Corporate Insurance Guide
Biogen

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CareSuper

An Industry SuperFund

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Inside this guide

- The information in this booklet forms part of the Product Disclosure Statement for CareSuper Corporate Insurance prepared on 5 October 2021. It is specific to eligible employees of Biogen Australia Pty Ltd (Biogen) as the contributing employer sponsor, who become members of this Corporate Insurance arrangement on or after 5 October 2021. The information contained in this Insurance Guide is a summary only of the 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.

The duty to take reasonable care not to make a misrepresentation

When you apply for life insurance, the insurer will ask you a number of questions.

The insurer's questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to the insurer's questions are very important. The insurer will use them to decide if it can provide cover to you and, if it can, the terms of the cover, and the insurance fees it will charge.

Care must be taken to answer all questions the insurer asks as part of your insurance application honestly and accurately.

Otherwise, you may not be able to rely on your insurance when it's needed the most.

THE DUTY TO TAKE REASONABLE CARE

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering the insurer's questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer the insurer's questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

The insurer may later investigate the answers given in your application, including at the time of a claim.

CONSEQUENCES OF NOT COMPLYING WITH THE DUTY

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	The insurer could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable

If the insurer believes there has been a breach of the duty to take reasonable care not to make a misrepresentation, it will let you know its reasons and the information relied on, and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, the insurer will consider all relevant circumstances.

The rights the insurer has if there has been a failure to comply with the duty will depend on factors such as what it would have done had a misrepresentation not been made during your application process, and whether or not the misrepresentation was fraudulently made.

If the insurer decides to take some action on your cover, it will advise you of its decision and the process to have this reviewed or make a complaint if you disagree with the decision.

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

GUIDANCE FOR ANSWERING THE INSURER'S QUESTIONS

When answering the insurer's questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask the insurer before you respond.
- Answer every question that the insurer asks you.
- Do not assume that the insurer will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with the insurer.
- Review your application carefully. If someone else helped prepare your application (for example, your financial adviser), please check every answer (and make corrections if needed) before the application is submitted.

OTHER IMPORTANT INFORMATION

Your application for cover will be treated as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

Before your cover starts, the insurer may ask about any changes that mean you would now answer its questions differently. As any changes might require further assessment or investigation, it could save time if you let the insurer know about any changes when they happen.

If, after the cover starts, you think you may not have met your duty, please contact CareSuper immediately and we will let you know whether it has any impact on your cover.

It's important that you understand this information and the questions the insurer asks. If you have any questions contact CareSuper on **1300 360 149**.

CareSuper insurance

Your super benefit and the insurance it may provide is a vital component of your overall remuneration package. In recognition of its importance, insurance cover has been established for you (in conjunction with your employer) through your CareSuper membership. This is referred to as your Corporate insurance arrangement (CIA).

Details of the CIA as it applies to you are set out in this guide. This arrangement will continue while your employer is part of this CIA, you are employed by Biogen and Superannuation Guarantee contributions continue to be paid to your account, subject to terms and conditions. While you remain employed by Biogen, the cost of standard insurance cover is reimbursed by your employer as an employee benefit. This is done in the form of additional employer contributions to your CareSuper account (except for periods of unpaid leave or in the event your employer stops paying additional employer contributions). Standard cover is described on pages 4 and 5 of this guide.

If you leave your current employer, or your employer decides to end this CIA, your insurance cover may continue within the CareSuper Employee Plan as described later in this guide (if eligible). In some cases, cover may cease unless you elect to keep it. For more information, read the **CareSuper Member Guide PDS** at **caresuper.com.au/pds** or call us on **1300 360 149**. If you are transferred to the Employee Plan, the ongoing cost of insurance fees will be payable by you and will be deducted from your CareSuper account at the end of each month, unless cover ceases for some reason. Insurance fees may be higher in the CareSuper Employee Plan.

GETTING ADVICE

The advice in this **Insurance Guide** is of a general nature. It has been prepared without taking into account members' particular financial needs, circumstances and objectives. We recommend that members assess their own financial situation before making a decision about their insurance cover. This may involve seeking the help of a licensed or authorised financial planner.

CareSuper has you covered

You wouldn't think twice about insuring your car or your house, but your ability to earn an income is your biggest asset — and it's what really creates financial security.

If that was suddenly taken away, insurance cover could help reduce the impact on you and your family.

CareSuper offers three types of insurance cover to eligible members: death, total and permanent disablement (TPD) and income protection.

