

Insurance Guide

Flexible insurance options to fit your lifestyle.



15 OCTOBER 2020



Issued by CARE Super Pty Ltd (Trustee)
ABN 91 006 670 060 AFSL 235226
CARE Super (Fund) ABN 98 172 275 725
MySuper authorisation 8172275725867



» The information in this Insurance Guide forms part of the CareSuper Member Guide Product Disclosure Statement dated 15 October 2020. It describes the insurance arrangements that generally apply for members joining the Employee Plan or Personal Plan on or after 15 October 2020. The information contained in this Insurance Guide is a summary only of significant terms and conditions relating to insurance. There are other terms and conditions (including defined terms) in the insurance policies. The insurance terms and conditions, including eligibility for cover and payment of benefits, are applied in line with the policies and super legislation. If there is any inconsistency between this summary and the policies, the policies will apply.

Disclaimer: When writing this document none of your personal financial needs, circumstances and objectives were considered, making all advice in this document general. Before making any super-related decisions, we recommend reading all available information, assessing your financial situation and seeking expert advice from a licensed or authorised financial adviser. We've taken all reasonable care to ensure the accuracy of this information, as required by law, but to the extent permitted by law, do not accept liability for any loss, direct or indirect, as a result of reliance on the information in this document.

Inside this guide

Insurance with CareSuper	2
Your insurance options as an Employee Plan member	3
Your insurance options as a Personal Plan member	8
Tailoring your insurance to your needs	9
Bring all your insurance together	15
Understanding your insurance	16
Making an insurance claim	20
Terms used	22
Keeping in touch is easy	25

Insurance with CareSuper

UNCOVER YOUR INSURANCE BENEFITS WITH CARESUPER

As a super member, you're saving for future you – but your super can also protect you now. With access to three types of insurance, paid from your super account, you can be covered if something hits you out of the blue.

DISCOVER THE TYPES OF INSURANCE COVER WE OFFER

1 DEATH COVER

Provides a benefit in the event of your death or if you are diagnosed with a terminal illness (see the definition of terminal illness on page 23). You must be aged at least 15 and under 70 and meet other eligibility criteria to obtain death cover.

2 TOTAL AND PERMANENT DISABLEMENT (TPD) COVER

Provides you with a benefit if you're unable to work again because of illness or injury. You must be aged at least 15 and under 65 and meet other eligibility criteria to obtain TPD cover.

3 INCOME PROTECTION COVER

Provides you with a temporary income if you need extended time off work because of illness or injury. You must be aged at least 15 and under 65 and on an ongoing basis be earning at least \$16,000 p.a. or working 15 hours or more per week to be eligible for income protection cover (other eligibility criteria apply). Income protection cover is only available as voluntary cover.



WHEN INSURANCE COVER IS AUTOMATIC AND WHEN IT'S NOT

Your membership type, age and account balance determine whether or not you receive death and TPD cover automatically on joining CareSuper on or after 1 April 2020 (subject to eligibility):

	Death cover	TPD cover	Income protection
Employee Plan			
Aged 25 or over and account balance of \$6,000 or greater on joining	✓	✓	✗
Under age 25 or account balance less than \$6,000 on joining	✗	✗	✗
Personal Plan			
	✗	✗	✗

Where Employee Plan cover is automatic on joining, you receive standard cover. Where cover is not automatic on joining, Employee Plan members can elect to receive standard cover, without providing medical evidence subject to eligibility and commencement of cover conditions. If you elect to receive standard cover more than six months after joining CareSuper, you will receive limited cover. If you do not elect to receive standard cover while a member of the Employee Plan you will automatically receive standard cover after joining (if you meet eligibility and commencement of cover conditions) when you satisfy the following criteria while a member of the Employee Plan:

- Reach age 25 and
- Have had at least \$6,000 in your account (conditions apply).

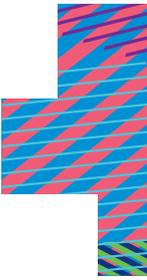
You are able to cancel or reduce your cover if it doesn't suit your needs. Standard insurance cover is subject to other terms and conditions.

Employee Plan members who do not receive or are ineligible for standard cover and Personal Plan members need to apply for cover. Cover is subject to the approval of the insurer, MetLife Insurance Limited ABN 75 004 274 882, AFSL No 238 096.

IMPORTANT

Unfortunately, if you've previously been paid a TPD payment of any type and from any source, including another super fund or a personal insurance policy, you will only be eligible for death cover. If you've received a terminal illness or similar benefit from any source, or if you have previously been diagnosed with an illness that reduces your life expectancy to less than 24 months, you are not eligible for any cover. If this affects you, let us know so we can cancel your cover and stop deducting insurance fees. Otherwise you will pay for cover you are not entitled to claim.

 Insurance fees are deducted from your account at the sell unit price of your chosen investment option/s. Insurance fees include the insurance fees charged by our insurer and an insurance administration fee. For information about investment option unit prices see the **Investment Guide**, available at caresuper.com.au/investmentguide.



Your insurance options as an Employee Plan member

DISCOVER WHAT STANDARD DEATH AND TPD COVER OFFERS

Eligible Employee Plan members may automatically receive standard age-based death and TPD cover, without the need for medical checks (conditions apply – see ‘Other insurance conditions and exclusions’ on page 19).

If you’re under age 25 or have less than \$6,000 in your super account when you first join CareSuper, you won’t receive automatic standard insurance cover on joining. However, you can elect to receive standard cover without providing medical evidence, subject to eligibility and commencement of cover conditions. Also, limited cover may apply in some circumstances.

If you do not elect to receive standard cover, you will be given standard cover automatically when you meet the following criteria, provided you also satisfy eligibility and commencement of cover conditions:

- Reach age 25, and
- Have had at least \$6,000 in your account.

You are able to change or remove automatic standard cover if you wish.

YOUR OCCUPATION MAKES A DIFFERENCE TO YOUR COVER

There are three different occupational categories for standard insurance cover: General, Office and Professional. You automatically go into the General category. If the work you do is limited to professional, managerial, administrative, clerical, secretarial or similar ‘white collar’ tasks, you may qualify for the Office or Professional category and receive more insurance cover for the same fee or keep the same cover and pay less. Check page 9 to see if you qualify.

WHAT STANDARD COVER COSTS

The cost of standard age-based death and TPD insurance cover is paid directly from your super account and will vary based on your age and gender. The cost of standard age-based death and TPD insurance cover shown below is the cost applicable to an Employee Plan member.

Insurance fees for age-based death and TPD cover (\$ weekly)

Age	Death		TPD	
	Male	Female	Male	Female
15-24	0.64	0.27	0.58	0.39
25-29	1.29	0.69	1.95	1.24
30-34	4.50	3.25	4.31	2.93
35-39	5.46	4.09	6.31	4.68
40-44	5.46	4.67	6.41	5.50
45-49	5.48	4.73	6.39	5.54
50-54	5.48	4.48	6.39	5.23
55-59	5.46	4.04	6.41	4.74
60-64	4.63	3.18	6.37	4.39
65-69	5.15	3.54	N/A	N/A

Notes:

1. Insurance fees for age-based cover are the same whether you are in the General, Office or Professional occupational category but the cover amounts differ depending on your occupational category. To change your occupational category you must apply to our insurer, either through MemberOnline or by using our **Changing your occupational category** form. A request to change your occupational category will be effective after acceptance, as advised to you.
2. Insurance fees shown are based on binary gender (male/female) pricing. If we are not advised of your gender your insurance fees will be based on the male gender, this will be updated once we are advised of your gender by either yourself or your employer. If you do not identify as male or female, please contact us and we will notify you of the insurance fees that will be applicable to you.
3. Insurance fees include an insurance administration fee and premiums.
4. Figures are rounded to two decimal places for disclosure only and actual insurance fees may differ due to the effects of rounding.

Your insurance options as an Employee Plan member (continued)

INSURANCE FEES ARE DEDUCTED FROM YOUR SUPER ACCOUNT

With insurance through super you get access to the competitive insurance fees we've been able to negotiate and the convenience of paying for those fees from your account.

The cost of age-based cover is calculated as an annual insurance fee using the weekly insurance fees table above. Insurance fees are usually deducted from your super account monthly on a pro-rata basis and are determined by the amount of cover

provided for the number of days in the month. This usually occurs on the last calendar day of the month or on full withdrawal.

Insurance fee calculations are subject to any adjustments that are necessary, for example, for changes in cover. Your insurance cover is paid for using your super and not your take-home pay. Your account also receives a 15% contributions tax rebate on the insurance fees you pay.

INSURANCE COVER ON PARENTAL LEAVE AT NO COST

If you are on employer-approved parental leave you can request a waiver of your insurance fees for death, TPD and income protection insurance for up to 12 months. Conditions apply. This means your insurance cover can continue while you are on parental leave at no cost, if you are eligible and cover does not cease for some other reason.

STANDARD COVER AMOUNTS

The amount of death and TPD cover provided with standard age-based cover for eligible Employee Plan members is shown on page 5.



