

11 May 2022

Insurance, Fees and Costs Guide

Resource Super | Byrnegut Group | Part 1 of 2

THIS DOCUMENT SHOULD BE READ IN CONJUNCTION WITH PART 2 OF 2

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The information in this document forms part of the Resource Super Product Disclosure Statement for Resource Super – Employer Division dated 11 May 2022. This document is produced by the Trustee of the Russell Investments Master Trust (Fund, Plan or Resource Super), Total Risk Management Pty Ltd (Trustee), ABN 62 008 644 353. The Trustee's Australian Financial Services Licence (AFSL) number is 238790. The Russell Investments Master Trust ABN is 89 384 753 567. The information in the PDS is correct at the time of publication of each document comprising the PDS. However, the information may change from time to time and if there is a material change to any of the information in any document, the Trustee will issue an updated document. However, if the change is not materially adverse to members, the Trustee may instead provide the updated information to members via the website russellinvestments.com.au/trusteerequireddisclosure. A paper copy of this information will be sent to any member, free of charge on request.

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1. Insurance in your super

The following insurance information is incorporated into section 8 of the Product Disclosure Statement (PDS):

It is important that you understand any eligibility and other conditions attached to your insurance. If you have any questions, you should contact the Plan. If you are eligible for insurance cover and you make a claim for a disablement benefit, the Trustee of Russell Investments Master Trust and the insurer will determine whether you meet the relevant definition (as set out in this document) to receive an insured disablement benefit. Similarly, in the event of your death, the Trustee will determine who should receive your death benefit (unless you have a valid binding death benefit nomination).

If you are a new member and your employer does not pay your insurance fees, your cover will not be provided automatically until you are at least age 25 and have a balance of \$6,000. Cover will be restricted to 'Limited Cover' for a period of at least 12 months and 30 days. 'Limited Cover' will apply until you are 'Active Employment' for 30 consecutive days following the end of the 12 month period from the commencement of cover, after which full cover will commence.

However, if you want insurance cover before then, you can opt in for cover. If your account balance is sufficient to meet at least one months' insurance fees and a Superannuation Guarantee (SG) contribution has been received for you within 120 days of commencing employment, your cover will commence effective the date your opt in is received.

- > If you opt in for cover within 60 days of joining the Fund, cover will be restricted to 'Limited Cover' until you are in 'Active Employment' for 30 consecutive days after which full cover will commence.
- > If you opt in for cover outside 60 days of joining the Fund, cover will be restricted to 'Limited Cover' for a period of at least 12 months and 30 days. 'Limited Cover' will apply until you are in 'Active Employment' for 30 consecutive days following the end of the 12 month period from the commencement of cover, after which full cover will commence.

To opt in to insurance, please log on to your online account or complete and return the Insurance Opt-in Form (available on our website or call us for a copy).

'Limited Cover' means an insured benefit will only be paid if the illness or injury first became apparent after your cover started. 'Active employment' means you are capable of performing your work full time without restriction. For further information on these terms please refer to the Insurer's definition section of this document.

For more information on Automatic cover refer to Insurance, Fees and Costs Guide Part 2.

Related party payments and insurance fees

Where you pay for insurance cover, insurance fees are deducted from your account balance. An insurance fee is made up of two components:

- > the premium paid to the insurer; and
- > an insurance processing fee that is paid to a related party of the Trustee called Russell Investments Employee Benefits Pty Ltd.

Throughout this document references to insurance fees are references to the sum of these two components.

Payment of insurance fees

Insurance fees for insurance cover are deducted from your account on the last Friday of each month. If your account balance becomes insufficient to meet the cost of your insurance, the insurance cover relating to those fees will be cancelled within that month.

It is important to note that the insurance fees are calculated based on the number of weeks within the month, so the amount of fees and the payment period date will vary from month to month. For example:

- > The insurance fees for June are calculated and deducted on 29 June (last Friday of the month).
- > The insurance fee amount is \$10 and the balance is \$7.
- > The insurance payment period is 26 May - 29 June.
- > Cover will be cancelled from the second day of that insurance payment period, which will be 27 May.

Where you have Death & TPD cover and Income Protection cover, and your balance becomes insufficient to pay all insurance fees, your Income Protection cover will be cancelled first.

It is your responsibility to maintain the minimum balance within the Fund if you want to retain your insurance benefits.

Opting-in for insurance cover

If you transferred from another division it is important to note that any previous advice to opt-in for Insurance cover, will be transferred to Resource Super – General. Please ensure you go online and update your details.

