

Whole Super Insurance Guide

1 October 2021

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Important information

The information in this document forms part of the Whole Super (Super Prophets) Product Disclosure Statement (PDS) dated 1 October 2021 forms part of the Whole Super PDS dated 1 October 2021. 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 1300 850 453 (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 and the Group Income Protection 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 and the Group Income Protection Policy, the terms of the respective Policies will prevail. The terms of the Policies may change after the date this Insurance Guide is prepared, without reference to the Fund's members.

For more information

Phone: 1300 850 453

Write: PO Box 1282, Albury NSW 2640

Visit: www.superprophets.com.au

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).

Whole Super is an accumulation superannuation product offered by OneSuper ABN 43 905 581 638 RSE R100134 bearing the brand Super Prophets (the **Fund**). The Sponsor and Promoter of the Fund is OneVue Wealth Services Ltd, ABN 70 120 380 627 AFSL 308868.

Fat Prophets Pty Ltd ABN 62 094 448 549, AFSL No. 229183 (**Fat Prophets**) is the Sub promoter of Whole Super using the 'Super Prophets' brand.

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

Your Duty To Take Reasonable Care not to make a misrepresentation

When you apply for life assurance, the insurer conducts a process called underwriting. It's how the insurer decides whether they can cover you, and if so on what terms and at what cost.

The insurer asks questions they 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 in response to their questions is vital to their decision.

The duty to take reasonable care

When applying for insurance, there is 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 also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided

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

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

Guidance for answering questions

We, as the trustee are the policy owner. You are the life insured. A misrepresentation by you, as the life insured, has the effect as though it is a misrepresentation by us as the policy owner.

As the insurance is inside super we obtain this insurance from the insurer in relation to you. In this circumstance, the insurer will rely on the representations made by us and you.

Both you and us, as the trustee of the fund, are responsible for the information provided to the insurer. When answering the questions, the insurer requests that you:

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

Changes before your cover starts

Your duty to take reasonable care not to make a misrepresentation continues until the time our insurance cover starts.

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

If you need help

It's important that you understand this information and the questions the insurer asks. You can ask us, the insurer or an adviser for help if you have difficulty understanding the process of applying for insurance or answering the questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we or the insurer are available to help and provide additional support for anyone who might

need it. If you want, you can have a support person you trust with you.

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

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

For example, the insurer may:

- avoid the cover (treat it as if it never existed),
- vary the amount of the cover, or
- vary the terms of the cover.

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

- whether the person who answered the questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances,
- what the insurer would have done if the duty had been met – for example, whether the insurer would have offered cover, and if so, on what terms,
- whether the misrepresentation was fraudulent, and
- in some cases, how long it has been since the cover started.

Before the insurer can exercise any of these remedies, they will explain their reasons, how to respond and provide further information, including what you can do if you disagree. The insurer is required to notify us, as the trustee and policy owner, of these matters.

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 <https://fsc.org.au/policy/life-insurance/code-of-practice>

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 Whole Super to protect your family's financial security against the unexpected.

Whole Super provides for the following voluntary insurance policy types:

- Group Life Cover
- Income Protection Cover

2. Whole Super at a glance

Whole Super offers voluntary insurance to eligible members of the Fund. 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 Accumulation Account (which means, in most cases you will be paying for insurance out of your before-tax income).

Death Insurance	Provides a lump sum benefit in the event of death, or are diagnosed with a Terminal Illness.
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 if you suffer a 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.

How insurance is applied to Whole Super	
Insurer	MLC Limited (ABN 90 000 000 402)
Insurance cover Offered	Death Death & TPD Terminal Illness Income Protection
Application	Online at 'Super Prophets Implement'
Insurance Terms	Refer to the Whole Super PDS and this Insurance Guide
Policy Owner	The Trustee of Whole Super
Life Insured	You
Premium payment	Premiums are deducted from your Whole Super Account

Fees and costs

There are costs associated with insurance cover. These costs, 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 & Income Protection costs

If you decide to take up group insurance cover, Whole Super will charge you an administration fee of \$99 per annum to cover

the expenses of administering insurance through Whole Super. This fee is in addition to your premium.

Type of fee	Amount	How and when paid
Activity Fee: Insurance Administration Fee (Group Policies)	\$99 per annum	1/12 th of the annual fee, charged at the end of each month and deducted from your Account
Activity Fee: Insurance Payment Administration Fee*	\$40	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 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.

Whole 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 Whole 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.</p> <p>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.</p> <p>TPD cover decreases by 10% each year from your 61st birthday and ceases when you turn 70 years old.</p> <p>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 Whole Super, • your Whole 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 Whole 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 Whole Super without medical underwriting from your existing personal insurance in a superannuation fund, or other insurance policy.</p> <p>Refer to Part 3 And Part 4 Obtaining cover.</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 Whole 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

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.

3. Death and TPD cover

Voluntary Death and TPD cover is available to all members of the Fund who satisfy the eligibility criteria outlined in section 5, and in Section 6 and 7 Terms and Conditions of this Insurance Guide. You can select the amount of additional death or death and TPD cover to suit your needs.

You must apply for cover prior to your 60th birthday to be eligible.

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.

Cover is subject to underwriting and the value of death cover remains fixed for as long as your membership and insurance continue with Whole Super. 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 example below:

Table 1: TPD Tapering

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

Transfer existing death & TPD cover to Whole Super

You may be able to transfer existing Death and TPD insurance cover from your current insurer to Whole Super provided you meet eligibility conditions.

