max Super Fund

Insurance Guide

1 October 2021

Contents

Important information

The information in this document forms part of the max Super Fund Product Disclosure Statement (PDS) dated 1 October 2021. Max Super Fund is a sub plan of OneSuper, ABN 43 905 581 638 RSE R1001341. It contains a number of references to important information in the PDS and Additional Information Guide which also form part of the PDS. Terms capitalised in this Insurance Guide are defined in Section 7 and 8 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 (02) 8022 7405 (within Australia), by emailing us at maxteam@onevue.com.au, online at onesuper.com 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 each policy can be provided upon request.

To the extent this Insurance Guide is inconsistent with the Group Life Insurance Policy (the 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.

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).

To help meet its obligation in connection for these insurance benefits, the Trustee holds life insurance policies issued by AIA Australia Limited ABN 79 004 837 861 AFSL 230043.

AIA Australia has consented to the statements referable to it in this document in the form and context in which they are included. max Super Fund is a sub plan of OneSuper, ABN 43 905 581 638 RSE R1001341.

The Promoter of max Super Fund is OneVue Wealth Services Ltd ABN 70 120 380 627 AFSL 308868.

For the purpose of this document max Super Fund is referred to as max Super Fund or the Fund.

For more information

Phone: (02) 8022 7405

Email: maxteam@onevue.com.au

Write: PO Box 1282, Albury NSW 2640

Visit: www.onesuper.com/funds/max-super

The duty to take reasonable care

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

Note, the Trustee has the same duty to take reasonable care 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 max Super Fund to protect your family's financial security against the unexpected.

Table 1 – Insurance Cover Types

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

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

2. Insurance in max Super Fund

How insurance is applied to your Account	
Insurer	AIA Australia Limited (ABN 79 004 837 861, AFSL 230043)
Insurance cover offered	■ Death ■ Death & Total & Permanent Disablement (TPD) ■ Terminal Illness
Insurance Terms by Category	Refer to the max Super Fund PDS and this Insurance Guide, within your Insurance category
Policy Owner	Diversa Trustees Limited (ABN 49 006 421 638, AFSL 235153) as Trustee of OneSuper (ABN 43 905 581 638)
Life Insured	You
Premium payment	Premiums are deducted from your max Super Fund account
Worldwide Cover	Your cover applies outside Australia

Insurance categories within max Super Fund

max Super Fund offers two categories of insurance. The category of insurance cover available to you is determined by your occupation.

If you are:	Your insurance category
Are joining and are employed by a participating employer of the Corporate Division and eligible for cover	Corporate Division
Are joining as an eligible individual	Personal Division

Fees and costs

There are costs associated with insurance cover. These costs (insurance premiums including any stamp duty applicable) which are deducted from your Accumulation Account monthly in arrears, are calculated depending on your insurance category, on the amount of insurance cover you request, your age, gender, occupation, and assessment by the Insurer (for any voluntary cover).

Insurance in max Super Fund at a glance

Benefits	■ 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
Default cover	Provided you meet eligibility requirements for Automatic Acceptance Cover, you are provided with Default Cover. You must meet PMIF Requirements (are aged 25 or over and have at least $6,000 in your account), or be a PMIF Exempt Member, and have not chosen an Investment Option to be eligible for Automatic Acceptance of Cover. Corporate: ■ One unit of Death & TPD Cover. Personal: ■ One unit of Death & TPD Cover All Default cover is New Events Cover. Please refer to Page 6 for New Events Cover restrictions.
Voluntary Cover	If you are not eligible for default cover, or you wish to increase your cover above the Default Cover level, or reinstate your cover, you can apply for Voluntary Cover. Please refer to page 6 for detailed information.

Ceasing age	■ Death or Terminal Illness: Age 65 ■ TPD: Age 65
Maximum cover	■ Death: $5,000,000 ■ Terminal Illness: $1,000,000 ■ Total & Permanent Disablement: $2,000,000 The TPD Sum Insured cannot exceed the Death Sum Insured.
TPD Tapering	■ Default Cover: Not applicable ■ Fixed Cover: TPD Tapering will apply to Fixed Cover where the TPD Sum Insured will automatically reduce by 20% in each complete year from age 61, reducing to a nil TPD Sum Insured by age 65.
Voluntary cover	Yes
Continuation Option	No
Indexation of Cover	Not applicable
How premiums are calculated	Premiums are paid monthly in arrears, and are calculated based on a number of factors including: ■ whether Corporate or Personal Division, ■ current age, gender, occupation rating, ■ if voluntary cover and underwritten, personal pastimes, and state of health, and ■ level and type of cover.
Commencement of Cover	a) Automatic Acceptance Cover for an Existing Member commences on the Effective Date, subject to any individual conditions, exclusions, restrictions or loadings which applied on the date immediately prior to the effective date continuing to apply, b) Automatic Acceptance Cover for a New eligible Corporate Division Member commences from within 120 days of receiving their Welcome Letter for a Sum Insured equal to one unit of Default Cover, c) Automatic Acceptance Cover for a New eligible Personal Division Member commences on the date that the Member meets the PMIF Requirements. However, if a Member has provided a written election prior to this date, cover will commence from the date the written election is received. d) Voluntary Cover will commence on the date the Insurer accepts the Member's cover after providing Evidence of Insurability and is also subject to the Insured Member's acceptance of any Special Terms imposed by the Insurer. e) A reduction in cover takes effect from the date of the Fund's alteration to the cover at the Insured Member's request.

3. Death and TPD insurance cover

New cover and renewal of Death and TPD cover is available to Members aged less than 65. Cover is available to Australian citizens and Australian permanent residents.

To be eligible for Automatic Acceptance Cover a Member must also meet the PMIF Requirements unless they are a PMIF Exempt Member.

