

Super Savings – Corporate

Defined Benefit Additional Insurance Guide

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Otis Elevator Superannuation Plan

OTIS[®]

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Australian Retirement Trust is the superannuation fund that Otis Elevator Company have chosen to manage their Defined Benefit plan.

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 Additional Insurance Guide

This Additional Insurance Guide will provide you with important information to help you better understand your super. Make sure you read this Additional 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 (Plan) is issued by Zurich Australia Limited (Zurich) ABN 92 000 010 195 AFSL 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.

Important information

This is the Super Savings - Corporate Defined Benefit Additional Insurance Guide - Otis Elevator Superannuation Plan (Additional Insurance Guide). The Additional Insurance Guide contains information about the insurance in your Super Savings - Corporate plan, including insurance terms and conditions.

This Additional Insurance Guide may reference important information contained in the following:

- The Super Savings - Corporate Defined Benefit Handbook for the Otis Elevator Superannuation Plan - Categories 1, 2 and 3 and Category 4 respectively (Defined Benefit Handbook), which contains information for Defined Benefit members about their Defined Benefits (including insured benefits) and Additional Accumulation account in the Otis Elevator Superannuation Plan.
- The Super Savings Accumulation Guide, containing information about superannuation in general and Super Savings in particular,
- The Super Savings Investment Guide, containing information about the investment options available in the Otis Elevator Superannuation Plan.

This Handbook and all Super Savings products are issued by Australian Retirement Trust (ABN 88 010 720 840, AFSL No. 228975) (Trustee) as trustee for Australian Retirement Trust (Fund). Any reference to “we”, “us”, or “our” in this Handbook is a reference to the Trustee as trustee of the Fund (ABN 60 905 115 063).

General advice disclaimer

This document contains general information only and doesn't take into account your personal objectives, financial situation or needs. Before acting on any information in this document, you should consider the appropriateness of the information with regard to your objectives, situation and needs. You should consider obtaining financial advice tailored to your circumstances. Before making any decision to acquire or continue to hold any financial product, you should consider whether the product is right for you by reading the relevant product disclosure statement (PDS). Call us if you would like to speak to a qualified financial adviser about your account.

Financial Services Guide (FSG)

Contains information about the financial services Australian Retirement Trust Pty Ltd (ABN 88 010 720 849 AFSL No. 228975) provides and will help you decide whether to use these services. Visit australianretirementtrust.com.au/fsg or contact us for a copy.

Protecting your privacy

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

Defined Terms

There are a number of terms in this Additional Insurance Guide that are defined and have a particular meaning when used in this Additional Insurance Guide. Refer to the end of this Additional 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 Defined Benefit Handbooks and this Additional Insurance Guide.

Insurance in your super

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

Features	Description
Death cover	Provides a lump sum benefit on the death of a member. Members can have Death only cover.
Total & Permanent Disability cover	Provides a lump sum benefit where a member becomes Totally and Permanently Disabled and meets the conditions of the relevant part of the Total & Permanent Disability definition.
Terminal Illness cover	This forms part of the Death cover and provides a lump sum benefit where a member is diagnosed as having a Terminal Illness.
Additional cover is available from	Death – age 15 to 69 Total & Permanent Disability – age 15 to 64
Age when Additional cover ceases	Death – age 70 Total & Permanent Disability – age 65
Additional cover	Members can apply for Additional Death and Total & Permanent Disability cover to suit your individual circumstances and needs.
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 advice¹	We can assist members to determine the amount and type of insurance cover needed and to manage proceeds of claims.
Claims support	Our experienced Claims Representatives are here to help with your claim. Simply contact Australian Retirement Trust first and we will guide you through the process.
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 Additional insurance cover are deducted from your Additional 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

The Plan provides benefits for members of the United Technologies Corporation Retirement Plan (Former Fund) who transferred to Australian Retirement Trust by a successor fund transfer on 1 July 2020.

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 are protected no matter what stage of life you're at. 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.

This Additional Insurance Guide contains the details of the Additional cover that eligible members can apply for. For information about defined Death and Total and Permanent Disablement benefits (which may or may not include an insurance component), refer to your Defined Benefit Handbook.

Who pays for your Additional insurance?

Your insurance premiums for Additional cover are calculated weekly and deducted monthly from your Additional Accumulation account.

1. Additional Death and Total & Permanent Disability 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.

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

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

Types of cover available

The types of cover available are:

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

How much can I apply for?

