

Super Savings – Corporate Insurance Guide

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DuluxGroup Superannuation Plan



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Your employer DuluxGroup (Australia) Pty Ltd has chosen Australian Retirement Trust to provide a specialised super plan for you.

DuluxGroup (Australia) Pty Ltd is not responsible for the preparation of this document. They are not providing advice or a recommendation in relation to this investment.

Important information

This is the Super Savings – Corporate Insurance Guide (Corporate Insurance Guide). The 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 Corporate Insurance Guide's issue date. Contact us for a copy of the Corporate Insurance Guide that applied when you became a member, and any notifications of insurance changes that we have previously sent you.

General advice disclaimer

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

Financial Services Guide (FSG)

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

Protecting your privacy

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

Defined Terms

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

Terms and Conditions

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



How to use this Corporate Insurance Guide

This Super Savings – Corporate Insurance Guide (Corporate Insurance Guide) will provide you with important information to help you better understand your 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 MetLife Insurance Limited ABN 75 004 274 882, AFSL No. 238096 (MetLife) 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/duluxgroup for dedicated plan information and resources to help you sort your super.

Insurance in your super

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

Features	Description
Death cover	Provides a lump sum benefit on the death of a member. Members can have Death only cover.
Total & Permanent Disability cover	Provides a lump sum benefit where a member becomes totally and permanently disabled and meets the conditions of the relevant part of the Total & Permanent Disability definition. Members can have Total & Permanent Disability only cover.
Permanent employees can choose how much Death and Total & Permanent Disability cover suits their needs	<p>Standard Cover is automatically provided to eligible members of Australian Retirement Trust, unless you decide to opt-out of cover. The following Standard insurance cover is available:</p> <p>Permanent employees - Death and Total & Permanent Disability</p> <p>Level 1: 5% x <i>Salary</i> x <i>Years of Future Membership</i> (to age 65) Level 2: 10% x <i>Salary</i> x <i>Years of Future Membership</i> (to age 65) Level 3: 15% x <i>Salary</i> x <i>Years of Future Membership</i> (to age 65)* Level 4: 20% x <i>Salary</i> x <i>Years of Future Membership</i> (to age 65)</p> <p><small>*default (automatic) level of cover</small></p> <p>Casual employees</p> <p>Death and Total & Permanent Disability cover - Age based cover at a fixed premium cost of \$1.77 per week.</p>
Terminal Illness cover	This forms part of the Death cover and provides a lump sum benefit where a member is diagnosed as having a <i>Terminal Illness</i> .
Income Protection cover for Permanent employees only - Optional cover	<p>Income Protection cover is available to Permanent employees on a voluntary basis. You can apply for Income Protection cover at any time. Applications are subject to acceptance by the insurer and evidence of health may be required. Income Protection cover provides a replacement income where a member becomes <i>Totally Disabled</i> or <i>Partially Disabled</i> and cannot work as a result. The benefit payments are based on:</p> <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>.
Eligible age for automatic Standard cover	<p>Death – age 25 to 64 Total & Permanent Disability – age 25 to 64</p>
Age when Standard cover ceases	<p>Death – age 65 Total & Permanent Disability – age 65</p>
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, unless you decide to opt-out of cover. 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)	<p>An AAL is the maximum amount of Standard cover provided to eligible employees without any medical evidence being required.</p> <p>Death – \$1,200,000 for Permanent employees Total & Permanent Disability – \$1,200,000 for Permanent employees</p> <p>For information on the maximum amount of Standard cover provided to eligible Casual employees please refer to the <i>Casual employees</i> section in this Corporate Insurance Guide.</p>
Additional cover	If you are a permanent employee, you can apply for Additional Death and Total & Permanent Disability cover to suit your individual circumstances and needs. Limits may apply.
Transfer of insurance cover - Permanent employees only	We may agree to take over the cover provided by a previous 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 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.

Features	Description
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 us being notified of you leaving your employer you can apply to have your Income Protection cover reinstated 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/fsg 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 belong to a group who transferred from the DuluxGroup Employees Superannuation Fund on 1 November 2018 you may have different insurance arrangements as outlined in this Corporate Insurance Guide.

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 unless you exceed the AAL	An application form with medical and lifestyle questions
Permanent employees have a choice of four levels of Death and Total & Permanent Disability cover	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 effective from 1 April 2020, we cannot automatically provide Standard Death and Total & Permanent Disability cover to 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 insurance cover.

However, you have the option to Opt-in to Standard Death and Total & Permanent Disability insurance 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.

Payment of premiums for members of the prior Yates Superannuation Fund

If you were a member of the Yates Superannuation Fund, your employer will continue to pay the insurance premiums for your Standard cover. The premiums paid by your employer are included in your concessional contributions. This may have tax implications for you. Refer to pages 9 and 23 of the Super Savings Accumulation Guide for more information.

1. Standard Death and Total & Permanent Disability cover

Permanent employees

If you are an eligible employee you will automatically receive default Death and Total & Permanent Disability cover up to a maximum of \$1,200,000, unless you decide to opt-out of cover.

Permanent employees also have the flexibility to choose one of the following levels of Death and Total & Permanent Disability cover:

Level 1:

5% x *Salary* x *Years of Future Membership* (to age 65)

Level 2:

10% x *Salary* x *Years of Future Membership* (to age 65)

Level 3:

15% x *Salary* x *Years of Future Membership* (to age 65)*

Level 4:

20% x *Salary* x *Years of Future Membership* (to age 65)

* default (automatic) level of cover

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

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 is recalculated each 1 July based upon your updated *Salary* and *Years of Future Membership*, unless we advise you otherwise. Your annual premium is based on this cover and remains unchanged until 1 July the next year. *Salary* is the amount advised to Australian Retirement Trust by your employer. Should you suffer an event where you are eligible to claim, your cover will be re-calculated at the date of event based on your *Salary* at this date.

If you are on *Unpaid Leave* or parental leave for 24 months or less, *Salary* is the amount advised to Australian Retirement Trust by DuluxGroup (Australia) Ltd Pty on the previous 1 July or on date of commencement (whichever is more recent) immediately before starting leave, unless we advise you otherwise.