Age-based death and TPD cover amounts (\$)

Age	General		Office		Professional	
	Death cover	TPD cover	Death cover	TPD cover	Death cover	TPD cover
15	20,000	50,000	38,000	95,000	53,250	133,000
16	20,000	50,000	38,000	95,000	53,250	133,000
17	20,000	50,000	38,000	95,000	53,250	133,000
18	22,000	55,000	50,000	125,000	70,000	175,000
19	28,000	70,000	57,250	143,000	80,000	200,200
20	35,250	88,000	71,250	178,000	99,750	249,200
21	43,250	108,000	83,250	208,000	116,500	291,200
22	53,250	133,000	93,250	233,000	130,500	326,200
23	62,000	155,000	96,000	240,000	134,500	336,000
24	69,250	173,000	108,000	270,000	151,250	378,000
25	78,000	195,000	115,250	288,000	161,250	403,200
26	85,250	213,000	127,250	318,000	178,000	445,200
27	91,250	228,000	131,250	328,000	183,750	459,200
28	98,000	245,000	135,250	338,000	189,250	473,200
29	103,250	258,000	135,250	338,000	189,250	473,200
30	273,000	273,000	340,000	340,000	476,000	476,000
31	285,000	285,000	343,000	343,000	480,200	480,200
32	298,000	298,000	343,000	343,000	480,200	480,200
33	305,000	305,000	343,000	343,000	480,200	480,200
34	313,000	313,000	345,000	345,000	483,000	483,000
35	307,250	307,250	345,000	345,000	483,000	483,000
36	296,000	296,000	335,250	335,250	468,500	468,500
37	284,750	284,750	322,500	322,500	450,750	450,750
38	271,000	271,000	305,750	305,750	427,000	427,000
39	257,250	257,250	293,250	293,250	409,750	409,750
40	243,750	243,750	285,000	285,000	398,250	398,250
41	230,000	230,000	272,500	272,500	380,750	380,750
42	216,250	216,250	255,750	255,750	357,250	357,250
43	204,500	204,500	244,500	244,500	341,500	341,500
44	194,750	194,750	227,000	227,000	317,800	317,800
45	179,000	179,000	212,000	212,000	296,800	296,800
46	161,000	161,000	196,000	196,000	274,400	274,400
47	146,000	146,000	187,000	187,000	261,800	261,800
48	136,000	136,000	177,000	177,000	247,800	247,800
49	129,000	129,000	167,000	167,000	233,800	233,800
50	118,000	118,000	152,000	152,000	212,800	212,800
51	108,000	108,000	139,000	139,000	194,600	194,600
52	98,000	98,000	126,000	126,000	176,400	176,400
53	92,000	92,000	114,000	114,000	159,600	159,600
54	84,000	84,000	105,000	105,000	147,000	147,000
55	77,000	77,000	98,000	98,000	137,200	137,200
56	70,000	70,000	92,000	92,000	128,800	128,800
57	62,000	62,000	86,000	86,000	120,400	120,400
58	52,000	52,000	76,000	76,000	106,400	106,400
59	46,000	46,000	66,000	66,000	92,250	92,250
60	39,000	39,000	54,250	54,250	76,250	76,250
61	31,000	31,000	42,750	42,750	59,750	59,750
62	25,000	25,000	34,250	34,250	48,000	48,000
63	24,000	24,000	33,000	33,000	46,200	46,200
64	24,000	24,000	33,000	31,000	46,200	43,400
65	24,000	N/A	33,000	N/A	46,200	N/A
66	22,000	N/A	30,300	N/A	42,400	N/A
67	22,000	N/A	30,300	N/A	42,400	N/A
68	22,000	N/A	30,300	N/A	42,400	N/A
69	19,000	N/A	26,150	N/A	36,600	N/A

Example age-based cover calculation

Marcus, age 28, is in the General occupational category, and has an account balance of more than \$6,000 at the date his cover commences on 1 May 2020, so his death cover is \$98,000 and his TPD cover is \$245,000 (assuming he meets all other eligibility and commencement of cover conditions).

He will pay \$1.29 per week for death cover and \$1.95 for TPD cover – a total of \$3.24 per week or \$169.41 per year.

Insurance fees are rounded for disclosure only and may vary slightly from what is deducted from your account.

If you're not in active employment (see definition on page 22) for all of the first 30 days from the date your cover commences, limited cover (see definition on page 22) will apply. If you receive standard cover, it will be limited cover if we've not received an employer contribution within 120 days of you being first eligible (see definition on page 22) and we do not receive an employer contribution for you that covers the date you receive cover. You will also have limited cover if you elect to receive cover more than 6 months after joining the fund.

Notes:

1. TPD cover ceases at age 65 and death cover (including terminal illness) ceases at age 70, unless cover ceases for some other reason.
2. If you are under age 15, you can elect to receive standard cover when you turn age 15, subject to satisfying the commencement of cover conditions on page 16 and other terms and conditions. Limited cover may apply depending on when you make the election.

Your insurance options as an Employee Plan member (continued)

YOU'RE ONE OF A KIND. WE'VE GOT INSURANCE OPTIONS TO FIT YOU

Sometimes custom-made is the best way to get exactly what you want. That's why we offer plenty of choice when it comes to the types and amounts of insurance you can have.

SPECIAL INSURANCE OFFER FOR ELIGIBLE NEW MEMBERS

New Employee Plan members with standard cover have access to a special welcome offer – New Member Options cover. If you're under 60, you can apply to increase your death and TPD cover and/or add income protection cover. You must be eligible for the increases, fixed or additional cover at the time you request it.

• Increasing death and TPD cover

You can do this by fixing your cover at a set dollar amount or by increasing the standard age-based death and TPD cover scale. If you are a member in the General or Office occupational categories you can select death and TPD cover scale multiples of 1.25, 1.50, 1.75 or 2.00 and if you are a member in the Professional occupational category you can select death and TPD cover scale multiples of 1.25 or 1.50. See page 7 for details.

These multiples are based on the amounts in the table shown on the previous page.

Maximum cover amounts apply to both fixed and age-based cover – either way you can increase cover up to the lesser of seven times your total annual income or \$750,000.

• Adding income protection cover

If you are adding income protection cover, maximum amounts apply depending on your total income (see definition on page 24) and occupational category:

Occupational category	Benefit
General	Up to \$61,200 p.a.
Office	Up to \$86,700 p.a.
Professional	Up to \$122,400 p.a.

You'll need to satisfactorily answer a few simple questions to apply for New Member Options cover – it's a great opportunity to think about what insurance you need and adjust your cover accordingly without providing detailed medical evidence.

This offer is only available in the first 90 days after you join CareSuper. The New Member Options cover will not commence until standard cover is received. If we receive your valid application for New Member Options cover within 90 days of you joining CareSuper but your standard cover does not commence within 6 months of joining, the offer will expire. Otherwise, the New Member Options cover will commence from the later of the date standard cover commences and date your application is accepted. You can apply by completing the **Insurance application** form available at caresuper.com.au/forms or by logging in to MemberOnline and going to the **Insurance cover** section.

If you want to increase your death and TPD cover and/or add income protection cover at a later time or above what is offered through the New Member Options, it's likely you will be required to provide detailed medical evidence and your application may be subject to insurance fee loadings and/or exclusions if approved.

CHANGE OR CANCEL YOUR COVER

You can apply at any time to:

- Elect to receive standard cover without providing medical evidence if you don't receive standard cover automatically on joining (eligibility and commencement of cover conditions apply). Or you can apply for the amount of death and TPD cover you choose (fixed or age-based) by being assessed and approved by our insurer (medical evidence may be required)

- Change your occupational category to better match what you do for work from date approved
- Increase your standard death and TPD cover by adding a fixed cover amount from date approved
- Fix your age-based death and/or TPD cover so that your amount of cover will stay the same, or choose to index your fixed cover by 5% each year from date approved
- Add or increase income protection cover from date approved
- Change the benefit period or waiting period of any income protection cover you may have from date approved
- Decrease the standard age-based death and/or TPD cover scale to a multiple of 0.75, 0.50 or 0.25 (which is the minimum you can hold) of the cover amounts shown on page 5 of this guide, which is the minimum you can hold, with effect from the date we receive your request
- Reduce or cancel any of your cover, with effect from the date we receive your request, if it doesn't suit your needs.

All applications to change occupational category, increase, fix or add cover will need to be assessed and approved by our insurer, and medical evidence may be required. See 'Tailoring your insurance to your needs' on page 9 for more information, including costs and how to apply. Limited cover may apply in some circumstances.

If you're under 60, you may also be able to transfer your cover from another super fund (subject to maximum limits). See 'Bring all your insurance together' on page 15 for more information.



NEW MEMBER OPTION TO INCREASE AGE-BASED COVER

As a new Employee Plan member who has received standard cover, if you are in the General or Office occupational category and eligible, you can increase your death and TPD cover to a multiple of 1.25, 1.50, 1.75 or 2.00 of the standard age-based scale applicable to you as shown on page 5 of this **Insurance Guide**. Eligible members with standard cover in the Professional occupational category can choose to increase to 1.25 or 1.50 of the standard age-based scale applicable to you, as shown on page 5 of this **Insurance Guide**.

The cost of your cover increases in the same way. For example, if you choose to increase your cover to a multiple of 1.50 of the age-based scale applicable to you on page 5 of this **Insurance Guide**, then the cost goes up to 1.50 times the standard cost too.

Example calculation

Meredith is 38, has an account balance greater than \$6,000 and is in the General occupational category. Her standard age-based cover is \$271,000 for death and \$271,000 for TPD assuming she meets eligibility and commencement of cover conditions. She is interested in increasing her cover up to a multiple of 1.50 and wants to check the amounts and cost of cover. She looks up the cover amounts in the table on page 5 and the insurance fees in the table on page 3 and multiplies these by 1.50.

Amount of death cover	Amount of TPD cover
\$271,000 x 1.50 = \$406,500	\$271,000 x 1.50 = \$406,500
Cost of death + cost of TPD cover = total cost per week	
(\$4.09 x 1.50 = \$6.14) + (\$4.68 x 1.50 = \$7.02) = \$13.16 per week	

Insurance fees are rounded for disclosure only and may vary slightly to what is deducted from your account.

NOW IT'S YOUR TURN

If you're interested in increasing your cover, use this worksheet to help you check the cover amount and cost. This is a guide only. Call us on **1300 360 149** to confirm what will apply to you including whether the New Member Option is available to you.

First calculate your cover amount using the table on page 5



The amount of death cover in the table for your age and occupation	Your chosen multiple for death cover		
\$ _____	x _____	=	Increased death cover amount
The amount of TPD cover in the table for your age and occupation	Your chosen multiple for TPD cover		
\$ _____	x _____	=	Increased TPD cover amount

Now look up the insurance fees for your age and gender in the table on page 3

The insurance fee shown in the death cover table for your age and gender	Your chosen multiple for death cover	The insurance fee shown in the TPD cover table for your age and gender	Your chosen multiple for TPD cover	Total cost of your cover
(\$ _____)	x _____	(\$ _____)	x _____	= \$ _____

Your insurance options as a Personal Plan member

If, at joining, you're not linked to an employer and make your own super contributions or you apply for membership due to a family law split, you're generally a Personal Plan member. Personal Plan members don't receive insurance cover automatically, but can apply for cover and there are plenty of options.

