

Super Savings Insurance Guide

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for Ex-IAG & NRMA

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IAG and NRMA have chosen Australian Retirement Trust to provide a specialised super plan for you.

IAG and NRMA are not responsible for the preparation of this document. They are not providing advice or a recommendation in relation to this Plan.

How to use this Insurance Guide

This Super Savings Insurance Guide for Ex-IAG NRMA (Insurance Guide) will provide you with important information to help you better understand your insurance cover as a member of the Plan. Make sure you read this 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 Zurich Australia Limited (Zurich) ABN 92 000 010 195 AFSL 232510 to the Trustee of Australian Retirement Trust. In the event of a dispute the policy will override the information in the Super Savings Product Disclosure Statement for Accumulation Account (PDS) for EX-IAG NRMA and this Insurance Guide.

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

More information

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

Important information

This is the Super Savings Insurance Guide for Ex-IAG & NRMA (Insurance Guide). The Insurance Guide contains information about the insurance in your Super Savings for Ex-IAG & NRMA plan, including insurance terms and conditions.

The information in this Insurance Guide forms part of the Super Savings Product Disclosure Statement for Accumulation Account (PDS) for Ex-IAG & NRMA issued on 1 July 2024. The PDS references important information contained in this Insurance Guide. This Insurance Guide may reference important information contained in the Super Savings Accumulation Guide and Super Savings Investment Guide. The PDS, this 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 Accumulation accounts are products issued within the public offer division of Australian Retirement Trust. Any references to Australian Retirement Trust contained in this 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 Insurance Guide's issue date. Contact us for a copy of the 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 Insurance Guide that are defined and have a particular meaning when used in this Insurance Guide. Refer to the end of this 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 Insurance Guide.

Insurance in your super

The benefits, features and options for insurance cover are summarised in the table below. More information on each item can be found in this 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 <i>Total & Permanent Disability</i> definition.
Standard Death and Total & Permanent Disability cover	Cover is automatically provided to eligible members, unless you decide to opt-out of cover. The following Standard insurance cover is available (based on your employment status when employed by IAG or NRMA): Permanent employees Death and Total & Permanent Disability cover Casual employees Death only cover
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> .
Optional Income Protection cover for members employed on a permanent basis	Optional Income Protection cover is available to members employed on a permanent basis. 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: <ul style="list-style-type: none"> • A monthly income of up to 85% of your <i>Pre-Disability Salary</i> (less offsets) • 75% is paid as income to you and 10% is paid as a superannuation contribution directly to your Accumulation account for Ex-IAG & NRMA • For a <i>Benefit Period</i> up to 2 years, after a 84-day <i>Waiting Period</i>.
Eligible age for Standard cover	Death cover – age 15 to 64 Total & Permanent Disability cover – age 15 to 64
Age when Standard cover ceases	Death cover – age 65 Total & Permanent Disability cover – age 65
Tailored cover	You can apply for Tailored cover to suit your individual circumstances and needs. Limits may apply.
Transfer of insurance cover	We may agree to take over the cover provided by an existing insurance policy or superannuation fund and provide equivalent benefits on Australian Retirement Trust's terms and conditions. Permanent employees can apply to transfer Death and Total & Permanent Disability or Death only cover up to \$2,000,000. Casual employees are only eligible to apply to transfer Death cover.
Worldwide cover	Cover is provided 24/7 anywhere in the world.
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 Accumulation account for Ex-IAG & NRMA.

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

Insurance solutions

If you held any Death and Total & Permanent Disability cover in the IAG Superannuation Plan or NRMA Superannuation Plan prior to ceasing employment or redirecting your Superannuation Guarantee (SG) contributions to another superannuation fund your cover will automatically transfer to a Accumulation account for Ex-IAG & NRMA. The terms and conditions will be as outlined in this Insurance Guide.

Standard Death and Total & Permanent Disability cover is provided on a *Fixed cover* basis. This means your covers stays the same, but your weekly premium generally increases as you get older.

If you belong to a group that is transferring to Super Savings for Ex-IAG & NRMA, all members of your group may be insured on "take over" terms. If you are a former member of the IAG & NRMA Superannuation Plan and became a member of the plan when it commenced on 14 November 2020, you may have different insurance arrangements than those outlined in this Insurance Guide. You will have been notified in writing of any differences that apply to your insurance (if any).

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

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 if you just want Standard Death only, please let us know.

Who pays for your insurance?

Your insurance premiums are calculated weekly and deducted monthly from your Accumulation account for Ex-IAG & NRMA.

Need to know your level of cover

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

1. Standard Death and Total & Permanent Disability cover

Permanent employees

Employees who were previously employed on a Permanent basis with IAG or NRMA will continue to receive the benefits of their existing Death and Total & Permanent Disability cover. Cover is provided on a *Fixed cover* basis. This means your cover stays the same, but your weekly premium generally increases as you get older.

Your insurance cover and premium are recalculated on your birthday each year. Standard Death and Total & Permanent Disability cover is available until age 65.

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

An example of Standard Death and Total & Permanent Disability cover

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

Weekly premium

(Death and TPD ¹ cover / \$10,000) x premium / 52	Weekly premium for Standard cover
$(\$200,000 / \$10,000) \times \$3.70 / 52$	\$1.43

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 Accumulation account for Ex-IAG & NRMA.

Premiums for partial weeks are not pro-rated.

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

Total & Permanent Disability cover reduces from age 61

From age 61, your 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 at age 60, your cover will reduce as follows:

Age ¹	TPD ² cover
60	\$200,000
61	\$160,000
62	\$120,000
63	\$80,000
64	\$40,000
65	Nil

1. The insurance cover is recalculated based on your age at your birthday each year. Your premium is recalculated based on your updated cover on or around this date. Total & Permanent Disability cover will cease on your actual birthday when you attain age 65.

2. TPD means Total & Permanent Disability.

If your cover commenced after age 60, any 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.

Casual employees

Employees who were previously employed on a Casual basis with IAG or NRMA will continue to receive the benefits of their existing Death cover. Cover is provided on a *Fixed cover* basis. This means your cover stays the same, but your weekly premium generally increases as you get older.

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

Standard Death cover is available until age 65.

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 please let us know.

An example of Standard Death cover

James is 29 years old and has Standard Death only cover of \$50,000.

Weekly premium

(Standard cover / \$10,000) x premium / 52	Weekly Premium for Standard cover
$(\$50,000 / \$10,000) \times \$2.70 / 52$	\$0.26

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 Accumulation account for Ex-IAG & NRMA. Premiums for partial weeks are not pro-rated.

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

Need to know your level of cover

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

Important eligibility terms and conditions

Am I eligible for Standard cover?

If you held any Death and/or Total & Permanent Disability cover in the IAG Superannuation Plan or NRMA Superannuation Plan prior to ceasing employment with IAG or NRMA or redirecting your Superannuation Guarantee (SG) contributions to another superannuation fund, your cover will automatically continue in Accumulation account for Ex-IAG & NRMA on a *Fixed cover* basis.

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

If you want to reduce or cancel your cover, or just want Death only cover, please let us know. Otherwise the premiums will continue to be deducted from your Accumulation account for Ex-IAG & NRMA 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?

Below we have explained our intention in providing Total & Permanent Disability insurance cover to you and how the definitions that are used to assess Total & Permanent Disability claims are applied in practice. This information is intended as a guide to assist you in understanding your insurance, but you should always read this Insurance Guide as the insurer will use the equivalent terms and definitions set out in the policy when assessing eligibility for cover or any claim.

Total & Permanent Disability insurance is intended to provide you with a lump sum payment in the event that you suffer an injury or illness that prevents you from working ever again before retirement age.

If you were gainfully working when you became injured or ill, the insurer will apply a definition which looks at your capacity to work ever again. This means work in any occupation that you might be reasonably suited for, based on your education, training and experience (over your entire work history) and not just your occupation or job when you become injured or ill.

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

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

If you meet the definition of being *Totally & Permanently Disabled* and have your claim accepted by the insurer, the payment will be paid to you as a single lump sum.

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

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

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

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

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

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

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

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

Payment of a Total & Permanent Disability benefit will reduce the Death cover by the amount paid as a Total & Permanent Disability benefit. Any Death cover in excess of the Total & Permanent Disability cover will still continue in your Accumulation account for Ex-IAG & NRMA 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 cover?* and the definition of *Employed* in the *Definitions* section.

What happens in the event of a specified Medical Condition?

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

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

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

For more details refer to the *Definitions* section for *Medical Conditions*, and *Total & Permanent Disability – Medical conditions (Specific Illness)*.

