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JR Superannuation Fund insurance guide (JRS.03)

- **Employer Division**
- **Personal Division**

If you want to purchase insurance cover (or vary your existing cover) through your super, this guide contains detailed information to help you make your decision.

This guide contains important information including the definitions, exclusions and limitations to any cover you may decide to purchase through your super. It is a summary of the main terms and conditions of the Policy we have with the Insurer. We recommend that you read this entire guide.

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Key words

There may be words in this guide you may not be familiar with. To help you understand these terms we have defined them in Section 7 of this guide and they are capitalised throughout the document.

Section 1 – Insurance coverage – choose what is right for you

Everyone's lifestyle is different. Only you truly understand the effect your death, disablement or inability to work would have on you and your family.

The right insurance cover can provide you with the peace of mind that you or your family will be able to financially survive an unexpected death, illness or injury.

If you are unable to earn an income, the right insurance cover could help you meet repayments and may prevent you from losing any car, home and other assets you may already have. Underinsurance remains a significant issue in the Australian market¹. Many individuals and families experience severe financial hardship following an unexpected death, illness or injury— an added burden at an already difficult time.

Arranging adequate insurance to protect your family and lifestyle can be done tax-effectively through your super account. Further details, including the Administration Fee we charge for this service, is described in the Product Disclosure Statement (PDS). Death and Total & Permanent Disablement (TPD) cover provides a lump sum benefit whereas Income Protection provides a regular monthly benefit for the insured period while you are off work due to illness or injury.

This guide is designed to explain to you, as a member of the JR Superannuation Fund (the Plan), the insurance options available and the terms and conditions under the group life and income protection policies.

Employer Division

If you are a member of the Employer Plan, your employer may have arranged group insurance for its employees. This means that you may automatically receive a basic level of insurance cover with no forms, no health checks and no underwriting (subject to the eligibility requirements for Automatic Acceptance under the Policy). This is called **Customised Cover** throughout this document.

If your employer has not arranged cover for you a default level of insurance cover may be provided. This is called **Default Cover** throughout this document.

You can apply individually for insurance if you would like cover additional to what your employer may have arranged on your behalf.

Personal Division

If you are a member of the Personal Division, you can purchase insurance through the group life and income protection insurance policies we have arranged with the Insurer. This can be achieved tax-effectively by paying premiums for the insurance you need with pre-tax dollars through your super account. Further details, including the Administration Fee we charge for this service, is described in the PDS.

Automatic Acceptance – Employer Division

Automatic Acceptance means you can receive insurance cover up to a certain amount without the need to provide the Insurer with any health evidence. If your Employer Plan is eligible for Automatic Acceptance you may automatically receive the type and amount of cover arranged by your Employer provided you meet the 'At Work' requirements as outlined below under the heading 'Limited Cover' and other relevant terms and conditions of the Policies. Your Member Schedule will indicate any insurance you have under Automatic Acceptance.

If you are eligible to receive automatic cover, it is provided regardless that you may already hold cover in another account within this product or any other IOOF product. However, the total insurance cover you may hold with IOOF will be subject to the insurance policies' terms and conditions, including any maximums. Please contact Pitcher Partners client services if you wish to change your level of cover.

¹ "Rice Warner Actuaries calculate that the fact that over 95 per cent of families do not have adequate insurance means Australia is underinsured by \$1.37 trillion" Lifewise/NATSEM Underinsurance report Feb 2010 (page 5).

Customised Cover

Where your employer has nominated an insurance benefit design, provided you satisfy the relevant eligibility criteria and other requirements under the Policy you may be automatically entitled to the amount of cover nominated by your employer.

Where your employer has not nominated an insurance benefit design the Insurer will provide Default Cover for new members.

Default Cover

Default Cover is provided automatically to eligible members (who are not provided Customised Cover), that is members who are aged 69 or younger when they join the Plan. The amount of Default cover that is provided is based on a fixed premium of \$3.00 per week for Death and TPD. Please refer to the Standard Rates on our website for the amount of cover that will apply to you.

Plus, if you are aged 55 or younger and working at least 15 Hours Per Week when you join the Fund, Default Cover also includes Default Income Protection cover with a regular monthly income of \$2,000 (subject to a maximum replacement ratio of 75 per cent of pre-disability income) if you become Totally Disabled or Partially Disabled because of Illness or Injury and are unable to work and earn your income. The Benefit Payment Period for Default Income Protection is for up to two years after a 90 day Waiting Period.

Limited Cover

If you join the Employer Plan within 120 days of the date on which you were first eligible for membership and you are not At Work on the day on which you were first eligible for membership, any Default Cover or Customised Cover you may be provided will be subject to Limited Cover until you are At Work.

If you join the Employer Plan more than 120 days after the date on which you were first eligible for membership, then any Default Cover or Customised Cover you may be provided will be subject to Limited Cover until:

- 12 months after your cover most recently commenced or recommenced, and
- you are At Work for 10 consecutive working days after the end of the 12 month period referred to in sub-paragraph (a) above.

How do I obtain cover?

Provided you meet the eligibility criteria, there are two ways in which you can obtain insurance cover:

- Automatic Acceptance (Customised Cover or Default Cover), or
- Application for insurance.

Members who are not eligible for Customised Cover or Default Cover, and wish to increase or add to the level of cover you have, you will need to submit an Insurance application form.

All applications for increases or improvements to your insurance cover are subject to acceptance by the Insurer. The Insurer will assess your application and provide us with written notification of whether or not your cover is accepted or declined and any conditions imposed. The Insurer may impose special conditions of acceptance including exclusions and/or an increase in the premium payable for the cover to be provided.

Once accepted, we will deduct all relevant insurance premiums from your Cash Account and pay these to the Insurer.

When does cover commence?

Generally if your Employer Plan has Customised Cover or Default Cover, your cover will commence automatically on the date you meet the eligibility criteria, provided that your employer makes an employer contribution for you to the Fund within 120 days of the date you commenced employment or the date you first became eligible to join the Fund. If you join your Employer Plan more than 120 days after the date on which you were first eligible for membership or your employer makes the first employer contribution for you more than 120 days of the date that you commenced employment or the date you first

became eligible to join the Fund, your cover will commence from the date you joined the Employer Plan (or the date of the employer contribution, whichever is later) and subject to Limited Cover explained above.

Otherwise, insurance cover will only commence when acceptance is notified in writing by the Trustee.

In relation to Death or Death and TPD insurance, your employer may have selected the benefit option applicable to you. If you are not satisfied with the benefit option selected by your employer or your employer has not selected a benefit option, you can apply for a more suitable benefit option. This may impact on your ability to have the level of cover which has been prearranged by your employer, without having to provide health evidence.

You should be aware that any additional cover you have requested in excess of Customised Cover or Default Cover will require you to provide health evidence. You need to be open and honest, providing as much detail as possible when completing an application.

We will notify you when your application has been accepted by the Insurer.

The following benefit options may have been selected by your employer when determining your insurance cover (or, in the case of the first two, may be selected by you):

- **Fixed premium cover** – you or your employer may choose to pay a fixed premium which will provide you with the level of cover available for this premium each year. Your level of cover may increase or decrease each year on 1 July as a result of the increase in your age. For example: If you pay a \$3 per week premium your sum insured will normally reduce once you have passed a certain age.
- **Fixed dollar cover** – you or your employer can choose the amount of the benefit you may receive. Premiums may increase or decrease each year on 1 July due to increases in your age. Please note, under this option, the level of TPD cover will reduce annually on 1 July by 20 per cent from age 71, to zero upon reaching age 75 (refer 'Automatic reduction of TPD Benefit' on page 23).
- **Formula based option** – your employer may select insurance cover for you which will vary based on a mathematical formula. (a percentage of salary multiplied by future service to age 75, for example, 10 per cent of salary times years to age 75).
If your salary is \$100,000 with 10 years until you turn 75, your cover will be $(10\% \times \$100,000 \times 10) = \$100,000$.
- **Multiple of salary option** – your employer may select insurance cover for you which will be a multiple of your salary. If your salary changes during the year, and we are advised of the change by your employer, your cover (and premium) will be recalculated based on the new salary at the 1 July following notification. Please note that under this option, the level of TPD cover will reduce annually on 1 July by 20 per cent from age 71, to zero upon reaching age 75 (refer 'Automatic reduction of TPD Benefit' on page 23).
If your salary is \$100,000 and you have a benefit option of 2 times salary, your cover will be $(2 \text{ times } \$100,000) = \$200,000$.

The amount of insurance you have received will be detailed in your Member Schedule.

Income protection

If the income protection cover provided as part of any Customised Cover or Default Cover does not meet your needs, you may tailor an Income Protection package to suit your individual requirements.

The options available include a choice of:

- income levels up to 75 per cent of Declared Earned Income (eg. 50 per cent, 66 2/3 per cent or 75 per cent),
- three Waiting Periods, ie. 30, 60 or 90 days,
- Benefit Payment Periods ie. 2 years, 5 years, or to age 65, and
- up to 10 per cent of your Declared Earned Income as Superannuation Contributions Benefit when a disability benefit is payable. This enables you to maintain your superannuation contributions during periods of disability.

Forward Underwriting Limit for Customised Cover

If a part of your Customised Cover was subject to underwriting and was accepted by the Insurer, then the Insurer may agree with the Trustee to accept future Sum Insured increases according to the Customised Cover formula of the benefit design of your Employer Plan up to a Forward Underwriting Limit, without requiring further health evidence from you, subject to the limit on automatic increases in cover specified under the Policy (as outlined below under the heading 'Limit on automatic benefit increases').

The Insurer will only agree to a Forward Underwriting Limit for you when:

- medical and any other evidence required has been provided to their satisfaction
- the Insurer has notified its written acceptance of your insurance cover to the Trustee, which includes the Forward Underwriting Limit, and
- your benefit formula contains a salary component.

Customised Cover changes in the insured benefit

If your Employer Plan has Customised Cover on a formula-based or multiple of salary benefit option, your insurance cover may increase automatically as a result of changes to your salary on 1 July following notification of the change to us by your employer, provided you are At Work on 1 July when the increase of salary is notified. This increase is subject to the Trustee being notified of your new salary by your employer and the additional premium being paid.

The maximum amount of the increase in cover is the highest of the following:

- amount allowed under the Customised Cover
- Forward Underwriting Limit, or
- limit on automatic increases in cover as outlined below.

Except in the above three situations, you will always need to submit an Insurance application form if you would like to increase your cover.

Limit on automatic benefit increases

Automatic increases in the amount of cover in any 12 month period commencing 1 July, as a result of your Employer Plan's benefit design formula, is limited to a maximum of 25 per cent of the amount of cover last accepted by the Insurer, if:

- your Employer Plan has less than 200 insured members, and
- your cover is based on a formula-based benefit option, and
- your Death and/or TPD cover exceeds \$200,000, or
- the annual benefit for your Income Protection cover exceeds \$60,000.

