Insurance Guide
Flexible insurance options to fit your lifestyle.

30 MARCH 2019
The information in this Insurance Guide forms part of the CareSuper Member Guide Product Disclosure Statement dated 30 March 2019. It describes the insurance arrangements that apply for Employee Plan members and Personal Plan members from 30 March 2019.

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.
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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 19). 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 serious 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 serious 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 determines whether or not you receive death and TPD cover automatically (subject to eligibility) as shown in the table below:

<table>
<thead>
<tr>
<th></th>
<th>Death cover</th>
<th>TPD cover</th>
<th>Income Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Plan</td>
<td>✓</td>
<td>✓</td>
<td>✗</td>
</tr>
<tr>
<td>Personal Plan</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
</tbody>
</table>

Where cover is not automatic, you need to apply for it.

Insurance premiums are deducted from your account at the sell unit price of your chosen investment option/s. For information about investment option unit prices see the Investment Guide, available at caresuper.com.au/investmentguide.

IMPORTANT

Unfortunately, if you’ve already received a lump sum TPD or similar benefit, you are only eligible for death cover. If you have been diagnosed with an illness that reduces your life expectancy to less than 12 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 premiums. Otherwise you will pay for cover you are not entitled to claim.
Your insurance options as an Employee Plan member

OUR DEFAULT INSURANCE COVER IS ANYTHING BUT STANDARD

Eligible Employee Plan members automatically receive standard cover, without the need for medical checks (conditions apply — see ‘Other insurance conditions and exclusions’ on page 15).

Standard cover provides units of death and TPD cover depending on your age. After you turn 30, the amount of cover per unit generally decreases every birthday, but the cost stays the same.

<table>
<thead>
<tr>
<th>Age</th>
<th>Type of cover</th>
<th>Cost per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–29</td>
<td>1 unit of death cover / 4 units of TPD cover</td>
<td>$5.14</td>
</tr>
<tr>
<td>30–64</td>
<td>4 units of death / 4 units of TPD cover</td>
<td>$8.20</td>
</tr>
<tr>
<td>65–69</td>
<td>4 units of death only cover</td>
<td>$4.08</td>
</tr>
</tbody>
</table>

If you are under age 15 when you join CareSuper, standard cover will commence when you turn age 15, subject to satisfying the cover commencement rules on page 12 and other terms and conditions.

When you turn 30, the level of standard death cover you hold will increase to 4 units. If you have chosen to hold fixed cover instead of unitised, your fixed cover will increase when you turn 30 if it is less than the equivalent of 4 units of death and TPD cover. If you have previously opted out of cover, you will not be eligible for this increase.

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 you’re an office worker or a professional, you can apply to change your category subject to insurer approval (see ‘Choose the category that best matches your occupation’ on page 6). This means you’ll either pay less for your cover, or receive more cover for the same price.

WORK OUT HOW MUCH YOU’RE COVERED FOR

The table on page 7 shows the amount of cover per unit for the General, Office and Professional categories. The table below gives you an idea of how much standard cover is worth if you’re in the General occupational category.

<table>
<thead>
<tr>
<th>Age</th>
<th>Type of cover</th>
<th>Dollar amount of cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>1 unit of death / 4 units of TPD</td>
<td>$100,280 death / $401,120 TPD</td>
</tr>
<tr>
<td>40</td>
<td>4 units of death / 4 units of TPD</td>
<td>$292,400 death / $292,400 TPD</td>
</tr>
<tr>
<td>65–69</td>
<td>4 units of death</td>
<td>$33,360 death only</td>
</tr>
</tbody>
</table>

If you’re not in active employment (see definition on page 18) for all of the first 30 days from the date your cover commences, limited cover (see definition on page 18) may apply.
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 NEW MEMBERS

New Employee Plan members receive a special welcome offer — New Member Options cover. If you’re under 60, you can apply to:
- Increase death and TPD cover up to the lesser of seven times your annual income or $750,000, and/or
- Add income protection cover — maximum cover amounts apply depending on your total income (see definition on page 20) and occupational category:

<table>
<thead>
<tr>
<th>Occupational category</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>General</td>
<td>Up to $61,200 p.a.</td>
</tr>
<tr>
<td>Office</td>
<td>Up to $86,700 p.a.</td>
</tr>
<tr>
<td>Professional</td>
<td>Up to $122,400 p.a.</td>
</tr>
</tbody>
</table>

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.

