

Insurance guide (Category D)

1 April 2026

Issued by CareSuper Pty Ltd (Trustee)
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This *Insurance guide (Category D)* is for members who:

- held insurance with Meat Industry Employee's Superannuation Fund (MIESF) on 30 September 2025 and transferred to CareSuper on 1 October 2025 or
- currently have Category D insurance
- may be eligible for Category D cover because you work for an approved Category D employer. This includes:
 - Australian-based meat industry businesses
 - approved employers who we determined used MIESF as their default fund on 30 September 2025

The information in this guide forms part of the *Member PDS* for CareSuper dated 1 April 2026.

Issuer is CareSuper Pty Ltd ABN 14 008 650 628, AFSL 238718, the trustee of CareSuper ABN 74 559 365 913. Any reference to 'the trustee', 'we' or 'us' in this guide means CareSuper Pty Ltd. 'Fund' or 'CareSuper' means the super fund known as CareSuper. References to 'the insurer' and 'our insurer' mean MetLife Insurance Limited (ABN 75 004 274 882, AFSL 238096). References to 'MIESF' means the former super fund known as Meat Industry Employee's Superannuation Fund (ABN 58 005 793 199, AFSL 239953).

This guide contains important information about insurance with CareSuper. The insurance policy contains the full terms and conditions, and copies of the policy are available on request. A reference to the guide means the *Member PDS* and this *Insurance guide (Category D)* collectively.

This guide contains general information only and doesn't take into account your objectives, financial situation or needs. Before making a decision about CareSuper, you should consider if this information is right for you. You may also wish to consult a licensed financial adviser. Consider the PDS and TMD at caresuper.com.au/pds. Any advice provided in this guide is provided by CareSuper Advice Pty Ltd ABN 78 102 167 877, AFSL 284443. A copy of the *Financial services guide* for CareSuper is available at caresuper.com.au/fsg.

The rights of members are ultimately governed by the trust deed governing CareSuper and any underlying insurance policies securing death and disablement benefits. While the trustee has taken all due care in preparation of this *Insurance guide (Category D)*, it reserves its right to correct any errors and omissions. If there's any inconsistency between the trust deed or insurance policy and this *Insurance guide (Category D)*, the trust deed and insurance policy, as applicable, will prevail.

All information, rates and/or fees are current at the time of production and are subject to change. Changes to government legislation and super rules made after this time may affect the accuracy of the information provided. The information in this guide and the information in our *Member PDS* may change between the time you read it and the day you acquire the product. We may make non-materially adverse changes to this information at any time on our website. Updated information is available free of charge at caresuper.com.au or by calling us on **1800 005 166**. We recommend you regularly check our website for updated information about this product.

A paper or electronic copy of this guide, or any of the other important information that forms part of our *Member PDS*, is available free of charge on request by calling us on **1800 005 166**.

Call 1800 005 166 | Email info@caresuper.com.au | Visit caresuper.com.au

Write to GPO Box 1547, Hobart TAS 7001

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About Category D insurance

About this guide

This guide outlines your insurance options for Category D cover with CareSuper and explains the conditions, limitations and exclusions which may apply.

You should read this guide if you:

- held insurance with MIESF on 30 September 2025 and transferred to CareSuper on 1 October 2025
- currently have Category D insurance
- may be eligible for Category D cover because you work for an approved Category D employer. This includes:
 - Australian-based meat industry businesses
 - approved employers who we determined used MIESF as their default fund on 30 September 2025

If you're not eligible for Category D cover, you may be able get cover under alternative insurance arrangements. For more information read our *Insurance guide* available at caresuper.com.au/pds or call us on **1800 005 166** for a copy.

Benefits of cover through your super

Our insurance is an affordable way to protect you and your family.

The benefits of Category D insurance include:

- a dangerous occupation exception applies, meaning cover automatically starts when we receive an SG contribution for you from a Category D employer (see page 6). You don't have to wait to meet age and account balance requirements
- discounted group rates, meaning you may pay less than you would if you personally applied for cover
- insurance fees (premiums and stamp duty) are paid out of your CareSuper account rather than from your pocket
- a tax deduction for the insurance premium that we pass straight back to you through reduced insurance fee deductions from your account
- cover is 24 hours a day, not just when you're at work
- you can apply to reduce your cover by 50%, reinstate your previously reduced cover back to 100% or cancel your insurance at any time

About our insurer

We undertake regular reviews of insurance offered by the market and, as a result of this process, appoint an insurer to provide cover for our members.

Our insurance is provided by MetLife Insurance Limited (ABN 75 004 274 882, AFSL 238096) ('MetLife').

MetLife has been a specialist provider of life insurance products in Australia since 2005 and insures millions of Australians.



If you need advice

We're here to help you make the most of your super. You can access general information, education, and personal advice about your CareSuper account at no extra cost.

If you need advice on your entire financial situation or have more complex needs, we can assist with that too. There might be an additional cost, but we'll explain any fees upfront, and you'll only pay for the services you agree to.

For more details, visit caresuper.com.au/advice.

Category D cover

We automatically provide Category D cover, also known as Default D cover, if you meet the eligibility conditions when we receive a Super Guarantee (SG) contribution from a Category D employer, without the need for you to provide any health information. Find out more on page 6.