You can at any time:

- Choose the occupational category that best matches your occupation, from date approved
- Apply for age-based or fixed death only, TPD only or death and TPD cover
- Apply to index your fixed death and TPD cover (5% increase on 1 July each year)
- Apply for income protection cover
- Change the benefit period or waiting period of any income protection cover you may have, from date approved
- Reduce or cancel any of your cover at any time, with effect from the date we receive your request.

All applications need to be assessed and approved by our insurer and medical evidence may be required. You must have a minimum account balance of \$1,500 before cover commences. See 'Tailoring your insurance to your needs' on page 9 for more information, including costs and how to apply.

If you're under 60, you may be able to transfer your cover from another super fund (subject to maximum limits). See 'Bring all your insurance together' on page 15 for more information.



Tailoring your insurance to your needs



You've got plenty of choice about the types and amount of insurance you can have with us.

You can apply for cover up to the maximum levels below.

Your insurance options (evidence of health required)	Maximum limit
Death	Up to \$10,000,000 (age-based and fixed) Terminal illness claim is capped at \$3,000,000 and the insured balance paid on death
TPD	Up to \$3,000,000 (age-based and fixed)
Income protection	Up to \$40,000 per month*

*The maximum benefit is 85% of the first \$423,530 p.a. of income (see definition on page 22) for the entire benefit period, plus 60% of the next \$200,000 p.a. of income for the first two years of the benefit period, regardless of the benefit period. See 'Your options to vary your income protection cover' on page 12 for information on benefit periods.

CHOOSE THE CATEGORY THAT BEST MATCHES YOUR OCCUPATION

What you do for a living can make a difference to how much cover you have, and how much it costs.

Different roles and occupations have different levels of risk. Insurance cover through us has three occupational categories:

- General
- Office
- Professional.

Each occupational category has a different amount of age-based death and TPD cover. Where you have fixed cover or income protection cover, a different cost applies, based on your occupational category, age and gender.

You automatically go into the General occupational category when you first receive cover. If you're an office worker or professional, you can change your occupational category to better match what you do (if eligible).

To determine your occupational category, answer the following questions:

1	Are the duties of your occupation limited to professional, managerial, administrative, clerical, secretarial or similar 'white collar' in nature tasks which do not involve manual work and are undertaken entirely within an office environment (excluding travel from one office environment to another)?	NO	➔	General
		YES	➔	Continue to Q2
2	Are you earning* in excess of \$100,000 p.a. from your occupation? If you currently work part-time and your full-time equivalent salary is more than \$100,000 p.a., you're eligible to answer 'yes' to this question.	NO	➔	Office
		YES	➔	Continue to Q3
3	a) Do you hold a tertiary qualification or are you a member of a professional institute or registered as a practicing member of your profession by a government body? b) Do you work in a management role?	NO to both	➔	Office
		YES to either or both	➔	Professional

*To calculate your earnings, see the definition of 'total income', on page 24.

You can use the table on page 11 to work out what your insurance fees will be for fixed cover and page 13 to work out your insurance fees for income protection cover.

You can apply to change your occupational category via MemberOnline or by completing the **Changing your occupational category** form available at caresuper.com.au/forms. You will need to satisfactorily answer a few simple health questions to ensure you're eligible to change your cover and any change is subject to approval.

Each time you complete a new application form or apply to vary your insurance cover, your occupational category will be assessed by our insurer. You may be required to provide further health evidence and if your application is approved, any additional cover may be subject to insurance fee loadings and/or exclusions.

If changing your occupational category increases your cover, the active employment (see definition on page 22) test will apply. This means if you're not in active employment for all of the first 30 days from the date your cover increases, limited cover (see definition on page 22) conditions apply to the increased cover. Once you return to active employment for two consecutive months, full cover will apply unless limited cover applies to your existing cover for any other reason.

CHOOSE YOUR DEATH AND TPD COVER AMOUNT

You can apply for a fixed amount of cover at any time (subject to maximum limits – see above). Your application needs to be assessed and approved by our insurer and medical evidence may be required.

Tailoring your insurance to your needs (continued)

FIXED COVER

With fixed cover, the amount of death and TPD cover generally stays the same, but your fee is determined by your age, gender and occupational category. Insurance fees increase as you get older. A minimum of \$10,000 applies and your fixed cover must be in multiples of \$1,000.

You also have the option to have your fixed death and TPD cover indexed, meaning that it increases by 5% on 1 July each year to account for inflation.

COST OF FIXED COVER

To calculate your annual insurance fee, divide your required level of cover by \$1,000 and multiply the insurance fee for your age, gender and occupational category.

The cost of your cover is calculated using annual insurance fees and deducted monthly on a pro-rata basis and is determined by the amount of cover you hold for the number of days in the month. Your cover is paid from your super and not your take-home pay. Your account also receives a 15% contributions tax rebate on the insurance fees you pay.

If you choose to have your fixed cover indexed, your insurance fees will be based on the increased cover each year.

Example fixed cover calculation

Claire is in the General occupational category and has applied for \$550,000 of fixed death and TPD cover (without indexation). If approved, the cost of her cover at various ages is:



Age 30

$$\frac{\$550,000}{\$1,000} \times \$0.89 (\$0.48 \text{ for death and } \$0.41 \text{ for TPD}) = \$489.50 \text{ p.a.}$$

Age 40

$$\frac{\$550,000}{\$1,000} \times \$2.02 (\$0.93 \text{ for death and } \$1.09 \text{ for TPD}) = \$1,111 \text{ p.a.}$$

Age 50

$$\frac{\$550,000}{\$1,000} \times \$4.43 (\$2.05 \text{ for death and } \$2.38 \text{ for TPD}) = \$2,436.50 \text{ p.a.}$$

See page 11 for our fixed cover insurance fees.

For how to apply for a fixed amount of cover, see 'Applying for our tailored cover options' on page 14. This is an example only. Contact us on **1300 360 149** to find out what insurance fees will be applicable to you.



Insurance fees per year, per \$1,000 of fixed death and TPD cover (\$)

Age	General				Office				Professional			
	Death cover		TPD cover		Death cover		TPD cover		Death cover		TPD cover	
	M	F	M	F	M	F	M	F	M	F	M	F
15	0.67	0.28	0.25	0.17	0.36	0.16	0.13	0.09	0.26	0.11	0.10	0.06
16	0.67	0.28	0.25	0.17	0.36	0.16	0.13	0.09	0.26	0.11	0.10	0.06
17	0.67	0.28	0.25	0.17	0.36	0.16	0.13	0.09	0.26	0.11	0.10	0.06
18	0.67	0.28	0.25	0.17	0.29	0.12	0.12	0.08	0.21	0.09	0.09	0.06
19	0.67	0.28	0.25	0.17	0.33	0.15	0.13	0.09	0.24	0.10	0.09	0.06
20	0.67	0.28	0.25	0.17	0.33	0.15	0.13	0.09	0.24	0.10	0.09	0.06
21	0.67	0.28	0.25	0.17	0.36	0.15	0.13	0.09	0.25	0.11	0.10	0.06
22	0.67	0.28	0.25	0.17	0.40	0.17	0.14	0.10	0.27	0.12	0.10	0.08
23	0.67	0.28	0.25	0.17	0.44	0.18	0.16	0.12	0.31	0.14	0.12	0.08
24	0.67	0.28	0.25	0.17	0.44	0.18	0.16	0.12	0.31	0.14	0.12	0.08
25	0.68	0.31	0.30	0.21	0.46	0.21	0.21	0.14	0.33	0.16	0.16	0.10
26	0.68	0.34	0.37	0.24	0.46	0.23	0.24	0.17	0.33	0.17	0.17	0.12
27	0.68	0.37	0.42	0.28	0.48	0.26	0.29	0.20	0.34	0.19	0.21	0.14
28	0.68	0.41	0.47	0.32	0.50	0.29	0.33	0.22	0.36	0.21	0.24	0.17
29	0.68	0.44	0.53	0.37	0.53	0.33	0.41	0.28	0.38	0.24	0.29	0.20
30	0.70	0.48	0.58	0.41	0.55	0.38	0.47	0.32	0.41	0.27	0.33	0.24
31	0.71	0.52	0.63	0.46	0.59	0.43	0.54	0.38	0.43	0.31	0.39	0.26
32	0.74	0.57	0.71	0.51	0.63	0.50	0.62	0.45	0.46	0.36	0.45	0.32
33	0.76	0.61	0.79	0.57	0.67	0.54	0.68	0.51	0.48	0.40	0.50	0.37
34	0.79	0.61	0.85	0.63	0.72	0.57	0.77	0.58	0.52	0.41	0.55	0.42
35	0.83	0.66	0.93	0.72	0.75	0.59	0.83	0.64	0.53	0.43	0.59	0.46
36	0.87	0.74	1.01	0.81	0.78	0.63	0.89	0.72	0.55	0.46	0.64	0.51
37	0.94	0.77	1.09	0.89	0.83	0.67	0.96	0.79	0.59	0.49	0.68	0.57
38	1.01	0.79	1.20	0.93	0.89	0.70	1.06	0.83	0.65	0.50	0.76	0.59
39	1.12	0.85	1.29	0.99	0.97	0.75	1.13	0.87	0.70	0.53	0.81	0.62
40	1.19	0.93	1.39	1.09	1.01	0.79	1.18	0.93	0.74	0.57	0.85	0.66
41	1.29	1.02	1.51	1.20	1.10	0.87	1.28	1.00	0.79	0.62	0.92	0.72
42	1.40	1.12	1.66	1.33	1.19	0.94	1.41	1.13	0.85	0.67	1.00	0.81
43	1.56	1.25	1.83	1.47	1.30	1.05	1.54	1.24	0.94	0.76	1.10	0.88
44	1.68	1.34	1.96	1.57	1.44	1.16	1.69	1.34	1.02	0.83	1.21	0.96
45	1.80	1.42	2.10	1.66	1.52	1.19	1.79	1.41	1.09	0.85	1.28	1.00
46	1.95	1.53	2.28	1.79	1.61	1.25	1.88	1.47	1.16	0.89	1.34	1.05
47	2.10	1.65	2.45	1.93	1.63	1.29	1.91	1.51	1.17	0.93	1.36	1.08
48	2.22	1.79	2.59	2.10	1.70	1.37	1.99	1.61	1.22	0.99	1.43	1.16
49	2.35	1.94	2.73	2.25	1.81	1.50	2.12	1.75	1.29	1.08	1.51	1.25
50	2.53	2.05	2.93	2.38	1.96	1.60	2.28	1.85	1.40	1.14	1.63	1.32
51	2.72	2.20	3.17	2.57	2.12	1.70	2.46	1.99	1.52	1.22	1.76	1.43
52	2.97	2.35	3.46	2.74	2.30	1.82	2.69	2.14	1.64	1.30	1.92	1.53
53	3.20	2.52	3.73	2.93	2.57	2.03	3.01	2.37	1.85	1.45	2.16	1.69
54	3.41	2.69	3.99	3.13	2.73	2.16	3.20	2.51	1.95	1.54	2.28	1.80
55	3.66	2.91	4.30	3.42	2.88	2.29	3.38	2.70	2.05	1.63	2.42	1.92
56	3.99	3.12	4.67	3.66	3.04	2.37	3.57	2.79	2.18	1.69	2.54	1.99
57	4.41	3.40	5.20	3.99	3.18	2.46	3.74	2.88	2.28	1.77	2.67	2.05
58	5.10	3.82	5.96	4.45	3.49	2.61	4.08	3.04	2.49	1.87	2.92	2.18
59	5.75	4.20	6.71	4.90	4.00	2.92	4.69	3.41	2.87	2.10	3.36	2.45
60	6.47	4.73	7.95	5.86	4.66	3.40	5.71	4.21	3.31	2.42	4.07	3.00
61	7.31	5.34	9.77	7.23	5.30	3.88	7.08	5.24	3.80	2.78	5.07	3.74
62	8.15	5.96	12.06	8.75	5.95	4.34	8.81	6.38	4.25	3.09	6.28	4.57
63	8.91	6.51	13.07	9.48	6.48	4.74	9.51	6.91	4.63	3.38	6.79	4.94
64	9.67	7.05	14.17	10.27	7.03	5.12	10.95	7.96	5.02	3.66	7.83	5.69
65	10.37	7.58	N/A	N/A	7.54	5.52	N/A	N/A	5.38	3.93	N/A	N/A
66	11.04	8.06	N/A	N/A	8.01	5.86	N/A	N/A	5.72	4.18	N/A	N/A
67	11.62	8.49	N/A	N/A	8.44	6.15	N/A	N/A	6.03	4.40	N/A	N/A
68	12.24	8.94	N/A	N/A	8.89	6.49	N/A	N/A	6.36	4.65	N/A	N/A
69	12.90	9.42	N/A	N/A	9.37	6.85	N/A	N/A	6.70	4.90	N/A	N/A