1. **Death cover** provides a lump sum payment to your beneficiaries if you die (certain restrictions apply). This can help you to ensure the ongoing wellbeing of family members, even if you are not around to provide for them. Early release of the death benefit may also be available if you are diagnosed with a terminal illness* (see the definition of terminal illness on page 23). You must be aged at least 15 and under 65 (70 for tailored or transferred death cover) and meet other eligibility criteria to obtain death cover.

2. **Total and permanent disablement (TPD) cover** provides a lump sum payment if you are never able to work again due to illness or injury (specific definitions apply). This payment could be used to cover medical bills, rehabilitation expenses or medically required home modifications, and to ensure the overall security of your family and your home. You must be aged at least 15 and under 65 and meet other eligibility criteria to obtain TPD cover.

3. **Income protection cover** provides a temporary replacement income if you are unable to work due to illness or injury (specific conditions apply). This means you can continue to pay your bills while taking the time to recover and rehabilitate. You must be aged at least 15 and under 65, be a permanent employee working 15 hours or more per week and meet other eligibility criteria to obtain income protection cover.

*Terminal illness claims are subject to different maximum amounts than your total death benefit.

Each type of cover is explained in detail in the following pages.

INSURANCE COVER

If eligible, you may receive standard insurance cover as part of this Corporate insurance arrangement (CIA), however, limited standard cover ('limited cover') may apply in certain circumstances. You are required to be in active employment for all of the first 30 days from the date your cover commences. The date you receive cover may be different to the date your cover commences. Commencement of cover conditions are described on pages 12 and 13. See the definitions of active employment and limited cover on pages 21 and 23.

TAILORING YOUR COVER

You also have the option to choose tailored death and TPD cover (or death/TPD only cover) provided as fixed cover, where your cover is set at a fixed dollar amount. Any standard cover you have will be converted to fixed death and TPD (or death/TPD only) cover, when you tailor your cover. The total fixed death and TPD (or death/TPD only) cover you select must be in multiples of $1,000.

With fixed cover, the amount you pay will generally increase with each birthday, but the amount of cover will remain the same unless cover ceases for some reason. Fixed cover can also be indexed to increase by 5% on 1 July each year, offering added security against the rising cost of living.

Further information about tailored cover is provided on the following pages.

IMPORTANT

If you have previously been paid a TPD or similar payment of any type and from any source, including another super fund or personal insurance policy, you will only be eligible for death cover with CareSuper, not TPD cover 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 aren't eligible for cover as a result of a TPD or similar payment, or terminal illness benefit or diagnosis, you will need to notify us or cancel your cover. Otherwise, insurance fees will continue to be deducted from your account despite the fact that you do not have cover.

Insurance fees are deducted from your CareSuper account so it doesn't affect your take-home pay. Refer to the **Corporate Insurance PDS** available from **caresuper.com.au/biogenpds**.

Your Corporate insurance arrangement

When you participate in a Corporate insurance arrangement (CIA), insurance cover has been designed specifically for your workplace.

Under this arrangement if eligible, you may receive the standard level of death and TPD cover set out in this guide (standard cover) up to certain limits (called Automatic Acceptance Limits). Your insured benefit for standard cover is based on factors such as your age, employment information and income provided by your employer, which is updated annually at their agreed annual review date or upon joining the fund. While the cost of standard insurance cover is deducted from your CareSuper account, your employer pays extra employer contributions into the account (as an employee benefit) to cover the cost of the standard insurance cover (except for any periods of unpaid leave or in the event your employer stops paying employer contributions to this CIA). The cost of your standard insurance cover is reimbursed monthly to your super account as extra employer contributions.

Should your employer stop paying for standard cover, you will remain responsible for these insurance fees which will continue to be deducted from your account at the end of each month.

Employer-paid insurance fees count towards your concessional contribution cap. For more information, go to **caresuper.com.au/knowyourlimits**.

It's a good idea to assess your actual insurance needs, and adjust your cover if necessary. To adjust your cover, you can apply for tailored insurance cover. For example, if you would like additional death and TPD or to apply for income protection cover, see 'Tailoring your insurance cover' starting on page 7. You are responsible for paying the insurance fees for any cover above the standard cover amount you apply for and receive, from your CareSuper account. Also, if you already have death, TPD and income protection cover in another super fund, you may be able to transfer it to your CareSuper account. To obtain tailored cover, you will need to provide satisfactory health evidence and be accepted by the insurer.

If you choose to tailor any standard death and TPD cover you receive, you will no longer have your standard death and TPD cover determined by a formula which is linked to your income. Your death and TPD cover will become tailored fixed cover and Biogen will not reimburse the cost of any increase in cover.

