

Complete Super Insurance Guide



1 December 2020

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Important information

The information in this document forms part of the Complete Super (brightday) Product Disclosure Statement (PDS) dated 1 December 2020. It contains a number of references to important in the PDS and Additional Information Guide which also form part of the PDS. Terms capitalised in this Insurance Guide are defined in Part 6 and 7 or in the Key Definitions of the Additional Information Guide.

The information in this Insurance Guide is general information only and does not take into account your personal financial situation or needs. Should you wish to seek financial advice, please consult a licensed financial adviser who can tailor options to suit your personal circumstances.

The information in this Insurance Guide is subject to change from time to time. Information that is not materially adverse can be updated by us. Updated information can be obtained, free of charge, by calling us on 1800 857 680 (within Australia), online at brightday.com.au or via the Secure Online Portal. A paper copy of any updated information will be provided to you free of charge, upon request.

The information contained in this Insurance Guide is a summary of the terms and conditions associated with the Group Life Insurance Policy. Full terms and conditions of the policy can be provided upon request.

To the extent this Insurance Guide is inconsistent with the Group Life Insurance Policy, the terms of the policy will prevail. The terms of the policy may change after the date

this Insurance Guide is prepared, without reference to the Fund's members.

Additional information on retail insurance and how to apply for all insurance cover is available via the Secure Online Portal. For information on retail insurance, please contact your financial adviser.

This Insurance Guide is issued by Diversa Trustees Limited ABN 49 006 421 638, AFSL No 235153, RSE Licence No L0000635 (referred to as we, our, us, the Trustee).

Complete Super is an accumulation superannuation product offered by OneSuper ABN 43 905 581 638 RSE R100134 (formerly Smartsave Member's Choice Superannuation Master Plan) bearing the brand brightday (the Fund).

The Sponsor and Promoter of Complete Super is OneVue Wealth Services Ltd ABN 70 120 380 627 AFSL 308868. Pearl Funds Management Pty Ltd ABN 26 425 355 210 is the Sub-Promoter of Complete Super using the 'brightday' brand. Pearl is an authorised representative AFS Rep No 001254808 of Banyan Securities Pty Ltd AFSL 484139.

For the purpose of this document Complete Super is referred to as **brightday or the Fund**.

For more information,

Phone: 1800 857 680

Email: help@brightday.com.au

Write: PO Box 1282, Albury NSW 2640

Visit: www.brightday.com.au

Duty of Disclosure

Before you enter into or become insured under a life insurance contract, you have a duty to tell the Insurer anything that you know, or could reasonably be expected to know, that may affect the Insurer's decision to insure you and the terms of that insurance. This duty of disclosure continues until cover has been issued by the Insurer. The same duty applies before you extend, vary or reinstate your cover.

You do not need to disclose anything that reduces the risk that you are insured for, or is common knowledge, or that the Insurer knows or should know, or they waive their duty to disclose.

If you do not tell the Insurer something that you are required to disclose, and the Insurer would not have insured you on the same terms if you had made the disclosure, the Insurer may avoid cover within 3 years of issuing it.

If the Insurer chooses not to avoid cover, they may, at any time, reduce the insured amount. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, for Death Cover, the Insurer may only exercise this right within 3 years of issuing cover.

If the Insurer chooses not to avoid cover or reduce the amount for which you have been insured, they may, at any time, vary your cover in a way that places them in the same position they would have been in if they had been told everything they should have been told. However, this right does not apply to Death Cover. If your failure to disclose is fraudulent, the Insurer may refuse to pay a claim and treat your cover as if it never existed.

The Insurer supports the FSC Life Insurance Code of Practice, which sets out the industry standards for service and conduct. If you would like a copy, please visit the FSC website at www.fsc.org.au/policy/life-insurance/code-of-practice.

Note, the Trustee has the same Duty of Disclosure with respect to your application for cover and in respect of any group policies issued to it.

1. Insurance in your super

No one knows what the future holds. If you were to suffer a serious injury or illness, your family's financial situation and quality of life could be severely affected. You can access affordable insurance cover through Complete Super to protect your family's financial security against the unexpected.

Complete Super offers the following voluntary insurance cover to eligible members of the Fund:

Death Insurance	Provides a lump sum benefit in the event of death
Terminal Illness Insurance	Provides a lump sum benefit in the event you are diagnosed with a Terminal Illness
Death and Total and Permanent Disablement (TPD) Insurance	Provides a lump sum benefit in the event of death or if you suffer Total and Permanent Disablement
Income Protection Insurance	Pays a set percentage of your Monthly Income for a pre-defined length of time in the event that you suffer Total Disability as a result of Illness or Injury.

Complete Super provides for the following voluntary insurance policy types:

- Group Life Cover,
- Income Protection Cover, and
- Access to Retail Insurance Cover.

You can choose to apply for all or any combination of the above insurance cover options. Your insurance cover is paid for out of your super Account (which means, in most cases you will be paying for insurance out of your before-tax income).

Retail Insurance includes ancillary benefits which are not covered under Group Insurance whereas Group Insurance covers the core benefits of Death, Total & Permanent Disablement, and Terminal Illness.

Retail Insurance terms are specific to the retail insurer's product disclosure statement. Speak to your financial adviser to obtain a copy of the insurer's product disclosure statement or to apply for retail insurance cover.

2. Complete Super at a glance

How insurance is applied to your Complete Super Account		
	Group Life	Retail
Insurer	Hannover Life Re of Australasia Ltd (ABN 37 062 395 484)	Available: AIA Australia Limited TAL Life Limited Zurich Australia Limited. Insurer determined by your financial adviser

Voluntary Insurance cover offered	Death Death & TPD Terminal Illness Income Protection	Death TPD Terminal Illness Income Protection
Application	Online at 'brightday transact'	Through your financial adviser
Insurance Terms	Refer to the Complete Super PDS and this Insurance Guide	Refer to the retail insurer's PDS (your financial adviser should provide you with a copy of this)
Policy Owner	The Trustee of Complete Super	
Life Insured	You	
Premium payment	Premiums are deducted from your Complete Super account	
24 Hour Worldwide Cover	While in force, insurance cover operates 24 hours a day, from midnight AEST on the day it commences worldwide. (Conditions apply)	

Fees and costs

There are costs associated with insurance cover. These costs, including premiums and administration fees which are deducted from your Account, are calculated on the amount of insurance cover you request, your membership type, your age, gender, occupation, income (for Income Protection Insurance cover), upon assessment by the Insurer.

Group Life Insurance and Income Protection Costs

If you decide to take up group insurance cover, Complete Super will charge you a Group insurance administration fee of \$99 per annum to cover the expenses of administering insurance through Complete Super. This fee is in addition to your premium and is charged at the end of the month and deducted from your Account.

Retail Insurance Costs

If you decide to take up retail insurance cover, insurance administration fees are payable in addition to your premium to OneVue Super Services. These are detailed below.

Table 1: Insurance Administration Fees

Type of fee	Amount	How and when paid
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Activity Fee: Insurance Administration Fee (Group and Retail Policies)	\$99 per annum	1/12 th , charged at the end of each month and deducted from your account
Activity Fee: Insurance Establishment Fee (Retail Policies only)	\$99	Charged at the end of the first month after commencement and deducted from your account
Activity Fee: Insurance Payment Administration Fee*	\$25	1/12 th , charged at the time of payment and deducted from your account with each payment

* Activity Fee: Insurance Payment Administration Fee only applies to Income Protection insurance payments.

Warning:

Commencement of cover:

All Insurance cover is subject to underwriting and payment of premiums. Cover commences on the date the Fund advises you in writing.

Opting out of cover and cooling off period:

An Eligible Person may opt out of all cover or reduce their level of cover by writing to the Fund at any time, and this variation will apply from the date the Fund receives this advice. Any subsequent increase in cover will be subject to underwriting

The Insurer will provide a cooling off period during which an Insured Person may cancel their cover and obtain a refund of Premium. The cooling off period is 30 days and commences from the date the cover commenced.

Where cover has been cancelled under this Policy clause 2.8 it will be considered not to have started and no benefit will be payable. This period will not apply if there has been any claim or potential claim made against the Policy.

Loss of cover: We cannot continue to provide insurance cover to accounts which have not received a contribution or rollover for sixteen months or longer, unless you make an election to maintain cover notwithstanding inactivity. We'll let you know if you're at risk of losing cover, and what your options are.

Complete Super at a glance

Benefits	<ul style="list-style-type: none"> ■ Death cover – provides a lump sum benefit in the event of death. ■ Terminal Illness – provides a lump sum payment on the diagnosis of Terminal Illness. This payment is an advanced payment of a death benefit. ■ Total & Permanent Disablement – provides a lump sum payment upon Total & Permanent Disablement. ■ Income Protection Cover – Pays a set percentage of your Monthly Income for a pre-defined length of time in the event that you suffer Total Disability as a result of Illness or Injury. Benefit indexation is included.
Eligibility for voluntary insurance cover	<p>All cover is underwritten by the Insurer. Voluntary insurance cover is fixed cover and is available for an Eligible Person or an Insured Person through Complete Super provided:</p> <ul style="list-style-type: none"> ■ the Eligible Person is an Australian Resident, is less than the Maximum Entry Age and Maximum Insurable Age, and is not employed in an Excluded Occupation, ■ there are guidelines about the level of insurance cover, and ■ you, the Eligible Person have provided the Insurer with all the information regarded as necessary for underwriting purposes to consider your request for cover, and the conditions under which cover may be obtained have been established, and have been agreed to in writing by the Insurer. <p>An Eligible Person must be gainfully employed as a Permanent Employee or Contractor working 15 or more hours each week on the date they join the Plan. Refer Part 6 and 7 Terms and Conditions for further information on eligibility.</p>
Expiry age	<p>Death cover ceases when you turn 70 years of age. TPD cover decreases by 10% each year from your 61st birthday and ceases when you turn 70 years old. Income Protection ceases when you turn 65 years of age.</p>
Commencement of cover	<p>All cover commences on the day cover is accepted in writing by the Insurer subject to:</p> <ul style="list-style-type: none"> ■ receipt of a fully completed and signed membership application form by Complete Super, ■ your Complete Super Account having sufficient funds to cover the premium due, or ■ you, the Eligible Person have not received or been entitled to receive a TPD or Terminal Illness benefit from any other superannuation fund or life insurance policy.
Life Events increase option and Transfer in options available to eligible members	<p>You may be able to increase your group life insurance cover without medical underwriting in the event of Marriage, Divorce, where you or your partner gives birth or adopts a child/children, or where you purchase a home for your permanent residence with a mortgage on that residence of \$100,000 or more, or take out a business loan or increase an existing business loan over \$100,000.</p> <p>Where you have chosen Complete Super under 'choice of Fund' arrangements, you may be able to transfer your existing death or death & TPD insurance cover and income protection insurance cover into Complete Super without medical underwriting from your existing personal insurance in a superannuation fund, or other insurance policy.</p> <p>Refer to Part 6 Group Death and TPD and Part 7 Group Income Protection Terms and Conditions for further information.</p>

Maximum cover	<ul style="list-style-type: none"> ■ Death cover – Unlimited. ■ Terminal Illness – \$3,000,000. ■ Total & Permanent Disablement – \$3,000,000. And ■ Income protection – the Maximum Monthly Benefit for you, the Insured Person is limited to \$30,000 per month, based on all cover held with us and under all policies in the market.
Minimum cover	<ul style="list-style-type: none"> ■ A minimum of \$200,000 of Death or Death and TPD insurance cover applies to all Insured Persons in Complete Super. ■ Income protection – the Monthly Benefit is 75% of you, the Insured Person’s pre disability Monthly Income, plus the Superannuation Contribution benefit percentage (where applicable) subject to the Monthly Benefit not exceeding the Maximum Monthly Benefit.
How premiums are calculated	<p>Premiums are calculated based on a number of factors including:</p> <ul style="list-style-type: none"> ■ current age, occupation, gender, ■ personal pastimes and state of health, and ■ level and type of cover.
Exclusions / Limitations	<p>There are also situations where benefits will be restricted or will not be paid. Default insurance cover is New Events Cover, and is limited for the first twenty-four months of your membership. Any pre-existing illness or injuries are not covered during this time. Refer to Part 6 Group Death and TPD and Part 7 Group Income Protection Terms and Conditions for further information on Exclusions and Limitations.</p>

3. Obtaining Cover - Death and TPD insurance cover

Voluntary Death and TPD cover is available to all members of the Fund who satisfy the eligibility criteria summarised in this section with 6 and 7 of this Insurance Guide. You can select the amount of additional death or death and TPD cover to suit your needs. Cover is subject to underwriting and is fixed cover.