Note:

1. TPD cover ceases at age 65 and death cover (including terminal illness) ceases at age 70, unless cover ceases for some other reason.
2. Insurance fees shown are based on binary gender (male/female) pricing. If we are not advised of your gender your insurance fees will be based on the male gender, this will be updated once we are advised of your gender by either yourself or your employer. If you do not identify as male or female, please contact us and we will notify you of the insurance fees that will be applicable to you.
3. Insurance fees shown include an insurance administration fee and premiums.
4. Figures are rounded to two decimal places for disclosure only and actual insurance fees may differ due to the effects of rounding.

Tailoring your insurance to your needs (continued)

APPLYING FOR INCOME PROTECTION COVER

You can apply for income protection at any time if you're:

- Under 65
- A full-time, part-time, self-employed or casual worker or contractor, and
- Either:
 - Earning at least \$16,000 p.a. through ongoing work, or
 - Working at least 15 hours each week.

You will not be eligible for income protection cover if you have previously been paid a TPD or similar benefit from any source, have been paid a terminal illness benefit, or have been diagnosed with an illness that reduces your life expectancy to less than 24 months.

For cover up to \$30,000 per month, for each \$85 of benefit, \$75 is paid as income and \$10 is paid to your superannuation account.

For cover between \$30,000 and \$40,000 per month, for each \$60 of benefit, \$50 is paid as income and \$10 to your superannuation account.

If you suffer an illness or injury, the maximum income protection benefit payable is 85% of the first \$423,530 p.a. of income (see definition on page 22) for the entire benefit period, plus 60% of the next \$200,000 p.a. of income for the first two years of the benefit period (even where you apply for a 5-year benefit payment period). Your benefit may also be reduced if you receive other income or disability benefits (find out more on page 21).

To work out how much income protection cover to apply for, estimate how much income you would need if you weren't working. Your cover amount will automatically increase by 5% on 1 July each year to account for inflation. Fees will be based on the increased cover.

YOUR OPTIONS TO VARY INCOME PROTECTION COVER

You can choose from the following options to tailor your income protection cover to your circumstances:

- A waiting period of 30, 60 or 90 days, and
- A benefit period of either 2 or 5 years.

Your waiting period is how long you'll need to wait before you qualify to receive benefit payments and your benefit period is the maximum amount of time benefits may be paid for. If you don't select a waiting period, 30 days will apply. If you wait longer to receive your benefit, you can reduce the cost.

If you don't select a benefit period, the 2-year benefit period will apply. If you choose the 5-year benefit period, the cost increases.





COST OF INCOME PROTECTION

The cost of income protection cover is based on your gender, age, occupational category and the waiting period and benefit period as shown in the tables below. The cost of income protection cover is calculated by using an annual insurance fee for each \$100 per month of cover. Insurance fees are deducted from your super account monthly on a pro-rata basis and are determined by the amount of cover provided for the number of days in the month. This occurs on the last calendar day of the month or on full withdrawal. Insurance fee calculations are subject to any adjustments that are necessary, for example, for changes in cover or a change in age. Your account also receives a 15% contributions tax rebate for the insurance fees you pay.

2-year benefit period – annual insurance fee per \$100 monthly benefit (\$)

Age	General						Office						Professional					
	Waiting period						Waiting period						Waiting period					
	30 days		60 days		90 days		30 days		60 days		90 days		30 days		60 days		90 days	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
15-19	4.59	6.81	3.34	4.94	1.84	2.72	3.11	4.60	2.07	3.06	1.16	1.71	2.53	3.75	1.84	2.72	0.93	1.37
20-24	4.59	6.81	3.34	4.94	1.84	2.72	3.11	4.60	2.07	3.06	1.16	1.71	2.53	3.75	1.84	2.72	0.93	1.37
25-29	4.82	7.15	3.34	4.94	1.95	2.89	3.22	4.77	2.30	3.41	1.16	1.71	2.64	3.92	1.95	2.89	0.93	1.37
30-34	5.51	8.17	3.90	5.78	1.95	2.89	3.79	5.61	2.53	3.75	1.26	1.87	3.11	4.60	2.07	3.06	1.04	1.54
35-39	7.23	10.72	5.05	7.49	2.53	3.75	4.82	7.15	3.34	4.94	1.72	2.55	3.90	5.78	2.87	4.26	1.38	2.04
40-44	9.53	14.12	6.77	10.03	3.90	5.78	6.19	9.18	4.36	6.46	2.53	3.75	5.17	7.66	3.55	5.27	1.95	2.89
45-49	12.73	18.87	9.06	13.43	6.19	9.18	8.37	12.41	5.85	8.67	4.25	6.29	6.89	10.21	4.82	7.15	3.34	4.94
50-54	18.01	26.69	12.63	18.71	10.10	14.97	11.93	17.69	8.37	12.41	6.77	10.03	9.64	14.29	6.77	10.03	5.51	8.17
55-59	25.70	38.09	18.01	26.69	16.06	23.81	16.87	25.00	11.93	17.69	10.55	15.64	13.88	20.58	9.64	14.29	8.60	12.75
60-64	27.87	41.32	21.11	31.29	16.29	24.15	18.35	27.21	13.88	20.58	10.78	15.98	15.02	22.27	11.47	17.01	8.83	13.09

5-year benefit period – annual insurance fee per \$100 monthly benefit (\$)

Age	General						Office						Professional					
	Waiting period						Waiting period						Waiting period					
	30 days		60 days		90 days		30 days		60 days		90 days		30 days		60 days		90 days	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
15-19	6.19	9.18	4.71	6.98	2.53	3.75	4.13	6.12	2.99	4.43	1.72	2.55	3.34	4.94	2.53	3.75	1.49	2.21
20-24	6.19	9.18	4.71	6.98	2.53	3.75	4.13	6.12	2.99	4.43	1.72	2.55	3.34	4.94	2.53	3.75	1.49	2.21
25-29	6.77	10.03	5.17	7.66	2.87	4.26	4.48	6.63	3.34	4.94	1.95	2.89	3.67	5.44	2.76	4.09	1.61	2.38
30-34	8.26	12.24	6.19	9.18	3.22	4.77	5.40	8.00	4.13	6.12	2.07	3.06	4.48	6.63	3.34	4.94	1.84	2.72
35-39	11.13	16.49	8.37	12.41	4.36	6.46	7.35	10.89	5.51	8.17	2.87	4.26	6.08	9.01	4.59	6.81	2.41	3.58
40-44	15.37	22.78	11.59	17.18	7.12	10.55	10.10	14.97	7.58	11.23	4.71	6.98	8.14	12.07	6.19	9.18	3.90	5.78
45-49	22.13	32.81	16.52	24.49	11.70	17.35	14.46	21.43	10.90	16.15	7.69	11.40	11.93	17.69	8.83	13.09	6.19	9.18
50-54	32.92	48.80	24.77	36.72	19.28	28.57	21.57	31.97	16.29	24.15	12.63	18.71	17.78	26.35	13.31	19.72	10.33	15.31
55-59	48.63	72.09	36.93	54.75	30.63	45.40	32.12	47.61	24.43	36.21	20.19	29.92	26.27	38.94	19.96	29.58	16.41	24.32
60-64	40.37	59.84	32.23	47.78	23.98	35.54	26.49	39.27	21.11	31.29	15.83	23.46	21.80	32.31	17.43	25.84	12.96	19.21

Notes:

- Insurance fees differ depending on your occupational category. To change your occupational category, you must apply to our insurer either through MemberOnline or by using our **Changing your occupational category form**.
- Insurance fees shown are based on binary gender (male/female) pricing. If we are not advised of your gender your insurance fees will be based on the male gender, this will be updated once we are advised of your gender by either yourself or your employer. If you do not identify as male or female, please contact us and we will notify you of the insurance fees that will be applicable to you.
- Insurance fees shown include an insurance administration fee and premiums.
- Figures are rounded to two decimal places for disclosure only and actual insurance fees may differ due to the effects of rounding.

