



Verve Super Insurance Guide

Issue date: 30 November 2018

The Information in this Insurance Guide forms part of the Product Disclosure Statement (PDS) and should be read in conjunction with the Additional Information Booklet for Verve Super Fund dated 16 November 2018. Copies of these documents are available from the website www.vervesuper.com.au or by calling 1300 799 482.

Issued by Diversa Trustees Limited (ABN 49 006 421 638, AFSL 235153, RSE License L0000635) ('the Trustee'), as trustee of the Future Super Fund ABN 45 960 194 277 ('the Fund'). Verve Super is a sub-plan of the Future Super Fund.

The contact details for Verve Super are:

Website: www.vervesuper.com.au
Email: hello@vervesuper.com.au
Phone: 1300 799 482

The information in this document is of a general nature only. It does not take into account your individual objectives, financial situation or needs. Therefore, you should consider whether this information is appropriate for you having regard to your own circumstances before relying on it. We recommend you seek advice from a licensed financial adviser before making any decisions about this product.

Insurance cover available from the Fund is issued to members through life insurance policies issued by AIA Australia Limited (ABN 79 004 837 861 AFSL 230043) (referred to as the 'Insurer') to the Trustee.

The insurance benefits available from the Fund are subject to the terms and conditions of the relevant insurance policy document held by the Trustee. Any insurance benefits can only be paid by the Trustee to an insured member ('Insured Member') if permitted under the Trust Deed and superannuation legislation.

Some of the terms used in this Insurance Guide are defined in the relevant insurance policy document. The full terms and conditions relating to insurance are set out in the insurance policies and in the event of any dispute about insurance, the policies will take priority over the information in this document. You can obtain a copy of the relevant insurance policy document by contacting Verve Super on 1300 799 482.

AIA Australia, as the Insurer of the Policy has consented to the information relating to insurance being included in this Insurance Guide in the form and context in which it is included, and that consent has not been withdrawn before the date of this Insurance Guide.

Overview of insurance

The Fund's insurance options offer you and your family assistance in the event of your death, or if you suffer a Terminal Illness or become totally and permanently or temporarily disabled. The following insurance cover is available in the Fund:

- Death only
- Death and Total and Permanent Disablement ('TPD')
- Income Protection.

Death and TPD cover

Death only or Death & TPD cover provides an Insured Member or their dependants (as applicable) with a lump sum payment in the event the Insured Member dies or suffers a Terminal Illness or the Insured Member's becomes Totally & Permanently Disabled (where the Insured Member has Death and TPD cover). An Insured Member is Totally & Permanently Disabled if the Insured Member satisfies either the 'TPD - Standard Definition' or 'TPD - Limited Definition'. Refer to the definitions of 'Terminal Illness', 'TPD - Standard Definition' and 'TPD - Limited Definition' in the later sections of this Insurance Guide for when an Insured Member will qualify for a Terminal Illness or TPD benefit.

There is no maximum sum insured for Death cover (subject to financial justification for the insured amount if requested by the Insurer) and the maximum sum insured for TPD cover is \$3,000,000. Nominated sums insured are subject to underwriting and insurance approval and apply to new and transferred applications.

Death only or Death & TPD cover is available to members of the Fund who are:

- aged 15 to 54 (inclusive) for Death & TPD cover; or
- aged 15 to 64 (inclusive) for Death only cover; and
- Australian citizens or Australian permanent residents.

Death only cover is available to the following members:	Death & TPD cover is available to the following members:
<ul style="list-style-type: none"> ○ Permanent Employees ○ Contractors ○ Casuals ○ Non-working members 	<ul style="list-style-type: none"> ○ Permanent Employees working at least 20 hours per week ○ Contractors working at least 20 hours per week

'Permanent Employees', 'Contractors', 'Casuals' are defined in the relevant insurance policy.

For members working in hazardous or uninsurable occupations (in accordance with the Insurer's occupational guide): these members are not eligible for Death only or Death & TPD cover as applicable.

Where a member is not gainfully employed (as defined by the relevant insurance policy) at the time of requesting Death only or Death & TPD cover, the Blue Collar occupation classification rating will apply as a default. Members may at any time change their occupation classification by completing the relevant form.

You can obtain a copy of the relevant insurance policy document by contacting the Administrator on 1300 366 657.
Cover expires as follows:

- Death cover: age 65
- TPD cover: age 55

A member can obtain Death only or Death & TPD cover in 2 ways:

1. opting in for default cover, or
2. applying for voluntary cover.

Default cover

A member can opt-in for a default amount of Death only or Death and TPD cover which changes in accordance with the member's age next birthday (refer to Appendix A for these amounts of cover). The premiums for default cover are based on the member's age next birthday, gender and occupation.

Default cover is available for opt-in within 60 days of the member joining the Fund. If the member satisfactorily answers the list of questions through the online member portal subject, and a super contribution has been received by the Fund (rollover, employer SG contribution or personal contribution), default cover will be provided. However, default cover will be subject to New Events Cover for 2 consecutive years from the date default cover commences (refer to the 'New Events Cover' section to determine how the New Events Cover restriction ceases or can be removed).

If a member does not opt-in for default cover within 60 days of joining the Fund or satisfactorily answer the list of questions, default cover will not be available, and the member may obtain Death only or Death & TPD cover by applying for voluntary cover instead, subject to the voluntary cover application being accepted by the Insurer.

Voluntary cover

Voluntary cover is available to members who:

- wish to increase their existing Death only or Death & TPD cover; or
- are not eligible for default cover (as they did not opt-in for default cover within the required window period or did not satisfactorily answer the list of questions) but wish to apply for Death only or Death & TPD cover.

Voluntary cover is subject to the member meeting the eligibility conditions for Death only or Death & TPD cover, being fully underwritten and accepted by the Insurer.

Where voluntary cover is accepted by the Insurer, the member's total sum insured (including any existing default cover held) will automatically become fixed cover. Premiums for fixed cover thereafter under this option will be equal to the default cover premium rates.

Where an Insured Member with default cover is accepted for voluntary cover and their default cover is subject to New Events Cover, the New Events Cover restriction will be removed as a result of voluntary cover being accepted by the Insurer.

New Events Cover (Death only and Death & TPD only)

Where a member's default Death only or Death & TPD cover is subject to New Events Cover, this means the Insured Member is only covered for claims arising from a sickness which first became apparent or an injury which first occurred on or after the date the Insured Member's cover commenced or most recently commenced under the relevant insurance policy. Where the New Events Cover restriction is in place for 2 consecutive years, the New Events Cover restriction will cease at the end of the 2 year period provided the member is At Work for 30 consecutive days immediately prior to the end of the 2 year period, otherwise the New Events Cover restriction will continue to apply until such time the member is At Work for 30 consecutive days.

