



Australian Practical Superannuation

Insurance guide

01 July 2024



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IMPORTANT INFORMATION

The information in this document forms part of the Australian Practical Superannuation Product Disclosure Statement (PDS) dated 1 July 2024. It contains a number of references to important information in the PDS and Additional Information Guide which also form part of the PDS. Terms capitalised in this Insurance Guide are defined in Part 11 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 862 862 (within Australia), online at auspracsuper.com.au or via the Secure Online Portal. A paper copy of any updated information will be provided to you free of charge, upon request.

The information contained in this Insurance Guide is a summary of the terms and conditions associated with the

Group Life Insurance Policy. Full terms and conditions of the policy can be provided upon request.

To the extent this Insurance Guide is inconsistent with the Group Life Insurance Policy, the terms of the policy will prevail. The terms of the policy may change after the date this Insurance Guide is prepared, without reference to the Fund's members.

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

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

Australian Practical Superannuation is a superannuation product offered through OneSuper ABN 43 905 581 638 bearing the brand AusPrac Superannuation (the Fund). The Sponsor and Promoter of the Fund and Australian Practical Superannuation is OneVue Wealth Services Ltd ABN 70 120 380 627 AFSL 308868 (OneVue Wealth). OneVue Wealth has appointed Sequoia Asset Management Pty Ltd, ABN 70 135 907 550 AFSL 341506 as the Sub-Promoter of Australian Practical Superannuation.

For the purpose of this document Australian Practical Superannuation is referred to as Australian Practical Superannuation or the Fund.

Your Duty To Take Reasonable Care not to make a misrepresentation

When you apply for life insurance, 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://www.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.

For more information:

Phone 1300 862 862

Write PO Box 1282 Albury NSW 2640

Visit auspracsuper.com.au

1 Australian Practical Superannuation insurance at a glance

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 can be severely affected.

You can access affordable insurance cover through Australian Practical Superannuation to protect your family's financial security against the unexpected.

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

The Fund provides for the following insurance policy types:

- Group Life cover – Death, and Death & TPD (Default Cover and Voluntary Cover), and
- Retail Insurance cover (Voluntary Cover, available through your financial adviser.

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

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

You can choose to take up all or any combination of the above insurance cover benefits through either Group or Retail Insurance cover.

2 How insurance is applied to your Australian Practical Superannuation Account

Summary of insurance – Group and Retail

	Group Life	Retail
Insurer	MLC Limited (ABN 90 000 000 402)	As determined by you and your Sequoia financial adviser

	Group Life	Retail
Insurance Cover Offered	Death Death & TPD Terminal Illness	Death TPD Terminal Illness Income Protection
Application	Through Australian Practical Superannuation Online	Through your Sequoia financial adviser
Insurance Terms	Refer to the Australian Practical Superannuation PDS and this Guide	Refer to the retail insurer's product disclosure statement. (Your financial adviser should provide you with a copy of this)
Policy Owner	The Trustee of the Fund	
Premium Payment	Deducted from your Fund Account	
24 Hour Worldwide Cover	While in force, insurance cover operates 24 hours a day, from midnight AEST on the day it commences worldwide. (Conditions apply)	

Types of Group Life Insurance

The Fund offers two types of default Group Insurance cover – personal and employee, with both offering voluntary cover, which is subject to underwriting.

The type of default insurance cover available to you is determined by your employment status.

Your employment status:	You are eligible to apply for:
You are an employee of a Participating Employer¹ in a Corporate Sub Plan¹	Corporate Division cover
All others	Personal Division cover

Corporate Division cover is only available to employees of a Corporate Sub-Plan with a minimum of 25 Insured Persons and after provision of a quote by the Insurer and acceptance of the specific corporate sub plan group insurance arrangements.

Fees and costs

There are costs associated with insurance cover. These costs, including premiums and administration fees which are

¹ Participating Employer means an employer in a Corporate Sub-Plan of the Corporate Division with a minimum of 25 Insured Persons who makes or agrees to make superannuation guarantee contribution payments in respect of them to the Trustee, and also includes an employer who was instructed by

an Eligible Person to direct superannuation guarantee contributions to the Personal Division of the Fund under Choice of Fund legislation. Refer to the Insurance Guide Terms and Conditions Part 11 for further details.

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.

Insurance fees

If you take up insurance cover, insurance administration fees are payable in addition to your premium.

Type of fee	Amount	How and when paid
Activity Fee: Insurance Administration Fee (Group Life and Retail Policies)	\$75 p.a.	1/12 of the annual fee charged at the end of each month and deducted from your Account.
Activity Fee: Insurance Establishment Fee (Retail Policies only)	\$75	Charged at the end of the month and deducted from your Account on commencement of your cover.
Activity Fee: Insurance Payment Administration Fee	\$Nil	Only applies to income protection insurance payments (if applicable) charged at the time of payment and deducted from your Account with each payment.

Australian Practical Superannuation Super summary

Benefits	<p>Death cover – provides a lump sum benefit in the event of death.</p> <p>Terminal Illness – provides a lump sum payment on the diagnosis of Terminal Illness. This payment is an advanced payment of a death benefit.</p> <p>Total & Permanent Disablement – provides a lump sum payment upon Total & Permanent Disablement.</p>
Expiry age	<p>Death cover ceases when you turn 70 years old.</p> <p>TPD cover decreases by 10% each year from your 61st birthday and ceases when you turn 70 years old.</p>
‘Choice of fund’ transfer	<p>Where you have chosen Australian Practical Superannuation under ‘choice of fund’ arrangements, you may be able to transfer your existing death or death & TPD cover into the Fund without medical underwriting from your existing:</p> <ul style="list-style-type: none"> ■ employer sponsored policy, or ■ personal superannuation policy with another Australian life insurer. <p>See Part 5 for eligibility and restrictions.</p>
Nominated Events increase option	<p>You may be able to increase your group life insurance cover without medical underwriting in the event of:</p> <ul style="list-style-type: none"> ■ 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. <p>See part 7 for eligibility and restrictions.</p>