Other than Automatic Acceptance Cover, the type and level of cover may be dependent on assessment and acceptance by the Insurer.

The maximum amount of cover available in the Fund is:

- Death: $5,000,000
- Terminal Illness: $1,000,000
- Total & Permanent Disablement: $2,000,000

Note: The TPD Sum Insured cannot exceed the Death Sum Insured.

Default Death and TPD Cover

Corporate Division

- All eligible New Corporate Division Members joining the Fund, within 120 days of receiving your Welcome Letter will be provided with Automatic Acceptance Cover for a Sum Insured equal to one unit of Default Cover. The Default Cover amount will be determined by your age. Please refer to Table 2 on page 5 for more details.

  Default Cover will commence from the date of the election and is subject to New Events Cover.
- All eligible New Corporate Division Members who join the Policy outside of 120 days of receiving their Welcome Letter but before meeting the PMIF Requirements will be provided with Automatic Acceptance Cover for a Sum Insured equal to one unit of Default Cover subject to providing Evidence of Insurability and acceptance by the

Insurer. The Default Cover amount will be determined by your age, details of which are available in Table 2 on this page.

Default Cover will commence on the date the Insurer accepts the Member's cover after providing Evidence of Insurability and is also subject to the Insured Member's acceptance of any Special Terms imposed by the Insurer.

- A Member who does not initially meet the PMIF Requirements will become an eligible Member and entitled to receive Automatic Acceptance Cover for a Sum Insured equal to one unit of Default Cover as per Table 2 on satisfying the PMIF Requirements subject to satisfying the following:
  - all other eligibility criteria to be provided relating to Automatic Acceptance Cover above,
  - Default Cover will commence from the date on which the Member first meets the PMIF Requirements provided a superannuation guarantee contribution is received within 120 days prior to that date. Otherwise, Default Cover will commence from the date the first superannuation guarantee contribution in respect of them is received by the Fund after they meet the PMIF Requirements, and
  - cover will be restricted to New Events Cover until the Member is At Work for 30 consecutive days.

Personal Division

- All eligible New Personal Division Members joining the Plan will be provided with Automatic Acceptance Cover for a Sum Insured equal to one unit of Default Cover.

  The Default Cover amount will be determined by your age and gender. Please refer to Table 2 on this page for more details.

  Default Cover will commence from the date of the election and is subject to New Events Cover.

The value of Default Cover changes with your age

The level of insurance provided as Default Cover will be adjusted throughout the life of your max Super Fund membership determined by your age next birthday.

For example:

If you are aged 45 (i.e. you will be aged 46 next birthday at the annual review date) when you join max Super Fund and eligible for Default Cover, you will receive $300,000 of Death and TPD insurance cover. The following year when you turn 46 (i.e. you will be aged 47 next birthday at the annual review date), your Default Death and TPD insurance cover will reduce to $250,000.

Refer to Table 2 below for details of the Insurance Cover.

Table 2 – Default Cover - Death & TPD Cover

Age next birthday	1 unit of cover (Default)
16 to 32*	$200,000
33 to 46	$300,000
47 to 51	$250,000
52 to 55	$150,000
56 to 60	$20,000
61 to 65	$10,000

Notes:

1. Death only (including Terminal Illness) cover is also available.
2. Premiums are payable monthly in arrears and deducted monthly from your Account and charged at the end of the month

For age next birthday 16 – 24, default cover is only valid if you choose to opt-in and are a PMIF Exempt Member

PMIF eligible means a person who is at least 25 years of age and over, unless they are a PMIF exempt member, and have an account with the Fund that has been equal to or greater than $6,000 on or after 1 November 2019, unless they are a PMIF exempt member.

⚠ Warning:

Unless you say no to default insurance cover, decline the default cover or cancel it, the cost of default insurance cover will be deducted from your account automatically once your cover commences.

Eligibility conditions of Automatic Acceptance Cover

A Member is eligible for Automatic Acceptance Cover provided they meet the Eligibility Conditions as follows:

- the Member is aged less than 65 on the date cover commences, and
- the Member has not been diagnosed with a Terminal Illness immediately prior to the date cover commences, and
- the Member has not made a TPD or Terminal Illness claim with any superannuation fund or insurance policy immediately prior to the date cover commences, and
- the Member has not been paid a TPD or Terminal Illness benefit or is eligible to be paid a TPD or Terminal Illness benefit from any superannuation fund or insurance policy, and
- the Member has not made an investment choice within the Fund, and
- the Member is not working in a hazardous or uninsurable occupation as per the Insurer's Occupational Guide, and
- the Member has not been previously declined for Death only or Death and TPD cover as a result of being underwritten by the Insurer, and
- the Member has not previously reduced, cancelled or opted out of Death only or Death and TPD cover with the Insurer.

Where a Member's occupation rating has not been advised to the Policy Owner from the date cover commences, a Blue-Collar rating will apply to their Default Cover.

Members may at any time change their occupation classification by completing the relevant form.

Hazardous or Uninsurable Occupations - Eligibility for Cover

Where a Member is working in a hazardous or uninsurable occupation or engaging in Hazardous Pursuits, for TPD cover in accordance with the Insurer's Occupational Guide, the Member is eligible for Default Death only cover under this Plan.

Where a Member is classified as working in a hazardous or uninsurable occupation or engaging in Hazardous Pursuits for Death Cover in accordance with the Insurer's Occupational Guide, the Member is not eligible for any cover under this Plan.

If it is determined at claim time that an Insured Member is not eligible for TPD cover under this Plan due to working in a hazardous or uninsurable occupation but has been provided with TPD cover, the Insured Member's TPD claim will be assessed against the Total and Permanent Disablement – Limited Definition, unless otherwise agreed by the Insurer.