Payment of a total and permanent disability benefit

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

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

When would a health questionnaire be required?

A health questionnaire will be required if:

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

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

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

Bring your current cover with you

You may be eligible to transfer existing Death and Total & Permanent Disability (Permanent employees only), or Death only cover up to \$2,000,000 to Australian Retirement Trust.

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

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

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

If accepted by the insurer:

- you will be subject to the terms and conditions outlined in the Group life policies issued by Zurich,
- 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 insurer, before cancelling your existing cover.

Transferred cover will start on the date your application is accepted by the insurer. Interim Accident Cover does not apply to applications for transferred cover.

Interim Accident cover

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

Interim Accident Cover will end upon the earlier of:

- the date the insurer notifies Australian Retirement Trust or you in writing that the insurer accepts or rejects the application for cover or increase in the insured benefit,
- 90 days after the date Interim Accident Cover starts,
- the date that cover otherwise ceases, refer to *When does Death and Total & Permanent Disability insurance cover stop?*, or
- the date the application is cancelled or withdrawn.

If you die or suffer total and permanent disablement as the result of an **Accident** during the period in which Interim Accident Cover applies, the insurer will pay you the Interim Accident Cover benefit.

The Interim Accident Cover benefit is the lesser of:

- the benefit amount applied for in the application for cover,
- the difference between the level of increased cover applied for and the current level of cover, and
- the maximum cover level.

Refer to the **Total & Permanent Disability** definition in the **Definitions** section.

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

Tailored cover

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

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

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

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

You may apply for Tailored Death and Total & Permanent Disability cover or Death only cover at any time. Tailored cover is available on a **Fixed cover** basis, this means your cover stays the same but your premium generally increases as you get older.

Types of cover available

The cover you can apply for depends on your employment status at the time of application. If you were a **Casual employee** of IAG or NRMA but are now a **Permanent employee** of a new employer, you can apply for Tailored Death and/or Total Permanent Disability cover.

The types of cover available are:

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

Casual employees may only apply for Tailored Death cover.

How much can I apply for?

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

- Death cover — Unlimited
- Terminal Illness — \$3,000,000 (this forms part of the Death cover)
- Total & Permanent Disability cover — \$5,000,000 (**Permanent employees** only)

When does Tailored cover start?

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

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

Commencement of cover is also subject to you having sufficient money in your Accumulation account for Ex-IAG & NRMA to pay insurance premiums. If you do not have enough money in your Accumulation account for Ex-IAG & NRMA to pay premiums, you will be notified of the conditions that apply to you.

Tailored Total & Permanent Disability cover reduces from age 61

From age 61, your Tailored 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 at age 60, your cover will reduce as follows:

Age ¹	TPD ² cover
60	\$200,000
61	\$160,000
62	\$120,000
63	\$80,000
64	\$40,000
65	Nil

1. The insurance cover is recalculated based on your age at your birthday each year. Your premium is recalculated based on your updated cover on or around this date. Tailored Total & Permanent Disability cover will cease on your actual birthday when you attain age 65.

2. TPD means Total & Permanent Disability.

If your cover commenced after age 60, any Tailored 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.

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

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

Simply download and complete the Change of Insurance Cover form and return it to us.

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

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

$$\begin{aligned} & \text{(Tailored Death cover / \$10,000) x Tailored Death premium rate / 52} \\ & \text{plus} \\ & \text{(Tailored TPD¹ cover / \$10,000) x TPD¹ premium rate / 52} \\ & (\$200,000 / \$10,000) \times \$2.70 / 52 \\ & + \\ & (\$200,000 / \$10,000) \times \$1.00 / 52 = \$1.43 \text{ per week} \end{aligned}$$

1. TPD means Total & Permanent Disability.

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

Premiums for insurance cover are deducted from your Accumulation account for Ex-IAG & NRMA. Premiums for partial weeks are not pro-rated.

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

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 70 for Tailored Death cover,
- you turn 65 for Tailored Total & Permanent Disability cover,
- Standard and Tailored Total & Permanent Disability cover will cease if you are in *Permanent Employment* and transfer to *Casual Employment*,
- you die,
- the date a Total & Permanent Disability claim is accepted by the insurer,
- you cancel the cover,
- the date a *Terminal Illness* claim is accepted by the insurer, where the amount of *Terminal Illness* benefit is equal to the amount of death cover,
- you withdraw all monies from your Accumulation Account for Ex-IAG NRMA,
- the policy issued to the Trustee is cancelled or terminated for any reason,
- the date you commence active service with the armed forces of any country (except where you are a member of the Australian Defence Force Reserves, in which case, cover for all benefits will cease only when the Reservist becomes the subject of a call-out order under the *Defence Act 1903* (Cth)),
- you are on approved paid or *Unpaid Leave* (including Parental leave) for a period of greater than 24 months,

- you are employed overseas for longer than the insurer has agreed to provide cover for, generally three years unless otherwise agreed,
- if you are not an *Australian Resident*, the date you no longer permanently reside in Australia, or the date you become ineligible to work in Australia (whether that is because you no longer hold a *Visa* or for any other reason),
- Contribution Inactivity - your Accumulation Account for Ex-IAG NRMA 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 Accumulation Account for Ex-IAG NRMA to pay the premiums and the premiums remain unpaid for 4 months.

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

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

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

If outside of 60 days of the cancellation date, your cover will not automatically restart.

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

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

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

What happens if you have a Terminal Illness?

In summary, a *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 *Medical Practitioner* in the particular medical field), you will be paid a Terminal Illness benefit.

If you have Death cover and the insurer accepts your claim for Terminal Illness, the benefit paid is the amount of your superannuation account balance plus the amount of your Death cover in force at the latest written certification date (up to a maximum of \$3 million).

The Terminal Illness benefit becomes payable on the date of the latest written certification by a *Medical Practitioner* which the insurer accepts as evidence of *Terminal Illness*.

Where the Terminal Illness benefit is less than the death benefit, the death benefit otherwise payable in respect of the insured member will be reduced by the amount of the Terminal Illness benefit paid. The remaining amount of Death cover (if any) is then your total Death cover, less the amount of insurance paid by the insurer on account of the Terminal Illness benefit. Your beneficiaries will then receive this in the event of your death.

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

Grief Support

A feature of your plan is that if you are diagnosed with a *Terminal Illness*, the insurer will offer you and your immediate family members access to their Grief Support Program.

What benefits are paid out if you die?

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

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

General exclusions

- active military service

The insurer will not pay a benefit if the event giving rise to the claim is caused directly or indirectly, wholly or partially:

- by *war*, or an act of *war*, occurring in Australia or New Zealand,
- by you engaging in *war service*.

This exclusion means that a benefit may not be paid under the policy in respect of an insured member who dies in *war service*.

War includes, but is not limited to, declared war and armed aggression by one or more countries resisted by any country, combination of countries or international organisations.

War service includes but is not limited to, participation in an action to defend a country or region from civil disturbance or insurrection, or in an effort to maintain peace in a country or region.

- pre-existing conditions

If you are insured for *Limited Cover* the insurer will not pay a benefit for Death, Terminal Illness or Total & Permanent Disability (as applicable) caused wholly or partly, directly or indirectly, by a pre-existing condition.

Special Conditions

Where an existing employee of either IAG or NRMA directs their employer to recommence remittance of Superannuation Guarantee (SG) contributions to Australian Retirement Trust after previously electing SG contributions be paid to another superannuation fund, your membership in the IAG Superannuation Plan or NRMA Superannuation Plan will recommence. The member's cover will be provided as *Fixed cover*. Should a *Permanent employee* wish to attain Standard cover based on the default level of cover their application will be subject to acceptance by the insurer and proof of health will be required.

Should a former employee recommence *Permanent employment* with either IAG or NRMA their existing cover will be transferred to the relevant Plan and cover will be calculated as a percentage of *Salary x Years of Future Membership* to age 65. The percentage rate used will be based on your existing level of cover rounded to the closest 5%. The maximum percentage cannot exceed 20% of *Salary*.

2. Optional Income Protection cover for members employed on a permanent basis

Below we have explained our intention in providing Income Protection insurance cover to you and how the definitions that are used to assess Income Protection claims are applied in practice. This information is intended as a guide to assist the understanding of your insurance, but you should always read this Insurance Guide as the insurer will use the equivalent terms and definitions set out in your policy when assessing eligibility for cover or any claim.

The intention of Income Protection insurance cover is to replace a percentage of your income in the event you are 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 in *Permanent employment* (including employees on fixed term contracts of 3 months or more) and working at least for 14 hours a week, you may be eligible to apply for cover. Applications are subject to acceptance by the insurer and evidence of health may be required.