Eligibility for automatic cover	<p>Automatic acceptance is available for default insurance cover for an Eligible Person or an Insured Person through the Fund. Eligibility and benefit limits apply.</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, and ■ is aged 25 or more and has an Account balance of \$6,000 in the Fund or is Inactive, and ■ there is an Automatic Acceptance Limit that applies to the Eligible Person, and ■ there are guidelines about the level of insurance cover, and ■ the conditions under which cover may be obtained have been established, and have been agreed to in writing. <p>See Part 3 for further information on eligibility and restrictions for the Personal Division and Corporate Division.</p>
Underwritten cover	All cover is underwritten by the Insurer.
Maximum cover	<p>Death cover – Unlimited.</p> <p>Terminal Illness – \$3,000,000.</p> <p>Total & Permanent Disablement – \$3,000,000.</p>
Total & Permanent Disablement (TPD)	<p>You, the Insured Person is unable to do any work as a result of Injury or Illness for three consecutive months and is in the opinion of the Insurer at the end of that three months continues to be so disabled that you are unlikely to resume your previous occupation at any time in the future and will be unlikely at any time in the future to perform any Other Occupation, or</p> <p>You, the Insured Person as a result of Illness or Injury:</p> <ul style="list-style-type: none"> ■ suffer a permanent impairment of at least 25% of whole person function, ■ are disabled to such an extent, as a result of this impairment, that the Insured Person is in our opinion 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, or ■ as a result of Illness or Injury, suffers the total, permanent and irrecoverable loss of the use of two limbs, or the sight of both eyes, or the use of one limb and sight of one eye.
How premiums are calculated	<p>Premiums are calculated based on a number of factors including:</p> <ul style="list-style-type: none"> ■ current age, age next birthday, occupation, gender, ■ personal pastimes and state of health, and ■ level and type of cover.
Exclusions / Limitations	<p>There are also situations where benefits will be restricted or will not be paid. Default insurance cover is New Events Cover, and is limited for the first twenty-four months of your membership. Any pre-existing illness or injuries are not covered during this time. Refer to Part 3 Cover when you join for further details..</p>

3 Cover when you join

Australian Practical Superannuation offers Default Death and TPD insurance with an Automatic Acceptance Limit to eligible members. The amount of Default insurance cover you receive is determined by your age next birthday as presented in table 1 below:

Table 1: Default Death and TPD Insurance Cover

Age next birthday	Sum insured	Age next birthday	Sum insured
16-25	\$100,000	64	\$70,000
26-30	\$150,000	65	\$60,000
31-40	\$250,000	66	\$50,000
41-50	\$200,000	67	\$40,000
51-60	\$150,000	68	\$30,000
61	\$100,000	69	\$20,000
62	\$90,000	70	\$10,000
63	\$80,000		

The level of insurance provided as default cover (Agreed Benefit) will be adjusted throughout the life of your Australian Practical Superannuation membership determined by your age.

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 April every year).

For example:

If you are aged 40 when you join the Fund, you will receive \$250,000 of Default cover. The following year at your Age Next Birthday of 41(at annual review date) , your default cover would reduce to \$200,000.

To be eligible for Personal Division Default Death and TPD insurance cover:

- you must satisfactorily complete a Membership Application form including answering 'no' to the agreed health questions, and this must be received by the Fund with 31 days of being lodged, or signed, dated and submitted,
- you must be currently engaged in gainful employment (for TPD eligibility only). If this provision is not met you will be eligible for default death cover only,
- you must be More than the Minimum Entry Age, have an Account balance within the Fund of \$6,000, and be less than the Maximum Entry Age of 69 years,
- a contribution is received by the plan within 31 days of the date that the Membership Application Form is received by the Plan in respect of the Eligible Person to cover the first month's premium,
- you must not be applying for, entitled to, or been paid a Total and Permanent Disablement benefit from any superannuation fund or life insurance policy. If this provision is not met you will be eligible for default death cover only,

- you must not have been paid a Terminal Illness benefit from any superannuation fund or life insurance policy. If this provision is not met you will not be eligible for any cover under this Policy, and
- you must not be employed in an Excluded Occupation.

If you are eligible for default insurance cover you will receive Limited Cover for the first 24 months, from the date you join the fund during which pre-existing illnesses and Injuries at the date cover commences are excluded. Limited Cover will cease and full cover will be provided at the end of the agreed 24-month period provided the member was At Work. If at this date, the member is not At Work, Limited Cover will be retained until the member is again At Work. It is important to note that if you have no pre-existing illnesses or injuries there will be no limitation on cover provided.

Any subsequent increase in cover after the initial selection of Default Cover at commencement is subject to Underwriting.

Limited Cover does not apply if your insurance is underwritten and accepted by the Insurer.

Where no election is made on the Membership Application form then no Default Cover is applied.

Where Eligibility requirements are not met, cover is subject to a Personal Statement and Declaration of Health being completed in the first instance and providing any information which we consider necessary for our underwriting purposes and cover will commence from the date that we advise in writing.

Under this basis, cover will commence from the date that the Fund receives a contribution in respect of the Eligible Person to cover the first month's premium.

⚠ Warning:

Commencement of cover: If you accept default cover, it will commence on the date the first contribution or rollover is received into your Account.

Cooling off period: Unless you say no to Default Death and TPD insurance cover, decline the Default Insurance Cover or cancel it, the cost of Default Insurance Cover will be deducted from your Account monthly in arrears. You have 28 days from submitting your application accepting Default cover to change your mind before you will incur an insurance premium. This is known as the cooling off period. After this period no insurance premium refund will be available.

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.

How much will default cover cost

Premiums for the cost of default cover are based on premium rates offered under the Fund's Group Life Insurance Policy. Refer to Part 9 for further information on premium rates and Automatic Acceptance Limits.

4 Convert your default insurance to fixed level insurance

You can convert your default insurance to fixed level insurance by:

1. Logging on to Australian Practical Superannuation online, go to FAQ/Forms tab
2. Download the Variation of Insurance form,, and
3. Submit your request to convert default insurance to fixed level insurance by sending your form to Australian Practical Superannuation, PO Box 1282, Albury NSW 2640.

5 Transferring an existing insurance policy to Australian Practical Superannuation insurance

You may be able to transfer existing Death and TPD insurance cover from your current insurer to Australian Practical Superannuation 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 Australian Practical Superannuation, 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, in the FAQ/Forms tab, or by calling us,
2. Obtain relevant evidence (refer to above eligibility conditions), and
3. Send your form and evidence to: Australian Practical Superannuation, PO Box 1282, Albury NSW 2640.

The transfer of your existing insurance is subject to review by the Insurer. Australian Practical Superannuation 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 Australian Practical Superannuation Account and based on premium rates detailed in the Part 9.