The value of death cover remains fixed for as long as your membership and insurance continue with Complete Super.

You must apply for cover prior to your 60th birthday to be eligible. Insurance cover for death and TPD ceases on your 70th birthday.

The cost of insurance cover will be determined by the level of insurance cover that you apply for.

The value of your TPD cover will remain fixed until age 61. When you reach your 61st birthday, your TPD insured amount reduces by 10% each year until you reach age 70. See Table 1 below.

Table 2: TPD Taper

Age Next Birthday	TPD benefit Taper %	Example: \$200,000 TPD
61	90%	180,000
62	80%	160,000
63	70%	140,000
64	60%	120,000
65	50%	100,000
66	40%	80,000
67	30%	60,000
68	20%	40,000
69	10%	20,000

Agreed Benefit

The amount of Agreed Benefit payable on Death, Terminal Illness or TPD for you, the Insured Person in Complete Super is dependent on the following:

- the amount of insurance cover nominated by you as the Eligible Person on your Membership Application Form, whether new cover, or Transfer in of existing insurance cover.
- all cover is subject to underwriting, and is fixed cover.
- a minimum of \$200,000 Death, or Death and TPD applies to all Insured Persons in Complete Super.
- when you, the Insured Person reaches your 61st

birthday, the TPD Agreed Benefit reduces by 10% each year until you reach the Cover Ceasing Age.

- the maximum amount of Agreed Benefit that You, as the Insured Person can hold based on all cover held by Complete Super and under all policies in the market is:
 - Death cover – unlimited
 - Terminal Illness - \$3,000,000
 - TPD - \$3,000,000

Please refer to Part 6 Group Life Death, Death and TPD insurance for further details on Terms and Conditions.

Transfer existing death and TPD cover

You may be able to transfer existing Death and TPD cover from your current insurer to Complete Super, provided you meet eligibility conditions. Existing Death and TPD cover transferred to Complete Super will be converted into the same type and level of insurance cover, and the relevant policy premiums rates under the Group Life Insurance Policy will be applied.

The maximum value that can be transferred from your existing insurance policy to your Death and TPD cover is \$500,000. Your total Death and TPD cover must not exceed the maximum Agreed Benefit maximums under the Group Life Insurance Policy.

Increasing Death and TPD cover

You can apply to increase your Death and TPD insurance cover online via 'brightday transact'. All additional Death and TPD insurance will be underwritten by the Insurer and is subject to Agreed Benefit maximums:

If you are less than 60 years of age, you can increase your insurance cover without providing medical evidence if the following 'Nominated Events' occur:

- home purchase,
- business loan,
- marriage, or
- birth or adoption of a child.

The amount of additional insurance cover will be the lesser of:

- 25% of your Agreed Benefit,
- \$200,000,
- the increase in mortgage (if existing), or
- the amount of the mortgage (if new).

Strict conditions and limits apply including a maximum of one increase in any 12 month period. Please refer to Part 6 Group Life Death, Death and TPD insurance for further details on Terms and Conditions.

Calculating your Death and TPD cover premiums

Example: 39 year old male with a white collar occupation and an additional \$1M Death cover.

Table 3: Premium example

	How to calculate	Example
1.	Write down your level of agreed cover.	\$1M death only
2.	Note your age next birthday, gender and occupational category.	40 years old, male, white collar
3.	Using your agreed cover (1.) and your age next birthday and occupation (2.) move down the column until you find the annual premium rate per \$1,000 of Agreed Benefit in Table 3 and 4.	0.76
4.	Multiply the agreed cover amount (1.) by the annual premium rate (3.) and divide by 1,000. This is your annual premium.	$(\$1M \times 0.76) \div 1,000 = \760.00

Death and TPD Insurance Premium Rates

The Group Life Premium age rates and occupational adjustment factors appearing in Table 3 and Table 4 will apply. In preparing all Premium Rates the following regarding Premium rates has been taken into account:

- Premium is payable monthly in arrears,
- Premium Experience Rebate is not included,
- Premiums include stamp duty,
- Premiums include an administration fee payable at 10% of Premium (excluding GST) that is retained by the Policy Owner.

Table 4: Occupational Adjustment Factors

Occupation category	Occupation description	Death only multiple to base rates	Death & TPD multiple to base rates
1	Professional	90%	90%
2	White Collar	100%	100%
3	Sales/Light Manual	125%	150%
4	Skilled Blue Collar	150%	200%
5	Unskilled Blue Collar	175%	250%

Death and TPD Insurance Tables

Table 5: Group Life Insurance Rate Table

Annual white collar Premium Rates per \$1,000 agreed cover (rates include stamp duty and exclude brokerage).

Age next birthday	Death only		Death and TPD	
	Male	Female	Male	Female
16 - 21	0.71	0.22	0.82	0.29
22	0.68	0.21	0.81	0.26

Age next birthday	Death only		Death and TPD	
	Male	Female	Male	Female
23	0.64	0.19	0.76	0.25
24	0.60	0.19	0.74	0.25
25	0.57	0.15	0.74	0.22
26	0.54	0.15	0.70	0.22
27	0.53	0.15	0.68	0.25
28	0.53	0.15	0.68	0.25
29	0.53	0.15	0.70	0.26
30	0.53	0.19	0.70	0.29
31	0.49	0.19	0.70	0.32
32	0.49	0.21	0.70	0.35
33	0.53	0.22	0.74	0.39
34	0.54	0.25	0.76	0.43
35	0.56	0.26	0.81	0.49
36	0.57	0.32	0.83	0.56
37	0.60	0.35	0.89	0.63
38	0.64	0.36	0.96	0.70
39	0.70	0.43	1.07	0.81
40	0.76	0.47	1.15	0.90
41	0.81	0.53	1.25	1.01
42	0.89	0.56	1.39	1.14
43	0.97	0.60	1.57	1.25
44	1.04	0.64	1.77	1.38
45	1.15	0.67	1.97	1.49
46	1.25	0.70	2.24	1.64
47	1.38	0.76	2.50	1.83
48	1.50	0.82	2.81	2.06
49	1.65	0.90	3.14	2.34
50	1.79	1.01	3.50	2.68
51	1.93	1.11	3.89	3.04
52	2.11	1.24	4.36	3.43
53	2.29	1.36	4.87	3.86
54	2.47	1.50	5.45	4.32
55	2.68	1.65	5.99	4.77
56	2.92	1.79	6.63	5.21
57	3.18	1.96	7.35	5.71
58	3.49	2.14	8.20	6.21
59	3.84	2.34	9.19	6.77

Age next birthday	Death only		Death and TPD	
	Male	Female	Male	Female
60	4.21	2.52	10.24	7.35
61	4.59	2.72	11.34	7.94
62	4.96	2.99	12.50	8.72
63	5.34	3.29	13.73	9.63
64	5.74	3.67	15.04	10.73
65	6.19	4.10	16.51	11.95
66	6.63	4.56	15.04	10.97
67	7.21	5.12	16.47	12.13
68	7.84	5.74	18.04	13.46
69	8.47	6.34	19.71	14.82
70	9.15	6.98	21.50	16.32

Notes relating to Table 5

- rates shown are for White Collar. Factors apply for other occupations. Refer Other considerations.
- 1/12th premiums are deducted monthly from your Account and charged at the end of each month.
- age Next Birthday is the age on the birthday next following the date joined Fund or next following the next Fund annual review date (10 November every year).

Cessation of Death and TPD cover

- when they reach the Cover Ceasing age,
- when they cease to be an Eligible Person or Insured Person under the Funds Insurance Policy,
- when they commence active service with the armed forces of any country, except as a member of the Australian Defence Force Reserves while performing duties within Australia,
- when their Account balance is insufficient to meet the next premium that falls due,
- when the Insurer admits a claim for a benefit for the member,
- when the member exercises their right to direct future contributions to another superannuation Fund and transfers their entire account balance to this Fund as a result of Choice of Fund legislation,
- when they cease to reside in Australia or fail to meet the Insurers agreed terms for Living Overseas,
- when the Trustee of the Fund wishes cover to cease for the Insured Person, or if it gives the Insurer notice to this affect, or
- when all cover for every Insured Person under the Policy ceases.

4. Obtaining Cover - Income Protection insurance

Obtaining new Income Protection cover

Income Protection insurance cover is available to all members of the Fund subject to the Policy maximums of 75% of any pre-disability Monthly Income, up to a maximum of \$30,000 per month.

You can select from 30, 60 or 90 day waiting periods, and have the choice of a 2 year or to age 65 Benefit Period. Income Protection insurance cover is subject to underwriting and acceptance by the Insurer.

You can also apply for additional Income Protection insurance cover equal to the lesser of the amount nominated by you or the amount your Employer contributes to your superannuation subject to a maximum of 10%.

This amount is included in the \$30,000 per month maximum, and must be nominated on you, the Eligible Persons' Membership Application form.

Transfer existing Income Protection cover

You may be able to transfer existing Income Protection cover from your current insurer to Complete Super. Income Protection insurance, provided you meet eligibility conditions. Income Protection cover transferred will be subject to the following:

- the maximum amount of cover that can be transferred is \$15,000 per month,
- if the waiting period is under 30 days, a 30 day waiting period will be applied,
- if the waiting period is under 60 days, a 60 day waiting period will be applied,
- if the waiting period is greater than 90 days, a 90 day period will be applied,
- the Benefit Period will be confirmed by the Insurer, and
- your total cover does not exceed the maximum monthly benefit of \$30,000.

Stamp Duty on premiums

Stamp duty is expressed as a percentage of the premium rates payable and is determined by your state of residence. Any stamp duty which is charged is in addition to the Premium on The Policy and is based on information supplied by the Administrator of the Fund.

Table 6: Stamp Duty: Group Income Protection

NSW	ACT	VIC	QLD	WA	SA	NT	TAS
Income Protection Stamp Duty rates % rate current as at 1 July 2019							
10	Nil	10	9	10	11	10	10

Premium Rates

The Group Income Protection Premium age rates and occupational adjustment factors appearing in Table 5, 6 and Table 7 will apply. In preparing all Premium Rates the following regarding Premium rates has been taken into account:

- Premium is payable monthly in arrears,
- Premium Experience Rebate is not included,
- Premiums include stamp duty,
- Premiums include an administration fee payable at 10% of Premium (excluding GST) that is retained by the Policy Owner.

Occupation Adjustment Factors

Occupation category	Occupation description	Income Protection Multiple to base rate adjustment
1	Professional	90%
2	White Collar	100%
3	Sales/Light Manual	150%
4	Skilled Blue Collar	200%
5	Unskilled Blue Collar	250%

Income Protection Insurance Tables

Table 7: Group Income Protection Rates – 2 years

Annual White Collar premium rates per \$1,000 agreed cover, **Benefit Period of 2 years** (rates exclude stamp duty and brokerage).

