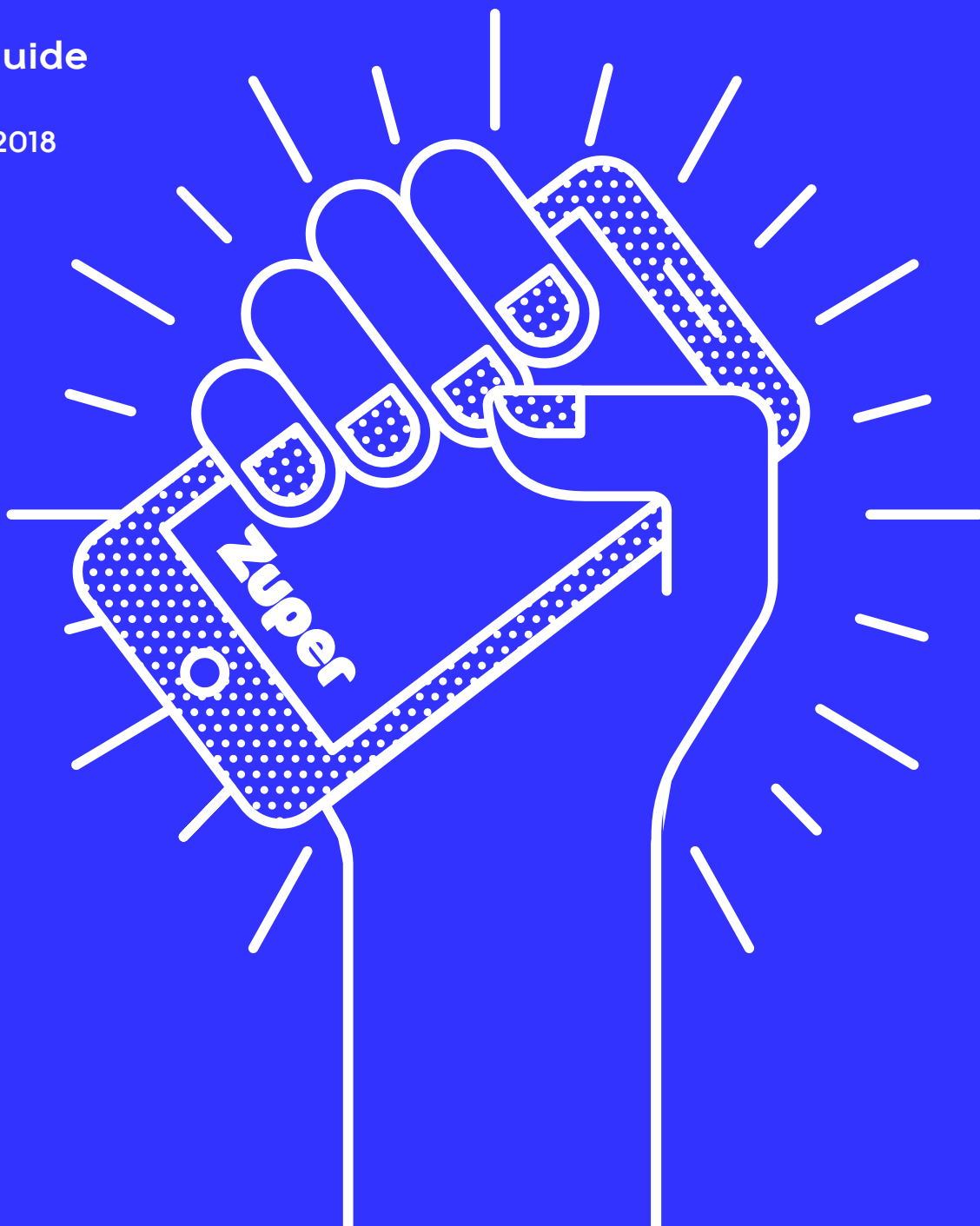


Zuper Super

Insurance guide

Issued 18 June 2018



Zuper

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IMPORTANT INFORMATION

The information in this document forms part of the Zuper Fund Product Disclosure Statement dated 18 June 2018, issued by Diversa Trustees Limited (AFSL No 253153; ABN 49 006 421 638; RSE Licence No L0000635); Insurance cover is provided through group life policies is sued by Hannover Life Re of Australasia Ltd (ABN 37 062 395 484) to the Trustee of Zuper Super. In the event of a dispute the policy will override the information in the PDS and this guide.

GENERAL ADVICE WARNING:

Any advice contained in this Guide has been prepared without taking account any particular person's objectives, financial situation or needs. Because of that, you should, before acting on the advice, consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. In addition, you should obtain the Zuper Super Product Disclosure Statement and consider it before making any decision about whether to acquire the product.

Insurance in your super

Insurance doesn't have to cost a fortune. Zuper Super offers affordable insurance options so you can plan for your retirement and know that you are covered for those unexpected events and 'what ifs'.

Zuper Super offers the following insurance options to eligible members of the fund:

Death Insurance	Provides a lump sum benefit if you die or are diagnosed with a Terminal Illness
Death and Total Permanent Disablement (TPD) Insurance	Provides a lump sum benefit if you die, suffer a Total and Permanent Disablement or are diagnosed with a Terminal Illness
Income Protection Insurance	Pays a set percentage of your Monthly Income for up to 2 years or to age 65 in the event that you suffer a Disability as a result of illness or injury

There are costs (called 'premiums') associated with insurance cover with these costs deducted from your Zuper Super account.

Note, Zuper Super can claim a tax deduction for premiums paid from the fund. These are credited back to members so you are effectively receiving a 15% discount on the premiums you pay.

Types of insurance

Zuper Super offers two types of insurance cover – personal and employee. The type of insurance cover available to you is determined by your employment status.

Your employment status:	You are eligible to apply for:
You are an employee of a Participating Employer ¹	Employee Cover (Sections 2, 3, 4 and 5)
All others including Self-Employed persons	Personal Cover (Sections 1, 3, 4 and 5)

¹ means an employer who has selected Zuper Super to be the default superannuation fund for the purpose of SG contributions for their employees.

For the avoidance of doubt, an employer who has selected a different fund to be their default superannuation fund, but directs SG contributions for an Eligible Person to Zuper Super under Choice of Fund legislation, or a self-employed person, is not deemed to be a Participating Employer. Different conditions apply depending on whether you are eligible for Personal or Employee Cover.

Change of Circumstances

If you change your:

- Occupation; or
- Location; or
- Income and/or number of hours you are working; or
- You cease working altogether;

this may have an impact on your eligibility to claim for benefits should you become temporarily or permanently disabled. Please therefore let us know of any change to your circumstances.

1. Zuper Super Personal Cover

Eligibility for Default Cover

You are eligible for default cover if:

1. You have submitted a Member Application via the Zuper Super website or mobile phone; and
2. An initial contribution or a rollover has been received by Zuper Super; and
3. You are not applying for, entitled to, or have not been paid a TPD or Terminal Illness benefit from any super fund or life insurance policy; and
4. You are a member of Zuper and have sufficient funds in your account to cover the cost of monthly premiums; and
5. You are aged between 15 and 65; and
6. You are an Australian resident; and
7. You are not employed in an Excluded Occupation, or who does not perform any duties of an Excluded Occupation.

Default Death & TPD Cover when you join

Provided you meet the above eligibility conditions, when you join Zuper Super you will receive default death and total and permanent disablement cover without any medical underwriting. Your default cover will be for New Events only (see below) for the first 24 months and commences on the date the Fund receives your initial contribution or rollover from another superannuation fund. If you are not At Work at the end of the 24 months period then New Events cover will continue until you have been At Work for 60 consecutive days. The amount of default cover provided for an insured person is a fixed \$100,000. Premium rates for this cover are shown in Table 2 on page 10.

Table – Default Personal Death & TPD Cover

Age	Death Cover	TPD Cover
16 – 65 years	\$100,000	\$100,000
Premiums	Premiums are annualised and deducted from your account monthly in arrears.	
Does the value of default cover remain the same as I age?	No, Total and Permanent Disablement cover will reduce by a tapering factor each year as shown below.	
	Age next birthday*	Tapering Factor
	Up to 61	0%
	62	20%
	63	40%
	64	60%
65	80%	
Does the cost for cover remain the same as I age?	Cost will vary with age	
Age Next Birthday*	Determined when your cover first commences and Age Next Birthday is then reviewed for all Members on 15 May each year.	

What is 'New Events' cover

'New Events' cover is cover for an illness first diagnosed or an injury that first occurs on or after the date your cover commences or recommences in Zuper Super.

Changing Death & TPD Cover

You can opt out of Default Cover or select death only cover. Any subsequent request to reinstate cover will be subject to underwriting.

You can change New Events cover to immediate full cover by completing a Short form underwriting questionnaire. If you answer 'No' to all the Health and Pastime questions your cover will convert to full cover.

Insurance cover is subject to a maximum of \$3 million. This is the total amount of cover held with Zuper Super and all other policies with any other insurers.

The amount of TPD cover cannot exceed the amount of Death cover.

Interim Accident Cover

While your application for Voluntary cover is being underwritten, the Insurer will provide interim accident cover for up to 90 days and to a maximum of \$1.5million. This is payable in the event of death or TPD suffered from an injury.