Voluntary insurance Cover

Apply for Death & TPD Cover

An Insured Member may apply to increase their Sum Insured under this Policy at any time by:

- completing the required form,
- providing the Insurer with Evidence of Insurability, including but not limited to evidence of health conditions by medical test(s) (including those determined by the Insurer as mandatory based on the Insured Member's age and the total amount of cover sought), and
- meeting any other Evidence of Insurability requirements as determined by the Insurer from time to time.

If, at the time of application, an Insured Member under this Policy has existing Death only or Death & TPD cover above the Maximum Sum Insured under this Policy, the Insured Member is not eligible for any additional Voluntary Cover.

If the Insurer does not accept any part of an Insured Member's Sum Insured under an application for Voluntary Cover, the Insurer may determine and issue exclusions, restrictions or premium loadings.

Where Voluntary Cover is accepted by the Insurer, the Insured Member's full Sum Insured (including Default Cover) under this Policy will automatically become Fixed Cover from the date of acceptance by the Insurer.

Voluntary cover will not come into effect until you are notified in writing that the Insurer has accepted your application. We will also notify you if the cover is subject to a condition, restriction or premium loading.

Generally, the cost of any required medical evidence and/or reports will be met by the Insurer. The Insured Member should not arrange for any medical evidence and/or reports before being instructed by the Insurer as the Insured Member will not be reimbursed for the expense of any medical evidence and/or reports which the Insurer does not require. The Insurer can request additional medical evidence and/or reports at its discretion to enable assessment of an application.

To apply for voluntary insurance, you should complete the Insurance Variation and Increase – Group Death and TPD cover form, and applicable Insurer Personal Statement. These forms can be obtained from Member Services on (02) 8022 7405 or can be downloaded from the Secure Online Portal.

⚠ Warning:

Commencement of cover: Default cover will commence from the date of the election or when the person is PMIF eligible and has satisfied the eligibility criteria if an employer contribution for the member is received within 120 days prior to that date. Otherwise the Default cover will commence on the date an employer contribution for the member is received by the Fund after the member becomes PMIF eligible and the eligibility criteria is satisfied.

Opting out of cover and cooling off period:

Unless you say no to Default Death and TPD insurance cover, decline the Default Insurance Cover or cancel it, the cost of Default Insurance Cover will be deducted from your account monthly in arrears. You have 30 days from submitting your application accepting default cover to change your mind before you will incur an insurance premium.

This is known as the cooling off period. After this period no insurance premium refund will be available. You may opt out of all cover or reduce your 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.

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. An existing PMIF Low-Account Balance Member will not have cover continue on or from the Effective Date unless they are a PMIF Exempt Member. We'll let you know if you're at risk of losing cover, and what your options are.

New Events Cover

Corporate Division:

- Corporate Division - participating employers with 10 or more Employees:
  - Default Cover will commence from the date of the election and is subject to New Events Cover until such time as the Insured Member is At Work for 30 consecutive days, from which time the New Events Cover restriction will no longer apply
  - A Member who does not initially meet the PMIF Requirements and becomes an eligible Member and entitled to Default Cover will be restricted to New Events Cover until the Member is At Work for 30

consecutive days from the commencement of the Default Cover.

- Corporate Division - participating employers with less than 10 Employees:
  - Default Cover will commence from the date of the election and is subject to New Events Cover for 24 months from the date cover commences. New Events Cover no longer applies at the end of the 24 month period provided the Insured Member is At Work for 30 consecutive days immediately prior to the end of the 24 month period, otherwise New Events Cover will continue to apply until such time as the Insured Member is At Work for 30 consecutive days.
  - No benefit is payable by the Insurer while the Insured Member has New Events Cover during the 24 month period from the date cover commences where the Insured Member's:
    - Death is as a result of suicide
    - Terminal Illness or TPD is as a result of attempted suicide, intentional self-inflicted injury or infection.

Personal Division:

- Default cover will commence from the date of the election and is subject to New Events Cover of 24 consecutive months from the date cover commences. The New Events Cover restriction will no longer apply at the end of the 24 month period provided the Insured Member is At Work for 30 consecutive days immediately prior to the end of the 24 month period, otherwise New Events Cover will continue to apply until such time the Insured Member is At Work for 30 consecutive days.
  - No benefit is payable by the Insurer while the Insured Member has New Events Cover during the 24 month period from the date cover commences where the Insured Member's:
    - Death is as a result of suicide
    - Terminal Illness or TPD is as a result of attempted suicide, intentional self-inflicted injury or infection.

Interim Accident Cover

Interim cover will be provided whilst a Member is being underwritten for Voluntary Cover, from the date the Insurer receives the Member's application for cover, until the earlier of:

- 90 days elapsing from the date the Insurer received the Member's application,
- the Insurer either accepting or rejecting the Member's application,
- the Member cancelling or withdrawing the application, and
- the date cover would have otherwise ceased under the Policy.

A benefit will be paid in the event of the Member suffering an Accidental Injury. The maximum benefit the Insurer will pay under interim cover is the lesser of the cover applied for and $500,000.

If death occurs or disability arises during this interim cover period, directly or indirectly as a result of the following, no benefit will be payable:

- engaging in any Hazardous Pursuit or pastime that the Insurer would not normally provide cover for at standard rates or terms, and
- other events as excluded under the Policy as detailed on page 14 of this Insurance guide

4. How much will insurance cost?

Calculating your Death and TPD cover premiums

Insurance Premiums are payable monthly in arrears after the due date of the First Premium. The Premium due for you the Insured Member shall be as outline by the Insurer in their acceptance terms. If any part of the Insured Member's current Sum Insured has not been accepted by the Insurer on standard terms, premium loadings, exclusions or special acceptance terms may be determined and issued by the Insurer.