A member may choose to remove the New Events Cover restriction during the 2 year period by being underwritten and this is accepted by the Insurer.

If New Events Cover ceases, or is accepted for removal by the Insurer, the member's default cover will revert to full cover.

At Work means that the member is:

- actively engaged in his or her normal duties, without limitation or restriction due to injury or sickness and is working his or her normal hours on the applicable date;

- not restricted by sickness or injury from being capable of performing their full and normal duties on a full-time basis (for at least 30 hours per week) even though actual employment can be on a full-time, part-time, casual or contract basis; and
- not in receipt of, or entitled to claim, any income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.

A member will be considered At Work on the applicable date, as the context requires, if he or she is on approved leave for reasons not related to a sickness or injury, such as maternity/paternity leave and not taking into the account the leave is able to meet the At Work definition.

A member who is not gainfully employed for reasons other than sickness or injury will be considered At Work if the member is not restricted by sickness or injury from being capable of performing their full and normal duties on a full-time basis (for at least 30 hours per week) even though the member is not then working and the member is not in receipt of, or entitled to claim, any income support benefits from any source including workers' compensation benefits, transport accident benefits and disability income support benefits.

Income Protection cover

Income Protection provides a monthly income stream calculated in accordance with the relevant insurance policy ('Monthly Benefit') in the event that an Insured Member is Partially Disabled or Totally Disabled and a sickness or injury causes an Insured Member to be unable to work and earn an income. Approved rehabilitation expenses may also, at the Insurer's discretion, be reimbursed subject to a maximum of 6 Monthly Benefit payments, the Trust Deed and superannuation legislation. For more information contact the Administrator.

An injury must be caused by an accident occurring while a member is insured under the relevant insurance policy and result solely and directly and independently of pre-existing conditions or any other cause. A sickness must manifest itself while a member is insured under the relevant insurance policy.

Refer to the definitions of 'Partial Disability' and 'Total Disability' in the later sections of this Insurance Guide for when an Insured Member will qualify for a Partial Disability benefit or Total Disability benefit.

This insurance covers 75% of an Insured Member's Pre-Disability Income up to a maximum Monthly Benefit of \$20,000 for up to two years (or to age 65 if earlier). Where eligible, Monthly Benefit payments commence after the expiration of the waiting period of 30, 60 or 90 days. The waiting period is calculated in accordance with the provisions in the relevant insurance policy and may be affected by any days that the Insured Member returns to work during this period. An Insured Member can return to work for up to 2 days during the waiting period without any impact on their waiting period. Income Protection cover may be subject to individual transfer terms (where applicable).

Income Protection cover expires at age 65.

How to apply or change your cover?

Insurance cover is optional for members and is not automatically applied to every member of the Fund.

To obtain:

- default Death only or Death & TPD cover, you will need to complete the online questionnaire via the member portal within the specific window periods; or
- voluntary Death only or Death & TPD cover or Income Protection cover, you will need to complete the Life Insurance Application Form available at www.vervesuper.com.au.

The granting of insurance cover is subject to the member meeting the relevant eligibility conditions and any underwriting or medical requirements of the Insurer, as per the online questionnaire or application form.

An Insured Member with Death only or Death & TPD cover may elect, at any time, to reduce their sum insured or cancel Death cover only, TPD cover only, or Death and TPD cover by writing to the Fund at info@vervesuper.com.au. The member will receive written confirmation when their insurance cover is decreased or ceased. However, an Insured Member cannot maintain TPD cover only, and the TPD sum insured cannot be higher than the Death sum insured. Where an Insured Member with default cover reduces their sum insured or cancels cover, the Insured Member's remaining cover will be Fixed Cover and not change in accordance with the member's age next birthday.

An Insured Member with Income Protection cover may elect, at any time, to change their Waiting Period or cancel Income Protection cover by writing to the Fund at info@vervesuper.com.au. The member will receive written confirmation when their insurance cover is changed or ceased.

Where an Insured Member applies for new cover or an increase in existing cover, the requested change will be effective on the day the Insurer accepts the application for cover. Where an Insured Member requests to reduce or cancel their cover, the requested change will be effective on the day after the written request is received by the Fund. An Insured Member's premiums will be adjusted in accordance with the requested change.

All relevant forms for an application in cover or changes to cover is available from www.vervesuper.com.au or on request by contacting the Fund on 1300 799 482.

Duty of disclosure

The Insurer requires the Trustee to disclose the following information. In the following sections ("Your duty of Disclosure", "If you do not tell the Insurer something" and "Privacy"), references to the "**Policy Owner**" is the Trustee, references to "**you**" is the Insured Member and references to "**us**" and "**we**" and "**our**" are the Insurer.

The Trustee, as the Policy Owner owes the Insurer a statutory duty of disclosure under the Insurance Contracts Act 1984 (Cth). As such, it is expected that you (the Insured Member) will provide the Policy Owner and the Insurer with all information necessary to ensure that the Policy Owner has complied with this statutory duty. This includes you informing the Policy Owner and the Insurer of any changes to your personal circumstances such as employment, address and other information that may be relevant to your insurance cover as soon as possible. Please ensure that you read this information carefully. If you have any questions, please contact the Fund.

Your duty of disclosure

Before you become covered by the Insurer, you need to disclose to the Insurer anything that you know, or could reasonably be expected to know, may affect the Insurer's decision to insure you and on what terms. You also need to do so before you extend, vary or reinstate your insurance cover.

We owe the Insurer a statutory duty of disclosure under the *Insurance Contracts Act 1984* (Cth). If you fail to disclose these things to the Insurer, this may be treated as a failure to comply with this statutory duty. The Insurer may then have the rights described below in the "If you do not tell the Insurer something" section.

You do not need to tell the Insurer anything that:

- reduces the Insurer's risk; or
 - is common knowledge; or
 - the Insurer knows or should know as an insurer; or
- the Insurer waives your duty to tell it about.

If you do not tell the Insurer something

The Insurer has a number of rights in the event of non-disclosure. In exercising these rights, the Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the Insurer may apply the following rights separately to each type of cover. The rights are as follows:

- If you do not tell the Insurer anything you are required to, and the Insurer would not have provided the insurance if you had told them, the Insurer may avoid the contract within 3 years of entering into it.
- If the Insurer chooses not to avoid the contract, the Insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if you had told the Insurer everything you should have. However, if the contract provides cover on death, the Insurer may only exercise this right within 3 years of entering into the contract.

