

Super Savings – Corporate Insurance Guide

Effective date: 29 March 2025

Former Qantas Group Super Plan

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Qantas Group has chosen Australian Retirement Trust to provide a specialised super plan for you, the Former Qantas Group Super Plan (Plan).

Your employer 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 insurance cover as a member of the Plan. Make sure you read this Corporate Insurance Guide so you can make informed decisions and get the most from your super – from your very first day of work, throughout your working life and during your retirement.

The insurer

Insurance cover is provided through group insurance policies issued by MetLife Insurance Limited ABN 75 004 274 882, AFSL No. 238096 (MetLife) to the Trustee of Australian Retirement Trust. In the event of a dispute the policy will override the information in the Super Savings - Corporate Product Disclosure Statement for Accumulation Account (PDS) and this Corporate Insurance Guide.

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

More information

Visit art.com.au/qgsp for dedicated plan information and resources to help you sort your super.

Insurance words with definitions

We aim to make this Corporate Insurance Guide as simple and straightforward as possible. Some words in this guide have specific meanings. Some of these may seem like everyday words, such as 'at work'. We show you the words where you'll need to check a definition throughout this Corporate Insurance Guide, such as the way we display 'at work'. Please see the definitions of the words with a specific meaning in the Definitions section of this Corporate Insurance Guide.

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 29 March 2025. The PDS references important information contained in this Corporate Insurance Guide. This Corporate Insurance Guide may reference important information contained in the Super Savings Accumulation Guide and Super Savings Investment Guide. The PDS, this Corporate Insurance Guide, the Super Savings Accumulation Guide and the Super Savings Investment Guide should be read in their entirety before making a decision to acquire or continue to hold an interest in Australian Retirement Trust. Super Savings – Corporate Accumulation accounts are products issued within the public offer division of Australian Retirement Trust. Any references to Australian Retirement Trust contained in this Corporate Insurance Guide are references to the public offer division of Australian Retirement Trust.

Changes to insurance cover from time to time

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

General advice disclaimer

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

Financial Services Guide (FSG)

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

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
Standard Death and Total & Permanent Disability cover	<p>If you are eligible, Standard cover is automatically provided to you without the need for medical questions. Any Standard Death and Total & Permanent Disability cover you had in the Qantas Group Super Plan will continue. This cover is generally based on your employment status, age and salary when you ceased to be a member of the Qantas Group Super Plan.</p> <p>The cover available to you in your Plan is described in further detail in the table below.</p>
Tailored cover	You can apply for Tailored Death and Total & Permanent Disability cover to suit your individual circumstances and needs. Limits may apply.
Death cover	Provides a lump sum benefit in the event of your death. You can have Death only cover.
Terminal Illness benefit	This forms part of your Death cover. You may receive a 'terminal illness' benefit if you are diagnosed as having a 'terminal illness'.
Total & Permanent Disability cover	Provides a lump sum benefit where you become totally and permanently disabled and meets the conditions of the relevant part of the 'total & permanent disability' definition.
Tailored Income Protection cover	<p>You can apply for Tailored Income Protection cover where you are in permanent full-time, permanent part-time and 'fixed term employment' working at least 15 hours per week. 'Casual employees' and employees engaged in contract or seasonal employment aren't eligible for Income Protection cover.</p> <p>Where you become 'totally disabled' or 'partially disabled' and cannot work as a result, the benefit payments are based on the lower of:</p> <ul style="list-style-type: none"> • your insured amount (less offsets), and • 75% of your 'pre-disability salary' (less offsets). <p>For a 'benefit period' of up to 2-years, after a 90-day 'waiting period'. Cover ceases at age 65.</p>
Eligible age for automatic Standard cover	<p>Death cover – age 25 to 69</p> <p>Total & Permanent Disability cover – age 25 to 64</p>
Age when Standard cover ceases	<p>Death cover – age 70</p> <p>Total & Permanent Disability cover – age 65</p>
Transfer of insurance cover	<p>We may agree to take over the cover provided by an existing insurance policy or superannuation fund and provide equivalent benefits on Australian Retirement Trust's terms and conditions.</p> <p>You can apply to transfer Death and Total & Permanent Disability or Death only cover up to \$2,000,000 and up to \$240,000 per annum of Income Protection cover.</p>
Worldwide cover	Cover is provided 24/7 anywhere in the world.
Financial advice¹	We can assist you in determining the amount and type of insurance cover needed and to manage proceeds of claims.
Claims support	Our experienced Claims Representatives are here to help with your claim. Simply contact Australian Retirement Trust first and we will guide you through the process.
Rehabilitation – "work is good medicine"	If you have an injury, disability or health condition we may be able to arrange work related rehabilitation to assist you back to meaningful work.
Binding Nominations vs. Preferred Beneficiaries	You can make a binding death benefit nomination or you can nominate your preferred beneficiaries. Refer to the Super Savings Accumulation Guide for more information.
Who pays for your insurance premiums?	Your insurance premiums are calculated weekly and deducted monthly 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 art.com.au/fsg for more information.

Insurance solutions

If you held any Death only or Death and Total & Permanent Disability cover in the Qantas Group Super Plan prior to ceasing employment with the Qantas Group or redirecting your Superannuation Guarantee contributions your cover will automatically transfer to a Super Savings - Corporate Accumulation account Former Qantas Group Super Plan account. The terms and conditions will be as outlined in this Corporate Insurance Guide.

Any Standard Death and Total & Permanent Disability cover you had in the Qantas Group Super Plan will continue as Standard Death and Total & Permanent Disability cover on a 'level cover' basis. This means your amount of insurance cover stays the same and is no longer based on your age and 'salary'.

Any Additional Death only or Death and Total & Permanent Disability cover you had in the Qantas Group Super Plan will continue in a Super Savings – Corporate Accumulation account Former Qantas Group Super Plan as Tailored Death only or Death and Total & Permanent Disability cover on a 'fixed cover' basis. The premium charged will be based on your occupation at the Qantas Group prior to your transfer to the Former Qantas Group Super Plan.

If you're an existing Retained member or Spouse member who transferred from Qantas Super (Qantas Superannuation Plan ABN 41 272 198 829) on 29 March 2025 you may have different insurance arrangements than those outlined in this Corporate Insurance Guide. You will have been notified in writing of any differences that apply to your insurance (if any).

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

Important eligibility criteria

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

Under the *Putting Members' Interests First* reforms, we generally cannot automatically provide Standard Death and Total & Permanent Disability cover to new members before they attain age 25 and their account balance reaches \$6,000. These age and balance requirements are now a key component of the eligibility criteria for you to automatically receive Standard Death and Total & Permanent Disability cover.

Who pays for your insurance?

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

1. Standard Death and Total & Permanent Disability cover

If you were previously employed with the Qantas Group or redirected your Superannuation Guarantee (SG) contributions to an alternate superannuation fund and had previously attained cover, you will continue to receive the benefits of your existing Standard Death and Total & Permanent Disability cover. This cover is provided on a 'level cover' basis.

Your insurance cover and premium are recalculated on your birthday each year. The cost of insurance generally increases with age.

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

Need to know your level of cover

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

An example of Standard Death and Total & Permanent Disability cover

James is 31 years old and has Standard Death and Total & Permanent Disability cover of \$200,000.

Weekly premium

(Death and TPD ¹ cover / \$10,000) x premium rate / 52	Weekly premium for Standard cover
(\$200,000 / \$10,000) x \$13.60 / 52	\$5.23

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.

Your insurance premiums are calculated weekly and deducted monthly 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.

Are you under age 25 or your balance is less than \$6,000?

If you ceased to be a member of the Qantas Group Super Plan and became a Former Qantas Group Super Plan member before your Standard cover automatically commenced, you may remain eligible for Standard cover. For full details please refer to the Am I eligible for Standard cover? section.

Standard cover based on your age will be provided when you:

- attain age 25
- your Super Savings – Corporate Accumulation account balance reaches \$6,000 (subject to meeting the other eligibility conditions), and
- a Superannuation Guarantee contribution is paid to your Super Savings – Corporate Accumulation account Former Qantas Group Super Plan.

Standard Death and Total & Permanent Disability cover

Age	Death cover	Total & Permanent Disability cover
25	\$125,000	\$175,000
30	\$250,000	\$250,000
35	\$240,000	\$240,000
40	\$186,000	\$186,000
45	\$132,000	\$132,000
50	\$83,000	\$83,000
55	\$42,000	\$42,000
60	\$25,000	\$25,000
65	\$17,000	Nil
70	Nil	Nil

The amount of Standard Death and Total & Permanent Disability cover provided is calculated on an age based scale. To find out which level of cover and premium applies to you, please refer to the Premiums section in this Corporate Insurance Guide.

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

Important eligibility terms and conditions

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

You are eligible for Standard Death and Total & Permanent Disability cover in the Former Qantas Group Super Plan if:

- within 120 days of joining the Qantas Group, you elected to join the Plan and this occurred prior to 29 March 2025
- you joined the Plan on or after 29 March 2025
- your cover had previously ceased due to Contribution inactivity
- 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 or before your balance reaches \$6,000¹,
- you are under age 70 for Standard Death cover and/or age 65 for Standard Total & Permanent Disability cover
- your employer is making Superannuation Guarantee contributions to your Super Savings – Corporate Accumulation account on your behalf
- you meet the specific eligibility criteria established by your employer, the Trustee and the insurer, and
- you are an Australian resident who has always lived in Australia or has come to live in Australia and are eligible to work in Australia.

You are not eligible for Standard cover if:

- you are under the age of 16
- you have previously received or are eligible to receive a total and permanent disability benefit or terminal illness benefit or a benefit for 'permanent incapacity' or 'terminal medical condition' from Australian Retirement Trust or any other fund or insurer,
- you elected to join the Plan outside of 120 days of joining the Qantas Group, and this occurred prior to 29 March 2025, or
- you have previously cancelled the Plan's Standard cover.

If you're not eligible to automatically receive Standard cover, you can apply for Tailored cover at any time. Refer to the Tailored 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'.

What is Limited cover?

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

When does my Standard Death and Total & Permanent Disability cover start?

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

Insurance cover	Requirements for insurance cover to start	Insurance cover start date
Standard Death and Total & Permanent Disability cover	Standard cover is automatically provided when all four have occurred: <ul style="list-style-type: none">• you join the Plan, and• you attain age 25;• your account balance reaches \$6,000; and• a Superannuation Guarantee (SG) contribution is paid to your Accumulation account.	Cover starts when you attain age 25 and reach an account balance of \$6,000, if an SG contribution was received in the prior 120 days. Otherwise, cover starts on the date of receipt of the next SG contribution following the latter of you attaining age 25 and reaching an account balance of \$6,000.

