

Super Savings – Corporate Insurance Guide

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CBH Group Superannuation Plan



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Your employer CBH Group has chosen Australian Retirement Trust to provide a specialised super plan for you.

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

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 super. 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 230 043 (AIA) to the Trustee of Australian Retirement Trust. In the event of a dispute the policy will override the information in the Super Savings - Corporate Product Disclosure Statement for Accumulation Account (PDS) and this Corporate Insurance Guide.

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

More information

Visit portal.australianretirementtrust.com.au/cbhgroup for dedicated plan information and resources to help you sort your super.

Important information

This is the Super Savings – 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 Corporate Insurance Guide forms part of the Super Savings – Corporate Product Disclosure Statement for Accumulation Account (PDS) issued on 1 July 2023. 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 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.

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 on the death of a member. Members 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 a member becomes totally and permanently disabled and meets the conditions of the relevant part of the <i>Total & Permanent Disability</i> definition. Total & Permanent Disability only cover is also available.
Standard Death and Total & Permanent Disability cover	Standard Death and Total & Permanent Disability cover is automatically provided to eligible members, unless you decide to opt-out of cover. Refer to the Standard Death and Total & Permanent Disability cover section for details on the cover available.
Income Protection cover	Standard Income Protection cover is automatically provided to eligible employees, unless you decide to opt-out of cover. Income Protection cover provides a replacement income where a member becomes <i>Totally Disabled</i> , <i>Limited 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) • For a <i>Benefit Period</i> up to 2-years, after a 90-day <i>Waiting Period</i>. Other options available, you can also choose at any time to apply for optional Income Protection cover of 75% of your <i>Salary</i> , with a to-age-65 <i>Benefit Period</i> and a 90 day <i>Waiting Period</i> .
Eligible age for automatic Standard cover	Death – age 25 to 64 Total & Permanent Disability – age 25 to 64 Income Protection – age 25 to 64
Age when Standard cover ceases	Death – age 65 (or age 70 for members who joined the former fund, CBH Super, prior to 1 July 2014) Total & Permanent Disability – age 65 (or age 70 for members who joined the former fund, CBH Super, prior to 1 July 2014) Income Protection cover – age 65
Opt-in for insurance cover	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 <i>Opt-in for insurance cover</i> section for more details.
Automatic Acceptance Limits (AAL)	An AAL is the maximum amount of Standard cover provided to eligible employees without any medical evidence being required. Death – based on your age Total & Permanent Disability – based on your age Income Protection - \$156,000 per annum
Additional cover	You can apply for Death, Total & Permanent Disability and Income Protection cover (permanent employees only) to suit your individual circumstances and needs. Limits may apply.
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, Death only or Total & Permanent Disability 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 Death and Total & Permanent Disability cover continues once you leave your employer. Though you retain the same level of cover, the premium charged may change. Within 60 days of you being notified of you leaving your Employer you can apply to have your Income Protection cover (if applicable) reinstated without underwriting in your Super Savings Accumulation account, however your employment status will need to be confirmed and your premium may alter.
Financial advice¹	We can assist members to determine the amount and type of insurance cover needed and to manage proceeds of claims.
Claims support	Our experienced Claims Representatives are here to help with your claim. Simply contact 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/fsq for more information.

Insurance solutions

You have access to flexible cover to keep you protected 24 hours a day, 7 days a week if something unfortunate were to happen to you. You also have the added advantage of cover being provided through a corporate plan with Standard cover (subject to eligibility) and limited circumstances in which health evidence is required.

You can use your insurance benefits to help pay your credit card bills, cover your mortgage, pay the rent or cover the unexpected medical treatment you may need. Also in the unfortunate event of your death, insurance can help to ensure your family's financial future is secure.

If you became a member of the CBH Group Superannuation Plan when it started on 29 April 2019, different insurance arrangements may apply. You will have been advised separately if this applies to you.

As there's no "one size fits all" with insurance, you have the flexibility to make sure your cover is right for you. Australian Retirement Trust offers easy ways for you to change your cover, apply for Additional cover or cancel your cover. You have two options available to ensure you and your family are adequately covered.

Standard cover	Additional cover
Automatic cover for eligible members with no medical questions	An application form with medical and lifestyle questions Choose your own level of cover

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.

Who pays for your insurance?

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

1. Standard Death and Total & Permanent Disability cover

If you are an eligible employee you will automatically receive '1 unit' of Standard Death and Total & Permanent Disability cover unless you decide to opt-out of cover.

'1 Unit' of Death and TPD cover (example)

Age	Death and TPD ¹ cover	Annual Premium
15	\$150,000	\$71.94
25	\$250,000	\$197.57
35	\$350,000	\$308.04
45	\$350,000	\$742.31
55	\$200,000	\$1,380.05
65 ²	\$50,000	\$1,426.18

1. TPD means Total & Permanent Disability

2. Death and TPD cover will stop when you turn 65 (or age 70 for members who joined the former fund, CBH Super, prior to 1 July 2014)

The amount of Standard Death and Total & Permanent Disability cover provided varies based on your age. To find out which level of cover and premium applies please refer to the *Premiums* section in this Corporate Insurance Guide.

Your cover will normally start from the date you attain age 25 and your Super Savings – Corporate Accumulation account balance reaches \$6,000 (subject to meeting the other eligibility conditions), unless you opt-in to Standard cover sooner.

The amount of insurance cover provided and related premium is recalculated each 1 January based upon your age. Your specific level and type of cover will be detailed in your Welcome booklet and each year in your Annual Statement and Annual Insurance Summary.

Opt-in for insurance cover

If you would like to obtain Death and Total & Permanent Disability 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, or by ticking the box on your Membership application form.

Member Online is available at australianretirementtrust.com.au/memberonline and you can obtain a copy of the Membership application form at portal.australianretirementtrust.com.au/cbhgroup

For information on when cover starts please refer to the *When does my Standard Death and Total & Permanent Disability 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.

Change your level of cover

Eligible employees can choose to increase their Standard Death and Total & Permanent Disability cover without the need to provide health and lifestyle information.

Employees have a choice to double their Death and Total & Permanent Disability cover.

You have 120 days from the date you join your employer to apply to increase your Standard cover without the need to provide evidence of health. You can make your insurance election by selecting the appropriate level of cover on your Membership application form.

For information on when cover starts please refer to the *When does my Standard Death and Total & Permanent Disability cover start?* section.

If you make an insurance election outside 120 days of joining your employer you will need to complete a Change of insurance cover form. Any application for insurance cover outside of 120 days is subject to acceptance by the insurer. Satisfactory evidence of health may be required.