If you are currently insured for Death only cover or Death and TPD cover with another superannuation fund, group insurance policy or retail policy, you may be eligible to transfer this cover to Whole Super, without medical underwriting. To be eligible:

- the combined total (transferred plus existing cover), of Death and TPD insurance cover following the transfer must not exceed \$1,500,000,
- you must satisfactorily complete a Transfer Application Form and provide satisfactory evidence of existing cover,
- any exclusions, premium loadings applied to the external insurance cover will continue to apply to this cover once transferred, and
- you confirm that you will cancel your existing transferred insurance within sixty (60) days of Insurer's acceptance.

Where all of the above requirements have been met, cover will commence from the date the Insurer accepts your transfer application as long as your Account balance is sufficient to pay the monthly Premium.

Before deciding to transfer any insurance cover you have, please ensure you have considered any potential loss of existing cover or other benefits you may have with your existing insurer.

Where any of the requirements are not met, no transfer of cover can occur and the cover will then be subject to underwriting and acceptance by the Insurer.

How to apply to transfer cover

1. Obtain and complete the Insurance Transfer form, this form is available in the Secure Online Portal, or by calling us,
2. Obtain relevant evidence (refer to above eligibility conditions), and
3. Send your form and evidence to: Whole Super 'Super Prophets', PO Box 1282, Albury NSW 2640.

The transfer of your existing insurance is subject to review by the Insurer. Whole Super will write to you to confirm whether your application to transfer cover has been accepted by the Insurer.

If your application to transfer cover is accepted by the Insurer

- The same type and level of cover being transferred will be applied, and
- Premiums for transferred cover will be deducted from your Account and based on premium rates detailed in the Table 4.

Increasing death & TPD cover

You can apply to increase your death and TPD insurance cover. All additional death and TPD insurance will be underwritten by the Insurer and is subject to the policy maximums. Refer to Whole Super – Insurance at a glance, and to Section 5 Terms and Conditions.

Increasing your Insurance - Life Events Cover

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. Refer to Section 5 Group Life Terms and conditions for further information.

Calculating your death & TPD cover premiums

Table 2: Example: 39-year-old male at date joined Fund or annual review date with a white collar occupation and an additional \$1M death cover.

	How to calculate	Example
1.	Note your level of agreed cover	\$1M death only
2.	Note your age next birthday and occupational category	40 years old, white collar
3.	Using your agreed cover (1.) and your age next birthday (2.) find the annual premium rate per \$1,000 Agreed Benefit in <i>Table 2</i>	0.55
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 0.55) \div 1,000 = \550

Death & TPD Insurance Premium Rates

The Premium Rate and Occupational Adjustments Factors provided in the Appendix of the Policy will apply. These rates have been prepared on the basis that:

- Premium is payable monthly in arrears includes a 4% frequency payment loading.
 - There has been no allowance for brokerage,
 - There are non-participating in any premium experience rebate.
 - They include stamp duty.
 - These rates will not be varied outside the Guarantee Period unless clause 9.6 of The Policy applies.
- Whole Super will charge you an administration fee of \$99 per annum to cover the expenses of administering insurance through Whole Super. This fee is in addition to your premium.
- Occupational Adjustment Factors apply.

Table 3: Occupational Adjustment Factors

Occupational category	Occupational 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 & TPD Insurance Tables

Table 4: 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	0.51	0.16	0.59	0.21
22	0.49	0.15	0.58	0.19
23	0.46	0.14	0.55	0.18
24	0.43	0.14	0.53	0.18
25	0.41	0.11	0.53	0.16
26	0.39	0.11	0.50	0.16
27	0.38	0.11	0.49	0.18
28	0.38	0.11	0.49	0.18
29	0.38	0.11	0.50	0.19
30	0.38	0.14	0.50	0.21
31	0.35	0.14	0.50	0.23
32	0.35	0.15	0.50	0.25
33	0.38	0.16	0.53	0.28
34	0.39	0.18	0.55	0.31
35	0.40	0.19	0.58	0.35
36	0.41	0.23	0.60	0.40
37	0.43	0.25	0.64	0.45
38	0.46	0.26	0.69	0.50
39	0.50	0.31	0.77	0.58
40	0.55	0.34	0.83	0.65
41	0.58	0.38	0.90	0.73
42	0.64	0.40	1.00	0.82
43	0.70	0.43	1.13	0.90
44	0.75	0.46	1.27	0.99
45	0.83	0.48	1.42	1.07
46	0.90	0.50	1.61	1.18
47	0.99	0.55	1.80	1.32
48	1.08	0.59	2.02	1.48
49	1.19	0.65	2.26	1.68
50	1.29	0.73	2.52	1.93
51	1.39	0.80	2.80	2.19
52	1.52	0.89	3.14	2.47
53	1.65	0.98	3.50	2.78
54	1.78	1.08	3.92	3.11
55	1.93	1.19	4.31	3.43
56	2.10	1.29	4.77	3.75
57	2.29	1.41	5.29	4.11
58	2.51	1.54	5.90	4.47
59	2.76	1.68	6.61	4.87
60	3.03	1.81	7.37	5.29
61	3.30	1.96	8.16	5.71
62	3.57	2.15	8.99	6.27
63	3.84	2.37	9.88	6.93
64	4.13	2.64	10.82	7.72
65	4.45	2.95	11.88	8.60
66	4.77	3.28	10.82	7.89
67	5.19	3.68	11.85	8.73
68	5.64	4.13	12.98	9.68
69	6.09	4.56	14.18	10.66
70	6.58	5.02	15.47	11.74

Notes relating to Table 4:

- rates shown are for White Collar. Factors apply for other occupations. Refer Table 3.
- 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 (1 June every year).