Exceptions to these limits include where:

- the increase is due to a change in your work hours under your contract of employment, or
- the Insurer agrees in writing to the increase.

Applying for cover - Personal Division

Even if you are not eligible for the Default Cover described above, or have cover provided by Automatic Acceptance, you can apply for insurance. To apply for insurance, or additional insurance, you have to complete an Insurance application form and submit it to us. You need to be open and honest, providing as much detail as possible when completing an application. This is called your duty of disclosure. If you fail to mention something relevant and you end up making a claim, the Insurer may decline your claim or amend any benefit payable. For full information on your duty of disclosure, see the 'Information you must provide – your duty of disclosure' section below.

The Insurance application form asks questions about your health and medical history, occupation, pursuits, pastimes and other details the Insurer needs to assess an application.

In some cases, further information may be required, for example, a medical examination, blood tests or more detailed financial information.

Once the Insurer receives your application, they may ask us to contact you for further details, to provide medical records or to even take a few tests.

We will notify you when your application has been accepted or declined by the Insurer.

Important Note

If you have insurance cover and you leave your employer, you will be transferred to the Personal Division and your cover will continue in the Personal Division effective from the date you leave your employer, subject to your account balance exceeding \$2,000 and subject to other relevant terms and conditions.

There may, however, be changes to your insurance calculation basis and insurance premiums. Please contact Pitcher Partners client services team, on (07) 3222 8444, for further information. If your work circumstances change you may need to re-consider your insurance needs.

What will the premiums be?

Premiums are the annual cost that you'll have to pay out of your super account to have cover. The insurance premiums you pay may differ depending on factors such as:

- your age and gender
- the type and amount of cover you choose.

For insurance cover outside that provided under Customised Cover or Default Cover the insurance premiums you pay may also differ depending on factors such as:

- your occupation and leisure activities
- your health and medical history
- any loadings placed on the cover by the Insurer.

To help you estimate how much you are likely to pay for the amount of insurance cover you want, you should call Pitcher Partners client services team.

Your insurance premium is reviewed and recalculated each year on 1 July to take into account changes in your age and salary (where applicable). The new premium will be shown on your Annual Statement.

Who provides the insurance?

Although you're applying for insurance as an individual, you do not actually own the Policy. You are covered under a group Policy issued by the Insurer and owned by the Trustee. If you need to make a claim, then you need to contact us. We cannot pay you an insured benefit until it has been paid to us by the Insurer.

What are the main insured benefits available?

Type of insurance	What is it?	How much?	
		Default Cover	Customised Cover
Death	Death cover provides your family with financial security in the event of your death. If you die, your insured benefit will be paid to your dependants or estate as an addition to your	The amount of Death and TPD Benefit that can be purchased for \$3 per week.	Subject to Automatic Acceptance, this is based on the Customised Cover design chosen by the employer.

Type of insurance	What is it?	How much?	
	<p>super account balance.</p> <p>There's no limit to the amount of Death Benefit that you can apply for.</p>		
Total & Permanent Disablement (TPD)	<p>TPD cover provides you and your family with financial security in the event you become totally and permanently disabled. If this happens, your insured benefit may be paid to you, in addition to your super account balance. The maximum TPD Benefit available is \$5 million.</p>		
Income Protection	<p>Income Protection cover provides you with a regular monthly income if you become Totally Disabled because of Illness or Injury and are unable to work and earn your income. The maximum amount of Income Protection insurance you can apply for is 75% of your Declared Earned Income (plus up to 10% of your Declared Earned Income as Superannuation Contributions Benefit) not exceeding \$30,000 per month. You can choose a Benefit Payment Period of two or five years or to age 65 after a 30, 60 or 90 day Waiting Period.</p>	<p>Income Protection cover with a regular monthly income of \$2,000 (subject to a maximum replacement ratio of 75 per cent of pre-disability income) if you become Totally Disabled because of Illness or Injury and are unable to work and earn your income. Your Benefit Payment Period is two years after a 90 day Waiting Period.</p>	<p>Subject to Automatic Acceptance, this is based on the Customised Cover design chosen by the employer.</p>

Section 2 – Details of the insurance available by application

This section provides you with details of the types of cover available, the eligibility requirements as well as how to go about applying for cover. It also provides you with information about your duty of disclosure and when your cover commences.

What insurance can you purchase?

Death cover

Death cover provides your family with financial security in the event of your death or if you become terminally ill. In the event of your death or Terminal Illness, your insured benefit may be payable as a lump sum in addition to your super account balance.

There's no limit to the amount of Death cover that you can apply for, however, the maximum amount of Terminal Illness Benefit will be restricted to \$5 million (refer to Section 5 under the heading 'Lump sum insured benefits available' for more information). The higher the level of cover you choose, the higher the annual premiums you will pay.

To be eligible for Death cover you must be within the eligible age range, which is from age 16 (next birthday) to age 75 (next birthday).

Death and TPD cover

For an additional cost, you can add TPD cover to your Death cover, which provides a lump sum benefit should you become totally and permanently disabled. In some circumstances, depending on which definition of TPD applies, you may not receive your TPD Benefit at the time of claim, instead your TPD Benefit may be paid into your super account. Keep in mind that you will only be able to access this benefit if you meet a condition of release for super law purposes.

You can apply for TPD cover of up to \$5 million. The higher the level of cover you choose, the higher the annual premiums you will pay.

To be eligible for TPD cover you must be within the eligible age range, which is from age 16 (next birthday) to age 70 (next birthday).

Income Protection cover

Income Protection cover may provide you with a regular monthly payment if you become Totally Disabled or Partially Disabled because of Illness or Injury.

To be eligible to apply for Income Protection cover you must be within the eligible age range, which is from age 16 (next birthday) to age 65 (next birthday) and working at least 15 Hours Per Week. Income Protection is not available for non-working members.

Depending on your agreed level of cover, Income Protection cover can provide you with a benefit payment of the lesser of an agreed percentage up to a maximum of 75 per cent of your Declared Earned Income or your insured cover at claim time with:

- a 30, 60 or 90 day Waiting Period
- a Benefit Payment Period of two years, five years or to age 65
- a Superannuation Contributions Benefit of up to 10 per cent of your Declared Earned Income.

Application process

All applications for insurance are subject to acceptance by the Insurer (the Insurer may decline the cover). The Insurer may impose special conditions of acceptance including exclusions and/or an increase in the premium payable for the cover to be provided.

It will be your decision then if you still want to go ahead with the insurance.

Interim Accident cover applies for up to 180 days from the date that your application is received by us while your application for insurance is being processed (conditions apply).

Information you must provide – your duty of disclosure

You have a duty under the Insurance Contracts Act 1984 to disclose to the Trustee and the Insurer every matter that you know or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer or Trustee before you apply:

- to vary your existing insurance cover
- for new cover
- for any lapsed cover to be reinstated.

Your duty, however, does not require disclosure of a matter that:

- diminishes the risk to be undertaken by the Insurer
- is common knowledge
- the Insurer knows or, in the ordinary course of their business, ought to know
- the Insurer has waived.

Your duty of disclosure continues until the insurance cover has been accepted by the Insurer and confirmation is issued to the Trustee.

If you do not disclose to the Insurer every matter that you know, or could reasonably be expected to know, that would be relevant to its decision to accept the risk, the Insurer may avoid the cover in respect of any insurance provided for you within three years of entering into it.

If the Insurer is entitled to avoid insurance cover, it may elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

If your non-disclosure is fraudulent, the Insurer may avoid your cover at any time.

When does cover commence?

If your application is accepted by the Insurer, we will notify you in writing of the date your insurance cover commenced, premium and other details of your insurance. We will also notify you in the event that your application for insurance is declined.

Treatment of certain occupations

Hazardous occupations

There are certain occupations considered by the Insurer to be hazardous or uninsurable. If you are working in such an occupation at the time you apply for cover or an increase in cover you may not be accepted for Income Protection cover or may have a modified definition for TPD cover.

If your Employer Plan is eligible for Customised Cover or Default Cover, you will automatically be covered for any occupation, including a hazardous occupation, and receive the type and amount of cover arranged by your employer provided you meet the 'At Work' requirements.

If you are working in a hazardous occupation at the time you apply for cover or, if you have cover under Customised Cover or Default Cover and are applying to increase in your cover, you may not be accepted for the insurance cover, or the increased insurance cover, you want. You will not lose the cover you have under Customised Cover or Default Cover.

Once you have been accepted for cover, or are entitled to cover under Customised Cover or Default Cover, and subsequently change employment to a hazardous occupation, including leaving your Employer Plan and transferring within the Fund to a personal super product, your cover will remain in place provided you remain an eligible member of the Fund (however terms and conditions may change including the premiums payable).

Hazardous Occupations include unskilled workers, those involved in hazardous or very heavy manual work and/or specific occupations as decided by the Insurer (such as professional divers, fishermen, labourers, truck drivers, factory workers involved in highly repetitive unskilled duties, mining groups or drilling, exploration and explosive related industries, as well as any underground/underwater workers, forestry workers, workers at heights including riggers, scaffolders, roof workers, antenna erectors, seasonal workers/industries like fruit picking, prison services, firemen, police, ambulance drivers, paramedics, those performing full time Domestic Duties, professional sportspeople or entertainers and pilots and crew of commercial airlines).

Casual and contract workers

Casual and contract workers may be eligible for Death cover, Death and TPD cover and Income Protection cover subject to the eligibility rules.

For Income Protection cover, you need to be working at least 15 Hours Per Week at the time cover commences. However, when you make a claim, a different definition of TPD and Total Disability may apply where your hours of work fall below 15 Hours Per Week (see the definitions in Section 5—General information for more information).

Our responsibility

We do not guarantee the payment of an insured benefit or the performance of the Insurer. Any insurance benefit received by us from the Insurer is credited to your Cash Account. It will only be paid to you in accordance with the Trust Deed of the Fund and relevant super law requirements.

Privacy and complaints resolution

It's important to read the complaint resolution process in the PDS. Please take note of the privacy policy on our website at www.ioof.com.au/privacy and the privacy statement which forms part of the insurance application procedure.

Section 3 – How to make changes to your insurance cover

How to increase your cover

You can use the insurance application to apply to:

- add further insurance– for instance, you may have Death cover and would like Death and TPD cover
- increase your current level of cover
- make any changes to your insurance cover.

New members of the Employer Division may be able to top up their default insurance arrangements with reduced health assessment requirements, see the Insurance application – top-up default form available from our website or contact Pitcher Partners client service team.

You may apply for an increase to your Death, Death and TPD or Income Protection cover with reduced health assessment requirements if one of the prescribed Life Events has occurred. Further details appear on page 24 of this guide.