If you do not make an election, the default cover generally does not start until you attain age 25 and your Super Savings – Corporate Accumulation account balance reaches \$6,000, unless you opt-in to Standard cover sooner.

Note that if you reduce your level of cover and subsequently wish to increase your level of cover at a later date, you will be required to apply for Additional cover which is subject to acceptance by the insurer and evidence of health may be required. See the *Additional cover* section for further details.

An example of Standard Death and Total & Permanent Disability cover

James is 29 years old when he joins the Plan and has an account balance of \$6,000. James is eligible for Standard Death and Total & Permanent Disability cover.

Insurance cover

Death and TPD ¹ cover	Weekly premium for Standard cover
\$250,000	\$189.31 / 52 = \$3.64

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.

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.

Important eligibility terms and conditions

Am I eligible for Standard Death and Total & Permanent Disability cover?

You are eligible for Standard Death and Total & Permanent Disability cover up to the AAL if:

- you join the Plan,
- you have attained age 25 and your account balance has reached \$6,000, or you have opted in to Standard cover before you attain age 25 and/or before your balance reaches \$6,000¹, and
- you are under the age of 65,
- your employer is making superannuation contributions to your Super Savings - Corporate Accumulation account on your behalf,
- you meet the specific eligibility criteria established by your employer, the Trustee and the insurer, and
- you are an Australian citizen, permanent resident or holder of visa which enables you to work in Australia, unless otherwise agreed by the insurer.

You are not eligible for Standard 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, or
- you have previously cancelled the Plan's Standard insurance cover.

If you're not eligible to opt-in or automatically receive Standard cover, you can apply for Additional cover at any time. Refer to the *Additional cover* section of this Corporate Insurance Guide.

For more information refer to the *Definitions* section of this Corporate Insurance Guide, this includes the definition of *Limited Cover* and *At Work*.

1. If you opt-in outside 120 days of starting work with your employer, your 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.

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.

What is Limited Cover?

Limited Cover generally means you're only covered for illness 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.

When does my Standard Death and Total & Permanent Disability 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 Death and Total & Permanent Disability cover	Standard cover is automatically provided when all three have occurred: <ul style="list-style-type: none"> • you join the Plan, and • you attain age 25; and • your account balance reaches \$6,000. 	Cover starts when you attain age 25 and reach 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 join the Plan, and • we receive a request from you to opt-in for insurance cover. 	Cover starts on the date your application is received.
Change your level of cover – employees can apply to increase your Standard cover, refer to <i>Change your level of cover</i> section for more details	Your elected level of Standard cover is provided when both have occurred: <ul style="list-style-type: none"> • you join the Plan, and • we receive an insurance election from you on a Membership application form within 120 days of the date you commenced employment with your employer. 	Cover starts on 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 Additional 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 portal.australianretirementtrust.com.au/cbhgroup

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

If you want to reduce or cancel your Standard cover, or just want Standard Death only cover or Total & Permanent Disability only cover, please 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 from the date approved by the insurer or if Special Conditions apply, the date you accept the Special Conditions.

What is Total & Permanent Disability cover?

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

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

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

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

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

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

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

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

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

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

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

If you are totally and permanently disabled and meet the *Total & Permanent Disability* definition, your Total & Permanent Disability cover as at the *Date of Disablement* will be payable. You may also be able to access your Super Savings – Corporate 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 in your Super Savings Accumulation account 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. Refer to the section *Am I eligible for Standard Death and Total & Permanent Disability cover?* and the definition of *Employed* in the *Definitions* section.

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:

- Primary Pulmonary Hypertension
- Major Head Trauma,
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Dementia and Alzheimer's Disease
- Parkinson's Disease
- Chronic Lung Disease
- Cardiomyopathy
- Paraplegia (including Quadriplegia, Hemiplegia, and Tetraplegia)

For more details refer to the *Definitions* section for *Medical Conditions*, and *Total & Permanent Disability* definition.

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 choose to apply for two units of cover outside of 120 days of joining your employer, or
- you have previously cancelled your cover and want to reapply, or
- you choose to apply for Additional 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, Death only or Total & Permanent Disability only cover up to \$2,000,000 to the CBH Group Superannuation Plan.

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

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

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

If accepted by the insurer:

- you will be subject to the terms and conditions outlined in the Group Life Insurance policy,
- you will 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 fixed and in addition to your Standard cover.

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

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

Interim Accident Cover

Where you are not entitled to Standard Death and Total & Permanent Disability cover or you choose to apply for Additional 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 Accident 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 Additional 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 your Plan and the cover you are applying for.

No interim accident benefit will be paid during the interim period if a Death, 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).

Additional cover

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

- you're not eligible for Standard insurance cover,
- you have previously cancelled your cover and want to reapply,
- you simply want to increase the level of cover, or
- you want to change the basis of insurance provided by Standard cover.

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

Types of cover available

The types of Additional cover available are:

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

How much can I apply for?

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

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

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

Your Additional Death and/or 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 Additional Death and/or Total & Permanent Disability 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.

Additional Total & Permanent Disability cover reduces from age 61

From age 61, your Additional Total & Permanent Disability cover reduces annually by 10% of your insured benefit at age 60, until your 65th birthday (or 70th birthday for Members who joined the former fund, CBH Super, prior to 1 July 2014) when cover ceases. Your premiums are adjusted accordingly. An example is shown below. If you have \$200,000 of Total & Permanent Disability cover at age 60, your cover will reduce as follows:

Age ¹	TPD ² cover
60	\$200,000
61	\$180,000
62	\$160,000
63	\$140,000
64	\$120,000
65	Nil

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

2. TPD means Total & Permanent Disability.

If your cover commenced after age 60, any Additional Total & Permanent Disability cover will reduce at a rate greater than 10% per annum. This will be consistent with any reduction had your cover commenced prior to age 60.

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

James is 29 years old and he needs Additional cover. He decides to apply for \$100,000 of Additional Death cover and \$200,000 of Additional Total & Permanent Disability cover. If accepted by the insurer, James' premiums for Additional cover will be as follows:

Permanent employees

(Additional Death only cover / \$10,000) x Death premium rate / 52

plus

(Additional TPD¹ only cover / \$10,000) x TPD¹ premium rate / 52

$(\$100,000 / \$10,000) \times \$5.29 / 52$

+

$(\$200,000 / \$10,000) \times \$2.28 / 52 = \1.90 per week

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.

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

You can apply for cover through portal.australianretirementtrust.com.au/cbhgroup by selecting the "Insurance - Apply today" tab.