New Member Options cover is open for 90 days from the date on your welcome letter or email. 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 premium loadings and/or exclusions if approved.

CHANGE OR CANCEL YOUR COVER

You can apply at any time to:
- Change your occupational category to better match what you do for work
- Increase your death and TPD cover by adding more units or a fixed cover amount
- Fix your 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
- Add or increase income protection cover
- Change the benefit period or waiting period of any income protection cover you may have
- Reduce or cancel any of your cover 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 6 for more information, including costs and how to apply.

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 11 for more information.
Your insurance options as a Personal Plan member

If you’re not linked to an employer and make your own super contributions or you become a member due to a family law split, you are 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
• Apply for unit-based or fixed death only, TPD only or death and TPD cover
• Apply to index your fixed death and TPD cover
• Apply for income protection cover
• Change the benefit period or waiting period of any income protection cover you may have
• Reduce or cancel any of your cover at any time.

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 6 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 11 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.

<table>
<thead>
<tr>
<th>Your insurance options (evidence of health required)</th>
<th>Maximum limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death</td>
<td>Up to $10,000,000 (unit-based or fixed)</td>
</tr>
<tr>
<td></td>
<td>Terminal illness claim is capped at $3 million and the insured balance paid on death</td>
</tr>
<tr>
<td>TPD</td>
<td>Up to $3,000,000 (unit-based or fixed)</td>
</tr>
<tr>
<td>Income protection</td>
<td>Up to $40,000 per month* (unit-based only)</td>
</tr>
</tbody>
</table>

*The maximum benefit is 85% of the first $423,530 p.a. of income (see definition on page 18) 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 9 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 cover per unit for death and TPD cover. Where you have fixed cover or income protection cover, a different cost applies.

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?
   - 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?
   - NO to both → Office
   - YES to either, or both → Professional

b) Do you work in a management role?

*To calculate your earnings, see the definition of ‘total income’, on page 20.

You can use the tables on page 7 to work out how much extra unit-based cover you can apply for, or the table on page 8 to work out what your premium will be for fixed cover and pages 9 to 10 to work out your premiums 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.

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 premium loadings and/or exclusions.

If changing your occupational category increases your cover, the active employment (see definition on page 18) 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 18) conditions apply to the increased cover. Once you return to active employment for two consecutive months, full cover will apply.

CHOOSE YOUR DEATH AND TPD COVER AMOUNT

You can apply for the number of units of cover you want and/or 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.
UNIT-BASED COVER
With units of cover, the amount of cover per unit usually decreases on each birthday after age 30 — but the premium for each unit stays the same.

COST OF UNIT-BASED COVER

<table>
<thead>
<tr>
<th>Type of cover</th>
<th>All occupational categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death cover</td>
<td>$1.02</td>
</tr>
<tr>
<td>TPD cover</td>
<td>$1.03</td>
</tr>
<tr>
<td>Death and TPD cover</td>
<td>$2.05</td>
</tr>
</tbody>
</table>

Your premium (the cost) for unit-based cover is calculated as an annual premium using the weekly premium rates. Premiums 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. Premium calculations are subject to any adjustments that are necessary, for example, for changes in cover. This means your standard cover is paid for using your super and not your take-home pay. Your account also receives a 15% contributions tax rebate on the premiums you pay.

Example unit-based cover calculation
Jack is in the General occupational category. He’s 40, so one unit provides $73,100 of death and TPD cover. Jack estimates he needs $500,000 of cover to protect his family.