If you have cover, you will be eligible for Income Protection benefits if you become *Totally Disabled*. This means that,

- solely due to injury or illness, you're not able to perform one or more of the key duties or tasks of your occupation that is necessary to produce your income,
- you are not engaged in any work, and
- you are also under ongoing medical care and following recommended treatment or rehabilitation.

If you return to work in a reduced capacity after a period of *Total Disability* and are earning less than before your disability, you may qualify for *Partial Disability* benefits.

If accepted 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. You may receive an additional 10% of your income as a superannuation contribution paid into your super account. This helps you continue to save for your retirement. We will support you to return to work, by providing occupational rehabilitation where applicable.

Please note your cover will be provided on a *Fixed cover* basis, meaning your amount of cover stays the same and does not automatically adjust with *Salary* changes.

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

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

Before any Income Protection benefits are paid, the applicable *Waiting Period* must elapse. This is the length of time before a benefit will become payable.

The *Benefit Period* is the maximum period you can receive benefits whilst you are *Totally* or *Partially Disabled*. If you are eligible to receive Income Protection insurance automatically, the maximum period you can receive monthly benefits for is 2 years.

Income Protection features at a glance

Feature	Description
Cover obtained	On application
Cover normally starts	On acceptance by the insurer
% of <i>Salary</i>	85%
Maximum cover	\$600,000 p.a. ¹
Cover up to age	65
Benefit Period	2 years
Waiting Period	84 days
Premium waiver	When on claim
Occupational rehabilitation support	✓
<i>Partial Disability</i> payments	✓
Cover during paid & Unpaid leave	✓
Cover during overseas employment	✓
Workplace Modification assistance	✓
Early Notification Incentive Benefit	✓
Return to work assistance	✓
Bereavement Benefit	✓
Grief Support	✓

1. The maximum level of Income Protection cover available is \$600,000 per annum.

Your Income Protection benefit will be calculated as 75% of your salary (plus 10% Monthly superannuation contribution benefit) up to \$30,000 per month; then 25% of your salary (plus 10% Monthly superannuation contribution benefit) thereafter up to the maximum benefit of \$50,000 per month.

How does Income Protection cover work?

Income Protection cover provides income based on the lower of:

- a level of cover selected by you (less offsets),
- a replacement monthly income of up to 85% of your *Pre-Disability Salary* (less offsets),
 - 75% is paid as income to you and 10% is paid as a superannuation contribution (directly to your Accumulation account for Ex-IAG & NRMA),
- for a *Benefit Period* up to 2 years, after a 84-day *Waiting Period*,

Any benefit payments paid as a superannuation contribution will count towards your concessional contributions cap. This may have tax implications for you.

Your specific benefit amount and weekly premium will be detailed in your Welcome booklet and each year in your Annual Statement.

Things to consider

- Premiums generally increase with age.
- Income Protection benefits are taxable income and may be subject to Pay As You Go (PAYG) tax. If applicable, an income statement will be issued by the insurer at the end of the financial year.
- You may also have the added advantage of insurance premiums offsetting your 15% contributions tax liability.
- An Income Protection benefit is not paid during the *Waiting Period*.

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.

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

During the *Waiting Period*, you may return to work once to perform the normal duties and hours of your occupation, for up to five consecutive days, without having to recommence the *Waiting Period*. If this happens, the insurer will add the number of days of work to the *Waiting Period*.

If you return to work, performing the normal duties of your occupation during the *Waiting Period*, on more than one occasion, the *Waiting Period* starts again.

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 Accumulation account for Ex-IAG & NRMA.

Example of how an Income Protection benefit is paid:

Fiona has a 84-day *Waiting Period*. Her benefit will be payable from day 85 subject to acceptance by the insurer. As benefit payments are paid monthly in arrears her first benefit payment will be made one month later.

Total Disability payments

The insurer will pay you a monthly benefit during the *Benefit Period* when you are *Totally Disabled* for longer than the *Waiting Period*. To be eligible for the *Total Disability* benefit, you must have been unable to work due to sickness or injury, and

- be *Totally Disabled* for seven (7) out of the first twelve (12) consecutive days of the *Waiting Period*, and
- be continuously disabled for the remainder of the *Waiting Period*, and
- you are following the advice of a *Medical Practitioner* in relation to your illness or injury for which you are claiming, and
- at the expiry of the *Waiting Period*, be *Totally Disabled*.

Partial Disability payments

A partial disability benefit is intended to cover you if you return to work at a reduced capacity, for example you go back to work on a part-time basis as a result of an injury or illness. If you have been off work due to sickness or injury during the *Waiting Period*, and you then return to partial work duties, you may be eligible for partial disability benefits.

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

- you were *Totally Disabled* for seven (7) out of the first twelve (12) consecutive days of the *Waiting Period*, and
- you are continuously disabled for the remainder of the *Waiting Period*, and
- you are following the advice of a *Medical Practitioner* in relation to your illness or injury for which you are claiming, and
- you have returned to work in your usual or an alternative occupation but only in a limited capacity, and
- your monthly income is less than your *Pre-Disability Salary*.

The insurer will pay a partial disability monthly benefit. The benefit payable is calculated in accordance with the following formula.

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

A is your *Pre-Disability Salary*

B is the monthly income you received, or were capable of earning, for the month in which you are *Partially Disabled*. If you are not working to your assessed capacity then 'B' will be the amount you could expect to earn if you were. When the insurer assesses capacity, consideration will be given to medical evidence, and other factors related to your condition.

C is the Monthly Benefit

The Partial Disability benefit begins to accrue if you are *Partially Disabled* and the *Waiting Period* has ended.

Occupational rehabilitation support

The insurer provides a range of rehabilitation support services that are tailored to suit your individual return-to-work goals.

The insurer's rehabilitation team takes a holistic and collaborative approach to support you with your recovery and work goals.

The insurer's rehabilitation team has qualifications in rehabilitation counselling, pain management and health and exercise physiology.

The services listed may be offered to those members who are suitable to undergo a rehabilitation program:

Initial needs assessment

This assessment helps the insurer to identify and access the right type of rehabilitation services for you through exploration of medical and vocational factors.

Gradually build up the member's work capacity and endurance

The insurer will work with you and your employer if applicable) to develop a Return to Work Plan. This may involve reduced hours and duties which are gradually increased as your condition improves. Workstation modifications and aids may also make returning to work easier.

Career Counselling

If you can't return to the same role, the insurer may undertake a vocational assessment of your education, employment history and transferrable skills to identify suitable alternative employment or retraining options.

Helping you prepare for job seeking

The insurer can help you build the confidence to be job-ready by assisting you with resume preparation, sourcing job leads and developing the skills for successful interviews.

Helping with work-readiness

If you are not quite ready to return to work, you may benefit from assistance with developing a daily structure, incorporating exercise, goal setting, and re-engagement in the community, as a stepping stone to returning to work.

Return to work assistance

Following lodgment of an Income Protection claim, and if you are approved by the insurer to participate in a return to work program, the insurer may pay some or all of the expenses incurred for participation in that program. The insurer will pay directly to the appropriate service provider and only where the program expenses have been approved by the insurer. Such payments will be made directly by the insurer to a service provider. Any payment made under this section will be made at the insurer's discretion.

Workplace modification assistance

If you are receiving Income Protection benefit payments and the insurer agrees that your place of employment requires modification in order to assist you in returning to work, the insurer may pay all or some of the modification expenses to a service provider. The maximum payment is three times your monthly disability benefit, and any payments will be made at the insurer's discretion. A payment may only be made once.

Bereavement Benefit

If you die or are diagnosed with a *Terminal Illness*, the insurer will pay three times the monthly benefit as a lump sum, subject to a maximum of \$60,000.

Only one Bereavement Benefit will be payable.

If a Bereavement Benefit for *Terminal Illness* is paid, it will not also be paid upon your death. This benefit is in addition to any other benefits payable while you are on an Income Protection claim.

Grief Support

A feature of your plan is that if you are diagnosed with a *Terminal Illness*, the insurer will offer you and your immediate family members access to their Grief Support Program.

Early Notification Incentive Benefit

Where the insurer accepts a claim for a *Total Disability* benefit or *Partial Disability* benefit, the insurer will pay you the Early Notification Incentive Benefit if you, no later than 30 days after the occurrence of the event giving rise to a claim:

- notify Australian Retirement Trust of your intention to make a claim, and
- provide the insurer with the information they require to establish the occurrence of the event giving rise to the claim.

The Early Notification Incentive Benefit that the insurer will pay you is 25% of the amount payable for your disability for the first month (or if this is for less than one month, a pro-rata amount for each day you are disabled).