- If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position they would have been in if you had told the Insurer everything you should have. However, this right does not apply if the contract provides cover on death.
- If the failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

Privacy

This section summarises key information in AIA Australia Privacy Policy, which may be updated from time to time. For further information, please review the most up to date full version of AIA Australia's Privacy Policy on AIA Australia's website at www.aia.com.au.

AIA Australia Limited is part of the AIA Group. Your privacy is important to AIA Australia and AIA Australia Limited is bound by the privacy principles which apply to private sector organisations under the Privacy Act, and other laws which protect your privacy. AIA Australia Limited, AIA Financial Services Limited, AIA Group and their related bodies corporate and joint venture partners (together referred to as "**AIA Australia**" in this section of the PDS) provide you the following notification and information about AIA Australia's Privacy Policy and your rights.

Why we collect your personal information

AIA Australia collects, uses and discloses personal and sensitive information ("**Personal Information**") for purposes set out in AIA Australia's Privacy Policy, including to process your applications, enquiries and requests in relation to insurance and other products, for underwriting and reinsurance purposes, to administer, assess and manage your insurance and other products, including claims, and to provide, manage and improve AIA Australia's products and services. AIA Australia may not be able to do these things without your Personal Information. AIA Australia may also collect, use and disclose Personal Information to understand your needs, interests and behaviours, personalise AIA Australia's dealings with you, to verify your identity, authority to act on behalf of a customer, maintain and update AIA Australia's records, manage AIA Australia's relationship with you, comply with local and foreign laws and regulatory requests, detect, manage and deal with improper conduct and commercial risks and for reporting and research purposes.

AIA Australia may also notify you of offers and other information about products or services AIA Australia thinks may interest you. If you do not wish to receive these direct marketing communications, you may indicate this where prompted or by contacting AIA Australia as set out in AIA Australia's Privacy Policy.

How we collect, use and disclose your personal information

AIA Australia may collect your Personal Information from various sources including forms you submit and AIA Australia's records about your use of AIA Australia's products and services and dealings with AIA Australia, including any telephone, email and online interactions. AIA Australia may also collect your information from public sources, social media and from the parties described in AIA Australia's Privacy Policy. AIA Australia is required or authorised to collect Personal Information under various laws including the Life Insurance Act, Insurance Contracts Act, Corporations Act and other laws set out in AIA Australia's Privacy Policy. Where you provide us with Personal Information about someone else, you must have their consent to provide their Personal Information to AIA Australia in the manner described in AIA Australia's Privacy Policy.

AIA Australia may collect your Personal Information from, and exchange your Personal Information with, AIA Australia's related bodies corporate including without limitation, joint venture entities ("**Affiliates**") and third parties, including the life insured, policy owner or beneficiaries of your insurance policy, AIA Australia's service providers and contractors and service providers and contractors of AIA Australia's Affiliates, your representatives or intermediaries (including without limitation, your financial adviser and the Australian Financial Service Licensee they represent, the distributor of your insurance policy, the trustee or administrator of your superannuation fund, your employer, unions of current and former staff members of AIA Australia (including contractors) or anyone acting on your behalf including any other representative or intermediary) ("**Representatives**") your bank or health providers, partners used in AIA Australia activities or business initiatives, reinsurers, insurance brokers and intermediaries, distributors, regulatory and law enforcement agencies, and other parties as described in AIA Australia's Privacy Policy. Parties to whom AIA Australia discloses Personal Information may be located in Australia, South Africa, the US, Europe, Asia and other countries including those set out in AIA Australia's Privacy Policy. The Australian Privacy Principle 8.1 applies to disclosing personal information to overseas recipients. AIA Australia is also subject to a range of other legal and regulatory obligations which may require us to impose contractual privacy controls on overseas parties handling Personal Information on our behalf. Where we provide personal information to a third party, the third party may collect, use and disclose your Personal information in accordance with their own privacy policy and procedures and terms of use, which may be different to that set out in AIA Australia's Privacy Policy.

Other important information

By providing information to AIA Australia or your Representatives, the trustees or administrators of a superannuation fund, submitting or continuing with a form or claim, or otherwise interacting or continuing your relationship with AIA Australia, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of Personal Information in the manner described in the most up to date version of AIA Australia's Privacy Policy on AIA Australia's website and that you have been notified of the matters set out in AIA Australia's Privacy Policy before providing Personal Information to AIA Australia. You agree that AIA Australia may not issue a separate notice each time Personal Information is collected.

You must obtain and read the most up to date version of the AIA Australia Privacy Policy from AIA Australia's website at www.aia.com.au or by contacting AIA Australia on 1800 333 613 to obtain a copy. You have the right to access the Personal Information AIA Australia holds about you, and can request the correction of your personal data if it is inaccurate, incomplete or out of date. Requests for access or correction can be directed to AIA Australia using the details in the 'Contact AIA Australia' section below. AIA Australia's Privacy Policy provides more detail about AIA Australia's collection, use (including handling and storage), disclosure of Personal Information and how you can access and correct your Personal Information, make a privacy related complaint and how AIA Australia will deal with that complaint, and your opt-out rights.

For the avoidance of doubt, the Privacy Policy applicable to the management and handling of Personal Information will be the most current version published at www.aia.com.au, which shall supersede and replace all previous Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access, including but not limited to those contained in or referred to in any telephone recordings and calls, websites, applications, underwriting and claim forms, Product Disclosure Statements and other insurance and disclosure statements and documentation.

Contact us

If you have any questions or concerns about your Personal Information, please contact AIA Australia as set out below:

The Compliance Manager
AIA Australia Limited
PO Box 6111
Melbourne VIC 3004
Phone 1800 333 613

When does cover commence?

Default Death only or Death & TPD cover (as applicable) commences on the later of the date the Insurer advises acceptance of the member's opt-in questionnaire and the date the member's first super contribution is received by the Fund.

For an application for voluntary Death only or Death & TPD cover, an application for Income Protection cover, or a reinstatement of previously cancelled cover, cover commences on the date that the Insurer advises acceptance of the member's application for cover. If, however, cover acceptance is not on standard terms, then cover will not commence until the Insurer or the Trustee has been notified in writing of the member's acceptance of any non-standard terms.

