Insurance Guide
Flexible insurance options to fit your lifestyle.

29 OCTOBER 2019
The information in this Insurance Guide forms part of the CareSuper Member Guide Product Disclosure Statement dated 29 October 2019. It describes the insurance arrangements that generally apply from 1 August 2019 for Employee Plan members and Personal Plan members.

The information about automatic (‘default’) insurance for Employee Plan members in this guide should be read in conjunction with the information about automatic insurance cover in the Guide to Backdated Cover.

If you become an Employee Plan member on or after 1 August 2019 who may be eligible for automatic insurance that commences prior to 1 August 2019 (referred to as ‘backdated cover’), information about the backdated cover and (where applicable), the conversion of backdated cover to standard cover effective from 1 August 2019, is set out in more detail in the Guide to Backdated Cover.

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 22). You must be aged at least 15 and under 70 and meet other eligibility criteria to obtain death cover.

2 TOTAL AND PERMANENT DISABLEMENT (TPD) COVER
Provides you with a benefit if you’re unable to work again because of illness or injury. You must be aged at least 15 and under 65 and meet other eligibility criteria to obtain TPD cover.

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

WHEN INSURANCE COVER IS AUTOMATIC AND WHEN IT’S NOT

Your membership type 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.

IMPORTANT

Unfortunately, if you’ve already received a lump sum TPD or similar benefit, you are only eligible for death cover. If you’ve received a terminal illness or similar benefit from any source, or if you have previously been diagnosed with an illness that reduces your life expectancy to less than 24 months, you are not eligible for any cover. If this affects you, let us know so we can cancel your cover and stop deducting insurance fees. Otherwise you will pay for cover you are not entitled to claim.

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

DISCOVER WHAT STANDARD DEATH AND TPD COVER OFFERS

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

The amount and cost of standard age-based death and TPD cover provided to eligible Employee Plan members varies, depending on whether or not standard cover is provided with effect on 1 August 2019 to a member who has backdated cover as at the end of 31 July 2019 (that is, through the conversion of backdated cover to standard cover).

YOUR OCCUPATION MAKES A DIFFERENCE TO YOUR COVER

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

WHAT STANDARD COVER COSTS

The cost of standard age-based death and TPD insurance cover is paid directly from your super account and will vary based on your age and gender. The cost of standard age-based death and TPD insurance cover shown below is the cost applicable to an Employee Plan member who does not have backdated cover that converts to standard age-based cover, with effect on 1 August 2019.

For information about the cost of standard age-based cover provided to eligible Employee Plan members who have backdated cover converted to standard age-based cover, refer to the Guide to Backdated Cover.

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

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

Notes:
1. Insurance fees for age-based cover, provided on 1 August 2019 on conversion of backdated cover to age-based cover, are approximately 20% higher than the rates shown above. This reflects the higher cover amounts provided to eligible members with backdated cover. Insurance fees for any backdated cover, from the commencement of backdated cover before 1 August 2019 to 31 July 2019 (or an earlier date, if the backdated cover ceased before 31 July 2019), are different and are shown in the Guide to Backdated Cover.
2. Insurance fees for age-based cover are the same whether you are in the General, Office or Professional occupational category but the cover amounts differ depending on your occupational category. To change your occupational category you must apply to our insurer, either through MemberOnline or by using our Changing your occupational category form. A request to change your occupational category will be effective after acceptance, as advised to you.
3. Insurance fees shown are based on binary gender (male/female) pricing. If you do not identify as male or female, contact us. The default pricing, if we are not advised of your gender by either you or your employer, is based on the female gender.
4. Insurance fees include an insurance administration fee and premiums.
5. Figures are rounded to two decimal places for disclosure only and actual insurance fees may differ due to the effects of rounding.
Your insurance options as an Employee Plan member (continued)

**INSURANCE FEES ARE DEDUCTED FROM YOUR SUPER ACCOUNT**

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

The cost of age-based cover is calculated as an annual insurance fee using the weekly insurance fees table above. Insurance fees are usually deducted from your super account monthly on a pro-rata basis and are determined by the amount of cover provided for the number of days in the month. This usually occurs on the last calendar day of the month or on full withdrawal.