Interim Accident Cover will be payable for:

- (a) Death, if the application to us requested Insured Cover for Death and it is available to them under The Policy, and
- (b) Total and Permanent Disablement, if the application to us requested Insured Cover for Total and Permanent Disablement and it is available to them under The Policy.

Interim Accident Cover will not be payable where:

- (a) The Death of an Insured Person is directly or indirectly the result of suicide or attempted suicide, or
- (b) The Total and Permanent Disablement of an Insured Person is directly or indirectly the result of an intentional self-inflicted injury or attempted suicide

Transferring Existing Death & TPD Cover

You may be able to transfer existing Death and TPD cover from your current insurer or super fund to Zuper Super, provided you meet eligibility conditions.

Cover transferred to Zuper Super will be 'fixed' cover for the same type and level of cover as that which as transferred. Premium rates in Table 2 will apply to the transferred cover.

The maximum value of the combined total of transferred cover and your existing Zuper Super cover is \$1.5 million.

The following conditions apply to the transfer of cover:

- (a) You must be aged less than 65, and
- (b) You must not be working in an Excluded Occupation (see Section 4), and
- (c) You must confirm that your insured benefit in the existing fund or insured policy will cease on cover commencing in Zuper Super. No claim will be considered in Zuper Super if you have retained any form of previous cover elsewhere, and
- (d) You must not continue the cover, after acceptance of the transfer in Zuper Super, under any other insurance arrangement, reinstate cover or effect a continuation option with any fund, and
- (e) You must provide a copy of your most recent Benefit Statement or Policy Renewal Statement dated within the previous 12 months as evidence of your current cover and insured benefit previously held.
- (f) The transfer of cover must not be subject to any premium loading, restriction, exclusion or pre-existing condition, exclusion or restriction in regard to medical or other conditions, and
- (g) You must satisfactorily complete the Transfer of Cover Application Form, including answering 'no' to the agreed health questions, and it is received by Zuper Super within 31 days of being signed and dated.
- (h) Your account must have sufficient funds to pay your insurance premium within 31 days of accepting your transfer of cover form.

See Death and TPD Insurance Terms and Conditions on page 13 for further details.

Example: How to calculate your Personal additional Death and TPD insurance premium

38 year old male, white collar, additional \$1m death & TPD cover		
1	Determine the level of additional cover you require.	\$1m death & TPD cover
2	Find your age next birthday* in Table 2 on page 10. <small>*Determined when your cover first commences and Age Next Birthday is then reviewed for all Members on 15 May each year.</small>	Age next birthday is 39
3	Look up the annual premium rate per \$1,000 cover, depending on whether you wish to obtain additional death only insurance cover or additional death and TPD cover.	Annual premium rate per \$1,000 cover for death cover is \$1.35
4	Multiple the cover required by the annual premium rate and divide by 1,000. This is your annual premium.	$1,000,000 \times 1.35 / 1000 = \$1,350.00$
5	To work out your monthly premium, divide your annual premium by 12.	$\$1,350 / 12 = \112.50

Income Protection Insurance Cover

Income Protection insurance cover is available to eligible members, subject to a maximum of 75% of your pre-disability Monthly Income up to a maximum of \$30,000 per month. This maximum amount is the total amount of cover held with Zuper Super and all cover held under other policies with any other insurer.

Zuper Super offers cover with a 90 day waiting period and a 2 year benefit period or to age 65. Cover is subject to underwriting and acceptance by the insurer.

Your monthly benefit will be increased by the lesser of the annual CPI percentage increase or 5% for every 12 months when you are in receipt of a total disability benefit.

Premiums are based on your age, gender and occupation category, as shown in Table 3 on page 12.

While your application for Income Protection cover

is being considered, the Insurer will provide interim accident cover of up to \$15,000 per month for up to 2 years.

Transferring Existing Income Protection

Members can elect to transfer other existing cover to Zuper Super if they are insured under:

- (a) A group income protection insurance policy, or
- (b) An individual retail income protection insurance policy provided you were underwritten and accepted for cover within the previous 5 years.

The maximum value of the combined total of transferred cover and your existing Zuper Super cover is a benefit of \$15,000 per month. The amount of cover (subject to the maximum) will be transferred across as Voluntary Cover for the same type of cover or greater waiting period or the same or lesser benefit period. The transfer of other existing cover to Zuper Super is subject to you meeting the following criteria:

- (a) You must be aged less than 65, and
- (b) You must not be working in an Excluded Occupation (see Section 5), and
- (c) You must confirm that your insured benefit in the existing fund or insured policy will cease on cover commencing in Zuper Super, and
- (d) You must not continue the cover, after acceptance of the transfer to Zuper Super, under any other insurance arrangement, reinstate cover or effect a continuation option with any fund, and
- (e) You must provide a copy of your most recent Benefit Statement or Policy Renewal Statement dated within the previous 12 months as evidence of your current cover and insured benefit previously held.
- (f) The existing cover must not be subject to any premium loading, restriction, exclusion or pre-existing condition, exclusion or restriction in regard to medical or other conditions, and
- (g) You must satisfactorily complete the Fund's Transfer of Cover Application Form, including answering 'no' to the agreed health questions. It must be received by Zuper Super within 31 days of being signed and dated.

Full terms and conditions for the transferred cover are set out in Section 5.

Premium rates in Table 3 will apply to the transferred cover.

Example: How to calculate your income protection premium		
39 year old male Professional; 2 Year Benefit Period; 90 Day Waiting Period		
1	Note your annual salary	\$80,000
2	Calculate your cover amount	$\$80,000 \times 0.75 = \$60,000$
3	Find your age next birthday* in Table 2 on Page 13 Determine when your cover first commences and Age Next Birthday is then reviewed for all Members on 15 May each year.	Age next birthday is 40
4	Look up the annual premium rate per \$1,000 agreed benefit, by finding your age next birthday in Table 3	Annual premium rate per \$1,000 agreed benefit is \$1.20 ¹ ¹ Rate do not include stamp duty.
5	Review your Premium adjustment factor and apply against rate	$\$1.20 \times 90\% = \1.08
6	Divide the agreed benefit amount required by 1,000, then multiply by the annual premium rate. This is your annual premium	$60,000 / 1000 \times \$1.08 = \64.80
7	To work out your monthly premium, divide your annual premium by 12	$\$64.80 / 12 = \5.40

2. Zuper Super Employee Cover

Eligibility for Default Cover

You are eligible for default cover if:

- 1. You are an employee of a Participating Employer (PE); and
- 2. You have submitted a Member Application via the Zuper Super website (or your employer has enrolled you) within 120 days of commencing employment with the PE; and
- 3. An initial employer contribution has been received by Zuper within 120 days of your commencement of employment with the PE; and
- 4. You are not applying for, entitled to, or have not been paid a TPD or Terminal Illness benefit

from any super fund or life insurance policy; and

- You are At Work on the date you commenced employment with the PE

Default Death & TPD Cover when you join

Provided you meet the above eligibility conditions, when you join Zuper Super you will receive default death and total and permanent disablement cover without any medical underwriting. This will be effective from the date you commenced employment with the PE.

If you do not meet the eligibility conditions set out above, then your cover will be New Events (see below) cover and the following conditions will apply:

- If the initial employer contribution is received more than 120 days after you commenced employment with the PE, New Events cover will apply for 24 months from the date the contribution is received;
- If you were not At Work on the date you commenced employment with the PE, New Events cover will apply until you have been At Work for 60 consecutive days.

The amount of default cover provided for an insured person is a fixed \$100,000. Premium rates for this cover are shown in Table 2 on page 10.

Table – Default Employee Cover

Age	Death Cover	TPD Cover
16 – 65 years	\$100,000	\$100,000
Premiums	Premiums are annualised and deducted from your account monthly in arrears.	
Does the value of default cover remain the same as I age?	No, Total and Permanent Disablement cover will reduce by a tapering factor each year as shown below.	
	Age next birthday*	Tapering Factor
	Up to 61	0%
	62	20%
	63	40%
	64	60%
65	80%	

Does the cost for cover remain the same as I age?	Cost will vary with age
Age Next Birthday*	Determined when your cover first commences and Age Next Birthday is then reviewed for all Members on 15 May each year.

When Default Cover does not commence

An Eligible Person who is an employee of a Participating Employer will not receive Default Cover if they are applying for, entitled to, or have been paid a terminal illness benefit or total and permanent disablement benefit from any superannuation fund or life insurance policy.

What is 'New Events' cover

'New Events' cover is cover for an illness first diagnosed or an injury that first occurs on or after the date your cover commences or recommences in Zuper Super.

Changing Death & TPD Cover

You can opt out of Default Cover and select death only cover. Any subsequent request to reinstate or increase cover will be subject to underwriting.

You can change New Events cover to immediate full cover by completing a Short form underwriting questionnaire. If you answer 'No' to all the Health and Pastime questions your cover will convert to full cover.

Insurance cover is subject to a maximum of \$3 million. This is the total amount of cover held with Zuper Super and all other policies with any other insurers.

The amount of TPD cover cannot exceed the amount of Death cover.

Interim Accident Cover

While your application for Voluntary cover is being underwritten, the Insurer will provide interim accident cover for up to 90 days and to a maximum of \$1.5 million. This is payable in the event of death or TPD suffered from an injury.