Age next birthday	Premium Rates – Benefit Period 2 years					
	Benefit waiting period					
	30 days		60 days		90 days	
	Female	Male	Female	Male	Female	Male
16 - 21	4.09	2.72	2.39	1.67	1.49	0.99
22	4.14	2.77	2.42	1.70	1.49	0.99
23	4.20	2.79	2.46	1.71	1.49	0.99
24	4.23	2.82	2.47	1.72	1.49	0.99
25	4.31	2.88	2.53	1.77	1.49	0.99
26	4.36	2.92	2.59	1.77	1.49	0.99
27	4.42	2.95	2.60	1.81	1.49	0.99
28	4.55	3.03	2.64	1.85	1.49	0.99
29	4.66	3.10	2.70	1.89	1.49	0.99
30	4.80	3.20	2.75	1.95	1.52	1.01
31	5.00	3.34	2.86	2.02	1.57	1.04
32	5.23	3.49	2.99	2.10	1.60	1.07
33	5.49	3.66	3.14	2.18	1.65	1.10
34	5.77	3.85	3.31	2.29	1.74	1.17
35	6.06	4.03	3.49	2.39	1.86	1.24
36	6.39	4.27	3.71	2.52	1.97	1.32
37	6.82	4.55	3.99	2.70	2.09	1.39
38	7.23	4.82	4.25	2.85	2.28	1.53
39	7.69	5.13	4.56	3.04	2.49	1.65
40	8.20	5.46	4.91	3.28	2.71	1.81
41	8.69	5.78	5.24	3.50	2.95	1.96
42	9.26	6.17	5.64	3.78	3.22	2.15
43	9.91	6.60	6.10	4.11	3.54	2.36
44	10.56	7.05	6.56	4.45	3.98	2.64
45	11.31	7.53	7.09	4.84	4.36	2.92
46	12.11	8.08	7.67	5.27	4.88	3.25
47	12.97	8.65	8.28	5.73	5.49	3.66
48	13.94	9.30	8.99	6.27	6.12	4.07
49	14.94	9.95	9.72	6.84	6.85	4.57
50	16.05	10.70	10.52	7.46	7.69	5.13
51	17.28	11.52	11.41	8.16	8.63	5.75
52	18.65	12.44	12.41	8.92	9.69	6.45

Age next birthday	Premium Rates – Benefit Period 2 years					
	Benefit waiting period					
	30 days		60 days		90 days	
	Female	Male	Female	Male	Female	Male
53	20.14	13.43	13.48	9.76	10.88	7.26
54	21.74	14.48	14.64	10.63	8.79	5.86
55	23.53	15.69	14.64	10.63	13.71	9.15
56	25.53	17.03	15.93	11.62	15.43	10.29
57	27.73	18.49	17.35	12.69	17.25	11.50
58	30.16	20.11	18.90	13.87	19.33	12.89
59	32.90	21.93	20.61	15.15	21.66	14.43
60	35.90	23.94	22.55	16.57	24.21	16.15
61	39.24	26.16	24.64	18.13	27.02	18.01
62	43.02	28.68	26.97	19.81	30.14	20.09
63	44.27	29.51	29.58	21.70	31.68	21.11
64	37.34	24.88	30.44	22.27	24.67	16.46
65	12.89	8.59	24.69	18.01	7.66	5.10

Table 8: Group Income Protection Rates – to age 65

Annual white collar premium rates per \$1,000 agreed cover, **Benefit Period to age 65** (rates exclude stamp duty and brokerage).

Age next birthday	Premium Rates – Benefit period to age 65					
	Benefit waiting period					
	30 days		60 days		90 days	
	Female	Male	Female	Male	Female	Male
16	12.12	8.60	10.06	7.10	5.74	4.46
17	12.12	8.60	10.06	7.10	5.74	4.46
18	12.27	8.72	10.22	7.20	5.78	4.57
19	12.36	8.81	10.31	7.31	5.85	4.59
20	12.47	8.91	10.41	7.39	5.91	4.66
21	12.58	9.02	10.52	7.51	5.96	4.70
22	12.93	8.95	10.76	7.37	6.12	4.46
23	13.26	8.95	11.01	7.28	6.26	4.25
24	13.62	8.94	11.27	7.20	6.41	4.11
25	13.98	8.97	11.51	7.14	6.55	3.92
26	14.33	9.02	11.77	7.10	6.69	3.82
27	14.91	9.20	12.27	7.21	7.21	3.78
28	15.58	9.48	12.86	7.37	7.60	3.77
29	16.42	9.83	13.48	7.56	7.98	3.81
30	17.36	10.24	14.19	7.85	8.30	3.86
31	18.45	10.73	14.98	8.17	8.62	3.98
32	19.65	11.30	15.85	8.56	8.98	4.13
33	20.93	11.94	16.78	9.01	9.34	4.28
34	22.37	12.64	17.82	9.51	9.77	4.50
35	23.89	13.40	18.92	10.06	10.26	4.75
36	25.49	14.22	20.16	10.68	10.86	5.07
37	27.22	15.14	21.48	11.36	11.55	5.41
38	28.98	16.10	22.87	12.09	12.37	5.82
39	30.86	17.17	24.37	12.87	13.32	6.27
40	33.42	18.64	25.99	13.73	14.43	6.81
41	35.99	20.17	27.69	14.65	15.73	7.41
42	38.56	21.68	29.45	15.64	17.15	8.10
43	40.75	23.09	31.33	16.72	18.77	8.88
44	42.98	24.56	33.26	17.85	20.56	9.77
45	45.24	26.10	35.29	19.08	22.48	10.77
46	47.54	27.74	37.36	20.41	24.53	11.88
47	49.83	29.47	39.48	21.81	26.79	13.11

Age next birthday	Premium Rates – Benefit period to age 65					
	Benefit waiting period					
	30 days		60 days		90 days	
	Female	Male	Female	Male	Female	Male
48	52.13	31.28	41.62	23.27	29.08	14.48
49	54.39	33.15	43.79	24.84	31.51	15.93
50	56.63	35.11	45.90	26.45	33.93	17.42
51	58.80	37.13	48.00	28.19	36.40	18.92
52	60.88	39.20	50.00	29.98	38.79	20.78
53	62.83	41.28	51.86	31.79	41.07	22.74
54	64.59	43.35	53.56	33.61	43.17	24.74
55	66.16	45.40	55.00	35.40	44.95	26.81
56	67.42	47.34	56.14	37.13	46.40	28.84
57	68.32	49.14	56.93	38.71	47.34	30.76
58	68.79	50.68	57.24	40.09	47.72	32.50
59	68.68	51.86	56.96	41.14	47.40	33.92
60	67.86	52.54	55.98	41.71	46.25	34.85
61	66.05	52.43	54.06	41.57	44.08	35.06
62	62.94	51.18	50.87	40.39	40.66	34.21
63	57.64	47.90	45.73	37.36	35.43	31.59
64	46.98	39.34	36.17	29.94	26.41	24.44
65	24.16	19.97	17.01	13.98	8.73	8.19

Notes relating to Table 7 and 8

- rates shown are for White Collar. Factors apply for other occupations. Refer Other considerations.
- 1/12th premiums are deducted monthly from your Account and charged at the end of each month.
- age Next Birthday is the age on the birthday next following the date joined Fund or next following the next Fund annual review date (10 November every year).

Calculating your Income Protection premiums

Example: 30 year old female with a white collar occupation earning a gross income of \$80,000 per annum.

Table 9: Premium Example

	How to calculate	Example
1.	Note your gross salary and occupational category	\$80,000 white collar
2.	Note your age next birthday	31
3.	Choose a Benefit Period	2 years
4.	Choose a benefit waiting period	60 days
5.	Calculate your cover amount = 75% of salary	\$60,000
6.	Note your annual premium rate per \$1,000 Agreed Benefit by using your occupational category (1.), finding your age next birthday (2.), and your benefit waiting period (3.)	2.86
7.	To calculate your annual premium, divide the Agreed Benefit amount required by 1,000, then multiply by the annual premium rate	$60,000 \div 1,000 \times 2.86$
8.	Your annual premium is:	\$171.60

When Income Protection Cover Ceases

- when they reach the Cover Ceasing age,
- when they cease to be an Eligible Person or Insured Person under the Funds Insurance Policy,
- when they commence active service with the armed forces of any country, except as a member of the Australian Defence Force Reserves while performing duties within Australia,
- when their Account balance is insufficient to meet the next premium that falls due,
- when the Insurer admits a claim for a benefit for the member,
- when the member exercises their right to direct future contributions to another superannuation Fund and transfers their entire account balance to this Fund as a result of Choice of Fund legislation,
- when they cease to reside in Australia or fail to meet the Insurers agreed terms for Living Overseas,
- when the Trustee of the Fund wishes cover to cease for the Insured Person, or if it gives the Insurer notice to this affect, or
- when all cover for every Insured Person under the Policy ceases.

5.

6. Making a Claim

Initial notice of a potential claim must be provided to the Fund as soon as possible after the incident that has caused the claim. This ensures we can efficiently and effectively manage your claim. The Insurer will only consider a claim where the delay in notification does not prejudice their ability to assess the claim.

Assisting the Insurer Prove your Claim

The Insurers obligation to pay a benefit is subject to the member providing evidence to support the claim including:

- written notice of any claim or potential claim being provided to us as soon as reasonably possible. The notice must be in the form of the Insureds claim forms and must include a Doctor's certification if it is required,
- proof that the relevant event has happened being provided to our satisfaction,
- the Insured Person agreeing to provide information to the Insured about the claim and to being interviewed by the Insured or someone the Insured appoints regarding it, if it is required,
- proof of the date of birth of the Insured Person,
- if the claim arises from death, an original or certified copy of a death certificate,
- if the claim arises from Total and Permanent Disablement, an initial medical report in a form of our choosing,
- if the claim arises from Terminal Illness; two Doctors reports to be given in a form of our choosing. At least one of the registered Doctors must be a specialist in the field to which the Terminal Illness relates,
- the Insured Personal, at the Insurers discretion, attending any medical examinations which we may arrange, and/or providing any other information we may require, and
- any other such proof relating to the claim that the Insurer may request.

Note: The Insurer will not pay any costs incurred in obtaining any evidence, including for travel or accommodation, unless the cost was approved by us prior to it being incurred.

Independent Medical Examination

The Insurer may arrange for a person to be medically examined in connection with a claim. If this is requested:

- the person who examines the Insured Person may be any appropriate registered medical practitioner or other health care practitioner chosen by us at our discretion,
- the Insured Person must attend the examination,
- the Insurer must pay the practitioner's fees, and

- the Insurer may treat the contents of the practitioner's report as being confidential to themselves, and if we agree to provide a copy of the report to the Trustee, the Insurer may require the Trustee to treat the report as confidential.

If the Insurer arranges for the Insured Person to be medically examined and they fail to attend the examination:

- the Insurer will not proceed with the assessment of the claim until the Insured Person attend,
- the Insurer may suspend further payments of any benefit payable in respect of them until such time as they attend, and
- if the Insurer incurs a non-attendance fee; the Insurer will ask for that fee to be paid prior to continuing to review the claim.

Payment of Claims

- all benefits are paid in Australian currency,
- all benefits are paid to the Trustee of Complete Super, and
- when the Insurer pays the benefit to the Fund following the Trustee's instructions, payment by the Insurer is discharged in full for their liability in respect to the entitlement due to the Insured Person, in relation to the claim.

Other important Details on Claims

Where the Insured Person is Overseas, the Insurer reserves the right to ask the Insured Person to return to Australia at their own expense in the event they lodge a claim for Total and Permanent Disablement or Terminal Illness.

The Insurer will not pay costs incurred by the Proposer or an Insured Person in obtaining evidence to support a request for a review of a claim the Insurer has denied.

6. Group Life Death and TPD Insurance Terms and Conditions

Complete Super provides members with the opportunity to have Death or Death and Total and Permanent Disablement insurance through a Group Life Insurance Policy, issued to us by Hannover Life Re of Australasia Ltd (the Insurer). The information contained in this section is a summary of the terms and conditions. Full terms and conditions are contained in the Group Life Insurance Policy.

In this section, all references to The Policy are to the Group Life Insurance Policy. Terms not defined within this section are defined in the glossary of the Additional Information Guide.

The Insurer has the right under the Policy to: accept cover for the member, accept cover for the member subject to premium loadings, exclusions or restrictions it may consider appropriate, or refuse to provide cover to a member.