Category D cover is age-based cover and is designed to provide a minimum level of cover which changes as you get older. The amount of Category D cover you get depends on your age.

For information on cover amounts and costs, go page 8.

You can check what cover you have in Member Online and in the CareSuper app.

Types of cover we provide

Death cover (including terminal illness)

- provides your dependants, nominated beneficiaries or your estate with a lump sum benefit if you pass away
- is available from age 15 to 69 and ends when you turn age 70
- the maximum amount of cover you can get depends on the cover applicable for your age
- if you're diagnosed with a terminal illness before turning age 70 that's likely to result in your death within 24 months, you may be eligible to receive your Death cover benefit sooner. See page 18 for the definition of terminal illness

Total and permanent disablement (TPD) cover

- provides a lump sum benefit if you become totally and permanently disabled and are unlikely ever to return to work due to an illness or injury. For details on how a TPD claim is assessed, go to page 15
- is available from age 15 to 64 and ends when you turn age 65
- the maximum amount of TPD cover you can get depends on the cover applicable for your age

The amount payable for any insured Death, terminal illness or TPD benefit will depend on the cover you have at the date of death, terminal illness certification or disablement, as applicable.

If you receive a TPD benefit, your TPD cover ends. Your Death cover may continue but will be reduced by the amount of the TPD benefit paid, for as long as the Death cover continues. You'll need to keep your CareSuper account open and continue to pay for this cover. If the TPD benefit paid is equal to the Death cover amount applicable for your age, your Death cover will end.

You can cancel your cover at any time. See the Cancelling your cover section on page 10 for details.

Limitations and exclusions may apply to your cover. Go to page 13 for more information

Eligibility for Category D cover

To be eligible for Category D cover, you must meet all of the following conditions:

- you're a member of CareSuper
- you're aged 15 or over and under 70 years old
- at least one SG contribution must have been received from an eligible Category D employer

- you haven't previously asked to cancel your cover in your account
- you haven't been diagnosed with a terminal illness any time before your cover starts
- you're considered by us to be in a dangerous occupation (covered by our dangerous occupation exception – see page 7) or you've elected to have cover

Category D employers

Category D employers are:

- approved Australian-based employers who operate their businesses in the meat industry and
- employers who we determined used MIESF as a default fund at 30 September 2025

You can contact us to see if your employer is classed as a Category D employer.

You should contact us on **1800 005 166** if you have any questions about your eligibility.

If you're not eligible for Category D cover, you may be able to get cover under alternative insurance arrangements. Read our *Insurance guide* for more information, available at caresuper.com.au/pds.



You should let us know if:

- you've been diagnosed with a terminal illness that's likely to result in your death at any time before cover starts

OR

- if you've previously received or been eligible for a terminal illness or total and permanent disability benefit from any insurer or super fund

Otherwise, you may pay for cover you aren't able to claim on.

We'll assume these circumstances aren't relevant to you, if you don't tell us otherwise.

When does Category D cover start

Category D cover will automatically start for eligible members on the date we receive a SG contribution from a Category D employer. See Eligibility for Category D cover on page 6 for details.

Once you have Category D cover, it will continue until you cancel your cover, or it ends for another reason. Find out more about when cover ends on page 12.

If you don't want your cover, you can cancel your cover at any time, however you won't be eligible for Default cover in the future. See page 10 for more information.

Dangerous occupation exception

We've elected to apply a dangerous occupation exception to Category D cover.

This allows us to provide automatic cover to members who we consider work in a dangerous occupation, even if they're under age 25 or have less than \$6,000 in their account, provided eligibility and cover commencement conditions are met.

We consider you're likely to be working in a dangerous occupation if you're employed by a Category D employer (see page 6).

If you tell us that you don't work in a dangerous occupation and you're under age 25 or your account balance is below \$6,000, we're required to cancel your insurance cover unless you elect to keep your cover. You can do this through Member Online or by completing a *Keep your cover* form available at caresuper.com.au/forms.

Limited cover

Limited cover conditions may apply to your cover. This means you won't be covered for any illnesses or injuries you already have before your cover starts.

Limited cover normally applies for at least 30 consecutive days after cover starts or restarts. Limited cover conditions may apply for a longer period in some circumstances.

For more details on limited cover and other limitations and exclusions that may apply, see page 13.

Amount and cost of Category D cover

There are costs associated with insurance. The amount you pay depends on the type of cover you hold and your age. Insurance fees generally increase each year as you get older.

In the following table you'll see both a **gross fee** and a **net fee**.

- The **gross fee** includes the insurance premium payable to the insurer (includes stamp duty) plus an insurance administration fee of 4.2% of the premium which is payable to CareSuper.
- The **net fee** is what is deducted from your account. This is less than the gross fee, as we pass on the benefit of a tax deduction of 15% of your insurance premiums.

You should refer to the net fee column when working out what your cover will cost.

Insurance fees are calculated daily and deducted from your account at the end of each month in arrears. There may be differences in the insurance fees calculated using the rates in the table above and what you're charged due to rounding.

The following table shows the Category D cover amounts you could receive and how much it may cost, depending on your age.