In some circumstances, the first deduction for insurance fees may comprise insurance fees for a period of insurance cover greater than a month and up to 130 days. This may occur, for example, where the commencement of cover is backdated to an earlier date, following the receipt of employer contributions some time after you joined CareSuper (see page 16 for more information about the commencement of cover).

Insurance fee calculations are subject to any adjustments that are necessary, for example, for changes in cover. 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 insurance fees you pay.

**INSURANCE COVER ON PARENTAL LEAVE AT NO COST**

If you are on employer-approved parental leave you can request a waiver of your insurance fees for death, TPD and income protection insurance for up to 12 months. Conditions apply. This means your insurance cover can continue while you are on parental leave at no cost, if you are eligible and cover does not cease for some other reason. The waiver is only available in relation to insurance fees payable on or after 1 August 2019 (reflecting the operation of the waiver under the policy and in practice).

**STANDARD COVER AMOUNTS**

The amount of death and TPD cover provided with standard age-based cover for eligible Employee Plan members (other than eligible Employee Plan members who are provided with standard cover with effect on 1 August 2019 as a result of the conversion of backdated cover they held at the end of 31 July 2019) is set out below.

For the amount of standard cover provided to Employee Plan members with backdated cover see the *Guide to Backdated Cover*.
## General Office Professional

### Example age-based cover calculation

Marcus is in the General occupational category and age 28 at the date his cover commences on 1 October 2019, so his death cover is $98,000 and his TPD cover is $245,000.

He will pay $1.29 per week for death cover and $1.95 for TPD cover – a total of $3.24 per week or $169.41 per year. Insurance fees are rounded for disclosure only and may vary slightly from what is deducted from your account.

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### Notes:

1. TPD cover ceases at age 65 and death cover (including terminal illness) ceases at age 70, unless cover ceases for some other reason.

2. If you are under age 15, standard cover will commence when you turn age 15, subject to satisfying the cover commencement rules on page 16 and other terms and conditions.

3. Cover amounts are approximately 20% higher for eligible Employee Plan members with backdated cover, as at the end of 31 July 2019, that is converted to standard cover with effect on 1 August 2019.

The amount of cover provided with any backdated cover, from the commencement of backdated cover before 1 August 2019 to 31 July 2019 (or an earlier date, if the backdated cover ceased before 31 July 2019), is different and is explained in the Guide to Backdated Cover.
Sometimes custom-made is the best way to get exactly what you want. That’s why we offer plenty of choice when it comes to the types and amounts of insurance you can have.

SPECIAL INSURANCE OFFER FOR ELIGIBLE NEW MEMBERS

New Employee Plan members receive a special welcome offer — New Member Options cover. If you’re under 60, you can apply to increase your death and TPD cover and/or add income protection cover.

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

  These multiples are based on the amounts in the table shown on the previous page. This means, for example, that for a member with age-based cover under the Guide to Backdated Cover, the calculation of the increased amount should be based on the scale of standard cover shown in the Insurance Guide (not the scale of standard cover shown in the Guide to Backdated Cover).

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

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

<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 without providing detailed medical evidence.

  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.

  New Member Options cover is subject to approval and replaces your standard cover from the date your standard cover started (which cannot be earlier than 1 August 2019).

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

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

  If you’re under 60, you may also be able to transfer your cover from another super fund (subject to maximum limits). See ‘Bring all your insurance together’ on page 15 for more information.
NEW MEMBER OPTION TO INCREASE AGE-BASED COVER

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

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

Note: the example and worksheet shown below is for an Employee Plan member who does not have backdated cover that is converted to standard cover with effect on 1 August 2019. Contact us if you need help working out the cover available to you under the New Member Option.

Example calculation

Meredith is 38 and in the General occupational category. Her standard age-based cover is $271,000 for death and $271,000 for TPD. She is interested in increasing her cover up to a multiple of 1.50 and wants to check the amounts and cost of cover. She looks up the cover amounts in the table on page 5 and the insurance fees in the table on page 3 and multiplies these by 1.50.