How to cancel or reduce your cover

If you no longer want part or all of your insurance cover, you need to advise us. This request needs to be signed and dated and must specify which cover you want to cancel or the amount by which you want it reduced. Your insurance cover will be reduced or cancelled from the date on which we receive your request. Premiums cannot be refunded once they are deducted from your account.

Important Note

If you choose to vary in any way the cover provided under Customised Cover or Default Cover, you will need to apply and be underwritten if you subsequently want to increase your cover.

If you cancel any insurance cover which you have under Customised Cover or Default Cover, you will no longer be eligible for any cover under Customised Cover or Default Cover

How to re-apply for cover

You cannot restart your insurance at any time. You must re-apply and meet the eligibility conditions.

Your application will then be assessed by the Insurer. As a result of this assessment, you may not receive the same level of cover or pay the same premium as you previously paid under the cancelled or lapsed cover.

If your Income Protection cover ceases under the cover cessation situation “six months from the date you ceased to be last employed” (refer to the cover cessation situations on page 29 for further information) then, if you return to gainful employment working at least 15 Hours Per Week within 12 months from ceasing to be employed if you are eligible you may apply to reinstate the Income Protection cover you previously held without the need for underwriting.

Section 4 – How much is your insurance cover going to cost?

Estimating insurance premiums

There are a number of factors which affect the calculation of your premium. Pitcher Partners client services can assist you to calculate an approximate premium. A copy of the premium rates is available on our website.

Factors affecting your insurance premium

It's important to be aware of the various factors that may impact the premiums payable for your insurance cover. These include:

- type of cover you have or choose (Death, Death and TPD, Income Protection)
- level of cover (Sum Insured, etc)
- whether your Employer Plan uses plan rating factors
- occupation
- age
- gender
- state of health
- sporting/recreational activities
- financial adviser commission
- stamp duty.

Level of cover

The amount of cover you have will affect the premium you pay. As the amount of insured benefit you select increases so does the premium (for example \$500,000 of Death cover has a higher premium than \$100,000 of Death cover).

Plan Rating Factor in Employer Plans

Your premium rates may be affected by the other members in the Employer Plan. The premium rates for an Employer Plan generally include a plan rating factor. The plan rating factor is a number that takes into account the industry in which the employer is involved, the occupational classification and salaries of all employees of the Employer Plan and the previous claims history of the Employer Plan. This plan rating factor is applied to adjust the underlying premium rates that apply to all members of the Employer Plan, regardless of individual occupations and circumstances. Plan rating factors can apply to both Customised Cover and Default Cover.

Employer Plan premium rates do not normally vary based on the specific occupations of individuals unless the Employer Plan does not offer the insurance which you have applied for in the Employer Plan's benefit design. The plan rating factor is set by the Insurer and generally varies between 0.80 to 2.50, with a review every three years. The premium rates vary between male and female members but do not vary based on a member's smoking status.

Your plan rating factor can be obtained by contacting Pitcher Partners client services team. Under special circumstances an Employer Plan can negotiate separate rates depending on the number of employees. This can result in a number of different premium structures for different Employer Plans.

Occupation

Your premium rate may also depend on your occupational classification. The following table is intended as a guide to how some occupations might be classified. You should check with us to obtain your own current occupational classification and details of any adjustment factor that may apply.

After you have been accepted for cover, if you change your occupation, including undertaking employment in a more Hazardous Occupation, you do not need to inform the Insurer.

If you are applying to change your cover, you will need to inform the Insurer of your current occupation at the time of completing the application for a change of insurance.

If we do not have details of your occupation and you are transferred to the Personal Division on leaving your employer, we will class your occupation as Category 4.

The TPD definition applicable at claim time may also vary based on your occupation when you claim.

Occupational classification	Description	Adjustment factor		
		Death	Death and TPD	Income Protection
Category 1	White collar professionals performing no manual duties (such as lawyer, accountant). Usually those with a tertiary qualification (such as a university degree) or registration by a government body or professional institute. You must be using these qualifications in the occupation you are currently working in. Well established executives and senior managerial white collar workers with incomes in excess of \$80,000 pa without tertiary qualifications may also be included.	0.875	0.875	0.75
Category 2	Clerical, administration and managerial occupations involving office and travel duties only with no manual work. Includes occupations with tertiary qualifications that involve very light physical work (such as osteopath, physiotherapist).	1.00	1.00	1.00
Category 3	Certain qualified trades people (such as an electrician) who engage in light manual work only. Includes business owners in non-hazardous industries involved in light manual work (such as a coffee shop owner) and those who may supervise medium blue collar workers (no more than 25% of their work time). Includes occupations that are not limited to an office, where travel is an essential part of the job (such as a field surveyor).	1.00	1.25	1.50
Category 4	Qualified skilled trades people in non-hazardous industries wholly involved in manual duties (such as a carpenter, plumber, plasterer or mechanic).	1.30	1.70	2.00
Category 5	Heavy manual workers in non-hazardous industries performing higher risk occupations (such as an interstate bus driver, warehouse worker, labourer, bricklayer or house removalist).	1.60	2.10	3.00

Stamp duty

The premium rates for Death cover and Death and TPD cover include an allowance for stamp duty. The stamp duty for Income Protection cover varies depending on which state you live in. You are able to obtain the information relating to your premium rates and the stamp duty rate applicable to your state on our website.

Premium for Interim Accident cover

We do not charge a separate premium for Interim Accident cover. When an application is approved by the Insurer, premiums will be charged from the date cover commenced.

Payment of premiums

Insurance premiums are deducted from your Cash Account monthly in arrears from the date your cover commences.

Your annual insurance premium is shown on your Member Schedule and your Annual Statement. Your Annual Statement shows the premiums paid for the previous financial year. As your insurance premiums are deducted from your super account, it's important when choosing the level of cover to consider the effect these regular costs will have on your retirement savings.

Increasing your insurance premiums will reduce your retirement benefit. You can find up to date information on your insurance premium by visiting Member Online Access.

Employer payment of premiums

In some Employer Plans, the employer has agreed to pay the insurance premiums on behalf of its employees.

If your employer is paying your insurance premiums for you, the premium(s) will be deducted from your Cash Account monthly in arrears. Your employer will then make an additional voluntary employer contribution to cover the amount of the premium that has been deducted from your Cash Account. If your employer fails to make this additional voluntary employer contribution, the premium deducted from your Cash Account will not be refunded.

Changes in premium rates

Premium changes due to your age and/or salary may (depending upon the design of your cover), take place automatically without notification each 1 July.

We have the ability to increase your premium rates at any time provided we give you 30 days prior written notice.

Any increase in Government charges may be passed on to you at any time by increasing your premium payable without notification.

Insufficient funds

You should ensure your account balance is sufficient to cover all fees and charges, including insurance premiums. We may redeem sufficient assets to pay fees, charges and insurance premiums.

If, at the time a premium is due to be deducted, your account balance is not sufficient to meet the premium, you will have 90 days to increase your account balance so that the full amount of the premiums outstanding can be deducted.

If after 90 days your account balance is still insufficient to deduct the total premium owing including for the 90 day period, your insurance cover will cease.

We will normally send you a notification 28 days prior to your cover lapsing. To reinstate your cover after it has lapsed, you will need to notify us and go through the Underwriting process which begins with a new application for insurance. This application will need to be accepted in writing by the Insurer before you are covered.

The Trustee bears no responsibility and accepts no liability for your insurance cover lapsing as a result of:

- you having an insufficient account balance to pay premiums, or
- not informing you that your cover is about to lapse or has lapsed.

You should monitor your account balance regularly.

Section 5 – General information

Types of insured benefits payable and the Insurer's definitions of each benefit

The following are all the possible benefits that you may receive if you take out insurance through your super. You are only entitled (subject to the satisfaction of relevant criteria) to the benefits applicable to the cover you have taken out. This section also provides the Insurer's detailed definition of each benefit type. It is very important that you understand these definitions and your rights in case you ever need to make a claim.

The payment of any insurance benefit is conditional on the Insurer accepting the claim and paying the benefit to the Trustee (us) first. We cannot pay any benefit we have received from the Insurer on your behalf until we have satisfactory proof that you've satisfied a condition of release as outlined in the PDS.

Lump sum insured benefits available

Death Benefit

An insured Death Benefit is payable in the event of your death.

Amount payable

The amount accepted by the Insurer and communicated to you in writing as your insured Death Benefit.

Your Death Benefit is reduced by the amount of any TPD Benefit or Terminal Illness Benefit previously paid to you under the Policy that we have with the Insurer.

Terminal Illness Benefit

You may receive an insured Terminal Illness Benefit prior to your death if you are diagnosed as terminally ill.

Definition of terminally ill

You are regarded as terminally ill if you are conclusively diagnosed by a specialist Medical Practitioner, which is confirmed by a specialist Medical Practitioner approved by the Insurer, that your death is likely to occur within 12 months.

Amount payable

Upon meeting the Terminal Illness definition for insurance purposes, the insured benefit paid is the amount of your Death Benefit subject to a maximum of \$5 million.

If the Terminal Illness Benefit paid is equal to your Death Benefit all your cover will cease. If the Terminal Illness Benefit paid is less than your Death Benefit the remaining balance is payable on your death, provided you remain an eligible member of the Fund, the applicable premium is paid, and cover does not cease (subject to the terms and conditions of the Policy).

TPD Benefit

An insured TPD Benefit is payable to you in the event of your total and permanent disablement.

Definition of TPD

TPD means that, in the Insurer's opinion, while insured by the Insurer, you:

1. are under the care of and following the advice of a Medical Practitioner, and
2. if cover commences or recommences on or after 1 July 2014, you meet the Permanent incapacity definition under the Superannuation Industry (Supervision) Regulations 1994 (Cth), as amended from time to time, and
3. meet one of the following definitions Parts A, B, C or D as applicable.

The definition of TPD applicable to you will be determined by the Insurer at the time of claim in accordance with the following criteria:

- If you are under 65 and
 - not working in a Hazardous Occupation or domestic duties and working 15 or more Hours Per Week (averaged over the 13 week period prior to the Date of Disablement or such shorter period if employed for less than 13 weeks immediately prior to the Date of Disablement) or have been unemployed for a period of less than six months from gainful employment where you worked 15 or more Hours Per Week (excluding a Hazardous Occupation or domestic duties), you need to satisfy either parts A, B, C or D(i) of the definition of TPD below, otherwise
 - not working in a Hazardous Occupation you need to satisfy either parts A, B, C or D(ii) of the definition of TPD, or
- If you are age 65 or older, or are working in a Hazardous Occupation, you need to satisfy either parts A or C of the definition of TPD below.