There are three ways to keep your insurance cover in this account:

- > Go to russellinvestments.com.au/super, log in and visit your Personal Details page. Under the Insurance Retention section, click to update and elect to retain your insurance cover.
- > Complete an Insurance Opt-in Form and return it to us. Call us for a copy.
- > Ensure that your account balance reaches and remains at \$6,000 or more by either contributing to your account or rolling over an amount from another account.

Visit russellinvestments.com.au/contribute to find out how to add to your account and russellinvestments.com.au/combine to consolidate any other accounts you have into your account.

Change or cancel insurance cover

You can change, reduce or cancel the amount of your insured cover at any time by sending us a completed Insurance Form. To cancel insurance only, you can log on to your account and select insurance.

The effective date of your cancellation will be the date your cancellation request is processed. We will confirm receipt of your instructions in writing and advise you of the date your insurance cover and any applicable insurance fees will be reduced or cancelled.

You will not be able to make a claim for insurance benefits for events or conditions that arise after your cover is cancelled. If you are replacing your insurance cover with alternative cover, you should not cancel your insurance cover until the replacement cover is in place. If you cancel or reduce your insurance cover, you will need to go through the underwriting process to have your insurance cover increased or reinstated subject to the insurer's approval.

Please note that:

- > if you cancel insurance cover you may be required to cancel Death & TPD cover at the same time;
- > your TPD cover can never be higher than your death cover; and
- > if you opt out and your insurance fees for your automatic cover are currently paid by your employer, these insurance fees are not then payable to your account, nor is the employer liable to pay for insurance cover in another superannuation fund on your behalf.

Occupational Categories

Occupational Categories are not applied to Byrnecut members. When you leave your employer and are transferred to Resource Super – General, Occupational Categories will apply, please refer to the 'What happens when you leave your employer?' section for more information.

2. Death and Total and Permanent Disablement (TPD) cover

In this section, 'automatic' cover and benefits refer to the insurance cover and related benefits which apply automatically (i.e. without your taking any action).

For full details of your specific insurance arrangements, please refer to Part 2 of the Insurance, Fees and Costs Guide.

You will receive automatic Death and TPD insurance cover, provided:

- > You are aged between 25 and 64 and you have an account balance over \$6,000; and
- > You have joined the Plan within 120 days of starting work with your employer; and
- > You are either an 'Australian Resident' or 'Temporary Australian Resident' (as defined by the insurer) ; and
- > Resource Super is your employer's default fund under Superannuation Guarantee Legislation.

If you choose to join the Plan at a later date, you may be asked to provide health evidence to the Plan's insurer to be covered for full insurance and benefits.

If you are a new member, your cover will not be provided automatically until you are at least age 25 and have a balance of \$6,000. Cover will be restricted to 'Limited Cover' for a period of at least 12 months and 30 days. 'Limited Cover' will apply until you are in 'Active Employment' for 30 consecutive days following the end of the 12 month period from the commencement of cover, after which full cover will commence.

However, if you want insurance cover before then, you can opt in for cover. If your account balance is sufficient to meet at least one months' insurance fees and a Superannuation Guarantee (SG) contribution has been received for you within 120 days of commencing employment, your cover will commence effective the date your opt in is received.

- > If you opt in for cover within 60 days of joining the Fund, cover will be restricted to 'Limited Cover' until you are in 'Active Employment' for 30 consecutive days after which full cover will commence.
- > If you opt in for cover outside 60 days of joining the Fund, cover will be restricted to 'Limited Cover' for a period of at least 12 months and 30 days. 'Limited Cover' will apply until you are in 'Active Employment' for 30 consecutive days following the end of the 12 month period from the commencement of cover, after which full cover will commence.

Your Death and Total and Permanent Disablement (TPD) benefits are the balance of your account plus any insurance cover you have within the Plan. 'Limited Cover' means an insured benefit will only be paid if the illness or injury first became apparent after your cover started. 'Active employment' means you are capable of performing your work full time without restriction. For further information on these terms please refer to the Insurer's definition section of this document.

3. Income Protection cover

For full details of your specific insurance arrangements, please refer to Part 2 of the Insurance, Fees and Costs Guide.