Interim Accident Cover will be payable for:

- Death, if the application to us requested Insured Cover for Death and it is available to them under The Policy, and
- Total and Permanent Disablement, if the

application to us requested Insured Cover for Total and Permanent Disablement and it is available to them under The Policy.

Interim Accident Cover will not be payable where:

- (a) The Death of an Insured Person is directly or indirectly the result of suicide or attempted suicide, or
- (b) The Total and Permanent Disablement of an Insured Person is directly or indirectly the result of an intentional self-inflicted injury or attempted suicide

Transferring Existing Death & TPD Cover

You may be able to transfer existing Death and TPD cover from your current insurer or super fund to Zuper Super, provided you meet eligibility conditions.

Cover transferred to Zuper Super will be 'fixed' cover for the same type and level of cover as that which as transferred. Premium rates in Table 2 will apply to the transferred cover.

The maximum value of the combined total of transferred cover and your existing Zuper Super cover is \$1.5 million.

The following conditions apply to the transfer of cover:

- (a) You must be aged less than 65, and
- (b) You must not be working in an Excluded Occupation (see Section 4), and
- (c) You must confirm that your insured benefit in the existing fund or insured policy will cease on cover commencing in Zuper Super. No claim will be considered in Zuper Super if you have retained any form of previous cover elsewhere, and
- (d) You must not continue the cover, after acceptance of the transfer in Zuper Super, under any other insurance arrangement, reinstate cover or effect a continuation option with any fund, and
- (e) You must provide a copy of your most recent Benefit Statement or Policy Renewal Statement dated within the previous 12 months as evidence of your current cover and insured benefit previously held.

- (f) The transfer of cover must not be subject to any premium loading, restriction, exclusion or pre-existing condition, exclusion or restriction in regard to medical or other conditions, and
- (g) You must satisfactorily complete the Transfer of Cover Application Form, including answering 'no' to the agreed health questions, and it is received by Zuper Super within 31 days of being signed and dated.
- (h) Your account must have sufficient funds to pay your insurance premium within 31 days of accepting your transfer of cover form.

See Death and TPD Insurance Terms and Conditions on page 13 for further details.

**Example:
How to calculate your Personal additional Death and TPD insurance premium**

38 year old male, white collar, additional \$1m death & TPD cover

1	Determine the level of additional cover you require.	\$1m death & TPD cover
2	Find your age next birthday* in Table 2 on page 10. <small>*Determined when your cover first commences and Age Next Birthday is then reviewed for all Members on 15 May each year.</small>	Age next birthday is 39
3	Look up the annual premium rate per \$1,000 cover, depending on whether you wish to obtain additional death only insurance cover or additional death and TPD cover.	Annual premium rate per \$1,000 cover for death cover is \$1.35
4	Multiple the cover required by the annual premium rate and divide by 1,000. This is your annual premium.	$1,000,000 \times 1.35 / 1000 = \$1,350.00$
5	To work out your monthly premium, divide your annual premium by 12.	$\$1,350 / 12 = \112.50

Income Protection Insurance Cover

Income Protection insurance cover is available to eligible members, subject to a maximum of 75% of your pre-disability Monthly Income up to a maximum of \$30,000 per month. This maximum amount is the total amount of cover held with

Zuper Super and all cover held under other policies with any other insurer.

Zuper Super offers cover with a 90 day waiting period and a 2 year benefit period or to age 65. Cover is subject to underwriting and acceptance by the insurer.

Your monthly benefit will be increased by the lesser of the annual CPI percentage increase or 5% for every 12 months when you are in receipt of a total disability benefit.

Premiums are based on your age, gender and occupation category, as shown in Table 3 on page 12.

While your application for Income Protection cover is being considered, the Insurer will provide interim accident cover of up to \$15,000 per month for up to 2 years.

Transferring Existing Income Protection

Members can elect to transfer other existing cover to Zuper Super if they are insured under:

- (a) A group income protection insurance policy, or
- (b) An individual retail income protection insurance policy provided you were underwritten and accepted for cover within the previous 5 years.

The maximum value of the combined total of transferred cover and your existing Zuper Super cover is a benefit of \$15,000 per month. The amount of cover (subject to the maximum) will be transferred across as Voluntary Cover for the same type of cover or greater waiting period or the same or lesser benefit period. The transfer of other existing cover to Zuper Super is subject to you meeting the following criteria:

- (a) You must be aged less than 65, and
- (b) You must not be working in an Excluded Occupation (see Section 5), and
- (c) You must confirm that your insured benefit in the existing fund or insured policy will cease on cover commencing in Zuper Super, and
- (d) You must not continue the cover, after acceptance of the transfer to Zuper Super, under any other insurance arrangement, reinstate cover or effect a continuation option with any fund, and

- (e) You must provide a copy of your most recent Benefit Statement or Policy Renewal Statement dated within the previous 12 months as evidence of your current cover and insured benefit previously held.
- (f) The existing cover must not be subject to any premium loading, restriction, exclusion or pre-existing condition, exclusion or restriction in regard to medical or other conditions, and
- (g) You must satisfactorily complete the Fund's Transfer of Cover Application Form, including answering 'no' to the agreed health questions. It must be received by Zuper Super within 31 days of being signed and dated.

Full terms and conditions for the transferred cover are set out in Section 5.

Premium rates in Table 3 will apply to the transferred cover.

Example: How to calculate your income protection premium

39 year old male Professional; 2 Year Benefit Period; 90 Day Waiting Period

1	Note your annual salary	\$80,000
2	Calculate your cover amount	$\$80,000 \times 0.75 = \$60,000$
3	Find your age next birthday* in Table 2 on Page 13 Determine when your cover first commences and Age Next Birthday is then reviewed for all Members on 15 May each year.	Age next birthday is 40
4	Look up the annual premium rate per \$1,000 agreed benefit, by finding your age next birthday in Table 3	Annual premium rate per \$1,000 agreed benefit is \$1.20 ¹ ¹ Rate do not include stamp duty.
5	Review your Premium adjustment factor and apply against rate	$\$1.20 \times 90\% = \1.08
6	Divide the agreed benefit amount required by 1,000, then multiply by the annual premium rate. This is your annual premium	$60,000 / 1000 \times \$1.08 = \64.80
7	To work out your monthly premium, divide your annual premium by 12	$\$64.80 / 12 = \5.40

3. Premium Rates Tables

Table 2 – Death & TPD Cover – Annual premium per \$1,000 sum insured

Age next birthday	Death Only		Death & TPD		Age next birthday	Death Only		Death & TPD	
	Male	Female	Male	Female		Male	Female	Male	Female
16	0.83	0.26	1.03	0.39	41	0.92	0.60	1.58	1.29
17	0.83	0.26	1.03	0.39	42	1.02	0.64	1.79	1.44
18	0.83	0.26	1.03	0.39	43	1.11	0.69	2.01	1.60
19	0.83	0.26	1.03	0.39	44	1.21	0.73	2.26	1.79
20	0.83	0.26	1.03	0.39	45	1.33	0.76	2.53	1.92
21	0.83	0.26	1.03	0.39	46	1.42	0.81	2.85	2.15
22	0.79	0.24	1.01	0.38	47	1.58	0.88	3.20	2.40
23	0.73	0.21	0.97	0.36	48	1.73	0.94	3.60	2.71
24	0.69	0.21	0.92	0.36	49	1.90	1.04	4.04	3.09
25	0.66	0.19	0.92	0.34	50	2.07	1.16	4.52	3.53
26	0.62	0.19	0.88	0.34	51	2.22	1.28	5.01	3.98
27	0.60	0.19	0.85	0.36	52	2.42	1.43	5.62	4.52
28	0.60	0.19	0.85	0.36	53	2.63	1.56	6.29	5.08
29	0.60	0.19	0.88	0.38	54	2.84	1.73	7.03	5.72
30	0.60	0.21	0.88	0.40	55	3.08	1.90	7.73	6.30
31	0.57	0.21	0.88	0.44	56	3.35	2.07	8.56	6.96
32	0.57	0.24	0.88	0.47	57	3.65	2.26	9.51	7.64
33	0.60	0.26	0.92	0.53	58	4.01	2.47	10.61	8.40
34	0.62	0.28	0.98	0.60	59	4.42	2.69	11.88	9.25
35	0.64	0.30	1.02	0.64	60	4.84	2.90	13.27	10.13
36	0.66	0.36	1.07	0.73	61	5.27	3.13	14.70	11.07
37	0.69	0.40	1.12	0.82	62	5.70	3.44	16.19	12.19
38	0.73	0.43	1.22	0.90	63	6.15	3.80	17.80	13.48
39	0.81	0.49	1.35	1.03	64	6.60	4.22	19.53	15.00
40	0.88	0.55	1.46	1.15	65	7.09	4.72	21.43	16.70

Premium Adjustment factors

Occupation category	Factor
Professional	90%
White collar	100%
Blue collar	128% of the death only rate and 206% of the death & TPD rate

Notes relating to Table 2:

- Premiums are payable monthly in arrears
- Rates shown include a 11% (includes GST) administration fee to cover the cost of administering the insurance arrangements.
- Determined when your cover first commences and Age Next Birthday is then reviewed for all Members on 15 May each year.