It is important to note that standard cover is subject to terms and conditions (including restrictions and exclusions) described in this guide. Standard cover may be subject to limited cover conditions in certain circumstances. Refer to pages 12 to 16 for important terms and conditions and page 21 for the definition of active employment. If you wish to remove limited cover conditions so that you have full standard cover or wish to apply for tailored cover, you will need to be accepted by the insurer.

PARENTAL LEAVE INSURANCE FEE WAIVER

Members on employer-approved parental leave can request a waiver of their insurance fees for death, TPD and income protection insurance for up to 12 months. This means your insurance cover can continue while you are on parental leave without any applicable insurance fees being deducted from your account, if you are eligible, unless cover ceases for some reason. Conditions apply.

STANDARD COVER

Under your CIA, eligible members receive standard death and TPD cover. To be eligible for standard death and TPD cover you need to be at least 15 and under age 65 and meet other conditions relating to the commencement of cover, as described on pages 12 and 13 of this guide. Biogen will reimburse the cost of standard insurance fees monthly in arrears, for its employees in this CIA that are eligible for standard cover.

GOOD TO KNOW

As the provider of an authorised MySuper product, CareSuper meets the minimum insurance requirements and is an eligible default fund for employers' compulsory super contributions (where an employee does not choose their own fund).

Insurance cover through your super fund is purchased at group rates – which is usually cheaper than getting cover yourself.

It's important to think about insurance while you're fit and well, as it can be difficult to obtain if you've suffered an illness or injury.

All insurance cover (including standard cover) is subject to the insurer's terms and conditions summarised on the following pages.

Standard cover is the level and type of cover that may be provided to eligible members automatically. The level of standard cover varies depending on which membership of CareSuper you are in. Standard cover for this CIA is described on pages 4 and 5 of this guide.

This means standard cover can be automatically provided to you even if you are under age 25 and/or have an account balance of less than $6,000, without you electing to have the cover (usually an election is required for members under these thresholds). You can opt out of this cover if you wish, see page 14 for more information. You are responsible for payment of fees for any increased cover you obtain, from your CareSuper account.

When you stop working for your employer, or if your employer stops reimbursing the cost of insurance fees, you will be responsible for payment of all insurance fees associated with any CareSuper insurance cover you have from your CareSuper account while you remain a member. If you're under age 25 and/or have less than $6,000 in your account, at this time your insurance may be cancelled unless you elect to keep it. Should this occur and you wish to elect to receive cover, complete the **Elect to have insurance cover** form at **caresuper.com.au/biogenpds.** Fees are deducted from your account monthly.

You are able to change or cancel this cover if you wish.

Eligible members receive standard death and TPD cover as outlined in the table on this page.

To be eligible for standard cover, you must:

- Be at least 15 and under 65
- Be a full time or part time employee (including term contractors; casual employees are ineligible), and
- Meet other conditions relating to the commencement of cover as described on pages 12 and 13 of this guide.

The income used to determine any standard death and TPD benefits will be the amount advised by your employer annually (as at the last 1 April) and accepted by the insurer. Refer to the definitions of income on page 21.

Standard cover is subject to restrictions and exclusions described later in this guide. If you are not in active employment (see definition on page 21) for all of the first 30 days from the date your insurance cover commences, limited cover (see definition on page 23) may apply.

It will also be limited cover if we have not received an employer contribution within 120 days of you being first eligible (see definition on page 21), if you opt in to receive standard cover more than 6 months after becoming a CareSuper member and we do not receive an employer contribution for you that covers the date your cover commences.

HOW INSURANCE FEES ARE PAID

The cost of cover is determined using annual insurance fees and is deducted monthly on a pro-rata basis, based on the amount of cover you hold for the number of days in the month, from the commencement of the cover. The cost of standard cover is paid by your employer (excluding cover for any periods of unpaid leave) and is reimbursed monthly (1 month in arrears) to your account as additional contributions. Should your employer stop paying additional contributions to your account for standard cover, you will remain responsible for these insurance fees which will continue to be deducted from your account. Insurance fee deductions occur on the last calendar day of the month or on a full withdrawal. Insurance fee calculations are subject to any adjustments that are necessary, for example, changes in cover or age.

Where the cover commencement date is backdated, the first insurance fee deduction from your account will include fees calculated from that date.

Standard death and TPD insurance cover details		
Benefit design	If eligible, your standard death and TPD cover is calculated as 15% of your income multiplied by the number of years and complete months until you reach age 65.	
Automatic Acceptance Limit (AAL)	$1 million for death and TPD for standard cover. If the formula determines an amount of cover higher than the AAL, the excess amount is subject to insurer approval.	
Annual insurance fee	Insurance fees for standard death and TPD cover are deducted from your account monthly or on full withdrawal.	
Maximum benefit	Death cover: Terminal illness cover: TPD cover:	$10 million $3 million $3 million
Age standard cover ceases	65	

Insurance fees are deducted from your account at the sell unit price. Insurance fees include the insurance fees charged by our insurer and an amount that contributes to CareSuper's costs of providing insurance. For information about investment unit prices see the **Investment Guide** available at **caresuper.com.au/biogenpds**.