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

Restrictions and exclusions on Additional cover

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

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

Conditions & exclusions

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

Cover will stop when:

- you turn 65 (or age 70 for members who joined the former fund, CBH Super, prior to 1 July 2014) for Standard Death cover,
- you turn 65 (or age 70 for members who joined the former fund, CBH Super, prior to 1 July 2014) for Standard Total & Permanent Disability cover,
- you turn 70 for Additional Death cover,
- you turn 65 (or age 70 for members who joined the former fund, CBH Super, prior to 1 July 2014) for Additional Total & Permanent Disability cover,
- you die,
- you receive a Total & Permanent Disability insurance benefit,
- you cancel the cover,
- you are paid a *Terminal Illness* benefit which is not less than the amount of the Death and/ or Total & Permanent Disability benefit,
- you withdraw all monies from your 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,

then Standard cover based on the default option will automatically restart upon receipt of a Superannuation Guarantee contribution, and only if you have also met the Standard cover eligibility criteria of attaining age 25 and your account balance reaching \$6,000.

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

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

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

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

Life & Age Event options

When your life changes your Life and Age Event 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 25% of your current cover and \$125,000. To increase cover you must apply within 180 days following one of the Life or Age Events.

Life Event options

- you get married,
- you have or adopt a child,
- you take out a mortgage to buy or build your home or you increase your current mortgage by \$100,000 or more,
- you get divorced, or
- the death of your spouse.

Age Event options

- you turn 30, 40 or 50.

Applications are subject to acceptance by the insurer.

You can only apply for one event within any 12 month period, and up to a maximum of four Life Events and three Age Events. You will need to provide us proof of your Life Event. Please contact us for more information.

Each increase in cover under this option will be subject to *Limited Cover* for twenty-four (24) months. The cover will cease to be subject to *Limited Cover* once you are *At Work* for 30 consecutive days after the initial 24 month period. A suicide or any intentional self-inflicted act exclusion will apply for the first 12 months from the date additional cover commences.

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 12 months.

If your Death cover is in force, subject to providing all the required documentation to support your claim and approval by the Trustee and Insurer, which includes certification of the Terminal Illness by 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 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 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 Additional Death and Total & Permanent Disability cover,

you will not be eligible to claim where your death or total & 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 Death and Total & Permanent Disability cover start?* sections in this Corporate Insurance Guide.

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 illness. It can give you the peace of mind that you have income that can help pay your expenses while you focus on your health and recovery.

If you are employed and working at least 15 hours a week, you may be eligible to apply for cover.

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

If you are working at least 15 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.

If you are working on average less than 15 hours per week in the three (3) months before becoming injured or sick, you will be assessed against the *Limited Total Disability* definition (as set out in the *Definitions- Income Protection* section of this Corporate Insurance Guide).

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 illness 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 ill.

We offer various benefit periods in order to give you flexibility to suit your personal needs and financial situation. The *Waiting Period* is the length of time you must be injured or ill before you can claim a benefit. The *Benefit Period* is the maximum period you can claim benefits whilst you are totally or partially disabled.

Standard Income Protection cover is automatically provided to eligible *Permanent employees* unless you decide to opt-out of cover.

Income Protection features at a glance

Feature	Description
Cover obtained	Automatically
Cover normally starts	Normally when you attain age 25 and your account balance reaches \$6,000 or the date you Opt-in for cover
% of Salary	75%
Automatic Acceptance Limit	\$156,000 p.a.
Maximum cover	\$600,000 p.a. ¹
Cover up to age	65
Benefit Period	2-years
Waiting Period	90 days
Options available	to-age-65 <i>Benefit Period</i>
Claim escalation	on to-age-65 <i>Benefit Period</i> only
Premium waiver	When on claim
Occupational rehabilitation support	✓
Partial Disability payments	✓
Cover during paid & Unpaid leave	✓
Cover during overseas employment	✓

1. The Maximum cover level is \$600,000 per annum in the first two years, reducing to \$360,000 per annum thereafter.

How does Income Protection cover work?

Income Protection cover provides:

- a replacement monthly income of up to 75% of your *Pre-Disability Salary* (less offsets),
- for a *Benefit Period* up to 2-years, after a 90-day *Waiting Period*.

Your specific benefit amount and weekly premium will be detailed in your Welcome booklet and each year in your Annual Statement and Annual Insurance Summary. Australian Retirement Trust will let you know what is required if Standard cover is not available to you or your cover is over the AAL.

Your Income Protection cover will normally start from the date you attain age 25 and your Super Savings – Corporate Accumulation account balance reaches \$6,000 (subject to meeting the other eligibility conditions), unless you opt-in to Standard cover sooner.

Other options available to you

Permanent employees can choose to change their Standard Income Protection cover to an Optional Income Protection cover with a *Benefit Period* of to-age-65 after a 90-day *Waiting Period*.

At any time you can choose to apply for Optional Income Protection cover. Simply complete and return the Change of insurance cover form available at portal.australianretirementtrust.com.au/cbhgroup

Applications are subject to acceptance by the insurer and evidence of health may be required. Before making a decision, refer to the *Salary* definition in the *Definitions* section of this Corporate Insurance Guide and consider how the different definitions could affect your cover. 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 are accepted for cover, you will receive a Forward Underwriting Limit (FUL) with a minimum of \$90,000 per annum. This means your Income Protection cover may increase annually based on increases in your Income up to this limit. When your FUL is reached we will notify you. Your specific benefit amount and weekly premium will be detailed on acceptance by the insurer of your application for Income Protection cover and each year in your Annual Statement and Annual Insurance Summary.

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*.

How to apply for Income Protection cover?

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

You can apply for cover through portal.australianretirementtrust.com.au/cbhgroup by selecting the "Insurance - Apply today" tab.

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

Opt-in for insurance cover

If you would like to obtain Death and Total & Permanent Disability 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, or by ticking the box on your Membership application form.

Member Online is available at australianretirementtrust.com.au/memberonline and you can obtain a copy of the Membership application form at portal.australianretirementtrust.com.au/cbhgroup

For information on when cover starts please refer to the *When does my Standard Death and Total & Permanent Disability 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.

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.

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 or Limited 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.

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.

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.

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* or *Limited Total Disability* for seven (7) out of the first ten (10) working days of the *Waiting Period*, and
- your ongoing Disability during 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

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.

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

Following lodgement of an Income Protection claim, and if you are approved by the insurer to participate in a rehabilitation program, the expenses will be paid, up to an amount equivalent to six monthly benefit payments, by the insurer to the rehabilitation service provider on your behalf.