Eligibility and Commencement Terms

General eligibility	<p><i>A member is eligible to apply for insurance (is an Eligible Person) if:</i></p> <p>they are a member of Complete Super and have sufficient funds in their account to cover the cost of monthly premiums,</p> <ul style="list-style-type: none"> ■ they are an Australian Resident, ■ they are aged between a minimum of age 15 and a maximum of age 60, ■ the member is not employed in an Excluded Occupation, or does not perform any duties of an Excluded Occupation, ■ the member is currently gainfully employed as a Permanent Employee or Contractor working 15 more hours each week on the date they join Complete Super (required for TPD eligibility only), The member is currently engaged in gainful employment at the time insurance cover is approved (for TPD eligibility only) Where the member is not gainfully employed as a Permanent Employee or Contractor working 15 or more hours each week on the date they join the Fund, they are eligible for death only cover, ■ the member is not currently applying for, entitled to, or being paid a TPD or Terminal Illness benefit from any super fund or life insurance policy, and ■ the Insurer expressly agrees in writing that the member is an Eligible Person. <p><i>Cover is voluntary and subject to underwriting.</i></p>
Agreed Benefit	<p>means in relation to an Insured Person the amount of benefit for which cover is in force. The amount of Agreed Benefit payable on death, Terminal Illness or Total and Permanent Disablement for an Insured Person is determined in accordance with the following:</p> <ul style="list-style-type: none"> ■ all cover is fixed cover. An Eligible Person must nominate the type and level of cover required on the Membership Application Form. All cover is subject to underwriting unless the Eligible Person is transferring in insurance cover. All cover will commence subject to Commencement of cover and Transfer in of cover requirements in respect of the Eligible Person, ■ a minimum of \$200,000 death or death and Total and Permanent Disablement applies to all Insured Persons in the Plan. When an Insured Person reaches their 61st birthday, the Total and Permanent Disablement Agreed Benefit reduces by 10% each year until the Insured Person reaches the Cover Ceasing Age, ■ maximum Agreed Benefit per Insured Person based on all cover held in the Fund and under all policies in the market is: <ul style="list-style-type: none"> ○ Death cover, unlimited, ○ For Terminal Illness, limited to \$3,000,000 per Insured Person, <p>For Total and Permanent Disablement cover, limited to \$3,000,000 per Insured Person.</p>
Commencement of cover	<p>Other than Transfer of insurance cover in, all other cover commences for the member on the date cover is accepted in writing by the Insurer, subject to:</p> <ul style="list-style-type: none"> ■ the provisions on transfer of cover, ■ receipt of a fully completed and signed membership application form by Complete Super, ■ the Eligible Person's account with Complete Super having sufficient funds to cover the premium due within 31 days of their cover being accepted by the Insurer, and

	the Eligible Person not having received, or being entitled to receive a Total and Permanent Disablement or Terminal Illness benefit from any other superannuation fund or life insurance policy.
Eligible Contribution	means contributions that include Superannuation Guarantee, additional Employer contributions, personal contributions (including voluntary contributions and contributions made by a spouse), rollovers directly from another superannuation account held on behalf of the Eligible Person and automatic transfers from other superannuation funds. An amount allocated by the Australian Tax Office, co-contributions and the low income super tax offset are not considered an Eligible Contribution.
Eligibility and Eligible Person	<p>Insurance cover may be applied for by an Eligible Person on the following basis:</p> <ul style="list-style-type: none"> ■ an Eligible Person or Insured Person can transfer up to \$500,000 of existing insurance cover, ■ an Eligible Person or Insured Person may elect to have up to \$500,000 of new cover upon satisfactory completion of the Insurers' short form personal health statement. A short form personal health statement applies where total cover the Eligible Person or Insured Person is applying for is up to \$1,000,000 for the combination of transfer in of cover and where other cover is being applied for, or up to \$500,000 only where there is no other cover, or ■ where an Eligible Person or Insured Person elects cover of \$1,000,000 or more, or where total cover is in excess of \$1,000,000, full underwriting must be completed, or if cover is not granted under a) or b), full underwriting is also required.
Exempt Member	<p>means the following persons that the Policy Owner is permitted to provide insurance cover in respect of despite their account being Inactive:</p> <ul style="list-style-type: none"> ■ A person who has made an <i>Election</i>; or ■ A person who has nominated to change or alter their cover after 8 May 2018 and prior to 1 April 2019 ■ A defined benefit member, or ■ An Insured Person whose Employer Contribution includes an additional amount to pay Premiums due.
Transfer of Cover	<p>An Eligible Person or an Insured Person can elect to transfer their existing cover to the <i>Plan</i> if they are insured under,</p> <ul style="list-style-type: none"> ■ Another employer sponsored superannuation fund policy, or ■ An individual insurance policy with another Australian life insurer or superannuation plan where they have been underwritten in the last 5 years. <p><i>The transfer of existing cover to the Plan</i> is subject to the member (Eligible Person or Insured Person) meeting the following criteria:</p> <ul style="list-style-type: none"> ■ The Eligible Person or Insured Person must be aged less than 65 and must not be working in or performing any duties of an Excluded Occupation, and ■ The Eligible Person or Insured Person must confirm that their insured benefit in the existing fund or insured policy will cease on cover commencing under The Policy. No claim will be considered under The Policy where they retain any form of their previous cover elsewhere, and ■ The Eligible Person or Insured Person must transfer their entire account balance to the Plan, and ■ The Eligible Person or Insured Person must not reinstate cover or effect a continuation option with any fund, and ■ They must provide a copy of their Benefit Statement or Policy Renewal Statement or other written confirmation from their provider dated within the previous 31 days as evidence of their current cover and insured benefit previously held. This includes a copy of the advice they received from the insurer or fund advising them of acceptance of their insurance and if the acceptance was on standard terms or subject to additional terms, and ■ If the Eligible Person's or Insured Person's existing cover is subject to any premium loading, restriction, exclusion or pre-existing condition exclusion or restriction in regard to medical or other conditions, they will not be eligible to transfer cover, and

- The maximum amount of cover that can be transferred for death only or death and Total and Permanent Disablement is \$500,000, and
- The Eligible Person's or Insured Person's total cover must not exceed the maximum benefit levels under The Policy, and
- The Eligible Person's or Insured Person's must satisfactorily complete a transfer of insurance application form, including answering 'no' to the agreed health questions, and be received by the Proposer within 31 days of being signed and dated.

The Eligible Person's transferring cover will be fixed cover. The cost of the transferred cover will be based on the applicable premiums to the Eligible Person or Insured Person under The Policy. Where all of the above requirements have been met, cover will commence from the date we accept the Eligible Person's transfer of insurance application form if their account balance is sufficient to pay premium.

If the Proposer has not received an account balance transfer within 60 days after we have accepted the Eligible Person's transfer of insurance application form, or the account balance is insufficient to pay Premium, then cover will not have commenced and the Eligible Person will be required to complete a new transfer of insurance application form. Cover will then only commence from the date we accept the new form if their account balance is sufficient to pay Premium. Where any of the above requirements have not been met, no transfer of cover can occur and the cover will be subject to underwriting being completed in the first instance and will commence on the date that we advise in writing.

General Definitions and Terms and Conditions

Accident Cover	means only where a claim is as a result of Injury solely by visible, violent and external means to the body, for cover that comes into force under clauses 3 of The Policy that results in the death, or where applicable Total and Permanent Disablement, of an Eligible Person or Insured Person.
Activities of Daily Living	means: <ul style="list-style-type: none"> ■ bathing, the ability to wash or shower without assistance, ■ dressing, the ability to put on and take off clothing without assistance, ■ feeding, the ability to get food from a plate into the mouth without assistance, ■ mobility, the ability to get in and out of bed and a chair without assistance, ■ toileting, the ability to use the toilet including getting on and off without assistance.
Amount of benefit	The Agreed Benefit that we must pay the amount of cover in force as determined by the Agreed Benefit stated in the Policy Schedule: <ul style="list-style-type: none"> ■ on the date of death, if the claim is for death, or ■ on the Date of Disablement, if the claim is for Total and Permanent Disablement, or ■ on the date that we are satisfied the Terminal Illness is diagnosed, if the claim is for Terminal Illness.
At Work	means a person is actively performing all of the duties and hours of their usual occupation for the Employer
Australian Resident	means an Australian citizen or a person who is the holder of an Australian permanent visa within the meaning of Section 30 of the <i>Migration Act 1958</i> (Cth) or resides in Australia on a 457 working visa. It also includes a New Zealand citizen who is residing and working in Australia.
Cognitive Loss	means the Insurer has determined that the Insured Person has suffered a total and permanent deterioration or loss of intellectual capacity which requires the Insured Person to be under the continuous care and supervision of another adult person for at least 3 consecutive months and at the end of that 3 month period, they are likely to require permanent ongoing continuous care and supervision by another adult person.
Contractor	means a person who is working on a fixed term contract for the Employer with a duration of at least 12 months that requires the person to perform identifiable duties for a regular number of hours each week.

Cover Ceasing Age	means the maximum age to which cover will be provided under The Policy in respect of an Insured Person. The Cover Ceasing Age is stated in the Policy Schedule.
CPI	means the Consumer Price Index (all groups and all capital cities) published by the Australian Bureau of Statistics. If no such CPI is published, the CPI will be a figure determined by us in our discretion.
Date of Disablement	<p>means the date on which Total and Permanent Disablement is treated as having occurred.</p> <ul style="list-style-type: none"> ■ the date on which the 3 months' consecutive absence from work that results in Total and Permanent Disablement began, ■ the date on which the 3 months' consecutive inability to perform the Activities of Daily Living that results in Total and Permanent Disablement began, ■ the date on which the Cognitive Loss that results in Total and Permanent Disablement began, ■ the date on which the Permanent Impairment that results in Total and Permanent Disablement began, ■ the date the Insured Person suffers the loss of the sight in both eyes, or the use of both limbs, or the sight in 1 eye and the use of 1 limb, or ■ the date the Insured Person suffers the loss of the sight of another eye or the use of another limb, having already suffered the loss of sight of an eye or the use of a limb.
Doctor	means a registered medical practitioner who is legally qualified and properly registered to practice in Australia or New Zealand or as otherwise agreed by us. That person may not be the Insured Person, the Insured Person's business partner, a member of the Insured Person's immediate family or their Employer.
Employer	means the Employer stated in the Insured Person's Group Life insurance membership application form.
Exclusions	<ul style="list-style-type: none"> ■ no benefits are payable directly or indirectly as a result of War or an act of war, ■ no Agreed Benefit is payable as a result of Total and Permanent Disablement from intentional self-inflicted injury or illness or attempted suicide, ■ no Agreed Benefit is payable as a result of Death caused by suicide or attempted suicide in the 13 month period commencing from the date that each additional request for cover commences, or ■ any additional exclusions advised by the Insurer in writing for underwriting under the Insurers terms of acceptance.
Excluded Occupations	<p>Any of the following duties are Excluded occupations, unless the Insurer has expressly agreed in writing to provide cover for the member under the Policy (either the Group Life Insurance Policy or Group Income Protection Policy), any occupations which include any of the following duties:</p> <ol style="list-style-type: none"> a) Air traffic controller, b) Earth drilling, mineral exploration, miner or person working with explosives, c) Fireman, police, ambulance officer or paramedic, d) Fisherman, e) Forestry worker, f) Offshore oil rig worker, g) Pilot, h) Professional entertainer such as actor, dancer, musician or stage performer, j) Seasonal workers or employees in industries with a high level of seasonal or casual workforce, i) Professional or semi-professional sports people, k) Security guard, doormen, bouncer or person employed in crowd control, l) Sex worker, m) Sheltered workshop employees, n) Underground or underwater worker, o) Workers in the horse racing industry such as trainer, jockey or strapper, p) Workers whose work requires them to work at heights such as rigger, scaffolder, roof worker or antenna erector.