If you become Totally (but temporarily) Disabled, you may be eligible for an insured Income Protection Benefit (also referred to as a Total & Temporary Disablement benefit), and you will receive automatic Income Protection insurance cover, provided:

- > You are aged between 25 and 64 and you have an account balance over \$6,000;
- > You have joined the Plan and received an employer contribution within 120 days of starting work with your employer;
- > You are either an 'Australian Resident' or 'a holder of a temporary work visa' (as defined by the insurer);
- > You are a permanent employee (fixed term contract or casual employees are not eligible for Income Protection cover) who works at least 15 hours per week; and
- > Resource Super is your employer's default fund under Superannuation Guarantee Legislation.

If you choose to join the Plan at a later date, you may be asked to provide health evidence to the Plan's insurer to be covered for full insurance and benefits.

If you are a new member, your cover will not be provided automatically until you are at least age 25 and have a balance of \$6,000. Cover will be restricted to 'Limited Cover' for a period of at least 12 months and 30 days. 'Limited Cover' will apply until you are in 'Active Employment' for 30 consecutive days following the end of the 12 month period from the commencement of cover, after which full cover will commence.

However, if you want insurance cover before then, you can opt in for cover. If your account balance is sufficient to meet at least one month's insurance fees and a Superannuation Guarantee (SG) contribution has been received for you within 120 days of commencing employment, your cover will commence effective the date your opt in is received.

- > If you opt in for cover within 60 days of joining the Fund, cover will be restricted to 'Limited Cover' until you are in 'Active Employment' for 30 consecutive days after which full cover will commence.
- > If you opt in for cover outside 60 days of joining the Fund, cover will be restricted to 'Limited Cover' for a period of at least 12 months and 30 days. 'Limited Cover' will apply until you are in 'Active Employment' for 30 consecutive days following the end of the 12 month period from the commencement of cover, after which full cover will commence.

You may be eligible for an Income Protection benefit if you satisfy the insurer's definition of 'Total Disability' or 'Partial Disability'. Where payable, your Income Protection benefit is generally 75% of your 'Salary' (as defined by the insurer), capped at a maximum of \$30,000 per month. Please refer to 'The insurer's definitions' section for definitions of 'Total Disability' and 'Partial Disability'.

Any benefit payment is subject to the terms and conditions in the insurance policy.

If you qualify for an Income Protection benefit, your payments will accrue once you have been away from work for the 'Waiting Period' (refer to Part 2 of the Insurance, Fees and Costs Guide) and have been assessed by the insurer and Trustee as being 'Totally Disabled'. However, as the payments are payable monthly in arrears, the first payment will not be made any earlier than a month after the end of the 'Waiting Period'. You may receive monthly income payments for a specific period determined by your employer (refer to Part 2 of the Insurance, Fees and Costs Guide), provided you continue to meet the insurer's Disability definitions.

Your Income Protection benefit will be based on the latest salary advised to the Plan and accepted by the insurer. When there is an increase to your salary, your corresponding insured amount will be automatically accepted up to a certain limit set by the insurer. Any new or update to the insured amount above this limit is subject to the insurer's approval, and you may be required to provide health evidence.

Payments may be reduced by income received from other sources, including but not limited to workers' compensation, statutory compensation, pension, social security or similar schemes, any other income protection policies or any income benefits received from a superannuation fund (in respect of disability) and any paid sick leave entitlements.

An Income Protection benefit may continue to be paid if you gradually return to work if you remain 'Partially Disabled' (as defined by the insurer), with payments reduced to reflect income earned. Please see the definition of 'Partial Disablement' in 'The insurer's definitions' section of this guide.

The Income Protection benefit will stop if you no longer satisfy the definition of 'Totally Disabled or 'Partially Disabled', you die, you turn age 65 or you have been receiving the benefit for the maximum benefit period (refer to Part 2 of the Insurance, Fees and Costs Guide). Please note that if you die whilst receiving this disability benefit then the insurer will make a payment equal to 25% of the annual Total Disability Benefit. The maximum benefit on death is \$30,000.

The recurrence of a disability within 6 months of ceasing to be 'Totally Disabled' or 'Partially Disabled' will generally be considered to be the continuation of a prior claim and not a new claim. This means that a new 'Waiting Period' will not apply before your benefits can restart. Insurance fees for Income Protection depend on your age, your Occupational Category and the amount of your cover.

4. Important information about your insurance cover

Life Events cover

If your personal or financial situation changes, then you may need to change your insurance. Marriage, divorce, having children or buying or renovating a home are all reasons to review your insurance cover.

With Life Events Cover, you can increase your Death Only or Death and TPD cover up to certain limits by completing an Application Form and providing some documentary evidence of the change in your life.