$500,000 = 6.84 units
$73,100

Jack needs 7 units (rounded up) of death and TPD cover. He’ll have to apply for some or all of this cover depending on whether he has existing cover. If approved, the cost for Jack’s cover is:

- 7 units of death and TPD cover x $2.05 per unit = $14.35 per week
- $14.35 per week x (365+7) x (31+365) for July, assuming it is not a leap year = $63.55 for the month.

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

Unit-based cover amount per unit of death and TPD for each occupational category and age ($)

<table>
<thead>
<tr>
<th>Age</th>
<th>General</th>
<th>Office</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–30</td>
<td>100,280</td>
<td>119,400</td>
<td>166,870</td>
</tr>
<tr>
<td>31</td>
<td>100,280</td>
<td>118,140</td>
<td>165,000</td>
</tr>
<tr>
<td>32</td>
<td>100,280</td>
<td>115,610</td>
<td>161,530</td>
</tr>
<tr>
<td>33</td>
<td>98,690</td>
<td>113,090</td>
<td>158,050</td>
</tr>
<tr>
<td>34</td>
<td>95,440</td>
<td>110,560</td>
<td>154,440</td>
</tr>
<tr>
<td>35</td>
<td>92,210</td>
<td>105,620</td>
<td>147,500</td>
</tr>
<tr>
<td>36</td>
<td>88,820</td>
<td>100,570</td>
<td>140,550</td>
</tr>
<tr>
<td>37</td>
<td>85,430</td>
<td>96,780</td>
<td>135,200</td>
</tr>
<tr>
<td>38</td>
<td>81,320</td>
<td>91,730</td>
<td>128,130</td>
</tr>
<tr>
<td>39</td>
<td>77,200</td>
<td>87,950</td>
<td>122,910</td>
</tr>
<tr>
<td>40</td>
<td>73,100</td>
<td>85,530</td>
<td>119,440</td>
</tr>
<tr>
<td>41</td>
<td>68,980</td>
<td>81,740</td>
<td>114,220</td>
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<tr>
<td>42</td>
<td>64,870</td>
<td>76,690</td>
<td>107,150</td>
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<td>43</td>
<td>61,330</td>
<td>73,320</td>
<td>102,480</td>
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<tr>
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<td>58,390</td>
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<td>35,980</td>
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<td>33,030</td>
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<td>30,510</td>
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<td>51,040</td>
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<td>17,910</td>
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<td>8,630</td>
<td>10,310</td>
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<tr>
<td>64</td>
<td>8,630</td>
<td>10,310</td>
<td>14,430</td>
</tr>
<tr>
<td>65–69*</td>
<td>8,340</td>
<td>9,050</td>
<td>12,690</td>
</tr>
</tbody>
</table>

*Death only cover
Note: Your TPD cover will cease when you reach 65 and your death cover (including terminal illness) will cease when you reach 70.
Tailoring your insurance to your needs (continued)

FIXED COVER
Your amount of death and TPD cover generally stays the same, but your premium is determined by your age and occupational category. Premiums 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 premium, divide your required level of cover by $1,000 and multiply by the premium for your age and occupational category.

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

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

<table>
<thead>
<tr>
<th>Age</th>
<th>General</th>
<th>Office</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Death</td>
<td>TPD</td>
<td>Death &amp; TPD</td>
</tr>
<tr>
<td>15-30</td>
<td>0.52</td>
<td>0.53</td>
<td>1.05</td>
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<tr>
<td>31</td>
<td>0.52</td>
<td>0.53</td>
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<td>32</td>
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</tr>
<tr>
<td>56</td>
<td>2.12</td>
<td>2.17</td>
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<td>64</td>
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</tr>
<tr>
<td>65-69*</td>
<td>6.32</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Death only cover

Note: Your TPD cover will cease when you reach age 65 and your death cover (including terminal illness) will cease when you reach age 70. Fixed cover is available to all members on application to our insurer.

