

Super Savings – Corporate Insurance Guide

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Otis Elevator Superannuation Plan



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Your employer Otis Elevator Company has chosen Australian Retirement Trust to provide a specialised super plan for you.

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

How to use this Corporate Insurance Guide

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

The insurer

Insurance cover for the Otis Elevator Superannuation Plan is issued by Zurich Australia Limited (Zurich)
ABN 92 000 010 195 AFSL No. 232510 under policies issued to the Trustee of Australian Retirement Trust.
In the event of any difference between the information in this document and the policies issued by Zurich, the policies override this document.

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

More information

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

Important information

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

The information in this Corporate Insurance Guide forms part of the Super Savings – Corporate Product Disclosure Statement for Accumulation Account (PDS) issued on 1 July 2023. The PDS references important information contained in this Corporate Insurance Guide. This Corporate Insurance Guide may reference important information contained in the Super Savings Accumulation Guide and Super Savings Investment Guide. The PDS, this Corporate Insurance Guide, the Super Savings Accumulation Guide and the Super Savings Investment Guide should be read in their entirety before making a decision to acquire or continue to hold an interest in Australian Retirement Trust. Super Savings – Corporate Accumulation accounts are products issued within the public offer division of Australian Retirement Trust. Any references to Australian Retirement Trust. Trust contained in this Corporate Insurance Guide are references to the public offer division of Australian Retirement Trust.

Changes to insurance cover from time to time

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

General advice disclaimer

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

Financial Services Guide (FSG)

Contains information about the financial services Australian Retirement Trust Pty Ltd provides and will help you decide whether to use these services. Visit australian retirement trust.com.au/fsq 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 australian retirement trust.com.au/privacy or contact us.

Defined Terms

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

Terms and Conditions

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

Insurance in your super

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

Features	Description
Death cover	Provides a lump sum benefit on the death of a member. Members can have Death only cover.
Total & Permanent Disablement 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 cover	Standard cover is automatically provided to eligible members, unless you decide to opt-out of cover. The following Standard insurance cover is available:
	Permanent employees
	2 x <i>Salary</i> (up to age 55). After age 55, the Multiple of <i>Salary</i> reduces by 0.2 each year - Standard Death and Total & Permanent Disability cover.
	Casual employees
	Death cover - \$50,000 (to age 65, from age 56 your Death cover reduces annually by 10% of your insured benefit at age 55).
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> .
Standard cover	Death – age 25 to 64
automatically provided from	Total & Permanent Disability – age 25 to 64
Age when Standard cover	Death – age 65
ceases Total & Permanent Disability – age 65	
Opt-in for insurance cover	Standard cover does not start automatically until you attain age 25 and your Super Savings – Corporate Accumulation account balance reaches \$6,000. If you need cover before attaining age 25 and reaching an account balance of \$6,000 and you're aged 15 or older you can opt-in at anytime (subject to meeting the other eligibility conditions). Refer to the <i>Opt-in for insurance cover</i> section for more details.
Automatic Acceptance Limits (AAL)	An AAL is the maximum amount of Standard cover provided to eligible employees without any medical evidence being required.
	Death – \$1,500,000 for <i>Permanent employees</i>
	Total & Permanent Disability – \$1,500,000 for <i>Permanent employees</i>
	For information on the maximum amount of Standard cover provided to eligible <i>Casual employees</i> please refer to the <i>Casual employees</i> section in this Corporate Insurance Guide.
Additional cover	Members can apply for Additional cover to suit your individual circumstances and needs.
Transfer of insurance cover	We may agree to take over the cover provided by a previous insurance policy or superannuation fund and provide equivalent benefits on Australian Retirement Trust's terms and conditions. You can apply to transfer Death and Total & Permanent Disability cover up to \$2,000,000.
Worldwide cover	Cover is provided 24/7 anywhere in the world.
Automatic continuation of cover	Your Death and/or Total & Permanent Disability cover continues once you leave your employer, though you retain the same level of cover the premium charged may change.
Financial advice ¹	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.
Binding Nominations vs. Preferred Beneficiaries	You can make a binding death benefit nomination or you can nominate your preferred beneficiaries. Refer to the Super Savings Accumulation Guide for more information.
Who pays for your insurance premiums?	Premiums for insurance cover are deducted from your Super Savings – Corporate Accumulation account.

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

Insurance solutions to protect

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

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

If you became a member of the plan when it commenced on 1 July 2020 different insurance arrangements may apply. You will have been advised separately if these apply to you.

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

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

Important eligibility criteria

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

Under the *Putting Members' Interests First* reforms effective from 1 April 2020, we cannot automatically provide insurance cover to members before they attain age 25 and their account balance reaches \$6,000. These age and balance requirements are now a key component of the eligibility criteria for you to automatically receive Standard insurance cover.

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

Who pays for your insurance?

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

Standard Death and Total & Permanent Disability cover

Permanent employees

If you are an eligible employee you will automatically receive default Death and Total & Permanent Disability cover up to a maximum of \$1,500,000, unless you decide to opt-out of cover.