If you already have insurance with the Plan, you can apply to increase your Death Only or Death and TPD cover within 60 days of the following:

- > you get married or divorced;
- > you have a child or adopt a child;
- > you take out a new mortgage on your primary residence.

Conditions

- > You must be in 'Active Employment' (as defined by the insurer) on the day the application to increase cover is received by the insurer, otherwise 'limited cover conditions' (as defined by the insurer) will apply to any increase in cover until your return to 'Active Employment' for 30 consecutive days.
- > Any increase in cover cannot be higher than the lowest of \$200,000; 25% of the amount of a mortgage; or 25% of the automatic cover you already hold without underwriting at the date of the Life Event.
- > You can apply for only one Life Event across the life of the policy.

As Life Events Cover is issued as Voluntary Cover, insurance fees for your Life Events Cover are the same as for Voluntary Cover.

Insurance cover while overseas

If you are an 'Australian Resident' (as defined by the insurer) residing or temporarily employed outside Australia, your insured cover will continue provided your insurance fees continue to be paid. If you are not an 'Australian Resident' and are temporarily employed overseas (as defined by the insurer) your insured cover will continue for 90 days.

In the event of a claim for TPD, Terminal Illness or Income Protection benefit, the insurer may require you to return to Australia at your own expense for assessment of a claim. Payment of any benefit (except upon death) could be conditional on you returning to Australia for such an assessment. Please contact the Plan to obtain confirmation of the terms and conditions which will apply to your insurance arrangements before you go overseas.

When overseas an Income Protection insured benefit is subject to a maximum benefit payment period of 12 months.

Cover exclusions

For all types of Death and TPD cover:

No benefit will be paid if your death, terminal illness or TPD is caused directly or indirectly by an act of war. An act of war includes (whether declared or not), revolution, invasion, rebellion or civil unrest. While acts of war are excluded, if you die while on service with the Australian Armed Forces Reserve, you will still be covered for Death and TPD.

For voluntary Death and TPD cover, reinstated Death and TPD cover, or cover subject to limited cover conditions:

No benefit will be paid if your death, terminal illness, TPD or interim accident cover is caused directly or indirectly by or attributed to:

- > suicide or attempted suicide; or
- > an intentional self-inflicted injury or infection; and

this takes place within the first 13 months of the relevant cover starting, increasing or recommencing.

For Income Protection cover:

No benefit will be paid if your disability is directly or indirectly caused by or attributed to:

- > an act of war; or
- > intentional self-inflicted injury or infection or attempted suicide, or
- > normal and uncomplicated pregnancy, caesarean birth, threatened miscarriage, participating in in-vitro fertilization or other medically assisted fertilization techniques and normal discomforts of pregnancy, such as morning sickness, back ache, varicose veins, ankle swelling and bladder problems.

No benefit would be paid if making a payment would infringe any legislation in connection with health insurance.

Concurrent disabilities:

An Income Protection benefit is only payable for one disability at a time. If a benefit is payable for a particular illness or injury and you suffer an unrelated illness or injury which independently and concurrently renders you disabled, no separate disability benefit is payable. If the subsequent illness or injury becomes the sole condition causing disability, then that illness or injury will be treated as being “related” to the first illness or injury such that both periods of disability will be added together for the purposes of determining when the benefit period ends.

Insurance cover when you are on leave without pay

If you go on employer-approved leave without pay, your Death & TPD and/or Income Protection cover will continue for up to 24 months. The cover period can be extended subject to the insurer’s approval prior to the expiry of the initial period. However, conditions will apply. Your insurance fees must continue to be paid during your leave.

Insurance cover for inactive accounts

Government rules aim to protect low balance and inactive super accounts from being inappropriately eroded by fees and insurance premiums. If the Fund has not received an opt in to keep insurance and where your account has been inactive (meaning no contribution or rollover has been received in your account) for a continuous period of 16 months or more, your insurance will be cancelled. You will receive notice at 9, 12 and 15 months of inactivity allowing you to opt in.

What happens when you leave your employer?

Your existing insurance cover may continue (without health evidence) under a different insurance arrangement in Resource Super – General. Where your cover continues, the amount of cover will not be less than when you were in Resource Super ByrneCut, but different terms and conditions may apply.

Exceptions: if you are under 25 years, have an account balance of less than \$6,000 and have not previously confirmed you wish to keep cover, insurance cover will not be transferred automatically when you join Resource Super – General. You will need to apply/opt in for cover.