Forward Underwriting Limit	means the amount (if any) of Agreed Benefit in respect of an Insured Person the Insurer has notified the Fund they will accept for automatic increases under clause 2.7 of The Policy without further health evidence.
Gainful Employment	means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment at the time we assess the claim and includes part-time occupations, an occupation which may be perceived by the person to be of lower status than the person's previous occupation or an occupation in which the person does not earn as much income as they did in their previous occupation.
Inactive	means the Policy Owner has not received an Eligible Contribution for an Insured Person's account for 16 consecutive months.
Illness:	means a sickness, disease or disorder.
Injury:	means bodily injury caused by violent, external and visible means.
Insured Person:	means an Eligible Person for who cover other than Accident Cover is in force.
Interim Accident Cover	<p>The Insurer will provide interim cover called Accident Cover from the date the Insurer receives an application for cover or an application for an increase in cover. Accident Cover covers only visible, violent and external events to the body that result in the death or Total and Permanent Disablement of a member. The amount of cover for Accident Cover will be the lesser of \$1,500,000:</p> <ul style="list-style-type: none"> ■ the maximum amount of cover applicable to the member as an Insured Person, or ■ the amount of cover being applied for, or <p>Unless otherwise agreed between us and the Insurer, Interim Accident Cover terminates on the earliest of the following events: when the member's application is refused, withdrawn, cancelled or the Insurer is advised it is not being proceeded with, 90 days after the cover began, on the Insurer notifying the Insurer of its acceptance of the member's cover, or on termination of the Policy. Interim Accident Cover does not apply to any increase in cover.</p>
Life events	<p>Life Events Cover can be applied for when an Insured Person purchases a home for their permanent residence and takes out a mortgage of at least \$100,000 on that residence, or takes out a business loan or increases an existing business loan over \$100,000, or gets married, or gets divorced, or they or their Partner give birth or adopt a child or children.</p> <p>If a Nominated Event occurs, the member can increase their cover by the lesser of:</p> <ul style="list-style-type: none"> ■ 25% of their Agreed Benefit, or ■ \$200,000, or ■ the increase in mortgage, (if existing), or the amount of the mortgage (if new). <p>An Insured Person can increase their cover, subject to the specified maximums, without providing medical evidence when a Nominated Event occurs provided:</p> <ul style="list-style-type: none"> ■ the member's cover is in force on the date of the Nominated Event, ■ the member is aged less than 60 on the date that they apply for this increase in cover, ■ the member's cover is not subject to any special conditions such as premium loadings, restrictions, exclusions, special terms, or conditions, ■ the member must not have previously been declined cover under the Policy, ■ the member must not be applying for, entitled to, or have been paid a Total and Permanent Disablement benefit or Terminal Illness benefit from the Policy, any superannuation fund or life insurance policy, ■ the member must provide sufficient proof to the Insurer's satisfaction that the Nominated Event occurred, ■ the member must apply within 90 days of the Nominated Event, ■ the member's Agreed Benefit must not exceed the maximum benefit in the Policy, and ■ the member must be actively performing all the duties and hours of their usual occupation for their Employer, on both the date that the Nominated Event occurred and on the date the Insurer accepts their application.

	<p>New Events cover will apply to the increased portion of cover for the first 24 months after the Insurer has accepted the application.</p> <p>Increased cover will not be paid if death or Total and Permanent Disablement was a result of suicide or a self-inflicted injury that occurred within the first 13 months from the date the Insurer agreed to any increase in cover.</p> <p>Cover will commence from the date that the Insurer notifies us in writing of its acceptance of cover.</p>
Maximum Benefit	<p>The total amount of Agreed Benefit per Insured Person based on all cover held with us and under all policies in the market is:</p> <ul style="list-style-type: none"> ■ For death cover, unlimited, ■ For Terminal Illness, limited to \$3,000,000 per Insured Person. ■ For Total and Permanent Disablement cover, limited to \$3,000,000 per Insured Person.
Maximum Entry Age	means the maximum age of a person to be eligible to apply for cover under The Policy. The Maximum Entry Age is stated in the Policy Schedule.
Membership Application Form	means the application form on which a member requests cover which has been agreed between us and the Fund from time to time.
New Events cover	means an Illness diagnosed or an Injury that occurs on or after the date cover commenced for an Insured Person under The Policy
Overseas	means anywhere other than the Commonwealth of Australia and its Territories
Paralysis	<p>means any of the following:</p> <ul style="list-style-type: none"> ■ diplegia, the permanent and total loss of function of both sides of the body due to Injury or Illness, or ■ hemiplegia, the permanent and total loss of function of one side of the body due to Injury or Illness, or ■ paraplegia, the permanent and total loss of use of both legs resulting from Injury or Illness, or ■ quadriplegia, the permanent and total loss of use of both arms and both legs resulting from Injury or Illness, or ■ tetraplegia, the permanent and total loss of use of both arms and both legs resulting from Injury or Illness.
Partner:	means a legal spouse or a person living with an Insured Person as their spouse on a bona-fide domestic basis, they may be the same sex as the Insured Person.
Permanent Employee:	<p>means an employee who is employed on a permanent basis under an ongoing contract that:</p> <ul style="list-style-type: none"> ■ requires the employee to perform identifiable duties for a regular number of hours each week, and ■ provides the employee with paid annual leave, sick leave, leave loading and long service leave.
Permanent Impairment	means a condition as specified in clause 4.2 of The Policy
PMIF Stocktake Member	means an existing Insured Person who had an account balance of less than \$6,000 as at 1 November 2019.
PMIF Transition Member	means an <i>Insured Person</i> who joined the <i>Plan</i> between 1 November 2019 and 31 March 2020.
Plan	Complete Super Plan operating as 'brightday' identified in The Policy Schedule.
Policy renewal statement:	A notice issued by an insurance company to an Insured Person requesting them to renew their insurance policy.
Premium	<p>means the money paid to the Insurer or owed to the Insurer for the insurance provided under The Policy.</p> <p><i>Late Payment of Premium</i></p> <p>The Insurer will allow 30 days from the due date for the payment of:</p>

	<ul style="list-style-type: none"> ■ the monthly Premium, or ■ an Instalment, <p>Cover remains in force during this period unless it is terminated in the meantime under another clause of The Policy. If the Insurer is liable to pay an entitlement to a benefit while a payment under this clause remains owing to the Insurer they may deduct the amount owed to them from the benefit.</p>
Proposer	means the owner of the Policy being the Trustee of the Fund
Terminal Illness	<p>means a disease or condition that, in the opinion of two Doctors approved by us and supported by test results, is likely to result in the Insured Person's death within a period of 24 months (the certification period) from the date the doctor provides certification in respect of the Terminal Illness and the certification period must not have ended. At least one of the Doctors must be a specialist in the field to which the Terminal Illness relates.</p> <p>Terminal Illness benefits:</p> <ul style="list-style-type: none"> ■ an Insured Person will be eligible for a Terminal Illness benefit where the date of diagnosis of the Terminal Illness is on or after the date their cover commenced under the Policy. No Terminal Illness benefit will be considered where the date of diagnosis is prior to this date. ■ a Terminal Illness benefit will be the lesser of the Insured Person's Agreed Benefit or \$3,000,000. Provided they remain an Insured Person and the Insurer continues to receive the premium for their cover, the Insurer will pay the residual death benefit balance, calculated as at the Insured Person's date of death, less any Terminal Illness benefit that has already been paid. ■ the Insured Person must supply, at their own expense, supporting medical evidence from registered Doctors who are approved by the Insurer. The medical evidence must certify that in the Doctors' opinion, it is likely the Illness or Injury will result in the Insured Person's death within a period of 24 months (the certification period) from the date the Doctors provide certification in respect of the Terminal Illness and the certification period must not have ended. At least 1 of the registered Doctors providing certification must be a specialist in the field to which the Terminal Illness relates. The Insurer will require this information in a form of its choosing and reserves the right to ask for any additional information that it believes is appropriate. Where the Insurer asks for additional information, it will incur the cost of obtaining this information. ■ where a Terminal Illness benefit is paid it will be considered as an advance payment of the Insured Person's death benefit. ■ if a Terminal Illness benefit is paid; all cover will cease from that date. However, subject to 2. above any residual death benefit balance will be payable on the Insured Person's death. ■ from the date a Terminal Illness claim has been lodged, a member will no longer be eligible for any Total and Permanent Disablement cover, any increase in cover or any reinstatement of cover that would otherwise occur under the Policy. ■ if the Policy has been terminated, a member will no longer be eligible for a Terminal Illness benefit from the date of termination, unless the certification in respect of the Terminal Illness was prior to the date cover was terminated.
The Policy	means the contract of insurance which commenced on the Commencement Date as varied from time to time and which continues until properly terminated under the terms of the policy. The Policy document contains the current terms and conditions effective from the Commencement Date, or the date of variation (if applicable) as stated in the Policy Schedule.
Total and Permanent Disability	<p>Total and Permanent Disablement in respect of an Insured Person who is suffering permanent incapacity and who is:</p> <ul style="list-style-type: none"> ■ gainfully employed as a Permanent Employee or Contractor working 15 or more hours each week within the 6 months prior to the Date of Disablement is determined under either Part 1, Part 2, Part 3, Part 4 or Part 5, or ■ gainfully employed as a Permanent Employee or Contractor and working less than 15 hours each week within the 6 months prior to the Date of Disablement is determined under either Part 3, Part 4 or Part 5, or

- not gainfully employed as a Permanent Employee or Contractor within the 6 months prior to the Date of Disablement is determined under either Part 3, Part 4 or Part 5.

The Insurer may waive the 3 month Total and Permanent Disablement waiting period and provide immediate assessment where a member is suffering Paralysis and all claim requirements have been received by Insurer.

In order to satisfy Part 2, 3, 4 or 5, an Insured Person must be so disabled at the Date of Disablement as a result of their ill-health (whether physical or mental) that in the Insurer's opinion, they are unlikely to resume their previous occupation at any time in the future and will be unlikely at any time in the future to engage in Gainful Employment for which the Insured Person is reasonably qualified by education, training or experience.

Part 1 - Unlikely to Return to Work:

The Insured Person is engaged in gainful employment when suffering an injury or Illness and, as a result of that Injury or Illness they suffer a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment'. 4th edition, or any other recognised standard we agree.

Part 2 - Permanent Impairment:

The Insured Person is engaged in Gainful Employment when suffering an Injury or Illness and, as a result of that Injury or Illness, they suffer a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or any other recognised standard the Insurer agrees to.

Part 3 - Loss of Use Of:

The Insured Person suffers the total, permanent and irrecoverable loss of:

- the use of 2 limbs,
- the sight of both eyes, or
- the use of 1 limb and sight of 1 eye.

Part 4 - Cognitive Loss:

The Insured Person, as a result of Illness or Injury, suffers Cognitive Loss.

Part 5 - Activities of Daily Living:

The Insured Person suffers an Illness or Injury, that in the Insurer's opinion:

- totally and irreversibly prevents them from performing 2 of the Activities of Daily Living without assistance from another adult person for at least 3 consecutive months, and
- since they became ill or injured, they have been under the regular care and attention of a Doctor for that Illness or Injury, and
- the Illness or Injury means that they are unlikely to ever again, be able to perform at least 2 of the Activities of Daily Living without assistance from another adult person.

Underwriting

The Fund must provide the Insurer with all information about the applicant which the Insurer regards as necessary for underwriting purposes before the Insurer will consider the Eligible Person for cover. The Insurer may specify that this information must be given in a form they choose.

After considering all information, the Insurer has requested and received in relation to the Eligible Person, in the Insurers absolute underwriting discretion, they will either:

- accept the Eligible Person for such cover under The Policy, or
- offer to accept the Eligible Person for such cover under The Policy subject to whatever special terms, condition, restriction, exclusion or premium loading as we consider appropriate, or restriction, exclusion or premium loading as we consider appropriate, or
- refuse to provide such cover for the Eligible Person under the Policy absolutely.

Cover only comes into force in respect of an Eligible Person on the date the day the Insurer notifies the Fund; the Insurer accepts them for the cover.

When an Insured Person's Cover Ceases

Cover for an Insured Person under the Policy ceases on the earlier of when:

- they reach the Cover Ceasing age, or
- they cease to be an Eligible Person or Insured Person under the Funds Insurance Policy

- they commence active service with the armed forces of any country, except as a member of the Australian Defence Force Reserves while performing duties within Australia, or
- they cease to be a member of the Fund, or
- the Insurer admits a claim, subject to clause 4.4 of The Policy, or
- they cease to reside in Australia or fail to meet the Insurer's agreed terms under clauses 5.2 and 5.3, or
- the end of the period for which premiums have been paid immediately after the date their account became Inactive, except where they are an Exempt Member, or
- they exercise their right to direct future contributions to another fund and transfer their entire account balance to this fund as a result of choice of fund legislation, or
- the Proposer wishes cover to cease that the Insured Person, if it gives the Insurer a notice to that effect, or
- the Insured Person's Account balance is insufficient to pay Premium. Where this applies cover will cease on the last day of the month for which Premium was payable, or, or
- the Insured Person's cover ceases under The Policy, or
- they die, or
- they are the subject of a fraudulent claim under The Policy, or
- when all cover for every Insured Person under the Policy ceases.

We will provide a refund of Premium if, in our opinion, the Premium for a person was paid to us in error by the Plan that related to a period after an Insured Person's cover had ceased.

Where cover has ceased,

No benefit is payable by the Insurer in respect of death, Total and Permanent Disablement or Terminal Illness of a person that occurs after the date that cover for them has ceased.