<table>
<thead>
<tr>
<th>Amount of death cover</th>
<th>Amount of TPD cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>$271,000 x 1.50 = $406,500</td>
<td>$271,000 x 1.50 = $406,500</td>
</tr>
</tbody>
</table>

Cost of death + cost of TPD cover = total cost per week

$(4.09 x 1.50 = $6.14) + ($4.68 x 1.50 = $7.02) = $13.16 per week

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

NOW IT’S YOUR TURN

If you’re interested in increasing your cover, use this worksheet to help you check the cover amount and cost. This is a guide only. Call us on 1300 360 149 to confirm what will apply to you.

First calculate your cover amount using the table on page 5

<table>
<thead>
<tr>
<th>The amount of death cover in the table for your age and occupation</th>
<th>Your chosen multiple for death cover</th>
<th>Increased death cover amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ ___________________________</td>
<td>x ___________________________</td>
<td>= ___________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The amount of TPD cover in the table for your age and occupation</th>
<th>Your chosen multiple for TPD cover</th>
<th>Increased TPD cover amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ ___________________________</td>
<td>x ___________________________</td>
<td>= ___________________________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>The insurance fee shown in the death cover table for your age and gender</th>
<th>Your chosen multiple for death cover</th>
<th>The insurance fee shown in the TPD cover table for your age and gender</th>
<th>Your chosen multiple for TPD cover</th>
<th>Total cost of your cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>($ ___________________________ x ___________________________ = $ ) plus ($ ___________________________ x ___________________________ = $ ) = $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Your insurance options as a Personal Plan member

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

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

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

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

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

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

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

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

CHOOSE THE CATEGORY THAT BEST MATCHES YOUR OCCUPATION

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

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

• General
• Office
• Professional.

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

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

To determine your occupational category, answer the following questions:

1. Are the duties of your occupation limited to professional, managerial, administrative, clerical, secretarial or similar ‘white collar’ in nature tasks which do not involve manual work and are undertaken entirely within an office environment (excluding travel from one office environment to another)?
   - NO → General
   - YES → Continue to Q2

2. Are you earning* in excess of $100,000 p.a. from your occupation?
   - NO → Office
   - YES → Continue to Q3
   If you currently work part-time and your full-time equivalent salary is more than $100,000 p.a., you’re eligible to answer ‘yes’ to this question.

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 24.

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

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

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

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

CHOOSE YOUR DEATH AND TPD COVER AMOUNT

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

**FIXED COVER**

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

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

**COST OF FIXED COVER**

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

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

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

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**Example fixed cover calculation**

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

<table>
<thead>
<tr>
<th>Age</th>
<th>$550,000</th>
<th>$0.89 ($0.48 for death and $0.41 for TPD)</th>
<th>$489.50 p.a.</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>$550,000</td>
<td>$0.89 ($0.48 for death and $0.41 for TPD)</td>
<td>$489.50 p.a.</td>
</tr>
<tr>
<td>40</td>
<td>$550,000</td>
<td>$2.02 ($0.93 for death and $1.09 for TPD)</td>
<td>$1,111 p.a.</td>
</tr>
<tr>
<td>50</td>
<td>$550,000</td>
<td>$4.43 ($2.05 for death and $2.38 for TPD)</td>
<td>$2,436.50 p.a.</td>
</tr>
</tbody>
</table>

See page 11 for our fixed cover insurance fees.