Tailoring your insurance to your needs (continued)

Example income protection calculation

Olivia, age 35, earns a before-tax income of \$3,800 per month (\$45,600 p.a.) and is in the General occupational category. Olivia decides to insure for the maximum amount of cover which is:

$\$3,800 \times 0.85 = \$3,230$ per month.

Olivia has chosen a 60-day waiting period and a benefit period of two years. If approved, the cost of Olivia's income protection cover using the table on page 13 is:

$\$7.49$ per \$100 per month cover amount = $\$7.49 \times \$3,230 \div 100 = \$241.93$ per annum.

If you want income protection cover, you must apply for it and it is subject to acceptance by our insurer. Insurance fee loadings and/or exclusions may apply to some members.

For how to apply for income protection cover, see 'Applying for our tailored cover options' on this page.

REDUCE OR CANCEL YOUR COVER

You can decrease or cancel your cover at any time by logging in to MemberOnline and going to the **Insurance cover** section. You can also cancel your cover by calling CareSuper on **1300 360 149**. You may reapply at any time, but you'll need to meet our insurer's assessment requirements and you may be required to provide evidence of health (see 'Recommencing your cover after it stops' on page 18 for more information).

APPLYING FOR OUR TAILORED COVER OPTIONS

To choose the cover that works best for you, fill out the **Insurance application** form available at caresuper.com.au/forms or apply through the **Insurance cover** section of MemberOnline. All applications are subject to assessment and acceptance by our insurer. Insurance fee loadings and/or exclusions may apply to some members.

INTERIM ACCIDENT COVER WHILE YOUR APPLICATION IS ASSESSED

When you apply for tailored cover, you may receive interim accident cover. This provides you with some financial protection while your application is being assessed by our insurer.

See 'Interim accident cover' on page 16 for more information. Note: interim accident cover does not apply to elections for standard cover or New Member Options cover.

DECIDE HOW MUCH COVER YOU NEED

Unsure what cover you need? As part of your membership you can access limited advice on insurance cover from our financial planners over the phone.* Call us on **1300 360 149**.

*Whether obtaining information or advice over the phone or through MemberOnline, it is provided to you by Mercer Financial Advice (Australia) Pty Ltd (MFAAPL) ABN 76 153 168 293. Australian Financial Services Licence #411766. Mercer is responsible for any advice given to you under the authorisation of its licenced entities.



Bring all your insurance together



You may have a number of super funds, especially if you've changed jobs a few times. That may mean you have other insurance cover through super too.

If you're under 60, you may be able to transfer your insurance cover from your other super funds to your CareSuper account without having to provide detailed medical evidence. By doing this, you'll have your insurance in one place, making it easier to manage your level of cover and insurance fees. To do this you'll also need to transfer the whole account balance from your other fund to your CareSuper account.

TRANSFERRING YOUR DEATH ONLY OR DEATH AND TPD COVER FROM ANOTHER FUND

A maximum of \$2 million applies to transferring your death only or death and TPD cover to us without providing detailed medical evidence. This amount includes any existing death only or death and TPD cover you already have with us.

Any transfer of cover that would result in your total death only or death and TPD cover being greater than \$2 million will need to be assessed and accepted by our insurer.

Any cover you transfer in will be added as an additional fixed dollar amount and rounded up to the next \$1,000. The cost of cover will be based on the fixed cover insurance fees shown on page 11.

TRANSFERRING YOUR INCOME PROTECTION COVER FROM ANOTHER FUND

If you want to transfer income protection cover from another super fund, a maximum of \$10,000 per month applies. The waiting period and benefit period will be adjusted in line with the product design of our income protection options. For example, a 45-day waiting period will be rounded up to 60 days. A 'to age 65' benefit period will become a 5-year benefit period. If the benefit period that applied to the cover being transferred is less than two years, or the waiting period that applied to that cover is more than 90 days, then no cover can be transferred.

Transferred income protection cover is not added to any existing income protection you have. Instead it replaces it (with adjustment of the waiting period and benefit period if required). However, if the amount of your existing cover exceeds the amount of your transferred cover, your existing cover will not be replaced and the transfer will be invalid.

TRANSFERRING YOUR EXISTING COVER

Complete the **Transfer your insurance** form, available at caresuper.com.au/forms and provide us with an up-to-date statement or certificate of currency. The statement or certificate of currency must have been issued within the last six months of being received by us.

Transferred cover will commence on the later of:

- The date our insurer accepts your application, and
- The date your existing insurance cover under your other super fund is cancelled. This is generally the date your whole account balance is transferred to us.

Any insurance fee loadings, exclusions and/or limited cover that previously applied to the transferred cover will continue to apply after it is transferred to CareSuper. Any exclusions and special conditions that would apply under the CareSuper policy (other than those that relate to your occupation) may also apply.

Before you transfer your cover make sure you understand your current insurance arrangements. Once you transfer, you'll lose any insurance entitlements you have with that fund and your existing insurance with CareSuper may in some circumstances be replaced by the transferred cover (which may have loadings, exclusions and/or limited cover that would not apply to your existing cover with CareSuper), so it pays to be sure it's the right decision for you.

If you're not in active employment (see definition on page 22) for all of the first 30 days from the date your cover is transferred to us, you'll receive limited cover (see definition on page 22) only.

Understanding your insurance

WHEN YOUR COVER COMMENCES

EMPLOYEE PLAN MEMBERS

For Employee Plan members eligible to receive standard cover, cover will commence on the later of:

- The date your first employer contribution is received by the fund
- The date you are at least 25 years old and have had least \$6,000 in your super account.

If you elect to receive cover, cover will commence on the later of:

- The date we receive your election to have cover
- The date we receive the first employer contribution for you

Cover may be limited cover depending on, for example, when you make the election or when we receive your first employer contribution.

This means Employee Plan members will usually receive insurance cover that commences from a date that is later than the date they are joined to the fund.

You will be advised from when your standard cover commences, when this information becomes known to CareSuper.

Any tailored cover commences when we advise you in writing. Any transferred cover you apply for commences as outlined on page 15.

PERSONAL PLAN MEMBERS

Cover commences on the date you are advised in writing confirming that the cover has been accepted. You must also have a minimum balance of \$1,500 before cover commences.

The first insurance fee payment deducted from your account will include all fees accrued since your commencement date.

You may also be able to transfer existing cover you hold elsewhere. Refer to page 15 for details.

DECLINING STANDARD AGE-BASED COVER

There is a 14-day cooling off period for standard cover. You have 14 days from the date the standard cover

commences to tell us you wish to decline standard cover. You must do this in writing. The cover will then be deemed never to have started and all insurance fees paid during the cooling off period will be refunded.

You can also reduce your cover with backdated effect in this 14-day period. Contact us to find out if and when standard cover has commenced.

INTERIM ACCIDENT COVER

If you apply for underwritten cover such as tailored cover, you may receive interim accident cover. Our insurer may provide interim accident cover from the date they are notified in writing of the insurance request. Note: interim accident cover does not apply to elections for standard cover or New Member Options cover.

ACCIDENTAL DEATH COVER

Our insurer will pay a benefit if your application is for death cover and you die as a result of an accident that occurs during the interim accident cover period. The death must be within 90 days of the accident for this benefit to be paid.

ACCIDENTAL TOTAL AND PERMANENT DISABLEMENT COVER

Our insurer will pay a benefit if your application is for total and permanent disablement cover and you become totally and permanently disabled (see definition on pages 23 and 24) as a result of an accident during the interim accident cover period. The date of disablement (see definition on page 22) must be within 90 days of the accident for this benefit to be paid.

ACCIDENTAL INCOME PROTECTION COVER

Our insurer will pay a benefit if your application is for income protection cover, if you suffer total disability as a result of an accident. The date of disablement (see definition on page 22) must be within 90 days of the accident for this benefit to be paid. Benefits are offset for any other disability income you may be entitled to receive.

YOUR BENEFIT AMOUNT

For death or total and permanent disability, your benefit will be the amount of cover or additional insured cover you requested, but won't exceed the maximum accident cover of \$1 million less any amount of insured cover also paid under the same policy.

For income protection, any maximum benefit will be the lesser of 85% of your pre-disability income, the total cover you applied for and \$15,000 per month less any other disability income. The maximum benefit period is either your existing cover period if you already hold income protection cover with CareSuper or two years in other circumstances.

The waiting period is either your existing waiting period or the waiting period applying to your application.

INTERIM ACCIDENT COVER PERIOD

Interim accident cover will start on the application date and will end on the earliest of the following:

- The date the application for insured cover is withdrawn
- The date our insurer accepts the application for insured cover on standard or special terms
- The date our insurer rejects the application for insured cover
- The date our insurer cancels the interim accident cover
- 120 days from the date we receive the application for insured cover, or
- The date of termination of the insurance policy.

INTERIM ACCIDENT COVER BENEFIT – EFFECT ON APPLICATION FOR COVER

If our insurer pays you a benefit under this condition, your application for cover or an increase in cover will be cancelled and you won't be able to apply for any more cover under the insurance policy.

A payment for interim accident cover is only payable to you once.



YOU'RE COVERED WHEREVER YOU GO

You're covered even when you're overseas (insurance policy conditions apply). Income protection payments are restricted to 12 months while overseas, unless otherwise agreed in writing.

You're not required to advise us or our insurer before you travel overseas.

CHANGING YOUR MIND ABOUT TAILORED COVER

There is a cooling off period for tailored insurance cover – you have 21 days from the date we tell you that we've accepted your cover to tell us that you have changed your mind and wish to decline our offer. You must do this in writing. The cover will then be deemed never to have started and all insurance fees paid during the cooling off period will be refunded to your CareSuper account.

REDUCE OR CANCEL YOUR COVER

You may cancel or reduce your tailored insurance at any time by submitting a request via your online account, calling us on **1300 360 149** or via writing by completing the **Reduce or cancel cover** form. Your insurance fees will only cease when your request is received and accepted.