If the Insured Member's age was misstated when insurance was taken out:

- where the stated age of the Insured Member means that insufficient premiums were paid, the benefit payable and every benefit accruing under the Plan will be such as the premiums paid would have been purchased on the basis of the correct age.
- If excess premiums were paid, the premium not required to be paid in the Plan Year shall be refunded as premium adjustments to the Fund, or any corrections treated as part of the normal premium adjustment.

Table 3 – Example of Default Cover

Example of a 37 year old Male member requesting Default Death and TPD Cover – White Collar		
1.	Write down your additional cover type and amount	$300,000 Death & TPD
2.	In Table 1, move down the row until you are in line with your age next birthday, at the annual review date	38, Male, Death & TPD
3.	Write down the cover amount per unit	$300,000 x $1.22 / 1000 = $366.00
4.	Insurance Premium p.m.	$366.00 / 12 = $30.50

Table 4 – Example of Voluntary Cover

Example of a 25 year old Female - Light Blue Collar member requesting Death only Voluntary Cover		
1.	Write down your requested cover type and amount	$500,000 Death only
2.	In Table 3, move down the row until you are in line with your age next birthday at the annual review date, gender and cover type	26, Female, Death only
3.	Note the annual premium per $1,000 sum insured	$$0.29

4.	Work out the premium for the voluntary cover: multiply 3) by 1), then divide by 1,000	500,000 x $0.29 / 1000 = $145.00
5.	Note your occupation category and factor	Light Blue Collar 110.00%
6.	Work out the final annual premium: Multiply 4) by 5)	$145 x 110.00% = $159.50
7.	Insurance Premium p.m.	$13.29 p.m.

Death and TPD Insurance Premiums

Annual Premium Rates per $1,000 Sum Insured to age and gender.

Table 5 – Death and TPD Insurance Premium Rates

Age Next Birthday	Death only		Death & TPD	
	Male	Female	Male	Female
16	0.43	0.22	0.46	0.23
17	0.55	0.23	0.56	0.25
18	0.65	0.26	0.68	0.28
19	0.76	0.30	0.78	0.31
20	0.83	0.33	0.86	0.35
21	0.88	0.35	0.91	0.37
22	0.90	0.33	0.94	0.35
23	0.91	0.32	0.94	0.33
24	0.91	0.30	0.97	0.35
25	0.90	0.29	0.99	0.33
26	0.81	0.29	0.91	0.35
27	0.78	0.30	0.91	0.38
28	0.76	0.31	0.91	0.41
29	0.75	0.32	0.91	0.43
30	0.74	0.32	0.94	0.48
31	0.73	0.33	0.94	0.50
32	0.72	0.33	0.96	0.53
33	0.71	0.34	0.97	0.59
34	0.71	0.37	1.01	0.64
35	0.71	0.41	1.06	0.71
36	0.71	0.45	1.09	0.78
37	0.72	0.49	1.14	0.86
38	0.72	0.54	1.22	0.94
39	0.77	0.58	1.32	1.02
40	0.83	0.62	1.44	1.12
41	0.89	0.67	1.53	1.24
42	0.96	0.72	1.67	1.37
43	1.03	0.77	1.82	1.50
44	1.14	0.82	2.03	1.67
45	1.27	0.87	2.28	1.85
46	1.42	0.93	2.56	2.06
47	1.58	0.98	2.87	2.31
48	1.76	1.04	3.22	2.61
49	1.89	1.13	3.58	2.87
50	2.04	1.22	3.98	3.19
51	2.19	1.31	4.44	3.52
52	2.36	1.42	4.93	3.90
53	2.54	1.53	5.51	4.32
54	2.73	1.64	6.12	4.72
55	2.93	1.76	6.80	5.17
56	3.14	1.88	7.56	5.64
57	3.37	2.02	8.40	6.17
58	3.62	2.17	9.36	6.75
59	4.00	2.32	10.23	7.21
60	4.42	2.48	11.17	7.71
61	4.89	2.65	12.23	8.24
62	5.40	2.84	13.37	8.80
63	5.97	3.03	14.64	9.39
64	6.51	3.25	16.17	10.20
65	7.09	3.48	17.89	11.06

Member Occupation Ratings

Table 6 – Occupation Rating Factors

Occupation Category	Death Only	Death and TPD
White collar	100.00%	100.00%
Light Blue Collar	110.00%	120.00%
Blue Collar	135.00%	162.50%
Heavy Blue Collar	175.00%	250.00%

Notes:

1. Premium rates are inclusive of stamp duty.
2. premiums are payable monthly in arrears and deducted monthly from your Account and charged at the end of the month.
3. Age next Birthday is the age on the birthday next following the date joined Fund.

Premium rates are based on your gender, Occupation Category and Age Next Birthday (ANB). The premium rates above apply to a member who meets the White Collar occupation category. The premium rates will be adjusted by the Occupational Loading Factors in Table 6 on this page.

The Insurer determines your occupational classification from the information you provide on your application for cover. if you do not provide your occupation details, your premium payable will be based on a Blue Collar occupation. If you change occupations or believe that your current occupational classification is incorrect, it is your responsibility to contact us and provide an update.

Note: If you are working in a Hazardous occupation or engaging in Hazardous Pursuits, contact us to determine your insurability.

You can provide your occupation details by calling us on (02) 80227405 or by emailing us at maxteam@onevue.com.au.