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

- Death cover — unlimited
- Terminal Illness — \$2.5 million (this forms part of the Death cover)
- Total & Permanent Disability cover — \$5 million

Am I eligible to apply for Additional cover?

You are eligible to apply for Additional cover if:

- you are a Defined Benefit member of the Plan,
- you have attained age 15,
- you are under the age 65 for Additional Death and Additional Total & Permanent Disability cover,
- you are making voluntary superannuation contributions to your Additional Accumulation account,
- 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 insurer), and
- you are working in an occupation for which cover is available.

You are not eligible for Additional cover if:

- you are under the age of 15, or
- 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.

What is Total & Permanent Disability cover?

Below we have explained our intention in providing Additional Total & Permanent Disability insurance cover to you and how the definitions that are used to assess Total & Permanent Disability claims are applied in practice. This information is intended as a guide to assist understanding of your insurance but you should always read this Additional 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.

When making a Total & Permanent Disability claim, however, whether or not you are gainfully working immediately before the event date, whether you are permanently employed 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 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 & 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 lodgment 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 Additional Total & Permanent Disability cover as at the *Date of Disablement* will be payable, as will any defined Total and Permanent Disablement Benefit. You may also be able to access your Additional 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 Additional Death and Total & Permanent Disability insurance cover through Australian Retirement Trust. Refer to the section *Am I eligible to apply for Additional cover?* and the definition of *Employed* in the *Definitions* section.

What benefits are paid out if you die?

In the event of your death, your Additional Death cover benefit may be paid to your nominated beneficiaries (subject to Trustee discretion — unless you have a binding death benefit nomination).

Any Additional Death insurance cover is subject to acceptance of the claim by the insurer.

What happens if you have a Terminal Illness?

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

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

The benefit paid is the amount of your Additional Accumulation account balance plus the amount of your Death Benefit (including the insured component and any Additional cover) in force at the most recent certification (up to a maximum of \$2,500,000).

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

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

Additional Total & Permanent Disability cover reduces from age 61

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

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

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

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 Defined Benefit member and decides to apply for \$100,000 of Additional Death and Total & Permanent Disability cover. If accepted by the insurer, James' premiums for Additional cover will be as follows:

$$\text{(Additional Death and TPD¹ cover} \div \$10,000) \times \text{Death and TPD¹ premium} \div 52$$

$$(\$100,000 \div \$10,000) \times \$6.10 \div 52 = \$1.18 \text{ per week}$$

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.

The cost of any Additional cover held is deducted from your Additional Accumulation account.

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

Simply download and complete the Additional insurance application form available at portal.australianretirementtrust.com.au/otis and return it to us.

Conditions & exclusions

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

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

If you accept the terms of this Special Acceptance offer (if applicable), your Additional Death and 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 Additional Accumulation account to pay insurance premiums. If you do not have enough money in your Additional Accumulation account to pay premiums, you will be notified of the conditions that apply to you.

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

Cover will stop on the earliest of the following dates:

- you turn 70 for Death cover,
- you turn 65 for 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 Additional 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),
- Zero Account Balance - the premium for Additional Death and Total & Permanent Disability cover is due and the premiums remain unpaid 30 days after the date of notice advising the outstanding premium.

Interim Accident Cover

Where 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 Additional Insurance application 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 Additional 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.

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 Death and Total & Permanent Disability cover held in your Defined Benefit plan 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 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 total 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

1. 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:

- the amount and effective date of the mortgage, where you take out a new mortgage.
- 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, 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 Additional Accumulation account to pay insurance premiums. If you do not have enough money in your Additional 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.

You can complete either a:

- preferred beneficiary nomination — which acts as a guide for the Trustee in deciding how to pay your death benefit, or
- binding death benefit nomination — which “binds” the Trustee to pay your death benefit to the nominated beneficiary(s).

Nominating beneficiaries ensures the Trustee of Australian Retirement Trust is aware of your wishes. If you do not nominate beneficiaries or your nomination is invalid, the Trustee will look for eligible beneficiaries to receive your death benefit.

There may be taxation implications arising out of the choice you make. You should read the material on tax and discuss the implications with your financial adviser.

Refer to the Super Savings Accumulation Guide for more information on nominating your beneficiaries.

What happens to my Additional cover if I leave my employer?