Table 1 - Default D Death and TPD cover amounts and annual insurance fees

| Age | Death cover amount \$ | TPD cover amount \$ | Gross fee \$ | Net fee \$ |
|-----|-----------------------|---------------------|--------------|------------|
| 15 | 200,000 | 150,000 | 252.25 | 215.90 |
| 16 | 200,000 | 150,000 | 252.25 | 215.90 |
| 17 | 200,000 | 150,000 | 252.25 | 215.90 |
| 18 | 200,000 | 150,000 | 252.45 | 216.10 |
| 19 | 200,000 | 150,000 | 252.45 | 216.10 |
| 20 | 200,000 | 150,000 | 252.45 | 216.10 |
| 21 | 200,000 | 150,000 | 252.45 | 216.10 |
| 22 | 200,000 | 150,000 | 252.45 | 216.10 |
| 23 | 200,000 | 150,000 | 260.65 | 223.30 |
| 24 | 200,000 | 150,000 | 274.15 | 234.85 |
| 25 | 200,000 | 150,000 | 282.55 | 241.85 |
| 26 | 200,000 | 150,000 | 288.75 | 247.25 |
| 27 | 200,000 | 150,000 | 307.95 | 263.50 |
| 28 | 200,000 | 150,000 | 328.50 | 281.30 |
| 29 | 200,000 | 150,000 | 351.40 | 300.85 |
| 30 | 200,000 | 100,000 | 317.30 | 271.60 |
| 31 | 200,000 | 100,000 | 333.50 | 285.60 |
| 32 | 200,000 | 100,000 | 358.90 | 307.10 |
| 33 | 200,000 | 100,000 | 393.40 | 336.80 |
| 34 | 200,000 | 100,000 | 417.00 | 356.90 |
| 35 | 200,000 | 50,000 | 336.10 | 287.70 |
| 36 | 200,000 | 50,000 | 359.50 | 307.80 |
| 37 | 200,000 | 50,000 | 389.95 | 333.75 |
| 38 | 200,000 | 50,000 | 424.55 | 363.40 |
| 39 | 200,000 | 50,000 | 467.35 | 400.00 |
| 40 | 200,000 | 35,000 | 436.93 | 374.15 |
| 41 | 200,000 | 35,000 | 470.95 | 403.19 |
| 42 | 200,000 | 35,000 | 507.08 | 434.12 |
| 43 | 200,000 | 35,000 | 544.57 | 466.33 |
| 44 | 200,000 | 35,000 | 589.19 | 504.47 |

| Age | Death cover amount \$ | TPD cover amount \$ | Gross fee \$ | Net fee \$ |
|-----|-----------------------|---------------------|--------------|------------|
| 45 | 200,000 | 20,000 | 521.42 | 446.40 |
| 46 | 200,000 | 20,000 | 559.24 | 478.62 |
| 47 | 200,000 | 20,000 | 603.02 | 516.28 |
| 48 | 200,000 | 20,000 | 664.88 | 569.34 |
| 49 | 200,000 | 20,000 | 726.52 | 621.96 |
| 50 | 200,000 | 10,000 | 652.92 | 558.97 |
| 51 | 200,000 | 10,000 | 686.33 | 587.47 |
| 52 | 200,000 | 10,000 | 737.20 | 631.20 |
| 53 | 200,000 | 10,000 | 802.43 | 687.03 |
| 54 | 200,000 | 10,000 | 847.63 | 725.62 |
| 55 | 100,000 | 5,000 | 453.23 | 387.99 |
| 56 | 100,000 | 5,000 | 495.07 | 423.77 |
| 57 | 100,000 | 5,000 | 531.65 | 455.09 |
| 58 | 100,000 | 5,000 | 600.78 | 514.35 |
| 59 | 100,000 | 5,000 | 654.05 | 559.85 |
| 60 | 100,000 | 2,500 | 638.47 | 546.53 |
| 61 | 100,000 | 2,500 | 724.97 | 620.65 |
| 62 | 100,000 | 2,500 | 817.58 | 699.89 |
| 63 | 100,000 | 2,500 | 921.87 | 789.20 |
| 64 | 100,000 | 2,500 | 1043.73 | 893.52 |
| 65 | 35,000 | 0 | 335.69 | 287.35 |
| 66 | 35,000 | 0 | 384.86 | 329.46 |
| 67 | 35,000 | 0 | 444.99 | 380.94 |
| 68 | 35,000 | 0 | 514.40 | 440.37 |
| 69 | 35,000 | 0 | 592.48 | 507.19 |



Check your cover

You can check how much cover you have and how much it costs in Member Online and in the CareSuper app.

Example: Priya has Death and TPD cover

Priya is 35 and has **\$200,000** of Death cover and **\$50,000** of TPD cover.

Priya's annual net insurance fees will be **\$287.70** for this cover.

Changing and cancelling your cover

Category D cover is designed to provide financial assistance to you or your dependants in the event of your permanent disablement, terminal illness or death. The amount of cover depends on your age and changes as you get older, as set out in Table 1 on page 8.

You can:

- cancel your cover
- reduce your cover to 50% of the cover amounts shown in Table 1
- if you've previously reduced your cover, you can reinstate the amount applicable for your age as shown in Table 1

These options are explained in the following sections.