5.General Terms and Conditions

Member Transfer to the Retained Division of the Plan

Where a Corporate Division Insured Member ceases to be employed by their Participating Employer, the Insured Member's existing Default Cover or Fixed Cover will automatically continue in the Retained Division of the Plan subject to the following:

- the Insured Member ceases employment with the Participating Employer, other than as a result of sickness or injury,
- any restrictions or loadings applying to the Insured Member's cover continuing to apply in the Retained Division,
- if the Insured Member's cover was New Events Cover, the conditions attaching to New Events Cover on the day immediately prior to transferring to the Retained Division will continue to apply to the Insured Member until such time as those conditions expire according to the terms and conditions of this Policy, and
- the same occupation class will continue to apply. However, if the Insured Member's occupation is unknown at the date of transfer into the Retained Division, the Blue-Collar occupation rating will apply.

A Retained Member may amend their existing cover, subject to underwriting and acceptance by the Insurer. Cover within the Retained Division will continue subject to the remittance of premiums for the Insured Member.

Insured Member Opt-Out, Decrease or Reinstatement of Cover

- An Insured Member may elect to opt out of Default Cover or Voluntary Cover by giving written notice to the Policy Owner at any time.
- If an Insured Member opts out of Default Cover within 60 days of cover commencing, premiums will be refunded to the Member's superannuation account from the cover commencement date.
- An Insured Member may reduce Default Cover or Voluntary Cover by giving written notice to the Policy Owner at any time. Any reinstatement of Voluntary Cover is subject to providing Evidence of Insurability and acceptance by the Insurer.
- Where an Insured Member's cover ends because their account is inactive in accordance with General Termination of cover terms, cover will be automatically reinstated if within 60 days of the cover ceasing:
    - the Insured Member notifies the Policy Owner of their request to reinstate their cover, or
    - the Policy Owner receives an amount in respect of the Insured Member.

  Cover for an Insured Member will be automatically reinstated on the date either of the above applies, subject to all premiums and conditions attaching to cover continuing.
- Where an Insured Member's cover ends in accordance with General Termination terms and within 60 days of cover ceasing the Member notifies the Policy Owner of their request to reinstate cover despite their account balance in the Fund being below $6,000, cover will recommence from the date it ceased, subject to the backdated payment of premiums. The recommenced cover will be for the same amount and will be subject to any previous loadings, exclusions or special conditions that applied to the Member's cover prior to cover ceasing.
- Where an Insured Member's cover ends in accordance with General Termination terms and the Member's account balance in the Fund subsequently reaches $6,000 or more in circumstances where the Member has not made an election of the kind referenced in the bullet point directly above or the bullet point directly below, then cover will automatically recommence subject to the following conditions:
    - the Member must be age 25 years or over,
    - the Member will be granted Default Cover up to the Automatic Acceptance Level (AAL),
    - Cover will start on the date that the Member's account balance reaches $6,000, and
    - the cover which starts will be New Events Cover until the Insured Member is At Work for 30 consecutive days.

  unless the Member has made an election of the kind referenced above.
- Where an Insured Member's cover ends due to the Employer Sponsor Contribution Exception ceasing to apply and within 120 days of cover ceasing the Member notifies the Policy Owner in writing of their election for their cover to recommence, the cover will recommence from the date it ceases subject to backdated payment of premiums. The recommenced cover will be for the same amount and will be subject to any previous loadings, exclusions or special conditions that applied to the Member's cover prior to cover ceasing.
- Any other reinstatement of cover (other than described above) is subject to providing Evidence of Insurability and acceptance by the Insurer. Cover will commence from the date the Insurer accepts the Insured Member's application in writing.

Cover during Leave Without Pay

Subject to Termination of Cover provisions, where an Employer approves a bona fide period of leave without pay for an Insured Member (including maternity or paternity leave), and there is documented evidence of an agreed 'return to work' date, cover will continue for a maximum period of up to 24 months, subject to the payment of premiums for that Insured Member.

For Insured Members that either die or suffer a disability during the period of leave without pay (including maternity or paternity leave), the Sum Insured will be based on the Insured Member's Sum Insured at the date immediately prior to the commencement of leave without pay.

For TPD cover, the TPD definition used to assess the Insured Member will be that which would have applied to the Insured Member on the date immediately prior to the commencement of the period of leave without pay.

An Insured Member may apply to the Insurer to extend leave without pay (up to the 24-month limit) provided the Insured Member applied for an extension of the period of leave at least two months prior to the expected 'return to work' date.

If the Insured Member does not return to work by the agreed 'return to work' date and the Insured Member has not sought or been granted an extension of cover, the Insured Member's cover will continue, however this is subject to the payment of premiums and the Total and Permanent Disablement – Limited Definition applying in the event of a TPD claim occurring after the 'return to work' date.

Overseas Cover

Insured Members are provided with cover 24 hours a day seven days a week subject to the following terms:

- Subject to Termination of Cover provisions, cover for Insured Members who are Australian citizens or Australian permanent residents and are also working outside of Australia, is available for up to a maximum of four years. The details regarding the whereabouts of Insured Members overseas must be provided to the Insurer when requested and in line with the provision of membership data.
- Cover may be extended beyond four years, for Insured Members who are Australian citizens or permanent residents, provided a request to extend the type of cover, for a longer period, is made in writing to the Insurer prior to the expiry of the initial four-year period. In these circumstances, a premium loading, cover exclusion and/or restriction may be applied to cover for the Insured Member.
- Insurance cover is subject to the continuing remittance of insurance premiums while the Insured Member is overseas.
- The Insurer reserves the right to require that a claimant returns to Australia (at the claimant's expense) for claim assessment and examination prior to payment of any TPD benefit.