Permanent employees are provided Death and Total & Permanent Disability cover based on a multiple of your Salary determined at the previous 1 July or the date you join the Plan (whichever is more recent). The table below shows the Multiple of Salary that applies at various ages.

Age as at previous 1 July	Multiple of Salary ¹
55 or under	2.0
56	1.8
57	1.6
58	1.4
59	1.2
60	1.0
61	0.8
62	0.6
63	0.4
64	0.2
65	Nil

^{1.} For insurance purposes employees are deemed to receive a minimum *Salary* of \$25,000 per annum. For example this means the minimum Standard insurance cover for employees under age 56 is \$50,000.

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

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

The amount of insurance cover provided is recalculated each 1 July based upon your updated *Salary* and age, unless we advise you otherwise. Your annual premium is based on this cover and remains unchanged until 1 July the next year. *Salary* is the amount advised to Australian Retirement Trust by your employer.

In the event of a claim, your insurance benefit for which you may be eligible to claim will be the insurance cover in place at the previous review date. Your insurance cover will be calculated using your *Salary* at the last review date.

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

Opt-in for insurance cover

If you would like to obtain cover before attaining age 25 and reaching an account balance of \$6,000, please select the "Opt-in for insurance cover" option in Australian Retirement Trust's Member Online or by ticking the box on your Membership application form.

Member Online is available at

australianretirementtrust.com.au/memberonline and you can obtain a copy of the Membership application form at **portal.australianretirementtrust.com.au/otis**.

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

Limited Cover will apply to your cover in the following circumstances.

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

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

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

Special Conditions

Where a *Permanent employee* changes employment status to a Casual role your Standard insurance cover will be adjusted in accordance with the insurance formula applicable to *Casual employees* effective from the date of change of employment status. Refer to *Standard Death and Total & Permanent Disability insurance cover for Casual employees* for more details.

This means that you will lose Standard Total and Permanent Disability cover that was previously provided when you were a *Permanent employee*.

An example of Standard Death and Total & Permanent Disability cover

James is 29 years old when he joins the Otis Elevator Superannuation Plan. He is a *Permanent employee* on a *Salary* of \$100,000 p.a. and has an account balance of \$6,000. James is eligible for Standard Death and Total & Permanent Disability cover:

Insurance cover

Multiple of Salary x Salary	Standard cover
2 x \$100,000	\$200,000

Weekly premium

(Standard cover ÷ \$10,000) x	Weekly premium
premium rate ÷ 52	for Standard cover
(\$200,000 ÷ \$10,000) x \$6.40 ÷ 52	\$2.47

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

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

Premiums for partial weeks are not pro-rated.

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

Casual employees

Standard Death cover is provided on a fixed cover basis. This means your cover generally stays the same, but your weekly premium generally increases as you get older.

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

Standard Death cover is available until age 65.

If you are an eligible employee, you will automatically receive Standard Death cover as shown in the following table, unless you decide to opt-out of cover.

Age as at previous 1 July	Death cover
55 or under	\$50,000
56	\$45,000
57	\$40,000
58	\$35,000
59	\$30,000
60	\$25,000
61	\$20,000
62	\$15,000
63	\$10,000
64	\$5,000
65	Nil

Your insurance cover and premiums are calculated when your cover commences and are recalculated on 1 July each year.

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

Opt-in for insurance cover

If you would like to obtain cover before attaining age 25 and reaching an account balance of \$6,000, please select the "Opt-in for insurance cover" option in Australian Retirement Trust's Member Online or by ticking the box on your Membership application form.

Member Online is available at

australianretirementtrust.com.au/memberonline and you can obtain a copy of the Membership application form at **portal.australianretirementtrust.com.au/otis**.

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

Limited Cover will apply to your cover in the following circumstances.

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

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

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

An example of Standard Death cover

James is 29 years old when he joins the Otis Elevator Superannuation Plan and has an account balance of \$6,000. He is a Casual employee and is eligible for \$50,000 Standard Death cover.

Insurance cover

Age	Standard Death cover
29	\$50,000

Weekly premium

Premium for age 29 / 52	Weekly Premium for Standard cover
\$20.50 ÷ 52	\$0.40

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

Premiums for insurance cover are deducted from your Super Savings – Corporate Accumulation account. Premiums for partial weeks are not pro-rated.

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

Special Conditions applicable to Casual employees

If you move from *Casual employment* to *Permanent employment* your Standard insurance cover will be replaced in accordance with the insurance formula applicable to *Permanent employees* effective from the date of change of employment status. Refer to *Standard Death and Total & Permanent Disability insurance cover for Permanent employees* for more details.

Important eligibility terms and conditions

Am I eligible for Standard cover?