There's no fee to cancel or reduce your cover, however insurance fees are payable up to the date we receive your request to cancel your cover. This means that a final insurance fee may be deducted from your account after we cancel your cover.

We can provide information to help you to decide whether you should cancel or reduce your cover. See the *If you need advice* section on page 4 for details.

Cancelling your cover

You can cancel your Category D cover at any time:

- by calling us on **1800 005 166**
- by completing the *Change your cover* form available at caresuper.com.au/forms

When you cancel your cover:

- you must cancel all your cover, you can't opt out of one type of cover
- you'll no longer be eligible for Default cover with CareSuper
- you won't be able to claim for insurance benefits for events or conditions that arise after your cover has been cancelled
- we'll no longer deduct insurance fees from your account, once your final insurance fees have been deducted
- if you're replacing your cover, you shouldn't cancel your existing cover until the replacement cover is in place

If you cancel your cover within 30 days of it starting, we'll refund any insurance fees you've paid, and it will be considered to have never started. Insurance fees aren't refunded when you cancel your cover after 30 days from the date it started.

Reducing your cover

You can reduce your cover to 50% of the cover amounts shown in Table 1 on page 8. Both Death and TPD cover will be reduced, you can't elect to reduce one type of cover.

If you choose to reduce your cover amounts, the cost of your cover will also reduce by 50% of the insurance fees in Table 1.

You can apply to reduce your Death and TPD cover by completing the *Change your cover* form available at caresuper.com.au/forms.

Example: Adam applies to reduce his cover to 50%

Adam is 24 and has **\$200,000** of Death cover and **\$150,000** of TPD cover.

Adam currently pays annual net insurance fees of **\$234.85** for this cover.

If he reduces his cover by 50%, his cover and net annual insurance fees will be halved as follows:

- New Death cover amount = **\$100,000**
- New TPD cover amount = **\$75,000**
- New annual net insurance fee = **\$117.42**

Reinstating your reduced cover back to 100%

If you've previously applied to reduce your cover, you can increase it back to 100% of the amounts applicable for your age in Table 1 on page 8, at any time.

You can apply to reinstate your Death and TPD cover by completing the *Change your cover* form available at caresuper.com.au/forms.

The increased portion of cover that is reinstated will be limited cover for at least two years from the date cover is reinstated. This means the increased portion will not be paid if the illness or injury is a pre-existing condition. See page 13 for more information on limited cover.

Example: At age 30, Adam applies to reinstate his cover back to 100%

Using the cover and cost information from Table 1, his cover and net annual insurance fees will be increased as follows:

- New Death cover amount = **\$200,000**
- New TPD cover amount = **\$100,000**
- New annual net insurance fees = **\$271.60**

Cover ending and restarting

When does cover end?

Category D cover will end on the earliest of:

- the date you cease to be a member with us
- the date you notify us that you wish to cancel your cover
- the date that you reach the age that cover expires:
 - Death cover ends at age 70
 - TPD cover ends at age 65
- the date that a terminal illness or TPD benefit¹ becomes payable to you under the insurance policy
- the last day of the month when your insurance fees were paid, if your CareSuper account is not sufficient to cover the next month's fees
- the date your account is inactive for a continuous period of 16 months, and you haven't elected to keep your cover (see below)
- the date you're no longer deemed by us to be employed in a dangerous occupation, unless you've elected to keep your cover (see below)
- the day you die

Voluntary cancellation of cover

If you choose to cancel your Death and TPD cover, you'll no longer be eligible for Default cover.

If you want to get cover again in the future, you can make an application for cover through our alternative insurance arrangements. Read our *Insurance guide* for more information, available at caresuper.com.au/pds.

Involuntary cancellation of cover

Your Category D cover may be cancelled automatically if:

- you don't have enough money in your account to pay your insurance fees
- your account is inactive for 16 months and you haven't elected to keep your cover

Your cover may restart again in the future when you meet eligibility requirements.

When can cover restart?

If your cover was cancelled involuntarily and you're aged 15 or over and under 70 years old, Category D cover restarts on the date we receive a SG contribution from your Category D employer (see page 6).

You won't be covered for any gap in cover between the date your cover is cancelled and the date it restarts.

The amount of cover you receive will be the amount of cover applicable for your age on the date your cover restarts (see Table 1 on page 8), multiplied by the cover level percentage that applied when your cover previously ended.

Limitations and restrictions for cover restarting

Your cover will be limited cover for at least 30 days. This means a benefit will not be paid if the illness or injury is a pre-existing condition. See page 13 for more information on limited cover.

Keep your cover

You can tell us that you want to keep your cover even if your account becomes inactive or you're no longer working in a dangerous occupation in the following ways:

- through Member Online or the CareSuper app
- by completing the *Keep my cover* form available at caresuper.com.au/forms

You can also make your account active again by making a contribution or transferring super into your account.

When deciding whether to keep your cover consider the associated costs and their impact on your super savings, your personal situation including your needs, any other insurance cover you may hold and, if you have no other cover, whether you'll be able to obtain cover readily in the future.

¹ If Death cover is greater than TPD cover, the Death cover will continue but will be reduced by the amount of the TPD benefit paid for as long as the Death cover continues.