Table 3 – Income Protection Cover – Annual premium rates per \$1,000 sum insured

90 day waiting period	BP: 2 Years		BP: to age 65		90 day waiting period	BP: 2 Years		BP: to age 65	
	Age next birthday	Male	Female	Male		Female	Age next birthday	Male	Female
16	0.66	0.99	3.81	4.90	41	1.30	1.96	6.33	13.44
17	0.66	0.99	3.81	4.90	42	1.43	2.15	6.92	14.65
18	0.66	0.99	3.90	4.94	43	1.57	2.35	7.60	16.02
19	0.66	0.99	3.92	5.00	44	1.75	2.64	8.34	17.56
20	0.66	0.99	3.98	5.04	45	1.93	2.90	9.20	19.19
21	0.66	0.99	4.01	5.09	46	2.17	3.25	10.16	20.96
22	0.66	0.99	3.82	5.22	47	2.43	3.64	11.20	22.88
23	0.66	0.99	3.64	5.35	48	2.71	4.06	12.37	24.84
24	0.66	0.99	3.51	5.47	49	3.03	4.55	13.61	26.92
25	0.66	0.99	3.35	5.60	50	3.40	5.10	14.88	28.99
26	0.66	0.99	3.27	5.72	51	3.82	5.73	16.16	31.09
27	0.66	0.99	3.22	6.16	52	4.29	6.43	17.75	33.13
28	0.66	0.99	3.21	6.49	53	4.82	7.22	19.42	35.09
29	0.66	0.99	3.26	6.81	54	5.42	8.12	21.13	36.88
30	0.67	1.01	3.30	7.09	55	6.07	9.11	22.90	38.40
31	0.70	1.04	3.39	7.36	56	6.83	10.25	24.63	39.63
32	0.71	1.07	3.52	7.67	57	7.64	11.46	26.27	40.44
33	0.73	1.10	3.65	7.98	58	8.56	12.84	27.75	40.75
34	0.78	1.16	3.84	8.35	59	9.58	14.38	28.97	40.48
35	0.82	1.24	4.06	8.76	60	10.73	16.09	29.76	39.51
36	0.88	1.31	4.34	9.27	61	11.97	17.96	29.94	37.65
37	0.92	1.38	4.62	9.87	62	13.35	20.02	28.42	35.73
38	1.01	1.52	4.98	10.56	63	14.03	21.04	19.67	29.51
39	1.10	1.65	5.35	11.38	64	10.93	16.39	10.93	16.39
40	1.20	1.80	5.82	12.33	65	3.39	5.09	3.39	5.09

Premium Adjustment Factors

Occupation category	Factor
Professional	90%
White collar	100%
Blue collar	220%

Stamp Duty Applicable To Income

State of residence	Stamp duty
ACT	0%
NSW	5%
QLD	9%
SA	11%
NT/TAS/VIC/WA	10%

Notes Relating To Table 3:

- Rates shown do not include stamp duty
- Premiums are payable monthly in arrears
- If you receive a TPD payment from Zuper Super, Income Protection benefits can continue for the agreed benefit period

Stamp duty may vary at any time when changes are made by individual States. Correct as at July 2017.

4. Death and TPD Insurance Terms and Conditions

Zuper Super offers Group Death and TPD insurance via a Group Insurance Policy with Hannover Life Re of Australasia Ltd (the Insurer). The information contained in this section is a summary of the terms and conditions. Full terms and conditions are provided in the policy. In the event of any inconsistency or ambiguity, the policy shall prevail.

The insurer has the right under the policy to: accept cover for the member; accept cover for the member subject to premium loadings, exclusions or restrictions they may consider appropriate; or refuse to provide cover to a member.

General Eligibility

A member is eligible to apply for insurance if:

1. They are a member of Zuper and have sufficient funds in their account to cover the cost of monthly premiums;
2. They are aged between 15 and 65;
3. They are an Australian resident;
4. The Insurer expressly agrees in writing to Zuper that the member is eligible;
5. The member is not currently applying for, entitled to, or been paid a TPD or terminal illness benefit from any super fund or life insurance policy; and
6. Is not employed in an Excluded Occupation, or who does not perform any duties of an Excluded Occupation

Reinstatement of insured cover

Where cover for an Insured Person of the Employer Sponsored Division has involuntarily ceased as a result of an insufficient account balance to meet the premium payment, if an Employer Contribution that is On-Time is received within 120 days, cover will be reinstated at the previous type and level of cover from the first day of the period for which the Employer Contribution relates.

Where cover has involuntarily ceased as a result of an insufficient account balance to meet the premium payment, if an Employer Contribution that is On-Time is received after 120 days, all cover will be subject to underwriting.

Reinstatement of cover for an Eligible Person of the Employer Sponsored Division is subject to meeting the following conditions:

- (a) Any restrictions, conditions, exclusions or premium loadings imposed on the Eligible Person's cover immediately before the date cover involuntarily ceased will continue to apply to the cover from the date cover recommences, and
- (b) If the Eligible Person is not At Work on the date cover is reinstated their reinstated cover will be New Event cover until they are again At Work for 30 consecutive days, at which time full cover will commence.

Reinstatement of cover will not be available for an Eligible Person of the Employer Sponsored Division if cover ceased as a result of the person cancelling their cover. All cover will be subject to underwriting.

Reinstatement of cover will not be available for an Eligible Person of the Personal Division. All reinstatement of cover will be subject to underwriting.

Definitions

Activities of Daily Working

Means:

- (a) Walking - they cannot walk more than 200 metres on a level surface without stopping due to breathlessness, angina or severe pain elsewhere in the body,
- (b) Rising/Sitting - they are unable to rise and sit using a raised chair with arms without the help of another person,
- (c) Dexterity - they are unable to write legibly with a pen or pencil or use a keyboard with either hand,
- (d) Communication - they cannot:
 - (i) Clearly hear (with a hearing aid or other aid if normally used) conversational speech in a quiet room in their first language, or
 - (ii) Understand simple messages in their first language, or
 - (iii) Speak with sufficient clarity to be clearly understood in their first language,
 - (iv) Eyesight - their visual ability is reduced to the extent that functional abilities are affected and independent functioning without physical assistance from another person in a workplace is impossible, even with the use of assistive devices.

Australian Resident

means an Australian citizen or a person who is the holder of an Australian permanent visa within the meaning of the Migration Act 1958, Subsection 30(1), or resides in Australia on a Temporary Work (Skilled) visa. It also includes a New Zealand citizen who is residing and working in Australia.

Cognitive Loss

means a total and permanent deterioration or loss of intellectual capacity.

Contractor

means an Eligible Person or Insured Person who is working on a fixed term contract for a duration of at least 6 months that requires them to perform identifiable duties for a regular number of hours each week.

Date of Certification

means the latter of the dates 2 Doctors approved by us have certified, jointly or separately, that the Insured Person suffers a Terminal Illness. At least 1 of the Doctors must be a specialist practicing in the field to which the Terminal Illness relates. Each of the certificates must be supported by test results and the certification period must not have ended.

Date of Disablement

Means the earlier of the date:

- (a) The Insured Person is diagnosed with an Immediate Assessment Condition, or
- (b) The 3 consecutive months absence from work that results in TPD began under Part 1 of the TPD definition. However, if the Insured Person undertakes a formalised graded return to work which fails within 12 months, we will take the Date of Disablement as being the date on which the person first ceased work, or
- (c) The permanent impairment under Part 2 of the TPD definition that results in TPD began, or
- (d) The Insured Person suffers the Loss of Use of the sight in both eyes, or the Loss of Use Of both limbs, or the Loss Of Use Of both the sight in 1 eye and 1 limb, or
- (e) The Insured Person suffers the Loss of Use of the sight of another eye or the Loss Of Use Of another limb, having already suffered the Loss Of Use Of the sight of an eye or the Loss Of Use Of a limb, or
- (f) The Cognitive Loss that results in TPD was first diagnosed, or
- (g) The 3 consecutive month's inability to perform at least 2 of the Activities of Daily Working that results in TPD began.

Doctor

means a registered medical practitioner who is legally qualified and properly registered to practice in Australia or New Zealand or as otherwise agreed by us. That person may not be the Eligible Person or Insured Person, their business partner, a member of their immediate family or their Employer.

Eligible Person

means a person who:

- (a) Is an Australian Resident, and
- (b) Is aged between the Minimum Entry Age and the Maximum Entry Age, and
- (c) Is not employed in an Excluded Occupation, or who does not perform any duties of an Excluded Occupation, and
- (d) Meets the Insured Cover requirements, if any are stated in the Policy Schedule, and
- (e) We expressly agree in writing is an Eligible Person

Excluded Occupation

Excluded Occupation means:

1. Aviation worker such as a pilot, air traffic controller or aerial photographer,
2. Emergency services worker such as a fireman, police officer, ambulance officer or paramedic, except as a volunteer,
3. Entertainer working professionally such as an actor, dancer, musician or performer,
4. Forestry worker such as a tree feller or sawmill worker,
5. Horse racing industry worker such as a jockey, trainer or strapper,
6. Mining worker such as a miner, mineral explorer, earth driller or explosives handler,
7. Offshore worker such as a fisherman, oil rig worker or diver,
8. Seasonal worker,
9. Security worker such as a security guard, doormen, bouncer or crowd controller,
10. Sex worker,

11. Sports person working professionally or semi-professionally. They will be eligible for Death only cover but will not be eligible for TPD cover

12. Underground or underwater worker,

13. Working at heights above 10 metres such as a rigger, scaffolder, roof worker or antenna erector

Forward Underwriting Limit

means any amount of Agreed Cover for an Insured Person that we have notified the Policy Owner we will accept for automatic increases without the requirement of further evidence.