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

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

- 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 Plan. Additional fees may also apply. Any changes to your insurance will be back dated to the date you left employment.
- Any Additional 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 cover and the cover provided in your Otis Elevator Superannuation Plan account. The replacement of cover will take effect the date you cease employment with your employer.

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.

Insurance cover for Super Savings Accumulation accounts is provided through group life policies issued by AIA Australia Limited ABN 79 004 837 861 to the Trustee of Australian Retirement Trust.

* For definitions, refer to the Super Savings Insurance Guide available at australianretirementtrust.com.au/pds

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

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

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

If you need some financial advice and help deciding what you should do in the short-term as well as a long term plan, please don't hesitate to contact one of our qualified financial advisers on **13 11 84**. They can help you with a tailored financial plan. The cost of this advice is included with your membership.¹

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 (pdf) at australianretirementtrust.com.au/fsg for more information.

Overseas travel and approved leave

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

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.

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 Additional cover calculated and when is it paid?

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

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

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

Generally your insurance premiums for Additional cover are recalculated annually, unless agreed otherwise with the insurer. Premiums for Additional cover are deducted from your Additional Accumulation account unless otherwise agreed with your employer.

The Additional Death and Total & Permanent Disability cover premium rates do not include the 5% Administration fee as this is funded by your employer.

Additional Death and Total & Permanent Disability cover

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

Age	Death & TPD ¹ cover	Death only cover
	Unisex \$	Unisex \$
15	7.80	6.60
16	7.80	6.60
17	7.80	6.60
18	7.80	6.60
19	7.80	6.60
20	7.60	6.20
21	7.40	5.90
22	7.10	5.50
23	6.90	5.20
24	6.50	4.80
25	6.30	4.50
26	6.10	4.20
27	6.10	4.10
28	6.10	4.00
29	6.10	3.90
30	6.30	3.90
31	6.50	3.90
32	6.70	3.90
33	7.00	4.00
34	7.40	4.10
35	7.70	4.10
36	8.10	4.20
37	8.80	4.40
38	9.60	4.70
39	10.40	4.90
40	11.60	5.30
41	13.00	5.80
42	14.60	6.30
43	16.40	6.90
44	18.60	7.60
45	20.70	8.20
46	23.20	8.90
47	25.90	9.60
48	28.90	10.40
49	32.30	11.20
50	36.00	12.10
51	40.20	13.10
52	44.80	14.10
53	49.80	15.20
54	54.90	16.30
55	60.10	17.60
56	66.00	19.00
57	72.80	20.60
58	80.70	22.40
59	89.60	24.40
60	99.30	26.50
61	110.00	28.80
62	121.40	31.10
63	133.60	33.50
64	147.00	36.00
65	N/A	47.20
66	N/A	53.80
67	N/A	61.30
68	N/A	70.10
69	N/A	79.10

1. TPD means Total & Permanent Disability

When you have Additional fixed cover, your Total & Permanent Disability cover reduces by 20% each year from age 61 and ceases on your 65th birthday. The Death only premiums for ages 65 to 69 are for Additional Death Cover. The above premiums for Death and Total & Permanent Disability reflect the reduced Total & Permanent Disability cover. Rounding variations may occur when calculating premiums.

Facts about making a claim

Let us help you

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

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

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

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

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

Super Savings Insurance Claims Guide

Want to know more about:

- Making a claim
- How a claim is assessed

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

Visit australianretirementtrust.com.au/makeaclaim 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.

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.

Please contact Australian Retirement Trust on **13 11 84**.

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 don't need to panic and you don't need to be rushed into a course of action. If you need some financial advice and help deciding what you should do in the short-term as well as a long term plan, please don't hesitate to contact one of our qualified financial advisers.

Call **13 11 84** to speak to one of our phone based qualified financial advisers who can give you advice about your Super Savings account. The advice is included in your membership.¹ For more comprehensive advice, we may also refer you to an accredited external financial adviser.² 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 (pdf) at australianretirementtrust.com.au/fsg for more information.