Termination of Cover

Death and TPD cover ceases on the earliest of the following events:

- the Insured Member attaining age 65,
- the death of the Insured Member,
- the date a TPD benefit is paid under this Policy in respect of the Insured Member where the TPD benefit is equal to Death cover. Where TPD cover is less than Death cover, any remaining Death cover will continue until another cessation provision occurs,
- the date a Terminal Illness benefit is paid under this Policy in respect of an Insured Member. Where Terminal Illness cover is less than Death and TPD cover, any remaining Death and TPD cover will continue until another cessation provision occurs,
- the date of termination of the Policy,
- the date the Insured Member provides written notice requesting that cover be cancelled,
- the date the Insured Member no longer meets the conditions for continuation of cover during Overseas Cover as outlined on page 10,
- the date the Insured Member who is not an Australian permanent resident, is no longer permanently in Australia, or not eligible to work in Australia,
- the date the Insured Member ceases to be a Member of the Fund,
- the date 60 days after the ceasing of premium payments in respect of an existing Insured Member, and
- the end of the period for which premiums have been paid for an Insured Member whose account is inactive, meaning the Policy Owner has not received an amount in respect of the Insured Member for a continuous period of 16 months (as at or after 1 July 2019). This does not apply to an Insured Member who has provided a written election (Opted In) to the Fund after 8 May 2018 to maintain their cover. This also does not apply to an Insured Member with Voluntary Cover who has provided a written election (Opted In) to the Fund.

The Plan shall cease to be in force upon the expiry of the Premium Rate Guarantee Period or subsequent guarantee period as agreed between the Insurer and the Fund or subject to the following notice being given:

- six months prior notice given by the Insurer, or
- two months prior notice given by the Fund.

If the Plan ceases to be in force, it may be reinstated with the Insurer's consent upon the payment of the overdue premium for the period during which the premium is overdue, together with such Evidence of Insurability as the Insurer may require of the continued good health and eligibility for insurance of the Members.

War Provision

In the event of war or any act of invasion, (whether declared or undeclared) in which the Commonwealth of Australia's armed forces are involved or the country of residence (including temporary residence) of the Insured Member is involved, then the Insurer reserves the right to increase premiums under the Policy. If the increased premiums are not paid, then benefits payable on death, Terminal Illness or Total and Permanent Disablement arising (if not excluded) will be reduced in the same proportion as the premium being paid bears to the premium payable.

Protecting your superannuation package Act 2019 (PYSP)

The PYSP legislation came into effect on 1 July 2019, and has been implemented by the Australian Federal Government to protect Australians' super savings from unnecessary erosion by fees and insurance costs.

What PYSP means for your Insurance

From 1 July 2019, the Trustee must stop providing insurance in your max Super Fund Account if you have not received money (any type of contribution) into your Account for the last 16 months.

Unless you have opted in to retain the Insurance cover held within your Account, your insurance cover must be cancelled.

From 1 July 2019, the Fund will communicate with you to inform you if you have not received money into your Account for 9, 12 and 15 months.

To retain insurance cover within your Account, you can:

- make a contribution to your Account, or
- complete and return an opt in election to maintain or reinstate your group and or retail insurance cover form. The form is located in the Secure Online Portal in the FAQ/Forms tab.

Putting Members' Interests First 'PMIF"

A PMIF exempt member is a person who is able to be provided with insurance cover despite the member having an account balance within the Fund of less than $6,000 or being under the age of 25 due to them:

- making a written election to take out or maintain cover despite their account balance being less than $6,000 in accordance with section 68AAB(2) of the superannuation Industry (Supervision) Act 1993 (Cth), or
- making out a written election to take out or maintaining cover despite being under the age of 25 years in accordance with section 68AAC(2) of the Superannuation Industry (Supervision) Act 1993 (Cth).

An opt in election to the Fund is a written election by a person to have default cover taken out even if the person is under age 25 or the person's account balance in the Fund has not been equal to or greater than $6,000.

6. Making a Claim

It is important that you notify the Fund in writing as soon as possible after you become aware of any claim. If you delay notifying a claim, and as a result the Insurer's interests are prejudiced, the Insurer may be permitted not to pay the claim or to reduce the benefit in some circumstances under applicable laws.

The Fund will give notice to the Insurer of the Death, Terminal Illness or TPD of any Insured Member which gives rise to a claim within a reasonable time of receipt of a claim form from an Insured Member or potential beneficiary in relation to a Death claim.

The Insurer maintains the right to fully investigate and assess any claims to its satisfaction and will solely determine whether an Insured Member meets the requirements of payment of any benefit under the Group Insurance Policy.

The Insurer may require the Insured Member to submit further medical evidence or other evidence to substantiate the claim.

Should a claim arise while the Insured Member is overseas, the Insurer may require the Insured Member to return to Australia for medical treatment and assessment. The Insurer will not pay costs relating to the Insured Member's return to Australia.

If the Insurer does not approve a claim, it will advise the Fund in writing of the reasons why the claim has been declined.

If a claim arises during a period where no premiums have been received by the Insurer, but the claim is nevertheless within the Grace Period, no Sum Insured in respect of such claim will be admitted until all premiums owing are paid.

If at the time of claim, the Insurer or Policy Owner establishes:

- the Insured Member changed to a lower risk occupation, overpaid premiums may be refunded to the Insured Member,
- the Insured Member changed to a higher risk occupation, additional premiums may be deducted from any benefit paid to the Insured member, or
- an Insured Member changed to a hazardous or uninsurable occupation as per the Insurer's Occupational Guide, the Insured Member will be assessed for TPD claims against the Total and Permanent Disablement – Limited Definition.

The benefit payable on Death or TPD will be your superannuation account balance plus any insured benefit held and approved by the Insurer to be paid.

Exclusions

No benefits are payable under the Policy by the Insurer to any Insured Member arising from the following:

- active service in the armed forces of any country or international organisation, or
- any act of invasion or war, whether war is declared or not,

in which Australian armed forces are involved, or an Insured Member's country of residence (including temporary residence is involved), or

- in respect of Voluntary Death Cover, any intentional, self-inflicted act of the Insured Member, whether sane or insane, for death arising within 13 months from commencement, reinstatement or increase of cover, or
- in respect of TPD cover, any intentional, self-inflicted injury or sickness or any attempt at suicide or self-destruction while sane or insane, or
- any other underwriting exclusion imposed on the Insured Member by the Insurer and notified to the Insured Member at time of acceptance.