For how to apply for a fixed amount of cover, see ‘Applying for our tailored cover options’ on page 14. This is an example only. Contact us on 1300 360 149 to find out what insurance fees will be applicable to you.
<table>
<thead>
<tr>
<th>Age</th>
<th>Death cover (M)</th>
<th>Death cover (F)</th>
<th>Death cover (Office)</th>
<th>TPD cover (M)</th>
<th>TPD cover (F)</th>
<th>TPD cover (Office)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>0.67</td>
<td>0.26</td>
<td>0.25</td>
<td>M</td>
<td>0.82</td>
<td>0.17</td>
</tr>
<tr>
<td>16</td>
<td>0.67</td>
<td>0.26</td>
<td>0.25</td>
<td>M</td>
<td>0.82</td>
<td>0.17</td>
</tr>
<tr>
<td>17</td>
<td>0.67</td>
<td>0.28</td>
<td>0.25</td>
<td>M</td>
<td>0.83</td>
<td>0.15</td>
</tr>
<tr>
<td>18</td>
<td>0.67</td>
<td>0.28</td>
<td>0.25</td>
<td>M</td>
<td>0.83</td>
<td>0.15</td>
</tr>
<tr>
<td>19</td>
<td>0.67</td>
<td>0.28</td>
<td>0.25</td>
<td>M</td>
<td>0.83</td>
<td>0.15</td>
</tr>
<tr>
<td>20</td>
<td>0.67</td>
<td>0.28</td>
<td>0.25</td>
<td>M</td>
<td>0.84</td>
<td>0.17</td>
</tr>
<tr>
<td>21</td>
<td>0.67</td>
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Note:
1. TPD cover ceases at age 65 and death cover (including terminal illness) ceases at age 70, unless cover ceases for some other reason.
2. Insurance fees shown are based on binary gender (male/female) pricing. If you do not identify as male or female, contact us. The default pricing, if we are not advised of your gender by either you or your employer, is based on the female gender.
3. Insurance fees shown include an insurance administration fee and premiums.
4. Figures are rounded to two decimal places for disclosure only and actual insurance fees may differ due to the effects of rounding.

CALL 1300 360 149
Tailoring your insurance to your needs (continued)

APPLYING FOR INCOME PROTECTION COVER

You can apply for income protection at any time if you’re:
• Under 65
• A full-time, part-time, self-employed or casual worker or contractor, and
• Either:
  — Earning at least $16,000 p.a. through ongoing work, or
  — Working at least 15 hours each week.

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

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

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

If you suffer an illness or injury, the maximum income protection benefit payable is 85% of the first $423,530 p.a. of income (see definition on page 22) for the entire benefit period, plus 60% of the next $200,000 p.a. of income for the first two years of the benefit period (even where you apply for a 5-year benefit payment period).

Your benefit may also be reduced if you receive other income or disability benefits (find out more on page 21).

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

YOUR OPTIONS TO VARY INCOME PROTECTION COVER

You can choose from the following options to tailor your income protection cover to your circumstances:
• A waiting period of 30, 60 or 90 days, and
• A benefit period of either 2 or 5 years.

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

If you don’t select a benefit period, the 2-year benefit period will apply. If you choose the 5-year benefit period, the cost increases.
**COST OF INCOME PROTECTION**

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

### 2-year benefit period — annual insurance fee per $100 monthly benefit ($)

| Age | General | | | Professional | | |
|-----|---------|---|---|----------------|---|
| M | F | M | F | M | F | M | F | M | F | M | F |
| 15-19 | 4.59 | 6.81 | 3.34 | 4.94 | 1.84 | 2.72 | 3.11 | 4.60 | 2.07 | 3.06 | 1.16 | 1.71 |
| 20-24 | 4.59 | 6.81 | 3.34 | 4.94 | 1.84 | 2.72 | 3.11 | 4.60 | 2.07 | 3.06 | 1.16 | 1.71 |
| 25-29 | 4.82 | 7.15 | 3.34 | 4.94 | 1.95 | 2.89 | 3.22 | 4.77 | 2.30 | 3.41 | 1.16 | 1.71 |
| 30-34 | 5.51 | 8.17 | 3.90 | 5.78 | 1.95 | 2.89 | 3.79 | 5.61 | 2.53 | 3.75 | 1.26 | 1.87 |
| 35-39 | 7.23 | 10.72 | 5.05 | 7.49 | 2.53 | 3.75 | 4.82 | 7.15 | 3.34 | 4.94 | 1.72 | 2.55 |
| 45-49 | 12.73 | 18.87 | 13.43 | 18.71 | 10.10 | 14.97 | 11.93 | 17.69 | 8.37 | 12.41 | 6.77 | 10.03 |
| 50-54 | 18.01 | 26.69 | 16.23 | 23.81 | 16.87 | 25.00 | 11.93 | 17.69 | 10.03 | 14.29 | 6.77 | 10.03 |
| 55-59 | 25.70 | 38.09 | 18.01 | 26.69 | 16.23 | 23.81 | 16.87 | 25.00 | 11.93 | 17.69 | 10.03 | 14.29 |
| 60-64 | 27.87 | 41.32 | 21.11 | 31.29 | 16.29 | 24.15 | 18.35 | 27.21 | 13.88 | 20.58 | 10.78 | 15.98 |