Am I eligible for Standard Income Protection cover?

You are eligible for Standard Income Protection cover if:

- you join the Plan,
- you have attained age 25 and your account balance has reached \$6,000 or you have opted in to Standard cover before you attain age 25 and/or before your balance reaches \$6,000¹, and
- you are under the age of 65,
- you are a *Permanent employee* (including employees on fixed term contracts of six months or more) and working at least 15 hours per week for your employer,
- your employer is making superannuation contributions to your Super Savings - Corporate Accumulation account on your behalf,
- you are an Australian citizen, permanent resident or holder of a working visa which enables you to work in Australia, unless otherwise agreed by the insurer, and
- you meet the specified eligibility criteria established by your employer.

You are not eligible for Standard Income Protection 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, or
- you have previously cancelled the Plan's Standard insurance cover.

If you're not eligible to opt-in or automatically receive Standard cover, you can apply for 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.

1. If you opt-in outside 120 days of starting work with your employer, your 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. 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.

When does my Standard Income Protection 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 Income Protection cover	Standard cover is automatically provided when all three have occurred: <ul style="list-style-type: none"> • you join the Plan, and • you attain age 25; and • your account balance reaches \$6,000. 	Cover starts when you attain age 25 and reach 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 join the Plan, and • we receive a request from you to opt-in for insurance cover. 	Cover starts on the date your application is received.

Limited Cover will apply 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 this 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 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 portal.australianretirementtrust.com.au/cbhgroup

Does my cover change each year?

Your annual premium is based on your cover and remains unchanged until 1 January the next year, unless we advise you otherwise. Refer to the *Definitions* section for the definition of *Salary*.

How is my Salary determined?

Salary is the amount advised to Australian Retirement Trust by your employer on the previous 1 January or on date of commencement (whichever is more recent), unless we advise you otherwise.

If you are on *Unpaid Leave* or parental leave, *Salary* is the amount advised to Australian Retirement Trust by your employer on the previous 1 January or on date of commencement (whichever is more recent) immediately before starting leave, unless we advise you otherwise.

In the event of a claim, your benefit will be based on your *Pre-Disability Salary* at the date you become *Totally Disabled* or *Limited Totally Disabled*. For more details please refer to the section *What benefit is paid out?* in this Corporate Insurance Guide.

An example of how to calculate Income Protection premiums

Karen is 30 years old when she joins the Plan. She is a permanent employee on a *Salary* of \$60,000 p.a. and has been accepted by the insurer. She is working at least 15 hours per week and is eligible for Income Protection cover.

Insurance cover

75% x Salary	Annual cover
75% x \$60,000	\$45,000

Weekly Premium

(Cover / \$1,000) x premium rate / 52	Weekly premium
(\$45,000 / \$1,000) x \$1.35 / 52	\$1.17

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.

Bring your current cover with you

You may be eligible to transfer existing Income Protection cover up to \$240,000 per annum to the CBH Group Superannuation Plan. Your total Income Protection cover cannot exceed 75% of your *Pre-Disability Salary*.

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

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 Income Protection Insurance policy,
- 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 fixed and in addition to your Standard cover.

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

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

Interim Accident Cover

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

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

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

No premium is charged for the Interim Accident Cover.

No interim accident benefit will be paid during the interim period if a disability 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).

The Interim Accident Cover available to you is determined by the type of cover available in your Plan and the cover you are applying for.

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

Conditions & exclusions

When does Income Protection cover stop?

Income Protection cover stops when:

- you cease employment with your employer,
- you turn 65,
- you die,
- you cancel the cover,
- you withdraw all monies from your Super Savings - Corporate Accumulation account,
- you no longer satisfy the eligibility conditions for Income Protection cover,
- 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,

then Standard cover based on the default option will automatically restart upon receipt of a Superannuation Guarantee contribution and only if you have also met the Standard cover eligibility criteria of attaining age 25 and your account balance reaching \$6,000.

If you have Optional Income Protection cover this 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 from the date your written request for reinstatement is received. Any cover that is reinstated will be *Limited Cover* until you are *At Work* for 30 consecutive days.

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

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

What benefit is paid out?

An Income Protection benefit is payable if you are *Totally Disabled* or *Partially Disabled* or meet the *Limited Total Disability* definition after the *Waiting Period* has ended. The maximum *Total Disability* or *Limited 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 cover available of \$600,000 per annum.

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.

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

The Income Protection benefit is subject to a maximum level based on your *Pre-Disability Salary* before you become *Totally Disabled* or *Limited 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* or *Limited Total Disability*.

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

You can return to work for up to 10 days during the *Waiting Period* without having to restart the *Waiting Period*. If you do return to work, the days returned to work will extend your original *Waiting Period* by the number of days returned to work. If you return for longer than specified, your *Waiting Period* will restart.

Recurrent event

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

When does payment of the benefit stop?

Benefit payments start after the 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, Limited 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 becomes 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 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 cover above the AAL, you require Additional cover or where Income Protection is only offered on an Optional cover basis, 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 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 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 Accident 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 Accident 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 am staying with my current employer, but my Superannuation Guarantee (SG) contributions are redirected?

If your SG contributions are redirected to another fund, the special arrangements you have with the CBH Group Superannuation Plan will end on the last day of the period for which contributions were made. Any cover you had immediately prior to redirecting your SG contributions will continue as fixed cover in a Super Savings Accumulation account. However, your administration fees and insurance premiums may alter from the amounts you were paying in the CBH Group Superannuation Plan.

To be eligible to continue your cover in a Super Savings Accumulation account, you must ensure regular contributions are paid. You must let us know if you wish to cancel your insurance cover.

If you already have a Super Savings Accumulation account, your cover will be replaced by the higher of your existing Super Savings Accumulation account cover and the cover provided under your Super Savings – Corporate Accumulation account. The replacement of cover will take effect from the date your SG contributions are redirected.

Visit australianretirementtrust.com.au/pds for a copy of the Super Savings PDS for Accumulation accounts.

Insurance cover for Super Savings Accumulation accounts is provided through group life policies issued by AIA Australia Limited ABN 79 004 837 861 AFSL No. 230043 to the Trustee of Australian Retirement Trust.

What happens if I leave my employer?

When we are told you have left your employer your membership in the CBH Group Superannuation Plan will cease as well as any special arrangements. Your membership will be transferred to a Super Savings Accumulation account.