For how to apply for the number of units of cover you want and/or a fixed amount of cover, see ‘Applying for our tailored cover options’ on page 10.
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 benefit, have been paid a terminal illness benefit, or have been diagnosed with an illness that reduces your life expectancy to less than 12 months.

Income protection cover is provided as units. Each unit provides a benefit of $425 per month of which $375 (less tax) is payable as a benefit to you and $50 is payable to your CareSuper account as your super contribution.

You can apply for as many units as you like up to the maximum monthly benefit (see ‘Tailoring your insurance to your needs’ on page 6).

If you suffer an illness or injury, the income protection benefit payable is the lesser of:

- The amount provided by the number of units you have, and
- 85% of the first $423,530 p.a. of income (see definition on page 18) 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).

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. Premiums will be based on the increased cover.

YOUR OPTIONS TO VARY YOUR 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 age, your occupational category, the waiting period and the benefit period as shown in the tables below. Your premium (the cost) for income protection cover is calculated as an annual premium using the weekly premium rates. Premiums 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. Premium 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 premiums you pay.

COST OF INCOME PROTECTION COVER

Premium per week per unit of income protection cover (2-year benefit period)

<table>
<thead>
<tr>
<th>Waiting period</th>
<th>General 30 days</th>
<th>60 days</th>
<th>90 days</th>
<th>Office 30 days</th>
<th>60 days</th>
<th>90 days</th>
<th>Professional 30 days</th>
<th>60 days</th>
<th>90 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current age</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>15–24</td>
<td>0.41</td>
<td>0.30</td>
<td>0.16</td>
<td>0.28</td>
<td>0.18</td>
<td>0.10</td>
<td>0.23</td>
<td>0.16</td>
<td>0.08</td>
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<tr>
<td>25–29</td>
<td>0.43</td>
<td>0.30</td>
<td>0.17</td>
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<td>0.10</td>
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<tr>
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<tr>
<td>35–39</td>
<td>0.65</td>
<td>0.45</td>
<td>0.23</td>
<td>0.43</td>
<td>0.30</td>
<td>0.15</td>
<td>0.35</td>
<td>0.26</td>
<td>0.12</td>
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<tr>
<td>40–44</td>
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<td>0.60</td>
<td>0.35</td>
<td>0.55</td>
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<td>0.23</td>
<td>0.46</td>
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<td>1.07</td>
<td>0.75</td>
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<td>1.64</td>
<td>1.24</td>
<td>0.96</td>
<td>1.34</td>
<td>1.02</td>
<td>0.79</td>
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</table>
### 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. The maximum benefit amount Olivia could receive if she makes a claim is:

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

The maximum number of units of income protection cover Olivia may apply for is:

$\frac{$3,230}{\$425} = 7.6$ units

7.6 rounds up to 8 units.

Olivia has chosen a 60-day waiting period and a benefit period of 2 years. If approved, the cost of Olivia’s income protection cover using the tables on page 9 is:

8 units \times $0.45 = $3.60 per week.

| Premium per week per unit of income protection cover (5-year benefit period) |
|---|---|---|---|---|---|---|---|---|---|---|
| Waiting period | General | | | | Office | | | | Professional | |
| | 30 days | 60 days | 90 days | | 30 days | 60 days | 90 days | | 30 days | 60 days | 90 days |
| Current age | $ | $ | $ | | $ | $ | $ | | $ | $ | $ |
| 15–24 | 0.55 | 0.42 | 0.23 | | 0.37 | 0.27 | 0.15 | | 0.30 | 0.23 | 0.13 |
| 25–29 | 0.60 | 0.46 | 0.26 | | 0.40 | 0.30 | 0.17 | | 0.33 | 0.25 | 0.14 |
| 30–34 | 0.74 | 0.55 | 0.29 | | 0.48 | 0.37 | 0.18 | | 0.40 | 0.30 | 0.16 |
| 35–39 | 0.99 | 0.75 | 0.39 | | 0.66 | 0.49 | 0.26 | | 0.54 | 0.41 | 0.22 |
| 40–44 | 1.37 | 1.04 | 0.64 | | 0.90 | 0.68 | 0.42 | | 0.73 | 0.55 | 0.35 |
| 45–49 | 1.98 | 1.48 | 1.05 | | 1.29 | 0.97 | 0.69 | | 1.07 | 0.79 | 0.55 |
| 50–54 | 2.94 | 2.21 | 1.72 | | 1.93 | 1.46 | 1.13 | | 1.59 | 1.19 | 0.92 |
| 55–59 | 4.35 | 3.30 | 2.74 | | 2.87 | 2.18 | 1.80 | | 2.35 | 1.78 | 1.47 |
| 60–64 | 3.61 | 2.88 | 2.14 | | 2.37 | 1.89 | 1.41 | | 1.95 | 1.56 | 1.16 |