Interim cover (Voluntary Death only & Death & TPD)

While a member is applying, and being fully underwritten, for voluntary Death only or Death & TPD cover, interim cover will be provided from the date the Insurer receives the member's application for voluntary cover, until the earlier of:

- 90 days elapsing from the date the Insurer received the member's application;
- the Insurer either accepting or rejecting the member's application;
- the member cancelling or withdrawing the application; and
- the date cover would have otherwise ceased under the relevant insurance policy (refer to the 'Termination of cover' section for a list of these events).

A benefit will be paid in the event of the member suffering an Accidental Injury resulting in the member's death or total and permanent disability. The maximum benefit payable is lesser of the cover applied for and \$500,000.

A benefit will not be payable if, during the interim cover period, death or total and permanent disability is caused directly or indirectly by:

- engaging in any hazardous pursuit (as defined by the relevant insurance policy) or pastime that the Insurer would not normally provide cover for at standard rates or terms; and
- other excluded events under the relevant insurance policy (refer to the 'Exclusions' section for a list of these events).

Accidental injury means a physical injury which occurs whilst the Policy is in force that is caused solely and directly by violent, visible, external and unexpected means that is not traceable, even indirectly, to any pre-existing mental or physical condition.

Interim cover does not apply to opt-in default cover.

Termination of cover

Death only or Death & TPD cover will cease on the earliest of:

- the Insured Member reaches age 65 for Death cover or age 55 for TPD cover;
- the date the Insured Member dies;
- the date a Death benefit (including Terminal Illness benefit) is paid in respect of an Insured Member;

- if the Insured Member has TPD cover, the date a TPD benefit is paid in respect of the Insured Member (however if the Death sum insured is higher than the TPD sum insured, the remaining Death sum insured will continue);
- the date the relevant insurance policy terminates;
- the date the Insured Member provides written notice requesting that cover will be cancelled;
- the date the Insured Member no longer meets the conditions for continuation of cover during Overseas Cover;
- the date the Insured Member ceases to be a member of the Fund; and
- 60 days from the date a premium remains unpaid (i.e. insufficient funds being in the member's account).

Income Protection cover will cease at midnight on the earliest of:

- the date the Insured Member cancels cover;
- the date the relevant insurance policy terminates;
- the date the Insured Member ceases to be a member of the Fund;
- the date the Insured Member ceases to be in active continuous employment for at least 15 hours per week (subject to special arrangements that apply as outlined under 'Cover during Leave Without Pay' section);
- the date the Insured Member reaches age 65;
- the date the Insured Member dies; and
- the date the Insured Member retires from the workforce;
- 30 days from the date a premium remains unpaid (i.e. insufficient funds being in the member's account).

If Income Protection benefits become payable, payments will cease after 2 years, if the Insured Member dies or is no longer disabled or on reaching age 65, whichever is earlier.

Exclusions

For Death only or Death & TPD cover, a Death, Terminal Illness or TPD benefit will not be payable by the Insurer to any Insured Member which is caused wholly or partly, directly or indirectly by:

- active service in the armed forces of any country, territory, foreign or international organisation; or
- participation in a combat or fighting force of any country, territory, foreign or international organisation; or
- engagement in (including planning or preparing for) any terrorism act in Australia or any foreign country;
- any act of invasion or war, whether war is declared or not, in which Australian armed forces are involved, or an Insured Member's country of residence (including temporary residence is involved); or
- death as a result of suicide, whether sane or insane; or
- Terminal Illness or TPD as a result of attempted suicide, a self-inflicted act or self-destruction where sane or insane; or
- any other underwriting exclusion imposed on the Insured Member by the Insurer and notified to the Insured Member at time of acceptance; or
- engaging in any hazardous pursuits (as defined by the relevant insurance policy).

In the case of Insured Members who are lawfully serving within the Australian Defence Forces Reserve, exclusion (a) above is only applicable where the Insured Member has been called up for active service.

For Income Protection cover, a Total Disability or Partial Disability benefit will not be payable where the loss, fatal or non-fatal, is caused by or results from:

- any intentional self-inflicted injury or attempted suicide or self-destruction while either sane or insane; or
- service in the armed forces of any country or international organisation; or
- uncomplicated pregnancy, childbirth or miscarriage.

Cover during Leave Without Pay

For Death only or Death & TPD cover, where an Insured Member takes a period of approved leave without pay (including maternity or paternity leave), and there is documented evidence of an agreed 'return to work' date, cover will continue up to the earlier of the agreed 'return to work' date and 24 months, subject to the payment of premiums for that Insured Member.

An Insured Member may apply to the Insurer to extend the cover period beyond the initial 'return to work' date and up to the maximum 24 month limit provided the Insured Member applied for the extension at least two months prior to the initial 'return to work' date. If the Insurer accepts this extension, cover will continue up to the new 'return to work' date, subject to the payment of premiums for that Insured Member.

For Insured Members that either die or become TPD during the approved period of leave without pay, the sum insured will be based on the Insured Member's sum insured at the date of death or disability. If the Insured Member becomes TPD during the approved period of leave without pay, the TPD definition used to assess the Insured Member will be that which would have applied to the Insured Member on the date immediately prior to the commencement of the approved period of leave without pay.

If the Insured Member has not sought or been granted an extension of cover or the Insured Member's period of leave without pay is more than 24 months, the Insured Member's cover will continue, however this is subject to the payment of premiums and the Total and Permanent Disablement – Limited Definition applying in the event the Insured Member becomes TPD after the approved period of leave without pay.

For Income Protection cover, where an Insured Member takes a period of approved leave without pay (including maternity or paternity leave) cover will continue for up to 12 months, subject to the payment of premiums for that Insured Member.

Where an Insured Member is on leave without pay or unemployed for 3 months or more but less than 12 months immediately preceding the occurrence of an event giving rise to a claim, then any Income Protection claim is assessed against the Insured Member's ability to perform **any** occupation.

Income Protection cover may continue beyond 12 months provided an Insured Member applies to the Insurer and this is accepted by the Insurer.

Overseas Cover

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

Cover for Insured Members who are Australian citizens or Australian permanent residents and are also working outside of Australia for their employer or residing overseas, is available for up to a maximum of 4 years for Death only or Death & TPD cover and up to a maximum of 12 months for Income Protection cover. The details regarding the whereabouts of Insured Members overseas must be provided to the Insurer when requested.

Cover may be extended beyond 4 years for Death only or Death & TPD cover or 12 months for Income Protection cover provided the request for extension is made in writing to the Insurer prior to the expiry of the 4 year or 12 month period (as applicable) and this is accepted by the Insurer. In these circumstances, a premium loading, cover exclusion and/or restriction may be applied to the Insured Member's cover.