'Limited cover' will apply to automatic Standard cover in the following circumstances, if

- you joined the Plan within 120 days of joining your employer and you are not 'at work', on the date cover starts, your Standard cover will be provided as 'limited cover' until you have been 'at work' for 30-consecutive days, or
- you joined the Plan outside of 120 days of joining your employer, your Standard cover will be provided as 'limited cover' for 12 months and subject to a 30-consecutive day 'at work' requirement after the end of the 12-month period to remove the limitation.

If you're on leave for reasons other than 'illness' or injury you are still generally considered to be 'at work'.

If you're not eligible to automatically receive Standard cover, you may be eligible to apply for Tailored 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 art.com.au/qgsp

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

If you want to reduce or cancel your Standard cover, or just want Standard Death only cover, please let us know. Otherwise the premiums will continue to be deducted from your Super Savings – Corporate Accumulation account each month. The cancellation or reduction will be effective from the date your instruction is received by Australian Retirement Trust.

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

If you cancel your cover and decide that you would like cover again at a later date, you will need to apply. Any

application for cover is subject to acceptance by the insurer and evidence of health may be required. The insurer may apply special conditions before agreeing to start your cover. Cover will start on the date your application is approved by the insurer, or if the insurer imposes special conditions on the cover, the date you accept those special conditions.

Cooling-off period

If your Standard cover initially starts but you cancel it within 60 days of the commencement date of your insurance, we'll refund any premiums that you've paid back into your Super Savings – Corporate Accumulation account.

What is Total & Permanent Disability cover?

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

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

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

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

Depending on the type of 'illness' or injury there is generally a 3-month waiting period before a 'total & permanent disability' claim becomes assessable.

If you meet the definition of 'total & permanent disability' and have your claim accepted by the insurer, the payment will be paid to you as a single lump sum.

Total & Permanent Disability definition

The definition the insurer assesses your 'total & permanent disability' against may vary depending on the your employment status. A different definition also applies for Standard cover and Tailored cover. Please see page 28 for more information.

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 'doctor' 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 of this Corporate Insurance Guide.

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 claim', and the impact that your injury or illness will have on your ability to work again.

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

If you meet the definition of 'total & permanent disability' and have your claim accepted by the insurer, your Total & Permanent Disability cover as at the 'date of claim' will be payable. You may also be able to access your Super Savings – Corporate Accumulation account balance.

Payment of any total and permanent disability benefit is subject to acceptance of the claim by the insurer.

Any Standard and/or Additional Death cover will cease.

In limited circumstances you will not be eligible to claim on the Standard Death and Total & Permanent Disability insurance cover through Australian Retirement Trust. Refer to the section Am I eligible for Standard Death and Total & Permanent Disability cover? and the definition of 'employed' in the Definitions section of this Corporate Insurance Guide.

Payment of a total and permanent disability benefit

If you are eligible to receive a total and permanent disability benefit, the insurer will pay the benefit (less any applicable tax) to your Super Savings - Corporate Accumulation account where it will be invested in the Cash investment option.

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

When would a health questionnaire be required?

A health questionnaire will be required if:

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

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

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

Bring your current cover with you

You may be eligible to transfer existing Death and Total & Permanent Disability or Death only cover up to \$2 million to the Qantas Group Super Plan. Spouse members are only eligible to transfer Death cover.

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

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
- The confirmation must have been issued within 30 days of your application, and
- Your current occupation.

If accepted by the insurer:

- You will be subject to the terms and conditions outlined in the policy issued by the insurer
- You will continue to be subject to any exclusions and non-standard terms applicable to the cover that was transferred
- You will need to cancel the cover you had under your previous fund or policy within 60 days of acceptance. and
- Your transferred cover will be provided in addition to your Standard cover.

The insurer will not accept any transfer application where you are currently claiming, or intending to claim, on any other life and/or disability policy. Maximum cover limits apply.

You can elect to apply a Transfer of Insurance cover on either,

- Standard rates - the same premium rates and terms that apply to your Standard cover will also apply to any increase in cover (this includes any premium loadings, restrictions and/or exclusions that may apply). Cover will be provided as 'level cover', or
- Occupation based premium rates - the same terms that apply to Tailored cover will also apply to any increase in cover (this includes any premium loadings, restrictions and/or exclusions that may apply). Cover will be provided as 'fixed cover'. From age 61, your Tailored Total & Permanent Disability cover reduces annually by 20% of your insured benefit at age 60, until your 65th birthday when cover ceases.

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

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

Interim Accident Cover

Where you are not entitled to Standard Death and Total & Permanent Disability cover or you choose to apply for Tailored cover, or apply for Standard cover above the Automatic Acceptance Limit (AAL), up to 90 days Interim Accident Cover will apply immediately from the date we receive your completed Change of Insurance Cover form. No premium is charged for the Interim Accident Cover.

The amount of Interim Accident Cover is the lesser of the amount of Tailored Death only or Death and Total & Permanent Disability cover or amount of Standard cover above the AAL you are applying for or \$1,000,000.

Interim Accident Cover starts on the date we receive your fully completed and signed insurance application form and automatically ends as soon as one of the following happens:

- Your application is accepted or declined; or
- The application is withdrawn, or
- 90 days pass from the date the Interim Accident Cover commenced, or
- You are no longer eligible for cover under the Plan (please refer to the When does Death and Total & Permanent Disability insurance cover stop? section of this Corporate Insurance Guide)

Interim Accident Cover is provided if you die or suffer 'total & permanent disability' as a result of an 'accident', other than in the circumstances explained below.

Interim Accident Cover does not apply to an 'accident':

- where you are engaged in hazardous pastimes or sports that would not be covered under the insurer's assessment guidelines,
- that occurred prior to the date of you becoming an eligible member,
- that first occurred or appeared before Interim Accident Cover commenced, or for which you experienced symptoms or received medical advice/treatment before Interim Accident Cover commenced, unless you were not aware, or could not reasonably be expected to be aware, of the condition or symptoms

A benefit will not be paid under Interim Accident Cover if:

- The cover applied for would have been declined by the insurer under their assessment criteria, or
- You claim for an 'accident' or condition that would have been excluded under the insurer's underwriting criteria.

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

Tailored cover

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

- You're not eligible for Standard 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 Tailored cover provided. Cover will commence on the date the insurer accepts your application.

Tailored cover means the amount of insurance cover is initially provided as a fixed dollar amount. From age 61, your fixed Total & Permanent Disability cover reduces annually by 20% of your insured amount at age 60, until your 65th birthday when cover ceases.

Types of cover available

The types of Tailored cover available are:

- Death only (this includes 'terminal illness' benefit)
- Death and Total & Permanent Disability

Spouse members can apply for Tailored Death only cover, they are ineligible for Tailored Total & Permanent Disability cover.

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 Standard cover):

- Death cover — \$10 million ('terminal illness' benefits are part of Death cover. In the event of a claim, any 'terminal illness' benefit will be limited to \$3 million)
- Total & Permanent Disability cover — \$3 million

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

You can apply for cover through art.com.au/qgsp

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

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

Your Tailored Death only or 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 Tailored cover, the insurer may apply a loading (a higher premium) for the increased amount of cover. The insurer may also specify a benefit exclusion that will apply if a claim for the increased

amount of cover is related to a specified condition or pastime.

If you accept the terms of this special acceptance offer (if applicable), your Tailored Death only or Death and Total & Permanent Disability cover will start on the date you accept the offer.

If you are not 'at work' on the date Tailored cover starts, your Tailored cover will be provided as 'limited cover' until you have been 'at work' for 30-consecutive days.

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.

Tailored Total & Permanent Disability cover reduces¹ from age 61

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

Age ²	TPD ³ cover
60	\$200,000
61	\$160,000
62	\$120,000
63	\$80,000
64	\$40,000
65	Nil

1. The reduction in cover does not apply for increases in cover due to a Life Event or Transfer of Insurance cover which are provided as 'level cover'.

2. The insurance cover is recalculated based on your age. Your premium is recalculated based on your updated cover on your birthday.

3. TPD means Total & Permanent Disability.

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

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

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

$$\begin{aligned} & (\text{Tailored Death cover} / \$10,000) \times \text{Death premium rate} / 52 \\ & \text{plus} \\ & (\text{Tailored TPD}^1 \text{ cover} / \$10,000) \times \text{TPD}^1 \text{ premium rate} / 52 \\ & (\$200,000 / \$10,000) \times \$3.28 / 52 \\ & + \\ & (\$200,000 / \$10,000) \times \$2.92 / 52 = \$2.38 \text{ per week} \end{aligned}$$

1. TPD means Total & Permanent Disability.

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

Premiums for insurance cover are deducted from your 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.

Conditions & exclusions

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

Cover will stop when:

- you turn 70 for Standard Death cover
- you turn 65 for Standard Total & Permanent Disability cover
- you turn 65 for Tailored Death cover
- you turn 65 for Tailored Total & Permanent Disability cover
- you die
- you receive a Total & Permanent Disability insurance benefit
- you cancel the cover
- you are paid a Terminal Illness benefit. Where your Terminal Illness benefit is less than the amount of your Death cover, the remaining amount of your Death cover (if any) continues. Standard and Additional Total & Permanent Disability cover will cease
- you withdraw all monies from your Super Savings – Corporate Accumulation account Former Qantas Group Super Plan
- the policy issued to the Trustee is cancelled or terminated for any reason
- for cover that was attained via underwriting, the day before you commence service in the armed forces of any country (excluding Australian Defence Force Reservists not deployed overseas)
- 90 days after the date you no longer qualify as an insured member
- you are 'employed' under a working visa and the term of the working visa expires, or you permanently depart Australia (whichever is earlier)
- Contribution inactivity - your Super Savings – Corporate Accumulation account Former Qantas Group Super Plan has not received an 'eligible contribution' in the last 12 months or more and you have not elected in writing to keep your cover¹, or
- Zero account balance - the premium is due and there is not enough money in your Super Savings – Corporate Accumulation account Former Qantas Group Super Plan to pay the premiums and the premiums remain unpaid for 4 months.

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

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

If your insurance cover automatically stops because of:

- Contribution inactivity; or
- Zero account balance

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

You also have the option to advise us in writing to restart the insurance cover that was stopped due to contribution inactivity. This written request must be received within 60 days of the cover stopping. We will restart the type and amount of cover you had as at the date of the automatic cancellation from the date your written request for reinstatement is received. The cover will be subject to the same loadings or exclusions (if any) that applied before the insurance cover was cancelled.