2 Australian Retirement Trust has established a panel of accredited external financial advisers who are not employees of Australian Retirement Trust. Australian Retirement Trust 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	<p>Accident means an external event which was unexpected and unintended causing death and or injury.</p> <p>Exclusions – events that are not accidents</p> <p>The following situations are not accidents, and any claims arising from these situations are excluded:</p> <ul style="list-style-type: none"> • one of the contributing causes of death or injury was any of the following conditions: <ul style="list-style-type: none"> – illness – disease – allergy – any gradual onset of a physical or mental infirmity. • the injury or death, which was unintended and unexpected, was the result of an intentional act or omission, or • you were injured or died as a result of an activity in respect of which they assumed the risk or courted disaster, irrespective of whether he or she intended injury or death.
Activities of daily living	<p>The definition of Activities of daily living means:</p> <ul style="list-style-type: none"> • bathing and/or showering • dressing and undressing • eating and drinking • using a toilet to maintain personal hygiene • getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or with assistance of a walking aid.
Activities of daily work	<p>The definition of Activities of daily work means:</p> <ul style="list-style-type: none"> • bending – the ability to bend, kneel or squat to pick something up from the floor and straighten up again. • communicating – the ability to: <ul style="list-style-type: none"> – 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: <ul style="list-style-type: none"> – 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: <ul style="list-style-type: none"> – use at least one hand, its thumb and fingers, including the ability to pick up and manipulate small objects, and – use a keyboard.

Term	Definition
At Work	<p>At Work means you are:</p> <ul style="list-style-type: none"> actively performing all the duties of your occupation free from any limitation due to illness or injury, working your usual hours free from any limitation due to illness or injury, and 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). <p>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.</p>
Australian resident	<p>Australian resident means an Australian citizen, a New Zealand citizen or a permanent resident within the meaning of the <i>Migration Act 1958</i> (Cth).</p>
Cognitive Loss (permanent)	<p>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 you are likely to require ongoing continuous care and assistance by another adult person to perform any of the <i>Activities of daily living</i>.</p>
Date of Disablement	<p>Date of Disablement means:</p> <p>(a) for Part 1 and Part 5 of the <i>Total & Permanent Disability</i> definition, the first day after the expiry of the waiting period</p> <p>(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.</p>
Employed	<p>Gainfully employed/gainful employment means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.</p>
Event Date	<p>Event Date means:</p> <p>(a) 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.</p> <p>(b) 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 <i>Guides to the Evaluation of Permanent Impairment, 5th edition</i>, or an equivalent guide to impairment approved by us, that results in the insured member's total and permanent disablement.</p> <p>(c) 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 in eyes, or the sight in one eye and the use of one limb.</p> <p>(d) for Part 4 of the <i>Total & Permanent Disability</i> definition, the first day that you, in the insurer's opinion, solely because of injury, is totally unable to perform at least three <i>Activities of daily work</i>.</p> <p>(e) 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.</p>
Limited Cover/New Events Cover	<p>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.</p>
Medical Practitioner	<p>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.</p>

Term	Definition
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.
Terminal Illness	<p>Terminal Illness means an illness or injury where all of the following (a), (b), (c), (d) and (e) are satisfied in respect of you:</p> <ul style="list-style-type: none"> (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 <i>Superannuation Industry (Supervision) Regulations 1994 (Cth)</i> . For more information refer to the Super Savings Accumulation Guide.
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 <i>Migration Act 1958 (Cth)</i> 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. The *Total & Permanent Disability* definition will apply to all Total & Permanent Disability claims where there is an insurance component of the benefit payable, and/or where you have Additional cover.

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.

Unemployed at the date of disablement - if you were unemployed at the time you suffer the injury or illness causing your disablement, whether you are entitled to a total and permanent disability benefit will not only be assessed based on your capacity to work in the future. Instead, you may be considered totally & permanently disabled if,

- you suffer the loss of limbs and/or sight, or
- you suffer the loss of intellectual capacity which requires you to be under continuous care for a minimum of six consecutive months, or
- you are unable to do basic activities associated with daily living without assistance of another person such as bathing, dressing and undressing, eating and drinking, use of a toilet or mobility.)

How will your benefit be paid - if you are eligible for a Total & Permanent Disablement 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) have 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 insurer's 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* are 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 insurer's opinion based on medical or other evidence satisfactory to the insurer, solely because of injury or illness, you are at the *Date of Disablement* 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, suffer 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 insurer's opinion based on medical or other evidence satisfactory to the insurer, solely because of injury or illness, you are at the *Date of Disablement* 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 totally and irreversibly unable to perform at least three activities of daily work, and
- (b) in the insurer's opinion based on medical or other evidence

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



Australian Retirement Trust

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Australian Retirement Trust Pty Ltd

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AFSL No. 228975

Australian Retirement Trust

ABN 60 905 115 063

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

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

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