First Eligible

means a person is first eligible for cover on the later of:

- (a) When they first commence employment with a Participating Employer in respect of which a Fund membership number is allocated to them, and
- (b) When their employer becomes a Participating Employer

Should an employee first become eligible to receive a Superannuation Guarantee Contribution at a date later than (a) or (b) above, then this date will become the date on which that member was first eligible to join the Fund.

Gainful Employment

means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment at the time we assess the claim and includes part-time occupations, an occupation which may be perceived by the Eligible Person or Insured Person to be of lower status than their previous occupation or an occupation in which they do not earn as much income as they did in their previous occupation.

Illness

means a sickness, disease or disorder.

Immediate Assessment Conditions

Means any of the following:

- (a) **Blindness** - the permanent loss of sight in both eyes, whether aided or unaided, due to Injury or Illness 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.
- (b) **Cardiomyopathy** - condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, i.e. Class 3 on the New York Heart Association classification of cardiac impairment or a left ventricular ejection fraction of less than 35%.
- (c) **Chronic Lung Disease** - the permanent end stage respiratory failure with FEV1 test results of consistently less than 1 litre, requiring continuous permanent oxygen therapy or FEV1 of less than 35% of predicted value on two separate occasions 6 months apart and confirmed by a pulmonologist.
- (d) **Dementia and Alzheimer's Disease** - 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. Where 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 Acquired Immune Deficiency Syndrome is excluded.
- (e) **Diplegia** - the total loss of function of symmetrical sides of the body due to Injury or Illness, where such loss of function is permanent.
- (f) **Hemiplegia** - the total loss of function of 1 side of the body due to Injury or Illness, where such loss of function is permanent.
- (g) **Loss of Hearing** - the complete and irrecoverable loss of hearing, both natural and assisted from both ears of 90dB or more over the frequencies 500Hz, 1000Hz 2000Hz, and 3000Hz on 2 occasions taken 6 months apart. The loss of hearing must be as a result of Injury or Illness, as certified by an ear, nose and throat specialist.
- (h) **Loss of Speech** - 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 medical specialist.
- (i) **Major Head Trauma** - Injury to the head resulting in neurological deficit causing either:
- (i) A permanent loss of at least 25% whole person function (as defined by the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment 4th Edition' or the equivalent guide to the evaluation of impairment approved by us, or
- (ii) The permanent and irreversible inability to perform without the assistance of another person any 2 of the following activities of daily living:
- Dressing - the ability to put on and take off clothing
 - Toileting - the ability to use the toilet, including getting on and off,
 - Mobility - the ability to get in and out of a bed and a chair,
 - Contenance - the ability to control bowel and bladder function,
 - Feeding - the ability to get food from a plate into the mouth, as certified by a consultant neurologist.
- (j) **Motor Neurone Disease** - unequivocal diagnosis of motor neurone disease by a consultant neurologist and confirmed by neurological investigations.
- (k) **Multiple Sclerosis** - the unequivocal diagnosis of multiple sclerosis as confirmed by a consultant neurologist and characterised by demyelination in the brain and/or spinal cord evidenced by Magnetic Resonance Imaging or other investigations acceptable to us. There must have been more than 1 episode of well-defined neurological deficit with persisting neurological abnormalities.
- (l) **Muscular Dystrophy** - the unequivocal diagnosis of Muscular Dystrophy by a consultant neurologist.
- (m) **Paraplegia** - the permanent loss of use of both legs resulting from spinal cord Injury or Illness.

(n) **Parkinson's Disease** - the unequivocal diagnosis of Parkinson's disease by a consultant neurologist where the consultant neurologist confirms that the condition:

(i) Is the established cause of 2 or more of the following:

- Muscular rigidity,
- Resting tremor,
- Bradykinesia, and

(ii) Has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit. They must be following advice and treatment of a specialist neurologist.

(o) **Primary Pulmonary Hypertension** - primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 on the New York Heart Association classification of cardiac impairment, or where there is a pulmonary artery pressure (PAP) of more than 30mmHg.

(p) **Quadriplegia** - the permanent loss of use of both arms and both legs, resulting from spinal cord Injury or Illness.

(q) **Severe Burns** - third degree burns to 20 per cent or more of the body surface, or to the whole of the face or the whole of both hands requiring surgical debridement and/or grafting.

(r) **Severe Rheumatoid Arthritis** - the unequivocal diagnosis of Severe Rheumatoid Arthritis by a rheumatologist in accordance with the '2010 Rheumatoid Arthritis Classification Criteria' published by the American College of Rheumatology and European League Against Rheumatism, with evidence of persistent joint inflammation and progressive disease. There must be evidence of a poor clinical response to:

(i) At least six (6) months of treatment with oral disease modifying anti-rheumatic drugs (DMARDs), and

(ii) All conventional therapy including biological agents.

Degenerative osteoarthritis and all other arthritis are excluded.

Injury

means bodily Injury caused by violent, external

and visible means.

Insured Person

means an Eligible Person who has cover other than Accident Cover.

Loss Of Use Of

means:

(a) The permanent loss of sight, whether aided or unaided due to Injury or Illness to the extent that the visual acuity is 6/60 or less in both eyes, or to the extent that visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist, or

(b) The loss of the use of a leg from at or above the ankle, or an arm from at or above the wrist, which is permanent.

New Events Cover

means Insured Cover that is provided for an Illness first diagnosed, or an Injury that first occurs, on or after the date Insured Cover commences or recommences for an Insured Person.

On-time

means an Employer Contribution that is received by the Fund within 120 days of the date in respect of which it relates.

Overseas

means anywhere other than the Commonwealth of Australia and its Territories, or New Zealand.

Partner

means a legal spouse or any person living with an Insured Person as their spouse on a bona-fide domestic basis and they may be the same sex as the Insured Person.

Participating Employer

means an employer who has selected the Fund to be the default superannuation fund for the purpose of SG contributions for their employees.

For the avoidance of doubt, an employer who has selected a different fund be their default superannuation fund, but directs SG contributions for an Eligible Person to the Fund under Choice of Fund legislation, or a self-employed person, is not deemed to be a Participating Employer.

Permanent Employee

means an Eligible Person who is employed on a permanent basis under an ongoing contract that:

- (a) Requires the Eligible Person to perform identifiable duties for a regular number of hours each week, and
- (b) Allows the Eligible Person to accrue annual leave, sick leave, leave loading and long service leave.

Terminal Illness

means a disease or condition that is highly likely to result in the Insured Person's death within 24 months from the Date of Certification.

Voluntary Cover

means the amount of Voluntary Cover we have underwritten and accepted for the Insured Person. Voluntary Cover is only available if included under Voluntary Cover in the Policy Schedule.

War

means an act of war, whether declared or not, armed aggression by a country or organisation resisted by any country or organisation or civil disturbance.

Transfer Eligibility

A member is eligible to transfer cover from another provider if:

1. The member meets general eligibility conditions;
2. The cover held by the member is currently insured under an employer sponsored policy;
OR

The cover held by the member is an individual insurance policy with another Australian life insurer, provided the policy has been underwritten and accepted for cover within the last five years;

AND, subject to meeting the following criteria:

1. The member must be aged less than 65;
2. The member must not be working in an Excluded Occupation;
3. The member must confirm that their insured benefit in the existing fund or insured policy will cease on cover commencing under this policy. No claim will be considered under this policy where they retain any form of their previous cover elsewhere;
4. The member must not continue the cover under any other insurance arrangement,

reinstate cover or effect a continuation option with any fund;

5. The member must provide a copy of their most recent Benefit Statement or Policy Renewal Statement as evidence of their current cover and insured benefit previously held. This includes a copy of the advice they received from the insurer or fund advising them of acceptance of their insurance and if on standard terms or subject to additional terms;
6. The member's existing cover not being subject to any premium loading, exclusion or pre-existing condition exclusion or restriction in regard to medical or other conditions;
7. The maximum value of the combined total of transferred cover plus the existing cover is \$1,500,000;
8. The member must satisfactorily complete a Transfer of Insurance to Zuper Super form, including answering 'no' to the agreed health questions, and be received by the Plan within 31 days of being signed and dated; and
9. Your account balance needs to be sufficient to pay the Premium within 31 days of the date we accept the Transfer of Cover Application Form

New Events Cover

A member eligible for Personal Default Cover will receive New Events Cover for the first 24 months during which pre-existing illnesses and injuries at the date cover commences are excluded. After 24 months these limitations are removed if they are At Work, otherwise New Events Cover will continue to apply until they are At Work for 60 consecutive days.