Reinstatement of cover within 60 days:

If you are not 'actively employed' on the date the cover restarts, any cover that is reinstated will be provided as 'limited cover' until you have been 'actively employed' for 30 consecutive days.

Reinstatement of cover outside 60 days:

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

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

For more information about contribution inactivity and zero account balance refer to the When does Death and Total & Permanent Disability insurance cover stop? section of this Corporate Insurance Guide.

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

Life Event options

When your life changes your Life Event option gives you the opportunity to increase your Death and Total & Permanent Disability cover at the times in your life when it matters the most. You can do so without the need to provide any evidence of good health.

You can apply to increase your cover by up to \$50,000 (in multiples of \$10,000) for Death only or Death and Total & Permanent Disability cover for any one of the following events:

- You get married
- You get divorced
- You have or adopt a child
- You take out a mortgage to buy or renovate your principal place of residence
- The death of your spouse
- You complete your first undergraduate degree at an Australian university
- You become a carer for the first time; or
- Your dependent child starts secondary school.

Multiple occurrences of a Life Event are generally considered a separate Life Event.

You must apply for an increase in your cover, and provide the required proof, within 90 days of the Life Event.

To apply for cover please complete a Life Event form available at art.com.au/qgsp and return it to us.

Applications are subject to acceptance by the insurer. Any additional cover will generally start from the date the insurer approves your application.

An overall lifetime maximum of \$200,000 applies. In addition, the total amount of cover held in the Qantas Group Super Plan must not exceed the maximum amount of total insurance cover permitted.

You are not eligible for a Life Event if:

- You previously applied for an increase in cover for the same Life Event and your application was either accepted or declined; or
- You received, or are eligible to receive a benefit payment from this Plan or a similar insurance policy; or
- You have not provided satisfactory proof of the Life Event within 90 days of the Life Event occurring unless otherwise agreed by the insurer.

You can elect to apply Life Events cover on either,

- Standard rates - the same premium rates and terms that apply to your Standard cover will also apply to any increase in cover (this includes any premium loadings, restrictions and/or exclusions that may apply). Cover will be provided as 'level cover', or
- Occupation based premium rates - the same terms that apply to Tailored cover will also apply to any increase in cover (this includes any premium loadings, restrictions and/or exclusions that may apply). Cover will be provided as 'fixed cover'. From age 61, your Tailored Total & Permanent Disability cover reduces annually by 20% of your insured benefit at age 60, until your 65th birthday when cover ceases.

Premiums for any cover will be deducted from your Super Savings – Corporate Accumulation account.

What happens if you have a Terminal Illness?

In summary, 'terminal illness' means that you are suffering from a 'illness' or injury that is likely to result in your death within 24 months.

If your Death cover is in force, subject to providing all the required documentation to support your claim and approval by the Trustee and insurer, which includes certification of the 'terminal illness' by two 'doctors' (as defined in the Definitions section of this Corporate Insurance Guide), you will be paid a Terminal Illness benefit.

If you have Death cover and the insurer accepts your claim for 'terminal illness', the benefit paid is the amount of your superannuation account balance plus the amount of your Death cover in force at the most recent certification (up to a maximum of \$3 million).

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

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

What benefits are paid out if you die?

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

The payment of the insured portion of your death benefit (if any) is subject to acceptance by the insurer.

General exclusions

- Underwriting exclusions

Benefits are not payable for death, 'total & permanent disability' or 'terminal illness' where underwriting exclusions agreed by you and the insurer in respect to underwritten cover apply.

- Active military service

A death, 'total & permanent disability' or 'terminal illness' arising directly or indirectly from your service¹ in the armed forces of any country, other than service in the Australian Defence Force Reserves not deployed overseas.

1. Where the service occurs on or after 1 July 2023 and after the date you joined the Plan.

- Criminal act

A 'total and permanent disability' benefit is not payable for any 'illness' or injury arising directly or indirectly out of the commission or attempted commission of a 'criminal act'.

If you have been charged with a 'criminal act' which may be punishable by a term of imprisonment and this exclusion may apply in relation to that 'criminal act', a decision whether to accept or decline the claim may be delayed until the conclusion of criminal proceedings, including sentencing, and there is sufficient information to determine if this exclusion clause applies.

- Exposure to sanctions, prohibitions or restrictions

A benefit will not be paid if a death, 'total & permanent disability' or 'terminal illness' benefit where the payment of such benefit would expose the insurer (including a related body corporate), Australian Retirement Trust, or you to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Australia or United States of America.

- Suicide or intentional self-inflicted injury where you hold Standard cover

Standard Death and Total & Permanent Disability cover benefits will not be payable where death, 'terminal illness' or 'total and permanent disability' arises directly or indirectly from any intentional self-inflicted injury or attempted suicide where your cover is subject to a 12 month 'limited cover' period.

- Suicide or intentional self-inflicted injury where you hold Tailored cover¹

Tailored Death and Total & Permanent Disability cover benefits will not be payable where death, 'terminal illness' or 'total and permanent disability' arises directly or indirectly from any intentional self-inflicted injury or attempted suicide within 12 months of the commencement, increase or reinstatement of cover, whether you are sane or insane.

This exclusion will not apply where Tailored (Voluntary) cover was

- approved as a result of a Life Event or transferred from another superannuation fund or other insurance policy,
- Standard Cover that was converted to Tailored (Voluntary) cover when you transferred from Division 8 to Gateway as a Retained Member because you did not elect for that cover to be converted to Basic Cover in Gateway during the period from 1 July 2015 to 30 November 2015 (inclusive).

- Pre-existing exclusions¹

Benefits are not payable for death or 'terminal illness' on Tailored cover if Qantas Super received,

- (a) your completed application for cover before 1 November 2017, any cause relating to a 'pre-existing condition' within 12 months of the commencement, increase or reinstatement of cover; or
- (b) your completed application for cover on or after 1 November 2017 and before 1 July 2022, any cause relating to a 'pre-existing condition' within 24 months of the commencement, increase or reinstatement of cover.

Benefits are not payable for 'total and permanent disability' on Tailored cover if Qantas Super received your completed application for cover before 1 July 2022, any cause relating to a 'pre-existing condition' within 36 months of the commencement, increase or reinstatement of cover.

1. The suicide or intentional self-inflicted injury exclusion where you hold Tailored cover and Pre-existing exclusions will not apply where,

- you were required to provide evidence of good health with your application for cover or have applied to the insurer and the insurer has accepted your application for the 'pre-existing condition' to be removed,
- Standard Cover was converted to Tailored (Voluntary) cover when you transferred from Division 8 to Gateway as a Retained Member because you did not elect for that cover to be converted to Basic Cover in Gateway during the period from 1 July 2015 to 30 November 2015 (inclusive).

2. Tailored Income Protection cover

The intention of Income Protection insurance cover is to provide you with ongoing income and financial support, should you become temporarily unable to work due to an injury or 'illness'. It can give you the peace of mind that you have income that can help pay your expenses while you focus on your health and recovery.

If you are in permanent full-time, permanent part-time or 'fixed term employment' working at least 15 hours a week, you can apply for cover.

You may be able to claim a 'total disability' benefit if you are unable to work due to injury or 'illness'. (Refer to the Definitions section of this Corporate Insurance Guide for more information).

You will generally be covered for up to 75% of the income you were earning prior to becoming disabled; this is known as your monthly benefit. We will support you to return to work, by providing occupational rehabilitation where applicable.

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

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

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

Income Protection features at a glance

Feature	Description
Cover obtained	By application
Cover normally starts	Date application accepted by insurer
% of Salary	75%
Maximum cover	\$600,000 per annum
Cover up to age	65
Benefit Period	2-years
Waiting Period	90 days
Premium waiver	When on claim
Partial Disability payments	✓
Cover during paid & Unpaid leave	✓
Cover during overseas employment	✓
Rehabilitation Expense benefit	✓
Bereavement benefit	✓
Family Carer benefit	✓
Workplace Modification benefit	✓
Emergency Transport benefit	✓

How does Income Protection cover work?

Income Protection cover provides the lower of:

- your insured amount (less offsets), and
- a replacement monthly income of 75% of your 'pre-disability salary' (less offsets)
- for a 'benefit period' up to 2-years, after a 90-day 'waiting period'.

You can choose at any time to apply for Tailored Income Protection cover. Simply complete and return the Change of Insurance Cover form available at art.com.au/qgsp

Applications are subject to acceptance by the insurer and evidence of health may be required. Before making a decision, refer to the 'salary' definition in the Definitions section of this Corporate Insurance Guide and consider how the different definitions could affect your cover. You should consider getting financial advice before applying.

If accepted for cover, your specific benefit amount and weekly premium will be detailed in your Welcome letter and each year in your Annual Statement and Annual Insurance Summary.

Things to consider

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

How to apply for Income Protection cover

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

You can apply for cover through art.com.au/qgsp

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

Waiting Period and Benefit Period

The 'waiting period' and 'benefit period' determine when a claim payment commences and the maximum length of time a benefit is payable.

The 'waiting period' is the number of continuous days which must elapse before becoming eligible to claim a benefit. The 'waiting period' commences from the date a 'doctor' certifies you are 'totally disabled' and unable to work as determined by the insurer. Benefit payments will commence when the 'waiting period' ends and are paid monthly in arrears.

The 'benefit period' is the maximum length of time that a claim will be paid for.

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

If you attempt to return to work during the 'waiting period' and

- your return to work proves unsuccessful due to the injury or 'illness' causing your disability; and
- the period of return to work is less than five days in total within the 'waiting period';

then the original 'waiting period' will continue and will be extended by the number of days you returned to work within the 'waiting period'.

If you return for longer than five days, your 'waiting period' will restart.

Premium waiver

Premiums for your Income Protection cover will be waived whilst you are in receipt of monthly benefit payments.

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

Partial Disability payments

A reduced monthly Income Protection benefit may be payable if you become 'partially disabled'. This is known as a 'partial disability' monthly benefit.

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

- Following a period of at least 14 consecutive days of 'total disability' and as a direct result of injury or illness which caused the 'total disability', you have returned to work in your own or another occupation, and
- You are continuously unable to perform the 'important duties' of your own occupation; and
- Your 'monthly income' is less than your 'pre-disability salary', and
- You are under the care of, and complying with the reasonable advice given by a 'doctor'

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

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

A is your 'pre-disability salary'

B is your actual 'monthly income' during the month of 'partial disability'

C is the monthly benefit

Example of how an Income Protection benefit is paid:

Fiona has a 90-day 'waiting period'. Her benefit will be payable from day 91 subject to acceptance by the insurer. As benefit payments are paid monthly in arrears her first benefit payment will be made one month later.