Shortly after Australian Retirement Trust receives notification we will contact you to advise you of your options:

- There will be no change to your investment choice, however the Administration fees may vary, any change will take effect from the date of transfer,
- Effective from the date you cease employment with CBH Group your insurance premiums and insurance fee may alter from the amounts you were paying in your Employer Plan and will be payable in full by you. Additional fees may also apply. Any changes to your insurance will be back dated to the date you left employment.
- Any Death and Total & Permanent Disability cover you had at the time of leaving your employer will continue in in a Super Savings Accumulation account as Tailored Death and/or Total & Permanent Disability cover on a Fixed cover basis. This means your amount of insurance stays the same but your premiums will generally increase as you get older.
- If you have left your employer as a result of illness or injury, *Limited Cover* will apply until you have been *At Work* for 30 consecutive days.
- If you already have a Super Savings Accumulation account, your cover will be replaced by the higher of your existing Super Savings Accumulation account cover and the cover provided under your Super Savings – Corporate Accumulation account. The replacement of cover will take effect the date you cease employment with your employer.
- If you have elected to ‘Keep My Cover’ this election will continue to apply to cover provided in your Super Savings Accumulation account.
- If your account does not receive an *Eligible Contribution* for a period of 12 months or more, your cover will normally cease 12 months after your last *Eligible Contribution*.

Your Income Protection cover will cease.

Your Income Protection cover may be able to be reinstated without evidence of health if:

- You are actively employed and work at least 15 hours per week,
- You apply for reinstatement within 60 days of us being notified of you leaving your employer,
- You have not left your employer as a result of illness or injury,
- You supply us proof of your new employment and occupational status, and
- You complete the *Income Protection transfer application form*, available at australianretirementtrust.com.au/insurance-forms

Upon acceptance by the insurer, your Income Protection cover will be reinstated. The same level of cover, *Benefit Period* and *Waiting Period* will apply. If you have not applied within 60 days of us being notified of you ceasing employment, you will need to apply for Tailored Income Protection cover and evidence of health may be required.

To be eligible to continue cover you must ensure regular contributions will be paid into your Super Savings – Corporate Accumulation account. You must let us know if you wish to cancel your cover.

Visit australianretirementtrust.com.au/pds for a copy of the Super Savings PDS for Accumulation account.

Insurance cover for Super Savings Accumulation accounts is provided through group life policies issued by AIA Australia Limited ABN 79 004 837 861 AFSL No. 230043 to the Trustee of Australian Retirement Trust.

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

If you don't want Standard or Additional 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 from the date approved by the insurer or if Special Conditions apply, the date you accept the 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 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 Additional 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 Additional cover calculated and when is it paid?

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

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

The cost of your cover depends on the amount and type of cover you have, your age, stamp duty (where applicable) and the premium rates applying to your Employer Plan.

Premiums for cover in addition to the Standard insurance cover you receive automatically may also depend on your health at the time you applied and were accepted for the Additional cover.

Generally your insurance premiums are recalculated on or around 1 January, unless agreed otherwise with the insurer.

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

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

Premium Rates – Standard Death and Total & Permanent Disability cover

Your insurance premiums are determined by your age, number of units and the premium rates applying to your Employer Plan. The table below shows the annual premium for '1 unit' of cover.

Age	Death cover	TPD ¹ cover	Annual Premium for 1 Unit of Cover		
	\$	\$	Death \$	TPD ¹ \$	Total \$
15	150,000	150,000	64.47	7.48	71.94
16	150,000	150,000	64.47	7.48	71.94
17	150,000	150,000	76.51	9.76	86.27
18	150,000	150,000	79.11	16.61	95.72
19	150,000	150,000	88.55	14.33	102.88
20	200,000	200,000	120.69	25.61	146.30
21	200,000	200,000	123.74	25.61	149.34
22	200,000	200,000	123.31	28.23	151.54
23	200,000	200,000	123.31	34.32	157.63
24	200,000	200,000	119.43	38.62	158.05
25	250,000	250,000	146.53	51.03	197.57
26	250,000	250,000	146.53	43.42	189.96
27	250,000	250,000	139.45	48.28	187.73
28	250,000	250,000	131.85	52.61	184.45
29	250,000	250,000	132.37	56.94	189.31
30	300,000	300,000	159.48	68.96	228.44
31	300,000	300,000	159.48	74.15	233.63
32	300,000	300,000	160.11	74.15	234.26
33	300,000	300,000	161.37	76.05	237.42
34	300,000	300,000	162.00	86.44	248.45
35	350,000	350,000	189.74	118.30	308.04
36	350,000	350,000	191.21	141.07	332.29
37	350,000	350,000	203.34	153.94	357.27
38	350,000	350,000	214.73	178.18	392.91
39	350,000	350,000	227.59	205.55	433.14
40	350,000	350,000	244.30	230.54	474.84
41	350,000	350,000	253.31	254.78	508.10
42	350,000	350,000	272.23	274.44	546.68
43	350,000	350,000	295.01	314.67	609.68
44	350,000	350,000	319.26	357.84	677.10
45	350,000	350,000	348.10	394.22	742.31
46	350,000	350,000	372.35	440.51	812.85
47	350,000	350,000	401.92	504.98	906.90
48	350,000	350,000	453.53	574.78	1,028.32
49	350,000	350,000	504.41	645.32	1,149.73
50	300,000	300,000	476.59	636.41	1,113.01
51	300,000	300,000	529.33	721.59	1,250.92
52	300,000	300,000	593.09	827.70	1,420.79
53	300,000	300,000	656.86	955.22	1,612.08
54	300,000	300,000	743.44	1,084.01	1,827.45
55	200,000	200,000	555.04	825.01	1,380.05
56	200,000	200,000	619.69	947.29	1,566.98
57	200,000	200,000	680.78	1,091.72	1,772.50
58	200,000	200,000	757.09	1,259.97	2,017.06
59	200,000	200,000	837.28	1,405.98	2,243.26
60	100,000	100,000	463.72	790.53	1,254.25
61	100,000	100,000	507.70	864.12	1,371.83
62	100,000	100,000	566.01	893.33	1,459.34
63	100,000	100,000	670.18	1,087.03	1,757.20
64	100,000	100,000	806.93	1,263.31	2,070.23
65	50,000	50,000	454.76	971.42	1,426.18
66	50,000	50,000	513.67	1,125.83	1,639.49
67	50,000	50,000	579.84	1,305.37	1,885.21
68	50,000	50,000	653.28	1,513.52	2,166.80
69	50,000	50,000	737.59	1,753.84	2,491.42

1. TPD means Total & Permanent Disability

Cover and premiums shown from ages 65-69 apply only to members who joined the former fund, CBH Super, prior to 1 July 2014. Rounding variations may occur when calculating premiums.