How to apply to transfer cover

1. Logon to Australian Practical Superannuation online,
2. Obtain relevant evidence (refer to above eligibility conditions), and
3. Send your form and evidence to: Australian Practical Superannuation, PO Box 1282, Albury NSW 2640.

The transfer of your existing insurance is subject to review by the Insurer. Australian Practical Superannuation 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 to the Group Life Insurance Policy held under the Fund (e.g. if you applied to transfer \$200,000 death cover, you will be insured for \$200,000 under the Australian Practical Superannuation Group Life Insurance Policy), and
- premiums for transferred cover will be deducted from your Account. Premiums deducted from your Account are based on premium rates offered under the Fund's Group Life Insurance Policy. Refer to part 9.

6 Increasing or applying for insurance

You can apply to increase insurance cover online. All additional insurance will be underwritten⁴ by the insurer and is subject to the following policy maximums:

- Death - unlimited
- TPD & Terminal Illness - \$3 million

⁴ If you are less than 55 you can increase your cover for any of the following types of Lifetime Events without providing further evidence of health: a) home purchase, b) marriage, c) birth or adoption of a child. The amount of additional cover will be:

Personal members - the lesser of: a) 25% of your current cover b) \$200,000 or c) amount of or increase in mortgage.

Employee members - one unit of cover.

Strict conditions and limits apply including a maximum of one increase in any 12-month period.

If you wish to increase your cover, or apply for cover under Australian Practical Superannuation,

1. Obtain and complete the Variation of insurance form, and Personal Statement, available by logging onto the Secure Online Portal, in the FAQ/Forms tab, or by calling us,
2. Send your documents to Australian Practical Superannuation, PO Box 1282, Albury NSW 2640.

All additional insurance is subject to Policy maximums, underwriting and acceptance by the Insurer.

After completing your application for insurance, you will receive immediate notification in writing of whether your application has been accepted by the Insurer, whether additional underwriting is required, or whether any restrictions or premium loadings may be considered appropriate.

Insurance cover only comes into force when underwritten for an Eligible Person when the member is notified of the acceptance of the cover. An increase in Premium, condition, restriction or exclusion on the cover applied for will come into effect immediately. The offer will be advised to the Proposer and it will be the responsibility of the Proposer to communicate the terms of the offer to the Eligible Person or Insured Person. The offer will be deemed to be accepted unless the Proposer, the Eligible Person or the Insured Person, notifies the Fund in writing that the offer is refused.

7 Increase in cover due to a Nominated Event

You can apply to increase your cover without the requirement for full insurance underwriting in the event of:

- marriage,
- divorce,
- where you or your Partner gives birth to or adopt a child/ children, or
- where you purchase a home for permanent residence with a mortgage on that residence of \$100,000 or more.

Increase of cover due to a Nominated Event is limited to an amount equal to the lesser of:

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

Increase in cover due to a Nominated Event is subject to the following conditions:

- you are an existing Australian Practical Superannuation Group Life Insurance Policy member on the date that the Nominated Event occurred, and
- you must be less than 55 years of age as at the date you apply for this increase in cover, and
- your current insurance held under the Policy is not subject to any special conditions such as a premium loading, restriction or exclusion, and
- you must not have previously been declined cover under the Policy, and
- you are not applying for, entitled to, or have not been paid a Total and Permanent Disablement or

Terminal Illness benefit from the Plan, or any superannuation fund or life insurance policy, and

- you can only increase cover for any Nominated Event once in any 12-month period, and
- you can only ever increase cover once for each Nominated Event, and
- you:
 - must apply to Australian Practical Superannuation within 90 days of the Nominated Event, or
 - must apply to the Plan within 30 days of the date of any special offer made by the Plan within the terms agreed between us from time to time, and
- you must provide Australian Practical Superannuation with sufficient proof to confirm that the Nominated Event occurred (e.g. certified copy of your marriage certificate, final divorce statement, adoption certificate, your child's birth certificate or loan agreement), and
- if a claim arises within the first twelve (12) 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, and
- cover will commence from the date that the member is advised in writing.

How to apply for an increase in cover due to a Nominated Event

1. Logon to Australian Practical Superannuation online, and download the form from FAQ/Forms, or call us,
2. Complete the form and obtain relevant evidence (refer to above eligibility conditions), and
3. Send your form and evidence to: Australian Practical Superannuation, PO Box 1282, Albury NSW 2640.

Interim Accident Cover

Inevitably, there is a period of time between an application for cover from an Eligible Person or an application for an increase in the amount of the sum insured being received by the Insurer and the completion of the assessment process. During this time the Insurer may provide cover known as Interim Accident Cover.

What insurance cover will be provided under interim accident cover

The Interim Accident Cover provided will be relevant to the cover you apply for. If you are in the process of applying for death cover, you will receive interim cover for death insurance cover, and if you are in the process of applying for TPD, you will receive interim cover for TPD insurance cover.

Interim Accident Cover will provide for an insurance amount equal to the lesser of the cover being applied for or \$1,500,000, subject to the following:

- you must be less than 65 years of age,
- you must not be applying for, entitled to, or been paid a TPD benefit from any superannuation fund or life insurance policy. If this provision is not met you will be eligible for default death cover only, and

- you must not have paid a Terminal Illness benefit from any superannuation fund or life insurance policy. If this provision is not met you will not be eligible for any cover under this policy.

The insurer will pay Interim Accident Cover in the event of death or TPD but only for Accidental Injury through a visible, violent and external event to the body that results in the death or TPD of an Eligible Person or Insured Person.

Interim cover terminates when your application for insurance is accepted, refused, withdrawn, cancelled, or 90 days after it began, or if the Insurance Policy terminates, whichever occurs first.

When does insurance cover commence

Your cover commences from the day (midnight Australia Eastern Standard Time) when the Insurer advises your application has been approved and you are a financial member of the Fund.

Cover commences once a contribution is received into your Account.