Opt-in for insurance cover

If you would like to obtain 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/duluxgroup

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 *Actively Employed* on the date cover starts, your cover will be provided as *Limited Cover* until you have been *Actively Employed* 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 *Actively Employed* 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 *Actively Employed* on the date you meet these requirements. If you are not *Actively Employed* on that date, cover will remain *Limited Cover* until you are then *Actively Employed* 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.

Permanent employees have a choice of four levels of Death and Total & Permanent Disability cover. Your various options were detailed previously.

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 in this Corporate Insurance Guide.

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, 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 of this Corporate Insurance Guide for further details.

Special Conditions

If you move from *Permanent Employment* to *Casual Employment* you will retain your level of insurance cover as fixed cover equal to the level of Standard cover for casuals for your age. Note from age 61, any fixed Total & Permanent Disability cover reduces annually by 20% of your insured benefit at age 60, until age 65 when cover ceases. Your premium will generally increase as you get older.

An example of Standard Death and Total & Permanent Disability cover

James is 29 years old when he joins the DuluxGroup Superannuation Plan. He is on a *Salary* of \$60,000 p.a. with an account balance over \$6,000 James is eligible for Standard Death and Total & Permanent Disability cover and chooses the default.

Insurance cover

Level 3: 15% x Salary x Years of Future Membership (to age 65)	Standard cover
15% x \$60,000 x 36 years	\$324,000

Weekly premium

(Standard cover / \$10,000) x premium / 52	Weekly premium for Standard cover
(\$324,000 / \$10,000) x \$4.20 / 52	\$2.62

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 Death and Total & Permanent Disability premium rates, refer to the *Premiums* section of this Corporate Insurance Guide.

Casual employees

Standard Death and Total & Permanent Disability cover is provided on a fixed premium basis of \$1.77 per week, unless you decide to opt-out of cover. This means your premium stays the same, but your cover generally decreases as you get older.

Standard Death and Total & Permanent Disability cover is available until age 65. 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.

Age	Death and Total & Permanent Disability cover
15	\$129,600
25	\$129,600
35	\$125,900
45	\$56,800
55	\$23,500
65	Nil

To find out which level of cover applies to you please refer to the *Standard Death and Total & Permanent Disability cover - Casual employees* in the *Premiums* section of this Corporate Insurance Guide.

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

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

Opt-in for insurance cover

If you would like to obtain 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/duluxgroup

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 *Actively Employed* on the date cover starts, your cover will be provided as *Limited Cover* until you have been *Actively Employed* 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 *Actively Employed* 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 *Actively Employed* on the date you meet these requirements. If you are not *Actively Employed* on that date, cover will remain *Limited Cover* until you are then *Actively Employed* for 30 consecutive days.

An example of Standard Death and Total & Permanent Disability cover

James is 29 years old when he joins DuluxGroup Superannuation Plan. He is a Casual employee with an account balance over \$6,000 and is eligible for Standard Death and Total & Permanent Disability cover.

Insurance cover

Standard Death and Total & Permanent Disability cover	Weekly Premium
\$129,600	\$1.77

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 Death and Total & Permanent Disability premium rates, refer to the *Premiums* section of this Corporate Insurance Guide.

Special Conditions applicable to casual employees

If you move from *Casual employment* to *Permanent employment* your Standard insurance cover will be replaced. Refer to *Standard Death and Total & Permanent Disability insurance cover for Permanent employees* for more details.

You must be in *Active Employment* at the date of transfer otherwise *Limited Cover* will apply to any increase in cover until you have been in *Active Employment* for 5 consecutive days.

Important eligibility terms and conditions

Am I eligible for Standard cover?

You are eligible for automatic Standard Death and Total & Permanent Disability cover if:

- 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 aged under age 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 working visa which enables you to work in Australia, unless otherwise agreed by the insurer.

You are not eligible for Standard cover if:

- you are aged under age 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 any Australian Retirement Trust or 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 *Actively Employed*.

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 *Actively Employed* requirement after the end of the 12-month period.

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 *Actively Employed* on the date you meet these requirements. If you are not *Actively Employed* on that date, cover will remain *Limited Cover* until you are then *Actively Employed* 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 starts automatically 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. ^{1,2}
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 starts 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. ³
Change your level of cover – Permanent 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 starts 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.

1. If an *Eligible Contribution* has not been received within 12 months prior to the date you attain age 25 and your account balance reaches \$6,000, your cover will not start until the next Superannuation Guarantee contribution is received by the fund.
2. If you joined the Plan outside of 120 days of commencing employment with your employer, a Superannuation Guarantee contribution must have been received by the fund for your cover to start.
3. If you opt-in for cover outside of 120 days of commencing employment with your employer, a Superannuation Guarantee contribution must have been received by the fund for your cover to start.

Limited Cover will apply in the following circumstances, if

- you are not **Actively Employed** on the date cover starts, your Standard cover will be provided as **Limited Cover** until you have been **Actively Employed** for 30-consecutive days,
- 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 **Actively Employed** 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 **Actively Employed**.

If you're not eligible to 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.

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 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 insurance cover is to provide a payment should you suffer an injury or illness that disables you to a point that permanently prevents you from working to retirement age. This cover is given to eligible employees automatically (subject to meeting eligibility criteria) unless you decide to opt-out of cover. You will need to be medically assessed to determine if you are disabled. Some extra terms and conditions apply.

You will be provided with cover automatically when you attain age 25 and your Super Savings – Corporate Accumulation account reaches a balance of \$6,000, unless you have opted in to be provided with Standard cover earlier - refer to the section *When does my Standard Death and Total & Permanent Disability cover start?* in this Corporate Insurance Guide.

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

If you are deemed disabled, the payment will be paid to you as a single lump sum.

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

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

In order to lodge a claim you would need to be under the care of a *Medical Practitioner* and are still suffering from an ongoing 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*, your employment status, 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 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 a Super Savings – Corporate 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.

Payment of a total & 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:

- your Standard cover is over \$1,200,000,
- 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

Permanent employees may be eligible to transfer existing Death and Total & Permanent Disability cover up to \$2,000,000 to the DuluxGroup 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/duluxgroup

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

If the insurer offers special terms, conditions, restrictions, exclusions or premium loading, you will be required to accept these terms and cover will commence from the date your acceptance is received, provided that this acceptance is within 30 days of the date of insurers offer.