You are eligible for automatic Standard cover if:

- you have attained age 25 and your account balance has reached \$6,000, or you have opted in to Standard cover before you attain age 25 and/or before your balance reaches \$6,000¹,
- you are under the age of 65,
- your employer Otis Elevator Company is making superannuation contributions to your Super Savings – Corporate Accumulation account on your behalf,
- you meet the specific eligibility criteria established by your employer, the Trustee and the insurer,
- you satisfy any other terms that the insurer may apply,
- you are an Australian Resident or holder of a Visa,
- you reside in Australia (unless otherwise agreed by the the insurer), and
- you are working in an occupation for which cover is available.

You are not eligible for Standard cover if:

- you are under the age of 15,
- you are entitled to payment of an insurance benefit for Total and Permanent Disability or Terminal Illness or are in a waiting period for such a benefit, or
- you have previously cancelled the Plan's Standard insurance cover.

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

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

1. If you opt-in outside 120 days of starting work with your employer, your cover will be provided as *Limited Cover* for 12 months and subject to a 30-consecutive day *At Work* requirement after the end of the 12-month period to remove this limitation.

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

What is Limited Cover?

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

When does my Standard cover start?

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

Insurance cover or option	Requirements for Insurance Cover to start	Insurance Cover start date ¹
Permanent employees - Standard Death and Total & Permanent Disability cover	Standard cover starts automatically when all three have occured: you join the Plan, and you attain age 25; and your account balance reaches \$6,000.	Cover starts when you attain age 25 and reach an account balance of \$6,000.
Casual employees - Standard Death cover -	Standard cover starts automatically when all three have occured: you join the Plan, and you attain age 25; and your account balance reaches \$6,000.	Cover starts when you attain age 25 and reach an account balance of \$6,000.
Opt-in for insurance cover – you can opt- in for Standard cover prior to attaining age 25 and reaching an account balance of \$6,000	Standard cover starts when both have occured: you join the Plan, and we receive a request from you to opt-in for insurance cover.	Cover starts on the date your opt-in application is received.

^{1.} If an *Eligible Contribution* has not been received in the 12 months prior to the Insurance Cover start date, then cover will start as *Limited Cover* on the date of the next SG contribution and the cover will continue as *Limited Cover* until you have been *At Work* for 30 consecutive days.

Limited Cover will apply in the following circumstances, if

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

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

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

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

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

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

If you cancel your cover, evidence of health satisfactory to the insurer will be required before cover can restart from the date accepted by the insurer.

What is Total and Permanent Disability cover?

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

Total & Permanent Disability insurance is intended to cover you so that you can receive a lump sum payment if you suffer an injury or illness that prevents you from working again before retirement age.

Eligible *Permanent employees* will be provided with cover automatically when you attain age 25 and your Super Savings – Corporate Accumulation account reaches balance of \$6,000, unless you decide to opt-out of cover. *Casual employees* are ineligible for Standard Total & Permanent Disability cover.

When making a Total and Permanent Disability claim, however, whether or not you are gainfully working immediately before the event date, whether you are a *Permanent Employee* immediately before the *Event Date*, and the average working hours for the 6 months immediately before the *Event Date* will determine which *Total & Permanent Disability* definition you must satisfy to qualify for payment of a benefit.

If you were gainfully working when you became injured or ill, the Plan's insurer will apply a definition which looks at your capacity to work again in the years remaining before your retirement age. 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 what your occupation or job was when you become injured or ill. If you are not gainfully working when becoming injured or ill, a different way of assessing whether you are Totally and Permanently Disabled may apply.

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.

If the insurer determines you are Totally and Permanently Disabled, and so does Australian Retirement Trust, a payment will be paid to you as a single lump sum.

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

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

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

If immediately before the *Event Date* you are not gainfully employed, not a permanent employee, or have not worked at least 15 hours per week on average for the 6 month period immediately before the *Event Date*, your claim will be assessed under Parts 2, 3, 4 or 5 of the *Total and Permanent Disability* definition.

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

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

If you are totally and permanently disabled and meet the *Total & Permanent Disability* definition, your Total & Permanent Disability cover as at the *Date of Disablement* will be payable. You may also be able to access your Super Savings – Corporate Accumulation account balance.

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

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.

When would a health questionnaire be required?

A health questionnaire will be required if:

- your Standard cover is over \$1,500,000,
- your automatic Standard cover increases by more than 25% due to a change in *Salary*,
- you are not eligible for automatic acceptance,
- you have previously cancelled your cover and want to reapply, or
- you choose to apply for Additional Death and Total & Permanent Disability 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 cover up to \$2,000,000 to the Otis Elevator Superannuation Plan.

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

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

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

If accepted by the insurer:

- you will be subject to the terms and conditions outlined in the Group Life Insurance policy,
- you will continue to be subject to any individual loadings, exclusions and restrictions applicable to the cover that was transferred,
- you will need to cancel the cover you had under your previous fund or policy, and
- your transferred cover will be fixed and in addition to your Standard cover.

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

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

Interim Accident cover

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

The Interim Accident Cover ends on the earlier of

- date of the insurer's acceptance, deferral or rejection of your application for cover or
- 90 days after the date Interim Accident Cover starts, or
- the date you cancel or withdraw your request for insurance; or
- the date you cease employment, or
- the date cover otherwise stops as set out in the When does Death and Total & Permanent Disability Insurance cover stop? section.