Insurance cover is subject to the continuing remittance of insurance premiums whilst the Insured Member is working overseas.

The Insurer reserves the right to require that a claimant returns to Australia (at the claimant's expense) for claim assessment and examination prior to payment of any benefit.

Guaranteed Renewable

An Insured Member's cover will remain in force until cover ceases in accordance with the 'Termination of Cover' section, provided the Insured Member pays the appropriate premiums in full by the premium due date. The Insurer cannot cancel the Insured Member's cover and agrees to offer renewal of the cover each year until a 'Termination of Cover' provision is met.

War Provision

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

Individual Transfer Terms

For members who are insured under another superannuation fund ('Other Fund) or insurance policy ('Other Policy) for Death only or Death & TPD cover or Income Protection cover can transfer that insurance cover into the Fund ('Transferred Cover') and obtain or increase their existing cover under the Fund, subject to the following:

- (a) the member is aged less than 55 (for Death only or Death & TPD cover) or less than 60 (for Income Protection cover);
- (b) the member cancels the Transferred Cover under the Other Fund or Other Policy on the date it is transferred into the Fund (and does not continue the cover under another insurance arrangement for Income Protection cover);
- (c) the member has not been paid, is not eligible to be paid, or has not lodged a claim for, a terminal illness (for Death only or Death & TPD cover), total and permanent disablement or income protection benefit with the Fund, another insurance policy or superannuation fund as at the date of transfer;
- (d) the member has satisfactorily completed the Insurance Transfer Application Form, and this is accepted by the Insurer;
- (e) the member is not terminally ill with a life expectancy of less than 24 months (for Death only or Death & TPD cover) or less than 12 months (for Income Protection cover) as at the date of transfer;
- (f) the member is not restricted, due to injury or sickness, from carrying out all the usual duties of their current and normal occupation for at least 30 hours per week as at the date of transfer (for Death only or Death & TPD cover);
- (g) the member is in gainful employment (as defined by the relevant insurance policy) and physically capable of undertaking gainful employment for at least 30 hours per week as at the date of transfer;
- (h) the member has not been absent from work, due to injury or sickness, for more than 10 days in the last 12 months as at the date of transfer (for Death only or Death & TPD cover);
- (i) the member has not had an application for death, total and permanent disablement or income protection cover declined by any insurer as at the date of transfer (for Death only or Death & TPD cover);
- (j) the member provides to the satisfaction of the Insurer, a copy of:
 - (i) an annual statement from the Other Fund that was issued within 6 months (for Death only or Death & TPD cover) or within 30 days (for Income Protection cover) of the date the transfer is requested; or
 - (ii) a certificate of currency, issued within 60 days (for Death only or Death & TPD cover) or within 30 days (for Income Protection cover) of the date the transfer is requested, from the insurance company that is the issuer of the Other Policy,as confirmation of Transferred Cover held under the Other Fund or Other Policy;
- (k) if the member's Transferred Cover is subject to a premium loading and/or exclusion, the Insurer will only transfer cover that is subject to a premium loading of up to 50% (for Death only or Death & TPD cover) or 100% (for Income Protection cover) and/or subject to no more than 1 exclusion (for Death only or Death & TPD cover) or 2 exclusions (for Income Protection cover). Any loadings, restrictions or exclusions applicable under the Other Fund or Other Policy will continue to apply to the member's Transferred Cover under the Fund; and
- (l) the member's Transferred Cover will commence under the relevant insurance policy on the later of:
 - (i) the date the Insurer accepts the member's application; and
 - (ii) the date the Transferred Cover under the Other Fund or Other Policy is cancelled.

Where the Insurer accepts the application for Transferred Cover based on the above conditions, Transferred Cover will be provided in the Fund based on the terms, conditions, premiums and occupation ratings provided under the relevant insurance policy.

Transferred Cover will be for an equivalent sum insured but subject to a maximum of \$1,000,000 for all transferred Death only or Death and TPD cover or \$10,000 per month for all transferred Income Protection cover. The Insured Member's total cover after the transfer will be subject to the maximum sum insured permitted under the relevant insurance policy.

For Death only or Death & TPD cover, where an Insured Member has default cover under the Fund and an application for Transferred Cover is accepted by the Insurer, default cover will become fixed cover from the date Transferred Cover is accepted by the Insurer. A member cannot transfer TPD only cover into the Fund.

For Income Protection cover, the waiting period which applied to the Transferred Cover under the Other Fund or Other Policy will be applied under the Fund. Where the waiting period under the Other Fund or Other Policy is different to the available waiting periods under the Fund, the member's waiting period will be rounded up to the next longest waiting period available under the Fund. Where the member's Transferred Cover has a benefit period of 2 years or more under the Other Fund or Other Policy, the member's Transferred Cover will have a 2 year benefit period applied under the Fund. If the member's Transferred Cover has a benefit period of less than 2 years under the Other Fund or Other Policy, the member is not eligible to transfer their Income Protection cover into the Fund. Where an application for Transferred Cover is accepted by the Insurer, the Income Protection cover under the Fund is for an indemnity benefit only.

Terminal Illness (Death only or Death & TPD cover)

Subject to the terms and conditions of the relevant insurance policy, a Terminal Illness benefit comprising an advance lump sum payment of 100% of the Death sum insured will be payable to an Insured Member if the Insured Member satisfies the below definition of Terminal Illness.

Terminally Ill means:

- two registered medical practitioners (as defined by the relevant insurance policy) have certified, jointly or separately, and approved by the Insurer, that the Insured Member suffers from a sickness, or has incurred an injury, that is likely to result in death within a period (the certification period) that ends no more than 24 months after the date of the certification; and
- at least one of the medical practitioners is a specialist practicing in an area related to the sickness or injury suffered by the Insured Member; and
- for each of the certificates, the certification period has not ended.

Total & Permanent Disablement or Totally & Permanently Disabled – Standard Definition (Death & TPD cover)

Subject to the terms and conditions of the relevant insurance policy, a TPD benefit will be payable to an Insured Member if the Insured Member satisfies the below Standard Definition.

This Standard Definition applies to an Insured Member who is:

- working on average 20 hours per week or more during the 3 months immediately prior to the Incident Date; or
- not working in a hazardous or uninsurable occupation (in accordance with the Insurer's occupational guide) during the 3 months immediately prior to the Incident Date; or
- on Leave Without Pay of up to 24 months and the Insured Member's Incident Date is within the period of approved Leave Without Pay.