Part A. Solely because of Illness or Injury, have suffered the permanent loss of:

- i. the use of two limbs (where 'limb' is defined as the whole hand below the wrist or whole foot below the ankle), or
- ii. the sight in both eyes, or
- iii. the use of one limb and the sight in one eye.

OR

Part B. Solely because of Illness or Injury:

- i. have suffered at least 25 per cent whole person impairment
- ii. are not engaged in any occupation, and
- iii. are disabled to such an extent as to render you unlikely to ever be engaged in any occupation for which you are reasonably suited by education, training or experience.

Where 'whole person impairment' means the same as that term in the latest edition of the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', or an equivalent guide approved by the Insurer.

The assessment of whole person impairment will be undertaken by the appropriate certified specialist based on you attaining maximum medical recovery.

OR

Part C. Solely because of Illness or Injury, are unlikely ever to be able to perform at least two of the following activities of daily living:

- dressing – the ability to put on and take off clothing without assistance
- bathing – the ability to bathe or shower without assistance
- toileting – the ability to use the toilet including getting on and off without assistance
- mobility – the ability to get in and out of bed and a chair without assistance
- feeding – the ability to get food from a plate into your mouth without assistance.

Where 'assistance' means the assistance of another person.

OR

TPD means that, in the Insurer's opinion, while insured by the Insurer, you:

Part D (i). Where at the time of disablement, solely because of Illness or Injury:

- a. you have been continuously unable to accept employment due to any of the 18 Medical Conditions (see the definitions in Section 7 – Key words explained), or
- b. you have been continuously unable to accept employment for a continuous period of three months and, based on consideration of all relevant evidence, you are unlikely to ever again be engaged in any occupation for which you are reasonably suited by your education, training or experience.

OR

Part D (ii). Where at the time of disablement, solely because of Illness or Injury and immediately prior to the occurrence of the Illness or Injury, you were not gainfully employed and were at home performing unpaid domestic duties; and you satisfy all of the following:

- a. as a result of Illness or Injury, you are under the care of a Medical Practitioner
- b. are unable to perform those domestic duties
- c. are unable to leave your home unaided
- d. from the date of disablement you have not worked in any domestic duties for a period of three consecutive months
- e. have not engaged in any gainful employment for a period of three consecutive months after the occurrence of the Injury or Illness, and
- f. at the end of the period of three months, in the Insurer's opinion, after consideration of all relevant evidence, you are disabled to such an extent as to render you unlikely to perform those domestic duties or engage in any gainful occupation for which you are reasonably suited by education, training or experience.

Where 'domestic duties' means you:

- a. Have elected to cease gainful employment to perform full time unpaid domestic duties at home, or
- b. Are undertaking child rearing at home.

Where 'unpaid domestic duties' include

- a. purchasing cleaning items and cleaning the family home
- b. laundering and ironing clothing items for the household, and
- c. purchasing food items and preparing meals for the household.

Members who are actively seeking gainful employment or are performing less than full time unpaid domestic duties will not be deemed to be performing domestic duties.

Amount payable

The TPD Benefit will be equal to the amount of TPD cover you are insured for.

If the TPD Benefit paid is equal to your Death Benefit, your cover will cease. If the TPD Benefit paid is less than your Death Benefit, the remaining balance is payable on the earlier of your death or Terminal Illness, provided you remain an eligible member of the Fund, the applicable premium is paid and cover has not ceased (subject to the terms and conditions of the Policy).

Monthly insured benefits under Income Protection

Total Disability Benefit

If you have a continuous period of Total Disability for longer than the Waiting Period, the Insurer may pay a monthly benefit.

Definition of Total Disability

The definition of Total Disability which applies to you is the definition most applicable to you at the time you became Totally Disabled according to the following criteria:

- Own Occupation – you were working 15 hours or more per week (averaged over the 13 week period prior to the Date of Disablement or such shorter period if employed for less than 13 weeks immediately prior to the Date of Disablement).
- Any Occupation – you were working less than 15 Hours Per Week not due to Illness or Injury (averaged over the 13 week period prior to the Date of Disablement or such shorter period if employed for less than 13 weeks immediately prior to the Date of Disablement).
- Similar Occupation – you have become unemployed from employment where you worked 15 or more Hours Per Week and are actively seeking employment.

Own Occupation Definition of Total Disability

Total Disability and Totally Disabled means that due to suffering an Illness or Injury you are:

- unable to perform at least one important income producing duty of your regular occupation
- not working in any capacity, gainful employment or otherwise, and
- under the regular care and following the advice of a Medical Practitioner and are complying with the advice and treatment given by that Medical Practitioner.

Any Occupation Definition of Total Disability

Total Disability and Totally Disabled means that due to suffering an Illness or Injury you are:

- unable to perform the important duties of any gainful employment, business, profession for which you are reasonably suited by education, training or experience
- not working in any capacity, gainful employment or otherwise, and
- under the regular care and following the advice of a Medical Practitioner and are complying with the advice and treatment given by that Medical Practitioner.

Similar Occupation Definition of Total Disability

Total Disability and Totally Disabled means that due to suffering an Illness or Injury you:

- in respect of the first two years of disability meet the Own Occupation Definition above, and
- thereafter meet the Any Occupation Definition above.

Amount payable

The Total Disability Benefit is payable monthly in arrears by way of instalments from the expiry of the Waiting Period until the earliest of:

- the first day upon which you are not Totally Disabled
- the end of your Benefit Payment Period
- the date you reach age 65
- the date of your death.

If the Total Disability Benefit is payable for a period of less than one month, the amount payable shall be calculated as 1/365th of the benefit for every day that it is payable.

The Waiting Period is the continuous period of days as accepted by the Insurer at application for the income protection cover, commencing from the date a Medical Practitioner certifies you as totally disabled, and for which you have to be disabled before the Total Disability Benefit or Partial Disability Benefit is payable.

If, during the Waiting Period, you return to employment, the Waiting Period will still be regarded as continuous if your return to work is for five days or less and you again become disabled as a result of the same Injury or Illness. The days for which the Insured Person was in employment will be added to the Waiting Period.

If you return to employment for more than five days, then a new Waiting Period will commence from when you are next Totally Disabled.

There may be circumstances where you participate in an Approved Rehabilitation Program which includes a return to employment during the Waiting Period. If you are unsuccessful in returning to employment as part of an Approved Rehabilitation Program at the same capacity as prior to becoming disabled, the Waiting Period will still be deemed to commence as at the first day you became Totally Disabled and will not recommence if the return to employment is greater than five days.

Any days of Gainful Employment as part of an Approved Rehabilitation Program will also not be added to the Waiting Period.

The benefit available is up to 75 per cent of your Declared Earned Income (which, together with the Superannuation Contributions Benefit, if selected, cannot exceed \$30,000 per month) subject to a maximum of the selected insured percentage (which may be lower than 75 per cent).

If you claim while unemployed from employment where you worked 15 or more Hours Per Week within the first six months following unemployment, if you have income protection cover, the definition of Totally Disabled that will apply is the 'own occupation' definition.

Partial Disability Benefit

If you have been Totally Disabled for at least 14 consecutive days and you return to work, but have not fully recovered you may be entitled to an insured Partial Disability Benefit, subject to meeting the applicable Waiting Period.

If you are Partially Disabled, the Insurer may pay an insured monthly benefit from the later of the first day after the Waiting Period and immediately upon you ceasing to be Totally Disabled.

Definition of Partial Disability

You are Partially Disabled if you were Totally Disabled for at least 14 consecutive days and as a result of the same Illness or Injury that caused your Total Disability all of the following apply:

- you cannot work your pre-disability working hours or are unable to perform at least one important income producing duty of your regular occupation or you do not have the capacity to work at the same level you were working at prior to commencement of the Total Disability
- you suffer a reduction of your Earned Income, and
- you are under the regular care and following the advice of a Medical Practitioner and, in the Insurer's reasonable opinion, are complying with the advice and treatment given by that Medical Practitioner. All work undertaken by you must be approved by the Insurer and your Medical Practitioner.

Amount payable

The Partial Disability Benefit is payable monthly in arrears by way of instalments from the expiry of the Waiting Period until the earliest of:

- the first day upon which you are not Partially Disabled
- the end of your Benefit Payment Period
- the date you reach age 65

- the date of your death.

If the Partial Disability Benefit is payable for a period of less than one month, the amount payable shall be calculated as 1/365th of the benefit for every day that it is payable.

A Partial Disability Benefit is a proportionate benefit of the monthly benefit you would receive if you were Totally Disabled and is calculated as follows:

$$\frac{(A - B)}{A} \times \text{Total Disability Benefit}$$

where

A is your Declared Earned Income

B is your Return to Employment Income

Superannuation Contributions Benefit

This Income Protection option allows you to continue to build your super while you are not at work and entitled to a Total or Partial Disability Benefit. This means the Insurer may make contributions to your super account on your behalf while you are receiving a Total Disability or Partial Disability Benefit.

Amount payable

If you have this benefit, the maximum Superannuation Contributions Benefit payable is the lesser of the actual percentage of superannuation contributions made by you or your employer on your behalf or 10 per cent of your Declared Earned Income.

For the purpose of calculating your Declared Earned Income for this benefit your employer's mandated and/or voluntary superannuation contributions (but not including any salary sacrifice contributions made at your request) are not included.

These contributions by the Insurer are taxed at 15 per cent in the Fund and are treated as concessional contributions for the purposes of the contributions caps.

Interim Accident Benefit

Prior to acceptance by the Insurer of an application for insurance, the Insurer may provide you with Interim Accident cover for the type of cover you applied for (Death, Death and TPD or Income Protection cover), where the claim results directly from an Accident.

When is an Interim Accident Benefit payable?

You are entitled to an Interim Accident Benefit if the Accident occurred after we receive your fully completed Insurance application form and before the earliest of:

- the application is withdrawn
- the Insurer advises the Trustee that it has cancelled the Interim Accident cover (where permitted to do so by law)
- the Insurer declines the application
- the Insurer accepts the application, conditionally or unconditionally then either:
 - 30 days from the date that the Insurer notifies the Trustee of your acceptance, or
 - the date the cover commences in the Fund
- 90 days from the date the Insurer receives the fully completed application, however, if the Insurer requests further information and that information is received prior to the end of the 90 days, the period of cover may be extended by a further 30 days and will continue to be extended for a further 30 days subject to receipt of required information to a maximum of 180 days
- in case of an application to increase cover, the date you cease to be an insured member of the Fund, or
- the earlier of 90 days after the date you exceed your Customised Cover or Default Cover or Forward Underwriting Limit.

If the application is for Death or Death and TPD, Interim Accident cover will begin on the date we receive your fully completed Insurance application form.