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,
- · the maximum benefit level.

No Interim Accident Benefit will be payable for an Injury:

- caused by engaging in hazardous pastimes or sports that would not be covered under the insurer's normal assessment guidelines;
- · resulting from an intentional act or omission;
- · occurring prior to the date of becoming eligible;

No premium is charged for the interim accident cover.

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

Additional cover

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

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

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

Types of cover available

The types of cover available are:

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

Casual employees may only apply for Additional 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 \$2.5 million (this forms part of the Death cover)
- Total & Permanent Disability cover \$5 million

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

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

If you accept the terms of this Special Acceptance offer (if applicable), your Additional Death and/or Total & Permanent Disability cover will start on the date you accept the offer.

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

Additional Total & Permanent Disability cover reduces from age 61

From age 61, your Additional Total & Permanent Disability cover reduces annually by 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

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

^{2.} TPD means Total & Permanent Disability.

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

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

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

(Additional Death and TPD¹ cover ÷ \$10,000) x Death and TPD¹ premium ÷ 52

(\$100,000 ÷ \$10,000) x \$6.40 ÷ 52 = \$1.23 per week

1. TPD means Total & Permanent Disability

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

Premiums for insurance cover are deducted from your *Super Savings – Corporate Accumulation account*. Premiums for partial weeks are not pro-rated.

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

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

You can apply for cover through

portal.australianretirementtrust.com.au/otis

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

Conditions & exclusions

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

Cover will stop on the earliest of the following dates:

- you turn 65 for Standard Death cover,
- you turn 65 for Standard Total & Permanent Disability cover,
- you turn 70 for Additional Death cover,
- you turn 65 for Additional Total & Permanent Disability cover,
- 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 Super Savings Corporate Accumulation account,
- 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* for a period of greater than 24 months,
- you are employed overseas for longer than the insurer has agreed to provide cover for,
- 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),
- 26 weeks after you cease to meet the eligibility criteria for cover. Refer to the Extended cover section below for more details,
- Zero Account Balance the premium for Death and/ or Total & Permanent Disability cover is due and the premiums remain unpaid 30 days after the date of notice advising the outstanding premium, or
- Contribution Inactivity your Super Savings –
 Corporate Accumulation account has not received an
 Eligible Contribution in the last 12 months or more and
 you have not elected in writing to keep your cover¹.

^{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.

Extended cover

The insurer will provide extended Death Cover for a maximum period of 26 weeks after you cease to meet the eligibility criteria for cover.

This is subject to the following conditions:

- As at the date you cease to meet the eligibility criteria, you had not received, nor were neither entitled to receive a benefit (insured or *Permanent Incapacity*) under the Otis Elevator Superannuation Plan, nor were you in a waiting period for one, and
- the extended Death cover will cease on the earlier of:
- the date you reach age 65 for Standard Death cover, or age 70 for Additional Death cover,
- 26 weeks after the date you cease to meet the eligibility criteria,
- the date you commence employment with a new employer or commence working as a contractor, and/or
- the date your cover is transferred to another policy, including Super Savings.

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

If your insurance cover automatically stops because of:

- · Contribution Inactivity; or
- Zero Account Balance,

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

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

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

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

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

What happens if you have a Terminal Illness?

In summary, *Terminal Illness* means that you are suffering from a sickness or injury that is likely to result in your death within 12 months.

If your Death cover is in force, subject to providing all the required documentation to support your claim and approval by the Trustee and Insurer, which includes certification of the *Terminal Illness* by the two *Medical Practitioners* (as defined in the *Definitions* section), you will be paid a *Terminal Illness* benefit.

If you have Death cover and the insurer accepts your claim for *Terminal Illness*, the benefit paid is the amount of your account balance plus the amount of your Death cover in force at the most recent certification (up to a maximum of \$2,500,000).

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, Total & Permanent Disability benefit or Terminal Medical Condition benefit from Australian Retirement Trust or another fund or insurer when you join Australian Retirement Trust you will not be eligible for Death or Total & Permanent Disability cover with Australian Retirement Trust.

What benefits are paid out if you die?

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

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

Life events

Members have the opportunity to purchase Additional Death and Total & Permanent Disability cover without the need for medical evidence if any of the following "Life events" occur:

- your marriage or involvement in an interdependent relationship for two or more years;
- · Your dependent child starts secondary school;
- the birth of your child;
- · your adoption of a child; or
- taking out a mortgage or increasing your mortgage on your principal place of residence with an accredited mortgage provider (excludes re-draw and refinancing).

You can purchase up to 25% of your Standard Insurance cover in place at the time you apply for cover under this option. The increase in cover cannot exceed \$250,000 or cause your total insurance cover to exceed the maximum benefit cover levels offered within the Otis Elevator Superannuation Plan.