Ancillary Benefits

Rehabilitation expense benefit

Following lodgement of an Income Protection claim, and if you are approved for a 'total disability' or 'partial disability' claim by the insurer and your 'doctor' approves participation in a rehabilitation program, the expenses may be paid, up to an amount equivalent to 24 monthly benefit payments (less any amount that can be claimed from any other source for those expenses), by the insurer to the rehabilitation service provider on your behalf.

The expenses must be incurred to directly assist you in returning to work in a gainful occupation or in undertaking a vocational retraining program because of your disability. Any payment of this expense will be made at the insurer's discretion. The insurer will pay this benefit to the entity that incurred the expense.

Family Carer benefit¹

The family carer benefit will be paid to you if a member of your family leaves permanent employment to care for you while you are suffering a 'total disability', for which benefits are being paid.

This additional benefit may be payable for a maximum period of six months. The benefit amount will be the lesser of:

- the amount we estimate the carer would have earned if you had not been disabled; or
- a maximum benefit amount of \$3,000 per month.

This benefit accrues and payment will commence from the later of the end of the 'waiting period' and the date the family member terminates employment to care for you.

This is only payable while you continue to receive 'total disability' benefits.

The family member must not have been employed by you or be an employee of an entity under the control of you or of which you are a principal or director. When combined with your 'total disability' benefit it cannot exceed 100% of your pre-disability 'monthly income'.

Bereavement benefit

Another additional feature of this plan is that if you die while either 'total disability' or 'partial disability' benefits are being paid, then an additional lump sum equal to three times your monthly benefit from the date of your death will be paid to your beneficiaries.

Workplace Modification benefit

If 'total disability' or 'partial disability' benefits are being paid, the insurer may pay an additional benefit up to a maximum amount of two and a half times the monthly benefit for the purpose of modifying your workplace to facilitate your return to work.

Any payment of this benefit will be made at the insurer's discretion and the expense must be approved by the insurer before the expense has been incurred.

Emergency Transport benefit ¹

If 'total disability' or 'partial disability' benefits are being paid as a result of an 'illness' or injury, the insurer will reimburse you the emergency transportation costs incurred up to a maximum amount of \$500. This benefit will not be payable if the emergency transport costs are payable from any other source.

1. Some benefits are only payable directly to you if you satisfy a condition of release under superannuation law. Where this applies the benefit may be applied to your Super Savings – Corporate Accumulation account.

Am I eligible for Tailored Income Protection cover?

You are eligible for Tailored Income Protection cover if:

- you apply for Tailored Income Protection cover and your application is accepted by the insurer
- you are under the age of 65
- you are 'permanently employed' (including employees on 'fixed term employment') and working at least 15 hours per week for your employer
- you are an Australian resident who has always lived in Australia or has come to live in Australia and are eligible to work in Australia.

You are not eligible to apply for Tailored Income Protection cover if:

- you are under the age of 16
- you are a 'casual employee', spouse member, seasonal worker, or a contractor who is not in 'fixed term employment'
- you have previously received or are eligible to receive a total and permanent disability benefit or terminal illness benefit or a benefit for 'permanent incapacity' or 'terminal medical condition' from Australian Retirement Trust or any other fund or insurer.

Applications are subject to acceptance by the insurer and evidence of health may be required.

Does my cover change each year?

The amount of your Tailored Income Protection cover will increase on 1 July each year. We limit any increase to a maximum of 5%. The indexation amount is based on how much the annual trend adjusted rise in Average Weekly Ordinary Time Earnings was at the previous November - or, simply put, how much wages have gone up. You can find more information about Average Weekly Ordinary Time Earning at [ato.gov.au](https://www.ato.gov.au)

You can choose:

- not to have Tailored Income Protection cover indexed each year,
- to opt back into automatic indexation of your Tailored Income Protection cover.

If you choose to opt back into annual indexation, the increased Income Protection cover will be subject to Limited Cover for a period of 12 months and until you are 'at work' for 30 consecutive days after the end of the 12-month period.

To make changes use the Insurance Variation form available at art.com.au/qgsp

When does my Tailored Income Protection cover start?

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

If you accept the terms of this special acceptance offer (if applicable), your Tailored Income Protection cover will start on the date you accept the offer.

If you are not 'at work' on the date Tailored Income Protection cover starts, your cover will be provided as 'limited cover' until you have been 'at work' for 30-consecutive days.

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.

An example of how to calculate Income Protection premiums

Karen is 30 years old when she applied for cover. She is a 'permanent employee' on a 'salary' of \$100,000 p.a. and has been accepted for Income Protection cover by the insurer.

Insurance cover

75% x Salary	Annual cover
75% x \$100,000	\$75,000

Weekly Premium

(Cover / \$1,000) x premium rate / 52	Weekly premium
$(\$75,000 / \$1,000) \times \$5.36 / 52$	\$7.73

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

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

Premiums for partial weeks are not pro-rated.

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

Bring your current cover with you

You may be eligible to transfer existing Income Protection cover up to \$240,000 (inclusive of existing cover) per annum to the Former Qantas Group Super Plan. Your total Income Protection cover cannot exceed 75% of your 'salary'.

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

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,
- You must be 'at work' on the date of application, and
- The confirmation must have been issued within 30 days of your application.

If accepted by the insurer:

- You will be subject to the terms and conditions outlined in the Income Protection Insurance policy
- You will continue to be subject to any exclusions and non-standard terms applicable to the cover that was transferred
- You will need to cancel the cover you had under your previous fund or policy within 60 days of acceptance.

The insurer will not accept any transfer application where you are currently claiming, or intending to claim, on any other life and/or disability policy.

Maximum cover limits apply.

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

Interim Accident Cover

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

The amount of Interim Accident Cover is the lesser of the amount of Income Protection cover you are applying for and \$180,000 per annum. Your chosen 'benefit period' and 'waiting period' will apply.

No premium is charged for the Interim Accident Cover.

Interim Accident Cover starts from the date you fully completed and signed the applicable insurance application form and automatically ends as soon as one of the following happens:

- your application is accepted or declined, or
- the application is withdrawn, or
- 90 days pass from the date the Interim Accident Cover commenced, or
- you are no longer eligible for cover under the Plan (please refer to the When does Income Protection cover stop? section of this Corporate Insurance Guide).

Interim Accident Cover is provided if you suffer 'total disability' as a result of an 'accident', other than in the circumstances explained below.

Interim Accident Cover does not apply to an illness or accidental injury:

- if you are engaged in hazardous pastimes or sports that would not be covered under the insurer's assessment guidelines,
- that occurred prior to the date of you becoming an eligible member,
- that first occurred or appeared before Interim Accident Cover commenced, or for which you experienced symptoms or received medical advice/treatment before Interim Accident Cover commenced, unless you were not aware, or could not reasonably be expected to be aware, of the condition or symptoms

A benefit will not be paid under Interim Accident Cover if:

- The cover applied for would have been declined by the insurer under their assessment criteria, or
- You claim for an 'accident' or condition that would have been excluded under the insurer's underwriting criteria

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

Conditions & exclusions

When does Tailored Income Protection cover stop?

Tailored Income Protection cover stops when:

- you turn 65
- you die
- you cancel the cover
- you withdraw all monies from your Super Savings – Corporate Accumulation account
- you are 'employed' under a working visa and the term of the working visa expires, or you permanently depart Australia (whichever is earlier)
- the policy issued to the Trustee is cancelled or terminated for any reason
- the day before you commence service with the armed forces of any country (excluding Australian Defence Force Reservists not deployed overseas)
- 90 days after the date you no longer qualify as an insured member
- Contribution inactivity - your Super Savings – Corporate Accumulation account has not received an 'eligible contribution' in the last 12 months or more and you have not elected in writing to keep your cover¹, or
- Zero account balance - the premium is due and there is not enough money in your Super Savings – Corporate Accumulation account to pay the premiums and the premiums remain unpaid for 4 months.

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

Can Tailored Income Protection cover restart if it ceases?

If your insurance cover automatically stops because of:

- Contribution inactivity; or
- Zero account balance,

your Tailored Income Protection cover won't automatically restart.

You have the option to advise us in writing to restart the insurance cover that was stopped due to contribution inactivity. This written request must be received within 60 days of the cover stopping. We will restart the type and amount of cover you had as at the date of the automatic cancellation from the date your written request for reinstatement is received. The cover will be subject to the same loadings or exclusions (if any) that applied before the insurance cover was cancelled.

Any cover that is reinstated will be 'limited cover' until you are 'at work' for 30 consecutive days.

If you have previously requested a cancellation of your cover, or your request to reinstate is outside of 60 days your cover will not 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.

For more information about contribution inactivity and zero account balance refer to the When does Income Protection insurance cover stop? section of this Corporate Insurance Guide.

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

What benefit is paid out?

An Income Protection benefit is payable if you are 'totally disabled' or 'partially disabled' after the 'waiting period' has ended. The maximum 'total disability' benefit is the lower of:

- your insured amount (less any offsets)
- 75% of your 'pre-disability salary' (less any offsets), and
- \$600,000 per annum.

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

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

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

Whilst on claim Income Protection, premiums are waived. Any claim for your Income Protection benefit is assessed independently of any 'total & permanent disability' claim.

When we won't pay a benefit

It is important to understand in what circumstances an Income Protection benefit is not payable. A benefit won't be paid if the 'illness' or injury is caused, directly or indirectly, from:

- Any intentional self-inflicted injury or attempted suicide, whether you were sane or insane
- Normal and uncomplicated pregnancy or childbirth
- War or warlike operations (except where you are performing your duties of employment)
- Service in the armed forces of any country
- The commission or attempted commission of a 'criminal act' for which you:
 - have a conviction recorded; and
 - is serving, or has served, a term imprisonment as a result of a conviction for that 'criminal act'

If you have been charged with a 'criminal act' which may be punishable by a term of imprisonment and this exclusion may apply in relation to that 'criminal act', a decision whether to accept or decline the claim may be delayed until the conclusion of criminal proceedings, including sentencing, and there is sufficient information to determine if this exclusion clause applies

- No Income Protection benefit is payable where the payment would expose the insurer, Australian Retirement Trust, or you to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Australia or United States of America
- Any other exclusions imposed by the insurer where cover was attained via underwriting.

Will there be offsets to my benefit payment?

Your Income Protection benefit payment may be reduced by the following payments that you are entitled to receive, including:

- Any other income derived as a result of disability from employment under any other insurance policy; and
- Any disability income from other insurance policies, (including loss of licence insurance which will only reduce your monthly payment if you are in receipt of that payment paid under loss of licence); and
- Any benefit under any workers' compensation or other similar compensation under state or federal legislation or common law, but not including payments in respect of medical treatment, rehabilitation and permanent impairment or permanent loss of use of a body part; and
- Any annual leave or sick leave payment received by you; and
- Monies paid in respect of any claim for past or future economic loss arising from any claim by you for personal injury.