### 5-year benefit period — annual insurance fee per $100 monthly benefit ($)  

| Age | General | | | Office | | |
|-----|---------|---|---|----------------|---|
| M | F | M | F | M | F | M | F | M | F |

### Notes:  
1. Insurance fees differ depending on your occupational category. To change your occupational category, you must apply to our insurer either through MemberOnline or by using our Changing your occupational category form.
2. Insurance fees shown are based on binary gender (male/female) pricing. If you do not identify as male or female, contact us. The default pricing, if we are not advised of your gender by either you or your employer, is based on the female gender.
3. Insurance fees shown include an insurance administration fee and premiums.
4. Figures are rounded to two decimal places for disclosure only and actual insurance fees may differ due to the effects of rounding.

**CALL 1300 360 149**
Example income protection calculation

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

$$3,800 \times 0.85 = 3,230$$

per month.

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

$$7.49 \times 3,230 \div 100 = 241.93$$

per annum.

REDUCE OR CANCEL YOUR COVER

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

APPLYING FOR OUR TAILORED COVER OPTIONS

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

INTERIM ACCIDENT COVER WHILE YOUR APPLICATION IS ASSESSED

When you apply for tailored cover, you may receive interim accident cover. This provides you with some financial protection while your application is being assessed by our insurer. See ‘Interim accident cover’ on page 16 for more information.

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.
Bring all your insurance together

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

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

**TRANSFERRING YOUR INCOME PROTECTION COVER FROM ANOTHER FUND**

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

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

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

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

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

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

**TRANSFERRING YOUR EXISTING COVER**

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

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

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

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

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

WHEN YOUR COVER COMMENCES

EMPLOYEE PLAN MEMBERS
Your standard age-based death and TPD cover commences, if you are eligible for the cover, on the latest of:

- The first day of the period of your first employer contribution (usually the date you commence work with your employer)
- The date your employer becomes a default employer of CareSuper (this may be when CareSuper receives the first employer super contribution for you), or
- The date 130 days before we receive your first employer contribution.

This means Employee Plan members may receive insurance cover that commences from a date before they are joined to the fund.

Standard age-based death and TPD cover, as shown in this Insurance Guide and the Guide to Backdated Cover cannot commence with effect from a date earlier than 1 August 2019 as age-based death and TPD cover (shown in these Guides) became available to eligible members on 1 August 2019.

For Employee Plan members joining CareSuper on or after 1 August 2019 provided with automatic cover (based on the automatic cover scale applicable prior to 1 August 2019), referred to as backdated cover in this guide and explained in more detail in the Guide to Backdated Cover, standard age-based cover will commence on 1 August 2019, if the backdated cover was held as at the end of 31 July 2019. You will be advised from when your automatic cover commences, when this information becomes known to CareSuper.

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

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

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

You can also transfer existing cover you hold elsewhere. Refer to page 15 for details.

DECLINING STANDARD AGE-BASED COVER
There is a 14-day cooling off period for standard cover. You have 14 days from the date the standard cover commences to tell us you wish to decline standard cover. You must do this in writing. The cover will then be deemed never to have started and all insurance fees paid during the cooling off period will be refunded.

You can also reduce your cover with backdated effect in this 14-day period.

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 DISABILITATION 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 23) 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 two years in other circumstances.