Additional Death and Total & Permanent Disability cover

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

Age	Death & TPD ¹ cover	Death only cover	TPD ¹ only cover
15	4.80	4.30	0.50
16	4.80	4.30	0.50
17	5.75	5.10	0.65
18	6.38	5.27	1.11
19	6.86	5.90	0.96
20	7.31	6.03	1.28
21	7.47	6.19	1.28
22	7.58	6.17	1.41
23	7.89	6.17	1.72
24	7.90	5.97	1.93
25	7.90	5.86	2.04
26	7.60	5.86	1.74
27	7.51	5.58	1.93
28	7.37	5.27	2.10
29	7.57	5.29	2.28
30	7.62	5.32	2.30
31	7.79	5.32	2.47
32	7.81	5.34	2.47
33	7.91	5.38	2.53
34	8.28	5.40	2.88
35	8.80	5.42	3.38
36	9.49	5.46	4.03
37	10.21	5.81	4.40
38	11.23	6.14	5.09
39	12.37	6.50	5.87
40	13.57	6.98	6.59
41	14.52	7.24	7.28
42	15.62	7.78	7.84
43	17.42	8.43	8.99
44	19.34	9.12	10.22
45	21.21	9.95	11.26
46	23.23	10.64	12.59
47	25.91	11.48	14.43
48	29.38	12.96	16.42
49	32.85	14.41	18.44
50	37.10	15.89	21.21
51	41.69	17.64	24.05
52	47.36	19.77	27.59
53	53.74	21.90	31.84
54	60.91	24.78	36.13
55	69.00	27.75	41.25
56	78.34	30.98	47.36
57	88.63	34.04	54.59
58	100.85	37.85	63.00
59	112.16	41.86	70.30
60	125.42	46.37	79.05
61	137.18	50.77	86.41
62	145.93	56.60	89.33
63	175.72	67.02	108.70
64	207.02	80.69	126.33
65	285.23	90.95	194.28
66	327.90	102.73	225.17
67	377.04	115.97	261.07
68	433.36	130.66	302.70
69	498.29	147.52	350.77

From age 61, Additional Total & Permanent Disability cover reduces annually by 10% of your insured benefit at age 60, until your 65th birthday (or your 70th birthday (members who joined the former fund, CBH Super, prior to 1 July 2014) when cover ceases. The above premiums for Death & Total & Permanent Disability cover do not reflect the reduced Total & Permanent Disability cover. Rounding variations may occur when calculating premiums.

Income Protection cover - 2-year Benefit Period

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

Age	Unisex \$
15	1.65
16	1.67
17	1.67
18	1.67
19	1.68
20	1.68
21	1.63
22	1.53
23	1.46
24	1.39
25	1.35
26	1.34
27	1.31
28	1.32
29	1.33
30	1.35
31	1.40
32	1.43
33	1.48
34	1.58
35	1.65
36	1.75
37	1.89
38	2.01
39	2.16
40	2.38
41	2.59
42	2.85
43	3.13
44	3.46
45	3.84
46	4.28
47	4.78
48	5.29
49	5.87
50	6.55
51	7.30
52	8.12
53	9.04
54	10.05
55	11.21
56	12.45
57	13.83
58	15.31
59	16.97
60	18.77
61	20.74
62	22.90
63	20.43
64	11.30

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

Optional Income Protection cover - to-age-65 Benefit Period

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

Age	Unisex \$
15	3.91
16	4.11
17	4.28
18	4.41
19	4.60
20	4.74
21	4.57
22	4.41
23	4.31
24	4.18
25	4.09
26	4.13
27	4.18
28	4.29
29	4.41
30	4.54
31	4.72
32	4.95
33	5.23
34	5.54
35	5.90
36	6.33
37	6.81
38	7.35
39	7.98
40	8.71
41	9.53
42	10.48
43	11.50
44	12.70
45	13.97
46	15.40
47	16.95
48	18.69
49	20.53
50	22.51
51	24.65
52	26.91
53	29.25
54	31.69
55	34.16
56	36.65
57	38.87
58	40.74
59	42.01
60	42.35
61	41.33
62	38.25
63	31.83
64	20.62

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

Facts about making a claim

Let us help you

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

At 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 at no cost to you!

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 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 illness or injury there is a 3-month Waiting Period before a Total & Permanent Disability claim becomes assessable, and a 90-day *Waiting Period* applicable to you in the event of an Income Protection claim.

If you don't have insurance with us, you may still be able to claim your super balance under a *Permanent Incapacity* benefit. If you are suffering from a *Terminal Medical Condition* you may also be able to access your super balance. Please contact 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 the Fund, you can refer your complaint to the Australian Financial Complaints Authority (AFCA), or
- lodge a complaint directly with AFCA, however AFCA may refer your complaint back to 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

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

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

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

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

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

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

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

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

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

Total & Permanent Disability means:

Loss of limbs and/or sight

As a result of an injury or sickness you have suffered, at the *Date of Disablement*, the total and irrecoverable loss of:

- (i) the use of two limbs; or
- (ii) the use of the sight of both eyes; or
- (iii) the use of one limb and the sight of one eye (where limb is defined as the whole hand or the whole foot); or
- (iv) You have suffered *Cognitive Impairment* which requires you to be under the continuous care and supervision of another adult person for at least three (3) consecutive months and, at the end of that three (3) month period, you are likely to require permanent ongoing continuous care and supervision by another adult person (this has a three (3) consecutive month waiting period); and

the insurer, after considering all relevant evidence which is reasonably available, then determines you will be unlikely ever again to be gainfully employed in your usual occupation, or any occupation for which you are reasonably suited by education, training or experience; or

Unlikely to do a suited occupation ever again

Where, solely by reason of an injury or sickness:

- (i) you are unable to perform your occupational duties based on the work performed at the time of disablement by reason of an injury or sickness for a period of three (3) consecutive months since the *Date of Disablement* as a result of the injury or sickness; and
- (ii) you are under the care of, and following the advice of, a registered *Medical Practitioner*; and
- (iii) the insurer, after considering all relevant evidence which is reasonably available, then determines you will be unlikely ever again to be gainfully employed in your usual occupation, or any other occupation for which you are reasonably suited by education, training or experience;

or

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

Where you are absent from all work and have been certified by a *Medical Practitioner* as being unable to perform your occupational duties since the *Date of Disablement*:

- (i) solely as a result of suffering one or more of the following listed *Medical Conditions*; Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Dementia and Alzheimer's Disease, Parkinson's Disease, Chronic Lung Disease, Cardiomyopathy, or Paraplegia (including Quadriplegia, Hemiplegia and Tetraplegia), and
- (ii) the insurer, after considering all relevant evidence which is reasonably available, then determines you will be unlikely ever again to be gainfully employed in your usual occupation, or any occupation for which you are reasonably suited by education, training or experience.