This benefit only becomes payable at the expiration of the *Waiting Period*.

Am I eligible for Income Protection cover?

You are eligible for Standard Income Protection cover if:

- you are under the age of 65,
- you are *Permanent employee* (including employees on fixed term contracts of three months or more) and working at least 14 hours per week for your employer,
- your employer is making superannuation contributions to your Accumulation Account for Ex-IAG NRMA on your behalf,
- you are an *Australian resident* or holder of a *Visa*, unless otherwise agreed by the insurer,
- you apply for Income Protection cover and your application is accepted by the 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.

When does my Income Protection cover start?

Your Income Protection cover will generally start from the date the insurer approves your application. However as a condition of acceptance of the Income Protection 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 cover is related to a specified condition or pastime.

If you accept the terms of this Special Acceptance offer (if applicable), your Income Protection cover will start on the date you accept the offer. Commencement of cover is also subject to you having sufficient money in your Accumulation account for Ex-IAG & NRMA to pay insurance premiums. If you do not have enough money in your Accumulation account for Ex-IAG & NRMA to pay premiums, you will be notified of the conditions that apply to you.

Does my cover change each year?

Cover is provided on a *Fixed cover* basis. This means your cover stays the same, but your weekly premium generally increases as you get older. Your amount of cover does not automatically adjust with *Salary* changes.

Your premiums are recalculated on your birthday each year.

It's very important you keep your level of Income Protection cover up to date as your benefit payments are limited to a maximum of 85% of your *Pre-Disability Salary*. Should you require additional cover you must apply for any increase and this is subject to acceptance by the insurer.

When would a health questionnaire be required?

A health questionnaire will be required if:

- you have previously cancelled your cover and want to reapply.

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.

An example of how to calculate Income Protection premiums

Karen is 30 years old when she joins the Plan. She is a *Permanent employee* on a *Salary* of \$60,000 p.a. She is working at least 14 hours per week and is eligible for Income Protection cover.

Insurance cover

85% x Salary	Annual cover
85% x \$60,000	\$51,000

Weekly Premium

(Cover / \$1,000) x premium rate / 52	Weekly premium
(\$51,000 / \$1,000) x \$0.93 / 52	\$0.92

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

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/iagnrma

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

Premiums for insurance cover are deducted from your Accumulation account for Ex-IAG & NRMA. Premiums for partial weeks are not pro-rated.

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

Interim Accident Cover

Where you choose to apply for Income Protection cover, up to 90 days Interim Accident Cover will apply immediately from the date we receive your completed Change of Insurance Cover form.

Interim Accident Cover will end upon the earlier of:

- the date you are notified in writing that the insurer has accepted or rejected your application for cover or increase in the insured benefit,
- 90 days after the date Interim Accident Cover starts,
- the date that cover otherwise ceases, refer to *When does Income Protection insurance cover stop?*, or
- the date the application is cancelled or withdrawn.

If you suffer *Total Disability* or *Partial Disability* as the result of an *Accident* during the period in which Interim Accident Cover applies, the insurer will pay you an Interim Accident Cover benefit.

The insurer will pay the Interim Accident Cover benefit each month after the *Waiting Period* while you remain disabled.

Payment of the Interim Accident Cover benefit will cease should the you no longer be *Totally Disabled* or at the expiry of the *Benefit Period* (whichever comes first).

The Interim Accident Cover benefit is the lesser of:

- the cover amount applied for in the Change of Insurance Cover form,
- the monthly benefit amount based on the maximum cover level of \$600,000 per annum.

Interim Accident Cover provides a *Total Disability* benefit or *Partial Disability* benefit only. It does not cover the insured member or eligible person for any other built-in benefits, built-in features or optional benefits.

No premium is charged for the Interim Accident Cover.

Conditions & exclusions

When does Income Protection cover stop?

Income Protection cover stops when:

- you turn 65,
- you die,
- you cancel the cover,
- you withdraw all monies from your Accumulation Account for Ex-IAG NRMA,
- you are no longer working for at least 14 hours per week with your employer, or you no longer satisfy the eligibility conditions for Income Protection cover,
- you change your employment status to *Casual employment*,
- you cease employment with your Australian based employer while overseas,
- the policy issued to the Trustee is cancelled or terminated for any reason,
- the date you commence active service with the armed forces of any country (except where you are a member of the Australian Defence Force Reserves, in which case, cover for all benefits will cease only when the Reservist becomes the subject of a call-out order under the *Defence Act 1903* (Cth)),
- you are on approved paid or *Unpaid Leave* (including Parental leave) for a period of greater than 24 months,
- you are employed overseas for longer than the insurer has agreed to provide cover for, generally three years unless otherwise agreed,
- if you are not an *Australian Resident*, the date you no longer permanently reside in Australia, or the date you become ineligible to work in Australia (whether that is because you no longer hold a *Visa* or for any other reason),
- the date you permanently retire,
- from employment Contribution Inactivity - your Accumulation Account for Ex-IAG NRMA 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 Accumulation Account for Ex-IAG NRMA 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 then you have the option to advise us in writing to restart the insurance cover that was stopped due to Contribution Inactivity. This written request must be received within 60 days of the cover stopping. We will restart the type and amount of cover you had as at the date of the automatic cancellation from the date your written request for reinstatement is received.

If outside of 60 days of the cancellation date, your cover will not automatically restart.

Any cover that is reinstated will be provided as *Limited Cover* until you have been *At Work* for 30 consecutive days. If you have requested a cancellation of your cover or the insurance cover that was stopped due to a Zero Account Balance, 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,
- 85% of your *Pre-Disability Salary* (less any offsets)
- 75% is paid as income and 10% of your *Pre-Disability Salary* is paid as a superannuation contribution, and
- the maximum level of Income Protection cover available of \$600,000¹ per annum.

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

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

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

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

1. Your Income Protection benefit will be calculated as 75% of your salary (plus 10% Monthly superannuation contribution benefit) up to \$30,000 per month; then 25% of your salary (plus 10% Monthly superannuation contribution benefit) thereafter up to the maximum benefit of \$50,000 per month.

General exclusions

- exclusions

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:

- intentional self-inflicted act,
- you engaging in illicit drug use,
- uncomplicated pregnancy or childbirth.
- war, or act of war, in Australia, New Zealand or your country of residence,
- you engaging in war service, or
- any other exclusions that have been imposed by the insurer.

The insurer may also reduce or refuse to pay benefits where:

- your sickness or injury arises directly or indirectly from your participation in a criminal activity,
- you are imprisoned or on remand in a correctional or rehabilitation facility,
- you unreasonably refuse to actively participate in a rehabilitation program that you have the capacity to undertake as approved by your *Medical Practitioner*,
- you unreasonably refuse to undergo medical treatment (including rehabilitation) to treat your condition as recommended by your *Medical Practitioner*,
- you do not comply with the insurer's reasonable claim requirements, or
- your reduced income or inability to work is caused by anything other than sickness or injury. For example, the insurer won't pay a benefit if your professional qualification is restricted or revoked due to misconduct or if your employer stops trading.

- pre-existing conditions

If you are insured for *Limited Cover* you are only insured for new events. The insurer will not pay a benefit for *Total Disability* or *Partial Disability* (as applicable) caused wholly or partly, directly or indirectly, by a pre-existing condition.

Will there be offsets to my benefit payment?

There are some circumstances when the insurer limits the amount they pay under a *Totally Disability* benefit or *Partial Disability* benefit.

Your Income Protection benefit payment may be reduced by amounts payable (including settlement* or commutation amounts):

- by way of a statutory scheme, or a compulsory insurance scheme, that pays amounts for, or calculated by reference to, loss of income or earning capacity (including amounts for past or future economic loss). Examples of such schemes include workers' compensation and compulsory third-party motor vehicle insurance,
- in respect of, or calculated by reference to, loss of income or earning capacity (including amounts for past or future economic loss), whether the amount is payable under legislation or otherwise,
- by way of damages under common law, in respect of, or calculated by reference to, loss of income or earning capacity (including amounts for past or future economic loss),
- in respect of, or calculated by reference to, any paid parental leave, where you suffer disability during a period of parental leave,
- for the purpose of income or expense replacement, or covering the financial obligations that you have to other parties, under any other disability, injury or illness insurance policy.

If a lump sum payment is received, where all or a part of that lump sum cannot be allocated to specific months, we will convert the lump sum or part of the lump sum (as relevant) to income on the basis of 1% for each month that we pay the monthly benefit, for a maximum of eight years. The balance of the lump sum, if any, will not be offset.