In the case of Insured Members who are enrolled in the Australian Army Reserve, the above exclusion in paragraph (a) is only applicable where the Insured Member has been called up for active service.

7. Death and TPD Insurance Definitions

max Super Fund 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 AIA Australia Limited (the Insurer or the Company). The information contained in this section is a summary of the definitions.

In this section, all references to The Plan 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.

Definitions	
Accidental Injury	Means bodily injury caused solely and directly by accidental, external and visible means, independent of any other cause.
At Work	Means in the opinion of the Company, the Member is: (i) engaged in his or her normal duties, without limitation or restriction due to injury or sickness and is working his or her normal hours on the day cover is to commence, (ii) not restricted by injury or sickness from being capable of performing their full and normal duties on a full-time basis (for at least 30 hours per week) even though actual employment can be on a full-time, part-time, casual or contract basis, and (iii) not in receipt of, or entitled to claim, any income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits. A Member will be considered to be At Work on the applicable date, as the context requires, if he or she is on approved leave for reasons not related to injury or sickness, such as maternity/paternity leave and not taking into account the leave, is able to meet the At Work definition. A Member who is not gainfully employed for reasons other than injury or sickness will be considered to be At Work if the Member is not restricted by injury or sickness from being capable of performing their full and normal duties on a full-time basis (for at least 30 hours per week) even though the Member is not then working on a full-time basis and the Member is not in receipt of, or entitled to claim, any income support benefits from any source including workers' compensation benefits, transport accident benefits and disability income support benefits.
Automatic Acceptance Cover	Means the Default Cover automatically provided to an Insured Member in accordance with the Eligibility Conditions of the Policy, without providing Evidence of Insurability.
Casual Employee	Means a person who is employed by an Employer on a casual basis and whose Employer is making superannuation guarantee contributions in respect of the Casual Employee.
Company	Means AIA Australia Limited ABN 79 004 837 861 AFS Licence No. 230043
Contractor	Means a person who is employed under a written contract for a specified period by an Employer and whose Employer: (i) requires the person to perform identifiable duties for a regular number of hours each week, (ii) provides the person with annual leave and sick leave entitlements, and (iii) is making superannuation guarantee contributions in respect of the person.
Cover Expiry Age	Means the age at which cover ceases as set out in the Policy Schedule.
Default Cover	Means the Death and TPD cover provided to eligible Members under the Eligibility Conditions of the Policy.
Employee	Means a person engaged by the Participating Employer under a contract of employment to undertake identifiable duties.
Employer	Means the company that provides gainful employment from which the Member derives remuneration.

Employer Sponsor Contribution Exception	Means the exception described in paragraph iv) of the definition of PMIF Exempt Member.
Evidence of Insurability	Means such evidence of health and such other particulars of a Member as the Company may require and which is supplied or caused to be supplied in respect of that Member to enable the Company to determine whether the Member is to be accepted for insurance and the terms of such acceptance.
Existing Member	Means a member who, immediately prior to the Effective Date was an Insured Member under this Policy: The Member can either be a Corporate Division Member, Personal Division Member or Retained Benefits Division Member.
Fixed Cover and Voluntary Cover	Means a level of cover elected by an Insured Member other than Default Cover.
Fund	Means the superannuation fund, max Super Fund (ABN 22 508 720 840).
Grace Period	Means 30 days of grace shall be allowed for the payment of an Insured Member's premium. Where premiums are deducted from an Insured Member's superannuation contributions, if the contributions to the Plan in respect of an Insured Member become insufficient to meet the premium deductions for that Insured Member, then the 30 day grace period will apply from the date the last premium deduction was made. If a claim arises within that period, no Sum Insured amount will become payable under the Policy in respect of such claim until the outstanding premium amount is paid to the Company in full.
Hazardous Pursuits	Means engaging in abseiling, aviation (other than as a passenger on a recognised airline), football (all codes), long distance sailing, hang gliding, scuba diving, motor racing, parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity.
Insured Member	Means a Member (including a Corporate Division, Personal Division and Retained Division Member) who has been accepted for insurance cover, or remains covered, under this Policy and whose cover has neither been terminated nor ceased.
Medical Practitioner	Means a legally qualified and registered doctor of medicine. It does not include the Insured Member, the Insured Member's Employer, an Employee of the Employer, or the Insured Member's immediate family member or business partner(s).
Member	Means a person who has become a member of the Fund under the terms of the trust deed governing the Fund. Member is deemed to include Corporate Division, Personal Division and Retained Division Members.
New Corporate Division Member	Means a member who joined the Corporate Division of this Plan after the Effective Date.
New Personal Division Member	Means a member who joined the Personal Division of this Plan after the Effective Date.
New Events Cover	Means the Insured Member is only covered for claims arising from a sickness which first becomes apparent, or an injury which first occurs on or after the date the Insured Member's cover commenced, most recently commenced or increased (where applicable) under the Policy.
Participating Employer	Means any Employer admitted to participate in the Corporate Division of this Plan in accordance with the terms of the trust deed.
Permanent Employee	A person who is employed by a Participating Employer on a permanent basis to undertake identifiable duties for at least 15 hours per week and is paid sick and holiday entitlements.
Plan	Means max Super Fund MySuper Group Life Insurance Plan.