**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 re-apply 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 14 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. Premium 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 12 for more information.

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**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. Mercer is responsible for any advice given to you under the authorisation of its licenced entities.

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**If you want income protection cover, you must apply for it and it is subject to acceptance by our insurer. Premium 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.**
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.

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 premiums. 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.

If you have unit-based cover, any cover you transfer in will be added as additional units. If this results in a fraction of a unit being added, your total cover will be rounded up to the next whole unit.

If you have fixed cover, any cover you transfer in will be transferred as a dollar amount, and rounded up to the next $1,000.

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.

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 continue and the transferred cover 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 premium loadings, exclusions and/or limited cover that previously applied to the transferred cover will continue to apply after it is transferred to CareSuper.

Before you transfer your cover make sure you understand your current insurance arrangements. While you’re at it, also look at whether any exit fees apply. Once you transfer, you’ll lose any insurance entitlements you have with that fund, so it pays to be sure it’s the right decision for you.

If you’re not in active employment (see definition on page 18) 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 18) only.
Understanding your insurance

WHEN YOUR COVER COMMENCES

EMPLOYEE PLAN MEMBERS
Your standard cover commences on the latest of:
- The first day of the period of your first employer contribution (usually the date you commence work with your employer), or
- The day your employer becomes a default employer of CareSuper. In some cases, this will be the day we receive the first employer contribution on your behalf, or
- 130 days before we receive your first employer contribution.

Any tailored cover commences when we advise you in writing. Any transferred cover you apply for commences as outlined on page 11.

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 premium payment deducted from your account will include all premiums accrued since your commencement date.

You can also transfer existing cover you hold elsewhere. Refer to page 11 for details.

INTERIM ACCIDENT COVER
If you apply for 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.

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 DISABILTIY 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 page 19) as a result of an accident during the interim accident cover period. The date of disablement 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 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 2 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 premiums paid during the cooling off period will be refunded to your CareSuper account.

There is no cooling off period for default cover or New Member Options. 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 Request to reduce or opt out of insurance cover form. Your premiums will only cease when your request is received and accepted.
LEAVING OR CHANGING JOBS
If you leave your employer, your insurance cover normally continues as long as you remain a member of CareSuper. 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 premiums. If your employer has been paying insurance premiums on your behalf and you leave that employer, the premiums 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 page 19).

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 converted to unit-based cover or fixed cover depending on that Corporate insurance arrangement. Cover will continue as long as there is sufficient money in your account for ongoing premium deductions. As an Employee Plan member, you’re responsible for paying the premiums. 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.

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
• If there are insufficient funds in your account to meet premiums on the last calendar day of the month in which a premium deduction can be made from your account. If you have an account balance at a later date, you will have to pay the difference between the premium deduction made in that month and the premium 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 premium 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 premiums. 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 premiums. 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

CALL 1300 360 149
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Understanding your insurance (continued)

- The insurance policy is terminated or cancelled for any reason
- We receive your completed Request to reduce or opt out of insurance 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
- Insurance cover may also cease in circumstances required by law, for example, if your account becomes inactive for a prescribed period.

