body;
- earns a salary greater than \$80,000 per annum; and
- only works in an office environment and in sedentary capacity.

'Accredited higher education qualification' means a certificate, diploma, degree or other qualification which the insurer accepts is a higher education qualification in terms of the guidelines, standards and criteria set down for a qualification have Higher Education Sector Accreditation under the 'Australian Qualifications Framework'.

'Australian Qualifications Framework' means the unified system of national qualifications which is monitored by the Australian Qualifications Framework Advisory Board established by the Ministerial Council of Education, Employment, Training and Youth Affairs (MCEETYA) or such other system of national qualification acceptable by the insurer.

'Person in senior management' means a person who satisfies all of the following requirements:

- is part of the senior management of the BWA Group Services Pty Ltd;
- earns a salary greater than \$80,000 per annum; and
- only works in an office environment and in sedentary capacity.

For the avoidance of doubt, if the Total & Permanent Disability Cover to which this Part of the definition of Total & Permanent Disablement applies is increased, then this definition will also apply to the increased cover.

6. Definitions - Income Protection

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

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

Working regular per week - a *Total Disability* assessment will be based on your inability to perform at least one of the major duties of your usual occupation. A major duty is any work task that accounts for at least 20% of your overall occupational tasks. Where you return to paid work (even in a different job or occupation), you will no longer be eligible for a *Total Disability* benefit, however you may be eligible to claim a *Partial Disability* benefit subject to meeting the relevant definition.

You may be eligible for a Partial Disability benefit - where you have been *Totally Disabled* and return to work in a reduced capacity and have a reduced income as a result of your sickness or injury. You must be *Totally Disabled* for 7 out of the first 10 working days of your *Waiting Period* to be eligible for a *Partial Disability* benefit.

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

Already receiving disability support payments - your total or *Partial Disability* benefit may be reduced if you also receive payments from other sources (for example workers' compensation, sick leave or from other income protection policies).

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

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

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

Total Disability or Totally Disabled

Total Disability means that, as a direct result of sickness or injury, you are:

- (i) continuously and completely unable to perform at least one of the major duties of your usual occupation based on the work performed at the time of sickness or injury, and
- (ii) under the regular care of and complying with the reasonable advice given by a registered *Medical Practitioner* in respect of that sickness or injury, and
- (iii) not in any occupation for which a person would normally expect to receive remuneration or profit.

A major duty is an income-producing duty of your regular occupation, which involves at least 20% of your overall occupational tasks.

For those on *Unpaid Leave*, the above definition applies for up to 24 months while you are on *Unpaid Leave* if you were working regular hours per week in the 3 months immediately prior to going on *Unpaid Leave*.

Partial Disability or Partially Disabled

Partial Disability means that, following a period of *Total Disability* (for 7 out of the first 10 working days of the *Waiting Period*) and while you continue to be either *Totally Disabled* or *Partially Disabled* during the *Waiting Period* you:

- (i) have returned to work in your usual or an alternative occupation, and
- (ii) are under the care of and complying with the reasonable advice given by a registered *Medical Practitioner*, and
- (i) as a result of the disability, you have suffered and continue to suffer loss of income as a direct result of the sickness or injury.