Where The Policy is still in force, if cover for a person has ceased, Total and Permanent Disablement will only be treated as having occurred before the cessation of the person's cover. Refer to clause 8.4 of The Policy for further information.

Reinstatement of Cover

There are no reinstatement provisions under The Policy where cover for an Insured Person has ceased, other than the refer Special Offer 'Reinstatement due to Inactive'. Other Information for more information. Where cover has ceased, it will only be reinstated if the Insurer agrees to reinstate the cover in writing. Reinstated cover is subject to any terms, conditions or restrictions the Insurer considers appropriate at the time of reinstatement.

Worldwide cover

Cover will continue for an Insured Person regardless of their geographical location, subject to the conditions included in 'cover whilst working Overseas' and 'benefit whilst residing Overseas'.

Cover comes into force and takes effect from midnight AEST. Cover Ceases at midnight AEST on the day it terminates.

Cover while Overseas

When an Insured Person is Overseas for a period of more than 3 months the Insurer will continue to provide cover for them for up to 2 years provided:

- They continue to be a member of the Fund, and Premiums continue to be received into the Account, and
- The member continues to remain an Australian Resident, and
- In the Insurers opinion, the residence Overseas continues to be temporary in nature, and
- The Insured Person is not insured under any other arrangement.

Notification is required prior to the commencement of any period of Overseas residence, if cover is not to be continued for the Insured Person during the period Overseas.

When an Insured Person returns to Australia, any cover that was terminated by the Insured Person during the period of Overseas residence may be reinstated.

Benefit claim while residing Overseas

While an Insured Person is Overseas, or resides in Australia and subsequently travels Overseas, the Insurer reserves the right to ask the Insured Person to return to Australia at their own expense in the event they lodge a claim for Total and Permanent Disablement or Terminal Illness.

7. Group Income Protection Insurance Terms and Conditions

Complete Super provides members with the opportunity to have Income Protection insurance through a Group Income Protection Policy, issued to us by Hannover Life Re of Australasia Ltd (the Insurer).

The information contained in this section is a summary of the terms and conditions. Full terms and conditions are contained in the Group Income Protection Policy. In this section, all references to the Policy are to the Group Income Protection Policy.

Terms not defined within this section are defined in the glossary in the Additional Information Guide. The Insurer has the right under the Policy to: accept cover for the member, accept cover for the member subject to premium loadings, exclusions or restrictions it may consider appropriate, or refuse to provide cover to a member.

Eligibility & Commencement terms

<p>General eligibility</p>	<p>A member is eligible to apply for insurance (is an Eligible Person) if:</p> <ul style="list-style-type: none"> ■ they are a member of Complete Super, ■ they are an Australian Resident, ■ they are aged between 15 and 60, ■ the member is not employed in an Excluded Occupation, or does not perform any duties of an Excluded Occupation, ■ the member is currently gainfully employed as a Permanent Employee or Contractor working 15 more hours each week on the date they join Complete Super, ■ the member has not received, or is not entitled to receive a TPD or Terminal Illness benefit from any super fund or life insurance policy, and ■ the Insurer expressly agrees in writing that the member is an Eligible Person. ■ the member meets the general eligibility conditions, ■ the member is currently insured under another Employer sponsored policy, or ■ the member holds an individual insurance policy with another Australian life insurer or superannuation plan, provided the policy has been underwritten within the last 5 years
<p>Cover commencement</p>	<p>Cover commences on the date the Insurer advises in writing that it has agreed to accept cover subject to:</p> <ul style="list-style-type: none"> ■ The provisions on transfer of cover, and ■ Receipt of a fully completed and signed membership application form by Complete Super, and ■ The Eligible Person's account with Complete Super having sufficient funds to cover the premium due within 31 days of their cover being accepted by the Insurer, and ■ The Eligible Person not having received, or being entitled to receive a Total and Permanent Disablement or Terminal Illness benefit from any other superannuation fund or life insurance policy. <p>When a contribution in respect of that member has been received by us, and on the date the Insurer advises in writing that they have agreed to accept cover.</p>
<p>Eligible Contribution</p>	<p>means contributions that include Superannuation Guarantee, additional Employer contributions, personal contributions (including voluntary contributions and contributions made by a spouse), rollovers directly from another superannuation account held on behalf of the Eligible Person and automatic transfers from other superannuation funds. An amount allocated by the Australian Tax Office, co-contributions and the low income super tax offset are not considered an Eligible Contribution.</p>
<p>Exempt Member</p>	<p>means the following persons that the Policy Owner is permitted to provide insurance cover in respect of despite their account being Inactive:</p> <ul style="list-style-type: none"> ■ A person who has made an Election; or ■ A person who has nominated to change or alter their cover after 8 May 2018 and prior to 1 April 2019 ■ A defined benefit member, or

- An Insured Person whose Employer Contribution includes an additional amount to pay Premiums due.

Transfer in of Cover

An Eligible Person or an Insured Person can elect to transfer their existing cover to the Plan if they are insured under,

- Another employer sponsored superannuation fund policy, or
- An individual insurance policy with another Australian life insurer or superannuation plan where they have been underwritten in the last 5 years.

The transfer of existing cover to the Plan is subject to the Eligible Person meeting the following criteria:

- the member (Eligible Person or Insured Person) must be aged less than 65 and must not be working in or performing any duties of an Excluded Occupation, and
- the member must confirm that their insured benefit in their existing fund or insurance policy will cease on cover commencing under this Policy. No claim will be considered under this Policy where the member retains any form of their previous cover elsewhere, and
- the member must transfer their entire account balance to Complete Super, and
- the member must not reinstate cover or effect a continuation option with any fund, and
- the member must provide a copy of their Benefit Statement or Policy Renewal Statement or other written confirmation from their provider dated within the previous 31 days as evidence of their current cover and insured benefit previously held. This includes a copy of the advice they received from the insurer or fund advising them of acceptance of their insurance and if the acceptance was on standard terms or subject to additional terms, and
- if the member's existing cover is subject to any premium loading, restriction, exclusion or pre-existing condition, exclusion or restriction in regard to medical or other conditions, they will not be eligible to transfer cover, and
- the maximum amount of cover that can be transferred for Income Protection is \$15,000 per month, and
- The Benefit Period is less than or equal to the Benefit Period nominated on the brightday Complete Super Plan Membership Application Form, and
- The Waiting Period is greater than or equal to the Waiting Period nominated on the brightday Complete Super Plan Membership Application Form, and
- the member's total cover must not exceed the maximum benefit levels under this Policy,
- the member must satisfactorily complete a transfer of insurance application form, including answering 'no' to the agreed health questions, which must be received by the Insurer within 31 days of being signed and dated.

The Eligible Person's transferring cover will be fixed cover. The cost of the transferred cover will be based on the applicable premiums to the Eligible Person or Insured Person under The Policy. Where all of the above requirements have been met, cover will commence from the date we accept the Eligible Person's transfer of insurance application form if their account balance is sufficient to pay premium.

If the Proposer has not received an account balance transfer within 60 days after we have accepted the Eligible Person's transfer of insurance application form, or the account balance is insufficient to pay Premium, then cover will not have commenced and the Eligible Person will be required to complete a new transfer of insurance application form. Cover will then only commence from the date we accept the new form if their account balance is sufficient to pay Premium. Where any of the above requirements have not been met, no transfer of cover can occur and the cover will be subject underwriting being completed in the first instance and will commence on the date that we advise in writing.

General definitions and Terms and Conditions

Accident Cover	means only where a claim is as a result of Injury solely by visible, violent and external means to the body, which lasts for at least the length of the waiting period.
Activities of Daily Living	means any of the following activities: bathing, the ability to wash or shower without assistance, <ul style="list-style-type: none"> ■ dressing, the ability to put on and take off clothing without assistance, ■ feeding, the ability to get food from a plate into the mouth without assistance, ■ mobility, the ability to get in and out of bed and a chair without assistance, toileting, the ability to use the toilet including getting on and off without assistance.
Approved Rehabilitation	means a program, device or course of treatment certified by a Doctor or other health professional to be necessary for the rehabilitation of a person but excluding any program providing hospital treatment or an ancillary health service within the meaning of the <i>National Health Act 1953</i> (Cth) or any other program which might cause The Policy to cease to be exempt from the <i>National Health Act 1953</i> (Cth) or <i>Health Insurance Act 1973</i> (Cth) or any similar legislation in connection with health insurance.
Approved Rehabilitation benefit	Discretionary payment for Approved Rehabilitation: <ul style="list-style-type: none"> ■ If an Insured Person is suffering Total Disability or Partial Disability and the Insurer agrees there is Approved Rehabilitation which is likely to assist their return to work, the Insurer may consider paying for the cost of the program. The Insurer is not liable to pay these costs unless they have been approved by the Insurer in writing prior to being incurred. If the Insurer has determined that it will pay such costs, they will be paid directly to the provider of the program.
At Work	means that a person is actively performing all of the duties and hours of their usual occupation for the Employer
Australian Resident	means an Australian citizen or a person who is the holder of an Australian permanent visa within the meaning of Section 30 of the Migration Act 1958 or resides in Australia on a 457 working visa. It also includes a New Zealand citizen who is residing and working in Australia.
Benefit indexation	means how and when the Monthly Benefit increases: <ul style="list-style-type: none"> ■ where an Insured Person has been in receipt of a Total Disability or Partial Disability benefit for 12 continuous months, the Insurer will increase their Monthly Benefit at that date by the lesser of the annual CPI percentage increase or 5%. Thereafter, the Insured Person's Monthly Benefit will be increased each consecutive 12 month period that a Total Disability or Partial Disability benefit continues to be paid in respect of an Insured Person.
Benefit limits	Irrespective of any other provisions of the Policy: <ul style="list-style-type: none"> ■ the benefit the Insurer is liable to pay in respect of a member will never be more than the maximum Monthly Benefit as stated in the Policy, and ■ the Insurer is not liable to continue to pay a benefit in respect of a member once they are 65 years old, and ■ the entitlement to the Monthly Benefit payable will not exceed the Insured Person's selected Benefit Period for the same or related Injury or Illness.
Benefit Period	means the 2 year or to age 65 period which an Eligible Person may nominate on their application for Income Protection insurance: <ul style="list-style-type: none"> ■ Where an Eligible Person is applying to transfer existing Income Protection insurance to Complete Super from another insurer, the nominated Benefit Period must be equal to or less than the Benefit Period under the existing cover ■ The Benefit Period is the maximum duration that a claim will be paid. The Insurer is not liable to pay a benefit once the Benefit Period expires.
Benefit offsets	How the Monthly Benefit may be offset: <ul style="list-style-type: none"> ■ the amount of the Monthly Benefit in respect of the Insured Person for a month will be

	<p>reduced by any Other Disability Income, including sick leave benefits that the member receives or is entitled to during that month. If an Insured Person is in receipt of, or is entitled to any Other Disability Income, and this exceeds the agreed Monthly Benefit of the Insured Person, the Insurer is not liable to pay the Monthly Benefit.</p> <ul style="list-style-type: none"> ■ if the entitlement of an Insured Person to Other Disability Income is in dispute, the Insurer will, at their discretion, pay the full amount of the benefits due under the Policy on a conditional basis until the dispute is resolved. If the Insurer chooses to pay and the Insured Person received Other Disability Income, the Insurer may offset those payments received from future benefits or recover the amount of the benefit paid which would have been offset.
Benefit payments	<p>After the conclusion of the Waiting Period, all Total and Partial Disability benefits will be paid monthly in arrears, following the month in which the entitlement to the benefit arose. If the benefit is paid for less than the whole month, the Insurer will pay 1/30th of the benefit for each day the benefit is payable. If an Insured Person has more than one Illness or Injury causing their Total Disability or Partial Disability, whether they are related or not, only one Total Disability benefit or Partial Disability benefit will be payable.</p> <p>The Insurer will cease payments in respect of an Insured Person at the earliest of the following events:</p> <ul style="list-style-type: none"> ■ the Insured Person no longer meets the definition of Total Disability or Partial Disability, or ■ the Insured Person dies, or ■ the maximum Benefit Period expires, or ■ the Insured Person attains the Cover Ceasing Age, or ■ the Insured Person is no longer under the regular care of and following the advice of a Doctor, and ■ the Insured Person resides Overseas for a period longer than agreed by the Insurer under the Insurance Policy (receiving a benefit while residing overseas), or ■ the Fund or the Insured Person fails to provide the Insurer with any requested information that is required to assess the Insured Person's claim, or ■ a fraudulent claim is made in respect of the Insured Person
Benefit while residing overseas	<p>If an entitlement to a benefit in respect of an Insured Person arises:</p> <ul style="list-style-type: none"> ■ while they reside in Australia and subsequently travel and/or reside Overseas: or ■ while they are Overseas. <p>The Insurer will not be liable to pay benefits for more than a total of 6 months while the Insured Person remains Overseas. However, if the entitlement to the benefit is continuing, the Insurer must continue to pay the Monthly Benefit again with effect from the date the Insured Person returns to Australia.</p> <p>The Insurer reserves the right to ask the Insured Person to return to Australia at their expense in the event a claim is lodged.</p>
Cessation of payments	<p>Benefit payments will cease on the earliest of the following events:</p> <ul style="list-style-type: none"> ■ the Insured Person no longer has a Total Disability or Partial Disability, or ■ the member dies, or ■ the maximum Benefit Period expires, or ■ the member turns 65, or ■ the member is no longer under the regular care of and following the advice of a Doctor, or ■ the member resides overseas for a period longer than agreed to by the Insurer under the conditions for 'benefit whilst residing overseas' in the Policy, or ■ insurer or the member fail to provide the Insurer with any requested information that is required to assess the Insured Person's claim, or ■ a fraudulent claim is made in respect of the Insured Person.