You may elect to opt out of your Cover, select death only cover, or reduce the level of cover at any time by writing to the Fund. However, any subsequent request to reinstate or increase cover will be subject to underwriting.

Cessation of Death and TPD cover

- when they reach the Cover Ceasing age, or
- when they cease to be an Eligible Person or Insured Person under the Funds Insurance Policy, or
- 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, or
- when they cease to be a member of the Fund, or
- the end of the period for which premiums have been paid immediately after the date the members account became Inactive, except where you are an Exempt Member, or
- when their 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
- when the Insurer admits a claim for a benefit for the member, or
- 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, or
- when they cease to reside in Australia or fail to meet the Insurers agreed terms for Living Overseas, or
- when the member dies, or
- when the member is subject of a fraudulent claim under The Policy, or
- 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.

A refund of Premium will be provided by the Insurer if, in their opinion, the premium for the person was paid in error by the Fund relating to a period after the Insurer Person's cover had ceased.

4. Income Protection insurance 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 choose 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 super, subject to a maximum of 10%. This amount is included in the \$30,000 per month maximum and must be nominated by you, the Eligible Person's Membership Application Form.

Transfer existing Income Protection cover

You may be able to transfer your existing Income Protection insurance cover from your current insurer to Whole Super provided you meet eligibility terms and conditions.

If you are currently insured for Income Protection cover with another superannuation fund, group insurance policy or retail policy, you may be eligible to transfer this cover to Whole Super without medical underwriting. This additional cover is subject to the following terms:

the combined total (transferred plus existing cover), of Income Protection insurance cover following the transfer must not exceed \$15,000 per month, and

you must satisfactorily complete a Transfer Application Form and provide satisfactory evidence of existing cover, and any exclusions, premium loadings applied to the external insurance cover will continue to apply to this cover once transferred, and

upon acceptance of the transfer application, your total accumulate income protection benefit must not exceed 75% of your salary (excluding superannuation), and

you confirm that you will cancel your existing transferred insurance within sixty (60) days of Insurer's acceptance.

Where all of the above requirements have been met, cover will commence from the date the Insurer accepts your transfer application as long as your Account balance is sufficient to pay the monthly Premium.

Before deciding to transfer any insurance cover you have, please ensure you have considered any potential loss of existing cover or other benefits you may have with your existing insurer.

Where any of the requirements are not met, no transfer of cover can occur and the cover will then be subject to underwriting and acceptance by the Insurer.

How to apply to transfer cover

- Obtain and complete the Insurance Transfer form, this form is available in the FAQ/Forms tab of the Secure Online Portal, or by calling us,
- Obtain relevant evidence (refer to above eligibility conditions), and
- Send your form and evidence to: Whole Super, PO Box 1282, Albury NSW 2640.

The transfer of your existing insurance is subject to review by the Insurer. Whole Super will write to you to confirm whether your application to transfer cover has been accepted by the Insurer.

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 5: 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

insurance through Whole Super. This fee is in addition to your premium.

- Premiums may include an Occupational Adjustment Factor.

Table 7: Occupational Adjustment Factors

Occupational category	Occupational description	Multiple to base rates
1	Professional	90%
2	White Collar	100%
3	Sales / Light Manual	140%
4	Skilled Blue Collar	220%
5	Unskilled Blue Collar	300%

Calculating your Income Protection premiums

Table 6: Example: 30 year old female with a white collar occupation earning a gross income of \$80,000 per annum.

	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 at date joined Fund, or at annual review date (2.), and your benefit waiting period (3.)	2.06
7.	To calculate your annual premium divide the Agreed Benefit amount required by 1,000, then multiply by the annual premium rate	$60,000 \div 1,000 \times 2.06$
8.	Your annual premium is:	\$123.60

Income Protection insurance 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.
- Whole Super will charge you an administration fee of \$99 per annum to cover the expenses of administering

Table 8: Group Income Protection Rates

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 waiting period					
	30 days		60 days		90 days	
	Female	Male	Female	Male	Female	Male
16 - 21	2.94	1.96	1.72	1.2	1.07	0.71
22	2.98	1.99	1.74	1.22	1.07	0.71
23	3.02	2.01	1.77	1.23	1.07	0.71
24	3.04	2.03	1.78	1.24	1.07	0.71
25	3.1	2.07	1.82	1.27	1.07	0.71
26	3.14	2.1	1.86	1.27	1.07	0.71
27	3.18	2.12	1.87	1.3	1.07	0.71
28	3.27	2.18	1.9	1.33	1.07	0.71
29	3.35	2.23	1.94	1.36	1.07	0.71
30	3.45	2.3	1.98	1.4	1.09	0.73
31	3.6	2.4	2.06	1.45	1.13	0.75
32	3.76	2.51	2.15	1.51	1.15	0.77
33	3.95	2.63	2.26	1.57	1.19	0.79
34	4.15	2.77	2.38	1.65	1.25	0.84
35	4.36	2.9	2.51	1.72	1.34	0.89
36	4.6	3.07	2.67	1.81	1.42	0.95
37	4.91	3.27	2.87	1.94	1.5	1
38	5.2	3.47	3.06	2.05	1.64	1.1
39	5.53	3.69	3.28	2.19	1.79	1.19
40	5.9	3.93	3.53	2.36	1.95	1.3
41	6.25	4.16	3.77	2.52	2.12	1.41
42	6.66	4.44	4.06	2.72	2.32	1.55
43	7.13	4.75	4.39	2.96	2.55	1.7
44	7.6	5.07	4.72	3.20	2.86	1.9
45	8.14	5.42	5.1	3.48	3.14	2.1
46	8.71	5.81	5.52	3.79	3.51	2.34
47	9.33	6.22	5.96	4.12	3.95	2.63
48	10.03	6.69	6.47	4.51	4.4	2.93
49	10.75	7.16	6.99	4.92	4.93	3.29
50	11.55	7.7	7.57	5.37	5.53	3.69
51	12.43	8.29	8.21	5.87	6.21	4.14
52	13.42	8.95	8.93	6.42	6.97	4.64