Any income from other sources which is in the form of a lump sum or is commuted for a lump sum, will be treated as a monthly equivalent of one sixtieth (1/60) of the lump sum over a period of sixty (60) months, to calculate the reduction in monthly benefits.

Income from other sources does not include:

- Income earned from investments; and
- Any lump sum total and permanent disablement benefit

The reduction will be sufficient to ensure that the amount we pay in 'total disability' or 'partial disability' benefits, together with the aggregate of the other payments or entitlements, will not exceed your monthly benefit entitlement.

When your entitlement to workers' compensation payments is in dispute, the insurer will pay the full amount of the benefits due on a conditional basis until the dispute is resolved. If you are declared entitled to workers' compensation payments, it is a condition that you will repay to the insurer that part of any benefit payment representing the proceeds received by way of compensation which would otherwise not have been paid, if not for the conditional payment. The insurer may at their discretion obtain payment of this amount by offsetting it against any amounts that may subsequently become due to you.

Payment of benefits

The insurer will pay monthly benefits directly to you with a payment which is the lesser of your cover amount and 75% of 'pre-disability salary' (less any offsets). Generally, income protection benefit payments are taxable income and subject to Pay As You Go (PAYG) tax. If applicable, an income statement will be issued by the insurer after the end of the financial year.

You will be assessed against the 'total disability' or 'partial disability' (as applicable) definition. If your claim is accepted, payments (monthly in arrears) will start when the 'waiting period' finishes. If a payment is for part of a month, then it will be calculated on the basis of 1/30 of the monthly benefit amount for each day the benefit is payable.

The Income Protection benefit is subject to a maximum level based on your 'pre-disability salary' before you become 'totally disabled'. If you are on 'unpaid leave' or parental leave, your benefit is based on your most recent 'pre-disability salary' accepted by the insurer immediately prior to starting leave.

Proof of income

In the event of a claim, proof of income is required to ensure your benefit does not exceed 75% of your 'pre-disability salary' at the first day of absence from active employment due to 'illness' or injury resulting in 'total disability.'

Recurrent event

If you return to work after receiving a monthly Income Protection benefit and you become 'totally disabled' or 'partially disabled' again within six months from the same or a related cause of the original disability while your Income Protection cover is in force, the insurer will treat the new claim as a continuation of the earlier claim.

This means that no 'waiting period' will apply for the new claim, but the benefit will only be payable for the remainder, if any, of the 'benefit period'.

Concurrent event

Where you are 'totally disabled' because of more than one injury or 'illness', or from both, whether related or not, benefits are payable in respect of only one injury or 'illness', as the insurer shall reasonably determine, based on medical evidence.

When does payment of the benefit stop?

Benefit payments start after the end of the 'waiting period', and will cease upon the earliest of any of the following events:

- You no longer satisfy the definition of 'total disability' or 'partial disability', as assessed by the insurer
- The end of the maximum 'benefit period'
- You are no longer under the care of, and or complying with the reasonable advice given by a 'doctor'
- For a 'partial disability' benefit, the date you earn, a monthly 'salary' equal to or greater than your 'pre-disability salary'
- You fail to provide the insurer with all requested information and other evidence reasonably required to assess the claim
- You reach age 65, or
- Your death.

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

Other important information

Can your health affect your insurance cover?

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

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

offer within 30 days the application will be cancelled and Interim Accident Cover will cease.

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

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

Change in circumstances

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

Can I nominate a beneficiary?

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

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

Refer to the Super Savings Accumulation Guide for more information.

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

If you don't want Standard or Tailored cover, or you just want to reduce your cover, you need to let us know, otherwise the premiums will continue to be deducted from your 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 and decide that you would like cover again at a later date, you will need to apply. Any application for cover is subject to acceptance by the insurer and evidence of health may be required. The insurer may apply special conditions before agreeing to start your cover. Cover will start on the date your application is approved by the insurer, or if the insurer

imposes special conditions on the cover, the date you accept those special conditions.

Your duty to take reasonable care not to make a misrepresentation

About your duty

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

The duty to take reasonable care

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

If you do not meet your duty

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

Guidance for answering questions

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

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

Changes before your cover starts

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

If you need help

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

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

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

For example, the insurer may:

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

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

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

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

Special offers

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

Financial Advice

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

Speak to your adviser to get the advice you need. If you don't have your own personal financial adviser and you need advice about your Super Savings – Corporate Accumulation account, Australian Retirement Trust also has qualified financial advisers¹ who can help you over the phone with simple advice about your Super Savings – Corporate Accumulation account. This service is included in your membership. For more comprehensive advice, we may also refer you to an accredited external financial 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 at art.com.au/fsg for more information.

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

Overseas travel and approved leave

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

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

What happens during Unpaid Leave, Unpaid parental leave and leave of absence?

Your Death, Total & Permanent Disability cover and Income Protection cover will continue.

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 overseas¹ on paid leave?

Where you travel overseas while on paid leave from your Australian-based employer, your cover continues with no travel restrictions.

If you become disabled whilst overseas you may temporarily at your own expense be required to return to Australia for assessment of any disability claim.

What happens if you reside overseas¹?

Your cover will continue while you temporarily reside overseas as long as you remain in the active employment of your Australian-based employer (or an international subsidiary or associated company of your Australian employer) and have not taken up permanent residence overseas.

If you become disabled while based overseas you may, at your own expense be required to return to Australia for assessment of any disability claim.

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

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

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

Income Protection cover whilst temporarily residing overseas¹

Where you temporarily reside overseas, cover is provided 24 hours a day on a world wide basis. However, unless you are continuously residing in Australia or an approved country, the payment of Income Protection benefits will be subject to the following conditions.

- Payment of continuous benefits will be limited to 12 months from the date of your 'total disability', and
- After expiration of the 12 months period, no additional benefits will be paid unless you return to Australia or an approved country.

If you return to Australia or an approved country and are still 'totally disabled' or 'partially disabled', benefits may be reinstated effective from the date of your return to Australia or one of the approved countries.

Approved countries are Belgium, Canada, Denmark, France, Germany, Hong Kong, Japan, the Netherlands, New Zealand, Singapore, Sweden, Switzerland, the United Kingdom, the United States of America or any other country the insurer may agree to in writing.

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'.

1. Sanction restrictions will apply. For more information on exposure to sanctions, prohibition or restrictions please refer to page 13 and page 20.

3. Premiums

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

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

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

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

Generally your insurance premiums are recalculated annually on your birthday.

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

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

Premium Rates – Standard Death and TPD cover

Your insurance premiums are determined by your age, amount of insurance and the premium rates applying to the Plan. The tables below shows the Standard cover amount provided in the Former Qantas Group Super Plan and the annual premium for each \$10,000 of cover.

Age	Standard cover		Death only premiums	TPD ¹ premiums	Death & TPD ¹ premiums
	Death cover	TPD ¹ cover	per \$10,000	per \$10,000	per \$10,000
16	62,500	125,000	4.10	2.00	6.10
17	62,500	125,000	4.10	2.00	6.10
18	62,500	125,000	4.10	2.00	6.10
19	62,500	125,000	4.10	2.00	6.10
20	62,500	125,000	4.10	2.00	6.10
21	62,500	125,000	4.10	2.00	6.10
22	125,000	175,000	4.10	2.00	6.10
23	125,000	175,000	4.10	2.00	6.10
24	125,000	175,000	4.10	2.00	6.10
25	125,000	175,000	4.10	2.00	6.10
26	125,000	175,000	4.10	2.00	6.10
27	125,000	175,000	4.10	2.00	6.10
28	125,000	175,000	4.10	2.00	6.10
29	125,000	175,000	4.10	2.00	6.10
30	250,000	250,000	4.10	2.00	6.10
31	250,000	250,000	5.10	8.20	13.30
32	250,000	250,000	5.10	8.20	13.30
33	250,000	250,000	5.10	8.20	13.30
34	246,000	246,000	5.10	8.20	13.30
35	240,000	240,000	5.10	8.20	13.30
36	230,000	230,000	5.10	8.20	13.30
37	219,000	219,000	5.10	8.20	13.30
38	209,000	209,000	5.10	8.20	13.30
39	197,000	197,000	5.10	8.20	13.30
40	186,000	186,000	5.10	8.20	13.30
41	176,000	176,000	5.10	8.20	13.30
42	163,000	163,000	5.10	8.20	13.30
43	152,000	152,000	5.10	8.20	13.30
44	142,000	142,000	5.10	8.20	13.30
45	132,000	132,000	5.10	8.20	13.30
46	122,000	122,000	10.50	25.40	35.90
47	113,000	113,000	10.50	25.40	35.90
48	103,000	103,000	10.50	25.40	35.90
49	93,000	93,000	10.50	25.40	35.90
50	83,000	83,000	10.50	25.40	35.90
51	75,000	75,000	19.00	46.20	65.20
52	66,000	66,000	19.00	46.20	65.20
53	57,000	57,000	19.00	46.20	65.20
54	48,000	48,000	19.00	46.20	65.20
55	42,000	42,000	19.00	46.20	65.20
56	36,000	36,000	33.60	82.00	115.60
57	32,000	32,000	33.60	82.00	115.60
58	29,000	29,000	33.60	82.00	115.60
59	27,000	27,000	33.60	82.00	115.60
60	25,000	25,000	33.60	82.00	115.60
61	23,000	23,000	54.90	133.40	188.30
62	21,000	21,000	54.90	133.40	188.30
63	19,000	19,000	54.90	133.40	188.30
64	17,000	17,000	54.90	133.40	188.30
65	17,000	Nil	72.80	N/A	N/A
66	17,000	Nil	72.80	N/A	N/A
67	17,000	Nil	72.80	N/A	N/A
68	17,000	Nil	72.80	N/A	N/A
69	17,000	Nil	72.80	N/A	N/A

1. TPD means Total & Permanent Disability

Standard Death and TPD rates apply to Standard Death and Total & Permanent Disability cover and a Life Event or Transfer of Insurance cover that has been accepted on standard rates.

How is the premium for Tailored cover calculated?

The premium rates for Tailored cover are based on your occupation. The cost of your cover depends on the amount and type of cover you have, your age, and occupation. Premiums may also depend on your health at the time you applied and were accepted for the Tailored cover.

When applying for Tailored cover, you must advise the correct occupational group rating for your occupation.

In the event your occupational group rating improves in the future (i.e. you change occupation and move from group 3 to group 1 or 2, or from group 2 to group 1), you can complete the relevant form available at art.com.au/qgsp and return this to us to ensure you pay the correct premium for your Tailored Cover.