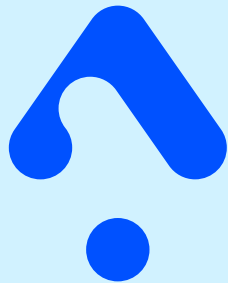
7. Definitions - general terms

Term	Definition
Accident	Accident is defined as a physical injury that is caused solely and directly by violent, visible, external and unexpected means that is not traceable, even indirectly, to any pre-existing mental or physical condition.
Activities of Daily Living	Activities of Daily Living means: <ul style="list-style-type: none"> • dressing – the ability to put on and take off clothing • toileting – the ability to use the toilet, including getting on and off • mobility – the ability to get in and out of bed and a chair • continence – the ability to control bowel and bladder function • feeding – the ability to get food from a plate into the mouth • bathing - washing or showering
Approved Leave	Approved Leave means parental leave, annual leave, bereavement leave, long service leave or any other leave approved by your employer for reasons other than related to injury or sickness.
At Work	At Work means you are: <ol style="list-style-type: none"> actively performing or capable of performing all of your normal duties, without limitation or restriction due to injury or sickness, and where working, is working normal hours on the day cover is to commence, in the insurer’s opinion, you are not restricted by sickness or injury from being capable of actively performing your full and normal duties on a full-time basis (for at least thirty (30) hours per week) even though actual employment may be on a full-time, part-time, casual or contract basis; and not in receipt of, or entitled to claim, any income support benefits from any source including workers’ compensation benefits, statutory transport accident benefits and disability income benefits (including government support benefits). <p>You will be considered to be At Work on the applicable date, as the context requires, if you are on Approved Leave for reasons other than injury or sickness, and not taking into account the leave, are able to meet the At Work definition.</p>
Benefit Period	Benefit Period means the maximum period of time for which benefits will be paid for any one period of <i>Total Disability</i> or one period of <i>Total Disability</i> and <i>Partial Disability</i> .
Consumer Price Index (CPI)	CPI means the percentage increase in the average Consumer Price Index (All Groups) for the eight (8) capital cities published by the Australian Bureau of Statistics and covering the most recent period of twelve (12) months for which figures are available at the date the Monthly Benefit is to be increased. In the event of any suspension or discontinuance of the Consumer Price Index as defined above, such other index as the insurer and trustee shall consider appropriate shall be adopted for the purposes of this Policy.
Date of Disability - Income Protection	The Date of Disability is where you are: <ol style="list-style-type: none"> working and then cease work as a result of a sickness or injury, the last day you worked provided this was as a result of a sickness or injury and which has been certified by a <i>Medical Practitioner</i>, or on Approved Leave and suffer a sickness or injury which prevents you from returning to work as a result of that sickness or injury, the Date of Disability will be determined based on the certification provided by the <i>Medical Practitioner</i> as the date on which you became disabled.
Date of Disablement - Total & Permanent Disability	The Date of Disablement is the later of: <ol style="list-style-type: none"> the date on which a <i>Medical Practitioner</i> examines you and certifies in writing that you’re suffering from the sickness or injury that’s the principal cause of your disablement; and the date you cease all work. <p>However, where you participate in a rehabilitation program and are incapable of returning to employment within 12 months from the date you commenced your absence from employment, the Date of Disablement will be the date that would have applied if you had not participated in the rehabilitation program.</p> <p>To be eligible for an insurance benefit, the Date of Disablement must occur in the period you are covered under the insurance policy. Other conditions may also apply.</p>
Eligible Contributions	Eligible Contributions include Superannuation Guarantee contributions, additional employer contributions, personal contributions (including voluntary contributions and contributions made by a spouse) and rollovers and automatic transfers from other superannuation funds. They do not include co-contributions or the low income super tax offset.
Employed	Employed means you are engaged under a contract of employment with an Australian employer (which includes on secondment or transfer to an international subsidiary or an associated or affiliated company of an Australian employer).

Term	Definition
Fixed Cover	Fixed Cover basis means your amount of insurance cover is initially provided as a fixed dollar amount. From age 51, your Fixed Death and Total & Permanent Disability cover reduces annually by 5% of your insured benefit at age 50, until your 70th birthday when cover ceases.
Level Cover	Level Cover means the level of Death and Total & Permanent Disability cover provided to you does not change.
Limited Cover	<p>Limited Cover means you are only covered for claims arising from an sickness which first Manifests itself or an injury which occurred on or after the date your cover commenced, most recently commenced or increased (where applicable) under the policy and was not related to the condition that occurred before the date your cover commenced, most recently commenced or increased (where applicable) under the policy.</p> <p>“Manifests” means that symptoms exist which would cause an ordinary prudent person to seek diagnosis, care or treatment, or that medical advice or treatment has been recommended by or received from a <i>Medical Practitioner</i>.</p>
Medical Conditions	<p>Blindness means: the permanent loss of sight in both eyes due to illness or injury to the extent that:</p> <ul style="list-style-type: none"> • visual acuity is 6/60 or less in both eyes; or • the visual field is reduced to 20 degrees or less of arc <p>whether aided or unaided, and all as certified by a relevant medical specialist.</p> <p>Cardiomyopathy means: the diagnosis of cardiomyopathy by a relevant medical specialist resulting in significant physical impairment, which is classified as Class III or greater under the New York Heart Association classification of cardiac impairment.</p> <p>The New York Heart Association classifications are:</p> <p>Class I – no limitation of physical activity, no symptoms with ordinary physical activity.</p> <p>Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.</p> <p>Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.</p> <p>Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.</p> <p>Chronic Lung Disease means: end stage respiratory failure requiring permanent, long term oxygen therapy as certified by the relevant medical specialist.</p> <p>Dementia / Alzheimer’s Disease means: the clinical diagnosis of dementia (including Alzheimer’s disease) as confirmed by a relevant medical specialist. The diagnosis must confirm irreversible failure of brain function resulting in significant cognitive impairment. Significant cognitive impairment means a deterioration in the person’s Mini-Mental State Examination score to twenty-four (24) or less, where the deterioration would continue but for any effective treatments.</p> <p>Loss of speech means: the total and irrecoverable loss of the ability to produce intelligible speech as a result of illness or injury which causes permanent damage to the larynx or its nerve supply or the speech centres of the brain. The loss must be certified by a relevant medical specialist.</p> <p>Loss of hearing means: the permanent and irreversible loss of hearing in both ears as a result of illness or injury, to the extent that the person has an average hearing threshold of 91dB or greater as measured at 500, 1000, 1500, 2000 and 3000 Hz even with amplification. The loss must be certified by a relevant medical specialist. The definition isn’t met if the person’s level of hearing is lower than the above threshold with the assistance of any type of hearing device, other than a cochlear implant.</p> <p>Major Head Trauma means: injury to the head resulting in permanent neurological deficit, causing either:</p> <ul style="list-style-type: none"> • the permanent and irreversible inability to perform without the assistance of another person any one of the following <i>Activities of Daily Living</i> which includes dressing, toileting, mobility, continence, feeding and bathing, <p>or</p> <ul style="list-style-type: none"> • permanent cognitive impairment, where the person has a Mini-Mental State Examination score of 24 or less as certified by a relevant medical specialist. <p>Motor Neurone Disease means: the diagnosis of motor neurone disease as certified by a relevant medical specialist.</p>