53	14.49	9.66	9.7	7.02	7.83	5.22
54	15.64	10.42	10.53	7.65	8.79	5.86
55	16.93	11.29	11.46	8.36	9.86	6.58
56	18.37	12.25	12.48	9.13	11.1	7.4
57	19.95	13.3	13.6	9.98	12.41	8.27
58	21.7	14.47	14.83	10.9	13.91	9.27
59	23.67	15.78	16.22	11.92	15.58	10.38
60	25.83	17.22	17.73	13.04	17.42	11.62
61	28.23	18.82	19.4	14.25	19.44	12.96
62	30.95	20.63	21.28	15.61	21.68	14.45
63	31.85	21.23	21.9	16.02	22.79	15.19
64	26.86	17.9	17.76	12.96	17.75	11.84
65	9.27	6.18	5.89	4.29	5.51	3.67

Table 9: Group Income Protection Rates

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 waiting period					
	30 days		60 days		90 days	
	Female	Male	Female	Male	Female	Male
16	8.72	6.19	7.24	5.11	4.13	3.21
17	8.72	6.19	7.24	5.11	4.13	3.21
18	8.83	6.27	7.35	5.18	4.16	3.29
19	8.89	6.34	7.42	5.26	4.21	3.3
20	8.97	6.41	7.49	5.32	4.25	3.35
21	9.05	6.49	7.57	5.4	4.29	3.38
22	9.3	6.44	7.74	5.3	4.4	3.21
23	9.54	6.44	7.92	5.24	4.5	3.06
24	9.8	6.43	8.11	5.18	4.61	2.96
25	10.06	6.45	8.28	5.14	4.71	2.82
26	10.31	6.49	8.47	5.11	4.81	2.75
27	10.73	6.62	8.83	5.19	5.19	2.72
28	11.21	6.82	9.25	5.3	5.47	2.71
29	11.81	7.07	9.7	5.44	5.74	2.74
30	12.49	7.37	10.21	5.65	5.97	2.78
31	13.27	7.72	10.78	5.88	6.2	2.86
32	14.14	8.13	11.4	6.16	6.46	2.97
33	15.06	8.59	12.07	6.48	6.72	3.08
34	16.09	9.09	12.82	6.84	7.03	3.24
35	17.19	9.64	13.61	7.24	7.38	3.42
36	18.34	10.23	14.5	7.68	7.81	3.65
37	19.58	10.89	15.45	8.17	8.31	3.89
38	20.85	11.58	16.45	8.7	8.9	4.19
39	22.2	12.35	17.53	9.26	9.58	4.51
40	24.04	13.41	18.7	9.88	10.38	4.9
41	25.89	14.51	19.92	10.54	11.32	5.33
42	27.74	15.6	21.19	11.25	12.34	5.83
43	29.32	16.61	22.54	12.03	13.5	6.39
44	30.92	17.67	23.93	12.84	14.79	7.03
45	32.55	18.78	25.39	13.73	16.17	7.75
46	34.2	19.96	26.88	14.68	17.65	8.55
47	35.85	21.2	28.4	15.69	19.27	9.43
48	37.5	22.5	29.94	16.74	20.92	10.42
49	39.13	23.85	31.5	17.87	22.67	11.46
50	40.74	25.26	33.02	19.03	24.41	12.53
51	42.3	26.71	34.53	20.28	26.19	13.61
52	43.8	28.2	35.97	21.57	27.91	14.95
53	45.2	29.7	37.31	22.87	29.55	16.36
54	46.47	31.19	38.53	24.18	31.06	17.8
55	47.6	32.66	39.57	25.47	32.34	19.29
56	48.5	34.06	40.39	26.71	33.38	20.75
57	49.15	35.35	40.96	27.85	34.06	22.13
58	49.49	36.46	41.18	28.84	34.33	23.38
59	49.41	37.31	40.98	29.6	34.1	24.4
60	48.82	37.8	40.27	30.01	33.27	25.07
61	47.52	37.72	38.89	29.91	31.71	25.22
62	45.28	36.82	36.6	29.06	29.25	24.61
63	41.47	34.46	32.9	26.88	25.49	22.73
64	33.8	28.3	26.02	21.54	19	17.58
65	17.38	14.37	12.24	10.06	6.28	5.89

Notes relating to Table 8 and 9

- 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 (1 June every year).