When does insurance cover cease

Cover for an Insured Person under this policy ceases:

- when you reach Maximum Insurable Age, or
- when you cease to be an Eligible Person or Insured Person of the Fund, or
- when you cease to be an Australian Resident, or
- when you commence active service with the armed forces of any country, except as a member of the Australian Defense Force Reserves whilst performing duties within Australia, or
- on the date you advise that you wish to cancel your insurance cover. Cover will cease from the date the request is received by the Fund, or
- on the date your Account balance is insufficient to pay premiums, cover will cease 30 days after that date, 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
- on the date you exercise your right to direct future contributions to another fund and transfer your entire Account balance to this fund as a result of choice of fund legislation, or
- when you claim a benefit and the insurer admits that claim. Death cover for an Insured Person will only continue in the event of a Terminal Illness or Total and Permanent Disablement claim being admitted subject to premium payment, however the death sum insured will be reduced by the same amount of the Terminal Illness or Total and Permanent Disablement benefit you have been paid, or
- you cease to reside in Australia or fail to meet our agreed terms for cover during Overseas residence, or
- you are the subject of a fraudulent claim under the Policy, or
- on the date the Trustee wishes cover to cease for the Insured Person, if it gives the Insurer a notice to

that effect, or

- on the date all cover for every Insured Person under this Policy ceases, or
- in addition, for the Corporate Division:
 - when the member is on Employer approved leave for longer than two (2) years, or the period of time the Insurer has agreed to provide cover under clause 3.12 of the Policy, or
 - On the date you cease employment, unless cover has been transferred to the Personal Division, in line with our agreed terms,

whichever occurs first.

A refund of Premium will be provided if in the opinion of the Insurer, the Premium for you was paid to the Insurer in error by the Fund that related to a period after your cover had ceased.

Cover ceases at midnight Australia Eastern Standard time on the day it terminates.

Working Overseas

When an Insured Person is working Overseas, they will continue to be covered, provided that:

- you remain a member of the Fund throughout the period of Overseas residence,
- the period of Overseas residence is no longer than 3 years,
- the country of residence is not a Hazardous Destination,
- the Premium for the Insured Cover continues to be paid throughout the period of Overseas residence, and
- the Proposer provides any other information about you that is relevant to whether insurance cover can be continued while you are residing Overseas.

Approval for continuation of cover is subject to the Insurers approval and should be obtained prior to departure from Australia, and may be subject to an additional Premium.

Reinstatement of Insurance Cover

Cover for an Insured person that has ceased is only reinstated if the Insurer agrees to reinstate the cover in writing. Reinstated insurance cover is subject to any terms, conditions or restrictions the Insurer considers appropriate at the time of reinstatement.

8

Cancelling or reducing your insurance

You can cancel or reduce your cover at any time by:

1. Logon to Australian Practical Superannuation online, go to FAQ/Forms page,
2. Download the Variation of Insurance form, complete, and
3. Send the completed form to Australian Practical Superannuation, PO Box 1282, Albury NSW 2640.

Before deciding to reduce or cancel any insurance cover you have, please ensure you have considered any potential loss of existing cover or other benefits you may have.

9

How much does insurance cost

The insurance premium you need to pay will depend on certain factors including your age, gender, sum insured, medical history, and occupation. Premiums are payable monthly in arrears on the last working Friday of the following month.

The premium rates shown in the Table 3 assume a white collar occupation. If you fall into a different occupation category, the premium cost to you will vary. Table 2 below shows the applicable premium discount / increase (occupation factor) depending on the actual occupation category the work you do falls within.

To ensure you are being charged the right amount for your insurance, it is important to make sure that we have details of your most recent occupation. In determining your occupation category, detailed in Table 1, the administrator and the Insurer rely on information provided by you or your employer (as the case may be).

You must notify us if your occupation details change, or if we have an incorrect occupation category recorded for you. If we don't have details of your occupation, your premiums will be calculated using the "Skilled" occupation category.

There are costs associated with insurance cover. These costs which are deducted from your Account are calculated on the amount of cover you request, your membership type, your age, gender, occupation, income (in the case of income protection) and assessment by the Insurer.

Table 1

Member class	Type of occupation
Professional	Employees who hold a tertiary qualification and are registered by a government body or are members of a professional institute and earn more than \$100,000 pa. These occupations must be working in a sedentary capacity in an office environment, in an office or retail building, with less than 20% time spent outdoors.
White Collar	Employees mainly engaged in clerical and administrative office based duties working indoors and in a sedentary capacity.

Member class	Type of occupation
Light Manual	Employees mainly engaged in light manual duties or who travel but do not deliver goods (e.g. retail and sales personnel, computer technicians, supervisors of manual work or professionals with some fieldwork).
Skilled	Skilled trades-persons and semi-skilled employees who hold a trade certificate and who perform a moderate amount of manual work (e.g. plumber, carpenter, nurse).
Unskilled	Unskilled employees mainly performing manual work or skilled employees performing heavy manual work (e.g. construction workers, factory workers, cleaners, laborers, delivery drivers, store men, production workers and machine operators).
Excluded Occupations	Any employees who are working in higher risk occupations. This list is by no means exhaustive. Examples include: <ul style="list-style-type: none"> ■ air traffic controllers, ■ earth drilling, mineral exploration, miners or person working with explosives, ■ fireman, police, ambulance officer or paramedic, ■ fisherman, ■ forestry workers, ■ offshore oil rig workers, ■ pilots, ■ professional entertainers such as actors, dancers, musicians or stage performers, ■ professional or semi-professional sports people, ■ seasonal workers or employees in industries with a high level of seasonal or casual workforce, ■ security guards, doormen, bouncers or persons employed in crowd control, ■ sex workers, ■ sheltered workshop employees, underground or underwater workers, workers in the horse racing industry such as trainers, jockeys or strippers, and ■ workers whose work requires them to work at heights of 12 meters or higher such as riggers, scaffolders, roof workers or antenna erectors.

Table 2 - Personal Division Occupational Loading Factors

Member Class	Death Only Factor	Death & TPD Factor
Professional	85%	85%
White Collar	100%	100%
Light Manual	120%	140%
Skilled	150%	200%
Unskilled	175%	250%

To work out your premium

		Example
1	Write down your sum insured amount	\$500,000 Death & TPD Cover
2	Divide this by \$1,000	500
3	In Table 3, find the column which matches your cover type	Death & TPD
4	In Table 3, find the column which	Male

	matches your gender	
5	In Table 3, move down the column until you are in line with your age next birthday on the annual review date-1 April annually.	34
6	Write down this figure	\$0.56
7	Multiple #2 by #6	$500 \times 0.56 = \$280.00$
8	Write down your occupational factor	Light Manual, Death & TPD = 140%
9	Multiple #7 by #8	$\$280 \times 140\% = \392.00 This is your Annual Premium
10	To work out your monthly premium, divide #9 by 12	$\$392.00 / 12 = \32.67