A member eligible for Employee Default Cover will receive New Events Cover during which pre-existing illnesses and injuries at the date cover commences are excluded, if:

- (a) A fully completed and signed Member Application Form, or Minimum Member Details, and the initial Employer Contribution are received by Zuper more than 120 days after becoming First Eligible. New Events Cover will apply for 24 months from the date that cover commenced, or
- (b) The member was not At Work on the date Default Cover commenced. New Events

Cover will apply until they are At Work for 60 consecutive days.

It is important to note that if you have no pre-existing illnesses or injuries there will be no limitation on cover provided. New Events Cover does not apply if your insurance is underwritten and accepted by the Insurer.

Exclusions

No Cover will be payable when a claim arises directly or indirectly as a result of:

1. Death caused by suicide or attempted suicide in the 24 month period commencing from the day the member is accepted for cover; or
2. Total and Permanent Disablement from intentional self-inflicted injury or attempted suicide commencing from the day the member is accepted for cover; or
3. The Insured Person having been in a country listed on the Department of Foreign Affairs & Trade website (www.dfat.gov.au) as subject to a 'do not travel' warning at the time they entered the country, or
4. War; or
5. Any additional exclusions advised by the Insurer in writing during the underwriting process.

Total and Permanent Disability (Permanent Incapacity)

If on the Date of Disablement an Insured Person:

- (a) Is a Permanent Employee, Contractor or is self employed, and
- (b) Has worked for an average of at least 15 hours per week during the 6 months prior to the Date of Disablement;

We will pay the Insured Cover for Total and Permanent Disablement if the Insured Person satisfies either Part 1, 2, 3, 4 or 5 below.

If an Insured Person does not satisfy (a) and (b) above on the Date of Disablement we will only pay the Total and Permanent Disablement benefit if the Insured Person satisfies either Part 3, 4 or 5 below.

If an Insured Person is suffering from 1 or more of the Immediate Assessment Conditions and all claim requirements have been received by us, the

3 month waiting period that applies to Part 1, 4 and 5 is waived and assessment of a claim commences immediately.

In order to satisfy Part 3, 4 or 5, the Insured Person must be disabled to such an extent as a result of that Injury or Illness that in our opinion they are unlikely ever at any time in the future to engage in any Gainful Employment for which they are reasonably suited by education, training or experience.

Part 1 - Unlikely to Return to Work

The Insured Person is unable to do any work as a result of Injury or Illness for 3 consecutive months and in our opinion at the end of that 3 months they continue to be so disabled as the result of their ill-health (whether physical or mental) that they are unable to resume their previous occupation at any time in the future and will be unlikely ever at any time in the future to engage in Gainful Employment for which they are reasonably suited by education, training or experience.

Part 2 - Permanent Impairment

The Insured Person is engaged in Gainful Employment when suffering an Injury or Illness and, as a result of that Injury or Illness, they:

- (a) Suffer a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment 4th Edition', or the equivalent guide to the evaluation of impairment approved by us, and
- (b) Are disabled to such an extent, as a result of this impairment, that the Insured Person is unlikely ever at any time in the future to engage in any occupation, business, profession or employment for which they are reasonably suited by education, training or experience.

Part 3 - Loss of Use of

The Insured Person suffers the total, permanent and irrecoverable Loss Of Use Of:

- (a) 2 limbs, or
- (b) The sight of both eyes, or
- (c) 1 limb and the sight of 1 eye.

Part 4 - Cognitive Loss

The Insured Person, as a result of Injury or Illness,

is first diagnosed with Cognitive Loss and is under the continuous care and supervision by another adult for at least 3 consecutive months and, at the end of that 3 month period, they are likely to require permanent ongoing continuous care and supervision by another adult.

Part 5 - Activities of Daily Working

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

- (a) Totally and irreversibly prevents them from performing 2 of the Activities of Daily Working without assistance from another adult for at least 3 consecutive months, and
- (b) Since they became ill or injured, they have been under the regular care and attention of a Doctor for that Injury or Illness, and
- (c) They are unable to ever again be able to perform at least 2 of the Activities of Daily Working without assistance from another adult

Terminal Illness Benefit

Where an Insured Person has been diagnosed with a Terminal Illness, we will pay a Terminal Illness benefit provided that:

- (a) The Date of Certification of the Terminal Illness is on or after the date their Insured Cover commenced under The Policy. No Terminal Illness benefit will be considered where the Date of Certification is prior to this date, and
- (b) A Terminal Illness benefit for an Insured Person will be the lesser of their Insured Cover or \$3,000,000. Provided they remain an Insured Person, and we continue to receive Premium for their Insured Cover, we will pay the residual Insured Cover for Death calculated as at the Insured Person's date of Death, less any Insured Cover for Terminal Illness that has already been paid, and
- (c) An Insured Person must supply at their expense, supporting medical evidence from 2 Doctors to certify that, as a result of injury or illness, they are likely to die within 24 months. Further, at least one of those Doctors must be a specialist practising in the area of your illness or injury and both the certifications provided by the two medical practitioners must not be more than 12 months old. We will require this information in a form of our choosing and reserve the right to ask for any additional information that we

feel is appropriate. Where we ask for additional information, we will incur the cost of obtaining this information; and

- (d) If The Policy has terminated, the Insured Person, will only be eligible for a Terminal Illness benefit where:
 - (i) The Date of Certification is prior to the date that The Policy terminated, and
 - (ii) The Insured Person is not eligible for a terminal illness, total and permanent disablement or death claim under a new replacement policy.

From the date a Terminal Illness claim has been lodged an Insured Person will no longer be eligible for Total and Permanent Disablement, any increase in Insured Cover or any reinstatement of Insured Cover.

If a claim for Terminal Illness is admitted, all Insured Cover will cease from that date subject to (b) above any and residual Insured Cover for Death will be payable on the Death of the Insured Person.

Where a Terminal Illness benefit is paid it will be considered as an advance payment of the Insured Cover for Death.

Date of Certification means the latter of the dates 2 Doctors approved by us have certified, jointly or separately, that the Insured Person suffers a Terminal Illness. At least 1 of the Doctors must be a specialist practicing in the field to which the Terminal Illness relates. Each of the certificates must be supported by test results and the certification period must not have ended.

Agreed Benefit on Death, Total and Permanent Disablement or Terminal Illness

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

1. On the date of death, if the claim is for death;
2. On the Date of Disablement, if the claim is for
3. Total and Permanent Disablement;
4. On the date of Certification, if the claim is for a Terminal Illness.

Personal Cover Commencement

An Eligible Person will receive Default Cover that is New Events Cover where:

- (a) A fully completed and signed Member

Application Form, or Minimum Member Details; and

- (b) The Eligible Person is not applying for, entitled to, or has not been paid a total and permanent disablement benefit from any superannuation fund or life insurance policy, and
- (c) The Eligible Person is not applying for, entitled to, or has not been paid a terminal illness benefit from any superannuation fund or life insurance policy.

Where the above requirements have been met, Default Cover that is New Events Cover commences on the date the Fund receives the initial premium payment within 31 days.

New Events Cover will apply for 24 months from the date that cover commenced. If the Insured Person is not At Work on the day cover is due to commence at the end of the 24 month period, New Events Cover will continue to apply until the Insured Person is At Work for 60 consecutive days.

A Personal Member may complete our Short Form Personal Statement to apply to remove the New Events Cover period. Any change in the cover terms is subject to our approval and will commence from the date that we advise in writing.

Where an Employer Sponsored Member who is an Insured Person becomes a Personal Member, they will have full cover immediately.

Employee Cover Commencement

An Eligible Person will receive Default Cover provided:

- (a) They are an employee of a Participating Employer and a fully completed and signed Member Application Form, or Minimum Member Details, is received by the Fund within 120 days of becoming First Eligible, and
- (b) An initial Employer Contribution that is On-time is received by the Fund within 120 days of becoming First Eligible, and
- (c) The Eligible Person is not applying for, entitled to, or has not been paid a total and permanent disablement benefit from any superannuation fund or life insurance policy, and
- (d) The Eligible Person is not applying for, entitled to, or has not been paid a terminal illness

benefit from any superannuation fund or life insurance policy, and

- (e) They were At Work on the date Default Cover commenced

Where the above requirements have been met, Default Cover commences on the first day of the period for which the initial On-time Employer Contribution relates.

Interim Accident Cover

Inevitably, there is a period of time between an application for cover being received by the Insurer and the completion of the assessment process. During this time the Insurer will provide interim cover known as Interim Accident Cover. Accident Cover covers only visible, violent and external events to the body that results in the Death or Total and Permanent Disablement of a member.

The amount of cover for Interim Accident Cover will be the lesser of the amount of cover applied for or \$1,500,000.

Interim Accident Cover terminates when the member's application is accepted, refused, withdrawn, cancelled, or 90 days after it began, whichever occurs first.

Interim Accident Cover does not apply to any Life event increases.