LEAVING OR CHANGING JOBS

If you leave your employer, any insurance cover you hold continues as long as you remain a member of CareSuper provided cover does not cease for some reason (for example, you reach the maximum insurable age). The terms of our insurance policy (including terms relating to eligibility and cessation of cover) apply and you'll need to have a sufficient account balance to meet the insurance fees. If your employer has been paying insurance fees on your behalf and you leave that employer, the fees will be deducted from your super account instead.

If you become unemployed, your ability to claim any income protection benefits will be affected. Changes to your employment could also affect

the definition of total and permanent disablement that you must satisfy to claim a TPD benefit (see definitions on pages 23 and 24).

TRANSFERRING YOUR COVER FROM A CORPORATE INSURANCE ARRANGEMENT TO THE CARESUPER EMPLOYEE PLAN

If you transfer into the CareSuper Employee Plan from a Corporate insurance arrangement, the amount of cover you have will be either age-based cover or fixed cover depending on that Corporate insurance arrangement. When transferring your cover from a Corporate insurance arrangement to the CareSuper Employee Plan the New Member Options are not available to you. If you hold income protection cover, the amount of cover (immediately before transfer) is matched to the next closest benefit period, for example, if you have a benefit period to age 65 you will receive a 5-year benefit period. Cover will continue as long as there is sufficient money in your account for ongoing insurance fee deductions, unless cover ceases for some other reason. As an Employee Plan member, you're responsible for paying the insurance fees. All other terms and conditions as set out in this guide will apply to you.

If you hold income protection cover it will be transferred to the closest option available to Employee Plan members. Conditions, exclusions, restrictions or loadings applicable to you in the Corporate insurance arrangement will also continue to apply.

WHEN YOUR COVER STOPS

Death, TPD and income protection cover will stop at the earliest of the following events:

- Your CareSuper membership ends
- You reach the maximum insurable age for a particular benefit:
 - Death cover (including terminal illness) – 70 years
 - TPD cover – 65 years
 - Income protection cover – 65 years

- There are insufficient funds in your account to pay the insurance fees on the last calendar day of the month. If you have an account balance at a later date, you will have to pay the difference between the deduction made in that month and the insurance fee due for that month. Depending on your membership category and the type of contribution received, your cover may not be reinstated as a result of this fee deduction
- A terminal illness benefit is paid. However, if your death cover is greater than the terminal illness benefit paid, death cover will continue while you remain a member and maintain a sufficient balance to meet your insurance fees, unless cover ceases for some other reason. Your death cover will be reduced by the insured amount paid to you on terminal illness grounds
- You pass away
- A TPD benefit is paid. However, if your death cover is greater than the TPD benefit paid, your death cover will continue while you remain a member and maintain a sufficient balance to meet your insurance fees, unless cover ceases for some other reason. Your death cover will be reduced by the insured amount paid to you for TPD
- For income protection cover, you join the armed services of any country, other than the Australian Army Reserve (where it only applies if called up for active service)
- If you hold income protection cover your cover will stop if a death, terminal illness or TPD benefit is paid for you under a CareSuper Group Life policy
- The insurance policy is terminated or cancelled for any reason
- We receive your completed **Reduce or cancel cover** form, online request or by calling us on **1300 360 149**
- If your cover is transferred to another group insurance policy issued to the fund by our insurer, your cover will end under your existing arrangements

Understanding your insurance (continued)

- Your account has been inactive for a continuous period of 16 months and you have not made an election to keep your insurance cover even if your account becomes inactive for 16 months (refer to 'Cover ceases on inactive accounts' below for further information).

COVER CEASES ON INACTIVE ACCOUNTS OR IF THE LAW REQUIRES

Super laws require us to cancel your insurance cover or not provide cover in certain circumstances, including if your account has been inactive for a continuous period of 16 months.

Your account will become inactive if we have not received an amount (for example, a contribution or rollover) for you for at least 16 continuous months.

We will write to you (where we are able to) before we cancel your cover to ask if you would prefer to keep your cover. You can tell us you would like to keep your cover even if your account becomes inactive by completing the **Keep or cancel my cover** form available at caresuper.com.au/forms and returning it to us before the date your insurance will be automatically cancelled.

Note that a request to keep cover does not mean that cover will continue indefinitely. Cover may cease for other reasons, such as reaching the maximum insurable age. The existing cover cessation rules still apply.

If we are required by law to cease cover that has previously been granted to you, we must do so. We will contact you about this if we are able to, however you should note that we are bound by Government legislation even if we cannot contact you.

RECOMMENCING YOUR COVER AFTER IT STOPS

EMPLOYEE PLAN MEMBERS

If you've previously opted out of cover, you won't be able to reinstate your previous levels of cover and all future applications will need to be assessed and accepted by our insurer. If accepted, insurance cover begins when we confirm acceptance to you in writing.

INSUFFICIENT FUNDS

Your cover will stop on the last calendar day of the month in which your last insurance fee deduction is made when your account balance reaches \$0. You have 28 days from the end of the month that cover stopped to make a personal or employer contribution or roll-in for your cover to be reinstated. Once reinstated, your cover arrangements remain the same as they were before they stopped and recommence without a break in cover. If your account balance reaches \$0 and a contribution is not received within 28 days of the end of the month cover stopped, your cover may be reinstated if:

- We receive an employer contribution no more than six months from the end of the month that cover stopped, and
- That contribution for you is on time, according to legislative requirements.

Your cover will start again from the start of the period covered by the employer contribution and your arrangements will remain as they were before your cover stopped.

In other circumstances, cover will be reinstated to the amount of standard cover based on receipt of an employer contribution. For income protection, the amount of cover, waiting period and benefit period will be the same as you had immediately prior to cover ceasing. Your cover will recommence from the date the employer contribution is received.

INACTIVE ACCOUNT

If you lose cover due to your account being inactive, cover can be reinstated if you are an Employee Plan member and we receive an employer contribution for you. Any reinstated cover will recommence from the date we receive the employer contribution and you will not be covered for any injury or illness that occurs between when cover ceased and it being reinstated.

Where an employer contribution is received no more than six months after cover ceased due to inactivity

you will receive the same cover and occupation category you held when cover ceased. If your cover recommences more than six months after cover ceased, you'll receive the same level of standard age-based cover that applies to an eligible new Employee Plan member, based on your age and occupation (or the General occupation if we don't have details of your occupation) at the date cover recommences. You may receive less cover than you had when cover ceased. Any income protection cover you had will only be reinstated upon receipt of an employer contribution no more than six months after the date on which cover ended.

Where reinstated cover occurs after cover ceases due to inactivity, it will be subject to standard policy terms and conditions including an active employment test (see page 22 for details).

Where cover is reinstated more than six months after it ceased due to inactivity it will be limited cover for a minimum of two years in circumstances where you have been with your employer for more than four months when cover is reinstated. You must be in active employment for all of the two months from the end of the minimum two-year period for limited cover conditions to cease.

Note that depending on the circumstances there may be a period between the date your cover ceases and the date it recommences where you won't be covered.

You must be in active employment (see definition on page 22) for all of the first 30 days from the date your cover recommences. If you're not, limited cover (see definition on page 22) conditions apply.

PERSONAL PLAN MEMBERS

If your cover stops (for example, you cancel your cover or there are insufficient funds in your account to pay for insurance fees or your account becomes inactive), you must reapply and be accepted by our insurer to receive cover again.



OTHER INSURANCE CONDITIONS AND EXCLUSIONS

In addition to any other conditions and exclusions stated in this document, the following apply:

ALL TYPES OF COVER – DEATH (INCLUDING TERMINAL ILLNESS), TPD AND INCOME PROTECTION

- If you have two or more accounts with CareSuper with insurance cover, you will not be entitled to insurance cover from more than one account. In the event of a claim, the account with the largest benefit will be paid and cover in any other accounts will be cancelled. If you have a duplicate account, duplicate insurance fees will be refunded to the account when accounts are merged.
- Our insurer will not pay a benefit caused directly or indirectly by an act of war that occurs during the policy period.
- If you have previously been paid a TPD or similar benefit of any type from any source including another super fund or a personal insurance policy, you will only be eligible for death cover with CareSuper, not TPD or income protection cover.
- If you have previously been paid a terminal illness benefit or have been diagnosed with an illness that reduces your life expectancy to less than 24 months, you will not be eligible for death, TPD or income protection cover with CareSuper.
- If you apply for death, TPD or income protection insurance, during the assessment period you will only be insured for interim accident cover as it pertains to your application. See page 16 for the definition of interim accident cover.

For Employee Plan members, the following also apply:

- Limited cover (see definition on page 22) will apply when cover commences, recommences or increases:
 1. If you are not in active employment for all of the first 30 days from the date your cover

commences, recommences or increases until you return to active employment for at least two consecutive months

2. If we don't receive on-time employer contributions (see definition on page 23) on your behalf within 120 days of you being first eligible (see definition on page 23) and we don't receive an employer contribution that covers the date cover commences. Standard cover will be limited cover for two years, subject to you being in active employment (see definition on page 22) in the two months leading up to this anniversary. If you don't meet the active employment requirement, your cover remains limited cover until you have returned to active employment for at least two consecutive months.
 3. If you elect to receive cover more than 6 months after joining the fund.
- You're able to apply to have limited cover restrictions removed at any time subject to our insurer's assessment requirements. The removal will be effective from the date the insurer approves.

DEATH AND TPD COVER SPECIFIC

In addition to the 'all types of cover' condition and exclusions, the following also apply to death, terminal illness and TPD cover.

- In the event of a pandemic outbreak, our insurer has the right to exclude any pandemic illness that could cause you to die within 30 days of your cover commencing, provided the condition was present at the date your cover commenced.
- Our insurer will not pay a benefit for you if your death, terminal illness or TPD is caused directly or indirectly by an act of war. This does not include death on war service in the Australian Defence Force.
- You will not be covered for death and TPD in the event of intentional

self-inflicted injury or infection, suicide or attempt at suicide

- When limited cover applies within the first 12 months of cover commencing, increasing or recommencing.
- For New Member Options or tailored cover for any amount of cover in excess of the standard that would have otherwise applied.