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.

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.

No interim accident benefit will be paid during the interim period for a death or disability claim where a benefit exclusion applies (refer to the *Conditions & exclusions section* in this Corporate Insurance Guide).

Death or Total and Permanent Disablement must occur within 365 days of the Accident that occurs during the Interim Accident cover period.

Additional cover – permanent employees only

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 cover available are:

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

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 — unlimited (this forms part of the Death cover)
- Total & Permanent Disability cover — \$5 million

Casual employees are not eligible to apply for Additional cover.

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

Your Additional Death and/or Total & Permanent Disability cover will start from the date the insurer approves your application, provided you have enough money in your Super Savings – Corporate Accumulation account to pay insurance premiums and their approval is not subject to any loadings or benefit exclusions.

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. This restriction applies only to the amount above any Standard insurance cover you may have been automatically entitled to on joining Australian Retirement Trust.

Additional Total & Permanent Disability cover reduces from age 61

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

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

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

The amount of insurance cover is recalculated based on your age and Salary at 1 July. Your premium is recalculated based on your updated cover, on or around this date.

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

James is a Permanent employee and is 29 years old, he needs Additional Death and Total & Permanent Disability 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:

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

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

(\$100,000 / \$10,000) x \$3.50 / 52
+

(\$200,000 / \$10,000) x \$0.70 / 52 = \$0.94 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.

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

You can apply for cover through portal.australianretirementtrust.com.au/duluxgroup

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

Conditions & exclusions

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

Cover will stop when:

- you turn 65 for Standard Death cover,
- you turn 65 for Standard Total & Permanent Disability cover,
- you turn 65 for Additional Death cover,
- you turn 65 for Additional Total & Permanent Disability cover,
- you die,
- you receive a Total & Permanent Disability insurance benefit,
- you cancel the cover,
- you are on unpaid leave for 24 months or more,
- 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 on a Casual Basis and 60 consecutive days have passed since you were *At Work* actively performing all the duties of your occupation,
- you are *Employed* under a working visa and the term of the 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/or 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 level of cover you had as at the date of the automatic cancellation from the date your written request for reinstatement is received.

Reinstatement of cover within 60 days:

If you are not *Actively Employed* on the date the cover restarts, any cover that is reinstated will be provided as *Limited Cover* until you have been *Actively Employed* for 30 consecutive days.

Reinstatement of cover outside 60 days:

If your cover restarts more than 60 days after cover has ceased, any cover that is reinstated will be provided as *Limited Cover* for 12 months as long as you are *Actively Employed* for 30-consecutive days immediately prior to the end of the 12-month period, otherwise *Limited Cover* continues until you are *Actively Employed* for 30 consecutive days after the end of the 12-month period.

If you have 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 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.

If you have received or are eligible to receive a *Terminal Illness* benefit or *Terminal Medical Condition* 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

- Suicide or intentional self-inflicted injury

Within 12 months of:

- the start or recommencement 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 Disablement* 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.

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.

2. Income Protection cover for permanent employees only - Optional 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 claim a total disability benefit if you are unable to work due to injury or illness. To be considered disabled, you must be unable to do one of the major duties of your regular occupation which involves at least 20% of your occupational tasks. If you are unemployed, a casual employee or working less than 15 hours prior to being injured or ill, you will not be eligible to claim.

You will be covered for up to 75% of the income you were earning prior to becoming disabled; this is known as your monthly benefit. 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, 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 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 than 75% of the income you earned from our employer before you were injured or became ill.

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

Income Protection cover is available to Permanent employees on a voluntary basis. You can apply for Income Protection cover at any time. Applications are subject to acceptance by the insurer and evidence of health may be required.

Income Protection features at a glance

Feature	Description
Cover obtained	By application
Cover starts	Date the insurer accepts your application
% of Salary	75%
Maximum cover	\$360,000 per annum
Cover up to age	65
Benefit Period	2-years
Waiting Period	90 days
Claim escalation	✓
Premium waiver	When on claim
Occupational rehabilitation support	✓
Partial Disability payments	✓
Cover during paid & Unpaid leave	✓
Cover during overseas employment	✓
Death benefit while on claim	✓

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 on acceptance by the insurer of your application for Income Protection cover and each year in your Annual Statement.

Things to consider

- Premiums generally increase with age.
- Income Protection benefits are taxable income and subject to Pay As You Go (PAYG) tax.
- You may also have the added advantage of insurance premiums offsetting your 15% contributions tax liability.
- An Income Protection benefit is not paid during the *Waiting Period*.

Waiting Period and Benefit Period

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

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

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

Claim escalation

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

Premium waiver

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

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

Partial Disability payments

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

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

- following a period of *Total Disability* for seven (7) out of the first twelve (12) 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

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 is not 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 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 by the insurer to the rehabilitation service provider on your behalf.

Death benefit while on claim

Another additional feature of this plan is that if you die whilst on claim, an additional lump sum equal to three times your disability monthly benefit (up to a maximum of \$30,000 in total) will be paid to your beneficiaries.

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/duluxgroup

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

Am I eligible for Income Protection cover?

You are eligible for Income Protection cover if:

- you are aged 15 to 64,
- you are permanently employed (including employees on fixed term contracts of six months or more) and working at least 15 hours per week for your employer DuluxGroup (Australia) Pty Ltd,
- your employer DuluxGroup (Australia) Pty Ltd is making superannuation contributions to a 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 DuluxGroup (Australia) Pty Ltd, and
- you apply for Income Protection cover and your application is accepted by the insurer.

You are not eligible for cover if:

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

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

Does my cover change each year?

Your Income Protection cover is based on your *Salary* each year. Your annual premium is based on your cover and remains unchanged until 1 July the next year, unless we advise you otherwise. Refer to the *Definitions* section of this Corporate Insurance Guide for the definition of *Salary* for Income Protection cover.

How is my Salary determined?

Salary is the amount advised to Australian Retirement Trust by your employer on the previous 1 July 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 your employer advised immediately before starting leave, unless we advise you otherwise.