You may elect to opt out of your cover, select death only cover, or reduce the level of cover at any time by writing to the Fund. However, any subsequent request to reinstate or increase cover will be subject to underwriting.

When Income Protection Cover Ceases

- when they reach the Cover Ceasing age, or
- when they cease to be an Eligible Person or Insured Person under the Funds Insurance Policy, or
- 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, or
 - when they cease to be a member of the Fund, or
- When they reach the expiry of the Benefit Period, 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
- When 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
- 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, or
- when they cease to reside in Australia or fail to meet the Insurers agreed terms for Living Overseas, or
- when they die, or
- when they are the subject of a fraudulent claim under The Policy, or
- when they retire permanently from the workforce, or
- 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 the Insured Person's cover ceases under The Policy, or
- when all cover for every Insured Person under the Policy ceases.

5. Group Life Death and TPD Insurance Terms and Conditions

Whole 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 MLC Limited (**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 in section 9.

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.

General Eligibility	<p>A member is eligible to apply for insurance (Eligible Person) if:</p> <ol style="list-style-type: none"> 1. They are a member of Whole Super and have sufficient funds in their account to cover the cost of monthly premiums, 2. They are an Australian Resident, 3. They are aged between 15 and 60, 4. The member is not employed in an Excluded Occupation, or does not perform any duties of an Excluded Occupation, 5. The member is currently gainfully employed as a Permanent Employee or Contractor working 15 more hours each week on the date they join Whole Super (required for TPD eligibility only), 6. 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 7. The Insurer expressly agrees in writing that the member is an Eligible Person.
Insurance Cover	Cover is voluntary and subject to underwriting.
Exclusions	<p>No benefits will be payable where a claim arises as a result of:</p> <ol style="list-style-type: none"> 1. War or an act of war, 2. Total and Permanent Disablement from intentional self-inflicted injury or illness or attempted suicide, 3. Death caused by suicide or attempted suicide in the 13 month period commencing from the date that each additional request for cover commences, or 4. Any other exclusions advised in the underwriting process.
Cover Commencement	<p>Other than Transfer of insurance cover in, all other cover commences on the date the Insurer advises in writing that they have agreed to accept cover for the member subject to:</p> <ol style="list-style-type: none"> 1. The provisions on transfer of cover, 2. Receipt of a fully completed and signed membership application form for Whole Super, 3. The Eligible Person's account with Whole Super having sufficient funds to cover the premium due within 31 days of their cover being accepted by the Insurer, and 4. 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.
Total and Permanent Disability (Permanent Incapacity)	<p>Total and Permanent Disablement in respect of an Insured Person who is suffering permanent incapacity and who is:</p> <ol style="list-style-type: none"> 1. 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 2. 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 3. 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. <p>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 the Insurer.</p> <p>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.</p> <p>An Insured Person must be so disabled 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 perform any Other Occupation in order to satisfy Part 2, 3, 4 or 5.</p> <p>Part 1 - Unlikely to Return to Work:</p> <p>The Insured Person is unable to do any work as a result of Injury or Illness for 3 consecutive months and in the Insurer's opinion, at the end of that 3 month period, they continue to be so disabled (whether physical or mental) that 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 they are reasonably qualified by education, training or experience.</p> <p>Part 2 - Permanent Impairment:</p> <p>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.</p> <p>Part 3 - Loss of Use Of:</p> <p>The Insured Person suffers the total, permanent and irrecoverable loss of:</p> <ol style="list-style-type: none"> (a) The use of 2 limbs,