Once you reach age 61, any Additional Total & Permanent Disability cover which is provided as a fixed amount of cover, reduces annually by 20% of your insured benefit at age 60, until the amount of cover is nil by the benefit expiry age of 65 when cover ceases.

The following conditions apply:

- · You must apply within 90 days of the Life event; and
- You must provide the required "Proof of Life event" (see below); and
- You may only apply once in any 12 month period, up to 3 separate occasions in total but only once ever for marriage; and
- You must not be aged 55 years or older at the date of the Life event; and
- You must not have previously been refused Additional cover within the Plan; and
- At the time you apply for this increase, you must not have made a claim or been entitled to claim under any life insurance policy; and
- Your Standard insurance, plus all Additional cover, cannot exceed the maximum benefit cover levels for each cover type; and
- Within the first six months from the date of increase, the increased amount is only payable if death or total and permanent disablement results from an Accident.

Proof of Life event details

The following documents are required to provide proof of a Life event:

Age	Proof
Marriage or Interdependent relationship	Marriage Certificate or other evidence ¹
Dependent child starts secondary school	Letter of admission
Birth of Child	Birth Certificate
Adoption	Certificate of Adoption
Mortgage	Loan document ²

- A copy of your marriage certificate in respect of a marriage recognised under the Marriage Act 1961 (Cth), or for an interdependent relationship – a copy of evidence that establishes the subsistence of that relationship for at least two years.
- 2. A completed application form and written confirmation from your accredited mortgage provider(s) of:
 - a. the amount and effective date of the mortgage, where you take out a new mortgage.
 - b. the amount of the mortgage immediately preceding the increase, the effective date of the increase and the current level of the increased mortgage, where the insured member increases their mortgage, whether with an existing or different mortgage provider.

General exclusion - active military service

The insurer will not pay a benefit under the Policy 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.

Other important information

Can your health affect your insurance cover?

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

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

Any premium loadings or benefit exclusions will be advised to you as a Special Acceptance offer. You will be required to either accept or decline the offer within 21 days. If no response is received from you it will be deemed that you have declined this offer. Interim Accident Cover will apply until the terms are accepted or declined. If you do not respond to the Special Acceptance offer within 21 days the application will be cancelled and interim cover will cease.

If you accept the terms of this Special Acceptance offer within 21 days, your increased cover will start on the date you accept the offer.

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

Change in circumstances

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

Can I nominate a beneficiary?

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

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

Refer to the Super Savings Accumulation Guide for more information.

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

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

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

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

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

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

What happens if I leave my employer?

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

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

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

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

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

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

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

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

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

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

If you cancel your cover, evidence of health satisfactory to the insurer will be required before cover can restart from the date accepted by the insurer.

Your duty to take reasonable care not to make a misrepresentation

About your duty

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

The duty to take reasonable care

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

If you do not meet your duty

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

Guidance for answering questions

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

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

Changes before your cover starts

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

If you need help

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

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

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

For example, the insurer may:

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

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

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

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

Special offers

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

Financial Advice

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

Speak to your adviser to get the advice you need. If you don't have your own personal financial adviser and you need advice about your Super Savings – Corporate Accumulation account, Australian Retirement Trust also has qualified financial advisers¹ who can help you over the phone with simple advice about your Super Savings – Corporate Accumulation account. This service is included in your membership. For more comprehensive advice, we may also refer you to an accredited external financial adviser². Advice of this nature may incur a fee¹.

- 1 Employees in the Australian Retirement Trust group provide advice to members and employers as representatives of Sunsuper Financial Services Pty Ltd (ABN 50 087 154 818 AFSL No. 227867) (SFS), that is wholly owned by the Trustee as an asset of Australian Retirement Trust. SFS is a separate legal entity responsible for the financial services it provides. Eligibility conditions apply. Refer to the Financial Services Guide at australianretirementtrust.com.au/fsg for more information.
- 2 The Trustee has established a panel of accredited external financial advisers who are not employees of the Australian Retirement Trust group. The Trustee is not responsible for the advice provided by these advisers and does not receive or pay any referral fees. These advisers will explain to you how their advice fees are determined.

Overseas travel and approved leave

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

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

What happens during approved Paid Leave, Unpaid Leave or parental leave?

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.

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.

What happens if you temporarily reside overseas?

If you continue to meet the eligibility conditions, your cover will continue as long as you remain in the active employment of your Australian-based employer Otis Elevator Company (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.

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

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

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

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

If you are not an *Australian Resident* and hold a *Visa*, you will be covered for up to three years while working overseas for Otis Elevator Company, 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 that application at their sole discretion.

2. Premiums

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

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

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

The premiums include a 5% insurance fee to offset Australian Retirement Trust's costs of providing the cover.

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

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

Premiums are deducted from your Super Savings –

Corporate Accumulation account unless otherwise agreed with your employer.