If you make a claim in the future and we determine that any premiums paid have been based on an incorrect occupational group rating at the time you applied for cover, a premium adjustment will be made to your account prior to the payment of your Tailored cover for death or total & permanent disability.

	General description of your current position/role	Examples specific to Qantas
Occupational group 1	Members who: <ul style="list-style-type: none">• are working in a mainly sedentary capacity in an office or retail environment, with less than 20% of time spent outdoors; or• are mainly engaged in light manual duties; or• travel regularly for work but do not deliver goods (excludes Flight Crew).	<ul style="list-style-type: none">• Consultants (Telephone Sales)• Customer Service Agents• Customer Sales Agents• Executives• Senior Professional Group (SPG) positions
Occupational group 2	Members who: <ul style="list-style-type: none">• are Flight Crew; or• hold a trade certificate and perform a moderate amount of manual work; or• have been unemployed or engaged in full time 'home duties' for more than 12 months¹.	<ul style="list-style-type: none">• Avionics Maintenance Engineer (AME)• Cabin Crew• Chef• Licensed Aircraft Maintenance Engineer (LAME)• Technical Crew• Pilots
Occupational group 3	Members who are: mainly performing manual work; or skilled employees performing heavy manual work.	<ul style="list-style-type: none">• Airline Services Operators• Airlines Service Attendants• Apprentices• Catering Service Attendants• Ground Crew/Ramp Services• Store Persons

1. If you are unemployed or engaged in full time 'home duties' for a period of less than 12 months, your existing occupational group rating will continue to apply during that period or until we receive a valid form to change your occupational rating from you. If you are unemployed or engaged in full time 'home duties' for more than 12 months, occupational group rating 2 will apply for the purposes of calculating insurance premiums payable for your Tailored cover.

All members

Premium Rates – Tailored Death and TPD cover

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

Age	Occupational group 1		Occupational group 2		Occupational group 3	
	Death cover	TPD ¹ cover	Death cover	TPD ¹ cover	Death cover	TPD ¹ cover
16	3.28	2.92	5.68	5.05	6.56	5.85
17	3.28	2.92	5.68	5.05	6.56	5.85
18	3.28	2.92	5.68	5.05	6.56	5.85
19	3.28	2.92	5.68	5.05	6.56	5.85
20	3.28	2.92	5.68	5.05	6.56	5.85
21	3.28	2.92	5.68	5.05	6.56	5.85
22	3.28	2.92	5.68	5.05	6.56	5.85
23	3.28	2.92	5.68	5.05	6.56	5.85
24	3.28	2.92	5.68	5.05	6.56	5.85
25	3.28	2.92	5.68	5.05	6.56	5.85
26	3.28	2.92	5.68	5.05	6.56	5.85
27	3.28	2.92	5.68	5.05	6.56	5.85
28	3.28	2.92	5.68	5.05	6.56	5.85
29	3.28	2.92	5.68	5.05	6.56	5.85
30	3.28	2.92	5.68	5.05	6.56	5.85
31	3.28	2.92	5.68	5.05	6.56	5.85
32	3.28	2.92	5.68	5.05	6.56	5.85
33	3.28	2.92	5.68	5.05	6.56	5.85
34	3.28	2.92	5.68	5.05	6.56	5.85
35	3.28	2.92	5.68	5.05	6.56	5.85
36	3.54	4.76	6.12	8.23	7.07	9.50
37	3.64	5.35	6.29	9.27	7.27	10.71
38	3.92	5.91	6.78	10.22	7.85	11.84
39	4.22	6.55	7.30	11.33	8.44	13.09
40	4.58	7.24	7.91	12.53	9.12	14.51
41	4.94	8.01	8.55	13.85	9.88	16.00
42	5.32	8.85	9.22	15.31	10.65	17.70
43	5.94	10.14	10.29	17.53	11.89	20.27
44	6.61	11.59	11.45	20.05	13.25	23.19
45	7.37	13.29	12.74	22.99	14.73	26.57
46	8.21	15.20	14.20	26.31	16.41	30.41
47	9.12	17.41	15.79	30.12	18.26	34.82
48	9.94	20.01	17.20	34.60	19.89	40.02
49	10.83	22.99	18.73	39.77	21.65	45.99
50	11.82	26.40	20.46	45.69	23.66	52.82
51	12.93	30.36	22.39	52.52	25.87	60.72
52	14.13	34.89	24.45	60.35	28.27	69.79
53	15.39	39.66	26.62	68.63	30.77	79.35
54	16.77	45.14	29.02	78.09	33.53	90.25
55	18.25	51.34	31.58	88.79	36.50	102.66
56	19.86	58.42	34.38	101.06	39.74	116.83
57	21.63	66.49	37.43	115.04	43.27	132.98
58	24.02	72.26	41.54	125.01	48.02	144.53
59	26.66	78.51	46.12	135.85	53.34	157.04
60	29.48	85.36	51.00	147.67	58.95	170.72
61	32.60	92.78	56.41	160.50	65.22	185.56
62	36.07	100.86	62.39	174.47	72.12	201.70
63	39.44	112.84	68.22	195.23	78.87	225.72
64	43.10	126.29	74.58	218.48	86.22	252.57

1. TPD means Total & Permanent Disability

Premium Rates – Income Protection cover 90-day Waiting Period, 2-year Benefit Period

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

Age	\$
16	3.26
17	3.42
18	3.54
19	3.68
20	3.81
21	3.95
22	4.10
23	4.23
24	4.38
25	4.52
26	4.68
27	4.83
28	5.01
29	5.19
30	5.36
31	5.57
32	5.78
33	5.99
34	6.23
35	6.48
36	6.72
37	7.01
38	7.31
39	7.61
40	7.94
41	8.28
42	8.64
43	9.05
44	9.44
45	9.89
46	10.34
47	10.83
48	11.33
49	11.87
50	12.44
51	13.02
52	13.64
53	14.30
54	14.99
55	15.69
56	16.43
57	17.22
58	18.03
59	18.89
60	19.77
61	20.70
62	21.66
63	22.67
64	15.20

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

Facts about making a claim

Let us help you

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

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

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

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

Super Savings Insurance claims guide

Want to know more about:

- Making a claim
- How a claim is assessed

We have developed a guide to help step you through the various claims processes. Visit art.com.au/claim for more information on making a claim.

Do you need a lawyer to assist with your claim?

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

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

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

How to make a claim

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

- Notification to us
- Gathering information and providing it to us
- Assessment of the insurance claim by the insurer
- Assessment by the Trustee of Australian Retirement Trust, including determination of the beneficiary/s
- Decision by the Trustee of Australian Retirement Trust, and
- Payment of the claim, if approved

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

Further information may be requested at different stages of the process, and with Disability claims you may be required to undergo an examination by a 'doctor' 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 notification of your death, your Super Savings – Corporate Accumulation account balance will normally be transferred to the Cash investment option. Any insurance benefit paid into your Super Savings – Corporate Accumulation account will also be invested in the Cash investment option, and will remain invested there until the Trustee finalises payment of your Death benefit.

Disability claims

Australian Retirement Trust should be notified as soon as reasonably possible after an event that is likely to give rise to a disability or 'terminal illness' claim. Depending on the type of illness or injury there is generally a 3-month waiting period before a 'total & permanent disability' claim becomes assessable, and a 90-day 'waiting period' applicable to you in the event of an Income Protection claim.

If you don't have insurance with us, depending on your situation, you may still be able to claim your super balance under a 'permanent incapacity' or 'terminal medical condition' claim. Please contact us on **13 11 84** to discuss these options

Claims after your cover has stopped

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

If your claim is declined

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

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

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

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

AFCA's contact details are as follows:

Australian Financial Complaints Authority
GPO Box 3 Melbourne VIC 3001
Call: 1800 931 678
Email: info@afca.org.au
Web: www.afca.org.au

Claim investigation

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

Incorrect information and eligibility for cover

If your recorded age 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 dedicated qualified financial advisers.

Call 13 11 84 to speak to one of our phone based qualified financial advisers¹ who can give you 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 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 at art.com.au/fsg for more information.

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

4. Definitions

In the following sections, learn what the defined words we use throughout this Corporate Insurance Guide mean in the insurance policy.

It is important that you understand the Total & Permanent Disability definitions 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 (TPD) definition.

It's important to note that where you hold both Standard and Additional cover, in the event of a claim, you may be assessed against two different TPD definitions.

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

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

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

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

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

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

How will your benefit be paid - if you are eligible for a total and permanent disability benefit, this will be paid to you as a single lump sum payment.

Total & Permanent Disability (TPD) for Standard cover

For Standard cover, which TPD definition applies to me?

If you:

- are employed in 'regular employment' or have been unemployed for less than 6 months - you are 'total & permanently disabled' if you satisfy either parts (a), (b) or (c) below; **or**
- have been unemployed for 6 months or more or a member whose 'occupation' is 'home duties' - you are 'total & permanently disabled' if you satisfy either parts (b) or (c) below.

Total & Permanent Disability means:

a) Any occupation

You have been absent from your 'occupation' solely through injury or 'illness' for a period of three consecutive months and you are incapacitated to such an extent that, in the insurer's opinion, after consideration of medical and other relevant evidence, you were, at the end of the period of three consecutive months' absence from your 'occupation', unlikely to ever engage in or work for reward in any 'occupation' for which you are reasonably suited by education, training or experience.

b) Activities of daily work

TPD definition (Physical disorders)

Solely because of injury or 'illness' you have been unable to work since the 'date of claim', and having provided proof to the insurer's satisfaction, you:

- have been unable to perform at least two basic work activities' for at least 3 consecutive months, **and**
- are unable to perform at least two basic 'work activities' for the rest of your life, without the help of another person, **and**
- have been absent from your 'occupation' with your employer through injury or 'illness' for at least 3 consecutive months and have provided proof to the Insurer's satisfaction that you have become incapacitated to such an extent as to render you unlikely ever to engage in or work for reward in any 'occupation' or work for which you are reasonably qualified by reason of education, training or experience.