	(b)	The sight of both eyes, or
	(c)	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:	
	(a)	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
	(b)	Since they became ill or injured, they have been under the regular care and attention of a Doctor for that Illness or Injury, and
	(c)	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.
Cognitive Loss	means: We have determined 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.	
Election	means the notification, in the form agreed between the Fund and Insurer, provided to the Fund by an Insured Person to continue their cover if their account in the Fund becomes Inactive.	
Exempt Member	<u>respect of despite their account being Inactive:</u> <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.	
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.	
Activities of Daily Living	means: 1. Bathing, the ability to wash or shower without assistance, 2. Dressing, the ability to put on and take off clothing without assistance, 3. Feeding, the ability to get food from a plate into the mouth without assistance, 4. Mobility, the ability to get in and out of bed and a chair without assistance, 5. Toileting, the ability to use the toilet including getting on and off without assistance.	
Paralysis	means any of the following: 1. Diplegia, the permanent and total loss of function of both sides of the body due to Injury or Illness, or 2. Hemiplegia, the permanent and total loss of function of one side of the body due to Injury or Illness, or 3. Paraplegia, the permanent and total loss of use of both legs resulting from Injury or Illness, or 4. Quadriplegia, the permanent and total loss of use of both arms and both legs resulting from Injury or Illness, or 5. Tetraplegia, the permanent and total loss of use of both arms and both legs resulting from Injury or Illness.	
Date of Disablement	Total and Permanent Disablement is treated as having occurred on the earliest of: 1. The date on which the 3 months consecutive absence from work that results in Total and Permanent Disablement began, 2. The date on which the 3 months consecutive inability to perform the Activities of Daily Living that results in Total and Permanent Disablement began, 3. The date on which the Cognitive Loss that results in Total and Permanent Disablement began, 4. The date on which the Permanent Impairment that results in Total and Permanent Disablement began, 5. 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 6. 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.	
Terminal Illness Benefit	Where the Insurer is satisfied that the Insured Person has been diagnosed with a Terminal Illness, it will pay a Terminal Illness benefit, subject to the following: 1. 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. 2. 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. 3. The Insured Person must supply, at their own expense, supporting medical evidence from 2 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 12 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.
	4.	Where a Terminal Illness benefit is paid it will be considered as an advance payment of the Insured Person's death benefit.
	5.	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.
	6.	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.
	7.	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.
Terminal Illness		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 12 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.
Agreed Benefit		Means: In relation to an Insured Person, the amount of benefit for which cover is in force. The amount payable on death, Terminal Illness or Total and Permanent Disablement for an Insured Person is determined in accordance with the following: All cover will be 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 clause 2.6 of The Policy applies in respect of the Eligible Person. All cover will commence subject to clause 2.2 or clause 2.6 of The Policy where this applies in respect of the Eligible Person. A minimum amount of \$200,000 death or death and Total and Permanent Disablement applies to all Insured Persons in Whole Super. When an Insured Person reaches their 61 st birthday, the Total and Permanent Disablement Agreed Benefit reduces by 10% each year until the Insured Person reaches the Cover Ceasing Age.
Agreed Benefit on Death, Total and Permanent Disablement or Terminal Illness		The Agreed Benefit that the Insurer must pay is the amount for which cover is in force: 1. On the date of death, if the claim is for death, 2. On the Date of Disablement, if the claim is for Total and Permanent Disablement, or 3. On the date the Insurer is satisfied the Terminal Illness is diagnosed, if the claim is for a Terminal Illness.
Maximum Benefit		The total amount of Agreed Benefit per Insured Person based on all cover held with us and under all policies in the market is for: <ul style="list-style-type: none"> death cover, unlimited, Terminal Illness, limited to \$3,000,000 per Insured Person, Total and Permanent Disablement cover, limited to \$3,000,000 per Insured Person.
Premium Rate		The Premium Rate and occupational adjustments factors provided in the Appendix of The Policy will apply. These rates have been prepared on the basis that: <ul style="list-style-type: none"> Premium is payable monthly in arrears includes a 4% frequency payment loading, There has been no allowance for brokerage, There are non-participating in any premium experience rebate, They include stamp duty. These rates will not be varied outside the Guarantee Period unless clause 9.6 of The Policy applies.
Occupation rate adjustments		Occupational adjustment factors apply in respect of all Premium under the Plan, and are outlined in Table 1 (death, Total and Permanent Disablement Insurance Cover).
Worldwide Cover		How worldwide cover applies: 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' in the Policy.

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 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:</p> <ol style="list-style-type: none"> 1. The maximum amount of cover applicable to the member as an Insured Person, or 2. The amount of cover being applied for, or 3. \$1,500,000. <p>Unless otherwise agreed between us and the Insurer, 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 us of its acceptance of the member's cover, or on termination of the Policy.</p>
Accident Cover	<p>means:</p> <p>Only where a claim is as a result of Injury solely by visible, violent and external means to the body that results in death, or where applicable Total and Permanent Disablement, of an Eligible Person or Insured Person.</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.
Inactive	means the Policy Owner has not received an Eligible Contribution for an Insured Person's account for 16 consecutive months.
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.
Life Events	<p>A Nominated Event occurs when:</p> <p>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>When an insured member purchases a home for their permanent residence and takes out or increases a mortgage, or gets married, or they or their Partner give birth or adopt a child/children (all defined as 'Nominated Lifetime Events') the member can increase their cover by:</p> <p>If a Nominated Event occurs, the member can increase their cover by the lesser of:</p> <ol style="list-style-type: none"> 1. 25% of their Agreed Benefit, or 2. \$200,000, or 3. 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> <ol style="list-style-type: none"> 1. The member's cover is in force on the date of the Nominated Event, 2. The member is aged less than 60 on the date that they apply for this increase in cover, 3. The member's cover is not subject to any special conditions such as premium loadings, restrictions, exclusions, special terms, or conditions, 4. The member must not have previously been declined cover under the Policy, 5. 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, 6. The member must provide sufficient proof to the Insurer's satisfaction that the Nominated Event occurred, 7. The member must apply within 90 days of the Nominated Event, 8. The member's Agreed Benefit must not exceed the maximum benefit in the Policy, and 9. 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>The member can only increase their cover once for any Nominated Lifetime Event in any 12 month period, The member can only ever increase their cover once for each Nominated Lifetime Event,</p> <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> <p>If a claim arises within the first six (6) months of cover increasing as a result of a Nominated Lifetime Event, the Insurer will only pay the increased claim where the claim is as a result of Accidental Bodily Injury. Cover will commence from the date that the member is advised in writing.</p>
Nominated Event	<p>means:</p> <ul style="list-style-type: none"> • Marriage, or • Divorce, or