Your Corporate insurance arrangement (continued)

Example:

Mark is 40 years old and earns $60,000 per year, and has 24 years and 9 months to age 65 for death and TPD cover.

Mark's standard death and TPD cover is $9,000 (15% of $60,000) multiplied by 24.75 (the number of years and complete months until age 65).

$9,000 x 24.75
= $222,750 death and TPD cover.

Mark's cover is calculated as follows:

$222,750 ÷ $1,000 x $1.02 (cost of death and TPD cover at age 40) = $227.21 p.a.*

The insurance cover will decrease each month as Mark gets closer to age 65. The amount of insurance will increase if Mark's income increases, subject to the Automatic Acceptance Limit.

***Note**: The example given is an annual insurance fee after rounding. It's an example only. Contact us for information about your actual insurance fees.

COST OF STANDARD AND TAILORED DEATH AND TPD COVER

The cost of standard, tailored and transferred death and TPD cover is determined by your age and gender as shown in the following table. Standard death cover ceases at age 65 while tailored and transferred death cover ceases at age 70, unless cover ceases for some other reason.

Annual insurance fees per $1,000 of an insured person's cover ($)

Age	Male			Age	Female		
	Death	TPD	Death & TPD		Death	TPD	Death & TPD
15-20	0.27	0.10	0.37	15-20	0.11	0.07	0.18
21	0.27	0.10	0.37	21	0.11	0.07	0.18
22	0.27	0.10	0.37	22	0.11	0.07	0.18
23	0.27	0.10	0.37	23	0.11	0.07	0.18
24	0.27	0.10	0.37	24	0.11	0.07	0.18
25	0.27	0.12	0.39	25	0.13	0.09	0.21
26	0.27	0.15	0.42	26	0.14	0.10	0.23
27	0.27	0.17	0.44	27	0.15	0.12	0.26
28	0.27	0.19	0.46	28	0.17	0.13	0.29
29	0.27	0.21	0.48	29	0.18	0.15	0.32
30	0.28	0.23	0.51	30	0.19	0.17	0.36
31	0.28	0.25	0.53	31	0.21	0.19	0.39
32	0.30	0.28	0.58	32	0.23	0.21	0.43
33	0.30	0.32	0.62	33	0.25	0.23	0.47
34	0.32	0.34	0.65	34	0.25	0.25	0.49
35	0.33	0.37	0.70	35	0.27	0.29	0.55
36	0.35	0.40	0.75	36	0.30	0.32	0.62
37	0.38	0.43	0.80	37	0.31	0.36	0.66
38	0.40	0.48	0.88	38	0.32	0.37	0.68
39	0.45	0.51	0.95	39	0.34	0.40	0.73
40	0.47	0.55	1.02	40	0.37	0.43	0.80
41	0.51	0.60	1.11	41	0.41	0.48	0.88
42	0.56	0.66	1.21	42	0.45	0.53	0.97
43	0.62	0.73	1.34	43	0.50	0.58	1.08
44	0.67	0.78	1.44	44	0.53	0.62	1.15
45	0.71	0.83	1.54	45	0.56	0.66	1.22
46	0.77	0.90	1.67	46	0.61	0.71	1.31
47	0.83	0.97	1.80	47	0.66	0.77	1.42
48	0.88	1.03	1.90	48	0.71	0.83	1.54
49	0.93	1.08	2.01	49	0.77	0.89	1.66
50	1.00	1.16	2.16	50	0.81	0.94	1.75
51	1.08	1.25	2.33	51	0.87	1.02	1.88
52	1.18	1.37	2.54	52	0.93	1.08	2.01
53	1.27	1.47	2.74	53	1.00	1.16	2.15
54	1.35	1.58	2.92	54	1.06	1.24	2.30
55	1.45	1.70	3.14	55	1.15	1.35	2.50
56	1.58	1.84	3.42	56	1.23	1.45	2.68
57	1.74	2.05	3.79	57	1.34	1.58	2.92
58	2.01	2.35	4.36	58	1.51	1.76	3.26
59	2.27	2.65	4.91	59	1.66	1.94	3.59
60	2.55	3.14	5.69	60	1.87	2.31	4.18
61	2.89	3.85	6.73	61	2.11	2.85	4.96
62	3.22	4.76	7.97	62	2.35	3.45	5.80
63	3.52	5.15	8.67	63	2.57	3.74	6.31
64	3.81	5.59	9.40	64	2.78	4.05	6.83
65	4.09	0	4.09	65	2.99	0	2.99
66	4.35	0	4.35	66	3.18	0	3.18
67	4.58	0	4.58	67	3.35	0	3.35
68	4.83	0	4.83	68	3.53	0	3.53
69	5.09	0	5.09	69	3.72	0	3.72