TPD definition (Psychiatric disorders)

Severe Psychiatric Impairment:

All of the following are satisfied:

You have a psychiatric disorder which:

- has been diagnosed by a consultant psychiatrist and Fellow of RANZCP under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association, **and**
- you have been receiving 'psychiatric treatment' for at least 12 months prior to your treating psychiatrist assessing the psychiatric disorder as chronic and unlikely to improve in the foreseeable future with or without further treatment, **and**

The insurer determines that solely because of your psychiatric disorder, you have suffered from the following incapacity for at least 12 consecutive months, and are likely to continue to be so incapacitated for the rest of your life:

- have received an established diagnosis of 'schizophrenia' or 'schizophreniform disorder' from your treating psychiatrist, **or**
- are unable to care for your dependent children in any capacity due to the unacceptable risk that the dependent(s) will be exposed to physical, emotional or psychological harm, requiring the dependent(s) to be removed from your care by Court order, **or**
- are unable to manage day-to-day financial affairs, including:
 - manage bank balance, **or**
 - pay bills on time without assistancerequiring the appointment of a guardian to manage your financial affairs, where the appointment of a guardian must be made by Court or Tribunal order and the Court or Tribunal must be satisfied through its own independent medical review that you are not capable of managing your day-to-day financial affairs as a result of your 'psychiatric disorder', **or**
- are unable to live independently, requiring a 'care provider' to provide daily care and supervision, **or**
- requires ongoing 'psychiatric treatment' and full-time residential care in a mental health facility to protect you and/or others from serious physical harm. The mental health facility must be authorised by the relevant Australian government (state or federal) to provide treatment and care to persons who have a mental illness, **and**
- You have been absent from your 'occupation' with the employer through injury or 'illness' for at least 3 consecutive months and have provided proof to the insurer's satisfaction that you have become incapacitated to such an extent as to render you unlikely ever to engage in or work for reward in any 'occupation' or work for which you are reasonably qualified by reason of education, training or experience.

c) Home duties

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

For the purposes of this definition, normal physical domestic household duties means:

- cleaning the family home
- shopping for food and household items
- meal preparation and laundry services
- leaving the house without the assistance of another person
- looking after dependent child/children under 16 years of age or in full time secondary education; **or**

- providing full time care for a disabled person who is a member of your immediate family, where applicable.

If you are able to perform the normal physical domestic household duties with the assistance of another person or with the use of assistive devices, you are deemed to be able to perform these duties. You must be under the regular care and attention and following the advice of a 'doctor' for that injury or 'illness'. Evidence that you carried out the normal physical domestic household duties on a daily basis prior to the period of disability will be required.

Total & Permanent Disability (TPD) for Tailored cover

For Tailored cover, which TPD definition applies to me?

Division	If you are employed or have been unemployed for less than 6 months	If you have been unemployed for 6 months or more or are occupied in 'home duties'
1, 2, 3, 15	Parts (a) and (c) apply ¹	Parts (a), (c) and (d) apply ¹
3A, 3AN, 5, 6, 7, 10	Part (e) applies ¹	Part (c) applies ¹
All other members	Parts (c) and (e) apply ^{1,2}	Parts (c) and (d) apply ¹

1. If you are in division 1, 2, 3, 3A, 3AN, 5, 6, 7 or 10 and have continuously held Tailored cover since before 1 July 2013, an additional Part (b) Specific loss is available to you as described below.

2. If you were a member of Division 8 prior to 1 July 2013 and have continuously held Tailored cover since then and you are currently working 15 hours or more a week, Part (f) replaces Part (e).

Total & Permanent Disability means:

a) Any occupation (termination of employment)

Termination of employment through injury or 'illness' which, in the insurer's opinion after consideration of medical evidence and any other evidence the insurer considers to be necessary or desirable, has rendered you incapacitated to such an extent that you are unlikely ever to be able to resume work or to attend to any gainful profession or 'occupation' for which you are reasonably qualified by education, training or experience.

b) Specific loss³

You suffer the permanent loss of use of two limbs or the sight of both eyes, or the permanent loss of use of one limb and the sight of one eye (where limb is defined as the whole hand or the whole foot) in circumstances where the loss will never be regained.

c) Activities of daily work

TPD definition (Physical disorders)

Solely because of injury or 'illness', and having provided proof to the insurer's satisfaction, you:

- have been unable to perform at least two 'basic work activities' for at least 3 consecutive months, and
- are unable to perform at least two 'basic work activities' for the rest of your life, without the help of another person, and
- have been absent from your 'occupation' with your employer through injury or 'illness' for at least 3 consecutive months and have provided proof to the insurer's satisfaction that you have become incapacitated to such an extent as to render you unlikely ever to engage in or work for reward in any 'occupation' or work for which you are reasonably qualified by reason of education, training or experience.

TPD definition (Psychiatric disorders)

Severe Psychiatric Impairment:

All of the following are satisfied:

You have a psychiatric disorder which:

- has been diagnosed by a consultant psychiatrist and Fellow of RANZCP under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association, **and**
- you have been receiving 'psychiatric treatment' for at least 12 months prior to your treating psychiatrist assessing the psychiatric disorder as chronic and unlikely to improve in the foreseeable future with or without further treatment, and

The insurer determines that solely because of your psychiatric disorder, you have suffered from the following incapacity for at least 12 consecutive months, and are likely to continue to be so incapacitated for the rest of your life:

- have received an established diagnosis of 'schizophrenia' or 'schizophreniform disorder' from your treating psychiatrist, **or**
- are unable to care for your dependent children in any capacity due to the unacceptable risk that the dependent(s) will be exposed to physical, emotional or psychological harm, requiring the dependent(s) to be removed from your care by Court order, **or**
- are unable to manage day-to-day financial affairs, including:
 - manage bank balance, **or**
 - pay bills on time without assistance

requiring the appointment of a guardian to manage your financial affairs, where the appointment of a guardian must be made by Court or Tribunal order and the Court or Tribunal must be satisfied through its own independent medical review that you are not capable of managing your day-to-day financial affairs as a result of your 'psychiatric disorder', **or**

- are unable to live independently, requiring a 'care provider' to provide daily care and supervision, or
- requires ongoing 'psychiatric treatment' and full-time residential care in a mental health facility to protect you and/or others from serious physical harm. The mental health facility must be authorised by the relevant Australian government (state or federal) to provide treatment and care to persons who have a mental illness, **and**
- You have been absent from your 'occupation' with the employer through injury or 'illness' for at least 3 consecutive months and have provided proof to the insurer's satisfaction that you have become incapacitated to such an extent as to render you unlikely ever to engage in or work for reward in any occupation or work for which you are reasonably qualified by reason of education, training or experience.

d) Home duties

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

For the purposes of this definition, normal physical domestic household duties means:

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

If you are able to perform the normal physical domestic household duties with the assistance of another person or with the use of assistive devices, you are deemed to be able to perform these duties. You must be under the regular care and attention and following the advice of a 'doctor' for that injury or 'illness'. Evidence that you carried out the normal physical domestic household duties on a daily basis prior to the period of disability will be required.

e) Any occupation

You have been absent from your 'occupation' solely through injury or 'illness' for a period of three consecutive months and you are incapacitated to such an extent that, in the insurer's opinion, after consideration of medical and other relevant evidence, you were, at the end of the period of three consecutive months' absence from employment, unlikely to ever engage in or work for reward in any 'occupation' for which you are reasonably suited by education, training or experience.

f) Own occupation (Division 8 members)

You have been absent from your 'occupation' solely through injury or illness for a period of three consecutive months and you are incapacitated to such an extent that, in the insurer's opinion, after consideration of medical and other relevant evidence, you were, at the end of the period of three consecutive months' absence from employment, unlikely to ever engage in or work for reward in 'own occupation' and any similar occupation for which you are reasonably suited by education, training or experience.

3. Meeting preservation rules - In certain situations, although an amount of Tailored cover may be payable to the Trustee as the policy owner, you can only receive that amount if the preservation rules have been satisfied (for more information about when you can assess your super, refer to the Super Savings Guide). If an amount is paid to the Trustee as the policy owner and it cannot be paid to you under the preservation rules, it will be held in your Corporate - Super Savings Accumulation account until a preservation rule has been satisfied.

Income Protection

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

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

Unable to work - this will be based on your inability to perform at least one of the 'important duties' of your usual occupation. Where you return to paid work (even in a different job or occupation), you will no longer be eligible for a 'total disability' benefit, however may be eligible to claim a partial disability benefit.

You may be eligible for a 'partial disability' benefit – where you have been disabled and return to work in a reduced capacity and have a reduced income as a result of your 'illness' or injury. You must be 'totally disabled' for at least 14 consecutive days to be eligible for a 'partial disability' benefit.

You may be eligible for a Partial Disability benefit – if you are partially disabled, the amount of your benefit may change each month depending on the actual income you earned during that month.

Occupational rehabilitation support - where appropriate, our insurer will work with you, your 'doctor' and your employer, your employer to encourage and support you through occupational rehabilitation (including workplace modifications). Participating in occupational rehabilitation is voluntary and will not impact your monthly benefit.

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

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

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

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

Total Disability or Totally Disabled

Total Disability or Totally Disabled means that solely as a result of injury or 'illness', you are continuously:

- (i) unable to perform at least one of the 'important duties' of your 'own occupation'; and
- (ii) under the care of and following the regular and continuous advice for treatment from a 'doctor' in relation to that 'illness' or injury; and
- (iii) not engaged in any occupation, paid or unpaid.

Partial Disability or Partially Disabled

Partial Disability or Partially Disabled means that immediately following a period of at least 14 consecutive days of 'total disability' and as a direct result of injury or 'illness' which caused the 'total disability', you have returned to work in your own or another occupation and are:

- (i) continuously unable to perform the 'important duties' of your own occupation; and
- (ii) earning less than your monthly income prior to 'total disability'; and
- (iii) under the continuous care, and following the advice for treatment of a 'doctor' in relation to that injury or 'illness'.