TPD means that the Insured Member has suffered a disability as a result of an injury, sickness or disease, which has:

- (a) prevented the Insured Member from performing any work in their occupation for an uninterrupted period of at least 6 consecutive months solely due to the same injury, sickness or disease; and
- (b) resulted in the Insured Member attending and following the advice of a medical practitioner (as defined by the relevant insurance policy) and has undergone all reasonable and usual treatment including rehabilitation for the injury, sickness or disease; and
- (c) after consideration of all the medical evidence and such other evidence as the Insurer may require, has become, in the Insurer's opinion, incapacitated to such an extent as to render him or her unlikely ever to be able to engage in his or her own occupation and any occupation for which he or she is reasonably suited by education, training and experience.

'Incident Date' in this **Standard Definition** means the first day of the 6 consecutive month period as described in paragraph (a) being the day immediately after the Insured Member has not performed any work in their occupation solely due to injury, sickness or disease.

Total & Permanent Disablement or Totally & Permanently Disabled – Limited Definition (Death & TPD cover)

Subject to the terms and conditions of the relevant insurance policy, a TPD benefit will be payable to an Insured Member if the Insured Member satisfies the below Limited Definition.

The Limited Definition applies to an Insured Member who is:

- not in gainful employment (as defined by the relevant insurance policy) during the 3 months immediately prior to the Incident Date; or
- working on average less than 20 hours per week during the 3 months immediately prior to the Incident Date; or
- working in a hazardous or uninsurable occupation (in accordance with the Insurer's occupational guide) during the 3 months immediately prior to the Incident Date; or
- on Leave Without Pay, however:
 - the Insured Member has not applied for an extension of leave beyond their agreed 'return to work' date; or
 - the Insurer does not approve the extension application beyond their agreed 'return to work' date; or

- the period of leave is more than 24 months, and the Insured Member's Incident Date occurs after the period of approved Leave Without Pay.

TPD means that the Insured Member:

- (a) having been for a period of 6 consecutive months after the commencement of the injury, sickness or disease, continuously and totally unable to perform at least 2 of the following activities of daily living, as certified by a medical practitioner (as defined by the relevant insurance policy) appointed by the Insurer, and provided such continued inability is irreversible as certified by that medical practitioner.

The activities of daily living are:

- (i) **Bathing:** the ability to wash oneself either in the bath or shower or by sponge bath, without the physical assistance of another person.
- (ii) **Dressing:** the ability to put on or take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the physical assistance of another person.
- (iii) **Eating:** the ability to feed oneself once food has been prepared and made available, without the physical assistance of another person.
- (iv) **Toileting:** the ability to get to and from and on and off the toilet, without the physical assistance of another person and the ability to manage bowel and bladder functions through the use of protective undergarments or surgical appliances, if appropriate.
- (v) **Transferring:** the ability to move in and out of a chair, without the physical assistance of another person,

AND

after consideration of all the medical evidence and such other evidence as the Insurer may require, has become, in the Insurer's opinion, incapacitated to such an extent as to render him or her unlikely ever to be able to engage in his or her own occupation and any occupation for which he or she is reasonably suited by education, training and experience.

'**Incident Date**' in this **Limited Definition** means the first day of the 6 consecutive month period as described in paragraph (a) in which the Insured Member is continuously and totally unable to perform at least 2 of the activities of daily work and medical certification has been provided with respect to that date.

Total Disability or Totally Disabled (Income Protection cover)

Subject to the terms and conditions of the relevant insurance policy, an Income Protection benefit will be payable to an Insured Member if the Insured Member satisfies the below Total Disability definition.

Total Disability means that due to injury or sickness, the Insured Member:

- is unable to perform his or her own occupation*;
- remains under the regular care, attendance, and is following the advice of a registered medical practitioner (as defined by the relevant insurance policy) in relation that injury or sickness; and
- is not engaged in any occupation (whether or not for reward).

*In some circumstances, an Income Protection claim is assessed against the Insured Member's ability to perform any occupation (not just their own occupation). Refer to the "Cover during Leave Without Pay" section for when this occurs.

Partial Disability or Partially Disabled (Income Protection cover)

Subject to the terms and conditions of the relevant insurance policy, an Income Protection benefit will be payable to an Insured Member if the Insured Member satisfies the below Partial Disability definition beyond the end of the waiting period and the Insured Member has been Totally Disabled for at least 14 consecutive days during the waiting period. The Partial Disability benefit will be a proportion of the Monthly Benefit calculated in accordance with a formula as described in the relevant insurance policy.

Partial Disability means that, due to injury or sickness, which directly caused the Total Disability the Insured Member:

- is unable to perform one or more important duty of his or her own occupation;
- is capable of working (whether or not for reward);
- is earning an Income from his or her occupation or another occupation at a monthly rate of less than his or her Pre-Disability Income; and

- remains under the regular care, attendance, and following the advice of a registered medical practitioner (as defined by the relevant insurance policy) in relation to that injury or sickness.

Pre-Disability Income (Income Protection cover)

Means the average monthly Income earned by the Insured Member over the 12 months immediately prior to the date of commencement of the Total Disability.

If the Insured Member is an employee, Income is the remuneration package paid by the employer including:

- salary and/or fees
- regular commissions;
- regular bonuses;
- regular overtime; and
- fringe benefits,

but excluding mandated superannuation contributions, irregular commissions, irregular bonuses, irregular overtime and unearned income such as investment or interest earnings.

Income is defined differently for self-employed persons, a working director or partner in a partnership. For further information about what constitutes "Income" and "Pre-Disability Income", contact the Fund.

Offsets (Income Protection cover)

In the event of a claim, the benefit payment will be reduced by any amount which is paid or required to be paid in respect of the Insured Member for any of the following:

- payments made under workers' compensation or Transport Accident Compensation or similar legislation;
- income protection benefits from other insurance companies;
- sick leave entitlements from any source; and
- any income the Insured Member continues to receive from their employer whilst on claim.

If any of the above are paid in the form of a commuted lump sum, the Insurer will convert this lump sum to an equivalent monthly payment deemed to be 1/60 of the lump sum payment.

Concurrent Disability (Income Protection cover)

If an Insured Member is Totally Disabled because of more than one injury or sickness, or from both, benefits are payable in respect only one injury or sickness as determined by the Insurer based on medical evidence.

Recurrent Disability (Income Protection cover)

If an Insured Member has returned to work after being paid an Income Protection benefit and there is a recurrence of the Insured Member's disablement from the same or related cause within 6 months of payments ceasing, the Insurer may recommence benefit payments, waiving the waiting period. The maximum benefit period will be adjusted to take into account the prior benefit payments. Otherwise the recurrent disability may be treated as a separate claim, subject to satisfaction of the waiting period.