5. 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 more than 15 hours 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 which 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.

Working less than 15 hours per week - A *Limited Total Disability* assessment will be based on your inability to perform any suitable occupation, based on all of your education, training or experience, not just your occupation at the time you became injured or sick.

You may be eligible for a Partial Disability benefit – where you have been *Totally Disabled* or *Limited Totally Disabled* and return to work in a reduced capacity and have a reduced income as a result of your illness or injury. You must be *Totally Disabled* or *Limited Totally Disabled* for seven (7) out of the first ten (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 occupation rehabilitation is voluntary and will not impact your monthly benefit.

Already receiving disability support payments - your *Total Disability*, *Partial Disability* or *Limited Total 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*, *Partially Disabled* or *Limited Totally 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 illness 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 illness 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 illness 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 an average of 15 hours or more 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 or *Limited Total Disability* (where applicable) for seven (7) out of the first ten (10) working days of the *Waiting Period* and while you continue to be either *Totally Disabled*, *Limited 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
- (iii) 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.

Limited Total Disability or Limited Totally Disabled

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

- (i) have been incapacitated to such an extent as to render yourself unable to engage in your usual occupation or any occupation for which you are reasonably suited by education, training and experience, and
- (ii) remain under the regular care, attendance and following the advice of a registered *Medical Practitioner* in relation to that sickness or injury, and
- (iii) are not engaged in any occupation (whether paid or unpaid).

6. 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"> (i) Bathing: the ability to wash or shower without the assistance of another person. (ii) Dressing: the ability to put on and take off clothing without the assistance of another person. (iii) Feeding: the ability to get food from a plate into the mouth without the assistance of another person. (iv) Toileting: the ability to use the toilet, including getting on and off, without the assistance of another person. (v) Mobility: the ability to get in and out of bed and a chair without the assistance of another person.
Aids and adaptations	Aids and adaptations means equipment or fixtures to assist you without the assistance of another person to carry out <i>Activities</i> .
Approved Leave	Approved Leave means parental leave, annual leave, bereavement leave, long service leave or any other leave approved by your Employer for reasons other than related to injury or illness.
At Work	At Work means you are: <ul style="list-style-type: none"> (i) actively performing or capable of performing all of your normal duties, without limitation or restriction due to sickness or injury, and where working you are working normal hours on the day cover is to commence, and (ii) in the insurer's opinion, 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 30 hours per week) even though actual employment may be on a full-time, part-time, casual or contract basis, and (iii) 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 <i>At Work</i> on the applicable date, as the context requires, if you are on <i>Approved Leave</i> for reasons other than injury or sickness, and not taking into account the leave, are able to meet the <i>At Work</i> 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 <i>Limited Total Disability</i> , or one period of <i>Total Disability</i> and <i>Partial Disability</i> , or <i>Limited Total Disability</i> and <i>Partial Disability</i> .
Cognitive Impairment	Cognitive Impairment means the loss of intellectual capacity which renders your mini-mental state examination, or equivalent thereof, score deteriorates to twenty-four (24) or less, as confirmed by a consultant neurologist, psychiatrist or geriatrician.
CPI	CPI is based on All Groups CPI that is published by the Australian Bureau of Statistics.
Date of Disability - Income Protection	The Date of Disability is where you are: <ul style="list-style-type: none"> (i) working and then cease work as a result of a illness or injury, the last day you worked provided this was as a result of a illness or injury and which has been certified by a <i>Medical Practitioner</i>, or (ii) on <i>Approved Leave</i> and suffer a illness or injury which prevents you from returning to work as a result of that illness or injury, the <i>Date of Disability</i> will be determined based on the certification provided by the <i>Medical Practitioner</i> as the date on which you became disabled.

Term	Definition								
Date of Disablement - Total & Permanent Disability	The Date of Disablement depends on your employment status and the type of injury or illness that caused your permanent disability:								
	<table border="1"> <thead> <tr> <th>Claiming under component</th> <th>Date of Disablement</th> </tr> </thead> <tbody> <tr> <td>Loss of limbs and/or sight</td> <td>The date you suffer the loss of the use of two limbs (where 'limb' is defined as the whole hand or the whole foot), the sight in both eyes, or the sight in one eye and the use of one limb; or that is three months after total and permanent deterioration or loss of intellectual capacity.</td> </tr> <tr> <td>Unlikely to do a suited occupation ever again</td> <td>The first day of the three month waiting period being the day you permanently ceased all work solely as a result of the injury or illness, or where you are unemployed the date you are medically certified by a <i>Medical Practitioner</i> that the injury or illness is preventing you from being able to work, even though work may not be available at that time.</td> </tr> <tr> <td>Suffering a specifically defined medical condition and permanently unlikely to work because of that condition</td> <td>The first day you ceased all work solely as a result of suffering one or more of the listed <i>Medical Conditions</i> outlined in the <i>Suffering a specifically defined medical condition and permanently unlikely to work because of that condition</i> component of the <i>Total & Permanent Disability</i> definition.</td> </tr> </tbody> </table>	Claiming under component	Date of Disablement	Loss of limbs and/or sight	The date you suffer the loss of the use of two limbs (where 'limb' is defined as the whole hand or the whole foot), the sight in both eyes, or the sight in one eye and the use of one limb; or that is three months after total and permanent deterioration or loss of intellectual capacity.	Unlikely to do a suited occupation ever again	The first day of the three month waiting period being the day you permanently ceased all work solely as a result of the injury or illness, or where you are unemployed the date you are medically certified by a <i>Medical Practitioner</i> that the injury or illness is preventing you from being able to work, even though work may not be available at that time.	Suffering a specifically defined medical condition and permanently unlikely to work because of that condition	The first day you ceased all work solely as a result of suffering one or more of the listed <i>Medical Conditions</i> outlined in the <i>Suffering a specifically defined medical condition and permanently unlikely to work because of that condition</i> component of the <i>Total & Permanent Disability</i> definition.
	Claiming under component	Date of Disablement							
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Unlikely to do a suited occupation ever again	The first day of the three month waiting period being the day you permanently ceased all work solely as a result of the injury or illness, or where you are unemployed the date you are medically certified by a <i>Medical Practitioner</i> that the injury or illness is preventing you from being able to work, even though work may not be available at that time.								
Suffering a specifically defined medical condition and permanently unlikely to work because of that condition	The first day you ceased all work solely as a result of suffering one or more of the listed <i>Medical Conditions</i> outlined in the <i>Suffering a specifically defined medical condition and permanently unlikely to work because of that condition</i> component of the <i>Total & Permanent Disability</i> definition.								
Eligible contributions	Eligible contributions include Superannuation Guarantee, additional Employer contributions, personal contributions (including voluntary contributions and contributions made by a spouse) and rollovers and automatic transfers from other superannuation funds. They do not include co-contributions or the low income super tax offset.								
Employed	Employed 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).								
Limited Cover	Limited Cover means you are only covered for claims arising from an illness 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. "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> .								
Medical Conditions	<p>Cardiomyopathy means: a condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant permanent physical impairment i.e. Class III on 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 continuous and permanent oxygen therapy and is confirmed by a medical specialist, excluding Intermittent Oxygen Therapy.</p> <p>Dementia / Alzheimer's Disease means: the definite (clinical) diagnosis of dementia as confirmed by a consultant neurologist, psychiatrist or geriatrician resulting in significant cognitive impairment. Significant cognitive impairment means deterioration in the Member's mini-mental state examination or equivalent thereof, scores to twenty-four (24) or less. Dementia as a result of alcohol or drug abuse is excluded.</p> <p>Major Head Trauma means: an accidental head injury resulting in permanent neurological deficit, resulting in you either:</p> <ul style="list-style-type: none"> • being totally and permanently unable to perform any one of the <i>Activities of Daily Living</i> where these activities include bathing, dressing, feeding, toileting and mobility; or • suffering at least a 25% impairment of whole person function as defined in Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association. <p>Diagnosis must be confirmed by a consultant neurologist.</p>								