In the event of a claim, your benefit will be based on your *Salary* at the date you become *Totally Disabled*.

When does my Income Protection cover start?

Income Protection cover starts when your application is accepted by the insurer.

An example of how to calculate Income Protection premiums

Karen is 30 years old when she joins the DuluxGroup Superannuation Plan. She is a permanent employee on a *Salary* of \$60,000 p.a. She is working at least 15 hours per week and has applied for Income Protection cover. She is in good health and the insurer accepts her application.

Insurance cover

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

Weekly Premium

(Cover / \$1,000) x premium / 52	Weekly premium
(\$45,000 / \$1,000) x \$2.45 / 52	\$2.12

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.

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 DuluxGroup 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/duluxgroup

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 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

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

If the insurer offers special terms, conditions, restrictions, exclusions or premium loading, you will be required to accept these terms and cover will commence from the date your acceptance is received, provided that this acceptance is within 30 days of the date of insurers offer.

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.

The amount of interim accident cover is the lesser of the amount of Income Protection cover you are applying for and \$240,000 per annum. Your chosen *Benefit Period* and *Waiting Period* will apply.

No premium is charged for the interim accident cover.

No interim accident benefit will be paid during the interim period for an income protection claim where a benefit exclusion applies (refer to the *Conditions & exclusions* section in this Corporate Insurance Guide).

The injury and resulting total disability / partial disability must have occurred during the Interim Accident cover period.

Conditions & exclusions

When does Income Protection cover stop?

Income Protection cover stops when:

- you leave your employer,
- you turn 65,
- you die,
- you cancel the cover,
- you withdraw all monies from your Super Savings – Corporate Accumulation account,
- you are no longer working for at least 15 hours per week with your employer, or you no longer satisfy the eligibility conditions for Income Protection cover,
- your period of *Unpaid Leave* exceeds 24 months,
- you are *Employed* under a working visa and the term of the visa expires, or you permanently depart Australia (whichever is earlier),
- the date 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),
- 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,

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.

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 level of cover you had as at the date of the automatic cancellation from the date your written request for reinstatement is received.

Reinstatement of cover within 60 days:

If you are not *Actively Employed* on the date the cover restarts, any cover that is reinstated will be provided as *Limited Cover* until you have been *Actively Employed* for 30 consecutive days.

Reinstatement of cover outside 60 days:

If your cover restarts more than 60 days after cover has ceased, any cover that is reinstated will be provided as *Limited Cover* for 11 months and subject to a 30-consecutive day *Active Employment* requirement after the end of the 11-month period to remove the limitation.

If you have 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* after the *Waiting Period* has ended. The maximum *Total Disability* benefit is the lower of:

- your insured amount less any offsets,
- 75% of your *Pre-Disability Salary* (less any offsets), and
- the maximum level of Income Protection cover available is \$360,000 per annum.

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

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

Benefits paid under the Income Protection benefit are 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,
- normal and uncomplicated pregnancy, caesarean birth, threatened miscarriage, participation in in-vitro fertilisation or other medically assisted fertilisation techniques and normal discomforts of pregnancy, such as morning sickness, back ache, varicose veins, ankle swelling and bladder problems,
- war, includes an act of war (whether declared or not), revolution, invasion, rebellion or civil unrest. or
- any other exclusions imposed by the insurer.

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

Will there be offsets to my benefit payment?

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

- Workers' Compensation or Transport Accident Compensation or similar legislation in relation to your sickness or injury,
- any award of damages or settlement under common law for personal injury in relation to loss of earnings or loss of earning capacity,
- any other payments, statutory or otherwise, paid to you for loss of income in relation to your sickness or injury,
- any other payments made under any disability income type insurance policy, e.g. salary continuance, group salary continuance, income protection, etc,
- any other payment which relates to loss of income due to sickness or injury whether under legislation or otherwise (other than a Total & Permanent Disability or Terminal Illness benefit under this Policy),
- the amount of any income we believe you could reasonably be expected to earn in your Occupation whilst *Totally Disabled* or *Partially Disabled*, or
- any paid sick leave from your employer (however the insurer does not require all sick leave to be used before commencement of the income benefit).

If a benefit 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). The benefit paid to you is taxable income and attracts PAYG tax (the same as salary and wages) which will be deducted from the benefit before it is paid to you.

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

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

Payments will be made monthly in arrears.

Proof of income

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

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

You can return to work for up to 10 consecutive 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 6 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* because of more than one injury or sickness, or from both, whether related or not, benefits are payable in respect of only one injury or sickness, as the insurer shall reasonably determine, based on medical evidence.

When does payment of the benefit stop?

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

- you no longer satisfy the definition of *Total Disability* or *Partial Disability*, as assessed by the insurer,
- the end of the benefit payment period,
- for a *Partial Disability* benefit, the date you earn, or become capable of earning, a monthly salary equal to or greater than your *Pre-Disability Salary*,
- you being *Employed* under a work visa and the term of the working visa expiring or you permanently depart Australia (whichever is earlier),
- you are no longer under the care of, and or complying with the reasonable advice given by a *Medical Practitioner*,
- your period of Disability exceeds 12 months while you are overseas,
- you reaching age 65, or
- your death.

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

Other important information

Can your health affect your insurance cover?

If you wish to apply for cover above the AAL or you require Additional cover (including Optional Income Protection cover), when assessing your application for cover, the insurer may ask for further details in relation to the information you disclose in your application.

As a condition of acceptance of the 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 Cover will apply until the terms are accepted or declined. If you do not respond to the Special Acceptance offer within 30 days the application will be cancelled and interim cover will cease.

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

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

Change in circumstances

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

Can I nominate a beneficiary?

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

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

Refer to the Super Savings Accumulation Guide for more information.

What happens if I am staying with my current employer, but my Superannuation Guarantee (SG) contributions are redirected?

If your SG contributions are redirected to another fund, provided you maintain enough funds in your account to pay for any future insurance premiums, you will remain a member of the DuluxGroup Superannuation Plan and will retain any insurance cover provided to you.

You must let us know if you wish to cancel your insurance cover.

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 I leave my employer?