Insurance cover may continue in Resource Super – General

When your employer notifies us (in writing) of the date of your termination of employment, we will set up an account for you in Resource Super – General. Subject to any opt-in requirements, your similar replacement cover in Resource Super – General may start from the day after you leave your employer from Resource Super ByrneCut, even though we are notified of your termination of employment later. This ensures you have no gap in insurance protection. However, it means that the first insurance fee deducted from your Resource Super – General account could be for multiple months of cover. You can cancel your insurance cover at any time using the Insurance Form and your cancellation will be effective from the date we process your request.

Amount of similar replacement cover in Resource Super – General

If your existing Death and TPD cover is a fixed dollar value then this may continue at the same dollar value. Otherwise, your replacement Death and TPD cover may be issued as the minimum whole number of Resource Super – General units of Death & TPD cover required to provide at least the same amount of cover you held in Resource Super ByrneCut on the last day of employment. This means you may receive at least the same level of Death & TPD cover at the date employment stops, however the value of each unit of cover in Resource Super – General will reduce with each birthday.

Upon transfer to Resource Super – General you will be assigned the occupation category of ‘Heavy Blue Collar’ if you were classified as a Mine Worker, and ‘Blue Collar’, if classified as anything else. You will be charged insurance fees based on the risk profile of your occupation category. The most expensive occupation category is ‘Heavy Blue Collar, followed by ‘Blue Collar’, then ‘White Collar’ and finally ‘Professional’. If you believe you may qualify for a different occupation category then you can apply to change your Occupational Category by completing an Insurance Form which is available online at russellinvestments.com.au/super. The request is subject to acceptance by the Plan’s Insurer. For further details of occupation categories when you leave the employer please see Resource Super – General Part 2 of the Insurance, Fees and Costs Guide.

If you had no cover on the date of leaving your employer there will be no cover issued to you upon transfer to Resource Super – General. If you want cover, you will need to apply to the insurer and provide health evidence, and the insurer will decide whether to accept or decline your application.

If applicable, your replacement Income Protection cover (if any) will generally be the lower of:

- > The amount of your cover in Resource Super ByrneCut on your last day of employment, and
- > 75% of the last ‘salary’ advised by your employer to us.

The Waiting Period is 90 days with a Benefit Period of 2 years.

Please note that in Resource Super – General, the amount of your Income Protection cover will be capped and will not increase as your salary increases. If you wish to increase your Income Protection cover, you will need to apply for increased cover and provide evidence of your health to the insurer, who will assess your application and decide whether to accept or decline your application. If your salary reduces you can apply to reduce your insured cover.

The insurance fee for your Income Protection will be based on the salary we hold for you.

The actual benefit payable will be based upon the ‘salary’ at the date of disability as calculated by the insurer. Please see the Salary definition (for Income Protection purposes) in ‘The Insurer’s Definitions’ section for further details.

Who pays the insurance fees for the continued insurance cover in Resource Super – General?

Please be aware that you will pay the insurance fees for the replacement insurance cover. The first insurance fee deducted from your Resource Super – General account will cover the period from the day after you left employment until the end of the month in which you joined Resource Super – General. This period could be multiple months, depending upon how promptly your employer advises us you have ceased employment.

You can cancel or in some cases reduce your insurance cover at any time by logging on to your account and selecting the 'Manage your insurance' option or returning a completed Insurance Form which is available in the log in area of our website or by calling us. The effective date of your cancellation will be the date your cancellation request is processed.

The insurance fees applicable to Resource Super – General can be found in Resource Super – General Part 2 of the Insurance, Fees and Costs Guide which is available at russellinvestments.com.au/super.

Insurance cover issued in Resource Super – General is not separate from any cover you previously held in Resource Super – Employer. Cover issued in Resource Super – General is linked to the cover you previously held. Because of this, you are not able to claim a benefit twice. That is, you can claim only once on your 'Death and TPD' cover or only once on your 'Death only' cover (if you have any), either in your new or old account. The date of your disablement or death determines whether you claim under Resource Super – General or Resource Super – Employer.

If you lodge a TPD claim after joining Resource Super – General, the date you were disabled will determine whether your claim relates to your current or previous membership. This will then be the basis for determining the sum insured that applies and any other conditions you need to satisfy in order to be entitled to the insured benefit.