Note:

1. Any cover from age 65 to 69 is tailored or transferred death only cover.
2. Insurance fees shown are based on binary gender (male/female) pricing. If we are not advised of your gender your insurance fees will be based on the female gender, this will be updated once we are advised of your gender by either yourself or your employer. If you do not identify as male or female, please contact us and we will notify you of the insurance fees that will be applicable to you. You can advise us of your gender via phone, email or in writing and any required insurance fee updates will be backdated to inception.
3. Insurance fees include an amount that contributes to CareSuper's costs of providing insurance.
4. Figures are rounded to two decimal places for disclosure only and actual insurance fees may differ due to the effects of rounding.

Tailoring your insurance cover

How much cover you need depends on your individual circumstances. While you may automatically receive the standard level of cover as detailed in this guide if eligible, it's a good idea to assess your actual insurance needs and adjust your cover accordingly.

Your options to tailor your death and TPD cover are set out on pages 7 to 9 and include the ability to apply for tailored cover if you have standard cover, or to apply for cover if you do not automatically receive standard cover. Refer to page 8 to calculate the cost of tailored death and TPD cover. See how to tailor your cover by applying for income protection cover on page 9.

Tailored cover is subject to maximum limits. You can apply for cover up to the amounts below.

Your tailored insurance options

Death	Up to $10 million
Terminal illness cover	Up to $3 million
TPD	Up to $3 million
Income protection	Up to $40,000 per month*

*See page 9 for more information on the maximum monthly benefit for tailored income protection cover based on income.

Additional limits may apply for transferred cover.

You can tailor your insurance cover by:

- Increasing your death and TPD cover by changing any standard death and TPD cover you have received into a higher fixed cover amount
- Applying for death only or TPD only cover
- Indexing fixed insurance cover (by 5% on 1 July each year)
- Applying for income protection cover subject to maximum limits
- Transferring cover from another super fund if you're under age 60 (maximum limits apply for transferred cover)
- Advising us of your occupational category for income protection cover to ensure you pay the right insurance fee for your cover.

The insurer may apply a medical exclusion and/or loading to your cover rather than decline your application. For more information call us on **1300 360 149**. Interim accident cover may apply — see page 9.

Tailoring your insurance cover (continued)

FIXED DEATH AND TPD COVER

If you decide that the standard amount of death and TPD cover (which will vary depending on your age) doesn't meet your needs, you may want to apply for fixed cover. Fixed cover provides you with a fixed amount of death and TPD cover (or death/TPD only cover) as chosen by you, that does not vary based on your age. If you choose to tailor any standard death and TPD cover you receive, you will no longer have your standard death and TPD cover determined by a formula which is linked to your income. Your death and TPD cover will become tailored fixed cover. With tailored fixed cover, your amount of cover will stay the same unless cover ceases for some other reason or you choose to have your fixed cover indexed. Indexing means that your cover increases by 5% on 1 July each year to account for inflation.

To vary your cover, first work out how much cover you need and what it will cost. You must apply for a minimum of $10,000 of fixed cover and it must be in multiples of $1,000. Insurance fees will be based on the increased cover. Use the table on page 6 and the examples to the right to calculate the cost of this cover. Your employer will continue to reimburse insurance fees equal to the fees that would have applied if you retained your standard cover (up to a maximum of age 65 or the date standard cover ceases, if earlier) and you will be responsible for the remaining insurance fees.

The insurer may apply insurance fee loadings as a result of assessing your application for tailored cover.

To apply to vary your insurance cover download and complete the **Corporate insurance application** form available from **caresuper.com.au/biogenpds**.

CALCULATING THE COST OF FIXED DEATH AND TPD

To determine what your annual insurance fee would be for fixed cover, divide your required level of cover by $1,000, and multiply by the insurance fee shown on page 6 that corresponds to your age and gender. Insurance fee loadings may be applied by the insurer.

Example:

Anna has applied for $550,000 of fixed death and TPD cover. Based on the table on page 6 her insurance fees at various ages are shown below.