Making a Claim:

If a claim arises during a period where an Insured Member's premiums have been not been received by the Insurer but is nevertheless within the 60 days of grace allowed under the relevant insurance policy, no sum insured in respect of such claim will be admitted until all premiums owing are paid.

If at the time of claim, the Insurer or the Trustee establishes that:

- the Insured Member changed to a lower risk occupation, overpaid premiums may be refunded to the Insured Member's superannuation account;
- the Insured Member changed to a higher risk occupation, additional premiums may be deducted from any benefit paid to the Insured Member; or
- an Insured Member changed to a hazardous or uninsurable occupation (in accordance with the Insurer's occupational guide), the Insured Member will be assessed for TPD claims against the Total and Permanent Disablement - Limited Definition.

Prohibition of Certain Transactions

The Trustee and the Insurer, AIA Australia, are governed by controls which mean your insurance cover may be affected. The Trustee cannot pay you a benefit payment or provide you with cover if that cover or payment would breach or violate any of the below:

- o United Nations resolutions;
- o prohibitions or restrictions relating to trade or economic sanctions, including orders made by the United States’ Office of Foreign Assets Control; or
- o any laws, regulations, government policy, regulatory guidance or regulator requests (including in relation to trade or economic sanctions) applicable to the cover, payments, services or benefits (collectively, the “Prohibitions”).

The Trustee normally provides insurance benefits to the extent they are available under the relevant insurance policy that the Trustee holds for the purposes of the Fund. Please note that from 24 June 2017, the Insurer may not be able to provide benefit payments that would contravene Prohibitions covering the European Union or other applicable jurisdictions, due to the terms of the policy and relevant agreements affecting the Insurer.

Insurance Premiums – insurance administration costs

All premium rates shown in this document include insurance administration costs associated with the insurance arrangements payable to the Administrator for its insurance administration services.

Default Cover Scale for Death only or Death & TPD

Appendix A:

Age Next Birthday	Death cover	TPD cover
16	200,000	200,000
17	200,000	200,000
18	200,000	200,000
19	200,000	200,000
20	200,000	200,000
21	200,000	200,000
22	200,000	200,000
23	200,000	200,000
24	200,000	200,000
25	200,000	200,000
26	200,000	200,000
27	200,000	200,000
28	200,000	200,000
29	200,000	200,000
30	200,000	200,000
31	200,000	200,000
32	200,000	200,000
33	300,000	300,000
34	300,000	300,000
35	300,000	300,000
36	300,000	300,000
37	300,000	300,000
38	300,000	300,000
39	300,000	300,000
40	300,000	300,000
41	300,000	300,000
42	300,000	300,000
43	300,000	300,000
44	300,000	300,000
45	300,000	300,000
46	300,000	300,000

47	250,000	250,000
48	250,000	250,000
49	250,000	250,000
50	250,000	250,000
51	250,000	250,000
52	150,000	150,000
53	150,000	150,000
54	150,000	150,000
55	150,000	150,000
56	75,000	n/a
57	75,000	n/a
58	75,000	n/a
59	75,000	n/a
60	75,000	n/a
61	37,500	n/a
62	37,500	n/a
63	37,500	n/a
64	37,500	n/a
64	37,500	n/a
65	37,500	n/a

Death only and Death & TPD Insurance Premium Rates

The table in Appendix B outlines the premium rates for Death only or Death & TPD cover. The rates shown are the dollar cost per annum per \$1,000 of the sum insured. The amount of premium payable will depend on your age, gender and occupation category and is deducted from Insured Member’s accounts monthly in arrears. Please refer to Appendix C for the loading that is applied to the premium rates depending on your occupation category (occupational loading). The premium rates are inclusive of stamp duty*, 20% insurance administration cost plus GST relating to the administration cost.

Appendix B:

Age Next Birthday**	Death only		Death & TPD	
	Male	Female	Male	Female
16	0.72	0.27	0.76	0.29
17	0.72	0.27	0.76	0.29
18	0.76	0.28	0.81	0.30
19	0.84	0.32	0.91	0.35
20	0.91	0.33	1.01	0.37
21	0.96	0.32	1.08	0.37
22	0.97	0.31	1.11	0.36
23	0.99	0.29	1.14	0.34
24	0.99	0.28	1.16	0.34
25	0.98	0.28	1.16	0.34
26	0.96	0.28	1.16	0.35
27	0.93	0.29	1.14	0.37
28	0.92	0.31	1.14	0.40
29	0.89	0.32	1.11	0.43
30	0.88	0.34	1.11	0.47
31	0.87	0.36	1.11	0.51
32	0.87	0.38	1.12	0.56

Age Next Birthday**	Death only		Death & TPD	
	Male	Female	Male	Female
33	0.87	0.40	1.14	0.61
34	0.88	0.43	1.16	0.68
35	0.90	0.47	1.22	0.76
36	0.93	0.52	1.29	0.85
37	0.97	0.57	1.38	0.95
38	1.02	0.62	1.50	1.06
39	1.07	0.68	1.62	1.18
40	1.15	0.75	1.78	1.32
41	1.23	0.82	1.92	1.47
42	1.31	0.90	2.07	1.64
43	1.42	0.99	2.27	1.83
44	1.51	1.07	2.45	2.02
45	1.62	1.17	2.67	2.24
46	1.74	1.28	2.92	2.49
47	1.88	1.38	3.21	2.73
48	2.04	1.50	3.54	3.01
49	2.24	1.62	3.95	3.30
50	2.47	1.75	4.43	3.61
51	2.72	1.88	4.96	3.94
52	3.01	2.03	5.58	4.31
53	3.33	2.19	6.28	4.72
54	3.70	2.38	7.09	5.20
55	4.11	2.60	8.01	5.77
56	4.54	2.87	4.54	2.87
57	5.03	3.18	5.03	3.18
58	5.63	3.54	5.63	3.54
59	6.32	3.95	6.32	3.95
60	7.04	4.41	7.04	4.41
61	7.95	4.94	7.95	4.94
62	9.10	5.53	9.10	5.53
63	10.42	6.19	10.42	6.19
64	11.94	6.91	11.94	6.91
65	13.69	7.70	13.69	7.70

* Premiums are subject to stamp duty based on the stated residence of the Insured Member, ranging from approximately 0% to 11% of the premium (subject always to Government legislation). If you would like more information, contact the Administrator.

** Age next birthday is determined on each premium payment date. A mis-statement of an Insured Member's age may result in an adjustment of benefits or premiums in accordance with the relevant insurance policy.