Limitations and exclusions

You need to be aware of the following limitations and exclusions which may affect your cover.

Limited cover

Limited cover conditions may apply to your cover.

What's limited cover?

Limited cover means you're not covered for pre-existing injuries or illnesses.

When limited cover conditions apply, we won't pay a benefit for any injuries or illnesses you have before your cover starts, restarts or increases unless:

- you weren't aware of the injury or illness, and
- a reasonable person in the circumstance couldn't be expected to have been aware of the injury or illness on the date your cover started, restarted or increased.

How long does limited cover apply for?

Limited cover normally applies for at least 30 consecutive days after cover starts or restarts or increases. Limited cover conditions may apply for a longer period in some circumstances.

Your Category D cover will be limited cover until you've been in active employment for 30 consecutive days if:

- your cover starts within 90 days of you commencing work with your employer, or
- a SG contribution is received in the 90 days before your cover started

and within the six-month period before your cover started, you weren't:

- diagnosed with or experiencing symptoms of, seeking a medical opinion, under investigation or advised to undergo investigation for a degenerative condition (see page 18), or
- absent from work or on restricted duties or hours for more than seven consecutive days due to injury or illness

If you don't meet these conditions, your Default cover is limited cover for at least 24 months.

If you're not in active employment for the final 30 consecutive days before the 24-month period ends, the limited cover provisions continue to apply until you've been in active employment for 30 consecutive days.

If you previously reduced your cover to 50% and you apply to increase it back to 100%, the increased portion of your cover is limited cover for at least two years. If you're not in active employment for the final 30 consecutive days before the two-year period ends, the limited cover conditions continue to apply until you've been in active employment for 30 consecutive days.

What's active employment?

You're normally considered to be in active employment if you're:

- employed to carry out identifiable duties and not absent from work or on leave due to illness or injury
- not receiving or entitled to receive income support benefits of any kind
- capable of performing the duties of your job for 35 hours a week, even if you don't work 35 hours each week

See page 17 for the full definition of active employment.

Exclusions

The following exclusions apply to your Death, terminal illness and TPD cover.

Previous claim for a total and permanent disablement type benefit

We won't pay a TPD benefit if a claim arises directly or indirectly from an illness or injury that you've claimed or been eligible to claim for a total and permanent disablement type benefit or terminal illness type benefit from another superannuation fund or insurance policy prior to receiving Category D TPD cover.

War exclusion or any event the insurer places an individual exclusion on

We won't pay a benefit if a member's death, terminal illness or TPD is caused directly or indirectly by:

- a member's service in the armed forces of any national or international organisation other than the Australian Armed Forces Reserve (including active service and training exercises within national or international armed reserve units) **or**
- war or acts of war (whether declared or not) **or**
- any event in respect of which the insurer has placed an individual exclusion on the cover.

Suicide exclusion

Any Death and terminal illness benefit is restricted to 50% of the cover that the member has, and **no** TPD benefit is payable where:

- the death, terminal illness or TPD is a result of attempted suicide or any intentional self-inflicted act, whether sane or not sane at the time, **or**
- where the death, terminal illness or TPD of a member is caused by any of the following acts, whether sane or not sane at the time, and whether intentional or not intentional:
 - hanging, strangulation or asphyxiation
 - carbon-monoxide poisoning
 - self-fired firearm, or
 - taking or injecting any illegal substances, any drugs or medicines that are not

prescribed by a medical practitioner or any drugs or medicines in a dosage which is contrary to the advice prescribed by a medical practitioner

Sanctions

No benefit will be payable where the payment would expose us, our insurer, or a member to any sanction, prohibition or restriction including those issued and/or enforced by Australia, the United States Department of Treasury's Office of Foreign Assets Control (OFAC), the United Nations (UN), the European Union (EU), or the United Kingdom (UK).

Unpaid leave and parental leave

Your Death, terminal illness and TPD cover may continue if you go on employer-approved leave without pay (parental and other leave), provided insurance fees continue to be paid.

When you're on approved leave without pay for up to 16 months, the TPD definition that applies to a TPD claim whilst on the approved leave will be the TPD definition that would have applied to your employment status at the time of going on leave. The TPD Definition B will apply if the approved leave is longer than 16 months.

See How is a TPD claim assessed under the TPD definition on page 18 for more information.

Cover held by ex-MIESF members who transferred to CareSuper

If you transferred from MIESF to CareSuper on 1 October 2025, your cover will be subject to the same limitations and exclusions that applied to your cover before 1 October 2025.

How to make a claim

If you need to make an insurance claim, we understand it can be a difficult and stressful time for you and your loved ones. We'll aim to make the claims process as quick, straightforward and fair as possible.

The claim process

Our dedicated insurance specialists are here to support you and your beneficiaries every step of the way, providing professional and patient assistance throughout the claims process.

If you need to make a claim or think you might need to, please notify us as soon as possible after the event occurs.

Here's what to expect

- 1 Call us on **1800 005 166** to get started
- 2 Submit your claim by either:
 - **Completing claim forms:** you can get these by calling us
 - **Calling us on 1800 005 166:** we'll help you lodge your claim with our insurer over the phone
- 3 We'll assign a case manager to support you through the claims process
- 4 Our insurer will assess your claim
- 5 We'll notify you of the decision and final steps

In the event of your death, your beneficiaries or the executor of your estate should contact us to confirm what's required.