When we are told you have left your employer your membership in the DuluxGroup 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 the date you cease employment with DuluxGroup (Australia) Pty Ltd 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 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 return to permanent employment 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 with the same Benefit Period and *Waiting Period* being applied and no increase in cover. 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 will 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 230043 (AIA) 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 accepted by the insurer.

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 fee¹.

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. During the first 24 months of leave, the Total & Permanent Disability definition that will generally apply will be the definition that applied while you were working. If your period of leave continues past 24 months your cover will continue, though you would be assessed against a different *Total & Permanent Disability* definition.

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

Your Death, Total & Permanent Disability and 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.

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 temporarily reside overseas?

Your cover will continue while you temporarily reside overseas as long as you remain in active employment of your Australian-based employer DuluxGroup (Australia) Pty Ltd (or an international subsidiary or associated company of your Australian employer). Cover will cease after 90 days if you are not an Australian resident. 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.

if you become Disabled while you temporarily reside overseas, Income Protection benefit payments will cease following a maximum payment period of 12 months. Payment of benefits may resume upon returning to Australia and re-assessment by the insurer. The payment will be treated as a continuation of the original claim.

The Total & Permanent Disability definition or Disability benefit used in the event of a claim will depend on your employment status at the time of becoming disabled.

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.

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 and gender, stamp duty (where applicable) and the premium rates applying to your Employer Plan. Premiums for cover in addition to the Standard insurance cover you receive automatically may also depend on your health at the time you applied and were accepted for the Additional cover.

Generally your insurance premiums are recalculated annually, unless agreed otherwise with the insurer. Premiums are deducted from your Super Savings – Corporate Accumulation account unless otherwise agreed with your employer.

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

Payment of premiums for former members of the Yates Superannuation Fund

If you were a member of the Yates Superannuation Fund, your employer will continue to pay the insurance premiums for your Standard cover. The premiums paid by your employer are included in your concessional contributions. This may have tax implications for you. Refer to pages 9 and 23 of the Super Savings Accumulation Guide for more information.

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 and Additional Death and Total & Permanent Disability cover - Permanent employees

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

Age	Death & TPD ¹ cover		Death only cover		TPD ¹ cover	
	Male \$	Female \$	Male \$	Female \$	Male \$	Female \$
15	4.80	2.10	4.70	1.80	0.10	0.30
16	4.80	2.10	4.70	1.80	0.10	0.30
17	5.40	2.00	5.30	1.90	0.10	0.10
18	5.60	2.20	5.50	2.10	0.10	0.10
19	5.70	2.20	5.60	2.10	0.10	0.10
20	5.60	2.20	5.50	2.10	0.10	0.10
21	5.50	2.10	5.40	2.00	0.10	0.10
22	5.20	2.10	5.10	2.00	0.10	0.10
23	4.90	2.10	4.80	2.00	0.10	0.10
24	4.70	2.20	4.60	2.00	0.10	0.20
25	4.50	2.30	4.40	2.00	0.10	0.30
26	4.30	2.50	4.10	2.00	0.20	0.50
27	4.10	2.70	3.80	2.10	0.30	0.60
28	4.10	2.90	3.60	2.10	0.50	0.80
29	4.20	3.20	3.50	2.20	0.70	1.00
30	4.30	3.30	3.40	2.20	0.90	1.10
31	4.60	3.60	3.50	2.30	1.10	1.30
32	4.90	3.90	3.60	2.50	1.30	1.40
33	5.30	4.20	3.80	2.60	1.50	1.60
34	5.80	4.60	4.00	2.80	1.80	1.80
35	6.40	5.00	4.40	3.00	2.00	2.00
36	7.10	5.50	4.80	3.20	2.30	2.30
37	7.80	6.10	5.30	3.50	2.50	2.60
38	8.60	6.70	5.80	3.70	2.80	3.00
39	9.50	7.50	6.40	4.10	3.10	3.40
40	10.40	8.40	7.00	4.50	3.40	3.90
41	11.50	9.30	7.70	4.90	3.80	4.40
42	12.60	10.40	8.40	5.30	4.20	5.10
43	13.80	11.70	9.10	5.80	4.70	5.90
44	15.10	13.10	9.90	6.40	5.20	6.70
45	16.60	14.80	10.80	7.10	5.80	7.70
46	18.10	16.60	11.60	7.80	6.50	8.80
47	19.90	18.60	12.60	8.50	7.30	10.10
48	21.80	20.80	13.60	9.40	8.20	11.40
49	24.10	23.30	14.70	10.30	9.40	13.00
50	26.50	26.00	15.80	11.40	10.70	14.60
51	29.40	28.90	17.10	12.50	12.30	16.40
52	32.70	32.00	18.60	13.70	14.10	18.30
53	36.40	35.50	20.20	15.10	16.20	20.40
54	40.80	39.20	22.10	16.50	18.70	22.70
55	45.80	43.10	24.20	18.10	21.60	25.00
56	51.40	47.30	26.60	19.80	24.80	27.50
57	58.00	51.70	29.40	21.60	28.60	30.10
58	65.60	56.30	32.70	23.60	32.90	32.70
59	74.30	61.20	36.40	25.70	37.90	35.50
60	84.30	66.30	40.80	28.00	43.50	38.30
61	95.60	71.60	45.80	30.40	49.80	41.20
62	108.50	77.00	51.60	33.00	56.90	44.00
63	123.20	82.70	58.20	35.80	65.00	46.90
64	139.90	88.50	65.90	38.80	74.00	49.70

1. TPD means Total & Permanent Disability

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

Premium Rates – Standard Death and Total & Permanent Disability cover - Casual employees

Your insurance premiums are determined by the premium rates applying to your Employer Plan. The table below shows the annual premium for Death and Total & Permanent Disability and Death Only cover.