Age 40

$$\frac{\$550{,}000}{\$1{,}000} \times \$0.80 = \$440 \text{ p.a.}$$

Age 45

$$\frac{\$550{,}000}{\$1{,}000} \times \$1.22 = \$671 \text{ p.a.}$$

Age 50

$$\frac{\$550{,}000}{\$1{,}000} \times \$1.75 = \$962.50 \text{ p.a.}$$

Age 55

$$\frac{\$550{,}000}{\$1{,}000} \times \$2.50 = \$1{,}375 \text{ p.a.}$$

This is an example only. You can contact us on **1300 360 149** to find out what insurance fees will be applicable to you. Insurance fees are rounded for disclosure only and may vary slightly to what is deducted from your account. The insurer may apply insurance fee loadings.

Any insurance fee deductions from your account occur at the sell unit price. For information about investment unit prices see the **Investment Guide** available at **caresuper.com.au/biogenpds**.

GOOD TO KNOW

Insurance cover through your super fund is purchased at group rates, which is usually cheaper than getting cover yourself.

INTERIM ACCIDENT COVER

If you apply for death, TPD or income protection insurance, during the assessment period you may receive interim accident cover as it applies to your application. See pages 21 and 22 for more information about interim accident cover.

INCOME PROTECTION COVER

APPLYING FOR INCOME PROTECTION COVER

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

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

You will not be eligible for income protection cover if you have previously been paid a TPD or similar benefit, have been paid a terminal illness benefit, or have been diagnosed with an illness that reduces your life expectancy to less than 24 months (see pages 19 and 20 for more details).

For cover up to $30,000 per month, for each $85 of benefit, $75 is paid as income (less applicable tax) and $10 is paid to your CareSuper account as a superannuation contribution. For cover between $30,000 and $40,000 per month, for each $60 of benefit, $50 is paid as income (less applicable tax) and $10 to your CareSuper account as a superannuation contribution.

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 21) for the entire benefit period, plus 60% of the next $200,000 p.a. of income for the first 2 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 20).

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. Insurance fees will be based on the increased cover.

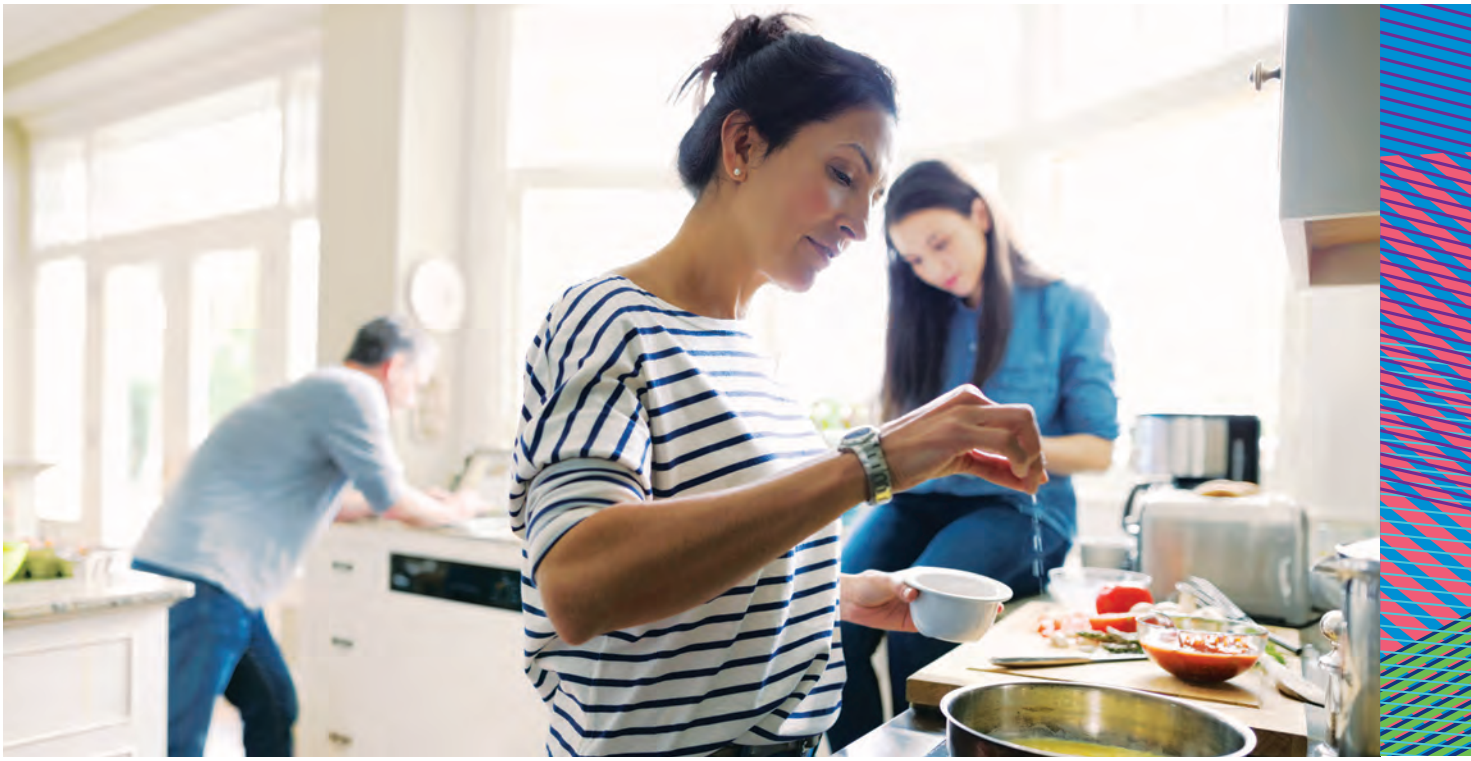
YOUR OPTIONS TO VARY INCOME PROTECTION COVER