If, after you join Resource Super – General, you are paid a TPD benefit that relates to your previous Resource Super – Employer membership, your Resource Super – General 'Death and TPD' insurance cover will be cancelled. Any voluntary 'Death only' cover you have over and above your bundled 'Death and TPD' cover will continue. You may not claim a second TPD benefit from Resource Super – General, even if you develop a different medical condition prior to the cancellation of your Resource Super – General 'Death and TPD' cover.

Bundled Death & TPD cover

Please be aware that any TPD cover you may have is bundled with death cover to form 'Death and TPD' cover. This means that while you can have Death Only cover, you cannot have TPD cover without death cover as well. It is possible to have higher cover for death than cover for TPD, but you may not have TPD cover higher than your death cover.

You can normally only claim either a TPD benefit or a death benefit, but not both. However, if you have higher Death than TPD cover and your TPD claim is accepted, the difference between the higher Death than TPD cover can continue as Death Only cover. Another claim can be made on this Death Only cover provided it is still in force at the date of death.

Making a claim

If you would like to make a claim for a Terminal Illness benefit, a TPD benefit, an Income Protection benefit or advise the Plan of a member's death, please contact the Plan on 1800 555 667 for the appropriate forms and documents to be sent to you.

All claims involving insurance are assessed by both the insurer and the Trustee.

You should notify the Plan as soon as possible of any claim for a TPD benefit so that we can assist you with the claim process. It is highly recommended that you obtain medical evidence documenting the state of your health and your ability to work in any occupation, for which you are suited by education, training or experience, at or shortly after the time you stop working. This will help to avoid any potential delay in processing your claim. If your claim is delayed or you do not have evidence from the time you stopped working, the likelihood of your claim being approved by the insurer reduces significantly. If the insurer declines to pay your claim, the benefit is restricted to your account balance.

Successful claims and insurance proceeds

If your TPD or Terminal Illness claim is successful, any insurance proceeds will be credited to your account with the Plan. If you no longer hold an account with the Plan, a new account will be opened for you in Resource Super – General. The insurance proceeds will be invested in the Australian Cash option, until you instruct us otherwise.

Any insurance proceeds received in the event of your death are placed into your account with the Plan and will remain invested in the Plan until the Trustee has made a determination on how your account balance is to be distributed. The insurance proceeds are invested in the Australian Cash option until the death benefit is paid from the Plan.

If your Income Protection claim is successful, the insurance proceeds are generally paid directly to you by cheque or by EFT to your nominated bank account. PAYG tax will be deducted.

Terminal Illness

A Terminal Illness claim can be made to access:

- i) Any applicable Terminal Illness insurance cover (life expectancy of less than 12 months); and
- ii) Your superannuation account balance (life expectancy of less than 24 months).

There are different criteria to access any insured benefit and account balance.

Insured benefit (life expectancy of less than 12 months)

Terminal illness means:

- a) an insured person suffering from an illness that despite reasonable medical treatment, will lead to the insured person's death within 12 months of the date of certification; and
- b) the insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment, the illness will lead to the insured person's death within 12 months of the date of certification referred to in paragraph (a).

The date of certification must be made while the insured person is covered under the insurance policy.

Where date of certification means the most recent date that two medical practitioners, one of whom specialises in the insured person's illness, certify that the illness will lead to the insured person's death within 12 months.

Your account balance (life expectancy of less than 24 months)

To access your account balance, you must meet the following criteria:

- i) two registered medical practitioners have certified, jointly or separately, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a period (the certification period) that ends not more than 24 months after the date of the certification;
- ii) at least one of the registered medical practitioners is a specialist practicing in an area related to the illness or injury suffered by the person;
- iii) for each of the certificates, the certification period has not ended.

Information you need to know

If the medical opinion is a likely life expectancy of less than 24 months, but not less than 12 months, then you may be able to access your account balance, however, the insured benefit will not be payable. In this circumstance, it is important to note that if you wish to retain the current Death/Terminal Illness insurance cover for a future claim against the policy then you must ensure your insurance cover remains in force. **You must ensure you have sufficient funds within your account to meet your insurance fees.**

If you do not currently meet the criteria for the Terminal Illness insured benefit you may be able to make a TPD claim. However, please note that to qualify for a TPD benefit the Insurer must be satisfied that the insurance policy definition is met at the applicable time. A Terminal Illness diagnosis does not necessarily mean that the Total and Permanent Disablement definition is met.

Please contact us on 1800 555 667 for the appropriate forms and documents to be sent to you.