Plan Year	Means the period of 12 months commencing from the date the Insured Member first became insured under the Policy, and the period of 12 months commencing on every anniversary of the date the Insured Member first became insured under the Policy thereafter or such other period as may be agreed between the Company and the Policy Owner
PMIF Exempt Member	Means a Member the Policy Owner is permitted under the Superannuation Industry (Supervision) Act 1993 (Cth) to provide insurance cover to despite the Member being under age 25 or having an account balance within the fund of less than $6,000 (as applicable) due to any of the following: (i) the Member has made a written election to take out or maintain cover despite their account balance being less than $6,000 in accordance with section 68AAB(2) of the Superannuation Industry (Supervision) Act 1993 (Cth), (ii) the Member has made a written election to take out or maintain cover despite being under the age of 25 years in accordance with section 68AAC(2) of the Superannuation Industry (Supervision) Act 1993 (Cth), (iii) the Member is a defined benefit member, (iv) the Member qualifies for the dangerous occupation exception under section 68AAF of the Superannuation Industry (Supervision) Act 1993 (Cth), (v) the Member is an ADF Super member (within the meaning of the Australian Defence Force Superannuation Act 2015 (Cth)) or would have been an ADF Super member if they did not choose their own superannuation fund, or (vi) the Member's participating employer would pay all premiums payable if insurance cover of any kind under this policy was provided in respect of that Member in accordance with section 68AAE of the Superannuation Industry (Supervision) Act 1993 (Cth) (Employer-sponsor contribution exception).
PMIF Low Account Balance Member	Means an Insured Member who has an account balance which has not reached $6,000 at any time between 1 November 2019 and 31 March 2020 and who is not otherwise a PMIF Exempt Member.
PMIF Requirements	Means the Member is aged 25 years or over and has an account balance within the fund of $6,000 or more, unless they are a PMIF Exempt Member.
Policy	Means this Policy, any riders or endorsements therein, any amendments thereto as may be agreed in writing between the Company and the Policy Owner.
Policy Owner	Means the entity as set out in the Policy Schedule or its legal successors in title.
Retained Member	Means an Insured Member who is automatically transferred to the Retained Division of the Plan upon ceasing employment with a Participating Employer.
Special terms	Means contractual terms the Company may impose in relation to the cover of a Member which may include any restrictions on the cover, exclusions, or different rates of premium the Company may impose according to their underwriting practices. Any offer the Company makes to accept a Member for cover subject to special terms will be deemed to be accepted only when the Member accepts the special terms in writing.
Sum Insured	Means that amount certified by the Policy Owner as the Insured Member's Sum Insured, subject to the Maximum Sum Insured approved by the Company and as agreed in writing between the Company and the Policy Owner from time to time.
Terminal Illness or Terminally Ill	Means the Insured Member is diagnosed with an illness or injury and: (i) in the opinion of the Company has less than 12 months to live regardless of any treatment undertaken, (ii) two registered Medical Practitioners have certified, jointly or separately, that the Insured Member suffers from an illness, or has incurred an injury, that is likely to result in the death of the Insured Member within 12 months of the date of the certification ('certification period'), (iii) at least one of the registered Medical Practitioners is a specialist practising in an area related to the Insured Member's illness or injury, and

	(iv) for each of the certificates, the certification period has not ended.
Total and Permanent Disablement – Standard Definition	The Standard Definition applies to an Insured Member who is a full-time or part-time Employee, working on average 15 hours or more per week during the three months immediately prior to the date of disablement. (i) Under this definition, the Insured Member is deemed to be totally and permanently disabled if he or she has suffered a disability as a result of an injury, sickness or disease, which has prevented the Insured Member from performing any work in their occupation for an uninterrupted period of at least six consecutive months solely due to the same injury, sickness or disease, and (ii) resulted in the Insured Member attending and following the advice of a Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the injury, sickness or disease, and (iii) after consideration of all the medical evidence and such other evidence as the Company may require, has become, in the Company's opinion, incapacitated to such an extent as to render him or her unlikely ever to be able to engage in his or her own occupation and any occupation for which he or she is reasonably suited by education, training and experience.
Total and Permanent Disablement – Limited Definition"	The Limited Definition applies to an Insured Member who is: • a Casual Employee or Contractor, or • a full-time or part-time Employee, working on average less than 15 hours per week, or • working in a hazardous or uninsurable occupation (as per the Company's Occupational Guide), during the three months immediately prior to the date of disablement. Under this definition, the Insured Member is deemed to be totally and permanently disabled if he or she has: a) for a period of six consecutive months after the commencement of the injury, sickness or disease, continuously and totally unable to perform at least two of the following activities of daily living, as certified by a Medical Practitioner appointed by the Company, and provided such continued inability is irreversible as certified by that Medical Practitioner. The activities of daily living are: (i) Bathing: the ability to wash oneself either in the bath or shower or by sponge bath, without the physical assistance of another person. (ii) Dressing: the ability to put on or take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the physical assistance of another person. (iii) Eating: the ability to feed oneself once food has been prepared and made available, without the physical assistance of another person. (iv) Toileting: the ability to get to and from and on and off the toilet, without the physical assistance of another person and the ability to manage bowel and bladder functions through the use of protective undergarments or surgical appliances, if appropriate. Transferring: the ability to move in and out of a chair, without the physical assistance of another person and a) after consideration of all the medical evidence and such other evidence as the Company may require, has become, in the Company's opinion, incapacitated to such an extent as to render the Insured Member unlikely ever to be able to engage in his or her own occupation and any occupation for which he or she is reasonably suited by education, training and experience.
Welcome Letter	Means the letter sent to an eligible Member as a result of them joining the fund and which the Company agrees with the Policy Owner constitutes the welcome letter

8. Other Information

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 the max Super Fund website, by emailing us at maxteam@onevue.com.au and on the Secure Online Portal.

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 (02) 8022 7405 to determine the impact of any changes to your circumstances.