To help us process your claim quickly and make sure any benefits can be paid, please be ready to:

- provide proof of identity
- complete any relevant claim forms and provide supporting evidence of the claims
- provide medical or other evidence required (this will be at your expense)
- undergo any medical or other examination which is reasonably required
- comply with any reasonable medical treatment or rehabilitation program

How long does a claim take to assess?

Early advice of a claim or prospective claim can enable the earlier assessment and improve chances of rehabilitation.

The time taken to assess a Death or TPD claim varies on a case-by-case basis and in some circumstances, may take an extended period of time.

The fact that you've qualified for a workers compensation settlement or a Centrelink disability pension doesn't automatically mean you are eligible for a TPD benefit.

How is a TPD claim assessed under the TPD definition?

The TPD definition has two parts:

- **Definition A** – Unlikely to work in a suitable occupation ever again
- **Definition B** – Unable to do basic activities associated with work ever again due to a physical disorder or psychiatric disorder

The definition that your claim will be assessed under depends on your age and employment status at your date of disablement. See page 18 for the TPD definition.

- If you've been employed or self-employed at any time in the 16 months before the onset of total disability leading to the permanent incapacity, you can satisfy either Definition A or Definition B of the TPD definition.
- If you've not been employed or self-employed any time in the 16 months before your date of disablement, you'll need to satisfy Definition B of the TPD definition.

Date of disablement

In summary, your date of disablement is the later of:

- the date you suffer from the illness or injury that is the principal cause of your TPD, and
- the date you cease all work (whether or not for reward) due to illness or injury.

See page 17 for the full definition of date of disablement.

How is my Death and/or TPD benefit paid in the event of a claim?

If you die, suffer from a terminal illness, or become totally and permanently disabled, and you're entitled to cover for the specified event, any proceeds received from the insurer on your behalf will be credited to your CareSuper account.

Your benefit will be the balance of your CareSuper account, which includes any lump-sum insurance proceeds received.

Important information

Frequently asked questions

How do I pay for my cover?

Your insurance fees are deducted from your CareSuper account.

Can I claim a tax deduction for the cost of cover?

You can't claim a tax deduction for insurance fees paid from your CareSuper account.

We claim a 15% tax deduction for the cost of providing insurance, which we pass straight back to you through reduced insurance fee deductions from your account.

Any tax-related enquiries should be directed to your tax adviser.

What happens if I travel or move overseas?

Once your cover starts, you're covered anywhere in the world, 24 hours a day, regardless of your residential status.

If you make a claim, you may be required to return to Australia for assessment. This will be at your expense.

Any payments made under the insurance policy and in Australian currency.

Am I covered if I take leave without pay or parental leave?

If you have Category D cover and you take leave without pay or parental leave, your cover will generally continue unless it ceases for some other reason.

There's no time limit on absence from work for Death and TPD cover as long as your cover hasn't ended, but your claim will be assessed under the more restrictive TPD Definition B if your approved leave is longer than 16 months.

Privacy – Use and disclosure of personal information

Your privacy as a member of CareSuper

We collect, hold and use your personal information primarily to manage your CareSuper account. This includes administering transactions and calculating, managing and paying your benefits, as well as informing and educating you about your super. Without your personal information, we may not be able to deliver these services.

Your personal and sensitive information will only be disclosed to CareSuper staff as required, MetLife, our legal or other professional advisors if reasonably necessary and where required to by law.

For important information about how we collect, hold and use your personal information and exercising your rights in relation to that information (including accessing or correcting it, or making a complaint) you should refer to our *Privacy policy* which is available at caresuper.com.au/privacy or by contacting us.

Your privacy with MetLife

You may be asked to provide personal information to MetLife, so that MetLife can provide you with the products and services you have requested. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services.

MetLife complies with the *Privacy Act 1988* and the principles laid out in its *Privacy Policy* which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how MetLife manages that information and MetLife's

complaints process. MetLife's *Privacy Policy* is readily available and can be viewed at metlife.com.au/privacy.

Feedback and complaints

We hope you'll never have a reason to complain. However, if you do, you can refer to our *Complaints handling policy* for more information. This is available at caresuper.com.au/complaints or call us on **1800 005 166** and we'll send you a copy.

Insurance terms explained

This section contains definitions for some of the terms used throughout this guide and in the insurance policies.

Any words shown in **blue** in these definitions are also shown in this section.

Other definitions are contained in the insurance policies and will be applied by our insurer, where relevant.

Contact us if you need more information.

Active employment

means you:

- a are **Employed** to carry out identifiable duties and not absent from work or on leave, due to **injury** or **illness**
- b in our insurer's opinion, are not restricted by **injury** or **illness** from being capable of working and performing those duties for 35 hours per week (even if you are not actually working 35 hours per week), and
- c are not entitled to or receiving income support benefits of any kind.

A person who is employed to carry out identifiable duties but is not actively performing those duties at the time cover commences, recommences or increases will be in Active employment if, in our insurer's opinion, the person is not restricted by **illness** or **injury** from carrying out those duties for 35 hours per week (even if they are not actually working 35 hours per week).