Term	Definition
Medical Conditions - continued	<p>Multiple Sclerosis means: the diagnosis of multiple sclerosis as certified by a relevant medical specialist and evidence by magnetic resonance imaging or other investigations acceptable to us and has resulted in persisting neurological abnormalities.</p> <p>Muscular Dystrophy means: the diagnosis of muscular dystrophy as certified by a relevant medical specialist.</p> <p>Parkinson's Disease means: the diagnosis of Parkinson's disease certified by a relevant medical specialist, confirming that the condition has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit.</p> <p>Paraplegia (including Diplegia, Quadriplegia and Hemiplegia) means:</p> <p>Diplegia means: the total and permanent loss of use of both arms or both legs, resulting from illness or injury of the brain or spinal cord.</p> <p>Paraplegia means: the total and permanent loss of use of both legs, resulting from illness or injury of the brain or spinal cord.</p> <p>Quadriplegia means: the total and permanent loss of use of both arms and both legs, resulting from illness or injury of the brain or spinal cord.</p> <p>Hemiplegia means: the total and permanent loss of use of one arm and one leg on the same side of the body, resulting from illness or injury of the brain or spinal cord.</p> <p>Primary Pulmonary Hypertension means: primary pulmonary hypertension established by cardiac catheterisation resulting in significant permanent physical impairment which is classified as Class III or greater under the New York Heart Association classification of cardiac impairment.</p> <p>The New York Heart Association classifications are:</p> <p>Class I – no limitation of physical activity, no symptoms with ordinary physical activity.</p> <p>Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.</p> <p>Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.</p> <p>Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.</p> <p>Severe Rheumatoid Arthritis means: the diagnosis of severe rheumatoid arthritis by a relevant medical specialist.</p> <p>The diagnosis must be supported by, and evidence, all of the following criteria:</p> <ul style="list-style-type: none"> • you have undergone and are non-responsive to all reasonable conventional therapy*, and • you have failed treatment with one biological disease-modifying anti rheumatic drugs (bDMARD), as recommended by a relevant medical specialist. <p>Degenerative osteoarthritis and all other arthritides are excluded.</p> <p>*Conventional therapy includes those medications available through the Australian Pharmaceutical Benefits Scheme excluding those on the 'specialised drugs' list for Rheumatoid Arthritis.</p>
Medical Practitioner	<p>Medical Practitioner means a legally qualified and registered doctor of medicine. It does not include the Employer, yourself, an Employee of the Employer or your immediate family or business partner/s.</p> <p>The insurer may, in their absolute discretion, accept a similarly qualified person who is registered and practising as a Medical Practitioner in another country with a similar standard of medical care as that in Australia, and who has a formal qualification that is generally equivalent to that required to practise in Australia. The insurer may, in their absolute discretion, seek an independent opinion from a qualified registered Medical Practitioner in Australia to review such overseas medical evidence.</p> <p>Where medical evidence is provided in a language other than English you will bear the cost of any translation of medical evidence.</p>
Permanent Incapacity	<p>Permanent Incapacity is defined in the Superannuation Industry (Supervision) Regulations 1994 (Cth). You are taken to be suffering permanent incapacity if the trustee of the fund is reasonably satisfied that your ill-health (whether physical or mental) makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training or experience.</p>
Pre-Disability Salary	<p>Pre-Disability Salary means the higher of the gross monthly <i>Salary</i> you earned at the <i>Date of Disability</i> or an average of the gross monthly income earned by you over the three months immediately prior to the <i>Date of Disability</i>.</p> <p>If you are a casual or contract employee, the Pre-Disability Salary means the average of the gross monthly <i>Salary</i> earned over the 12 months (or if Employed less than 12 months, over your period of employment) immediately prior to the <i>Date of Disability</i>.</p>