Term	Definition
Medical Conditions continued	<p>Motor Neurone Disease means: the unequivocal diagnosis of motor neurone disease confirmed by a consultant neurologist.</p> <p>Multiple Sclerosis means: the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist.</p> <p>Muscular Dystrophy means: the unequivocal diagnosis of muscular dystrophy confirmed by a consulting neurologist.</p> <p>Parkinson's Disease means: the unequivocal diagnosis of idiopathic Parkinson's disease confirmed by a consultant neurologist. All other types of Parkinsonism are excluded (e.g. secondary to medication).</p> <p>Paraplegia (including Quadriplegia, Tetraplegia and Hemiplegia) means:</p> <p>Paraplegia means the total and permanent loss of function of the lower limbs due to spinal cord injury or disease, or brain injury or disease.</p> <p>Quadriplegia / Tetraplegia means the total and permanent loss of function of the lower and upper limbs due to spinal cord injury or disease, or brain injury or disease.</p> <p>Hemiplegia means the total and permanent loss of one side of the body due to spinal cord injury or disease, or brain injury or disease.</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>
Medical Practitioner	<p>Medical Practitioner means a legally qualified and registered doctor of medicine. It does not include the Employer, the Insured Member, an Employee of the Employer or the Insured Member's 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 <i>Medical Practitioner</i> 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 <i>Medical Practitioner</i> in Australia to review such overseas medical evidence.</p>
Permanent Employment/ Permanently Employed	<p>Permanent Employment means you are employed on a single and ongoing contract of indefinite duration or a fixed term no less than six months and you are provided paid annual leave, sick leave and long service leave. You must be performing identifiable duties and work a regular number of hours each week.</p>
Permanent Incapacity	<p>Permanent Incapacity is defined in the <i>Superannuation Industry (Supervision) Regulations 1994</i> (Cth). A member of a superannuation fund is taken to be suffering permanent incapacity if the trustee of the fund is reasonably satisfied that the member's ill-health (whether physical or mental) makes it unlikely that the member will engage in gainful employment for which the member is reasonably qualified by education, training or experience.</p>
Pre-Disability Salary	<p>Pre-Disability Salary means the higher of the gross monthly <i>Salary</i> you earned at the Date of Disability 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 <i>Pre-Disability Salary</i> means the average of the gross monthly <i>Salary</i> earned over the 12 months (or if <i>Employed</i> less than 12 months, over your period of employment) immediately prior to the <i>Date of Disability</i>.</p>
Salary	<p><i>Salary</i> means the Insured Member's pre-tax monthly income derived from their occupation less any expenses incurred in deriving that income and unless otherwise agreed between the Company and the Policy Owner, <i>Salary</i> does not include director's fees, overtime payments, commissions, bonuses, penalty or shift allowances, mandated superannuation contributions, investment income, income received from deferred compensation plans, disability income policies, retirement plans or any income derived from non-vocational activities.</p>

Term	Definition
Terminal Illness	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 12 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, and for each of the certificates, the certification periods have not ended. The benefit the insurance policy pays out is termed as a Terminal Illness benefit.
Terminal Medical Condition	Terminal Medical Condition is a condition of release under the <i>Superannuation Industry (Supervision) Regulations 1994</i> (Cth). For more information refer to the Super Savings Accumulation Guide.
Unpaid Leave	<p>Unpaid Leave means leave (not being cessation of employment) without pay from your employer. This leave must be:</p> <ul style="list-style-type: none"> (i) approved by your employer or authorised by: <ul style="list-style-type: none"> (a) the Commonwealth, a State or a Territory, or (b) a certified agreement or award made by a tribunal or body having the authority to do so under the law of the Commonwealth, a State or a Territory. (ii) in relation to which you have a statutory or contractual right to resume employment at the end of the leave, and (iii) in relation to which you are not being paid by the employer. <p>Unpaid Leave excludes leave:</p> <ul style="list-style-type: none"> (i) that is due to your illness or injury, or (ii) during which you receive or are entitled to receive: <ul style="list-style-type: none"> (a) income benefits, or (b) disability income benefits, or (c) social security sickness benefits, or (iii) due to strike or lockout.
Waiting Period	The Waiting Period is the number of continuous days which you must remain off work due to an illness or injury before the <i>Total Disability</i> benefit, <i>Limited Total Disability</i> benefit or <i>Partial Disability</i> benefit begins to accrue. The <i>Waiting Period</i> commences from the date you are <i>Totally Disabled</i> or <i>Limited 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> .



Australian Retirement Trust

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Australian Retirement Trust Pty Ltd

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Australian Retirement Trust

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