Age	Death & TPD ¹ cover		Death only cover	
	Cover \$	Cost per week \$	Cover \$	Cost per week \$
15	129,600	1.77	129,600	1.00
16	129,600	1.77	129,600	1.00
17	129,600	1.77	129,600	1.00
18	129,600	1.77	129,600	1.00
19	129,600	1.77	129,600	1.00
20	129,600	1.77	129,600	1.00
21	129,600	1.77	129,600	1.00
22	129,600	1.77	129,600	1.00
23	129,600	1.77	129,600	1.00
24	129,600	1.77	129,600	1.00
25	129,600	1.77	129,600	1.00
26	129,600	1.77	129,600	1.00
27	129,600	1.77	129,600	1.00
28	129,600	1.77	129,600	1.00
29	129,600	1.77	129,600	1.00
30	129,600	1.77	129,600	1.00
31	129,600	1.77	129,600	1.00
32	129,600	1.77	129,600	1.00
33	129,600	1.77	129,600	1.00
34	129,600	1.77	129,600	1.00
35	125,900	1.77	125,900	1.00
36	123,500	1.77	123,500	1.00
37	119,800	1.77	119,800	1.00
38	106,200	1.77	106,200	1.00
39	96,300	1.77	96,300	1.00
40	87,700	1.77	87,700	1.00
41	79,000	1.77	79,000	1.00
42	72,800	1.77	72,800	1.00
43	67,900	1.77	67,900	1.00
44	63,000	1.77	63,000	1.00
45	56,800	1.77	56,800	1.00
46	53,100	1.77	53,100	1.00
47	48,100	1.77	48,100	1.00
48	44,400	1.77	44,400	1.00
49	40,700	1.77	40,700	1.00
50	37,000	1.77	37,000	1.00
51	33,300	1.77	33,300	1.00
52	30,900	1.77	30,900	1.00
53	28,400	1.77	28,400	1.00
54	25,900	1.77	25,900	1.00
55	23,500	1.77	23,500	1.00
56	21,000	1.77	21,000	1.00
57	19,800	1.77	19,800	1.00
58	17,300	1.77	17,300	1.00
59	16,000	1.77	16,000	1.00
60	14,800	1.77	14,800	1.00
61	13,600	1.77	13,600	1.00
62	12,300	1.77	12,300	1.00
63	11,100	1.77	11,100	1.00
64	11,100	1.77	11,100	1.00

1. TPD means Total & Permanent Disability

Premium Rates – Income Protection cover - Permanent employees

Your insurance premiums are determined by your age, gender, 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	Male \$	Female \$
15	1.66	1.58
16	1.68	1.61
17	1.69	1.64
18	1.71	1.68
19	1.73	1.73
20	1.74	1.79
21	1.74	1.88
22	1.74	2.00
23	1.74	2.15
24	1.73	2.28
25	1.64	2.35
26	1.58	2.38
27	1.51	2.40
28	1.48	2.42
29	1.46	2.43
30	1.48	2.45
31	1.49	2.48
32	1.53	2.53
33	1.59	2.63
34	1.66	2.75
35	1.74	2.90
36	1.86	3.10
37	2.00	3.33
38	2.17	3.58
39	2.37	3.89
40	2.57	4.26
41	2.80	4.67
42	3.07	5.15
43	3.39	5.65
44	3.78	6.19
45	4.21	6.79
46	4.72	7.43
47	5.28	8.18
48	5.91	8.98
49	6.61	9.82
50	7.38	10.73
51	8.28	11.69
52	9.28	12.70
53	10.40	13.76
54	11.68	14.87
55	13.08	16.04
56	14.64	17.30
57	16.41	18.63
58	18.40	20.00
59	20.58	21.43
60	23.02	22.90
61	25.62	24.44
62	21.18	20.28
63	15.96	15.28
64	6.46	6.16

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

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

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 may be a 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 - general terms

Term	Definition
Accident	For the purposes of the Accidental Death, or Accidental Total & Permanent Disability benefit, Accident is defined as the occurrence of an injury caused directly and solely by external, violent and accidental means and is independent of any other cause. For the purposes of the MetLife Policy, Injury means bodily injury which is caused solely and directly by external, violent and accidental means and is independent of any other cause.
Actively Employed/ Active Employment	Actively Employed means in the insurer's opinion you are capable of performing your identifiable duties without restriction by any illness or injury for at least 35 hours per week (whether or not you are actually working those hours).
Activities of Daily Living	Activities of Daily Living means: <ul style="list-style-type: none"> (a) Bathing: the ability to wash or shower without the assistance of another person. (b) Dressing: the ability to put on and take off clothing without the assistance of another person. (c) Feeding: the ability to get food from a plate into the mouth without the assistance of another person. (d) Toileting: the ability to use the toilet, including getting on and off, without the assistance of another person. (e) Mobility: the ability to get in and out of bed and a chair without the assistance of another person (f) Continence: the ability to control bladder and bowel function.
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 actively performing all the duties of their Occupation, working their usual hours free from any limitation due to Illness or Injury and not entitled to or receiving income support benefits of any kind.
Benefit Period	Benefit Period means the maximum period of time for which benefits will be paid for any one period of Total Disability or one period of Total and Partial Disability. The total claim payment period for any one illness or injury is limited to your Benefit Period.
Casual Employment	Casual Employment means a person are employed by the Employer other than in Permanent Employment. If you transfer from Casual Employment to Permanent Employment you must be in <i>Active Employment</i> at the date of transfer, otherwise <i>Limited Cover</i> will apply until you have been in <i>Active Employment</i> for 5 consecutive days.
Cognitive Function	Cognitive Function means intellectual capacity, loss of which requires you to be under the continuous care and supervision of another adult person for at least 3 consecutive months and, at the end of that 3-month period, you are likely to require permanent ongoing continuous care and supervision by another adult person.
CPI	CPI is based on All Groups CPI that is published by the Australian Bureau of Statistics.
Date of Disablement	Date of Disablement means the later of the following dates <ul style="list-style-type: none"> • the date on which a <i>Medical Practitioner</i> examines and certifies in writing that the Covered Person is disabled, and • the Covered Person ceases all work.
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 sickness 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 sickness or injury, the Date of Disability will be determined based on the certification provided by the <i>Medical Practitioner</i> as the date on which you became disabled.
Domestic Duties	Domestic Duties means unpaid home duties that you have chosen to perform unpaid at home as your primary occupation, which includes cleaning the home, laundry, shopping for food, cooking meals, and where applicable, looking after a Dependant. Domestic Duties do not include unpaid home duties that you perform unpaid at home as a result of unemployment or as a result of sickness of injury. For the purpose of this definition, Dependant means the spouse, child, or any person with whom the Covered Person has an interdependency relationship as described in Section 10A of the <i>Superannuation Industry (Supervision) Act 1993</i> (Cth).