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

INTERIM ACCIDENT COVER PERIOD

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

- The date the application for insured cover is withdrawn
- The date our insurer accepts the application for insured cover on standard or special terms
- The date our insurer rejects the application for insured cover
- The date our insurer cancels the interim accident cover
- 120 days from the date we receive the application for insured cover, or
- The date of termination of the insurance policy.
You'll need to have a sufficient account balance to meet the insurance fees. If your employer has been paying insurance fees on your behalf and you leave that employer, the fees will be deducted from your super account instead.

If you become unemployed, your ability to claim any income protection benefits will be affected. Changes to your employment could also affect the definition of total and permanent disablement that you must satisfy to claim a TPD benefit (see definitions on page 23).

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

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

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

**WHEN YOUR COVER STOPS**

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

- Your CareSuper membership ends
- You reach the maximum insurable age for a particular benefit:
  - Death cover (including terminal illness) — 70 years
  - TPD cover — 65 years
  - Income protection cover — 65 years
- There are insufficient funds in your account to pay the insurance fees on the last calendar day of the month. If you have an account balance at a later date, you will have to pay the difference between the deduction made in that month and the insurance fee due for that month. Depending on your membership category and the type of contribution received, your cover may not be reinstated as a result of this fee deduction
- A terminal illness benefit is paid. However, if your death cover is greater than the terminal illness benefit paid, death cover will continue while you remain a member and maintain a sufficient balance to meet your insurance fees, unless cover ceases for some other reason. Your death cover will be reduced by the insured amount paid to you on terminal illness grounds
- You pass away
- A TPD benefit is paid. However, if your death cover is greater than the TPD benefit paid, death cover will continue while you remain a member and maintain a sufficient balance to meet your insurance fees, unless cover ceases for some other reason. Your death cover will be reduced by the insured amount paid to you for TPD
- For income protection cover, you join the armed services of any country, other than the Australian Army Reserve (where it only applies if called up for active service)
- If you hold income protection cover your cover will stop if a death, terminal illness or TPD benefit is paid for you under a CareSuper Group Life policy
- The insurance policy is terminated or cancelled for any reason
Understanding your insurance (continued)

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

COVER CEASES ON INACTIVE ACCOUNTS OR IF THE LAW REQUIRES

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

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

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

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

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

RECOMMENCING YOUR COVER AFTER IT STOPS

EMPLOYEE PLAN MEMBERS

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

INSUFFICIENT FUNDS

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

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

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

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

INACTIVE ACCOUNT

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

Where an employer contribution is received no more than six months after cover ceased due to inactivity you will receive the same cover and occupation category you held when cover ceased. If your cover recommences more than six months after cover ceased, you’ll receive the same level of standard age-based cover that applies to an eligible new Employee Plan member, based on your age and occupation (or the General occupation if we don’t have details of your occupation) at the date cover recommences. You may receive less cover than you had when cover ceased.

Any income protection cover you had will only be reinstated upon receipt of an employer contribution no more than six months after the date on which cover ended.

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

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

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

You must be in active employment (see definition on page 22) for all of the first 30 days from the date your cover recommences. If you’re not, limited cover (see definition on page 22) conditions apply.
PERSONAL PLAN MEMBERS
If your cover stops (for example, you cancel your cover or there are insufficient funds in your account to pay for insurance fees or your account becomes inactive), you must reapply and be accepted by our insurer to receive cover again.

OTHER INSURANCE CONDITIONS AND EXCLUSIONS
In addition to any other conditions and exclusions stated in this document, the following apply:

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

For Employee Plan members, the following also apply:
• Limited cover (see definition on page 22) will apply when cover commences, recommences or increases:
  — If you’re not in active employment (see definition on page 22) for all of the first 30 days from the date your cover commences, 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 cover for two years, subject to you being in active employment (see definition on page 22) in the two months leading up to this anniversary. If you don’t meet the active employment requirement, your cover remains limited cover until you have returned to active employment for at least two consecutive months.
• You’re able to apply to have limited cover restrictions removed at any time subject to our insurer’s assessment requirements. The removal will be effective from the date the insurer approves.