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

Standard and Additional Death and Total & Permanent Disability cover - Permanent employees. Additional Death cover - Casual employees

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

Age	Death & TPD¹cover		Death only cover	
				T
	Male \$	Female \$	Male \$	Female \$
15	8.20	8.20	6.90	6.90
16	8.20	8.20	6.90	6.90
17	8.20	8.20	6.90	6.90
18	8.20	8.20	6.90	6.90
19	8.20	8.20	6.90	6.90
20	8.00	8.00	6.50	6.50
21	7.80	7.80	6.20	6.20
22	7.50	7.50	5.80	5.80
23	7.30	7.30	5.50	5.50
24	6.80	6.80	5.00	5.00
25	6.60	6.60	4.70	4.70
26	6.40	6.40	4.40	4.40
27	6.40	6.40	4.30	4.30
28	6.40	6.40	4.20	4.20
29	6.40	6.40	4.10	4.10
30	6.60	6.60	4.10	4.10
31	6.80	6.80	4.10	4.10
32	7.00	7.00	4.10	4.10
33	7.40	7.40	4.20	4.20
34	7.80	7.80	4.30	4.30
35	8.10	8.10	4.30	4.30
36	8.50	8.50	4.40	4.40
37	9.20	9.20	4.60	4.60
38	10.00	10.00	4.90	4.90
39	10.90	10.90	5.10	5.10
40	12.20	12.20	5.60	5.60
41	13.70	13.70	6.10	6.10
42	15.30	15.30	6.60	6.60
43	17.20	17.20	7.20	7.20
44	19.60	19.60	8.00	8.00
45	21.70	21.70	8.60	8.60
46	24.30	24.30	9.30	9.30
47	27.20	27.20	10.10	10.10
48	30.30	30.30	10.90	10.90
49	34.00	34.00	11.80	11.80
50	37.80	37.80	12.70	12.70
51	42.30	42.30	13.80	13.80
52	47.00	47.00	14.80	14.80
53	52.30	52.30	16.00	16.00
54	57.60	57.60	17.10	17.10
55	63.10	63.10	18.50	18.50
56	69.40	69.40	20.00	20.00
57	76.40	76.40	21.60	21.60
58	84.70	84.70	23.50	23.50
59	94.10	94.10	25.60	25.60
60	104.20	104.20	27.80	27.80
61	115.50	115.50	30.20	30.20
62	127.50	127.50	32.70	32.70
63	140.30	140.30	35.20	35.20
64	154.40	154.40	37.80	37.80
65	N/A	N/A	49.60	49.60
66	N/A	N/A	56.50	56.50
67	N/A	N/A	64.40	64.40
			=0.60	
68	N/A N/A	N/A	73.60	73.60

Casual employees - Standard Death cover

Your insurance premiums are determined by your age, amount of insurance and the premium rates applying to your Employer Plan. The table below shows the annual premium for \$50,000 of Standard Death cover.

	\$50,000 of Standard De	
Age	Death cover	Premium per annum
15	50,000	34.50
16	50,000	34.50
17	50,000	34.50
18	50,000	34.50
19	50,000	34.50
20	50,000	32.50
21	50,000	31.00
22	50,000	29.00
23	50,000	27.50
24	50,000	25.00
25	50,000	23.50
26	50,000	22.00
27	50,000	21.50
28	50,000	21.00
29	50,000	20.50
30	50,000	20.50
31	50,000	20.50
32	50,000	20.50
33	50,000	21.00
34	50,000	21.50
35	50,000	21.50
36	50,000	22.00
37	50,000	23.00
38	50,000	24.50
39	50,000	25.50
40	50,000	28.00
41	50,000	30.50
42	50,000	33.00
43	50,000	36.00
44	50,000	40.00
45	50,000	43.00
46	50,000	46.50
47	50,000	50.50
48	50,000	54.50
49	50,000	59.00
50	50,000	63.50
51	50,000	69.00
52	50,000	74.00
53	50,000	80.00
54	50,000	85.50
55	50,000	92.50
56	45,000	90.00
57	40,000	86.40
58	35,000	82.25
59	30,000	76.80
60	25,000	69.50
61	20,000	60.40
62	15,000	49.05
63	10,000	35.20
64	5,000	18.90
	·	

Rounding variations may occur when calculating premiums.

^{1.} TPD means Total & Permanent Disability

Facts about making a claim

Let us help you

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

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

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

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

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

Super Savings Insurance claims guide

Want to know more about:

- Making a claim
- · How a claim is assessed

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

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

Do you need a lawyer to assist with your claim?

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

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

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

How to make a claim

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

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

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

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

Death claims

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

Disability claims

Australian Retirement Trust should be notified as soon as reasonably possible after an event that is likely to give rise to a disability or *Terminal Illness* claim. Detailed requirements are specified in the Total & Permanent Disability claim forms.