If the application is for Income Protection then if, as a result of an Accident, you have a continuous period of Total Disability for longer than the Waiting Period, an interim disability benefit is payable from the first day after the Waiting Period until the earliest of:

- the first day upon which, in the Insurer's reasonable opinion, you are no longer Totally Disabled or Partially Disabled
- the date you reach 65 years of age
- the date of your death, or
- the end of your Benefit Payment Period.

An Accident is defined to be an unforeseen, violent, external and visible event occurring during the period of cover.

An Interim Accident Benefit is not payable if the Injury:

- death or TPD can reasonably be attributed to a Pre-existing Condition
- is due to suicide
- is self-inflicted (whether intentional or not)
- is due to any exclusion the Insurer would have applied to the cover if it had been accepted
- is, for Total Disability or Partial Disability due to:
 - uncomplicated pregnancy or childbirth;
 - war or acts of war, whether declared or not;
 - service in the armed forces of any national or international organisation (other than non-active service within Australian armed forces reserve units).

Also, an Interim Accident Benefit will not be payable if you failed to comply with your duty of disclosure when applying for cover.

Amount payable

The amount of the benefit payable under the Interim Accident cover will be the amount of the benefit you specify when applying for insurance, subject to a maximum of \$2,000,000 for Death cover and Death and TPD cover, (less any existing cover you have), or \$15,000 per month for Income Protection cover (and the maximum insured percentage).

Death Benefit when receiving a disability benefit

If you die while receiving an insured Total Disability or Partial Disability Benefit you will receive an additional lump sum.

Amount payable

The additional lump sum will be equal to one quarter of the Total Disability Benefit payable for one year.

Automatic reduction of TPD Benefit

Where your TPD Sum Insured does not reduce as you get older (such as a fixed dollar amount or a fixed multiple of salary), your TPD Sum Insured will reduce annually as at 1 July from age 72 next birthday, as shown in the following table.

As at 1 July, your age next birthday	Death Benefit	TPD Benefit (as % of matching amount of Death Benefit when 100%)
71 or less	100%	100%
72	100%	80%
73	100%	60%
74	100%	40%
75	100%	20%
76*	Nil	Nil

* Cover will cease on your 75th birthday.

Example: Insurance cover based on a fixed Death and TPD Benefit of \$250,000

As at 1 July, your age next birthday	Death Benefit	TPD Benefit (as % of Death Benefit)
71 or less	\$250,000	\$250,000
72	\$250,000	\$200,000
73	\$250,000	\$150,000
74	\$250,000	\$100,000
75	\$250,000	\$50,000
76*	Nil	Nil

* Cover will cease on your 75th birthday.

Life Events Cover increases

You may apply for an increase to your Death, Death and TPD or Income Protection cover if one of the following Life Events occurs:

- you marry
- the birth of your child
- the adoption of a child by you
- your dependant child starts secondary school
- you divorce
- you take out a mortgage on the purchase of your primary place of residence (either alone or jointly with another person)
- you increase your existing mortgage for building or renovating your primary place of residence.

You may apply for an increase of your cover due to a Life Event only once in any 12 month period. To apply for this increase in cover, you need to:

- submit the application to us within 90 days of the life event or 30 days from the date of your first annual Member Statement following the Life Event
- provide us with satisfactory evidence of the occurrence of the Life Event within the required time frame.

For Death or Death and TPD cover, the maximum increase for each Life Event application should be the lesser of the following:

- 25 per cent increase from the existing cover
- the total amount or amount of increase of the mortgage you are taking out (where applicable)
- \$200,000.

The total level of cover after the increase can be no more than \$3 million.

For Income Protection cover, the maximum increase for each Life Events cover application should be the lesser of:

- \$2,500 per month
- 25 per cent increase from the existing cover.

The total level of cover after the increase will be the lesser of the following:

- \$25,000 per month
- your selected insured percentage or 75 per cent of your Earned Income, plus Superannuation Contributions Benefit of up to ten per cent of your Earned Income (if you have selected this cover).

You are not eligible for a Life Events cover increase if any of the following applies to you:

- your insured benefit has increased during the previous 12 months for a Life Event
- your insured benefit following the increase will exceed the maximum benefit allowed following a Life Event increase
- in any 12 month period, the amount of benefit increase exceeds 25 per cent of your insured benefit before the benefit increase
- you have applied for an increase of cover during the previous 12 months
- you have had an application for Death, Death and TPD or Income Protection cover declined or had a loading, limitation or exclusion added
- you suffer from a serious illness that may cause a Terminal Illness or permanent inability to work
- you have been diagnosed with an illness that reduces your life expectancy to less than 12 months
- you are above age 60
- you are engaged in a Hazardous Occupation

- due to an Illness, Accident or Injury, you are off work (or have been off work in the previous 12 months for more than six days), or unable to perform your full and normal duties on a full-time basis (for at least 30 Hours Per Week) even though your actual employment may be full-time, part-time or casual
- you have made, or are entitled to make, a claim for any Injury or Illness through Workers' Compensation, sickness benefit, invalid pension or any insurance policy providing TPD cover, accident or sickness cover.

An application for Life Events cover may be accepted or rejected by the Insurer. If your Life Events cover increase is accepted by the Insurer it will commence from the date the Insurer accepts your application. If you are not At Work on the commencement date, your Life Events cover increase will be subject to Limited Cover Conditions for the first 12 months and from the expiry of the 12 month period until the date you are At Work.

Life Events cover increases are subject to the current exclusions and limitations under the Policies including any exclusions and limitations applying to your existing cover and that the increase will not be payable if your claim arises from suicide or an intentional self-inflicted act or injury within the first 13 months of the commencement date.

You may be eligible for Interim Accident cover in relation to your Life Events cover increase application.

Adjusting Income Protection with salary increases

If your Income Protection is not automatically increased by your employer providing salary updates to us at 30 June each year, you may apply for an increase of your Income Protection cover within 60 days of the effective date of your salary increase.

When you apply, you must provide us proof of your new salary, the effective date and the amount of the increase in your salary.

For your Income Protection cover to increase due to salary increase, the requested increase of your cover must be agreed by the Insurer based on your application. The Insurer may agree to increase your Income Protection cover without Underwriting, if you meet each of the following conditions:

- your employer confirms your salary increase in writing
- your insured benefit has not increased during the previous 12 months.

The maximum increase should be the lesser of:

- \$2,500 per month
- 25 per cent increase from the existing cover.

The total level of cover after the increase will be the lesser of the following:

- \$25,000 per month
- your selected insured percentage or 75 per cent of your Earned Income, plus Superannuation Contributions Benefit of up to ten per cent of your Earned Income (if you have selected this cover).

You are not eligible for an increase if any of the following applies to you:

- your insured benefit has increased during the previous 12 months
- your insured benefit following the increase will exceed the maximum benefit allowed following a Salary increase
- in any 12 month period, the amount of benefit increase exceeds 25 per cent of your insured benefit before the benefit increase
- you have applied for an increase of cover during the previous 12 months
- you have had an application for Death, Death and TPD or Income Protection cover declined or had a loading, limitation or exclusion added
- you suffer from a serious Illness that may cause a Terminal Illness or permanent inability to work
- you have been diagnosed with an Illness that reduces your life expectancy to less than 12 months
- you are above age 60

- you are engaged in a Hazardous Occupation
- due to an Illness, Accident or Injury, you are off work (or have been off work in the previous 12 months for more than six days), or unable to perform your full and normal duties on a full-time basis (for at least 30 Hours Per Week) even though your actual employment may be full-time, part-time or casual
- you have made, or are entitled to make, a claim for any Injury or Illness through Workers' Compensation, sickness benefit, invalid pension or any insurance policy providing TPD cover, accident or sickness cover.

An application may be accepted or rejected by the Insurer. If your cover increase is accepted by the Insurer it will commence from the date the Insurer accepts your application. If you are not At Work on the commencement date, your Life Events cover increase will be subject to Limited Cover Conditions for the first 12 months and from the expiry of the 12 month period until the date you are At Work.

The cover increase is subject to normal exclusions and limitations under the Policy.

You may be eligible for Interim Accident cover while you are applying for cover due to a salary increase.

Other insured benefits

Worldwide cover

Subject to certain exclusions and conditions, you're covered anywhere in the world, 24 hours a day, 365 days a year.

Upgrade of benefits

Generally, any improvement in benefits which is made to the Policy the Insurer has with the Trustee will be provided to all existing members, not just new members. The improvement will only apply to future claims and not past or current claims or any claims resulting from health conditions or events which began or took place before the effective date of the improvement.

Other Income Protection Benefits

Type of benefit	Definition	Amount payable
Rehabilitation benefit	If you are suffering a Total Disability or Partial Disability, the Insurer may pay for the cost of approved rehabilitation if the Insurer reasonably considers the program likely to assist in your rehabilitation, provided the Insurer and your Medical Practitioner have approved the program of rehabilitation prior to the program being undertaken.	The cost of the approved rehabilitation program.
Benefit escalation	If you have been receiving a Total Disability or Partial Disability Benefit for a continuous period of 12 months or more, the Insurer will increase your benefit payments from each anniversary date of the claim.	The benefit payments will be increased annually whilst on claim, by CPI subject to a cap of 5% pa. The increase will occur on the first payment of the benefit after your benefit payment anniversary.
Premium waiver	The Insurer will waive the insurance premium for Income Protection while you are entitled to a Total Disability or Partial Disability Benefit.	The amount of the Income Protection premium due at that time.

Limitations and exclusions to your insured cover

Cover while on leave without pay

While on employer approved leave without pay, provided premiums continue to be paid and you remain insured:

- a. Your Death cover will continue.
- b. Your TPD cover will continue subject to the following:
 - i. For the first 12 months of leave without pay you will have your claim assessed in accordance with TPD definition applicable to you based on your occupation before you took the leave without pay.
 - ii. At the conclusion of the 12 months period referred to in (b) (i) above you will have your claim assessed against the applicable TPD definitions excluding Part D(i).
- c. Your Income Protection cover will continue for up to 12 months unless the Insurer agrees in writing to an extension before the expiry of the 12 month period. For the first 12 months of leave without pay your claim will be assessed in accordance with the definition of Total Disability applicable to you based on your occupation immediately before you took the leave without pay.

Cover while unemployed

Death and TPD cover

Your TPD cover will continue even if you become unemployed but the definition of TPD under which you can claim may change. If you are under age 65, did not work in a Hazardous Occupation prior to ceasing employment, and meet the following conditions:

1. worked 15 or more Hours Per Week (averaged over the 13 week period prior to the date of being unemployed or such shorter period if employed for less than 13 weeks immediately prior to the Date of Disablement) prior to ceasing employment and have been unemployed for a period of less than 6 months you need to satisfy either parts A, B, C or D(i) of the TPD definition, otherwise
2. you need to satisfy either parts A, B, C or D(ii) of the definition of TPD.