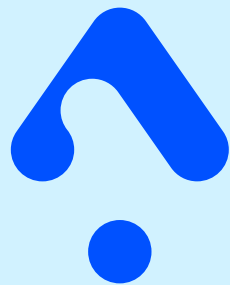
General terms

Term	Definition
Accident	Accident means an event where bodily injury is caused directly and solely by external and visible means, independent of all other causes.
Active employment	Active employment means you are actively performing, or capable of actively performing, all of the duties of your normal occupation without modification for at least 35 hours per week; performing, or capable of performing, your duties free from any limitation due to 'illness' or injury; and not receiving or entitled to claim, due to 'illness' or injury, income support benefits from any source.
Approved leave	Approved Leave means parental leave, annual leave, bereavement leave, long service leave or any other leave approved by your employer for reasons other than related to injury or 'illness'.
At work	At work means: <ul style="list-style-type: none"> • where your 'occupation' is not classified as 'home duties', you are at work for the normal daily hours of work and are actively performing the full, unrestricted or unmodified duties of your normal 'occupation' for which you were 'employed' or would have been had the day not been a day of leave (other than due to 'illness' or injury), public holiday or weekend day; or • where your 'occupation' is classified as 'home duties', you are actively performing the full, unrestricted or unmodified duties of your normal physical domestic household duties for their normal daily hours of those duties.
Basic work activities	Where basic work activities means any of the following six activities: <p>(i) Mobility (walking or bending):</p> <ul style="list-style-type: none"> • Walk, with or without a walking aid (such as a walking stick, crutches or walking frames) more than 200m on a level surface without stopping; or • Bend, kneel or squat to pick something up from the floor from standing position and straighten up again. <p>(ii) Vision (reading):</p> <p>Read, with visual aids, to the extent that an ophthalmologist can certify that:</p> <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. <p>(iii) Lifting:</p> <p>Using one or both hands to hold an object weighing at least 5kg above your own waist height continuously for 60 seconds.</p> <p>(iv) Manual dexterity:</p> <p>With at least one hand, without the use of aids:</p> <ul style="list-style-type: none"> • type words using a computer keyboard; or • pick up a small object such as a coin or pen. <p>(v) Hearing:</p> <p>Clearly hear with or without an aid, where the inability to hear clearly must be due to permanent hearing loss of at least 90 dB in both ears, averaged over frequencies of 500Hz, 1000Hz and 2000Hz, as certified by an appropriate medical specialist.</p> <p>(vi) Communicating (verbal or written):</p> <p>Comprehend and express oneself through verbal or written language with clarity, where the inability to speak verbally or write with clarity must be due to dysfunction of the nervous system that is present on clinical examination, as certified by an appropriate medical specialist. Examples of dysfunction include dysarthria, aphasia and dysphasia.</p>
Benefit period	Benefit period means the maximum period of time for which benefits will be paid for any one period of 'total disability' or one period of 'total disability' and 'partial disability.'
Care provider	Care provider means a professional carer who is paid on a commercial basis.
Casual employment/ Casual employee/ Casual	Casual employment means you're engaged in employment of a temporary nature where continuity of employment is not guaranteed by your employer, regardless of hours worked or the period of employment.

Term	Definition
Criminal act	Criminal act means any summary or indictable offence within the meaning of relevant State or Commonwealth legislation or an offence with a similar meaning under foreign law.
Date of claim	<p>Date of claim means:</p> <ul style="list-style-type: none"> - for death (including Terminal Illness) and total & permanent disability: <ul style="list-style-type: none"> • with regard to a death claim, the date of your death; • with regard to a 'terminal illness' claim, the date or, if two different dates, the later of the dates on which the Insurer receives certification from two registered 'doctors' (at least one of whom is a specialist practicing in an area related to the Illness or injury suffered by you) that your life expectancy is reduced to 24 months or less; or • with regard to a 'total & permanent disability' claim, the later of the date you cease all work solely as a result of injury or 'illness' and the date on which a 'doctor' certifies that you suffer from an injury or 'illness' that is the cause of 'total & permanent disability'. <p>Date of Claim means</p> <ul style="list-style-type: none"> - for income protection, the later of: <ul style="list-style-type: none"> • the date you cease all work solely as a result of injury or 'illness'; and • the date on which the 'doctor' certifies that you suffer from an injury or 'illness' that is the cause of the 'total disability'.
Doctor	<p>Doctor means:</p> <p>For the purpose of the Home Duties definition for 'total & permanent disability' and at least one of the treating doctor reports required for total & permanent disability claim applications:</p> <ul style="list-style-type: none"> • a registered doctor who is qualified in an appropriate specialty, and who is not you or your spouse, family member, business partner, employee or employer; or • if the claimed condition is a psychological condition diagnosed in accordance with the latest edition of the Diagnostic and Statistical Manual of Mental Disorders: <ul style="list-style-type: none"> • a person who is registered as a 'medical practitioner' with a specialty of psychiatry on the register of practitioners that is maintained by the Australian Health Practitioners Regulation Agency; and • who is not you or your spouse, family member, business partner, employee or employer. <p>In all other cases:</p> <ul style="list-style-type: none"> • a registered doctor who is not you or your spouse, family member, business partner, employee or employer.
Eligible contributions	Eligible Contributions include Superannuation Guarantee, additional employer contributions, personal contributions (including voluntary contributions and contributions made by a spouse) and rollovers and automatic transfers from other superannuation funds. They do not include co-contributions or the low income super tax offset.
Employed	<p>Employed means:</p> <ul style="list-style-type: none"> • for death (including terminal illness) and 'total & permanent disability', you are engaged in permanent full-time or part-time employment, 'fixed term employment' or 'casual employment' but not if you are engaged on a 'seasonal or contract employment' basis; and • for income protection – you are engaged in permanent full-time or part-time employment or 'fixed term employment' for at least 15 hours per week but not if you are engaged on a 'casual employment' or 'seasonal or contract employment' basis.
Fixed cover	Fixed cover means your amount of insurance cover is initially provided as a fixed dollar amount. From age 61, your fixed Total & Permanent Disability cover reduces annually by 20% of your insured amount at age 60, until your 65th birthday when cover ceases.
Fixed term employment	Fixed term employment means you are 'employed' for a fixed period of employment determined at the commencement of your employment and where you are in receipt of leave, sick leave, superannuation and other entitlements normally associated with 'full time employment'.
Full time employment	Full time employment means you are engaged in permanent employment for the standard number of work hours (usually a minimum of 30 hours per week) where your employer guarantees continuity of employment and you receive entitlements normally associated with permanent employment.

Term	Definition
Home duties	Home duties means you have permanently or temporarily ceased work or have never worked for the purpose of performing normal physical domestic household duties and not due to injury, 'illness' or unemployment and you are not engaged in paid employment.
Illness	Illness means a sickness, disease or medical disorder.
Important duties	Important duties means the duties of your 'occupation' which are essential in producing a salary.
Level cover	Level cover means the level of Death only and Death and Total & Permanent Disability cover provided to you does not change.
Limited cover	Limited cover means that a person is only covered for claims arising from: <ul style="list-style-type: none"> • an illness that first became apparent to you; or • an injury which first occurred; on or after the date the cover commenced, recommenced, reinstated, or increased.
Medical practitioner	Medical practitioner has the meaning set out in the definition of 'doctor'.
Monthly income	Monthly income means one-twelfth of your 'salary' derived from your 'occupation'.
Occupation	Occupation means the employment or activity in which you are 'employed' unless you are occupied in 'home duties' or unemployed.
Own occupation	Own occupation means the normal occupation in which you were 'employed' immediately prior to becoming 'totally disabled'.
Permanent incapacity	Permanent incapacity is defined in the <i>Superannuation Industry (Supervision) Regulations 1994 (Cth)</i> . You are taken to be suffering permanent incapacity if the trustee of the fund is reasonably satisfied that your ill-health (whether physical or mental) makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training or experience.
Psychiatric treatment	Psychiatric treatment means following the advice of a treating psychiatrist in accordance with an established treatment plan and expert guidelines for the treatment of psychiatric conditions (guidelines must be recognised in Australia).
Pre-disability salary	Pre-Disability Salary means the 'salary' as at the date immediately prior to becoming 'totally disabled'.
Pre-existing cover condition	Pre-existing Condition means an injury or 'illness' that existed prior to the commencement, increase or reinstatement of your Tailored cover, of which you were aware before your Tailored cover took effect or of which a reasonable person in the circumstances could have been expected to have been aware.
Regular	Regular means the period of continuous work history as measured over the six month period immediately prior to your 'date of claim' or if you have less than six months continuous work history, the period of continuous work history as measured over your average length of service immediately prior to your 'date of claim'.
Restricted monthly income	Restricted monthly income means the 'monthly income' that would result in a monthly benefit equivalent to the automatic acceptance limit and applies where your monthly benefit is restricted to the automatic acceptance limit.
Salary	Salary means the pre-tax salary derived from your 'occupation', less any expenses incurred in deriving that income. Unless we otherwise agree, salary does not include director's fees, overtime payments, commissions, bonuses, penalty or shift allowances, mandated superannuation contributions, investment income, income received from deferred compensation plans, disability income policies, retirement plans or any income derived from non-vocational activities.
Schizophrenia	Schizophrenia means Schizophrenia (Multiple Episodes or Continuous), diagnosed in accordance with Diagnostic and Statistical Manual of Mental Disorders (DSM) 5.
Schizophreniform disorder	Schizophreniform disorder means Schizophreniform Disorder (Multiple Episodes or Continuous), diagnosed in accordance with Diagnostic and Statistical Manual of Mental Disorders (DSM) 5.

Term	Definition
Seasonal or Contract employment	Seasonal or Contract employment means you are not in 'casual employment' or 'fixed term employment', but are employed or contracted in your own name or in your business name or through an agency to complete a specific job and without guarantee of continuity of employment, irrespective of the hours worked or the period of employment.
Temporary incapacity	Temporary incapacity means ill-health (whether physical or mental) that caused you to cease to be gainfully employed (including temporarily ceasing to receive any gain or reward under a continuing arrangement to be gainfully employed) but that does not constitute 'permanent incapacity'.
Terminal illness	Terminal illness means you suffer an Illness or incur an injury that two registered 'medical practitioners' (at least one of whom is a specialist practising in an area related to your 'illness' or injury) certify, jointly or separately, is likely to result in your death in 24 months or less and that certification period has not ended.
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.
Unpaid leave	<p>Unpaid leave means leave (not being cessation of employment) without pay from your employer. This leave must be:</p> <ul style="list-style-type: none"> (i) approved by your employer or authorised by: <ul style="list-style-type: none"> (a) the Commonwealth, a State or a Territory, or (b) a certified agreement or award made by a tribunal or body having the authority to do so under the law of the Commonwealth, a State or a Territory. (ii) in relation to which you have a statutory or contractual right to resume employment at the end of the leave, and (iii) in relation to which you are not being paid by the employer. <p>Unpaid Leave excludes leave:</p> <ul style="list-style-type: none"> (i) that is due to your 'illness' or injury, or (ii) during which you receive or are entitled to receive: <ul style="list-style-type: none"> (a) income benefits, or (b) disability income benefits, or (c) social security sickness benefits, or (iii) due to strike or lockout.
Waiting period	<p>Waiting period means the period of continuous disability commencing from the first day of your 'total disability' during which no 'total disability' or 'partial disability' benefits are payable. The waiting period is a minimum¹ of 90 days and starts on the day you first get medical advice and are confirmed to have a 'total disability' by a 'doctor'.</p> <p><small>1. You have a once-only option at point of claim to extend the waiting period by a nominated amount of your accrued sick leave and/or annual leave.</small></p>



Australian Retirement Trust

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Preparation date: 25 March 2025

Former Qantas Group Super Plan – 530462 (03/25)