INCOME PROTECTION COVER SPECIFIC

- No benefit is payable under our income protection insurance policy if your illness or injury is directly or indirectly caused by:
 - Intentional self-inflicted injury or infection or attempt at suicide
 - Your service in the armed forces of any country
 - Normal pregnancy or childbirth, or
 - An act of war.
- Our insurer will not make a payment under the insurance policy if the payment would cause them to infringe the Private Health Insurance Act 2007 (Cth), Private Health Insurance (Prudential Supervision) Act 2015 (Cth), Health Insurance Act 1973 (Cth), or the National Health Act 1953 (Cth), or any succeeding legislation in connection with health insurance
- Benefits will only be paid to you for one disability at a time
- The maximum length of time a benefit for disability resulting from any one or related cause will be paid is the number of months in the benefit period. This includes any months in which the benefit is reduced or is calculated to be \$0.

Insurance fee loadings and/or exclusions may apply to some members. Some exclusions and restrictions can only be determined or assessed at the time a claim is made.

Claiming an insurance benefit

CLAIMING AN INSURANCE BENEFIT

We hope you'll never have to make a claim, but if you do you can be confident we'll make the process as straightforward as possible.



HOW DO I MAKE A CLAIM?

1 Notify us of your claim

Call us on **1300 090 925** to speak to a member of our team who will discuss your claim with you.

2 CareSuper check

Our claims team will then check your eligibility to lodge a claim. This includes ensuring you had insurance cover at the relevant time and that your insurance fees have been paid for that period.

3 Submit the claim

We (or our insurer) will contact you to discuss your claim and send you the relevant forms. Once you and your treating doctor have completed the forms you will also need to provide other information such as:

- Proof of identification: a certified copy of your passport or driver's licence
- Medical reports from your treating doctors explaining your condition
- Any other information you think may assist with your claims such as insurance or compensation reports.

4 Our insurer will assess your claim

Depending on the date you're claiming for, your claim will either be managed by us and assessed by the insurer, or managed and assessed by the insurer. You will be appointed a case manager to assess and manage your claim, including your eligibility to claim under the insurance policy. Each claim is assessed on an individual basis. To fully assess your claim, your case manager may request additional information which they will outline to you. Your case manager will keep you informed of the status of your claim as it progresses.

5 We will notify you of the decision

If your claim is accepted we will request instruction from you on how you would like the benefit paid. If your claim is declined, we will independently review the insurer's decision and advise you of the outcome. In the event you disagree with the outcome, you are able to lodge a complaint as detailed in the claims decision letter.

If you have questions about the claims process, call our team on **1300 090 925**.

QUALIFYING FOR A DEATH BENEFIT

A death benefit will be paid if you hold death insurance with CareSuper on the day you pass away (conditions apply – see 'Other insurance conditions and exclusions' on page 19).

If you become terminally ill (see definition on page 23), you may apply for early release of your insured death benefit.

Your death benefit, which can include your account balance and an insured benefit, can be paid to a dependant such as a spouse, de facto, child (including step-child or adopted), or anyone who is financially dependent on you or in an interdependency relationship with you. See page 22 for the definition of interdependency. Alternatively, your benefit can go to your legal personal representative.

You can nominate who your benefit goes to by making a binding or a non-lapsing binding nomination. A preferred nomination is not binding on CareSuper and will be used as a guide only, with the final decision made by CareSuper.

You can make a binding nomination or non-lapsing binding nomination by completing the **Binding beneficiary nomination** form at caresuper.com.au/forms. CareSuper will confirm in writing if the nomination is accepted.

IF YOU HAVE A TERMINAL ILLNESS OR INJURY

If you've been diagnosed with a terminal illness and are expected to live less than 24 months, you may apply for a full or partial early release of your account balance including a terminal illness benefit provided through any death cover (subject to meeting the insurance policy definition). See page 23 for the definition of terminal illness.

The maximum terminal illness benefit payable is \$3 million, even if you're insured for a larger amount of death cover. If your death cover is higher than \$3 million, you will retain the balance of that cover following payment of a terminal illness benefit, subject to you:

- Remaining a CareSuper member
- Retaining an account balance sufficient to cover your insurance fees,
- Remaining eligible for cover.

You should consider your options prior to making a terminal illness claim for your full benefit and closing your account.



QUALIFYING FOR A TPD BENEFIT

You may qualify for a TPD benefit if you meet our insurer's definition of total and permanent disablement (see definition on pages 23 and 24) while you have TPD insurance (conditions apply – see 'Other insurance conditions and exclusions' on page 19).

If you have submitted a TPD claim and you pass away before the claim is finalised, your TPD claim may continue to be assessed as a posthumous TPD claim. A posthumous TPD claim may result in a TPD benefit being paid to your beneficiaries after your death.

If your death cover is higher than your TPD cover, it will be assessed as a death claim and the death cover will be paid subject to eligibility. Find out more on your eligibility for a TPD benefit on pages 23 and 24.

QUALIFYING FOR AN INCOME PROTECTION BENEFIT

You may qualify for an income protection benefit if you meet the definition of total disability (see definition on page 24) while you have income protection insurance, and have been unable to work for the selected waiting period (30, 60 or 90 days – see definition on page 24). Conditions apply – see 'Other insurance conditions and exclusions' on page 19.

If you qualify for an income protection benefit and payment is permitted under superannuation legislation, it will remain payable for your selected benefit period (up to two or five years – see definition on page 22) from the date payments commence, provided you continue to meet the benefit conditions. Income protection benefits are no longer paid when a terminal illness or TPD benefit is paid to you, or you pass away.

No benefits are payable during the waiting period. After this, benefits will begin to accrue and will be payable monthly in arrears if you meet the requirements.

The waiting period commences on the first day you're unable to work due to your total disability and your condition is certified by a medical practitioner. If you're entitled to a benefit for part of a month, you'll be paid 1/30th of the monthly benefit for each day you're entitled to a payment.

REDUCTION OF INCOME PROTECTION BENEFITS

Your income protection benefit will be reduced by the amount of income you receive from any of the following sources:

- a) Any income or lump sum payment of income, paid or payable to you as a result of your sickness or injury including:
 - Sick leave payments
 - Amounts payable under legislation such as workers' compensation or motor accident compensation
 - Benefits payable under other income protection insurance policies
 - Award or settlement under common law for loss of earnings or loss of earning capacity (whether received as capital or income).
- b) Any super contributions from your employer while disabled
- c) Any income that, in the opinion of our insurer, you could reasonably be expected to earn in your occupation while disabled. Where you're fit to return to work in a reduced capacity but such work isn't available with your existing employer, our insurer will not offset any income you should be able to earn with this employer.

Any amount described in paragraph a) which is in the form of a lump sum (or is exchanged for a lump sum) is treated as a monthly amount equivalent to 1/60th of the lump sum over a period of 60 months.

PARTIAL DISABILITY BENEFIT

If you return to work and are earning an income that, as a result of your

disability, is less than your pre-disability income, you may be eligible for a partial disability benefit (see definition on page 23). You must have satisfied the definition of total disability for at least 14 days and still have a reduced income at the end of the waiting period.

WHAT HAPPENS IF DISABLEMENT REOCCURS

If you recover while receiving income protection benefit payments, your payments cease. If you become totally disabled again (within six months) due to the same cause or a related cause, your previous claim will continue and there will be no further waiting period, provided you're still a member. After six months of ceasing to be either partially or totally disabled, normal waiting periods apply. The period in which benefits were paid previously will form part of the maximum benefit period for the relevant condition.

The maximum period benefits will be paid for the same or a related cause is the maximum benefit period. This is regardless of how often you're disabled due to this cause.

TREATMENT OF INSURANCE CLAIMS PROCEEDS

Insurance claims proceeds (including death, TPD and terminal illness) received from the insurer will be invested in the Cash investment option, pending payment either at your direction or as determined by the Trustee.

IF YOU DIE WHILE RECEIVING A BENEFIT

Your income protection benefits will cease upon your death, with a final payment equal to three times the monthly benefit.

MULTIPLE CLAIMABLE CONDITIONS

If you suffer multiple claimable conditions or have a separate claimable condition arise while on claim, you are only able to claim all the conditions for the maximum benefit period only.

Terms used

The insurance information contained in this **Insurance Guide** is a summary only of significant terms and conditions relating to insurance. There are other terms and conditions (including defined terms) in the insurance policies. The insurance terms and conditions, including eligibility for cover and payment of benefits, are applied in line with the policies and super legislation. If there is any inconsistency between this summary and the policies, the policies will apply.

ACTIVE EMPLOYMENT

You are employed to carry out identifiable duties, are actually performing those duties and, in our insurer's opinion, are not restricted by sickness or injury from carrying out those duties on a full-time (where full-time means 35 hours per week) basis, or the duties of your usual occupation on a full-time basis (even if not then working on a full-time basis).

BENEFIT PERIOD

The maximum time benefits may be paid if you're temporarily unable to work due to illness or injury. You can select a benefit period of 2 or 5 years. Different fees apply depending on the period you choose.

DATE OF DISABLEMENT

The date of disablement must occur while you are insured under the insurance policy and is the later of:

- The date you suffer from the sickness or injury that is the principal cause of your TPD, and
- The date you cease all employment.

If you participate in a rehabilitation program and are incapable of returning to employment within 12 months from the date you stopped working, the date of disablement will be the date that would have applied if you hadn't participated in the rehabilitation program. Note: this definition applies to total and permanent disablement only.

EMPLOYER CONTRIBUTION

Superannuation Guarantee Contribution made by an employer on behalf of an employee or an employer contribution made under a certified or registered industrial authority or award, or a legally enforceable contract.

FIRST ELIGIBLE

The later of the date your employer selects CareSuper to be the default super fund to receive employer contributions, and the date you commence your employment with that employer.

INCOME (for the calculation of income protection benefits)

- The total salary package value of remuneration received by you from your employer averaged over the most recent 12 months immediately prior to becoming disabled (including overtime, commission, bonuses and shift allowances, but excluding employer contributions).
- If you have been working with your employer for a period of less than 12 months immediately prior to becoming disabled, then the total monthly value of remuneration will be averaged over the period since you last commenced employment with your employer.
- If you are unemployed immediately prior to becoming disabled, the total monthly value of remuneration will be averaged over the lesser of the most recent 12-month period immediately prior to becoming disabled or the period since you last commenced employment with your most recent employer.
- If you are self-employed then the pre-tax income that is generated by you or the business as a result of your personal exertion (that is, income that would stop if you could not work due to illness or injury), and:
 - Includes any allowances or fringe benefits paid to you which you may convert into cash salary at your option or which our insurer agrees to treat as part of your income, but
 - Does not include any necessary business expenses incurred in producing that income.