Your Income Protection benefit payment will not be reduced by amounts payable for, or calculated by reference to:

- Disability Support Pension payable by Centrelink or its successors,
- sick leave,
- annual leave,
- redundancy payments,
- long service leave entitlements,
- investment income,
- total and permanent disability benefits, trauma benefits or terminal illness benefits.

* To avoid doubt, settlement amounts include but are not limited to settlements made out of court in respect of legal proceedings or contemplated legal proceedings.

Payment of benefits

The insurer will pay monthly benefits directly to you with a maximum payment of 85% of *Pre-Disability Salary* (less any offsets), 75% is paid as income and 10% of your *Pre-Disability Salary* is paid as a superannuation contribution. Generally Income Protection benefit payments are taxable income and subject to Pay As You Go (PAYG) tax. If applicable, an income statement will be issued by the insurer at the end of the financial year.

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

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

If you are on *Unpaid Leave* or parental leave, your benefit is based on your most recent *Salary* provided by your employer 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 85% of your *Pre-Disability Salary* at the first day of absence from active employment due to sickness or injury resulting in *Total Disability*.

Recurrent event

If you were previously on claim ('Original Claim') and the Original Claim ceased because you were no longer disabled, and another claim is made in respect of the same or related illness or injury ('Recurrent Claim'), the insurer will treat the Recurrent Claim as a continuation of the Original Claim and the *Waiting Period* is waived subject to all of the following conditions:

- you became disabled as a result of the same or related illness or injury within six months of the Original Claim ending, and
- cover is still in force.

The insurer will consider you are suffering from a separate injury or illness and a new *Waiting Period* and *Benefit Period* will apply if the Recurrent Claim is made after the expiration of six months since the Original Claim ceased.

Concurrent event

The insurer will pay one monthly benefit at a time, even if you suffer more than one illness or injury. This applies to *Total Disability and Partial Disability*.

When does payment of the benefit stop?

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

- you no longer satisfy the definition of *Total Disability* or *Partial Disability*, as assessed by the insurer,
- the end of the benefit payment period,
- for a *Partial Disability* benefit, the date you earn, or become capable of earning, a monthly salary equal to or greater than your *Pre-Disability Salary*,
- you being *Employed* under a *Visa* and the term of the *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*,
- you reaching age 65,
- the date you have been receiving benefits for longer than 12 consecutive months while residing outside Australia, or
- your death.

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

Other important information

Can your health affect your insurance cover?

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

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

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

Commencement of cover is also subject to you having sufficient money in your Accumulation account for Ex-IAG & NRMA to pay insurance premiums. If you do not have enough money in your Accumulation account for Ex-IAG & NRMA 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. 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 want to reduce or cancel my cover?

If you don't want Standard or Tailored 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 Accumulation account for Ex-IAG & NRMA each month. The cancellation or reduction will be effective from the date your instruction is received by Australian Retirement Trust.

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

If you cancel your cover, evidence of health satisfactory to the insurer will be required before cover can restart from the date approved by the insurer or if Special Conditions apply, the date you accept the Special Conditions.

Your duty to take reasonable care not to make a misrepresentation

About your duty

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

The duty to take reasonable care

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

If you do not meet your duty

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

Guidance for answering questions

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

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

Changes before your cover starts

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

If you need help

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

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

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

For example, the insurer may:

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

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

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

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

Special offers

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

Financial Advice

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

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

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

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

Overseas travel and approved leave

Total premiums (including stamp duty) will continue to be deducted from your Accumulation account for Ex-IAG & NRMA during the period of leave. It is your responsibility to ensure sufficient monies are in your Accumulation account for Ex-IAG & NRMA 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 Paid Leave, Unpaid Leave or parental leave?

If you are on approved paid or *Unpaid Leave* (including Parental leave) for a period of greater than 24 months your cover will cease. If cover is required beyond 24 months, an application in writing is required prior to the expiration of the 24 months and is subject to insurer approval.

If you become *Totally Disabled* while cover is being provided during a period of leave, the *Waiting Period* for an Income Protection benefit will commence on the *Date of Disability*.

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, or are claiming, a terminal illness or Total & Permanent Disability benefit whilst overseas you may be required to return to Australia, at your own expense, for assessment, and if you refuse to do so, the insurer may refuse to pay a benefit.

If you continue to meet the eligibility conditions, the maximum 24 month limitation applies and cover will stop after 24 months. If cover is required beyond 24 months, an application in writing is required prior to the expiration of the 24 months and is subject to insurer approval.

For Australian or New Zealand citizens, your Death, Total & Permanent Disability and Income Protection cover will stop after 24 months. If cover is required beyond 24 months, an application in writing is required prior to the expiration of the 24 months.

What happens if you temporarily reside overseas?

If you are an Australian or New Zealand citizen, your cover will continue while you temporarily reside overseas as long as you remain in the *Active Employment* of your Australian-based employer (or an international subsidiary or associated company of your Australian employer). If you become disabled while based overseas you may, at your own expense be required to return to Australia for assessment of any disability claim.

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

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

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

If you are not an *Australian Resident* and hold a *Visa*, you will be covered for up to three years while working overseas for your employer, if such working arrangement is available. If cover is required beyond three years, an application in writing is required prior to the expiration of the three years. The insurer may accept or decline the application at their sole discretion.

Income Protection cover whilst temporarily residing overseas

If you are an *Australian Resident* and working outside Australia for your employer you will be covered under the policy while you are working outside Australia.

If you are not an *Australian Resident* but hold a *Visa*, you will be covered for up to three years while working outside Australia for your employer. If cover is required beyond three years, an application in writing is required prior to the expiration of the three years. The insurer may accept or decline the application at their sole discretion.

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*.

Overseas travel

If you (including a non-Australian resident) are travelling outside Australia during periods of paid or *Unpaid leave* cover will continue to be provided.

If you travel or reside overseas for a period in excess of 12 months whilst on claim, payment of any benefits by the insurer will cease. If you return to permanently reside in Australia and provide the insurer with satisfactory evidence of your continuous disablement, the insurer may at their discretion, recommence benefit payments.

If the insurer recommences benefit payments, the insurer will not make any payment in respect of a period where you were not entitled to benefits in accordance with this clause.

3. Premiums

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

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

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

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

Generally your insurance premiums are recalculated on your birthday, unless agreed otherwise with the insurer. Premiums are deducted from your Accumulation account for Ex-IAG & NRMA unless otherwise agreed with your employer.

Your insurance premiums are calculated weekly and deducted monthly from your Accumulation account for Ex-IAG & NRMA.

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 Tailored Death and Total & Permanent Disability cover for Permanent employees

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

Age	Death & TPD ¹ cover	Death only cover	TPD ¹ cover
	Unisex \$	Unisex \$	Unisex \$
15	5.10	4.60	0.50
16	5.10	4.60	0.50
17	5.10	4.60	0.50
18	5.10	4.60	0.50
19	5.10	4.60	0.50
20	4.90	4.30	0.60
21	4.80	4.10	0.70
22	4.50	3.80	0.70
23	4.30	3.60	0.70
24	4.10	3.30	0.80
25	3.90	3.10	0.80
26	3.70	2.90	0.80
27	3.70	2.80	0.90
28	3.70	2.80	0.90
29	3.70	2.70	1.00
30	3.80	2.70	1.10
31	3.90	2.70	1.20
32	4.10	2.80	1.30
33	4.40	2.90	1.50
34	4.60	3.00	1.60
35	4.90	3.10	1.80
36	5.20	3.20	2.00
37	5.60	3.30	2.30
38	6.10	3.50	2.60
39	6.80	3.80	3.00
40	7.50	4.10	3.40
41	8.40	4.50	3.90
42	9.30	4.80	4.50
43	10.30	5.20	5.10
44	11.60	5.70	5.90
45	12.70	6.10	6.60
46	14.00	6.50	7.50
47	15.50	7.00	8.50
48	17.30	7.60	9.70
49	19.30	8.20	11.10
50	21.50	8.90	12.60
51	24.00	9.70	14.30
52	26.50	10.40	16.10
53	29.50	11.30	18.20
54	32.20	12.10	20.10
55	35.20	13.10	22.10
56	38.30	14.10	24.20
57	42.00	15.30	26.70
58	46.00	16.60	29.40
59	50.60	18.10	32.50
60	55.50	19.60	35.90
61	61.10	21.30	39.80
62	67.20	23.10	44.10
63	74.00	25.10	48.90
64	81.50	27.20	54.30
65	N/A	35.90	N/A
66	N/A	41.10	N/A
67	N/A	46.90	N/A
68	N/A	53.70	N/A
69	N/A	60.70	N/A

1. TPD means Total & Permanent Disability

The Death only premiums shown above for ages 65 to 69 apply to Death cover only. From age 61, any Fixed Tailored Total & Permanent Disability cover reduces annually by 20% of your insured benefit at age 60, until your 65th birthday when cover ceases. The above premiums for Death & Total & Permanent Disability cover do not reflect the reduced Total & Permanent Disability cover. Rounding variations may occur when calculating premiums.