Term	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: <ul style="list-style-type: none"> (i) 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), or (ii) you have been on employer <i>Approved Leave</i> for less than 2-years with an Australian employer, or (iii) you are working for an overseas employer at least 15 hours per week.
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. 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 and 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 (20) or less.</p> <p>Dementia as a result of alcohol or drug abuse is excluded.</p> <p>Motor Neurone Disease means: the unequivocal diagnosis of motor neurone disease confirmed by a consultant neurologist.</p> <p>Major Head Trauma means: an accidental head injury resulting in permanent neurological deficit, resulting in the Insured Member 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>; 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> <p>Muscular Dystrophy means: the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist.</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>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>

Term	Definition
Medical Conditions (continued)	<p>Primary Pulmonary Hypertension (Primary) 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/ Doctor	<p>Medical Practitioner means:</p> <p>(a) a person who is registered and practising as a medical practitioner in Australia; or</p> <p>(b) a person who, in our opinion and absolute discretion, is:</p> <p style="padding-left: 20px;">(i) appropriately qualified and practising medicine in their country; and</p> <p style="padding-left: 20px;">(ii) registered with the body responsible for the registration of medical practitioners in the person's jurisdiction where they are practising.</p> <p>A Medical Practitioner cannot be someone who is:</p> <p>(a) a Covered Person;</p> <p>(b) your parent, child or sibling;</p> <p>(c) your spouse or partner, as determined by us in our absolute discretion; or</p> <p>(d) your business partner, associate or employee.</p>
Permanent Employment	<p>Permanent Employment means a person is Employed by the Employer under a single and ongoing contract that:</p> <p>(i) is of indefinite duration and is for a fixed term of no less than 6 (six) months; and</p> <p>(ii) requires the person to perform identifiable duties; and</p> <p>(iii) requires the person to work a regular number of hours per week;</p> <p>(iv) provides for paid annual leave, sick leave and long service leave; and</p> <p>(v) is not employed on a Casual Basis.</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 is the monthly salary immediately prior to <i>Date of Disability</i>.</p> <p>If you are a casual or contract employee, the Pre-Disability Salary means the average of the gross monthly <i>Salary</i> earned over the 12 months (or if Employed less than 12 months, over your period of employment) immediately prior to the Date of Disability.</p>
Salary	<p>Salary means your pre-tax income derived from your occupation, less any expenses incurred in deriving that income. Unless otherwise agreed with the insurer, Salary 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>
Terminal Illness	<p>Terminal Illness means you are suffering from an illness, or have incurred an injury, that is likely to result in your death within a period of 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. The benefit the insurance policy pays out is termed as a Terminal Illness benefit.</p>

Term	Definition
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.
Unemployed	Unemployed means a person without a paid job but is available to work.
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 or <i>Partial Disability</i> benefit begins to accrue. The Waiting Period commences from the date you are Totally Disabled and unable to work, as certified by a <i>Medical Practitioner</i> .
Years of Future Membership	Years of Future Membership is the period from 1 July or date of commencement (whichever is more recent) up to age 65 measured in years and complete months, unless we advise you otherwise.

5. 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 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.

If you are Employed in Permanent Employment within the 6 months prior to your *Date of Disablement*, or have been on employer approved leave for less than 24 months then Total & Permanent Disability means:

Loss of limbs and/or sight, or Permanent loss of intellectual capacity

You have suffered 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; or
- (iv) *Cognitive Function* (this has a three consecutive month waiting period)

(where limb is defined as the whole hand or the whole foot); and

you have provided proof to the insurer's satisfaction that you have become incapacitated to such an extent as to render you unlikely ever to engage in or work for reward in any occupation or work for which you are reasonably qualified by reason of education, training or experience;

or

Unlikely to do a suited occupation ever again

Where, at the *Date of Disablement*, and solely by reason of an injury or sickness:

- (i) you are unable to perform your occupational duties for a period of three consecutive months since the *Date of Disablement*, and
- (ii) you are under the care of, and following the advice of, a *Medical Practitioner*; and

you have provided proof to the insurer's satisfaction that you have become incapacitated to such an extent as to render you unlikely ever to engage in or work for reward in any occupation or work for which you are reasonably qualified by reason of education, training or experience;

or

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

Where at the *Date of Disablement*, you are:

- (i) 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* solely as a result of suffering one or more of the following listed *Medical Conditions*; - Cardiomyopathy; Chronic Lung Disease, Dementia and Alzheimer's Disease, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia (including Quadriplegia, Hemiplegia and Tetraplegia), or Parkinson's Disease; and
- (ii) under the care of, and following the advice of, a *Medical Practitioner*; and
- (iii) you have provided proof to the insurer's satisfaction that you have become incapacitated to such an extent as to render you unlikely ever to engage in or work for reward in any occupation or work for which you are reasonably qualified by reason of education, training or experience.

If you have not been employed in Permanent Employment within the 6 months prior to your *Date of Disablement*, or have been on employer approved leave for 24 months or longer, then Total & Permanent Disability means:

You have provided proof to the insurer's satisfaction that you have become incapacitated to such an extent as to render you unlikely ever to engage in or work for reward in any occupation or work for which you are reasonably qualified by reason of education, training or experience; and one of the following apply:

- (i) you suffer the permanent loss of use of two limbs or the sight of both eyes or the loss of use of one limb and the sight of one eye (where limb is defined as the whole hand or the whole foot).
- (ii) through Illness or Injury and having provided proof to the satisfaction of the insurer is permanently unable to perform two of the following six basic activities of everyday living:
 - Bathing – to shower or bathe;
 - Dressing – to dress or undress;
 - Toileting – to use the toilet including getting on and off;
 - Feeding – to eat and drink;
 - Mobility – to get out of bed, chair or wheelchair; or
 - Continence – to control bladder and bowel function.