If you are age 65 or older, or worked in a Hazardous Occupation prior to ceasing employment, you need to satisfy either Parts A or C of the TPD definition on page 17.

Income Protection cover

The Similar Occupation definition of Total Disability for Income Protection cover applies to you while you are unemployed and actively seeking employment. However, if you do not find employment within six months, your Income Protection cover will cease.

Cover while employed overseas

You are covered worldwide 24 hours a day, seven days a week, subject to the terms of the insurance Policy.

Death and TPD cover

If you are temporarily residing or travelling overseas or employed overseas by a participating employer, your Death and TPD cover can continue for up to three years. At the conclusion of the three year period all cover will cease unless the Insurer's prior written consent to continue the cover has been given.

Income Protection cover

If you are temporarily residing and employed overseas by an employer, your Total Disability or Partial Disability cover can continue for up to three years. At the conclusion of the three year period, all cover will cease unless the Insurer's prior written consent to continue your cover has been given.

Permanently moving overseas

If you permanently leave Australia, your cover will cease. It is your responsibility to advise the Trustee accordingly.

Limitations to insured Death Benefits

Any Death Benefit paid to your account or your estate will be reduced by the amount of any benefit you have already received under these insurance arrangements for Terminal Illness or TPD. It is important to note that, in the situation where your cover for Death is higher than the TPD or Terminal Illness Benefit, the Death cover reduced by the amount of any TPD or Terminal Illness payment will continue even after a TPD or Terminal Illness claim has been paid subject to the relevant premiums continuing to be paid and other relevant policy terms and conditions.

Limitations to Income Protection Benefits

Any insured Total Disability or Partial Disability Benefit payable to you may be reduced by all amounts paid or payable from:

- a. Workers' Compensation schemes
- b. statutory compensation, pension, social security or similar schemes
- c. benefits paid under state or federal legislation, such as the Department of Veterans' Affairs
- d. income benefits from other disability income policies or super funds
- e. employer funded sick leave entitlements.

The reduction in the Total Disability Benefit or Partial Disability Benefit will be by an amount so that the total received by you from all sources does not exceed the agreed insured percentage of your Declared Earned Income.

Any Superannuation Contributions Benefit payable to you will be reduced by all amounts paid or payable for you from other sources such as the employer's superannuation guarantee obligations, award or industrial agreement obligations or additional voluntary contributions during a period of Total or Partial Disability.

Exclusions

Except for insurance cover provided under Customised Cover or Default Cover no insured Death, Terminal Illness or TPD Benefit shall be payable where a claim arises from any of the following:

- a. suicide occurring in the first 13 months after the date that the cover commences or is reinstated after having lapsed for any reason
- b. TPD as a result of an intentional self-inflicted act or intentional self-inflicted injury by you
- c. any such exclusion as the Insurer may apply to you as a condition of acceptance of cover.

No Income Protection Benefit of any type is payable if your Total Disability or Partial Disability arises from any of the following:

- a. intentional self-inflicted injury
- b. uncomplicated pregnancy or childbirth
- c. war or acts of war whether declared or not
- d. service in the armed forces of any national or international organisation (other than non-active service within Australian armed force reserve units)
- e. any such exclusion as the Insurer may apply to you as a condition of acceptance of cover.

When does cover cease?

Your cover will continue without the need to provide any further health evidence subject to the terms and conditions outlined in this guide.

Your cover will cease, without any notification from us or the Insurer, when any of the following events occur.

Situation	Death	TPD	Income Protection
On the day you reach age 65	N/A	N/A	√
On the day you reach age 75 or for Customised Cover the age it ceases, whichever is the lesser	√	√	N/A
The date the Trustee accepts your request to terminate your cover	√	√	√
The date the Policy terminates	√	√	√
The expiry of 12 months of the approved leave without pay, unless otherwise agreed by the Insurer in writing prior to the expiry of such leave	N/A	N/A	√
The expiry of the three year period as outlined in the 'Cover while employed overseas' section of this guide	√	√	√
60 days from the date you cease to be a member of the Fund ²	√	√	√
The date the Insurer makes a payment of the total insured amount under the Policy	√	√	N/A
The end of the Benefit Payment Period applicable to you on a claim	N/A	N/A	√
28 days after the Trustee has issued a lapse notice to you and the premium remains unpaid	√	√	√
The date of your death	√ ³	√	√
If you permanently move overseas	√	√	√
Six months from the date you ceased to be last employed	N/A	N/A	√ ⁴
Retirement from the workforce	N/A	N/A	√
If you transfer part of your balance to another superannuation fund and your remaining account balance is less than \$10,000	√	√	√
If you transfer to the Personal Division with an account balance of \$2,000 or less	√	√	√

Note:

"√" means that the insurance cover specified in the relevant column will cease upon occurrence of the event described in the relevant row.

"N/A" means the event described in the relevant row is not applicable to the cessation of the insurance cover in the relevant column.

² Subject to your options to transfer your cover between funds or between products within the same Fund.

³ A claim may still be able to be made for any eligible Death Benefit.

⁴ Where your Income Protection cover ceases due to you ceasing to be employed for more than six months, if you then return to gainful employment (working at least 15 hours Per Week) at any time within the 12 months after your employment ceased, when you commence the employment you can apply to reinstate the Income Protection cover you previously held which ceased without the need for Underwriting provided you are eligible for cover.

If you have both TPD and Income Protection cover you may be able to make a claim for TPD, even if you have claimed a Total Disability Benefit under Income Protection, provided the relevant terms and conditions to claim each benefit are satisfied.

What do you need to know about making a claim?

While we hope you do not ever need to make a claim, the following information will assist with the claim process. Any insured benefit to which you may be entitled will be paid in addition to your super account balance (less applicable fees and taxes).

How to make a claim

To make a claim, you need to notify us in writing as soon as you can of an event that is likely to give rise to a claim. Once you have informed us about the claim, we will send you (or your Legal Personal Representative in the case of your death) a list of the initial requirements and the claim forms which need to be completed and returned to us. The claim forms will generally require relevant medical certificates, Medical Practitioner's reports, employer reports and relevant evidence for the claim. You are responsible for meeting any costs in completing the claim forms including any associated documents.

The sending of your claim form by us to the Insurer does not constitute an admission of liability in respect of any claim.

To assist with the assessment of your claim, you may receive a request for additional information or be required to undergo an examination by a Medical Practitioner or relevant professional of the Insurer's choice including pathology tests.

The Insurer will meet the costs in relation to this additional information. If you fail to attend any pre-arranged medical examination then you will be liable to pay any fees incurred. It is important that all information requested is submitted otherwise the claim may be delayed while waiting for that information.

Payment of a claim

After considering the evidence provided, we and the Insurer will decide if you meet the relevant definition of your cover and whether you're entitled to payment.

Payment of your Sum Insured will be made to us and we will credit the proceeds to your super account. A claim for a Death or TPD Benefit will not be released until the claim is approved by our claims committee.

Income Protection claims, once approved, will be paid to you by us after the applicable tax is deducted.

Please note that as the insurance benefits are paid by the Insurer, the payment of the insurance benefit is conditional on the Insurer accepting the claim and paying the benefit to us.

Incorrect age

If your age is incorrectly stated, we and the Insurer have the right to adjust the premium or the benefit based on your correct age.

Incorrect salary

If you are in the Employer division and the cover provided to you is based on your salary, your participating employer is required to provide us with updated salary information at each annual review date. If your employer does not supply us with updated salary information at least annually (at the annual review date), even if it is a confirmation that the salaries have not changed, any benefit at claim time, will be based on the lesser of your insured benefit or salary at the date of claim.

If you are in the Employer division and your benefit is based on your salary and your salary has increased from the salary last advised by the employer at the last annual review:

- a. The Insurer will need to agree that the salary increase is reasonable and acceptable for any changes to the benefit, and
- b. premiums will be required to be paid from the date of the salary increase on the increased amount.

If your salary has decreased then your benefit will decrease accordingly.

If at claim time we ascertain that you had left the employer before the claim date then we will deem you to have been a Personal Division member from the date you left the employer and the relevant rules for the Personal Division in relation to claims calculation and payment will apply.

Claims after your cover has ceased

If a claim event occurs prior to the date your cover ceased or terminated you may still be eligible for that claim to be considered by the Insurer, subject to terms and conditions of the Policy.

Claims whilst overseas

In the event you suffer TPD whilst overseas, the Insurer may require you to return to Australia at your own expense for assessment of the claim.

If you are receiving a Total Disability or Partial Disability Benefit whilst outside Australia, benefits will cease six months after the date of commencement of the benefit, unless you have permanently returned to Australia at your own expense.

What to do if your claim is declined

If you are not happy with a decision made about your claim, you can request us to reconsider the decision. Our claims committee will review your claim and may make a representation to the Insurer on your behalf. If you are not satisfied with the outcome you can raise the issues with the Superannuation Complaints Tribunal (SCT). More details about the complaints process and contact details for the SCT can be found in the 'Complaints' section in the PDS.

Special conditions relating to Income Protection claims

Payment of benefit before notification

The Insurer will not pay a Total Disability or a Partial Disability Benefit for any period more than 14 days before the date that the Insurer is notified of a claim.

Waiting Period

A Total Disability Benefit or Partial Disability Benefit will only be payable after the expiry of the Waiting Period.

The Waiting Period is the continuous period of days as accepted by the Insurer at application for the income protection cover, commencing from the date a Medical Practitioner certifies you as Totally Disabled, and for which you have to be disabled before the Total Disability Benefit or Partial Disability Benefit is payable.

If, during the Waiting Period, you return to employment, the Waiting Period will still be regarded as continuous if your return to work is for five days or less and you again become disabled as a result of the same Injury or Illness. The days for which you were in employment will be added to the Waiting Period.

If you return to employment for more than five days, then a new Waiting Period will commence from when you are next Totally Disabled.

There may be circumstances where you participate in an Approved Rehabilitation Program which includes a return to employment during the Waiting Period. If you are unsuccessful in returning to employment as part of an Approved Rehabilitation Program at the same capacity as prior to becoming disabled, the Waiting Period will still be deemed to commence as at the first day you became Totally Disabled and will not recommence if the return to employment is greater than five days.

Any days of Gainful Employment as part of an Approved Rehabilitation Program will also not be added to the Waiting Period.

Example of a Waiting Period

Joe has Income Protection cover with a 90 day Waiting Period, a Benefit Payment Period of five years and a monthly benefit of \$3,000.

On 1 July 2013 Joe was injured and submitted a claim to the Insurer which was accepted. Joe does not receive any benefit during the Waiting Period which ends 90 days after 1 July, being 28 September 2013.

Joe is entitled to receive his first monthly benefit of \$3,000 from 29 September 2013. Benefits are paid monthly in arrears. He continues to receive his monthly benefit payment while he remains Totally Disabled, or a lesser amount if Partially Disabled, until 27 September 2018 (subject to the Policy terms and conditions).