The Death only premiums shown right for ages 65 to 69 apply to Tailored Death cover only.

Premium Rates – Standard and Tailored Death cover for Casual employees

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

Age	Death only cover
	Unisex \$
15	4.60
16	4.60
17	4.60
18	4.60
19	4.60
20	4.30
21	4.10
22	3.80
23	3.60
24	3.30
25	3.10
26	2.90
27	2.80
28	2.80
29	2.70
30	2.70
31	2.70
32	2.80
33	2.90
34	3.00
35	3.10
36	3.20
37	3.30
38	3.50
39	3.80
40	4.10
41	4.50
42	4.80
43	5.20
44	5.70
45	6.10
46	6.50
47	7.00
48	7.60
49	8.20
50	8.90
51	9.70
52	10.40
53	11.30
54	12.10
55	13.10
56	14.10
57	15.30
58	16.60
59	18.10
60	19.60
61	21.30
62	23.10
63	25.10
64	27.20
65	35.90
66	41.10
67	46.90
68	53.70
69	60.70

Premium Rates –Optional Income Protection cover for Permanent employees 2-year Benefit Period, 84-day Waiting Period

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

Age	Unisex \$
15	0.79
16	0.79
17	0.79
18	0.79
19	0.79
20	0.80
21	0.81
22	0.81
23	0.82
24	0.83
25	0.84
26	0.86
27	0.87
28	0.89
29	0.90
30	0.93
31	0.96
32	0.98
33	1.03
34	1.09
35	1.15
36	1.24
37	1.34
38	1.44
39	1.58
40	1.74
41	1.90
42	2.11
43	2.32
44	2.57
45	2.85
46	3.16
47	3.50
48	3.87
49	4.28
50	4.72
51	5.21
52	5.73
53	6.30
54	6.91
55	7.57
56	8.27
57	9.03
58	9.84
59	10.71
60	11.62
61	12.57
62	12.48
63	6.96
64	2.29

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

Facts about making a claim

Let us help you

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

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

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

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

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

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 Accumulation account for Ex-IAG & NRMA will normally be transferred to the Cash investment option. Any insurance benefit paid into your Accumulation account for Ex-IAG & NRMA will also be invested in the Cash investment option, and will remain invested there until the Trustee finalises payment of your death benefit.

Disability claims

Australian Retirement Trust should be notified as soon as reasonably possible after an event that is likely to give rise to a disability or *Terminal Illness* claim. Depending on the type of illness or injury there is generally a 6-month waiting period before a Total & Permanent Disability claim becomes assessable, and a 84-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 Australian Retirement Trust, you can refer your complaint to the Australian Financial Complaints Authority (AFCA), or
- lodge a complaint directly with AFCA, however AFCA may refer your complaint back to Australian Retirement Trust.

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

AFCA's contact details are as follows:

Australian Financial Complaints Authority
GPO Box 3 Melbourne VIC 3001

Call: 1800 931 678

Email: info@afca.org.au

Web: www.afca.org.au

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 Accumulation account for Ex-IAG & NRMA, Australian Retirement Trust also has qualified financial advisers¹ who can help you over the phone with simple advice about your Accumulation account for Ex-IAG & NRMA. 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.

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

4. Definitions - Total & Permanent Disability

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

Already receiving disability support payments - just because you may be eligible to access your superannuation balance because of assessed permanent incapacity or you are receiving or entitled to benefits from Centrelink (for example, a Disability Support Pension) or workers compensation payments, does not mean you are automatically entitled to a total & permanent disability benefit. The insurer will take these matters into account but you must also meet the applicable total & permanent disability definition.

How is your prior education, training and experience taken into account? - if you were gainfully working when suffering the injury or illness which causes your disablement, your entitlement to a total & permanent disability benefit will be focused on whether you can ever work again in the future. The insurer will look at your capacity to perform any suitable occupation based on all your education, training and experience and not just your usual occupation or the job you were doing immediately prior to your disablement.

Usually, if you are gainfully working when you suffer your injury or illness, to qualify for a total and permanent disability benefit, you will first need to have been unable to work for a certain period of time (a 'waiting period') before the insurer will consider whether you are unable or unlikely to return to work in the future. The insurer may take into account all your education, training and experience up to the end of any waiting period (as set out in the definition).

Working on a part-time basis - in assessing your capacity to return to work in the future, the insurer is not limited to only considering your ability to work the same hours you were working, and to earn the same pay as you were earning, before you became injured or ill. Your ability to participate in part-time work, regular casual work and/or lower paid work after you become injured or ill may disqualify you from receiving a total & permanent disability benefit payment.

Work availability - if suitable work is identified as being within your capacity to perform, the availability of the work in your immediate geographical area, or its desirability to you, will not be relevant considerations. It is your capacity to perform work for which you are reasonably qualified that is assessed.

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.

The components you are assessed against is dependent whether you are an active employee.

Members of the IAG & NRMA Superannuation plan

Parts (a), or (b), or (c), or (d) and Part (f)

Members of the Ex-IAG & NRMA

Parts (a), or (b), or (c), or (d), or (e) and Part (f)

Total & Permanent Disability means:

(a) Unlikely to engage in work

You:

- (i) have been absent from your occupation solely through illness or injury for a period of six consecutive months,
- (ii) have been regularly attending a *Medical Practitioner* and undertaking medical treatment reasonably recommended by that *Medical Practitioner* with respect to that illness or injury since ceasing work in your occupation solely through illness or injury, and
- (iii) are incapacitated to such an extent that, in the opinion of the insurer and the Trustee, after consideration of 'medical and other relevant evidence', you are, at the end of the initial period of six consecutive months absence from your occupation, unlikely to ever engage in or work (on a full time or part time employment basis) in any occupation for which you are reasonably suited by education, training or experience.

or

(b) Specific loss

You suffer, as a result of illness or injury:

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

where 'limb' means the whole hand below the wrist or whole foot below the ankle; and 'blindness' means the permanent loss of sight to the extent that visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc.

or

(c) Unable to do basic activities associated with work ever again

Where at the *Date of Disablement*:

- (i) you have not, as a result of an injury or sickness, been able to perform at least three *Activities* for a period of six consecutive months after the occurrence of the injury or sickness; and
- (ii) you are under the care of, and following the advice of, a registered *Medical Practitioner*; and
- (iii) the insurer, after considering all relevant evidence which is reasonably available, then determines that it is likely, due to the injury or sickness, that you are totally and permanently unable to perform (with *Aids and adaptations*) at least three *Activities*.

or

(d) Medical Conditions (Specific illness)

All of the following sub-paragraphs (i), (ii), (iii) and (iv) apply to you:

- (i) you were, on the date of claim, aged 64 years or less; and
- (ii) you are absent from all work as a result of suffering cardiomyopathy, primary pulmonary hypertension, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia, hemiplegia, diplegia, tetraplegia, dementia and Alzheimer's disease, Parkinson's disease, blindness, loss of speech, loss of hearing, chronic lung disease or severe rheumatoid arthritis - Refer to *Medical Conditions* Definition for further details; and
- (iii) the insurer and the Trustee consider, on the basis of medical and other evidence satisfactory to the insurer and the Trustee, that you are unlikely ever to be able to engage in any occupation, whether or not for reward; and
- (iv) you are likely to be so disabled for life.

or

(e) In an occupation classified as Home duties

You have been absent from your occupation solely through injury or illness for a period of six consecutive months and are incapacitated to such an extent that, in the insurer's and the Trustee's opinion after consideration of medical and other relevant evidence, you were, at the end of the period of six consecutive incapacitated to such an extent that, in the insurer's and the Trustee's opinion after consideration of medical and other relevant evidence, you were, at the end of the period of six consecutive months absence from employment, unlikely to ever again attend to at least two normal physical domestic household duties.

For the purposes of part (e) of this definition 'normal physical domestic

household duties' means:

- (i) cleaning the family home; or
- (ii) shopping for food and household items; or
- (iii) meal preparation and laundry services; or
- (iv) leaving the house without the assistance of another person; or
- (v) looking after dependent child/children under 16 years of age or in full-time secondary education, where applicable; or
- (vi) providing full-time care for a disabled person(s) who is a member of your immediate family, where applicable.