If you can perform the activity by using special equipment, you will be considered able to undertake that activity.

- (iii) through Illness or Injury and having provided proof to the insurer's satisfaction, are suffering from the permanent deterioration or loss of intellectual capacity that has required you to be under continuous care and supervision by another adult person for three consecutive months and this care is likely to be on a permanent daily basis and on-going;

or,

If you are engaged in full time unpaid Domestic Duties in your own residence:

You have provided proof to the insurer's satisfaction, that you have become incapacitated to such an extent as to render you unlikely ever to be able to perform your normal *Domestic Duties* and engage in or work for reward in any occupation or work for which you are reasonably qualified by reason of education, training or experience; and one of the following apply:

- (i) you are suffering the permanent loss of use of two limbs or the sight of both eyes or the loss of use of one limb and the sight of one eye (where limb is defined as the whole hand or the whole foot); or
- (ii) as a result of Illness or Injury, you are under the care of a *Medical Practitioner* and are unable to perform your normal *Domestic Duties*, or leave your residence unaided or engage in or work for reward in any occupation or work for three consecutive months.

Note: a different definition applies for members who held Total & Permanent Disability cover with the former fund (the DuluxGroup Employees Superannuation Fund) on 30/06/2014 and continue to hold this cover.

6. Definitions - Total & Permanent Disability for members who held TPD¹ cover with Dulux Employees Superannuation Fund on 30/06/2014

When you are Employed in Permanent Employment within the 12 months prior to your Date of Disablement for at least the Minimum Hours, if one of the following (i) to (iv) applies:

- (i) you are suffering the permanent loss of use of two limbs or the sight of both eyes or the loss of use of one limb and the sight of one eye (where limb is defined as the whole hand or the whole foot);
- (ii) you having been absent from your Occupation with your Employer through Injury or Illness for 6 consecutive months and having provided proof to the satisfaction of the insurer that you have become incapacitated to such an extent as to render you unlikely ever to engage in or work for reward in any occupation or work for which you are reasonably qualified by reason of education, training or experience.
- (iii) through Illness or Injury and having provided proof to the satisfaction of the insurer you are permanently unable to perform two of the following 6 basic activities of everyday living;
 - Bathing – to shower or bathe;
 - Dressing – to dress or undress;
 - Toileting – to use the toilet including getting on and off;
 - Feeding – to eat and drink;
 - Mobility – to get out of bed or chair or wheelchair; or
 - Continence – to control bladder and bowel function

If you can perform the activity by using special equipment, you will be considered able to undertake that activity.

- (iv) through Illness or Injury you are suffering from the permanent deterioration or loss of intellectual capacity and have provided proof to the insurer's satisfaction that you are required to be under continuous care and supervision by another adult person for 6 consecutive months and this care is likely to be on a permanent daily basis and on-going.

When you have not been Employed in Permanent Employment within the 12 months prior to your Date of Disablement or are Employed in Permanent Employment but for less than the Minimum Hours or on a Casual Basis, if one of the following (i) to (iii) applies:

- (i) you are suffering the permanent loss of use of two limbs or the sight of both eyes or the loss of use of one limb and the sight of one eye (where limb is defined as the whole hand or the whole foot);
- (ii) through Illness or Injury and having provided proof to the satisfaction of the insurer is permanently unable to perform two of the following six basic activities of everyday living;
 - Bathing – to shower or bathe;
 - Dressing – to dress or undress;
 - Toileting – to use the toilet including getting on and off;
 - Feeding – to eat and drink;
 - Mobility – to get out of bed or chair or wheelchair; or
 - Continence – to control bladder and bowel function

If you can perform the activity by using special equipment, you will be considered able to undertake that activity.

- (iii) through Illness or Injury is suffering from the permanent deterioration or loss of intellectual capacity and has provided proof to the insurer's satisfaction that you are required to be under continuous care and supervision by another adult person for 6 consecutive months and this care is likely to be on a permanent daily basis and on-going.

1. TPD means Total & Permanent Disability

7. Definitions - Income Protection

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

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

Unable to work - unable to work at least 20% of your occupational tasks, 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 may be eligible to claim a partial disability benefit.

You may be eligible for a partial disability benefit – where you have been disabled and return to work in a reduced capacity and have a reduced income as a result of your illness or injury. You must be totally disabled for 7 out of the first 12 days of your waiting period to be eligible for a partial disability benefit.

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

Return to work retraining support - where appropriate, we will work with you, your doctor, your employer and the insurer to encourage and support you through return to work retaining (including workplace modifications).

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

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

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

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

Total Disability or Totally Disabled

Total Disability means a solely as a result of Illness or Injury occurring whilst a Covered Person is:

- (i) unable to perform at least one Income Producing Duty of his or her occupation; and
- (ii) not working in any occupation, whether or not for reward; and
- (iii) under the regular care and following the advice of a *Medical Practitioner*.

Partial Disability or Partially Disabled

Partially Disabled or *Partial Disability* means a Covered Person:

- (i) has been Disabled for at least 7 days out of the first 12 working days of the *Waiting Period*,
- (ii) is unable to work in their Occupation at full capacity as a result of the Illness or Injury resulting in Disability,
- (iii) is working in their Occupation or any other occupation but only in a limited capacity,
- (iv) is earning a monthly Disability Income less than their Monthly Income, and
- (v) is under the regular care and following the advice of a *Medical Practitioner*.

The income benefit paid during partial disability will be calculated in line with the proportionate loss of income from the end of the Waiting Period.



Australian Retirement Trust

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Australian Retirement Trust Pty Ltd

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AFSL No. 228975

Australian Retirement Trust

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Need assistance? Call our translation service on 13 14 50 and say one of the following languages at the prompt: **Italian, Chinese, Vietnamese, Korean, or Arabic.**

This document has been prepared and issued by Australian Retirement Trust Pty Ltd (ABN 88 010 720 840 AFSL No.228975), the Trustee of Australian Retirement Trust (ABN 60 905 115 063) (referred to as 'the Fund' or 'Australian Retirement Trust'). Any reference to 'we', 'us' or 'our' is a reference to the Trustee. You can call us to request a copy of this document, free of charge.

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