Contractor	means a person who is working on a fixed term contract for the Employer with a duration of at least 12 months that requires the person to perform identifiable duties for a regular number of hours each week.
Cover Ceasing Age	means the maximum age to which cover will be provided under The Policy in respect of an Insured Person. The Cover Ceasing Age is stated below.
Cover while overseas	<p>When an Insured Person is Overseas for a period of more than 3 months we will continue to provide cover for them for up to 2 years provided:</p> <ul style="list-style-type: none"> ■ they continue to be a member of the Fund, and the Insurer continues to receive a Premium in respect of the Insured Member, ■ they continue to remain an Australian Resident, and ■ in the Insurers opinion, the residence Overseas continues to be temporary in nature, and ■ the Insured Person is not insured under any other arrangement <p>The Insurer must be notified prior to the commencement of any period of Overseas residence if cover is not to be continued in respect of the Insured person during such period. When an Insured Person returns to Australia any cover that was terminated by the Insured Person during the period of Overseas residence may be applied to be reinstated.</p>
CPI	means the Consumer Price Index (all groups and all capital cities) published by the Australian Bureau of Statistics. If no such CPI is published, the CPI will be a figure determined by us in our discretion.
Death benefit while on claim	<p>Additional lump sum death benefit:</p> <p>In the event an Insured Person who is in receipt of a Total Disability or Partial Disability benefit dies, the Insurer will pay an additional lump sum death benefit equal 3 times the Insured Person's Monthly Benefit that was payable immediately prior to the Insured Person's death. The lump sum death benefit is only payable upon receipt of evidence to the Insurers satisfaction.</p>
Disability	<p>means:</p> <ul style="list-style-type: none"> ■ Either Total Disability or Partial Disability
Disability income	<p>Any income (other than income under The Policy) which a person may derive during a month for which the amount of the benefit that applies to them under The Policy is being assessed, whether that income was actually received or not, and includes:</p> <ul style="list-style-type: none"> ■ any other income derived as a result of incapacity under any other insurance policy, and ■ any benefit under any worker's compensation, motor accident compensation or other similar State, Federal or Territory legislation, and ■ sick leave entitlements ■ but does not include: ■ income earned from investments, and ■ any lump sum total and permanent disablement benefit, lump sum superannuation benefit, lump sum trauma or terminal illness style of benefit, and ■ annual leave or long service leave entitlements, and ■ centrelink or termination payments. <p>Any Other Disability income that is in the form of a lump sum, or is commuted for a lump sum, has a monthly equivalent of 1% of the lump sum for each month a Disability benefit is paid. If it can be shown that a portion of the lump sum represents compensation for pain and suffering, or the loss of use of a part of the body, we will not take that portion into account as Other Disability Income.</p> <p>Where a common law, workers compensation or statute payment is received as a lump sum and pain and suffering cannot be isolated from loss of earnings, we will convert this to income on the basis of 1% of the lump sum for each month a Disability benefit is paid.</p>

Doctor	means a registered medical practitioner who is legally qualified and properly registered to practice in Australia or New Zealand or as otherwise agreed by the Insurer. The doctor may not be the Insured Person, the Insured Person's business partner, a member of the Insured Person's immediate family or their employer
Employer	means the Employer stated in the Insured Person's Group Income Protection insurance membership application form and any associated entity agreed to by the Insurer in writing.
Employer Superannuation Contribution Benefit	<p>When the Insurer pays an Employer Superannuation Contribution benefit:</p> <p>Where an Insured Person elects the Superannuation Contribution benefit on their membership application form, the Insurer will pay a Superannuation Contribution benefit to the Insured if the Insurer must pay a benefit in relation to the Insured Person for Total Disability or Partial Disability.</p> <p>In the case of Total Disability, the Superannuation Contribution benefit is the lesser of:</p> <ul style="list-style-type: none"> ■ The amount specified on the Insured Person's membership application form, or ■ The total that was being contributed by the Employer as superannuation on behalf of the Insured Person on a monthly basis immediately prior to the member's Total Disability, subject to a maximum of 10% of the Insured Person's Monthly Income. ■ The combined total Monthly Benefit does not exceed 100% of the insured member's pre-disability income <p>If the Insured Person suffers Partial Disability, the Insurer is liable to pay only the Superannuation Contribution benefit that corresponds to the proportion of the Monthly Benefit payable for Partial Disability.</p>
Excluded Occupation	Refer Definitions above in Group Life Terms and Conditions or The Policy Definitions for further details.
Exclusions	<p>No benefit will be payable when a claim arises directly or indirectly as a result of:</p> <ul style="list-style-type: none"> ■ War or an act of war, ■ Self-inflicted harm or attempted suicide, regardless of whether the Insured Person was sane or insane at the time, ■ Normal and uncomplicated pregnancy or childbirth. For the purposes of this exclusion multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar programme, discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling and bladder problems are not considered abnormal or complications of pregnancy, ■ Participation in a criminal act, or ■ Service in the armed forces with the exception of the Australian Defence Force Reserves, ■ A member who becomes an insured member where their occupation is an Excluded Occupation and where the Insurer has not given their prior approval, ■ Any other exclusion advised in the underwriting process. <p>In the absence of prior approval by the Insurer, the Insurer will not provide cover to a person employed in an Excluded Occupation.</p>
How the Insurer treats existing conditions	If there is a claim in respect of an Insured Person that arises in connection with a medical condition they were aware of, before they were covered under The Policy, subject to the terms of The Policy, the Insurer will only be liable to pay any further portion of the benefit that came into force as a result of the Insurer underwriting decision under the Policy, if the medical condition was disclosed to the Insurer previously, and the Insurer agreed in writing to provide cover for it.
Inactive	means the Policy Owner has not received an Eligible Contribution for an Insured Person's account for 16 consecutive months.
Incorrect information and misrepresentation	The Insurer may be legally entitled to vary the Insured Person's Monthly Benefit if the Insured Person's date of birth or salary details that were given to the Insurer were incorrect.

	If there is a failure to comply with the duty of disclosure or any misrepresentation is made in respect of an Insured Person, the Insurer may be legally entitled to avoid the cover in relation to the Insured Person or vary the benefit payable.
Illness	means a sickness, disease or disorder
Injury	means bodily, injury caused by violent, external and visible means
Instalment/s	means a partial payment of Premium that the Insurer has agreed to under clause 6.3 of The Policy.
Insured Person	means an Eligible Person for who cover other than Accident Cover is in force.
Interim Accident Cover	<p>How interim Accident Cover applies.</p> <p>There is a period of time between an application for cover being received by the Insurer, and the completion of the assessment process. The Insurer will provide interim cover called Accident Cover from the date the Insurer receives an application for cover, or an application for an increase in cover. Accident Cover covers only Total Disability that results from Injury. The amount of cover for Accident Cover is the lesser of:</p> <ul style="list-style-type: none"> ■ the maximum amount of cover which would have been applicable to the person as an Insured Person, ■ the amount of cover being applied for, or ■ \$15,000 per month. <p>Unless otherwise agreed between us and the Insurer, interim Accident Cover terminates on the earliest of the following events: when the member's application is refused, withdrawn or cancelled, 90 days after the cover began, on the Insurer notifying us of its acceptance of the member's cover, or on termination of the Policy.</p>
Maximum and Minimum Entry Age	<p>Maximum Entry Age</p> <p>means the maximum age of a person to be eligible to apply for cover under The Policy, and is stated in The Policy Schedule.</p> <p>Minimum Entry Age</p> <p>means the minimum age of a person to be eligible to apply for cover under The Policy. And is stated in The Policy Schedule.</p>
Monthly Benefit	<p>means:</p> <ul style="list-style-type: none"> ■ 75% of the Insured Person's pre-disability Monthly Income, plus the Superannuation Contribution benefit percentage, subject to the Monthly Benefit limit of \$30,000 per month, based on all cover held with the Insurer and under all policies. ■ if immediately prior to the date of Disability, the Insured Person was no longer a Permanent Employee or Contractor working at least 15 hours per week, their Monthly Income will be averaged over the 12 months immediately prior to the date of Disability.
Monthly Income	<p>means:</p> <ul style="list-style-type: none"> ■ where the member does not directly or indirectly own part of their Employer, their Monthly Income is 1/12th of their current annual pre-tax salary from their Employer, but does not include any director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income, income received from deferred compensation plans, Disability income policies or retirement plans or income not derived from vocational activities, unless the Insurer has expressly agreed otherwise, or ■ where the member directly or indirectly owns part or all of a business or practice which is their Employer, their Monthly Income is 1/12th of the annual share of the income of that business or practice generated by their personal exertion in the previous 12 months, after the deduction of their share of expenses in generating that income, or any other income the Insurer has expressly approved.
Notice of a claim and ongoing payments	<p>When a notice of claim should be provided:</p> <ul style="list-style-type: none"> ■ initial notice of a potential claim must be provided as soon as possible after the incident that caused the claim. The Insurer will only consider a claim where the delay in

	<p>notification does not prejudice its ability to assess the claim.</p> <ul style="list-style-type: none"> ■ after the conclusion of the waiting period, all Total Disability and Partial Disability benefits will be paid monthly in arrears following the month in which the entitlement to the benefit arose. Income tax will be deducted. If a benefit is payable for less than the whole month, 1/30th of the benefit will be paid for each day the benefit is payable.
Other Disability Income	<p>means any Income (other than income under the Policy that a person may derive during a month for which the amount of the benefit that applies to them under the Policy is being assessed, whether that income was actually received or not, and includes:</p> <ul style="list-style-type: none"> ■ any other income derived as a result of incapacity under any other insurance policy, and ■ any benefit under any worker's compensation, motor accident compensation or other similar State, Federal or Territory legislation, and ■ sick leave entitlements <p>but does not include:</p> <ul style="list-style-type: none"> ■ income earned from investments, and any lump sum total and permanent disablement benefit, lump sum superannuation benefit, lump sum trauma or terminal illness style of benefit, and ■ annual leave or long service leave entitlements, and any Centrelink or termination payments. ■ any other income derived as a result of incapacity under any other insurance policy, and ■ any benefit under any worker's compensation, motor accident compensation or other similar State, Federal or Territory legislation, and ■ sick leave entitlements ■ Any Other Disability Income that is in the form of a lump sum, or is commuted for a lump sum, has a monthly equivalent or 1% of the lump sum for each month a disability benefit is paid. If it can be shown that a portion of the lump sum represents compensation for pain and suffering, or the loss of use of a part of the body, we will not take that portion into account as Other Disability Income. ■ Where a common law, workers' compensation or statute payment is received as a lump sum and pain and suffering cannot be isolated from loss of earnings, we will convert this to income on the basis of 1% of the lump sum for each month a disability benefit is paid.
Overseas	means anywhere other than the Commonwealth of Australia and its Territories.
Partial Disability	means where a benefit is payable under clause 4.2 of The Policy and where an Insured Person has ceased to suffer Total Disability.
Partial Disability benefit	<p>means on the expiry of the waiting period, an Insured Person may be eligible for a Partial Disability benefit if the Insured Person has ceased to suffer Total Disability and:</p> <ul style="list-style-type: none"> ■ has resumed partial employment, or is in the Insurer's opinion deemed capable of returning to partial employment duties directly after suffering from Total Disability continuously for a period of at least 7 days out of 12 consecutive days, and ■ is under the continuous and regular care of a Doctor and undergoing appropriate treatment, and ■ as a result of the Injury or Illness that caused their Total Disability, receives or would, in the Insurer's opinion, receive a Post-Disability Income that is less than their Monthly Income. <p>The Partial Disability benefit is calculated according to the formula specified in the Policy. If a member suffers a Partial Disability and no work is available, their Post-Disability Income is substituted with an amount calculated by the Insurer as the member's capacity to earn based on medical evidence.</p>
Permanent Employee	means an employee who is employed on a permanent basis under an ongoing contract that:

	<ul style="list-style-type: none"> ■ requires the employee to perform identifiable duties for a regular number of hours each week, and ■ provides the employee with paid annual leave, sick leave, leave loading and long service leave
PMIF Stocktake Member	means an existing Insured Person who had an account balance of less than \$6,000 as at 1 November 2019.
PMIF Transition Member	means an <i>Insured Person</i> who joined the <i>Plan</i> between 1 November 2019 and 31 March 2020.
Plan	Complete Super Plan operating as 'brightday'
Post Disability Income	means any income (other than income under The Policy) that a person may derive after the commencement of the waiting period, during a month for which the amount of the benefit that applies to them under The Policy is being assessed. However, if the Insured Person is in the Insurer's opinion suffering Partial Disability, but has not received such income, we will estimate their capacity to earn by substituting an amount for partial earnings with regard to the extent of their Partial Disability, to enable us to calculate the benefit.
Pre-existing medical conditions	<p>Disclosure of pre-existing medical conditions:</p> <ul style="list-style-type: none"> ■ If a member makes a claim in relation to a pre-existing medical condition that they were aware of before they were covered under the Policy, subject to the terms of the Policy, the Insurer will only be liable to pay any further portion of the benefit that came into force as a result of the Insurer's underwriting decision, if the condition was disclosed to, and accepted by the Insurer in writing.
Premium	means the money paid to the Insurer or owed to the Insurer for the insurance provided under the Policy.
Reinstatement of cover	Cover for an Insured Person that has ceased is only <u>reinstated</u> if we agree to reinstate the cover in writing. Reinstated cover is subject to any terms, conditions or restrictions we consider appropriate at the time of reinstatement.
Recurrent Disability Benefit	<p>When a recurrent Disability benefit is paid:</p> <ul style="list-style-type: none"> ■ where the Policy is still in force, a period of Disability will be deemed to be a continuation of an earlier period of Disability if it is caused by the same medical condition and is separated from the previous period of Disability by less than 6 months of active full time work. ■ if a period of Disability is deemed to be a continuation of an earlier period of Disability the waiting period does not apply to it. The Insured Person's usual hours of work prior to their Disability will be considered as their full time work. If cover ceases due to the member being on claim for longer than the Benefit Period, cover is subject to underwriting and acceptance by the Insurer when the member resumes employment.
Termination of cover	<p>Cover ceases on the earliest of the following:</p> <ul style="list-style-type: none"> ■ when the member turns 65, or ■ when the member ceases to be an Eligible Person or an Insured Person under Complete Super, or ■ when the member commences active service with the armed forces of any country other than the Australian Defence Force Reserves whilst performing duties in Australia, or ■ on the date the member's account balance is insufficient to pay premiums, or ■ when the Benefit Period expires, or ■ when the member ceases to reside in Australia or fails to meet the conditions in 'cover whilst working overseas' and 'benefit whilst residing overseas' in the Policy, or ■ when the member dies, or ■ when the member retires permanently from the workforce, or ■ when the member is the subject of a fraudulent claim, or ■ when we notify the Insurer that we wish for the member's cover to cease, or

	<ul style="list-style-type: none"> ■ when all cover for every member under the Policy ceases, or ■ on the date the member exercises their right to direct future contributions to another fund and transfers their entire account balance to this fund as a result of choice of fund legislation, or ■ when the member ceases to be an Australian Resident, or ■ when the member ceases to be employed.
The Waiting Period	<p>The Insurer is not liable to begin to pay any benefit until the expiry of the Waiting Period. The Waiting Period starts on the date an Insured Person who suffers an Injury or an Illness first receives medical advice from a Doctor about their condition and the Doctor certifies that on that day the Insured Person suffers Total Disability.</p> <p>The Waiting Period that applies is the Waiting Period nominated on the Insured Person's Membership Application Form and for which they are paying Premium. If in the Insurers opinion, where an Insured Person suffering Total Disability returns to work during the Waiting Period and this return to work proves unsuccessful due to the Injury or Illness causing Total Disability, then the original Waiting Period will continue if the number of days they return to work for is no more than 10% of the Waiting Period.</p>
The Policy	<p>means the contract of insurance which commenced on the Commencement Date as varied from time to time and which continues until properly terminated under the terms of the policy. This document contains the current terms and conditions effective from the Commencement Date, or the date of variation (if applicable) as stated in the Policy Schedule.</p>
Total Disability	<p>An Insured Person is totally disabled if, because of Illness or Injury, they are:</p> <ul style="list-style-type: none"> ■ for the first 5 years of the Benefit Period, unable to perform at least one income producing duty of their occupation. For the remainder of the Benefit Period, unable to perform their own occupation or any other occupation they are reasonably capable of performing by reason of education, training or experience, ■ under the regular care of, and following the advice of a Doctor, and ■ not working in any occupation, whether or not for reward, <p>An income producing duty is a duty of the Insured Person's occupation immediately before they became disabled which generates 20% or more of their Monthly Income.</p>
Waiting Period	<p>means the period stated in the Policy Schedule and described in clause 5.5 of The Policy.</p>
Waiver of Premium	<p>When a premium is waived:</p> <p>When Total Disability benefits are being paid for a member by the Insurer, the premium that relates to the period of their Total Disability claim will be waived for that member. Premium is payable to the Insurer while a member is in receipt of a benefit from another insurer.</p>
When an Insured Person's Cover Ceases	<p>Cover for an Insured Person ceases on the earlier of when:</p> <ul style="list-style-type: none"> ■ They reach the Cover Ceasing Age, or ■ They cease to be an Eligible Person or Insured Person under the Plan, or ■ They commence active service with the armed forces of any country, except as a member of the Australian Defence Force Reserves whilst performing duties within Australia, or ■ They cease to be a member of the Plan, or ■ They reach the expiry of the Benefit Period, or ■ They cease to reside in Australia or fail to meet our agreed terms under clauses 5.2 and 5.3 of The Policy, or ■ The end of the period for which premiums have been paid immediately after the date their account became Inactive, except where they are an Exempt Member, or ■ They exercise their right to direct future contributions to another fund and transfer their entire account balance to this fund as a result of choice of fund legislation, or ■ The Proposer wishes cover to cease that the Insured Person, if it gives us a notice to

	<p>that effect, or</p> <ul style="list-style-type: none"> ■ The Insured Person's account balance is insufficient to pay Premium. Where this applies cover will cease on the last day of the month for which Premium was payable, or ■ The Insured Person's cover ceases under policy number VGL4379, or ■ They die, or ■ They retire permanently from the workforce, or ■ They are the subject of a fraudulent claim under The Policy, or ■ All cover for every Insured Person under The Policy ceases. <p>We will provide a refund of Premium if, in our opinion, the Premium for a person was paid to us in error by the Plan that related to a period after an Insured Person's cover had ceased</p>
Workplace modification benefit	<p>If the Insured Person is receiving Total Disability or Partial Disability benefits and we agree that modification is necessary to their place of employment in order for them to return to work, we may pay all or some of the modification expenses, in addition to the benefits otherwise payable in relation to the Insured Person.</p> <p>Any payment of this benefit will be made at the Insurers discretion to the service provider and the expense must be approved by the Insurer in writing before the expense has been incurred.</p>
Worldwide cover	<p>How worldwide cover applies:</p> <p>Cover will continue for an insured person regardless of their geographical location subject to the conditions in 'cover whilst working overseas' and 'benefit whilst residing overseas' in the Policy.</p>

8. Other Information

Protecting Your Super Premium Review

A variation to the Premium Rate in the Policy Schedule is required due to the introduction of the Treasury Laws Amendment (Protecting Your Superannuation Package) Regulations 2019 in accordance with clause 9.5 (Guarantee period) will apply from 1 July 2019. The Insurer has agreed to defer the variation to the Premium Rate until 1 December 2020.

The amended Premium Rate, will be calculated on Premium that would otherwise have been due to the Insurer between 1 July 2019 and the date the new Premium Rate came into effect, 1 December 2020, had the Insurer varied the Premium Rate at 1 July 2019. The Insurer has adjusted the Premium Rate so that this amount of Premium will be remitted to the Insurer from the date the new Premium Rate came into effect, being 1 December 2020, until the end of the Guarantee Period being, 9 November 2022.

In the event The Policy ceases prior to the end of the current Guarantee Period or the Guarantee Period commencing 1 December 2020, the Insurer will calculate the difference between the amount of Premium remitted to them and the amount that would otherwise have been due for this period. The difference in Premium will be payable to the Insurer by the Policy Owner.

Putting Members' Interests First -cessation of cover and reinstatement

As a result of the Putting Members' Interests First (PMIF) legislation effective from 1 April 2020, for a PMIF Stocktake Member or PMIF Transition Member who has not, prior to 1 April 2020:

- (a) made an election to the Policy Owner to continue their cover, or
- (b) since 1 November 2019, ever had an account balance that has reached \$6,000,

cover will cease at midnight on 31 March 2020.

All reinstatement of cover will be subject to clause 8.3 (Reinstatement of Cover).

Special Offer – Reinstatement due to Inactive

At 1 July 2019, where cover has ceased as a result of 8.1 (g), an Eligible Person can apply to reinstate the same type and level of cover, provided that;

- (a) They remit a contribution sufficient to reinstate cover from the date they became Inactive, and
- (b) They were At Work on the date the contribution is received, and
- (c) They are not applying for, entitled to, or has not been paid a total and permanent disablement benefit from any superannuation fund or life insurance policy, and
- (d) They are not applying for, entitled to, or has not been paid a terminal illness benefit from any superannuation fund or life insurance policy.

Prior to 1 October 2019, where the above requirements are met cover will recommence from the date it ceased due to being Inactive, provided that;

- (i) Any restrictions, conditions, exclusions or premium loadings that were imposed on the Insured Person's cover immediately before the date cover ceased due to being Inactive, will continue to apply to the cover from the date the cover recommences, and
- (ii) Any New Events terms which applied prior to reinstatement will continue to apply for the intended period of New Events during which cover has been provided.

Where requirements (a), (b), (c) and (d) above are not met or an Eligible Person applies to reinstate cover after 1 October 2019 all reinstatement of cover will be subject to clause 8.3 (Reinstatement of Cover).

How can you obtain up-to-date information?

The information contained in this document is up to date at the time of its preparation. However, some of the information can change from time to time. We will post updated information on the website.

If there is a material change to the document information we may issue a supplementary or replacement document.

Privacy

By completing the application form for Membership of the Fund you consent to us collecting, disclosing and using your personal information.

We protect the personal information we collect about you by maintaining physical, electronic, and procedural safeguards that meet or exceed applicable law.

We only permit personnel associated with the Fund and its service providers to have access to your personal information.

We require third parties that process personal information on our behalf to follow stringent standards of security and confidentiality.

We will not disclose your personal information for marketing purposes to other entities unless you agree.

You can find out more about our Privacy Policy via YellowBrickRoad Super Online.

Change of Circumstance

- If you change your occupation, location, income and amount of hours you are working, or
- if you cease working altogether,

then these changes in your circumstances may have an impact on your eligibility to claim for benefits under your insurance policy, should you become temporarily or permanently disabled.

Please let us know in writing or call us on 1800 857 680 to determine the impact of any changes to your circumstances.