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

Claims after your cover has stopped

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

If your claim is declined

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

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

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

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

AFCA's contact details are as follows:

Australian Financial Complaints Authority GPO Box 3 Melbourne VIC 3001

Call: 1800 931 678

Email: info@afca.org.au Web: www.afca.org.au

Claim investigation

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

Incorrect information and eligibility for cover

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

Financial advice

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

- 1 Employees in the Australian Retirement Trust group provide advice to members and employers as representatives of Sunsuper Financial Services Pty Ltd (ABN 50 087 154 818 AFSL No. 227867) (SFS), that is wholly owned by the Trustee as an asset of Australian Retirement Trust. SFS is a separate legal entity responsible for the financial services it provides. Eligibility conditions apply. Refer to the Financial Services Guide at australianretirementtrust.com.au/fsg for more information.
- 2 The Trustee has established a panel of accredited external financial advisers who are not employees of the Australian Retirement Trust group. The Trustee is not responsible for the advice provided by these advisers and does not receive or pay any referral fees. These advisers will explain to you how their advice fees are determined.

3. Definitions - General terms

Term	Definition
Accident	Accident means an external event which was unexpected and unintended causing death and or injury. Exclusions – events that are not accidents The following situations are not accidents, and any claims arising from these situations are excluded: one of the contributing causes of death or injury was any of the following conditions: - 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
Activities of daily living	 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 he or she intended injury or death. The definition of Activities of daily living means: 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.
Activities of daily work	The definition of Activities of daily work means: bending – the ability to bend, kneel or squat to pick something up from the floor and straighten up again. communicating – the ability to: clearly hear with or without a hearing aid or alternative aid if required comprehend and express oneself by spoken or written language with clarity and interact with others by listening, comprehending and speaking on a day-to-day basis and in a work environment. vision (reading) – the ability to read, with or without correction with suitable lenses, to the extent that an ophthalmologist can certify that: visual acuity is equal to, or better than, 6/48 in both eyes, or constriction is within or greater than 20 degrees of fixation in the eye with the better vision. walking – the ability to walk more than 200m on a level surface without stopping due to breathlessness, angina or severe pain elsewhere in the body. lifting – the ability to lift, carry or otherwise move objects weighing up to 5kg using one or both hands. manual dexterity – the ability, with reasonable precision and success, to: use at least one hand, its thumb and fingers, including the ability to pick up and manipulate small objects, and use a keyboard.
At Work	 At Work means you are: actively performing all the duties of your occupation free from any limitation due to illness or injury, working your usual hours free from any limitation due to illness or injury, and is not in receipt of and/or entitled to claim income support benefits from any source including workers' compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits). An insured member who does not meet these requirements is correspondingly described as Not at Work. Not at work means you do not satisfy the definition of At Work.
Australian resident	Australian resident means an Australian citizen, a New Zealand citizen or a permanent resident within the meaning of the Migration Act 1958 (Cth).

Term	Definition		
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.		
Cognitive Loss (permanent)	Cognitive loss means a total and permanent deterioration or loss of intellectual capacity due to the loss of or damage to neurons in the brain (or through acquired brain injuries or progressive neurodegenerative disease) that has required you to be under continuous care and supervision by another adult person for at least six consecutive months; that has been clinically observed and evidenced by accepted standardised testing, and that at the end of the six-month period they are likely to require ongoing continuous care and assistance by another adult person to perform any of the <i>Activities of daily living</i> .		
Date of Disablement	Date of Disablement means: (a) for Part 1 of the <i>Total & Permanent Disability</i> definition, the first day after the expiry of the waiting period (b) 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 contribution	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.		
Event Date	 (i) for Part 1 of the <i>Total & Permanent Disability</i> definition, the first day of the waiting period during which you, in the insurers opinion, solely because of injury or illness, has not worked. (ii) for Part 2 of the <i>Total & Permanent Disability</i> definition, the date on which you suffer a permanent impairment of at least 25% of whole person function as described in the American Medical Association's publication Guides to the Evaluation of Permanent Impairment, 5th edition, or an equivalent guide to impairment approved by the insurer, that results in the insured member's total and permanent disablement. (iii) for Part 3 of the <i>Total & Permanent Disability</i> definition, the date you suffer the loss of the use of two limbs (where 'limb'is defined as the whole hand or the whole foot), the sight inboth eyes, or the sight in one eye and the use of one limb. (iv) for Part 4 of the <i>Total & Permanent Disability</i> definition, the first day that you, in the insurers opinion, solely because of injury or illness, is totally unable to perform at least three <i>Activities of daily work</i>. (v) for Part 5 of the <i>Total & Permanent Disability</i> definition, the date on which you suffer a total and permanent deterioration or loss of intellectual capacity that results in your total and permanent disablement. 		
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 Practitioner	Medical Practitioner means a registered and qualified medical practitioner in Australia, or another country as approved by the insurer, who in the insurers opinion, is qualified in an appropriate specialty, and who is not you, the insured member, or your spouse, family member, business partner, employee or employer.		
Permanent employee	Permanent employee means means an eligible person working on a permanent basis and not as a <i>Casual employee</i> .		
Permanent Incapacity	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.		
Pre-existing condition	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.		
Salary	Salary for insurance purposes is base salary, excluding commissions, bonuses, allowances and overtime. However, Lift Industry Allowance is included. For insurance purposes, employees are deemed to receive a minimum <i>Salary</i> of \$25,000 per annum, and if you are working part time, you will be deemed to receive the full-time equivalent salary.		