Cover whilst working overseas

Cover may continue for an insured member residing for work purposes overseas provided that:

- (a) The Insurer continues to receive Premium for them, and
- (b) The period of Overseas is no longer than 5 years, and
- (c) In the Insurer's opinion, the residence Overseas is temporary in nature Termination of cover

Termination of Cover

Cover ceases:

1. When the member reaches their Cover Ceasing Age;
2. When the member ceases to be an Australian Resident;

3. When the member commences service with the armed forces of any country other than the Australian Defence Force Reserves whilst performing duties in Australia
4. When the member ceases to be a member of Zuper;
5. Subject to Terminal Illness Benefit provisions, on the date a claim is admitted for a benefit for the member;
6. When the member ceases to reside in Australia or fail to meet the conditions included in "cover whilst working overseas";
7. On the date the member's account balance is insufficient to pay premiums. Where this applies cover will cease on the last day of the month for which premium was payable;
8. When the member dies;
9. When the member retires permanently from the workforce;
10. When the member is the subject of a fraudulent claim; or
11. The date the member works in an excluded occupation

At Work

Means that a person:

- (a) Is not restricted by Illness or Injury from being capable of actively performing all of their full and normal duties of their usual occupation on a full-time basis (for at least thirty 30 hours per week) even though actual employment may be on a full-time, part-time, casual or contract basis, or
- (b) If on leave from employment, except leave caused by an Illness or Injury, could otherwise be able to attend work and perform their normal duties without restriction due to Illness or Injury, and
- (c) Is not in receipt of, or entitled to claim, any income support benefits from any source including but not limited to workers' compensation benefits, statutory transport accident benefits and disability income benefits.

5. Income Protection Insurance Terms and Conditions

Zuper Super provides members with the opportunity to have Income Protection insurance through a Group Insurance Policy, issued to us by Hannover Life Re of Australasia Ltd (the Insurer). The information contained in this section is a summary of the terms and conditions. Full terms and conditions are contained in the Policy.

General Eligibility

A member is eligible to apply for Income Protection insurance if:

1. They are an Australian Resident;
2. They are aged between 15 and 65;
3. They are not in an Excluded Occupation, or do not perform any duties of an Excluded Occupation;
4. They meet the Eligibility Conditions set out in the Policy; and
5. The Insurer expressly agrees in writing to Zuper that the member is eligible.

Definitions

Reinstatement of insured cover

Where cover for an Insured Person of the Employer Sponsored Division has involuntarily ceased as a result of an insufficient account balance to meet the premium payment, if an Employer Contribution that is On-Time is received within 120 days, cover will be reinstated at the previous type and level of cover from the first day of the period for which the employer Contribution relates.

Where cover has involuntarily ceased as a result of an insufficient account balance to meet the premium payment, if an Employer Contribution that is On-Time is received after 120 days, all cover will be subject to underwriting.

Reinstatement of cover for an Eligible Person of the Employer Sponsored Division is subject to meeting the following conditions:

- (a) Any restrictions, conditions, exclusions or premium loadings imposed on the Eligible Person's cover immediately before the date cover involuntarily ceased will continue to

apply to the cover from the date cover recommences, and

- (b) If the Eligible Person is not At Work on the date cover is reinstated their reinstated cover will be New Event cover until they are again At Work for 30 consecutive days, at which time full cover will commence.

Reinstatement of cover will not be available for an Eligible Person of the Employer Sponsored Division if cover ceased as a result of the person cancelling their cover. All cover will be subject to underwriting.

Reinstatement of cover will not be available for an Eligible Person of the Personal Division. All reinstatement of cover will be subject to underwriting.

Overseas cover

Insured Cover will continue for an Insured Person whilst Overseas provided:

- (a) We continue to receive Premium for them, and
- (b) The period of Overseas is no longer than 5 years, and
- (c) In our opinion, the residence Overseas is temporary in nature

What happens on cessation of cover for an insured person

If the Waiting Period for an Insured Person began before cover ceased, we will be liable to pay a benefit for them as a result of an Injury or Illness under the terms of The Policy until they are At Work

Accident Cover

means cover for an unintended and unexpected Injury only.

At Work

means that a person:

- (a) Is not restricted by Illness or Injury from being capable of actively performing all of their full and normal duties of their usual occupation on a full-time basis (for at least thirty 30 hours per week) even though actual employment may be on a full-time, part-time, casual or contract basis, or
- (b) If on leave from employment, except leave caused by an Illness or Injury, could otherwise be able to attend work and perform their normal

duties without restriction due to Illness or Injury, and

- (c) Is not in receipt of, or entitled to claim, any income support benefits from any source including but not limited to workers' compensation benefits, statutory transport accident benefits and disability income benefits

Australian Resident

means an Australian citizen or a person who is the holder of an Australian permanent visa within the meaning of the Migration Act 1958, Subsection 30(1), or resides in Australia on a Temporary Work (Skilled) visa. It also includes a New Zealand citizen who is residing and working in Australia.

Contractor

means an Eligible Person or Insured Person who is working on a fixed term contract for a duration of at least 6 months that requires them to perform identifiable duties for a regular number of hours each week.

Excluded Occupations

Excluded Occupation means:

1. Aviation worker such as a pilot, air traffic controller or aerial photographer,
2. Emergency services worker such as a fireman, police officer, ambulance officer or paramedic, except as a volunteer,
3. Entertainer working professionally such as an actor, dancer, musician or performer,
4. Forestry worker such as a tree feller or sawmill worker,
5. Horse racing industry worker such as a jockey, trainer or strapper,
6. Mining worker such as a miner, mineral explorer earth driller or explosives handler,
7. Offshore worker such as a fisherman, oil rig worker or diver,
8. Seasonal worker,
9. Security worker such as a security guard, doormen, bouncer or crowd controller
10. Sex worker,
11. Sports person working professionally or

Illness

means a sickness, disease or disorder.

Injury

means bodily Injury caused by violent, external and visible means.

Insured Cover

means the amount of benefit that we have agreed to for an Insured Person. Insured Cover is in the Policy Schedule.

Insured Person

means an Eligible Person who has cover other than Accident Cover.

Monthly Income

Means:

1. Where the member is employed 1/12th of their current annual pre- tax income paid by the Employer; or
2. Where the member directly or indirectly owns part or all of a business, including all or part ownership through another legal entity, from which they earn their usual income, 1/12th of the gross amount immediately before the period of Total Disability, as a direct result of the member's personal exertion or activities through their usual occupation after allowing for the costs and expenses incurred in deriving that income. Income from the business will not include investment income, profit distributions or similar payments that may continue in the event of Total Disability or Partial Disability.

Monthly Benefit

Means

1. The agreed percentage up to 75% of the insured member's Monthly Income as advised to Zuper and upon which premiums are based immediately prior to the date of Disability; or
2. If the insured member is no longer a Permanent Employee employed on a permanent basis working at least 15 hours per week or a Contractor, working for their employer for at

least 15 hours per week, the agreed percentage up to 75% of the member's average Monthly Income over the 12 months immediately prior to the date of Disability.

New Events

means Insured Cover that is provided for an Illness first diagnosed, or an Injury that first occurs, on or after the date Insured Cover commences or recommences for an Insured Person.

On-time

means an Employer Contribution that is received by the Fund within 120 days of the date in respect of which it relates.

Permanent Employee

means an Eligible Person who is employed on a permanent basis under an ongoing contract that:

- (a) Requires the Eligible Person to perform identifiable duties for a regular number of hours each week, and
- (b) Allows the Eligible Person to accrue annual leave, sick leave, leave loading and long service leave, and
- (c) Is not employed on a casual basis.

Salary

means the Insured Person's pre-tax salary derived from their occupation, less any expenses incurred in deriving that income. Unless otherwise agreed, Salary does not include director's fees, overtime payments, commissions, bonuses, penalty or shift allowances, mandated superannuation contributions, investment income, income received from deferred compensation plans, disability income policies, retirement plans or any income derived from non-vocational activities.

Total Disability

Means an insured member is totally disabled if, because of Illness or Injury, they are:

1. Unable to perform at least one income producing duty of their occupation; and
2. Under the regular care of, and following the advice of a Doctor; and not working in any occupation, whether for reward or not for

reward; and

3. Not working in any occupation, whether for reward or not for reward

Where an income producing duty is a duty of the insured member's occupation immediately before they became disabled which generates 20% or more of their Monthly Income.

War

means an act of war, whether declared or not, armed aggression by a country or organisation resisted by any country or organisation or civil disturbance.

Transfer Eligibility

A member is eligible to transfer cover from another provider if:

1. The member meets general eligibility conditions;
2. The cover held by the member is currently insured under another employer sponsored policy; or
3. The cover held by the member is an individual insurance policy with another Australian life insurer, provided the policy has been underwritten and accepted for cover within the last five years;

AND, subject to meeting the following criteria: under any other insurance arrangement, reinstate cover or effect a continuation option with any fund;

4. The member must provide a copy of their most recent Benefit Statement or Policy Renewal Statement dated within the previous 12 months as evidence of their current cover and insured benefit previously held. This includes a copy of the advice they received from the insurer or fund advising them of acceptance of their insurance and if on standard terms or subject to additional terms;
5. The member's existing cover not being subject to any premium loading, exclusion or pre-existing condition exclusion or restriction in regard to medical or other conditions;
6. The maximum amount of cover that can be transferred for Income Protection is \$15,000 per month cover;

7. The member's total cover must not exceed the maximum benefit levels under this policy; and
8. The member must satisfactorily complete a Transfer of Insurance to Zuper form, including answering 'no' to the agreed health questions, and be received by the Plan within 31 days of being signed

Cooling Off Period

After an application has been accepted there is a period of 30 days in which the member may cancel their cover and obtain a refund of the premium (other than any Government taxes or charges).