Table 3: Personal Division – Death, Death & TPD Insurance Cover

Annual Premium Rates per \$1,000 agreed benefit – White collar

Age	Death Only Male	Death Only Female	Death & TPD Male	Death & TPD Female
16	0.53	0.17	0.60	0.22
17	0.53	0.17	0.60	0.22
18	0.53	0.17	0.60	0.22
19	0.53	0.17	0.60	0.22
20	0.53	0.17	0.60	0.22
21	0.53	0.15	0.60	0.22
22	0.50	0.15	0.59	0.19
23	0.48	0.14	0.56	0.18
24	0.43	0.14	0.54	0.18
25	0.42	0.12	0.54	0.17
26	0.39	0.12	0.51	0.17
27	0.38	0.12	0.50	0.18
28	0.38	0.12	0.50	0.18
29	0.38	0.12	0.51	0.19
30	0.38	0.14	0.51	0.22
31	0.36	0.14	0.51	0.23
32	0.36	0.15	0.51	0.25
33	0.38	0.17	0.54	0.29
34	0.39	0.18	0.56	0.32
35	0.41	0.19	0.59	0.36
36	0.42	0.23	0.61	0.41
37	0.43	0.25	0.66	0.46
38	0.48	0.27	0.70	0.51
39	0.51	0.32	0.78	0.59
40	0.56	0.35	0.85	0.67
41	0.59	0.38	0.92	0.74
42	0.66	0.41	1.03	0.84
43	0.72	0.43	1.16	0.92
44	0.76	0.48	1.29	1.01
45	0.85	0.49	1.44	1.09
46	0.92	0.51	1.64	1.21
47	1.01	0.56	1.83	1.35
48	1.10	0.60	2.06	1.52
49	1.22	0.67	2.30	1.72
50	1.31	0.74	2.58	1.97
51	1.42	0.82	2.85	2.23
52	1.55	0.91	3.20	2.52
53	1.67	1.00	3.57	2.83
54	1.82	1.10	4.00	3.18
55	1.97	1.22	4.39	3.50
56	2.14	1.31	4.87	3.83
57	2.33	1.58	5.40	4.19
58	2.57	1.43	6.02	4.56
59	2.82	1.72	6.73	4.97
60	3.08	1.84	7.52	5.40
61	3.37	1.99	8.32	5.83
62	3.64	2.19	9.17	6.39
63	3.92	2.42	10.08	7.07
64	4.21	2.69	11.03	7.88
65	4.54	3.01	12.12	8.77
66	4.87	3.34	11.03	8.05
67	5.29	3.75	12.08	8.90
68	5.75	4.21	13.24	9.87
69	6.21	4.64	14.46	10.88
70	6.71	5.12	15.77	11.97

Notes relating to Table 3

- Premiums are deducted monthly from your Account and charged at the end of the month.
- Rates shown include stamp duty.
- Rates shown are for White Collar occupations. Occupational loading factors apply for other occupations (see Table 2).
- 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 April every year)

Premium rates are based on your gender, Occupation Category and Age Next Birthday (ANB). The premium rates above apply to a member who meets the White Collar occupation category. The premium rates will be adjusted by the Occupational Loading Factors in Part 9, Table 2.

You may not be eligible for insurance cover due to risk factors, such as your condition of health or the high risk nature of your occupation. The classifications of Excluded Occupations in Part 9, Table 1 are guidelines only and the final determination is at the Insurer's discretion.

The Insurer determines your occupational classification from the information you provide on your application for cover. If you change occupations or believe that your current occupational classification is incorrect, it is your responsibility to contact us immediately and provide an update.

10

Making a claim

Please contact Australian Practical Superannuation on 1300 862 862 if you wish to make a claim. Initial notice of a potential claim should be provided to us as soon as possible after the incident that has caused the claim.

The notice of a claim or potential claim is in the form of an advice, provision of the Insurers claim forms, and any other documents required, including a Doctor's certification if it is required.

Where a claim arises from Total and Permanent Disablement or Terminal Illness, you may at the Insurers discretion, need to attend any medical examinations which the Insurer arranges and/or provide any other information required.

The Trustee will determine whether you are entitled to be paid based on the terms of the policy, the Fund's rules and the law.

What evidence does the Insurer pay for?

If the Insurer requires evidence to assess whether the claim can be pay, the Insurer will pay costs of obtaining that evidence except for:

- proof of the date of birth of the Insured,
- an initial medical report which must be supplied in support of the claim for TPD or in the case of Terminal Illness, an initial specialist report,
- an original or certified copy of a death certificate, and
- travel accommodation expenses incurred in obtaining medical evidence.

If the Insured Person is residing Overseas when making a TPD or Terminal Illness claim, the Insurer reserves the right to ask you to return to Australia at your own expense.

The Insurer may arrange for the Insured Person making the claim to be medically examined in connection with the claim. Further details on the Insurers requirements can be found in Clause 6.4 of the Insurance Policy.

What does Total and Permanent Disablement mean?

Total and Permanent Disablement means that you, the Insured Person is unlikely or unable to work again.

The Insurer definitions of TPD are as follows:

Part 1 – Unlikely to Return to Work

You, the Insured Person is unable to do any work as a result of Injury or Illness for three consecutive months and is in the opinion of the Insurer at the end of that three months continues to be so disabled that you are unlikely to resume your previous occupation at any time in the future and will be unlikely at any time in the future to perform any Other Occupation, or

Part 2 – Permanent Impairment

You, the Insured Person as a result of Illness or Injury:

- Suffer a permanent impairment of at least 25% of whole person function, and
- Are disabled to such an extent, as a result of this impairment, that the Insured Person is in our opinion 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.

Part 3 – Loss of use of

You, the Insured Person, as a result of Illness or Injury, suffers the total, permanent and irrecoverable loss of the use of two limbs, or the sight of both eyes, or the use of one limb and sight of one 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 our opinion:

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

Total and Permanent Disablement in respect of an Insured Person who is:

- gainfully employed as a Permanent Employee working 15 or more hours per week within the six months prior to the Date of Disablement is determined under either Part 1, Part 2, Part 3, Part 4 or Part 5,
- gainfully employed as a Permanent Employee and not working 15 or more hours each week within the six months prior to the Date of disablement is determined under either Part 3, Part 4, or Part 5, or
- not gainfully employed as a Permanent Employee within the six months prior to the Date of Disablement is determined under either Part 3, Part 4 or Part 5.