Term	Definition		
Terminal Illness	Terminal Illness means an illness or injury where all of the following (a), (b), (c), (d) and (e) are satisfied in respect of you:		
	(a) Two <i>Medical Practitioners</i> certify in writing ("Written Certification") that you suffer from an illness or has incurred an injury that is likely to result in your death within 12 months from the date of Written Certification ("Certification Period");		
	(b) 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		
	(c) at least one of the <i>Medical Practitioners</i> is a specialist <i>Medical Practitioner</i> , and one which may be appointed by us;		
	(d) for each Written Certification, the Certification Period has not ended; and		
	(e) the Written Certification by both <i>Medical Practitioners</i> must be dated during the period you are insured for Death Cover under the Policy.		
Terminal Medical Condition	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.		
Unpaid Leave	Unpaid Leave means leave (not being cessation of employment) without pay from your employer. This leave must be:		
	(i) approved by your employer or authorised by:		
	(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.		
	Unpaid Leave excludes leave:		
	(i) that is due to your illness or injury, or		
	(ii) during which you receive or are entitled to receive:		
	(a) income benefits, or		
	(b) disability income benefits, or		
	(c) social security sickness benefits, or		
	(iii) due to strike or lockout.		
Visa	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.		

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.

Have you suffered a permanent impairment - you may be considered totally & permanently disabled if,

- you suffer a permanent impairment of at least 25% of whole person impairment, or
- · you suffer the loss of limbs and/or sight, and
- you are unlikely ever to engage in any occupation or profession again.

Total & Permanent Disability means:

Part 1 Any Occupation

You are an insured member and satisfy all of the following (a), (b) and (c):

(a) you are gainfully working for an average of at least 15 hours per week as a permanent employee (including an eligible contractor) on the day immediately prior to the *Event Date*.

and

- (b) has either:
 - (i) worked for at least six consecutive months or more immediately prior to the *Event Date*, or
 - (ii) worked for less than six consecutive months immediately prior to the *Event Date* but has in fact worked for an average of 15 hours or more per week since commencing cover under the policy, and
- (c) in the insurers opinion based on medical or other evidence satisfactory to us, solely because of injury or illness, you:
 - (i) have not worked at any time during the waiting period, and
 - (ii) as at the *Date of Disablement* is unlikely ever to be able to work in any gainful employment for which you are reasonably suited by education, training or experience.

Part 2 - Permanent Impairment

You satisfy all of the following (a), (b) and (c):

- (a) you are gainfully working on the day immediately prior to the *Event Date*,
- (b) solely because of injury or illness, you suffer at least 25% permanent whole person impairment as defined in the American Medical Association publication Guides to the Evaluation of Permanent Impairment, 5th edition, or an equivalent guide to impairment approved by the insurer, and
- (c) in the insurers opinion based on medical or other evidence satisfactory to the insurer, solely because of injury or illness,you are at the *Date of Disablement* is unlikely ever to be able to work in any gainful employment for which you are reasonably suited by education, training or experience.

Part 3 - Specific Loss

You satisfy all of the following (a) and (b)

- (a) solely because of injury or illness, suffers the total and permanent loss of the use of either:
 - (i) two limbs (where 'limb' is defined as the whole hand or the whole foot), or
 - (ii) the sight in both eyes, or
 - (iii) one limb and the sight in one eye,

which is certified by at least two medical practitioners, and

(b) in the insurers opinion based on medical or other evidence satisfactory to the insurer, solely because of injury or illness, you are at the *Date of Disablement* are unlikely ever to be able to work in any gainful employment for which you are reasonably suited by education, training or experience.

Part 4 - Activities of Daily Work

You satisfy all of the following (a) and (b)

- (a) solely because of injury or illness, you are are totally and irreversibly unable to perform at least three activities of daily work, and
- (b) in the insurers opinion based on medical or other evidence satisfactory to the insurer, solely because of injury or illness, you are at the *Date of Disablement* are unlikely ever to be able to work in any gainful employment for which you are reasonably suited by education, training or experience.

Part 5 - Cognitive Loss

You satisfy all of the following (a) and (b)

- (a) solely because of injury or illness, you suffer Cognitive Loss, and
- (b) in the insurers opinion based on medical or other evidence satisfactory to us, solely because of injury or illness, you are at the *Date of Disablement* are unlikely ever to be able to work in any gainful employment for which you are reasonably suited by education, training or experience.



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australianretirementtrust.com.au



13 11 84 (+61 7 3333 7400 when overseas)



GPO Box 2924 Brisbane QLD 4001



australianretirementtrust.com.au

Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL No. 228975

Australian Retirement Trust
ABN 60 905 115 063
Unique Super Identifier (USI) 60 905 115 063 003

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

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

Preparation date: 11 August 2023

Otis Elevator Superannuation Plan - Zurich C59411 (07/23) CIG