This is known as the cooling off period. This period will not apply if there has been any claim or potential claim made against the policy. After this period, cover will cease from the date that the written request is received by Zuper.

Income Protection Exclusions

No benefit will be payable when a claim arises directly or indirectly as a result of:

1. War; or
2. Intentional or self-inflicted harm or attempted suicide; or
3. Normal and uncomplicated pregnancy or childbirth. Complications of pregnancy, multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar programme, discomfort (such as morning sickness, backache, varicose veins, ankle swelling, bladder problems) are considered normal and uncomplicated; or
4. Participation in a criminal act; or
5. A member having been in a country listed on the Department of Foreign Affairs & Trade website as subject to a 'do not travel' warning; or
6. Any other exclusions advised in the underwriting process.

Pre-existing conditions

If a member has a pre-existing medical condition, they will be eligible to make a claim provided the condition was disclosed to, and accepted by the Insurer at the time of applying.

Partial Disability Benefit

If immediately before suffering Partial Disability because of an injury or illness, an insured Person has suffered Total Disability continuously for a period of at least 7 days out of 12 consecutive days and:

- (a) Has ceased to suffer Total Disability, and
- (b) Has resumed partial employment or, in the Insurer's opinion, is deemed capable of returning to partial employment duties, and
- (c) As a result of the injury or illness that caused their Total Disability has received, or would in the Insurer's opinion receive, a Post-Disability Income that is less than their Monthly Income, and
- (d) Is under the continuous and regular care of a Doctor undergoing the appropriate treatment.

A Partial Disability is payable. No Partial Disability benefit is accrued or payable until the expiry of the Waiting Period.

The amount payable in respect of Partial Disability is calculated in accordance with the following formula, I less any other Disability Income that accrues to the Insured Person during the month:

$$\frac{A - E}{A} \times C$$

Where,

- (a) is the Insured Person's pre disability monthly income
- (b) is the Insured Person's actual monthly income earned during the month of partial disability
- (c) is the monthly benefit which would otherwise be payable if the Insured Person had suffered Total Disability

If an Insured Person suffers Partial Disability and no work is available then, after considering all the medical and other evidence available to us, the Insurer will calculate their Post-Disability income based on the Insurer's assessment of their capacity to earn.

Cover Commencement

Cover will commence on the latter of the date the insurer advises in writing or the date Zuper receives

the initial contribution for the payment of Premium.

Benefit Limits

Irrespective on any other provisions:

1. The benefit the Insurer is liable to pay in respect of a member will never be more than the Maximum Monthly Benefit;
2. The Insurer is not liable to continue to pay a benefit in respect of a member once they attain the Maximum Insurable Age of 65 years; and
3. The entitlement of the Monthly Benefit payable will not exceed the selected Benefit Period (being two (2) years for the same or related injury or illness.

Benefit Offsets

The amount of the Monthly Benefit will be reduced by any Other Disability Income that the member receives or is entitled to during that month. A reduction of the monthly benefit will only be made where the total payments received by the Insured Person exceeds the maximum Monthly Benefit or 75% of their pre-disability monthly income, whichever is lower.

If the entitlement of an Insured Person to Other Disability Income is in dispute, the Insurer may at their discretion pay the full amount of the benefits due on a conditional basis until the dispute is resolved. If the Insurer chooses to pay, and the Insured Person receives Other Disability Income, the Insurer may offset those payments received from future benefits or recover the amount of benefit the Insurer has paid which would have been offset.

Benefit Index

The Insurer will increase the Monthly Benefit for an Insured Person by the lesser of the annual CPI percentage increase or 5% for every 12 months where they are in receipt of a Total Disability benefit.

Interim Accident Cover

Inevitably, there is a period of time between an application for cover being received by the Insurer and the completion of the assessment process.

During this time the Insurer will provide interim cover known as Interim Accident Cover. Interim Accident Cover covers only Total Disability as a result of an injury.

The amount of cover for Interim Accident Cover shall not be greater than the maximum amount of cover which would have been applicable to the insured member (if any) and subject to this limit, be the lesser of:

1. The amount for which cover was being applied for; or
2. \$15,000 per month

The Insurer may take into account any information received in the course of the claim under Accident Cover in exercising their discretion whether they accept, refuse or offer special terms, conditions, restrictions, exclusions or premium loading.

During the period a benefit is payable in connection with the Accident Cover, the Insurer is not liable to pay any other benefits. The maximum benefit period of a claim under Interim Accident Cover is 2 years.

Interim Accident Cover terminates when the member's application is accepted, refused, withdrawn, cancelled, or 90 days after it began, whichever occurs first.

Notice of a claim

Initial notice of a potential claim must be provided as soon as possible after the incident. The Insurer will only consider a claim where the delay in notification does not prejudice their ability to assess the claim.

Commencement of Payments and Ongoing Payments

After the conclusion of the Waiting Period, benefits will be paid in Australian dollars, one month in arrears for each month in which the benefit is payable. If a benefit is payable for less than the whole month, 1/30th of the benefit will be paid for each day the benefit is payable.

If the insured member has more than one injury or illness causing their Total Disability or Partial Disability, whether they are related or not, only one Total Disability benefit or Partial Disability benefit will be payable.

Death Benefit Whilst on Claim

Where an insured member who is in receipt of a Total Disability or Partial Disability benefit dies, the Insurer will pay an additional lump sum death benefit equal 3 times the Monthly Benefit. The lump sum death benefit is only payable upon receipt of satisfactory evidence.

Approved Rehabilitation Benefit

If an insured member is suffering Total Disability or Partial Disability and the Insurer agrees that a program is likely to assist in their return to work, the Insurer may pay for the cost of approved rehabilitation in addition to the benefits otherwise payable for the insured member.

The Insurer is not liable to pay these costs unless they have approved them prior to being incurred. If the Insurer has determined that they will pay such costs, they will be paid directly to the provider of the program.

Recurrent Disability Benefit

A period of Disability will be deemed to be a continuation of an earlier period of Disability if it is caused by the same medical condition and is separated from the previous period of Disability by less than six (6) months active full time work. If a period of Disability is deemed to be a continuation of an earlier period of Disability the Waiting Period does not apply. The insured member's usual hours of work prior to their Disability will be considered as their full time work.

Where a benefit has been continuously paid for the Benefit Period, the Insurer will not pay any further benefits for a Disability that is caused by the same or related injury or illness.

If cover ceases due to the member being on claim for longer than the Benefit Period, cover is subject to underwriting and acceptance by the Insurer when the member resumes employment.

Waiver of Premium

When Total Disability benefits are being paid for a member, the premium that relates to the period of their claim will be waived for that member.

Cessation of Payments

Insured Cover for a Member ceases on the earlier of the date:

- (a) They no longer meet the definition of Total Disability or Partial Disability, or
- (b) They die, or
- (c) The Benefit Period expires, or
- (d) They attain the Cover Ceasing Age, or
- (e) They are no longer under the regular care of and following the advice of a Doctor, and
- (f) They reside Overseas for a period longer than agreed by the Insurer, or
- (g) The Member fails to provide Zuper with any requested information that is required to assess the his/her claim, or
- (h) A fraudulent claim is made by the Member. Cover Whilst Working Overseas

Insured Cover will continue for an Insured Person whilst Overseas provided:

- (a) The Insurer continues to receive Premium for them, and
- (b) The period of Overseas is no longer than 5 years, and
- (c) In our opinion, the residence Overseas is temporary in nature.

Payment of Benefits Whilst Residing Overseas

When an Insured Person is Overseas, or resides in Australia and subsequently travels Overseas and becomes disabled, the Insurer will not be liable to pay benefits for more than a total of 6 months while they remain Overseas. However, if the entitlement to the benefit is continuing, the Insurer must continue to pay the Monthly Benefit again with effect from the date they return to Australia

We reserve the right to ask the Insured Person to return to Australia at their expense for the ongoing assessment of a claim.

Termination of cover

Cover ceases:

- 1. When the member reaches age 65;
- 2. When the member ceases to be an Eligible

Person;

- 3. When the member ceases to be a member of Zuper;
- 4. When the member ceases to be an Australian Resident;
- 5. When the member reaches the expiry of the Benefit Period;
- 6. When the member commences service with the armed forces of any country other than the Australian Defence Force Reserves whilst performing duties in Australia
- 7. The date the member's account balance is insufficient to pay premiums. Where this applies cover will cease on the last day of the month for which premium was payable;
- 8. When a fraudulent claim is made by the member;
- 9. When the policy ceases;
- 10. When the member dies;
- 11. When the member ceases to reside in Australia and the conditions included in "cover whilst working overseas" do not apply; or

Workplace modification benefit

If the Insured Person is receiving Total Disability or Partial Disability benefits and the Insurer agrees that modification to their place of employment is necessary in order for them to return to work, the Insurer may pay all or some of the modification expenses. The workplace modification benefit will be paid in addition to any other benefit payable.

The Insurer is not liable to pay these costs unless they have approved them prior to being incurred. If the Insurer has determined that they will pay such costs, they will be paid directly to the service provider.