Term	Definition
Salary	<p>If you you are self-employed or a partner in a partnership: Salary is the amount earned by your share of the business or partnership over the immediately preceding financial year as a direct result of your personal exertion or activities through your usual occupation (i.e. earnings that would stop if you could not work due to illness or injury), less your share of expenses and mandated superannuation contributions (but before the deduction of income tax) for that business or partnership (or the relevant proportion for part of a financial year).</p> <p>Income excludes bonuses, commission, superannuation entitlements and director's fees and any income produced through investments or other forms of passive income generation or non-regular payments.</p> <p>If you are an employee who is working on a permanent basis: Salary is the value of the regular income received by you for personal exertion from the employer with whom you are employed on a permanent basis, as confirmed by the employer or otherwise as established to our satisfaction.</p> <p>If you are an employee who is not working on a permanent basis: The total monthly value of regular income received by you for personal exertion from all regular occupations, averaged over the most recent 12 months or the actual period of employment if less, subject to a minimum averaging period of 3 months.</p> <p>If an employee on either a permanent or non permanent basis the following will apply:</p> <p>(a) income includes salary sacrifice amounts, fees, commission, bonuses, regular overtime and fringe benefits but excludes profit distributions, mandated employer superannuation entitlements, director's fees, investment income and any other non-regular payments; and</p> <p>(b) bonuses are averaged over the lesser of:</p> <ul style="list-style-type: none"> • the three preceding complete years; • the number of complete years for which you have been employed by the employer who paid the bonuses. <p>Proof of Salary is also required at the time of a benefit claim. For Income Protection claims, <i>Salary</i> is determined at the first day of absence from your employment due to the injury or sickness resulting in <i>Total Disability</i>. The amount of benefit will depend on the cover most recently accepted by the insurer.</p>
Terminal Illness	<p>Terminal Illness means you are suffering from an illness, or have incurred an injury, that is likely to result in your death within a period of 24 months from the date of certification of the Terminal Illness by two registered <i>Medical Practitioners</i> (one being a specialist physician in the particular medical field), both acceptable to the insurer. The benefit the insurance policy pays out is termed as a Terminal Illness benefit.</p>
Terminal Medical Condition	<p>Terminal Medical Condition is a condition of release under the Superannuation Industry (Supervision) Regulations 1994 (Cth). For more information refer to the Super Savings Accumulation Guide.</p>
Unpaid Leave	<p>Unpaid Leave means leave (not being cessation of employment) without pay from your employer. This leave must be:</p> <p>(i) approved by your employer or authorised by:</p> <ol style="list-style-type: none"> (a) the Commonwealth, a State or a Territory, or (b) a certified agreement or award made by a tribunal or body having the authority to do so under the law of the Commonwealth, a State or a Territory. <p>(ii) in relation to which you have a statutory or contractual right to resume employment at the end of the leave, and</p> <p>(iii) in relation to which you are not being paid by the employer.</p> <p>Unpaid Leave excludes leave:</p> <p>(i) that is due to your sickness or injury, or</p> <p>(ii) during which you receive or are entitled to receive:</p> <ol style="list-style-type: none"> (a) income benefits, or (b) disability income benefits, or (c) social security sickness benefits, or <p>(iii) due to strike or lockout.</p>
Waiting Period	<p>The Waiting Period is the number of continuous days which you must remain off work due to an sickness or injury before the <i>Total Disability</i> benefit or <i>Partial Disability</i> benefit begins to accrue. The Waiting Period commences from the date you are <i>Totally Disabled</i> in relation to an injury or sickness that gave rise to a claim and by reason of which you ceased work, as certified by a <i>Medical Practitioner</i>.</p>



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