Assessment date

means the date our insurer makes a determination on a claim.

Basic work activities

means any of the following six (6) activities:

1 Mobility (walking or bending)

- walk, with or without a walking aid (such as a walking stick, crutches or walking frames), more than 200m on a level surface without stopping; or
- bend, kneel or squat to pick something up from the floor from standing position and straighten up again.

2 Vision (reading)

- Read, with visual aids, to the extent that an ophthalmologist can certify that:
 - visual acuity is equal to, or better than, 6/48 in both eyes; or
 - constriction is within, or greater than, 20 degrees of fixation in the eye with the better vision.

3 Lifting

- Using one or both hands to hold an object weighing at least 5kg above their own waist height continuously for 60 seconds.

4 Manual dexterity

- With at least one hand, without the use of aids:
 - type words using a computer keyboard; or
 - pick up a small object such as a coin or pen.

5 Hearing

- Clearly hear, with or without an aid, where the inability to hear clearly must be due to permanent hearing loss of at least 90 dB in both ears, averaged over frequencies of 500Hz, 1000Hz and 2000Hz, as

certified by an appropriate medical specialist.

6 Communicating (verbal or written)

- Comprehend and express oneself through verbal or written language with clarity, where the inability to speak verbally or write with clarity must be due to dysfunction of the nervous system that is present on clinical examination, as certified by an appropriate medical specialist. Examples of dysfunction include dysarthria, aphasia and dysphasia.

Care provider

means a professional carer who is paid on a commercial basis.

Date of disablement

means the later of:

- a the date you suffer from the **illness** or **injury** that is the principal cause of your **TPD**, and
- b the date you cease all work (whether or not for reward) due to **illness** or **injury**.

However, where you participate in a rehabilitation program and are incapable of returning to **employment** within 12 months from the date you ceased all work, the date of disablement will be the date that would have applied if you hadn't participated in the rehabilitation program.

The date of disablement must occur while you are covered under this policy.

Degenerative condition

means any of the following conditions:

- Parkinson's disease
- dementia
- arthritis – all forms, including osteoarthritis, gout, etc.
- osteoporosis
- motor neurone disease
- multiple sclerosis
- muscular dystrophy

Employed or employment

means:

- a. being engaged by an employer under a written contract of employment or under an award, Australian workplace agreement or certified agreement; or
- b. being **Self-employed**.

Illness

means sickness, disease or disorder.

Injury

means bodily Injury which is caused solely and directly by external, violent and accidental means and is independent of any other cause.

Medical practitioner(s)

means a person, accepted by our insurer, who is registered and practicing as a medical practitioner in Australia other than:

- a. you; or
- b. your spouse or partner, parent, child, sibling or business partner.

Our insurer may accept a similarly qualified person who is registered and practicing as a medical practitioner in another country, on the basis their credentials are recognised by the Australian Medical Board.

Psychiatric treatment

means following the advice of a treating psychiatrist in accordance with an established treatment plan and expert guidelines for the treatment of psychiatric conditions (guidelines must be recognised in Australia).

Regular medical care

means you:

- sought advice, care and associated treatment that was reasonably necessary and appropriate, from an appropriate **Medical practitioner** or consultant **Medical**

practitioner who is a specialist practising in an area related to the **illness** or **injury** suffered by you who:

- personally assessed you;
 - has been provided with full clinical details in relation to the **illness** or **injury**; and
 - continues to be provided with details at such intervals as are reasonable in the circumstances;
- are following the advice, care and associated treatment of that **Medical practitioner**; and
 - have taken all other reasonable measures to minimise or avoid further deterioration of the original **illness** or **injury**.

Schizophrenia

means Schizophrenia (multiple episodes or continuous), diagnosed in accordance with Diagnostic and Statistical Manual of Mental Disorders (DSM) 5.

Schizophreniform disorder

means Schizophreniform disorder (multiple episodes or continuous), diagnosed in accordance with DSM 5.

Self-employed or self-employment

means you are performing activities for or in hope of remuneration or reward from personal exertion in a business or professional practice of which you directly or indirectly own all or part.

Specialist Medical practitioner

means a person who is a **Medical practitioner** who;

- a. if the claimed **illness** is a mental disorder, is legally qualified as a practicing psychiatrist and registered with the Australian Health Practitioner Regulation Agency (and our insurer requires the condition to have been diagnosed in accordance with the DSM by the Specialist Medical practitioner); otherwise
- b. is a specialist as determined by the relevant medical registration boards and registered with the Australian Health Practitioner Regulation Agency, and is currently practicing in a specialist area related to the **illness** or **injury** that the claim is for.

Terminal illness/Terminally ill

means:

- a. two **Medical practitioners** have certified in writing, that you suffer from an **illness**, or have incurred an **injury**, that is likely to result in your death within a period ('the certification period') that ends not more than 24 months after the date of the certification;
- b. at least one of the registered **Medical practitioners** is a **Specialist Medical practitioner** practicing in an area related to the **illness** or **injury** you suffer;
- c. the **illness** or **injury** and certification referred to in paragraph a. occurs while you have cover in Category D;
- d. for each of the certificates, the certification period has not ended; and
- e. we are satisfied, on medical or other evidence, that despite reasonable medical treatment, the **illness** or **injury** will lead to your death within 24 months of the date of the certifications.