Where you are not employed on a permanent basis for more than 12 months, or are unemployed immediately prior to becoming disabled, a minimum averaging period of 3 months applies.

Where you have multiple employment arrangements, the salaries (which may be either permanent or casual) will be combined to provide a total gross annual figure.

INTERDEPENDENCY

Two persons have an interdependency relationship if they have a close personal relationship, live together, one or each provides the other with financial support, and one or each provides the other with domestic support and personal care.

If one of these criteria isn't met because one person or both suffer from a physical, intellectual, or psychiatric disability, or because they are temporarily living apart, then they can still be considered interdependents.

The following must be considered by CareSuper when determining interdependency between two persons:

- The context of the relationship, including duration of the relationship; whether or not a sexual relationship exists; the level of commitment to a shared life; whether there was shared ownership, use, or acquisition of property; whether the relationship was outside of a usual parent/child relationship in the case of parent/child relationships; whether the relationship was of mere convenience;
- The existence of a statutory declaration signed by one of the people to the effect that the person is, or (in the case of a statutory declaration made after the end of the relationship) was, in an interdependency relationship with the other person.

LIMITED COVER

You are only covered for claims arising from:

- A sickness which first became apparent, or
- An injury which first occurred on or after the date your cover last commenced, recommenced or increased.



ON-TIME EMPLOYER CONTRIBUTION

On-time employer contributions are those made by the following dates:

Quarter	Superannuation contribution due date
1 July – 30 September	28 October
1 October – 31 December	28 January
1 January – 31 March	28 April
1 April – 30 June	28 July

PARTIAL DISABILITY

You are partially disabled if you are not totally disabled but because of sickness or injury you:

- Have been totally disabled for at least 14 consecutive days
- Are unable to work in your occupation at full capacity immediately after you became totally disabled because of the sickness or injury that caused your total disability
- Are working in your own occupation in a reduced capacity, or working in another occupation
- Earn a monthly income that is less than your pre-disability income, and
- Are under the regular care of, and following the advice of, a medical practitioner.

However, if you were totally disabled having met the second part of the total disability definition (see page 24), you will not be considered to be partially disabled if you return to work in your own occupation or an occupation for which you are reasonably qualified by education, training or experience.

TERMINAL ILLNESS

You are able to apply for the early release of your insured death benefit if you suffer from an illness which:

- a) Two medical practitioners, with at least one specialising in your terminal illness, certify in writing that, despite reasonable medical treatment, the illness will lead to your death within 24 months of the date of certification, and

- b) Our insurer is satisfied on medical or other evidence that, despite reasonable medical treatment, the illness will lead to your death within 24 months of the date of certification.

The illness from which you suffer must occur and the date of the certification referred to in a) must take place while you are insured under the policy.

See page 20 for important information about terminal illness benefits.

TOTAL & PERMANENT DISABLEMENT

Where you are or have been employed or self-employed within the 12 months prior to the onset of an injury or illness leading to permanent incapacity, you are totally and permanently disabled if you:

Loss of limbs and/or sight

Have suffered:

- The permanent loss of two or more limbs – a limb being the whole hand or foot, or
- The complete and irrecoverable loss of sight in both eyes, or
- The loss of one limb and the complete and irrecoverable loss of sight in one eye.

And

- In our insurer's opinion, on the basis of satisfactory medical and other evidence, you are unlikely to be able to engage in any occupation whether or not for reward.

Or

Unable/unlikely to do a suited occupation ever again

- Are aged less than 65 years and, as a result of sickness or injury, have been absent from all employment for 3 consecutive months from the date of disablement and our insurer is satisfied on the basis of medical and other evidence you are unlikely ever to be able to engage in any occupation, whether or not for reward.

Or

Suffering a specifically defined medical condition and permanently unable to work because of it

- All of the following paragraphs (i – iv) apply:
 - i. You were, on the date of disablement, aged less than 65 years
 - ii. You are absent from all work as a result of suffering 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 or severe rheumatoid arthritis (specific definitions apply)
 - iii. Our insurer is satisfied that on the basis of medical and other evidence you are unlikely ever to be able to engage in any occupation, whether or not for reward
 - iv. You are likely to be so disabled for life.

Where you have been unemployed for a continuous period of 12 months before the onset of total disability leading to the permanent incapacity, you are totally and permanently disabled if you:

Loss of limbs and/or sight

Have suffered:

- The permanent loss of two or more limbs – a limb being the whole hand or foot, or
- The complete and irrecoverable loss of sight in both eyes, or
- The loss of one limb and the complete and irrecoverable loss of sight in one eye.

And

- In our insurer's opinion, on the basis of satisfactory medical and other evidence, you are unlikely to be able to engage in any occupation whether or not for reward.

Or

Terms used (continued)

Unable/unlikely to look after yourself ever again

- You have in the opinion of our insurer, after consideration of medical and/or other evidence, become permanently incapacitated to such an extent as to prevent you from engaging in any occupation, whether or not for reward.

And

- Our insurer is satisfied that you have become so disabled by bodily injury or illness that you will never 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 wash 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 the mouth without assistance.

And

- In our insurer's opinion, on the basis of medical and other evidence satisfactory to our insurer, you are unlikely to be able to engage in any occupation whether or not for reward.

Where you perform full-time unpaid domestic duties, you are totally and permanently disabled if you:

Loss of limbs and/or sight

Have suffered:

- The permanent loss of two or more limbs – a limb being the whole hand or foot, or
- The complete and irrecoverable loss of sight in both eyes, or
- The loss of one limb and the complete and irrecoverable loss of sight in one eye.

And

- In our insurer's opinion, on the basis of satisfactory medical and other evidence, you are unlikely to be able to engage in any occupation whether or not for reward.

Or

Unable/unlikely to do domestic duties

- Have been unable to perform your unpaid domestic duties for 3 consecutive months and in the opinion of our insurer, after consideration of medical and/or other evidence, are incapacitated to such an extent that it is unlikely that you will again be able to engage in your unpaid domestic duties, or in any occupation, whether or not for reward.

And

- Are so incapacitated that you are unable to leave your place of residence without the assistance of another person.

Where:

'Assistance' means the help of another person.

'Occupation' means an occupation or gainful employment on a full-time or part-time basis for which you are reasonably qualified by education, training or experience.

TOTAL DISABILITY/DISABLEMENT (INCOME PROTECTION)

You are totally disabled if you:

- Have ceased to be gainfully employed because of sickness or injury and are unable to perform at least one income producing duty of your own occupation, and
- Are under the regular care of and following the advice of a medical practitioner, and
- Are not working in any occupation, whether or not for reward.

Or, if the paragraph above does not apply, you are totally disabled if you:

- Have a sickness or injury and (on the basis of medical or other evidence) in our insurer's opinion you are permanently incapacitated because of that sickness or injury, and

- Are under the regular care of and following the advice of a medical practitioner, and
- Are not working in any occupation, whether or not for reward.

'Permanently incapacitated' means you are unlikely to engage in any occupation for which you are reasonably qualified by education, training or experience.

TOTAL INCOME (FOR DETERMINING YOUR OCCUPATIONAL CATEGORY AND MAXIMUM COVER UNDER THE NEW MEMBER OPTIONS)

The total salary package value of remuneration received from your employer averaged over the most recent 12 months (including overtime, commission, bonuses and shift allowances, but excluding employer contributions).

If you have been working with your employer for a period of less than 12 months, the total value of remuneration received since you last commenced employment with your employer should be converted up to an annual figure.

If you are self-employed, the total annual value of pre-tax income that is generated by you or the business as a result of your personal exertion (that is, income that would stop if you could not work due to illness or injury), and:

- Includes any allowances or fringe benefits paid to you which you may convert into cash salary at your option or which our insurer agrees to treat as part of your income, but
- Does not include any necessary business expenses incurred in producing that income.

Where you have multiple employment arrangements, the salaries (which may be either permanent or casual) will be combined to provide a total gross annual figure.

WAITING PERIOD

The minimum amount of time you must wait before you'll start receiving an income protection benefit period. You can select a waiting period of 30, 60 or 90 days. Different fees apply depending on the period you choose.

Keeping in touch is easy



CALL

Call **1300 360 149** for easy access to your CareSuper account information. You can talk to one of our friendly staff 8am–8pm Monday to Friday AET.



VISIT

Visit caresuper.com.au to access the latest news and information, check out how CareSuper is performing and download publications and forms.



LOG IN

Manage your super through MemberOnline. Simply log in to view your account balance or change your details, investment options or insurance cover.

Log in or register at caresuper.com.au/login.



CONTACT

You can send any questions or concerns through to caresuper.com.au/getintouch.



WRITE TO

CareSuper
Locked Bag 20019
Melbourne VIC 3001



REQUEST ADVICE

Visit caresuper.com.au/advice to request a call from a financial planner.



MAKE SURE WE CAN FIND YOU TOO!

If you have changed your postal or email address, or if you are about to, don't forget to let us know. This way, you'll be sure to receive your important superannuation statements and other valuable information.

Call **1300 360 149** or log in to MemberOnline via caresuper.com.au/login to advise your new details.

ABOUT OUR INSURER

Insurance cover for CareSuper members is provided by our insurer, MetLife Insurance Limited (MetLife) ABN 75 004 274 882, AFSL 238 096.

MetLife is committed to delivering exceptional service and providing a member-friendly claims experience.

With 145 years of experience, MetLife has become a global leader in the delivery of insurance solutions.

MetLife is one of the largest group insurers in Australia and currently helps protect 2.7 million Australians through a range of innovative insurance solutions.





1300 360 149



caresuper.com.au/getintouch



CareSuper Locked Bag 20019 Melbourne VIC 3001

CARE Super Pty Ltd (Trustee)
ABN 91 006 670 060
AFSL 235226
CARE Super (Fund)
ABN 98 172 275 725

Dated 15 October 2020