5. The insurer's definitions

Words in italics have a special meaning within the insurance policy. Please contact us if you require a copy of these definitions. Because the definitions below are set by the insurer, all references to the words 'we', 'our' and 'us' refer to the insurer.

Active Employment

Means a person who in *our* opinion is capable of performing their identifiable duties without restriction by an *Illness or Injury* for at least 35 hours per week (whether or not they are actually working those hours).

Limited Cover Conditions

When the limited cover conditions apply, *we* will only pay a benefit for an illness or injury if it first becomes apparent or first occurs on or after the date the *insured person's* cover started or increased.

An illness or injury is considered to have first become apparent on the earlier of the day the *insured person*:

- a) is first given advice, care or treatment or recommended that they seek advice, care or treatment for the illness or injury, by a *medical practitioner*, or
- b) first had any symptom of the illness or injury for which a reasonable person in the same circumstances would have sought advice, care or treatment from a *medical practitioner*.

Salary for Death & TPD purposes (where applicable)

The total regular income received by the *insured person* from the *employer* for personal exertion for their occupation, including any salary sacrifice amounts, directors fees and annualised allowances, but excluding bonuses, overtime payments, commissions, and superannuation contributions. Allowances include tool allowance, first aid allowance and site allowances, where applicable.

Where the *insured person* is a *casual employee* their income (as set out above), will be averaged over the previous 12 months or the actual period if less, subject to a minimum average period of 3 months.

Salary for Income Protection purposes

The total regular income received by the insured person from the employer for personal exertion for their occupation, including any salary sacrifice amounts, directors fees and annualised allowances, but excluding bonuses, overtime payments, commissions, and superannuation contributions. Allowances include tool allowance, first aid allowance and site allowances, where applicable.

Total & Permanent Disablement (TPD)

The definition of TPD which applies to you will depend on your age and average hours worked per week in the three months prior to the date of disablement.

Total and Permanent Disablement (TPD) means:

Part 1 – Unlikely to work

The *insured person* has been absent from their occupation with the *employer* through injury or illness for 3 consecutive months and has provided proof to *our* satisfaction that the *insured person* has become incapacitated to such an extent as to render the *insured person* unlikely ever to engage in or work for reward in any occupation or work for which he or she is reasonably qualified by reason of education, training or experience.

Part 2 – Loss of use

The *insured person*:

- a) has suffered
 - i) the permanent loss of use of 2 limbs, or
 - ii) the sight of both eyes, or
 - iii) 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), and
- b) has been absent from their occupation with the *employer* through injury or illness for 3 consecutive months and has provided proof to *our* satisfaction that the *insured person* has become incapacitated to such an extent as to render the *insured person* unlikely ever to engage in or work for reward in any occupation or work for which he or she is reasonably qualified by reason of education, training or experience.

Part 3 – Activities of daily living

- a) The *insured person* has been absent from their occupation with the *employer* through injury or illness for 3 consecutive months and has provided proof to *our* satisfaction that the *insured person* has become incapacitated to such an extent as to render the *insured person* unlikely ever to engage in or work for reward in any occupation or work for which he or she is reasonably qualified by reason of education, training or experience, and
- b) We are satisfied that the *insured person* has become so disabled by bodily injury or illness that they are permanently unable to perform at least 2 of the following 6 basic activities of everyday living:

- i) Bathing: to shower or bathe,
- ii) Dressing: to dress or undress,
- iii) Toileting: to use the toilet including getting on and off,
- iv) Feeding: to eat and drink,
- v) Mobility: to get out of bed or a chair or a wheelchair, or
- vi) Continence: to control bladder and bowel function.

If the *insured person* can perform the activity by using special equipment, they will be considered able to undertake that activity.

Part 4 – Loss of intellectual capacity

- a) The *insured person* has been absent from their occupation with the *employer* through injury or illness for 3 consecutive months and has provided proof to our satisfaction that the *insured person* has become incapacitated to such an extent as to render the *insured person* unlikely ever to engage in or work for reward in any occupation or work for which he or she is reasonably qualified by reason of education, training or experience, and
- b) We are satisfied that the *insured person* is suffering from the permanent deterioration or loss of intellectual capacity that has required the *insured person* to be under continuous care and supervision by another adult person for 3 consecutive months and this care is likely to be ongoing on a permanent daily basis.

If cover is applicable to you, the assessment of disability at time of claim will be based on the following in the three months prior to the *date of disablement*.