The Insurer may waive the three 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.

Claims for Total and Permanent Disablement after cessation of cover

If cover for the Insured Person has ceased, Total and Permanent Disablement will only be treated as having occurred before the cessation of the person's cover provided that:

- where the person was aged less than 67 and is gainfully employed as a Permanent Employee or Contractor and working 15 hours or more hours each week within the six months prior to the Date of Disablement, the person commenced their initial period of three consecutive months' absence from work before the cessation of cover,

- the person commenced their initial period of three consecutive months' inability to perform the Activities of Daily Living before the cessation of cover,
- where the person suffers a cognitive loss as described under what does Total and Permanent Disablement means, the person commenced their initial period of three consecutive months' absence from work before the cessation of cover,
- where the permanent impairment or loss, their condition arose before the cessation of cover, or
- the person has not performed any form of work whatsoever since the cessation of cover.

In all other circumstances, once cover for a person has ceased Total and Permanent Disablement is deemed to have occurred after the cover for them has ceased and the Insurer will not pay a benefit from a claim.

Further information can be found in the Australian Practical Superannuation Insurance Policy.

Agreed benefit

The Agreed Benefit that the Insurer must pay is the amount for which cover is in force:

- on the Date of Death, if the claim is for death,
- on the Date of Disablement, if the claim is for Total and Permanent Disablement, and
- on the date that the Insurer is satisfied the Terminal Illness is diagnosed, if the claim is for a Terminal Illness.

Terminal illness benefit

Where the Insurer is satisfied that you have been diagnosed with a Terminal Illness, they will pay a Terminal Illness benefit, subject to:

- you will be eligible for a Terminal Illness benefit where the date of diagnosis of the Terminal Illness is on or after the date your cover commenced. No Terminal Illness benefit will be considered where the date of diagnosis is prior to this date,
- a Terminal Illness benefit will be the lesser of your Agreed Benefit or \$3,000,000. If you subsequently die, provided you remain insured under the Policy and the Insurer continues to receive the premium for your cover, the Insurer will pay the residual death benefit balance calculated as the Agreed

Benefit as at the date of your death, less any Terminal Illness benefit that has already been paid,

- if a Terminal Illness benefit is paid, all cover will cease from that date. However, subject to (b) above any residual death benefit balance will be payable on your death,
- if cover has been terminated, you will no longer be eligible for a Terminal Illness benefit from that date, or
- you must supply at your own expense, supporting medical evidence from two registered doctors, approved by the Insurer, certifying that in the doctors' opinion ("Certification"), you are suffering from an illness or injury that will lead to your death within a period of 12 months ("Certification Period") from the date doctors provide Certification. The Certification provided by the doctors in respect of the Terminal Illness must not extend beyond the Certification Period. At least one 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 their choosing and reserves the right to ask for any additional information necessary to process the claim. Where the Insurer asks for additional information, they will incur the cost of obtaining this information.

Where a Terminal Illness benefit is paid it will be considered as an advance payment of your death benefit.

From the date a Terminal Illness claim has been lodged, you 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.

Voluntary Death

No Agreed Benefit will be paid by the Insurer where death or Terminal Illness of an Insured Person is directly or indirectly caused by suicide or attempted suicide, where the act of suicide or attempted suicide occurs within 13 months from the date of any reinstatement of such cover or additional cover.

Payment of Claim Monies

All claim payments are paid into the Members Account in the Fund in Australian currency.

Accident Cover	means only where a claim is as a result of Injury solely by visible, violent and external means to the body, for cover being applied for.
Accidental Bodily Injury	means only where a claim is as a result of Injury solely by visible, violent and external means to the body.
Activities of Daily Living	means: <ul style="list-style-type: none"> ■ bathing, the ability to wash or shower without assistance, ■ dressing, the ability to put on and take off clothing without assistance, ■ feeding, the ability to get food from a plate into the mouth without assistance, ■ mobility, the ability to get in and out of bed and a chair without assistance, and ■ toileting, the ability to use the toilet including getting on and off without assistance.
Agreed Benefit	means in relation to a person the amount of benefit for which cover is in force. An Insured Person's Agreed Benefit will be adjusted in line with their age next birthday as per Table 1.. Insured Person's will also have the ability to fix their cover at any point in time by writing to the fund. Once a member has fixed their cover, it will remain at the fixed level and will not revert to scale cover. However, a member may elect to reduce their fixed cover at any time by writing to the fund. They will maintain this fixed cover subject to our standard Total Permanent Disablement tapering rules.
Annual Review Date	means the effective date at which we review the insurance benefits and Premium each year identified in Item 4 of the Insurance Policy Schedule.
At Work	means that a person has been actively performing all of the duties and hours of their usual occupation.
Australian Practical Superannuation or Fund	means Australian Practical Superannuation ABN 71 603 157 863, is a sub-plan within OneSuper
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.
Automatic Acceptance and Automatic Acceptance Limit	means cover coming to force and compliant with the insurance policy requirements. Automatic Acceptance Limit means the maximum amount for which cover may come into force as a result of Automatic Acceptance as specified by the Insurance policy.
Choice of Fund Application Form	means the application form that has been agreed between the Fund and the Insurer from time to time.
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 by 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.
Commencement date	means the date specified in Eligibility terms for an Eligible Person or an Insured Person.
Contractor	means a person who is working on a fixed term contract for the Employer with a duration of at least 12 months that requires the person to perform identifiable duties for a regular number of hours each week.