The certification period starts on the date that the second medical practitioner signs the certification.

Total and Permanent Disablement (TPD)/Totally and permanently disabled

means you meet Definition A or Definition B.

The definition which applies is determined as follows:

Definition A applies if you were:

- under the age of 65 at the **date of disablement**; and
- **employed** or **self-employed** at any time within the 16 months immediately before the **date of disablement**.

Definition B applies if you were:

- aged 65 or over at the **date of disablement**; or
- not **employed** or **self-employed** at any time within the 16 months immediately before the **date of disablement**.

Definition A – Unlikely to ever engage in any occupation

- 1 as a result of sickness or **injury**, you've been absent from all **employment** for three consecutive months from the **date of disablement**, and
- 2 you're under **regular medical care**, and
- 3 you've exhausted all reasonable treatment options and reached maximum medical recovery, but only if in our insurer's opinion it may help you return to **employment**, and
- 4 our insurer is satisfied on the basis of medical and other evidence, that you're unlikely ever to be able to engage in any occupation, whether or not for reward

In determining if you're total and permanently disabled, our insurer will consider all relevant circumstances and factors including but not limited to any:

- re-skilling, retraining and rehabilitation you've done, and
- volunteering experience you've had, and
- future re-skilling, **reasonable retraining** and rehabilitation you could reasonably undertake, and
- volunteer experience you could reasonably obtain.

Definition B – Unable to do basic activities associated with work ever again

You're totally and permanently disabled if you meet one of the following parts of the definition.

1. RESTRICTED TPD DEFINITION (PHYSICAL DISORDERS)

TPD – Unable to do basic activities associated with work ever again

Our insurer determines that solely because of **injury** or **illness**:

- You've been unable to perform at least two **basic work activities** for at least 12 consecutive months
- You're unable to perform at least two **basic work activities** for the rest of your life, without the help of another person, and
- As at the **assessment date**, you're unlikely ever to work in any gainful employment for which you're reasonably suited by education, training or experience

OR

TPD – Loss of limbs and/or sight

You suffer the total and permanent loss of the use of:

- 1 two limbs (where "limb" means a whole hand or whole foot),
- 2 sight in both eyes (where "sight" refers to the total and irrecoverable loss of vision in the eye(s)), or
- 3 one limb and sight in one eye; and as at the **assessment date** is unlikely ever to work in any gainful employment for which they are reasonably suited by education, training or experience.

2. RESTRICTED TPD DEFINITION (PSYCHIATRIC DISORDERS)

TPD – Unable to do basic activities associated with work ever again

Our insurer determines that all of the following are satisfied.

- 1 You have a psychiatric disorder which:
 - has been diagnosed by a consultant psychiatrist and Fellow of RANZCP under the latest edition of the DSM issued by the American Psychiatric Association, and
 - you've been receiving **psychiatric treatment** for at least 12 months prior to your treating psychiatrist assessing the psychiatric disorder as chronic and unlikely to improve in the foreseeable future with or without further treatment, and
- 2 Our insurer determines that solely because of your psychiatric disorder, you've suffered from the following incapacity for at least 12 consecutive months, and are likely to continue to be so incapacitated for the rest of your life:
 - you've received an established diagnosis of **Schizophrenia** or **Schizophreniform disorder** from your treating psychiatrist, or
 - you're unable to care for your dependent children in any capacity due to the unacceptable risk that your dependent(s) will be exposed to physical, emotional or psychological harm, requiring your dependent(s) to be removed from your care by Court order, or

- you're unable to manage day-to-day financial affairs, including managing a bank balance or paying bills on time without assistance, requiring the appointment of a guardian to your financial affairs, where the appointment of a guardian must be made by Court or Tribunal order and the Court or Tribunal must be satisfied through its own independent medical review that you're not capable of managing your day-to-day financial affairs as a result of your psychiatric disorder, or
 - you're unable to live independently, requiring a **care provider** to provide daily care and supervision, or
 - you require ongoing **psychiatric treatment** and full-time residential care in a mental health facility to protect you and/or others from serious physical harm. The mental health facility must be authorised by the relevant Australian government (state or federal) to provide treatment and care to persons who have a mental illness, and
- 3 you've been absent from your occupation with your employer through **injury** or **illness** for at least three (3) consecutive months and have provided proof to our insurer's satisfaction that you've become incapacitated to such an extent as to render you unlikely ever to engage in or work for reward in any occupation or work for which you're reasonably qualified by reason of education, training or experience.

War

means any act of war (whether declared or undeclared), revolution, invasion or rebellion or civil uprising.

Keeping in touch is easy



Call

Call **1800 005 166** for easy access to your CareSuper account information. You can talk to one of our friendly staff between 8am to 7pm each business day.



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 Member Online. Simply log in to view your account balance or change your details or investment options. Log in or register at caresuper.com.au.



Email

You can send any questions or concerns through to info@caresuper.com.au.



Make sure we can find you!

If you've 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 super statements and other valuable information.