Part 1

- > aged under 65, and
- > worked for the *employer* on average a minimum of 15 hours in a normal working week in the three months immediately prior to the *date of disablement**

Part 1

- > aged under 65,
- > has been on a *leave of absence* for up to 24 months, and
- > worked for the *employer* on average a minimum of 15 hours in a normal working week in the three months immediately prior to the start of the *leave of absence**

One of Parts 2, 3 or 4

aged under 65, and

worked for the *employer* on average less than 15 hours in a normal working week in the three months immediately prior to the *date of disablement**

One of Parts 2, 3 or 4

- > aged under 65,
- > has been on a *leave of absence* for up to 24 months, and
- > worked on average less than 15 hours in a normal working week in the three months immediately prior to the start of the *leave of absence**

One of Parts 2, 3 or 4

- > aged under 65, and
- > has been on a *leave of absence* for more than 24 months.

* Where the *insured person* has been *employed* for less than 3 months, their weekly working hours will be averaged over their *period of employment*.

Total Disability (for Income Protection)

The income protection benefit payable to you if you become totally and temporarily disabled is insured and is subject to the terms and conditions of any insurance policy in force as well as the Plan's rules. The Trustee of the Plan will independently review the insurer's decision.

The current definition applied by the insurer:

Standard Definition

For an *insured person* who has been working on average a minimum of 15 hours in a normal working week in the three months (or where the *insured person* has been employed for less than three months, over their period of employment) immediately prior to the *date of disablement*:

Total disability means the *insured person* solely as a result of illness or injury occurring while the policy is in force:

- a) ceases gainful *employment*;
- b) is unable to perform at least one *income producing duty of their occupation*,
- c) is under the regular care and following the advice of a *medical practitioner*, and
- d) not working in any occupation, whether paid or unpaid.

Restricted Definition (if cover is applicable to you)

For an *insured person* who has been working on average less than 15 hours in a normal working week in the three months (or where the *insured person* has been employed for less than three months, over their period of employment) immediately prior to the *date of disablement*:

Total disability means the *insured person* solely as a result of illness or injury occurring while the policy is in force:

- a) ceases gainful *employment*,
- b) is under the regular care and following the advice of a *medical practitioner*,
- c) is not working in any *occupation*, whether paid or unpaid, and
- d) is in *our* opinion, totally unable to perform (with or without aids or adaptations) at least 2 of the following activities of daily working:
 - i) **Walking:** they cannot walk more than 200 metres on a level surface without stopping due to breathlessness, angina or severe pain elsewhere in the body,
 - ii) **Rising/Sitting:** they are unable to rise and sit using a raised chair with arms without the help of another person,
 - iii) **Dexterity:** they are unable to write legibly with a pen or pencil or use a keyboard with either hand,
 - iv) **Communication:** they cannot
 - > clearly hear (with a hearing aid or other aid if normally used) conversational speech in a quiet room in their first language, or
 - > understand simple messages in their first language, or
 - > speak with sufficient clarity to be clearly understood in their first language;
 - v) **Eyesight:** their visual ability is reduced to the extent that functional abilities are affected and independent functioning without physical assistance from another person in a workplace is impossible, even with the use of assistive devices.

Partial Disability (for Income Protection)

The *insured person* must be *totally disabled* for at least 7 out of 12 consecutive days of the waiting period to qualify for a *disability benefit*.

An *insured person*, solely as a result of illness or injury is:

- a) unable to work in their *occupation* at full capacity but is:
 - i) working in their *occupation* in a reduced capacity, or
 - ii) working in another *occupation*,
- b) is earning a *return to employment income* which is less than their *pre-disability income*, and
- c) is under the regular care and following the advice of a *medical practitioner*.

Other Disability (for Income Protection)

In respect of a month, any of the following benefits or entitlements which were received by an insured person during the month or which, though not actually received, *we* reasonably apportion to them for the month in question being any of the following:

- > the amount of any income (other than benefits received under this policy) and the commutation of income paid or payable in respect of an *insured person* as a result of *total disability* or *partial disability* or *interim accident cover*,
- > any amounts payable:
 - through workers compensation or any similar legislation or any settlement under common law,
 - paid sick leave,
 - in respect of loss of income or loss of earning capacity (including an award of damages or a settlement of a claim for damages for personal injury under common law),
 - under any statutory accident compensation scheme,
 - any *disability*, injury or illness policy (other than lump sum TPD).

Any amount which is in the form of a lump sum or is exchanged for a lump sum has a monthly income equivalent of 1/60th of the lump sum over a period of 60 months.