Recurrent claims

If you've been receiving an Income Protection Benefit payment and return to work, but within six months of benefit payments ending you again become Totally Disabled or Partially Disabled as a result of the same or related Illness or Injury, the Insurer will regard it as a continuation of your previous claim. The Waiting Period will not apply and the Insurer will pay the benefit as a continuation of the previous claim. However, your Benefit Payment Period will be reduced by the period that a benefit was paid or payable under your previous claim.

Moving between products in the Fund

We have a range of products within the Fund. If you move to another IOOF super product in the Fund, you may be able to continue your cover without the need for further acceptance by the Insurer.

Applicants transferring from another IOOF super product may be entitled to maintain their existing Death or Death and TPD and Income Protection cover without the need for further acceptance by the Insurer subject to the terms and conditions in this guide and the relevant insurance policies. Please contact us to confirm the requirements in relation to transfers.

Ceasing to be a member of the Fund

When you cease to be a member of the Fund, you need to be aware of the following.

Extension of cover

Your insurance cover will continue for up to 60 days from the date on which you ceased to be a member of the Fund. For Income Protection cover, this is subject to you maintaining employment during this time.

Transfer of insurance to a personal product

Death and TPD cover

If you have insurance cover and you leave your Employer Plan, your cover will continue in the Personal Division effective from the date you leave your employer, subject to your account balance exceeding \$2,000 (otherwise your cover will cease).

There may, however, be changes to your insurance calculation basis and insurance premiums. Please contact Pitcher Partners client services team, on (07) 3222 8444, for further information.

On transfer to the Personal Division, the amount of cover transferred will depend on the basis of the cover in the Employer Plan and:

- the cover at the time of transfer, and
- the corresponding premium in the Tailored Rate table for the same occupational rating that applied to you immediately prior to transfer to the personal super product and which is subject to increases with age.

As the premiums under some Employer Plans are different and may be subject to a Tailored Rate table, your premium may increase (or cover decrease for a fixed premium).

Income Protection cover

If you cease to be employed by a participating employer, your existing cover will be transferred to the Personal Division, at the same or similar benefit level and benefit type as you had in your Employer Plan, without the need for further underwriting (subject to your account balance exceeding \$2,000).

In general, you will not need to complete an insurance application. On transfer to the Personal Division, the amount of cover transferred will be fixed based on:

- the cover at the time of transfer, and
- the corresponding premium in the rate table for the same occupational rating that applied to you immediately prior to transfer to the personal super product and which is subject to increases with age.

As the premiums under some Employer Plans are different and may be subject to a Tailored Rate table, your premium may increase (or cover decrease for a fixed premium).

Section 6 – Significant risks

As with the purchase of any financial product, you should consider the risks that may impact your super insurance arrangement.

Main risks that may affect your insurance

Pre-existing Conditions risk	If you apply for cover, or an increase in cover, you must disclose any Pre-existing Conditions with your request for cover or increase in cover. Non-disclosure could result in a claim being declined or the Insurer avoiding your insurance cover.
Non-disclosure risk	If you fail to comply with your duty of disclosure the Insurer may be able to decline a claim, void your insurance cover or reduce the amount of benefit payable to you.
Variation of terms and conditions risk	The Trustee is able to change the terms and conditions of your insurance arrangements by giving at least 30 days prior written notice.
Variation of premium rates risk	The Trustee has the right to increase the premium rates (outside of the normal age changes which take place automatically each 1 July) by giving you 30 days prior written notice.
Change of Insurer risk	The Trustee has the right to change the Insurer by giving you 30 days prior notice.
Replacing or changing your insurance	The terms and conditions between insurance policies can vary significantly and it is important that you compare the differences when you are looking at replacing or cancelling your insurance cover. There is a risk that your new cover may not provide the same benefits or have pre-existing restrictions or other limitations that did not exist under your old insurance arrangement or Policy. It is important that you also consider the risk that you might not be covered for a period of time if you cancel your insurance before the new insurance commences.
Future insurability	There is a risk as you get older that you may not be able to obtain insurance or insurance without a significant premium loading/restriction. Therefore it is recommended that you consider your insurance needs now or take this into consideration if you are contemplating the cancellation of your cover.
Limitations and exclusions to cover	Insurance policies tend to have various limitations and exclusions which apply that vary between insurance policies. It is important that you understand the limitations and exclusions which apply to your cover.
Low account balance	There is a risk that your cover might lapse if there are insufficient funds in your super account to pay your insurance premiums. To avoid this happening you may need to make further contributions to ensure that there are sufficient funds in your super account to pay the premiums when due.
Employer failure to pay Superannuation Guarantee contributions	There is a risk that your cover may lapse if your employer does not pay your Superannuation Guarantee (SG) contributions on time. Your cover may also lapse if your SG contributions do not cover your insurance premiums. To avoid this happening you may need to make personal contributions to ensure that there are sufficient funds in your account to pay the premiums when due.

Section 7 – Key words explained

This section helps explain some of the key terms used in this guide.

Accident	An unforeseen, violent, external and visible event during the period of cover.
At Work	<p>Means a person who is:</p> <ol style="list-style-type: none"> if employed with an employer: The person is actively performing or capable of actively performing all of the duties and work hours (for at least 30 Hours Per Week) of their usual occupation with their employer free from any limitation due to Illness or Injury. A person who is on employer approved leave for reasons other than Illness or Injury, who would otherwise be capable of performing their usual occupation, will be considered as having met the requirements of this definition, or if Self-employed: The person is actively performing or capable of actively performing all of the duties and work hours (for at least 30 Hours Per Week) of their usual occupation free from any limitation due to Illness or Injury, or if unemployed: The person is capable of actively performing all of the duties and work hours (for at least 30 Hours Per Week) of their usual occupation prior to becoming unemployed, free from any limitation due to Illness or Injury, or if engaged exclusively in unpaid Domestic Duties on a full time basis: The person is actively performing or capable of performing all of their full-time unpaid domestic duties free from any limitation due to Illness or Injury, <p>and</p> <p>The person is not entitled to, or receiving, income support benefits relating to Illness or Injury, from any source including but not limited to Workers' Compensation benefits, statutory transport accident benefits and disability income benefits.</p>
Automatic Acceptance	The amount of insurance cover for which the Insurer does not require evidence of state of health.
Benefit Payment Period	The maximum period for which an Income Protection Benefit begins to accrue, and excludes the Waiting Period.
Consumer Price Index (CPI)	The Consumer Price Index (all groups weighted average for eight capital cities) issued by the Australian Bureau of Statistics for the most recent 12 months before the date of calculation.
Date of Disablement	<p>The later of the following:</p> <ul style="list-style-type: none"> ■ the date you cease to work due to Injury or Illness, or ■ the date a Medical Practitioner examines you and certifies in writing that you suffer from the Illness or Injury that is the principal cause of your inability to work.
Declared Earned Income	<p>For the purposes of determining the level of Income Protection Benefit applicable, means the lesser of:</p> <ul style="list-style-type: none"> ■ your annual earnings most recently agreed by the Insurer and the Trustee in writing ■ the sum calculated in accordance with the Earned Income definition below.

Default Cover	<p>Insurance cover that the Insurer has agreed to provide under Automatic Acceptance provisions, provided you satisfy the relevant eligibility criteria under the Policy where your employer:</p> <ul style="list-style-type: none"> ■ has not nominated an insurance benefit design ■ has established the Employer Plan as the Standard Fund, and ■ meets the other requirements under the Policy. <p>The amount of Default Cover is the amount of Death and TPD cover that can be purchased for \$3.00 per week based on the Tailored Rate Tables and occupational factors stated in the Policy.</p> <p>Plus, if you are aged 55 or younger and working at least 15 Hours Per Week when you join your employer, Default Cover also includes Standard Income Protection cover with a regular monthly income of \$2,000 (subject to a maximum replacement ratio of 75 per cent of pre-disability income) if you become Totally Disabled or Partially Disabled because of Illness or Injury and are unable to work and earn your income. The Benefit Payment Period for Standard Income Protection cover is two years after a 90 day Waiting Period.</p>
Earned Income	<p>If you are employed this means the annual wages or salary last agreed between you and your employer immediately before commencement of Total Disability, plus:</p> <ul style="list-style-type: none"> ■ any commissions paid by your employer to you in the 12 month period immediately before commencement of Total Disability ■ all other regular (cash and non-cash) payments or benefits provided to you by your employer in the 12 month period immediately before commencement of Total Disability, which when combined with the above, the Insurer reasonably considers as your remuneration package. <p>For the avoidance of doubt, Earned Income:</p> <ol style="list-style-type: none"> a. does not include employer superannuation contributions that are required to be made to meet the employer's: <ol style="list-style-type: none"> i. superannuation guarantee obligations ii. award or industrial agreement obligations iii. additional voluntary contributions b. includes employer superannuation contributions made under an effective salary sacrifice arrangement. <p>If you are self-employed or unemployed this means the annual income generated by you from your personal exertion, calculated by averaging your net income per year for the two years immediately preceding commencement of Total Disability. For the purposes of this definition, net income means your gross income less all expenses incurred by you in earning that income but does not include investment income, profit distributions or similar payments.</p>
Employer Plan	<p>A superannuation plan established by an employer for its employees within the Employer Division of the Fund. This could also be the Standard Fund into which an employer will make Superannuation Guarantee contributions if a member has not nominated a choice fund in the Superannuation Choice environment.</p>
Forward Underwriting Limit	<p>The amount (if any):</p> <ul style="list-style-type: none"> ■ which may be provided by the Insurer in respect of an insured member of the Fund or group of members of the Fund with salary related benefit options, after the assessment of the relevant insured member's evidence of state of health, and ■ up to which the Insurer may accept future increases in the relevant insured member's cover without further evidence of their state of health.