Cover Subject to Special Terms	<p>If the Insurer offers special terms, conditions, restrictions, exclusions or premium loading, the Eligible Person or Insured Person will be required to accept these terms and cover will commence from the date that your acceptance is received by the Insurer, provided that the acceptance is within 28 days of the date of the Insurers offer.</p> <p>From the date of the Insurers offer, an additional interim Accident Cover will be provided for the lesser of 28 days or the date that the eligible Person or Insured Person accepts or refuses the offer.</p> <p>Any exclusions, premium loading, limitations, special terms, conditions or restrictions that came into effect under clause 3.8 of the Policy (Underwriting) will apply above Automatic Acceptance.</p>
Cover whilst working overseas	<p>Cover may continue where you are residing Overseas for work purposes provided that,</p> <ul style="list-style-type: none"> ■ you remain a member of the Fund throughout the period of Overseas residence, ■ the period of Overseas residence is no longer than three (3) years duration, ■ at the time of your departure, the country of residence is not considered a Hazardous Destination as determined by the Department of Foreign Affairs and Trade, ■ the premium continues to be paid, and ■ you provide any other information the Insurer considers necessary to make a decision on whether cover will continue. Continuation of cover beyond three (3) years is subject to individual approval from the Insurer prior to your departure from Australia and may be subject to an additional premium. <p>When employment is resumed, cover that was terminated during the period of Overseas residence may be reinstated subject to acceptance by the Insurer.</p> <p>Where these requirements are not met, approval for continuation of cover will be subject to the Insurer's approval and should be obtained prior to departure from Australia. Approval of this cover may be subject to an additional premium.</p> <p>The Insurer reserves the right to require for you to return to Australia at your own expense in the event that you submit a claim for total & permanent disablement or terminal illness.</p>
Date of Disablement	<p>Total and Permanent Disablement is determined as having occurred on:</p> <ul style="list-style-type: none"> ■ the date on which the three (3) months consecutive absence from work that results in Total and Permanent Disablement began, ■ the date on which the three (3) months consecutive inability to perform the Activities of Daily Living that results in Total and Permanent Disablement began, ■ the date you suffer the loss of the sight in both eyes, or the use of both limbs, or the sight in one (1) eye and the use of one (1) limb, ■ the date you suffer the loss of the sight of another eye or the use of another limb, having already suffered the loss of the sight of an eye or the use of a limb, ■ the date on which the Cognitive Loss that results in Total and Permanent Disablement began, or ■ the date on which the permanent impairment that results in Total and Permanent Disablement began.
Default Insurance Cover	means for an Eligible Person or Insured Person in the Personal Division, one unit of cover based on the Agreed Benefit Scale outlined in Table 1..
Doctor	means a qualified medical practitioner 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.
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.
Eligible Contribution	means contributions that include Superannuation Guarantee, additional Employer contributions, personal contributions (including voluntary contributions and contributions made by a spouse), rollovers directly from another superannuation account held on behalf of the Eligible Person and automatic transfers from other superannuation funds. An amount allocated by the Australian Tax Office, co-contributions and the low income super tax offset are not considered an Eligible Contribution.
Eligible Person	means a person who meets the eligibility criteria set out in the Policy.

Excluded Occupation	<p>unless we have expressly agreed in writing to provide cover for them 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, police, ambulance officer or paramedic, ■ fisherman, ■ 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 employees, ■ underground or underwater worker, ■ workers in the horse racing industry such as trainer, jockey or stripper, and ■ workers whose work requires them to work at heights of 12 meters or higher such as rigger, scaffolder, roof worker or antenna erector.
Exempt Member	<p>means the following persons that the fund is permitted to provide insurance cover in respect of despite their Account being Inactive:</p> <ul style="list-style-type: none"> ■ a person who has made an Election, or ■ a person who has nominated to change or alter their cover after 8 May 2018 and prior to 1 April 2019, or ■ a defined benefit member, or ■ an Insured Person whose Employer Contribution includes an additional amount to pay Premiums due.
Forward Underwriting Level	<p>means the amount (if any) of Agreed Benefit in respect of an Insured Person we have notified the applicant that the Insurer will accept without further health evidence.</p>
General Exclusions (Restrictions)	<p>Death, Terminal Illness or TPD insurance benefits will not be paid by the Fund for any claim arising from or caused wholly or partly, directly or indirectly, by any one or more of the following:</p> <ul style="list-style-type: none"> ■ The member actively participating in militant activities, ■ War whether declared or not, military activity or insurrection, ■ For death, the member committing suicide within 13 months of the date of cover or increased cover commencing or recommencing, ■ For TPD, intentional self-inflicted injury or illness or intended self-harm. ■ Any additional exclusions advised by the Insurer in writing during the underwriting process.
Hazardous Destination	<p>means a country that is listed on the Department of Foreign Affairs & Trade website (www.dfat.gov.au) under 'advised against all travel'.</p>
Inactive	<p>means the Fund has not received an Eligible Contribution for an Insured Person's Account for 16 consecutive months.</p>
Injury	<p>means bodily injury caused by violent, external and visible means.</p>
Illness	<p>means a sickness, disease or disorder.</p>
Insured Person/s	<p>means an Eligible Person for whom cover other than Accident Cover is in force.</p>
Insurer	<p>means MLC Limited.</p>

Interim Accident Cover	Interim Accident Cover for an Eligible Person or an Insured Person ceases on the earliest of when: <ul style="list-style-type: none"> ■ the Insurer notifies the Fund of their decision under clauses 3.8 'Underwriting' of the Policy, or ■ the application is withdrawn, or cancelled, or the Insurer is advised it is not being proceeded with, or ■ subject to clause 3.9 (Cover Subject to Special Terms) of the Policy, at midnight on the 90th day after it commenced, or ■ any event happens under clause 7.1 of the Policy (When Does an Insured Person's Cover Cease?), or ■ the cessation of the Policy
Limited Cover	means cover for an Illness diagnosed or an Injury that occurred on or after the date that the cover commenced for an Insured Person.
Loss of sight	means the total and permanent loss of functional sight.
Loss of the use of a limb	means the total and permanent loss of the use of a leg from at or above the ankle or the total and permanent loss of an arm from at or above the wrist.
Maximum Entry and Insurable Age	means maximum entry age is 69 years of age, and maximum insurable age is 70 years of age.
Nominated Event	means: <ul style="list-style-type: none"> ■ marriage, ■ divorce, ■ 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.
Notices	When a notice must be given under this policy it must be given in writing, via email or by fax. A notice which is delivered personally or transmitted electronically is treated as being given on the day it was received and a notice which is posted is treated as being given 3 working days from the date of posting.
Other Occupation	means any occupation the person is qualified to perform by their education, training or experience at the time we assess the claim and includes: <ul style="list-style-type: none"> ■ part-time occupations, and ■ an occupation which may be perceived by the person to be of lower status than the person's previous occupation or an occupation in which the person does not earn as much income as they did in their previous occupation.
Overseas	means anywhere other than the Commonwealth of Australia and its Territories.
Paralysis	means any of the following: <ul style="list-style-type: none"> ■ diplopia which means the permanent and total loss of function of both sides of the body due to Injury or Illness, or ■ hemiplegia which means the permanent and total loss of function of one side of the body due to Injury or Illness, or ■ paraplegia which means the permanent and total loss of use of both legs resulting from Injury or Illness, or ■ quadriplegia which means the permanent and total loss of use of both arms and both legs resulting from Injury or Illness, or ■ tetraplegia which means the permanent and total loss of use of both arms and both legs resulting from Injury or Illness.
Participating Employer	means an employer who makes or agrees to make contribution payments to the Fund in respect of Eligible Persons and abides by the rules governing the Fund.
Partner	means a legal spouse or a person living with an Insured Person as their spouse on a bona-fide domestic basis, they may be the same sex as the Insured Person.