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 (ceasing at age 65). If you choose the 5-year benefit period, the cost increases.



Tailoring your insurance cover (continued)

OCCUPATIONAL CATEGORIES

To reflect the different levels of risk associated with our members' different roles, health and occupations, CareSuper has three different occupational categories that apply to income protection cover only. If you obtain income protection, the cost of your cover depends on your occupational category (amongst other things).

The three categories are:

- General
- Office, and
- Professional.

Your occupational category will be determined when you apply for income protection cover and will be reviewed each time you apply to vary your insurance cover. You will need to apply and satisfactorily answer a few health questions to change your occupational category. Once your application is assessed, and if approved, you may also be subject to insurance fee loadings and/or exclusions.

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' nature tasks which do not involve manual work and are undertaken entirely within an office environment (excluding travel time from one office environment to another)?
2. Are you earning* in excess of $100,000 p.a. from your profession?

   If you currently work part-time and your full-time equivalent earnings are more than $100,000 p.a. you're eligible to answer "yes" to this question.
3. Do you:

   a) 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?

   Or

   b) Work in a management role?

*To calculate your earnings, see the definition of income (for income protection purposes) on page 21.

If you answered no to Q1, you qualify for the General occupational category.
If you answered yes to Q1, you qualify for the Office occupational category.
If you answered yes to Q1 and Q2, and to either Q3a or Q3b, you qualify for the Professional occupational category.

If changing your occupational category increases your cover, the active employment test (see definition of active employment on page 21) 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 23) conditions apply to the increased cover. Once you return to active employment for 2 consecutive months, full cover will apply, unless limited cover applies to your existing cover for any other reason.

APPLYING TO CHANGE YOUR OCCUPATIONAL CATEGORY

If you have income protection cover, you can apply to change your occupational category at any time, by completing the **Changing your occupational category** form available at **caresuper.com.au/biogenpds**.

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

For how to apply for income protection cover, see 'Applying for income protection cover' on page 9.

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 x 0.85 = $3,230 per month.

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 table on page 11 is:

$7.49 per $100 insured monthly benefit = $7.49 x $3,230 ÷ 100 = $241.93 per annum.*

*Note: The example given is an annual cost after rounding. It's an example only. Contact us for information about your actual insurance fees. The insurer may apply insurance fee loadings.

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

COST OF INCOME PROTECTION COVER

The cost of income protection cover is based on your age, gender, occupational category, the waiting period you select (30, 60 or 90 days) and the benefit period you choose (2 or 5 years, ceasing at age 65). The cost decreases if you wait longer to receive your benefit. If you do not select a waiting period, a 30-day waiting period will apply. The cost increases if you choose the 5-year benefit. If you do not indicate a benefit period on your application form, a 2-year benefit period will apply (ceasing at age 65).

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

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

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

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

Notes:

1. Insurance fees differ depending on your occupational category. To change your occupational category, you must apply to our insurer using our **Changing your occupational category** form.
2. Insurance fees shown are based on binary gender (male/female) pricing. If we are not advised of your gender your insurance fees will be based on the female gender, this will be updated once we are advised of your gender by either yourself or your employer. If you do not identify as male or female, please contact us and we will notify you of the insurance fees that will be applicable to you. You can advise us of your gender via phone, email or in writing and any required insurance fee updates will be backdated to inception.
3. Insurance fees include an amount that contributes to CareSuper's costs of providing insurance.
4. Figures are rounded to two decimal places for disclosure only and actual insurance fees deducted from your account may vary due to the effects of rounding.