DEATH AND TPD COVER SPECIFIC
In addition to the ‘all types of cover’ condition and exclusions, the following also apply to death, terminal illness and TPD cover.
• In the event of a pandemic outbreak, our insurer has the right to exclude any pandemic illness that could cause you to die within 30 days of your cover commencing, provided the condition was present at the date your cover commenced.
• Our insurer will not pay a benefit for you if your death, terminal illness or TPD is caused directly or indirectly by an act of war. This does not include death on war service in the Australian Defence Force.
• You will not be covered for death and TPD in the event of intentional self-inflicted injury or infection, suicide or attempt at suicide
  — When limited cover applies within the first 12 months of cover commencing, increasing or recommencing.
  — For New Member Options or tailored cover for any amount of cover in excess of the default that would have otherwise applied.

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

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

CALL 1300 360 149
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.

**IF YOU HAVE A TERMINAL ILLNESS OR INJURY**
If you’ve been diagnosed with a terminal illness and are expected to live less than 24 months, you may apply for a full or partial early release of your account balance including any terminal illness benefit provided through any death cover (subject to meeting the insurance policy definition).

**MAKING YOUR INSURANCE CLAIM**
Call 1300 090 925 and ask to speak to our insurance team. They’ll confirm whether you’re eligible to make a claim and talk you through what you need to do next. This may include sending us medical evidence or other important information to help the process run smoothly. After our insurer has reviewed your application, we’ll let you know the result as soon as possible.

**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 19). If you become terminally ill (see definition on page 22), 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 fees, 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 23) 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 for a TPD benefit on page 23.

**QUALIFYING FOR AN INCOME PROTECTION BENEFIT**
You may qualify for an income protection benefit if you meet the definition of total disability (see definition on page 24), 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.
REDUCTION OF INCOME PROTECTION BENEFITS
Your income protection benefit will be reduced by the amount of income you receive from any of the following sources:

a) Any income or lump sum payment of income, paid or payable to you as a result of your sickness or injury including:
   - Sick leave payments
   - Amounts payable under legislation such as workers’ compensation or motor accident compensation
   - Benefits payable under other income protection insurance policies
   - Award or settlement under common law for loss of earnings or loss of earning capacity (whether received as capital or income).

b) Any super contributions from your employer while disabled

c) Any income that, in the opinion of our insurer, you could reasonably be expected to earn in your occupation while disabled. Where you’re fit to return to work in a reduced capacity but such work isn’t available with your existing employer, our insurer will not offset any income you should be able to earn with this employer.

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

PARTIAL DISABILITY BENEFIT
If you return to work and are earning an income that, as a result of your disability, is less than your pre-disability income, you may be eligible for a partial disability benefit (see definition on page 22). You must have satisfied the definition of total disability for at least 14 days and still have a reduced income at the end of the waiting period.

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

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

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

IF YOU DIE WHILE RECEIVING A BENEFIT
Your income protection benefits will cease upon your death, with a final payment equal to three times the monthly benefit.

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

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

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

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), including 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.

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

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

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

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

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

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

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

See page 20 for important information about terminal illness benefits.
TOTAL & PERMANENT DISABILITY
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.

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
  — 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.

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

TOTAL INCOME (FOR DETERMINING YOUR OCCUPATIONAL CATEGORY AND MAXIMUM COVER UNDER THE NEW MEMBER OPTIONS)
The total salary package value of remuneration received from your employer averaged over the most recent 12 months (including overtime, commission, bonuses and shift allowances, but excluding employer contributions).

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

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

• Includes any allowances or fringe benefits paid to you which you may convert into cash salary at your option or which our insurer agrees to treat as part of your income, but

• Does not include any necessary business expenses incurred in producing that income.

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

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

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

**LOG IN**
Manage your super through MemberOnline. Simply log in to view your account balance or change your details, investment options or insurance cover.
Log in or register at caresuper.com.au/login.

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

**WRITE TO**
CareSuper
Locked Bag 20019
Melbourne VIC 3001

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

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**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.