Occupation Loadings (Death only and Death & TPD cover)

Depending on your occupation category - multiply the premium rate in Appendix B by the figures as shown in Appendix C.

Appendix C:

Occupation category	Death only	Death & TPD
Professional	0.90	0.875
White Collar	1.00	1.000
Light Blue Collar	1.10	1.200
Blue Collar	1.35	1.625
Heavy Blue Collar	1.75	2.500

Generally, the "Professional" occupation category applies to White Collar professionals performing no manual duties who have a tertiary qualification or registered with a professional body and earning a minimum income of \$100,000 per annum such as doctors, lawyers and accountants; "White Collar" occupation category applies to clerical, administration and managerial occupations involving office duties only and who do less than 10% light manual duties such as administrators, book-keepers, computer operators; "Light Blue Collar" occupation category applies to certain light-manual skilled workers such as travelling sales representatives, photocopy/TV repairers, claims/loss assessors, purchasing officer; "Blue Collar" occupation category applies to qualified tradespeople involved in non-hazardous industries doing light-manual work such as qualified cabinet makers, qualified carpenters, qualified mechanic; "Heavy Blue" occupation category applies to unskilled workers and Blue Collar workers in heavy manual occupations who have no unusual accident or health hazard such as cleaners or bricklayers.

Information about the occupation category which applies to specific Insured Members can be obtained from the Administrator.

Income Protection Insurance Premium Rates

The table in Appendix D outlines the premium rates for Income Protection cover. The rates shown are the dollar cost per annum per \$100 of Monthly Benefit, excluding stamp duty* but including 10% insurance administration cost plus GST relating to the administration cost. The premium payable by you depends on your age, gender, waiting period option and occupation category and is deducted from Insured Member's accounts monthly in arrears. Please refer to Appendix E for the loading that is applied to the premium rates depending on your occupation category (occupational loading). The payment of insurance premiums for Income Protection will be waived by the Insurer during a period for which Income Protection benefits are payable for an Insured Member.

Appendix D:

Benefit Period: Waiting Period:	2 Years 30 Days		2 Years 60 Days		2 Years 90 Days	
	Male	Female	Male	Female	Male	Female
Age Next Birthday**						
16	5.52	6.07	4.88	5.05	1.48	1.44
17	5.52	6.07	4.88	5.05	1.48	1.44
18	5.52	6.07	4.88	5.05	1.48	1.44
19	5.52	6.07	4.88	5.05	1.48	1.44
20	5.52	6.07	4.88	5.05	1.48	1.44
21	5.52	6.07	4.88	5.05	1.48	1.44
22	5.37	6.13	4.65	5.10	1.38	1.45
23	5.24	6.19	4.45	5.15	1.29	1.46
24	5.13	6.25	4.27	5.19	1.22	1.47
25	5.03	6.32	4.12	5.24	1.15	1.49
26	4.95	6.38	3.99	5.29	1.10	1.50
27	4.96	6.53	3.94	5.50	1.06	1.58
28	5.01	6.74	3.93	5.70	1.05	1.65
29	5.10	7.01	3.96	5.92	1.04	1.71
30	5.23	7.33	4.03	6.15	1.04	1.76
31	5.39	7.70	4.13	6.40	1.06	1.82

Benefit Period: Waiting Period:	2 Years 30 Days		2 Years 60 Days		2 Years 90 Days	
	Male	Female	Male	Female	Male	Female
Age Next Birthday**						
32	5.60	8.12	4.26	6.67	1.08	1.87
33	5.84	8.59	4.42	6.99	1.12	1.94
34	6.11	9.11	4.61	7.35	1.16	2.02
35	6.42	9.67	4.84	7.75	1.22	2.11
36	6.76	10.28	5.11	8.20	1.29	2.22
37	7.14	10.93	5.41	8.72	1.37	2.36
38	7.56	11.62	5.75	9.30	1.46	2.53
39	8.01	12.35	6.13	9.95	1.57	2.72
40	8.50	13.13	6.55	10.68	1.70	2.96
41	9.03	13.95	7.03	11.49	1.85	3.23
42	9.61	14.81	7.57	12.38	2.02	3.54
43	10.23	15.73	8.17	13.36	2.21	3.89
44	10.91	16.68	8.84	14.44	2.44	4.28
45	11.64	17.69	9.59	15.62	2.70	4.73
46	12.43	18.74	10.42	16.89	2.99	5.21
47	13.29	19.86	11.36	18.28	3.32	5.75
48	14.22	21.04	12.40	19.77	3.70	6.34
49	15.24	22.28	13.57	21.37	4.14	6.98
50	16.35	23.59	14.87	23.09	4.63	7.66
51	17.56	24.98	16.32	24.92	5.18	8.40
52	18.89	26.46	17.94	26.88	5.81	9.19
53	20.34	28.04	19.75	28.96	6.51	10.02
54	21.93	29.73	21.75	31.17	7.30	10.90
55	23.68	31.54	23.99	33.50	8.18	11.83
56	25.60	33.49	26.47	35.96	9.17	12.80
57	27.72	35.59	29.23	38.56	10.27	13.80
58	30.06	37.87	32.29	41.30	11.49	14.85
59	32.65	40.34	35.68	44.17	12.85	15.92
60	35.52	43.04	39.44	47.18	14.35	17.02
61	38.71	45.98	43.60	50.35	16.01	18.15
62	42.25	49.22	48.20	53.67	17.84	19.29
63	46.19	52.79	53.04	56.90	19.72	20.30
64	40.60	45.87	44.31	46.39	15.94	15.80
65	17.88	20.27	16.45	17.25	5.18	5.03

* Premiums are subject to stamp duty based on the stated residence of the Insured Member, ranging from approximately 0% to 11% of the premium (subject always to Government legislation). If you would like more information, contact the Administrator.

** Age next birthday is determined on each premium payment date. A mis-statement in a member's age may result in an adjustment of benefits or premiums in accordance with the Fund's insurance policy.

Occupation Loadings (Income Protection cover)

Depending on your occupation - multiply the premium rate in Appendix D by the figures as shown in Appendix E. If you need assistance to determine the premium rates applicable to other occupations, contact the Administrator.

Appendix E:

Occupation category	Income Protection
Professional	0.90
White Collar	1.00
Light Blue Collar	1.375
Blue Collar	2.30
Heavy Blue Collar	3.00
Hazardous	Not insurable

For an explanation of the occupational classifications, contact the Administrator. Information about your occupation category can be obtained from the Administrator.