	<ul style="list-style-type: none"> • The Insured Person or their Partner gives birth or adopts a child/children, or • The Insured Person purchases a home for their permanent residence with a mortgage on that residence of \$100,000 or more, or <p>The Insured Person takes out a new business loan or increases an existing business loan over \$100,000.</p>
New Events	means:
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.
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.
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.
Excluded Occupation	<p>Unless the Insurer has expressly agreed in writing to provide cover for the member under The Policy, any occupations which include any of the following duties are an Excluded Occupation:</p> <ul style="list-style-type: none"> • Air traffic controller. • Earth drilling, mineral exploration, miner or person working with explosives, • Fireman, • Forestry worker, • Offshore oil rig worker, • Pilot, • Professional entertainer such as actor, dancer, musician or stage performer, • Professional or semi-professional sports people, • Seasonal workers or employees in industries with a high level of seasonal or casual workforce, • Security guard, doormen, bouncer or person employed in crowd control, • Sex worker, • Sheltered workshop employee, • Underground or underwater worker, • 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.</p>
Injury	means bodily injury caused by violent, external and visible means.
Illness	means a sickness, disease or disorder
Insured Person/s	means an Eligible Person for whom cover other than Accident Cover is in force.
Overseas	means anywhere other than the Commonwealth of Australia and its Territories.
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> <p>(a) Requires the employee to perform identifiable duties for a regular number of hours each week, and</p> <p>Provides the employee with paid annual leave, sick leave, leave loading and long service leave.</p>
Terminal Illness	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 12 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.
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 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.
Premium	<p>means the money paid to the Insurer or owed to the Insurer for the insurance provided under The Policy.</p> <p>Late Payment of Premium</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>

When Cover Ceases	<p><u>Cover for an Insured Person under the Policy ceases on the earlier of when:</u></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 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 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. <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. <u>Where cover has ceased</u>, 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.</p> <p>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.</p> <p><u>Reinstatement of Cover</u></p> <p>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.</p>
Termination of Cover	<p>Cover ceases on the earliest of the following:</p> <ol style="list-style-type: none"> 1. When the member turns 70, 2. When the member ceases to be an Eligible Person or Insured Person under Whole Super, 3. 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, 4. On the date the member's account balance is insufficient to pay premiums, 5. Subject to Terminal Illness benefit provisions, on the date a claim is admitted for a benefit for the member, 6. 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, 7. When the member ceases to reside in Australia and the conditions in 'cover whilst overseas' and 'benefit whilst residing overseas' in the Policy are not met, 8. When we notify the member that we wish for the member's cover to cease, or 9. When all cover for every member under the Policy ceases, 10. When the member is on Employer approved leave for longer than two (2) years, 11. When the member ceases to be an Australian Resident, 12. When the member ceases to be a member of Whole Super.

6. Group Income Protection Insurance Terms and Conditions

Whole Super provides members with the opportunity to have Income Protection insurance through a Group Income Protection Policy, issued to us by MLC Limited (**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 section 9.

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.	
General Eligibility	<p>A member is eligible to apply for insurance (Eligible Person) if:</p> <ol style="list-style-type: none"> 1. They are a member of Whole Super, 2. They are an Australian Resident, 3. They are aged between 15 and 60, 4. The member is not employed in an Excluded Occupation, or does not perform any duties of an Excluded Occupation, 5. The member is currently gainfully employed as a Permanent Employee or Contractor working 15 more hours each week on the date they join Whole Super, 6. 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 7. The Insurer expressly agrees in writing that the member is an Eligible Person.
Benefit Period	<p>means:</p> <p>The 2 year or to age 65 period which an Eligible Person may nominate on their application for Income Protection insurance.</p> <ul style="list-style-type: none"> • Where an Eligible Person is applying to transfer existing Income Protection insurance to Whole 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.
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.
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 <p>provides the employee with paid annual leave, sick leave, leave loading and long service leave</p>
Exclusions	<p>No benefit will be payable when a claim arises directly or indirectly as a result of:</p> <ol style="list-style-type: none"> 1. War or an act of war, 2. Self-inflicted harm or attempted suicide, regardless of whether the Insured Person was sane or insane at the time, 3. 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, 4. Participation in a criminal act, or 5. Any other exclusion advised in the underwriting process, 6. Service in the armed forces with the exception of the Australian Defence Force Reserves. <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>
Excluded Occupation	Refer above Group Life Terms & Conditions or Policy Definitions for further details.
Pre-existing Medical Conditions	<p>Disclosure of pre-existing medical conditions:</p> <p>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.</p>
Monthly Income	<p>means:</p> <ol style="list-style-type: none"> 1. 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 2. 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.
Monthly Benefit	<p>means:</p> <ol style="list-style-type: none"> 1. 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.
	2.	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.
Employer Superannuation Contribution Benefit	<p><u>When the Insurer pays an Employer Superannuation Contribution benefit:</u></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>	
Disability	<p>means:</p> <p>Either Total Disability or Partial Disability.</p>	
Total Disability	<p>An Insured Person is totally disabled if, because of Illness or Injury, they are:</p> <ol style="list-style-type: none"> 1. 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, 2. Under the regular care of, and following the advice of a Doctor, and 3. 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>	
Partial Disability Benefit	<p>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> <ol style="list-style-type: none"> 1. 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 2. Is under the continuous and regular care of a Doctor and undergoing appropriate treatment, and 3. 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>	
Partial Disability	<p>means:</p> <p>Where a benefit is payable under the above clause and where an Insured Person has ceased to suffer Total Disability and:</p> <ol style="list-style-type: none"> 1. Has resumed partial employment or in the Insurer's opinion, is deemed capable of returning to partial employment duties, and 2. As a result of the Injury or Illness that caused their Total Disability the Insured Person receives, or would in the Insurer's opinion receive, a Post-Disability Income that is less than their Monthly Income, and 3. Is under the continuous and regular care of a Doctor undergoing the appropriate treatment. 	
Post-Disability Income	<p>means:</p> <p>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.</p>	
Cover Commencement	<p>Cover commences on the date the Insurer advises in writing that it has agreed to accept cover subject to:</p> <ol style="list-style-type: none"> 1. The provisions on transfer of cover, and 2. Receipt of a fully completed and signed Whole Super membership application form, and 3. The Eligible Person's account with Whole Super having sufficient funds to cover the premium due within 31 days of their cover being accepted by the Insurer, and 4. 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. <ol style="list-style-type: none"> 1. When a contribution in respect of that member has been received by us, and 2. On the date the Insurer advises in writing that they have agreed to accept cover. 	
Election	<p>means the notification, in the form agreed between the Policy Owner and Us, provided to the Fund by an Insured Person to continue their cover if their Account in the Plan becomes Inactive</p>	