**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.

Your cover will stop on the last calendar day of the month in which your last premium 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 within 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 all 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. 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 18) for all of the first 30 days from the date your cover recommences. If you’re not, limited cover (see definition on page 18) 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 premiums), 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, you will not be entitled to insurance cover from more than one account. In the event of a claim, the insured benefit of the oldest account is normally used. However, if the insured benefit of a newer account has been underwritten to a higher level, the insured benefit of the newer account will be used.
• 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 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 12 months, you will not be eligible for death, TPD or income protection cover.
• 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 12 for the definition of interim accident cover.
For Employee Plan members, the following also apply:
• Automatic acceptance for standard cover may only occur once while you are a member. If you’ve received automatic acceptance on more than one occasion, our insurer may adjust the cover accordingly.
• Limited cover (see definition on page 18) will apply when cover commences, recommences or increases:
  — If you’re not in active employment (see definition on page 18) 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.
  — If we don’t receive employer contributions on your behalf within 120 days of you being first eligible, standard cover and New Member Options cover will be limited to new events only for two years, subject to you being in active employment (see definition on page 18) in the two months leading up to this anniversary. If you don’t meet the active employment requirement, your cover remains limited to new events only until you have returned to active employment for at least two consecutive months.
• You’re able to apply to have limited cover removed at any time subject to our insurer’s assessment requirements.

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.
• When limited cover applies for death and TPD, or if you have tailored your cover or are eligible for New Member Options, you will not be covered in the event of intentional self-inflicted injury or infection, suicide or attempt at suicide (whether it’s determined that you were or were not sane at the time) within the first 12 months of cover commencing, increasing or recommencing.

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.

| Premium 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. |
Making an insurance claim

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.

**DO 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.

If you withdraw your full super account balance, any insurance cover through us will cease as you will no longer be a member. To apply for an insured terminal illness benefit, which is based on a 12-month prognosis (see Terminal illness definition on page 19), you must maintain an account balance sufficient to cover your insurance premiums until you meet the 12-month prognosis criteria, and a claim for your insured terminal illness benefit can be lodged. This is due to a difference between the 24-month timeframe required by legislation and the 12-month timeframe relevant to your insurance cover.

**QUALIFYING FOR A DEATH BENEFIT**
A death benefit will be paid if you pass away before reaching 70 (conditions apply – see ‘Other insurance conditions and exclusions’ on page 15).

If you become terminally ill (see definition on page 19), you may apply for early release of your insured death benefit.

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 premiums, and
- 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 page 19) and you are under 65.

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 on page 19.

**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 20), and have been unable to work for the selected waiting period (30, 60 or 90 days).

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) from the date payments commence, provided you continue to meet the benefit conditions.

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.

If you are in receipt of income protection benefits and they cease because you have passed away a final payment equal to three times your monthly benefit would be payable.

**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

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 income 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 19). 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 Capital Secure investment option, pending payment either at your direction or as determined by the Trustee.
Terms used

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).

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.

INCOME (for the calculation of income protection benefits)
a) 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).
b) 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.
c) 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.
d) 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:
  i. 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
  ii. 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.

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.
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 20), 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 12 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 12 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 16 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:
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
• 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
• 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:
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
• 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

CALL 1300 360 149
Terms used (continued)

— 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:

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

• 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:

a) 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
b) Are under the regular care of and following the advice of a medical practitioner, and
c) 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:

a) 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
b) Are under the regular care of and following the advice of a medical practitioner, and
c) 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 THE CALCULATION OF OCCUPATION AND NEW MEMBER OPTION BENEFITS)

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.

The insurance information contained in this Insurance Guide is a summary only. There are other defined terms in the insurance policies. The insurance terms and conditions, including 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.
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.

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CareSuper
Locked Bag 20019
Melbourne VIC 3001

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

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.
Sovereign Offset is FSC® certified and considered to be one of the most environmentally adapted products on the market with carbon neutral certification to Ball & Doggett warehouses nationally. Containing fibre sourced only from responsible forestry practices, this sheet is ISO 14001 EMS accredited and made with elemental chlorine free pulps.