If you are able to perform the normal physical domestic household duties with the assistance of another person or with the use of assistive devices, you are deemed to be able to perform these duties.

You must be under the regular care and attention and following the advice of a *Medical Practitioner* for that injury or illness. Evidence that you carried out the duties on a daily basis prior to your period of disability will be required.

and

(f) Permanent incapacity

You are incapacitated to such an extent that, in the insurer's and the Trustee's opinion (after consideration of medical and other relevant evidence) makes it unlikely that you will engage in work for reward in any occupation for which you are reasonably qualified by education, training or experience.

Medical and other relevant evidence

includes, but is not limited to:

- (i) the prospect of improvement in your capacity after treatment and rehabilitation that could reasonably be expected to be undertaken by you, and
- (ii) whether reasonable retraining or re-skilling would render you able to engage in or work (on a full-time or part-time basis) in any occupation for which you are reasonably suited by education, training or experience.

Occupation

means an occupation that you can reasonably perform, on a full-time or part-time basis, based on the skills or knowledge you have acquired through previous education, training or experience.

Part-time

means engaged in *Permanent employment* for at least 15 hours per week.

5. Definitions - Income Protection

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

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

Unable to undertake at least one of your key occupational tasks - one of the requirements of being considered totally disabled is that you are unable to perform at least one of the important (major) duties of your usual occupation. Another requirement is that you are not working in any other occupation.

If you return to paid work in a different job or occupation, you will no longer be eligible for a total disability benefit, however you may be eligible for partial disability benefits.

You may be eligible for a partial disability benefit – if you have been totally disabled and then return to work but, because of your illness or injury, you can only work in a reduced capacity and earn a reduced income, you may be eligible for partial disability benefits.

You must be totally disabled for 7 out of the first 12 days of your *Waiting Period* to be eligible for partial disability benefits.

The amount of partial disability benefits is subject to change each month because it depends on the actual income you earn for that month.

Occupational rehabilitation support - where appropriate, our insurer will work with you, your doctor, your employer and the insurer to encourage and support you through occupational rehabilitation (including workplace modifications).

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

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

Maximum period you could be paid - the benefit period is the maximum length of time that you will receive a monthly benefit whilst you continue to remain totally 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/Totally Disabled means that, as a direct result of illness or injury, you are:

- (i) medically certified as being incapable of performing one or more duties of your occupation necessary to produce a *Salary*,
- (ii) not engaged in any occupation, and
- (iii) following the advice of a *Medical Practitioner* in relation to the illness or injury for which you are claiming.

You won't be considered unable to perform a duty of their usual occupation if you refuse to accept:

- any reasonable omission, modification or substitution of that duty, or
- the use of any appropriate assistive aids that would enable you to perform that duty.

Partial Disability or Partially Disabled

Partial Disability/Partially Disabled means solely as a result of illness or injury, you are:

- capable of performing your usual occupation in a reduced capacity, and only have capacity to earn a monthly income that is less than your monthly *Pre-Disability Salary*, or
- incapable of performing one or more duties of your usual occupation necessary to produce *Pre-Disability Salary*, gainfully working and receiving monthly income that is less than your monthly *Pre-Disability Salary*, and
- following the advice of a *Medical Practitioner* in relation to your illness or injury for which you are claiming.

You will be considered capable of performing your usual occupation in a reduced capacity even if such work is not made available to you.

6. Definitions - general terms

Term	Definition
Accident	<p>Accident means an external event which was unexpected and unintended causing death and or injury.</p> <p>Exclusions – events that are not accidents</p> <p>The following situations are not accidents, and any claims arising from these situations are excluded:</p> <ul style="list-style-type: none"> • one of the contributing causes of death or injury was any of the following conditions: <ul style="list-style-type: none"> – illness – disease – allergy – any gradual onset of a physical or mental infirmity. • the injury or death, which was unintended and unexpected, was the result of an intentional act or omission, or • you were injured or died as a result of an activity in respect of which they assumed the risk or courted disaster, irrespective of whether you intended injury or death.
Active employment/ Actively employed	<p>Active Employment means you are gainfully working and are:</p> <ul style="list-style-type: none"> • actively performing all the duties of your occupation, free from any limitation due to illness or injury or on leave taken for reasons unrelated to injury or illness, and • are capable of actively performing all the duties and usual hours of your occupation free from any limitation due to illness or injury.
Activities	<p>Activities mean:</p> <p>(i) Mobility: The ability to:</p> <ul style="list-style-type: none"> • Bend, kneel or squat to pick something up from the floor and straighten up again and get into and out of a standard sedan car; or • To walk more than two hundred 200 metres at normal pace on a level surface without stopping due to breathlessness as a result of a medical condition or angina. <p>(ii) Hearing: the ability to hear such that an audiologist can certify that the Insured Member has a hearing ability of less than or equal to 40db in the better ear (averaged over the frequencies 0.5, 1, 2 and 3Khz) in an audiometry test.</p> <p>(iii) Communicating through speech: The ability to speak with sufficient clarity to be able to hold a conversation in a quiet room in the Insured Member's first language. This involves understanding a simple message and relaying that message to another person.</p> <p>(iv) Seeing: the ability to see even when tested with visual aids, such that an ophthalmologist can certify that the Insured Member's visual acuity is better than 6/60 in the better eye or a visual field of greater than 10 degrees (i.e. not legally blind).</p> <p>(v) Lifting and carrying: The ability to lift (from bench height) and carry a 5kg weight a distance of ten (10) meters and place the item back down at bench height</p> <p>(vi) Manual dexterity: The ability to use:</p> <ul style="list-style-type: none"> • At least one hand to pick up and/or manipulate small objects such as picking up a coin from a desk, using cutlery or fastening buttons; or • A pen or pencil or keyboard to write a short note that can be understood by another person. <p>For the purpose of assessing a Total & Permanent Disability claim, where you are unable to perform one or more of the Activities upon commencement of cover, that Activity shall not be taken into consideration for Total & Permanent Disability assessment.</p>
Activities of daily living	<p>Activities of daily living means:</p> <ul style="list-style-type: none"> • bathing and/or showering, • dressing and undressing, • eating and drinking, • using a toilet to maintain personal hygiene, • getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or with assistance of a walking aid.
Aids and adaptations	<p>Aids and adaptations means equipment or fixtures to assist you without the assistance of another person to carry out <i>Activities</i>.</p>

Term	Definition
At Work	At Work means you are: <ul style="list-style-type: none"> actively performing or capable of performing all of your normal duties, without limitation or restriction due to illness or injury, and working your usual hours free from any limitation due to illness or injury, and not in receipt of, or entitled to claim, any income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits (including government support benefits).
Australian Resident	Australian resident means an Australian citizen, a New Zealand citizen or a permanent resident within the meaning of the <i>Migration Act 1958</i> (Cth).
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 employee	Casual employee means an eligible person working on a temporary, as required basis, is paid on an hourly basis for the period worked, does not accrue entitlements for sick leave and annual leave, and who is not otherwise a Permanent employee.
Consumer Price Index (CPI)	CPI means the Consumer Price Index (all groups: all capital cities) published by the Australian Bureau of Statistics at the relevant time or a replacement index we select.
Date of Disability - Income Protection	The Date of Disability means the first date, after ceasing working in your usual occupation, you attend a medical consultation with a <i>Medical Practitioner</i> and you are certified as having no capacity to perform one or more duties of your usual occupation necessary to produce a salary.
Date of Disablement - Total & Permanent Disability	Date of Disablement means: <ol style="list-style-type: none"> for the <i>Medical Conditions (Specific Illness)</i> part of the <i>Total & Permanent Disability</i> definition, the first day of the waiting period during which you are unable to work solely due to an illness or injury. for all other parts of the <i>Total & Permanent Disability</i> definition, the first day that all of the elements of the definition are satisfied.
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	Gainfully employed/gainful employment means any occupation or work for reward or financial benefit, or the hope of reward of financial benefit, whether on a permanent or temporary basis, and whether or not of a lesser grade, status or level of remuneration or for lesser hours than your occupation(s) held prior to the event date.
Fixed cover	Fixed cover basis means your amount of insurance cover stays the same, but your weekly premium will generally increase as you get older.
Limited Cover/ New Events Cover	Limited Cover means you will not be covered for any <i>Pre-existing condition</i> . You will only be covered for an illness which became apparent to the insured member, or any injury which occurred, on or after the date that cover commenced, recommenced or increased (as applicable). This may be referred to as "New Events Cover" in the applicable insurance policy.
Medical Conditions	<p>Blindness means the permanent loss of sight in both eyes, whether aided or unaided, due to illness or injury to the extent that visual acuity is 6/60 or less in both eyes or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.</p> <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>Chronic Lung Disease means Permanent end stage respiratory failure with FEV1 test results of consistently less than one litre requiring continuous permanent oxygen therapy.</p> <p>Dementia and Alzheimer's Disease means Clinical diagnosis of dementia (including Alzheimer's disease) as confirmed by a consultant neurologist, psychogeriatrician, psychiatrist or geriatrician. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration in the person's Mini-Mental State Examination scores to 24 or less and deterioration would continue but for any effective treatment. Dementia related to alcohol, drugs abuse or AIDS is excluded.</p> <p>Loss of hearing means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of illness or injury, as certified by a specialist we consider appropriate.</p> <p>Loss of speech means the total and irrecoverable loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or the speech centres of the brain. The loss must be certified by an appropriate medical specialist.</p>