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> <p>A person who has made an Election, or</p> <p>A person who has nominated to change or alter their cover after 8 May 2018 and prior to 1 April 2019</p> <p>A defined benefit member, or</p> <p>An Insured Person whose Employer Contribution includes an additional amount to pay Premiums due.</p>
Benefit Limits	<p>Irrespective of any other provisions of the Policy:</p> <ol style="list-style-type: none"> 1. 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 2. The Insurer is not liable to continue to pay a benefit in respect of a member once they are 65 years old, and 3. 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 Offsets	<p>How the Monthly Benefit may be offset:</p> <ol style="list-style-type: none"> 1. The amount of the Monthly Benefit in respect of the Insured Person for a month will be 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. 2. 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. The amount of the Monthly Benefit will be reduced by any Other Disability Income including sick leave benefits that the member receives or is entitled to during that month.
Other Disability Income	<p>means:</p> <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> <ol style="list-style-type: none"> 1. Any other income derived as a result of incapacity under any other insurance policy, and 2. Any benefit under any worker's compensation, motor accident compensation or other similar State, Federal or Territory legislation, and 3. Sick leave entitlements <p>But does not include:</p> <ol style="list-style-type: none"> 4. Income earned from investments, and 5. Any lump sum total and permanent disablement benefit, lump sum superannuation benefit, lump sum trauma or terminal illness style of benefit, and 6. Annual leave or long service leave entitlements, and 7. 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>
Benefit Indexation	<p>How and when the Monthly Benefit increases:</p> <p>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.</p>
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> <ol style="list-style-type: none"> 1. The maximum amount of cover which would have been applicable to the person as an Insured Person, 2. The amount of cover being applied for, or 3. \$15,000 per month. <p>Unless otherwise agreed between us and the Insurer, 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>

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.
Inactive	Means the Policy Owner has not received an Eligible Contribution for an Insured Person's account for 16 consecutive months.
Notice of a Claim	When a notice of claim should be provided: 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 notification does not prejudice its ability to assess the claim.
Commencement of Payments and Ongoing Payments	When benefit payments commence: 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, 1/30 th of the benefit will be paid for each day the benefit is payable.
Death Benefit Whilst on Claim	Additional lump sum death benefit: Where an Insured Person who is in receipt of a Total Disability or Partial Disability benefit dies, the Insurer will pay us an additional lump sum death benefit.
Approved Rehabilitation Benefit	Discretionary payment for Approved Rehabilitation: 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.
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.
Recurrent Disability Benefit	When a recurrent Disability benefit is paid: 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.
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 Insured Person who joined the Plan between 1 November 2019 and 31 March 2020.
Premium	means the money paid to the Insurer or owed to the Insurer for the insurance provided under the Policy.
Waiver of Premium	When a premium is waived: 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.
Waiting Period	<u>means the period stated in the Policy Schedule and described in clause 5.5 of The Policy.</u>
Cessation of Payments	Benefit payments will cease on the earliest of the following events: <ol style="list-style-type: none"> 1. The Insured Person no longer has a Total Disability or Partial Disability, or 2. The member dies, or 3. The maximum Benefit Period expires, or 4. The member turns 65, or 5. The member is no longer under the regular care of and following the advice of a Doctor, or 6. 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 7. The Trustee of the Fund or the member fail to provide the Insurer with any requested information that is required to assess the Insured Person's claim, or 8. A fraudulent claim is made in respect of the Insured Person.
Cover while Overseas	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: <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

	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.	
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. 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.	
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>	
Termination of Cover	<p>Cover ceases on the earliest of the following:</p> <ol style="list-style-type: none"> 1. When the member turns 65, or 2. When the member ceases to be an Eligible Person or an Insured Person under Whole Super, or 3. 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 4. On the date the member's account balance is insufficient to pay premiums, or 5. When the Benefit Period expires, or 6. 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 7. When the member dies, or 8. When the member retires permanently from the workforce, or 9. When the member is the subject of a fraudulent claim, or 10. When we notify the Insurer that we wish for the member's cover to cease, or 11. When all cover for every member under the Policy ceases. 12. When the member ceases to be a member of Whole Super, 13. When the member ceases to be an Australian Resident, 14. When the member is on Employer approved leave for over two (2) years, 15. When the member ceases to be employed, 16. 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. 	

7. 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.

Subject to providing evidence of your claim, we will determine whether you are entitled to be paid based on the terms of the Policy, the Fund's rules and the law.

Please contact us on 1300 850 453 if you wish to make a claim.

8. Other Information

Change of Circumstances

- 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 1300 850 453 to determine the impact of any changes to your circumstances.