Hazardous Occupation	<p>Includes unskilled workers, those involved in hazardous or very heavy manual work and/or specific occupations as decided by the Insurer such as the following (however this is not an exhaustive list):</p> <ul style="list-style-type: none"> ■ offshore oil rig workers ■ fishermen ■ forestry workers ■ workers in mining or drilling, exploration and explosive related industries ■ underground/underwater workers ■ workers at heights, including riggers, scaffolders, roof workers, antenna erectors ■ seasonal workers/industries with a high proportion of seasonal or casual workers (such as fruit picking) ■ pilots and aircrew of commercial airlines ■ prison services ■ factory workers involved in highly repetitive (unskilled) duties ■ labourers ■ firemen, police, ambulance drivers/paramedics ■ truck drivers ■ professional sportspeople or entertainers.
Hours Per Week	<p>'Hours per week' is based on the terms of your usual employment (or previous employment if unemployed) and averaged over the consecutive 13 week period prior to the relevant date of application of this definition, for example</p> <ul style="list-style-type: none"> ■ Date of Disablement in case of TPD cover, or ■ prior to the date cover commences in case of Income Protection cover, or <p>such shorter period if employed for less than 13 weeks immediately prior to the applicable date.</p>
Illness	<p>Sickness or disease that occurs during the period during which you have cover under the Policy.</p>
Injury	<p>Bodily injury resulting from an Accident that occurs during the period during which you have cover under the Policy.</p>
Limited Cover	<p>Cover for claims arising from an Illness that first became apparent or an Injury which first occurred on or after the date the cover commenced, recommenced or increased and the illness or injury is not caused directly or indirectly from an Illness or Injury the signs or symptoms of which existed prior to the commencement of the Limited Cover.</p>
Medical Conditions	<p>means one of the following medical conditions: Cardiomyopathy, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Quadriplegia, Hemiplegia, Diplegia, Tetraplegia, Dementia and Alzheimer's disease, Parkinson's disease, Blindness, Loss of Speech, Loss of Hearing, Chronic Lung Disease, Severe Rheumatoid Arthritis. The definitions for the Medical Conditions that are applicable in relation to a claim are provided at the end of these definitions.</p>

Medical Practitioner	<p>means, unless the Insurer agrees otherwise:</p> <ol style="list-style-type: none"> 1. a medical practitioner legally qualified and registered to practice in Australia, or 2. if the claimed condition is a psychological condition diagnosed in accordance with the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), the definition of a Medical Practitioner means a person who is legally qualified and registered as a practicing Psychiatrist by the relevant medical registration boards and/or the Specialist Recognition Advisory Committee coordinated through the Australian Health Insurance Commission. <p>A Medical Practitioner cannot be:</p> <ol style="list-style-type: none"> 1. you, your spouse, relative, business associates or partners, shareholders, employers or employee; or 2. a chiropractor, physiotherapist, psychologist or alternative health providers.
Pre-existing Condition	<p>An Illness or Injury for which, prior to the application for cover, you</p> <ul style="list-style-type: none"> ■ have received treatment, and ■ have suffered symptoms, or ■ were aware of.
Policy	<p>The group life policy or group income protection policy issued by the Insurer to the Trustee, as amended from time to time. The Policy does not form part of this guide and is a legal agreement between the Insurer and the Trustee.</p>
Return to Employment Income	<p>Means either:</p> <ul style="list-style-type: none"> ■ If you are employed, the annual wages or salary last agreed between you and your employer (including commissions, bonus and other payments that the Insurer reasonably considers form part of your remuneration package) ■ If you are self-employed, the gross income generated by you as a result of your personal exertion less all expenses incurred by you with earning that income.
Standard Fund	<p>A complying superannuation fund, that in the absence of Choice of Fund, your employer nominated as the preferred fund into which your employer will pay Superannuation Guarantee contributions.</p>
Sum Insured	<p>The amount for which you are covered under the Policy.</p>
Terminal Illness	<p>The conclusive diagnosis by a specialist Medical Practitioner, which is confirmed by a specialist Medical Practitioner approved by the Insurer, that you have a remaining life expectancy of less than 12 months.</p>
Totally Disabled	<p>Means you satisfy the Total Disability definition for your employment status.</p>
Underwriting/underwritten	<p>This is the process by which the Insurer reviews your personal, medical, financial and other circumstances to decide if it will accept your application for insurance and, if accepted whether it will apply Standard Rates or add extra loadings or exclusions to your cover.</p>

Waiting Period

The continuous period of days as accepted for the Income Protection cover, commencing from the date a Medical Practitioner certifies the Insured Person as Totally Disabled, and for which the Insured Person has to be disabled before the Total Disability Benefit or Partial Disability Benefit is payable.

If, during the Waiting Period, the Insured Person returns to employment, the Waiting Period will still be regarded as continuous if their return to work is for five days or less and they again become disabled as a result of the same Injury or Illness. The days for which the Insured Person was in employment will be added to the Waiting Period.

If the Insured Person returns to employment for more than five days, then a new Waiting Period will commence from when the member is next Totally Disabled.

There may be circumstances where the Insured Person participates in an Approved Rehabilitation Program which includes a return to employment during the Waiting Period. If the Insured Person is unsuccessful in returning to employment as part of an Approved Rehabilitation Program at the same capacity as prior to becoming disabled, the Waiting Period will still be deemed to commence as at the first date the member became Totally Disabled and will not recommence if the return to employment is greater than five days.

Any days of Gainful Employment as part of an Approved Rehabilitation Program will also not be added to the Waiting Period.

Depending on your cover, the Waiting Periods are 30, 60 or 90 consecutive days for which you must be Totally Disabled. The Waiting Period starts on the day you first became Totally Disabled. An example of a 90 day Waiting Period appears in the section entitled 'What do you need to know about making a claim?'

Medical Condition	Definitions
Blindness	means the permanent loss of sight in both eyes, whether aided or unaided, due to Illness or Injury to the extent that visual acuity is 6/60 or less in both eyes or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an Ophthalmologist.
Cardiomyopathy	means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, that is Class 3 on the New York Heart Association classification of cardiac impairment.
Chronic Lung disease	means permanent end stage respiratory failure with FEV1 test results of consistently less than one litre, requiring continuous permanent oxygen therapy.
Dementia and Alzheimer's disease	means the clinical diagnosis of dementia (including Alzheimer's disease) as confirmed by a Consultant Neurologist, Psycho-geriatrician, Psychiatrist or Geriatrician. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration in the person's Mini-Mental State Examination scores to 24 or less and deterioration would continue but for any effective treatment. Dementia related to alcohol, drug abuse or AIDS is excluded.
Diplegia	means the total loss of function of both sides of the body due to Illness or Injury where such loss of function is permanent.
Hemiplegia	means the total loss of function of one side of the body due to Illness or Injury, where such loss of function is permanent.
Loss of Hearing	means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of Illness or Injury, as certified by a Specialist Medical Practitioner we consider appropriate.
Loss of Speech	means the total and irrecoverable loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or the speech centres of the brain. The loss must be certified by an appropriate Specialist Medical Practitioner.
Major Head Trauma	means an Injury to the head resulting in neurological deficit causing, as certified by a Consultant Neurologist, either: <ul style="list-style-type: none"> a. a permanent loss of at least 25% whole person function as defined in the American Medical Association publication "Guides to the Evaluation of Permanent Impairment" 4th Edition or an equivalent guide to the evaluation of impairment approved by us, or b. the permanent and irreversible inability to perform without the assistance of another person any one of the following activities of daily living: <ul style="list-style-type: none"> i. dressing – the ability to put on and take off clothing, ii. bathing – the ability to wash or shower without assistance, iii. toileting – the ability to use the toilet, including getting on and off, iv. mobility – the ability to get in and out of bed or a chair, v. continence – the ability to control bowel and bladder function, or vi. feeding – the ability to get food from a plate into the mouth.
Motor Neurone Disease	means motor neurone disease diagnosed by a Consultant Neurologist.
Multiple Sclerosis	means the unequivocal diagnosis of multiple sclerosis as confirmed by a Consultant Neurologist and characterised by demyelination in the brain and spinal cord evidenced by Magnetic Resonance Imaging or other investigations acceptable to us. There must have been more than one episode of well-defined neurological deficit with persisting neurological

	abnormalities.
Muscular Dystrophy	means the unequivocal diagnosis of muscular dystrophy by a Consultant Neurologist.
Parkinson's disease	<p>means the unequivocal diagnosis of Parkinson's disease by a Consultant Neurologist where the Consultant Neurologist confirms that the condition:</p> <ol style="list-style-type: none"> a. is the established cause of two or more of the following: <ol style="list-style-type: none"> i. muscular rigidity, ii. resting tremor, or iii. bradykinesia, and b. has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit. <p>The person must be following the advice and treatment of a Specialist Neurologist.</p>
Paraplegia	means the permanent loss of use of both legs, or both arms, resulting from spinal cord Illness or Injury.
Primary Pulmonary Hypertension	means hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.
Quadriplegia	means the permanent loss of use of both arms and both legs resulting from spinal cord Illness or Injury.
Severe Rheumatoid Arthritis	<p>The unequivocal diagnosis of severe rheumatoid arthritis by a Rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:</p> <ol style="list-style-type: none"> a. at least a six week history of severe Rheumatoid Arthritis which involves three or more of the following joint areas: <ol style="list-style-type: none"> i. proximal interphalangeal joints in the hands, ii. metacarpophalangeal joints in the hands, and iii. metatarsophalangeal joints in the foot, wrist, elbow, knee or ankle, b. simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone), and c. typical rheumatoid joint deformity and at least two of the following criteria: <ol style="list-style-type: none"> i. morning stiffness, ii. rheumatoid nodules, iii. erosions seen on X-ray imaging, or iv. the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis. <p>Degenerative osteoarthritis and all other arthritides are excluded.</p>
Tetraplegia	means the total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain Illness or Injury or spinal cord Illness or Injury.

General advice warning

The information contained in this guide:

- does not and is not intended to contain any recommendations, statements of opinion or advice
- is of a general nature only and does not take into account your individual objectives, financial situation or needs.

You should consider the appropriateness of this information having regard to your objectives, financial situation and needs and you may want to seek advice before making a decision about purchasing insurance through super.

Important notice

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The JR Superannuation Fund (the Plan) is issued by IIML as Trustee of the IOOF Portfolio Service Superannuation Fund (ABN 70 815 369 818). A Product Disclosure Statement is available by downloading a copy from the website (www.pitcher.com.au/Brisbane) or by calling Pitcher Partners client services team on (07) 3222 8444. You should consider the Product Disclosure Statement before making an investment decision.

Insurer

Insurance cover available is provided by TAL Life Limited (TAL) ABN 70 050 109 450 AFSL No. 237848 or another insurance provider approved by the Trustee (the Insurer/s).

Insurance terms and conditions

The information outlined in this guide is subject to the Insurer continuing to offer insurance under the terms and conditions contained in the relevant insurance policies. You'll be informed if the terms and conditions change.

The Insurer may accept or reject any request for insurance or impose different terms and conditions based on their assessment of a member's health, occupation and pastimes. All insurance is subject to written acceptance by the Trustee and the Insurer.

The Trustee and the Insurer will assess all claims based on their criteria and in accordance with the terms and conditions of the relevant Policy document. The Trustee is only liable to pay (if the Trust Deed and super law permits) the insured component of a benefit upon acceptance of the claim by the Insurer and on receipt of the proceeds from the Insurer.

Please note that while every effort has been made to ensure that the information contained in this guide is accurate, the terms and conditions of the Policy documents issued by the Insurer to the Trustee will prevail to the extent that they are inconsistent with the information contained in this guide.

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