Permanent Employee	<p>means an employee who is employed on a permanent basis under an ongoing contract that:</p> <ul style="list-style-type: none"> ■ requires the employee to perform identifiable duties for a regular number of hours each week, and ■ provides the employee with paid annual leave, sick leave, leave loading and long service leave.
Personal Statement & Declaration of Health	Means the Insurers current Personal Statement & Declaration of Health form as provided to the Fund from time to time
Plan	means the 'Fund' the Australian Practical Superannuation, a sub plan of OneSuper
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 Fund between 1 November 2019 and 31 March 2020.
Policy / Group Life Insurance Policy	means the Group Life Insurance Policy issued by the Insurer, as amended from time to time, held by the Trustee on behalf of members of the Plan.
Premium	means the money paid to the Insurer or owed to the Insurer for the insurance provided under the Australian Practical Superannuation Insurance Policy.
Premium Rate	<p>The premium rates in the Policy will be used to calculate Premium. These rates have been prepared on the basis that:</p> <p><u>Corporate and Personal Division</u></p> <ul style="list-style-type: none"> ■ Premium is payable monthly in arrears incorporating a 4% frequency loading, unless otherwise agreed, ■ there has been no allowance for brokerage, ■ there has been no allowance for an administration fee rebate, ■ they are non-participating, ■ they include stamp duty, and ■ the Corporate Division base rates outlined in the Appendix and the Plan Rating Factor for each Corporate sub-Plan advised by the Insurer will be used to calculate the Premium that will apply to an Insured Person in the Corporate Division, and ■ the Personal Division base rates and Occupational Loading Factors outlined in the Policy will be used to calculate the Premium that will apply to an Insured Person in the Personal Division. <p>The rates will not be varied during the Guarantee Period unless clause 9.7 of the Policy applies. Guarantee Period: 1 October 2020 to 31 August 2022.</p>

Protecting Your Super Premium Review

A variation to the Premium Rate in the Policy Schedule of the Policy for the Fund is required due to the introduction of the Treasury Laws Amendment (Protecting Your Superannuation Package) Regulations 2019 in accordance with Clause 9.7 of the Policy (Guarantee Period) will apply from 1 July 2019. The Insurer has agreed to defer the variation to the Premium Rate until 1 October 2020.

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

In the event the Policy ceases prior to the end of the Guarantee Period, the Insurer will calculate the difference between the amount of Premium remitted and the amount that would otherwise have been due for the period. The difference in Premium will be payable to the Insurer by the Fund.

Special Offer Reinstatement Due to inactive

At 1 July 2019, where cover has ceased as a result of Inactivity (Clause 7.1 (g) of the Policy), an Eligible Person can apply to reinstate the same type and level of cover provided that:

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

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

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

Where requirements above are not met or an Eligible Person applies to reinstate cover after 1 October 2019, all reinstatement of cover will be subject to clause 7.3 of the Policy (Reinstatement of Cover).

Putting Members' Interests First (PMIF) – cessation of cover and reinstatement

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

- made an election to the Fund to continue their cover, or
- since 1 November 2019, ever had an Account balance that has reached \$6,000, cover will cease at midnight on 31 March 2020.

Otherwise, all reinstatement of cover will be subject to clause 8.3 of the Policy (Reinstatement of Cover).

Terminal Illness

means a disease or condition that in the opinion of two registered Doctors approved by the Insurer, 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 the certification in respect of the Terminal Illness and the certification period must not have ended. At least one of the registered Doctors must be a specialist in the field to which the Terminal Illness relates.

Total and Permanent Disablement

Total and Permanent Disablement in respect of an Insured Person who is:

- 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,
- gainfully employed as a *Permanent Employee* or *Contractor* and not working 15 or more hours each week within the 6 months prior to the *Date of Disablement* is determined under either Part 3, Part 4 or Part 5, or
- not gainfully employed as a *Permanent Employee* or *Contractor* within the 6 months prior to the *Date of Disablement* is determined under either Part 3, Part 4 or Part 5.

We 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 us. 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.

Part 1 - Unlikely to Return to Work

The Insured Person is unable to do any work as a result of Injury or Illness for 3 consecutive months and in our opinion at the end of that 3-month period, they continue to be so disabled 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 perform any Other Occupation.

Part 2 - Permanent Impairment

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

Part 3 - Loss of Use Of

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

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

Part 4 - Cognitive Loss

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

Part 5 - Activities of Daily Living

The Insured Person suffers an Illness or Injury, that in our opinion:

- totally and irreversibly prevents them from performing 2 of the *Activities of Daily Living* without assistance from another adult person for at least 3 consecutive months,
- since they became ill or injured, they have been under the regular care and attention of a *Doctor* for that *Illness* or *Injury*, and
- in the Insurer's opinion, 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.

Trustee

means Diversa Trustees Limited.

Worldwide cover

Cover will continue regardless of your geographical location subject to the conditions included in 'Cover whilst working overseas' and 'Termination of cover'.

Sequoia

means Sequoia Asset Management Pty Ltd.

Cooling-off Period

Fund Members have a 28 day cooling off period during which time you can cancel your cover and obtain a refund of the premium (other than any Government taxes or charges that we have been required to deduct).

The 28-day period commences after a membership application form for the insured person has been accepted by the Insurer.

You cannot exercise the right to cancel your cover if you have made a claim for a benefit under the Fund.

After the 28-day cooling-off period, your option to cancel the cover and receive a refund will be forfeited.

How can you obtain up-to-date information?

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

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

Privacy

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

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

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

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

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

You can find out more about our Privacy Policy via Australian Practical Superannuation Online.

Change of Circumstances:

If you change your:

- occupation,
- location,
- income and amount of hours you are working, or
- if you cease working altogether, then the above changes in your circumstances may have an impact on your eligibility to claim for benefits under your insurance should you become temporarily or permanently disabled.

Please let us know in writing or call us on 1300 862 862 to determine the impact of any changes to your circumstances.