Term	Definition
Medical Conditions continued	<p>Major Head Trauma means: injury to the head resulting in neurological deficit causing either:</p> <ul style="list-style-type: none"> • a permanent loss of at least 25% whole person function (as defined in the American Medical Association publication "Guides to the Evaluation of Permanent Impairment" 4th Edition or an equivalent guide to the evaluation of impairment approved by us); or • the permanent and irreversible inability to perform without the assistance of another person any one of the following <i>Activities of Daily Living</i>: <ul style="list-style-type: none"> • dressing - the ability to put on and take off clothing; • toileting - the ability to use the toilet, including getting on or off; • mobility - the ability to get in and out of bed and a chair • continence - the ability to control bowel and bladder function; • feeding - the ability to get food from a plate into the mouth; <p>as certified by a consultant neurologist.</p> <p>Motor Neurone Disease means: Motor neurone disease diagnosed by a consultant neurologist.</p> <p>Multiple Sclerosis means: the unequivocal diagnosis of multiple sclerosis as confirmed by a consultant neurologist and characterised by demyelination in the brain and spinal cord evidenced by Magnetic Resonance Imaging or other investigations acceptable to us. There must have been more than one episode of well-defined neurological deficit with persisting neurological abnormalities.</p> <p>Muscular Dystrophy means: the unequivocal diagnosis of muscular dystrophy confirmed by a consulting neurologist.</p> <p>Parkinson's Disease means: The unequivocal diagnosis of Parkinson's disease by a consultant neurologist where the consultant neurologist confirms that the condition is the established cause of two or more of the following:</p> <ul style="list-style-type: none"> • muscular rigidity; • resting tremor; • bradykinesia; <p>and has caused significant progressive physical impairment, likely to continue progressing but for any treatment or benefit.</p> <p>The person must be following the advice and treatment of a specialist neurologist.</p> <p>Paraplegia (including Quadriplegia, Tetraplegia, Hemiplegia and Diplegia) means:</p> <p>Paraplegia means: the permanent loss of use of both legs or both arms, resulting from spinal cord illness or injury.</p> <p>Quadriplegia means: the permanent loss of use of both legs and both arms, resulting from spinal cord illness or injury.</p> <p>Tetraplegia means: the total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain illness or spinal cord illness or injury.</p> <p>Hemiplegia means: the total loss of function of one side of the body due to illness or injury, where such loss of function is permanent.</p> <p>Diplegia means: the total loss of function to both sides of the body due to illness or injury, where such loss of function is permanent.</p> <p>Primary Pulmonary Hypertension means: Primary Pulmonary Hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.</p> <p>Severe rheumatoid arthritis means: the unequivocal diagnosis of severe rheumatoid arthritis by a Rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:</p> <ul style="list-style-type: none"> • at least a six week history of severe rheumatoid arthritis which involves three or more of the following joint areas: <ul style="list-style-type: none"> - proximal interphalangeal joints in the hands; - metacarpophalangeal joints in the hands; - metatarsophalangeal joints in the foot, wrist, elbow, knee or ankle; • simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone) • typical rheumatoid joint deformity and at least two of the following criteria: <ul style="list-style-type: none"> - morning stiffness; - rheumatoid nodules; - erosions seen on X-ray imaging; - the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis. <p>Degenerative osteoarthritis and all other arthritides are excluded.</p>

Term	Definition
Medical Practitioner	<p>Medical Practitioner means one of the following:</p> <ul style="list-style-type: none"> a medical practitioner legally registered to practise in Australia, a medical practitioner legally registered to practise in another country who has equivalent qualification to a medical practitioner legally registered to practise in Australia. <p>Medical Practitioner generally includes your general practitioner and any treating specialists involved in diagnosis and management of your condition. For mental health claims, it can include a treating psychiatrist.</p> <p>Medical Practitioner does not include:</p> <ul style="list-style-type: none"> you, your spouse, relative, business partner, employer or employee, other para-medical professionals including (but not limited to) psychologists, chiropractors, physiotherapists, optometrist or naturopaths. <p>Specialist Medical Practitioner means a medical practitioner who is a specialist practising in the relevant medical field of your illness or injury.</p>
Permanent employment/ Permanent employee	<p>Permanent employee means an eligible person working on a permanent basis and not as a Casual employee. This includes employees employed on a single and ongoing contract and are performing all the normal duties of their work, is working on a contracted basis for at least 14 hours per week and is under a fixed term contract of not less than three months in duration.</p>
Permanent Incapacity	<p>Permanent Incapacity is defined in the Superannuation Industry (Supervision) Regulations 1994 (Cth). A member of a superannuation fund is taken to be suffering permanent incapacity if the trustee of the fund is reasonably satisfied that the member's ill-health (whether physical or mental) makes it unlikely that the member will engage in gainful employment for which the member is reasonably qualified by education, training or experience.</p>
Pre-Disability Salary	<p>Pre-Disability Salary means the higher of the gross monthly Salary you earned at the Date of Disability or an average of the gross monthly income earned by you over the three months immediately prior to the Date of Disability.</p> <p>If you are a contract employee, the Pre-Disability Salary means the average of the gross monthly Salary earned over the 12 months (or if Employed less than 12 months, over your period of employment) immediately prior to the <i>Date of Disability</i>.</p>
Pre-existing condition	<p>Pre-existing condition means an injury that first occurred, or an illness which first became apparent, to you, or any directly or indirectly related condition, before the date cover commenced, recommenced or increased.</p>
Salary	<p>Salary is generally calculated as the total value of the salary package (excluding employer super contributions), as determined by your employer and notified to the Trustee. It includes (as applicable) tool of trade car allowance, regular shift allowance and district allowance, but excludes any other bonus, overtime, commission, incentive, reimbursement of expenses or other special payment (unless so decided in an exceptional case and declared in writing by your employer).</p> <p>Proof of <i>Salary</i> is also required at the time of a benefit claim. For Income Protection claims, <i>Salary</i> is determined at the first day of absence from your employment due to the injury or sickness resulting in <i>Total Disability</i>. The amount of benefit will depend on the cover most recently accepted by the insurer.</p>
Terminal Illness	<p>Terminal Illness means an illness or injury where all of the following (i), (ii), (iii), (iv) and (v) are satisfied:</p> <ol style="list-style-type: none"> two <i>Medical Practitioners</i> certify in writing ('written certification') that you are suffering from an illness or have incurred an injury that, despite reasonable medical treatment, is likely to result in your death within 12 months from the date of written certification ('certification period'), the insurer is satisfied from medical or other evidence that you will likely, despite reasonable medical treatment, die from the illness or injury within the certification period, at least one of the <i>Medical Practitioners</i> is a specialist <i>Medical Practitioner</i>, for each written certification, the certification period has not ended, and the written certification by both <i>Medical Practitioners</i> must be dated during the period you are covered for Death cover under the policy. <p>The benefit the insurance policy pays out is termed as a Terminal Illness benefit.</p>
Terminal Medical Condition	<p>Terminal Medical Condition is a condition of release under the Superannuation Industry (Supervision) Regulations 1994 (Cth). For more information refer to the Super Savings Accumulation Guide.</p>

Term	Definition
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.
Visa	<p>Visa means a current and valid visa permitting residency (excluding a visa allowing permanent residency in Australia) or employment in Australia issued in accordance with the Migration Act 1958 (Cth) or any amending or replacing Act which enables an eligible person or insured member to work in Australia.</p>
Waiting Period	<p>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 is payable. The <i>Waiting Period</i> commences from the <i>Date of Disability</i> in relation to an injury or sickness that gave rise to a claim and by reason of which you ceased work, as certified by a <i>Medical Practitioner</i>.</p>



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