Insurance — what you need to know

TRANSFERRING YOUR INSURANCE

If you are aged at least 15 and under 60, you may be able to transfer insurance from another super fund you participate in to your CareSuper account without having to provide medical evidence.

To transfer cover to CareSuper you must:

- Provide an up-to-date statement or certificate of currency as evidence of cover held. We must receive this within 6 months of the date of issue of the statement or certificate of currency, and
- Upon confirmation from CareSuper about your transfer of insurance, transfer the whole account balance from your other fund to CareSuper. Before you leave your other fund, you should check if it is the right decision for you as you will lose any insurance entitlements you have with that fund.

If you are not in active employment for all of the first 30 days from the date your cover is transferred to CareSuper, then limited cover conditions apply until you have been in active employment for 2 consecutive months. See pages 21 and 23 for the definitions of active employment and limited cover.

To transfer your cover held in another fund, please complete the **Transfer your insurance** form available at **caresuper.com.au/biogenpds** or by calling us on **1300 360 149** and provide the required documentation. Further information is provided on the form.

The maximum death only, TPD only, or death and TPD cover that can be in place in CareSuper without underwriting following a transfer is $2 million (inclusive of any existing death/TPD only or death and TPD cover you already have in CareSuper). If you want to transfer cover that would result in your total cover being greater than $2 million, you will need to be assessed and accepted by our insurer.

If the insurer accepts your application, the amount of death/TPD cover held in your other fund as at the transfer date will be added to any existing death/TPD cover held with CareSuper by allocation to your CareSuper account, of sufficient fixed cover rounded up to the nearest $1,000.

The maximum income protection cover that can be transferred without underwriting is $10,000 per month. The waiting period and benefit period will be adjusted in line with CareSuper's tailored cover insurance design.

The waiting period will be rounded up to the next highest waiting period under CareSuper (for example, a 45-day waiting period will be rounded up to 90 days under CareSuper). The benefit period will be rounded down to the next lowest benefit period. For example, if the income protection cover transferred has a 'to age 65' benefit period you will be provided with a 5-year benefit period under CareSuper.

Transferred income protection cover is not added to any current CareSuper income protection cover. Transferred cover will replace any existing income protection cover you have in CareSuper. However, if the amount of the existing cover in CareSuper exceeds the amount of transferred cover, the existing cover will not be replaced and the transferred cover will be invalid.

Transferred cover will commence in CareSuper on the later of:

- The date the insurer accepts your application, and
- The date the insurance cover held in your other fund is cancelled (and is not continued through another insurance arrangement) because you have decided to transfer your whole account balance in that other fund to CareSuper.

The cost of transferred cover will be deducted from your CareSuper account based on the insurance fees shown earlier in this guide (your employer does not meet the cost of this cover through extra contributions to your account). The insurer may apply insurance fee loadings, exclusions, restrictions and limited cover. Any insurance fee loadings, exclusions, restrictions and other special conditions applied in the previous fund will continue to apply until they expire.

WHEN INSURANCE COVER COMMENCES

NEW CARESUPER MEMBERS

Provided you are eligible, standard death and TPD cover for new employees of Biogen (employed on or after 1 April 2021) will commence on the later of:

- 1 April 2021 (the start date of the Biogen CIA in CareSuper)
- The contribution period start date for which the first employer contribution is made for you
- 130 days before the first employer contribution is received.

Cover may be limited cover, depending when we receive the first employer contribution for you and other circumstances.

You will be advised from when standard cover commences, when this information becomes known to CareSuper. Insurance fees apply from the date cover commences, however generally your employer pays extra contributions into your account to meet the cost of that standard cover (see page 4 for more information).

Any additional or tailored cover commences on the date we advise you in writing.

Biogen employees as at 31 March 2021 who are not CareSuper members as at 31 March 2021, and who apply to join CareSuper (see pages 19 and 20) may also receive standard cover if eligible, subject to the commencement of cover provisions described above. The commencement of cover is subject to meeting the active employment test for 30 consecutive days, otherwise limited cover will apply at least until active employment has occurred for 2 consecutive months.

EXISTING CARESUPER MEMBERS

Existing CareSuper members who are transferred to this CIA from 1 April 2021 and who are eligible for standard insurance cover in this CIA, will receive the higher of their existing cover (if any) and the standard cover applicable under this CIA, subject to commencement of cover provisions. Any exclusions, restrictions or loadings which applied to your cover prior to the transfer to this CIA will continue to apply for cover which is above the standard cover under this CIA.

Any increased cover for existing CareSuper members who commence as a new employee of Biogen will commence from the date we are notified that you are a new employee of that employer (subject to eligibility). Insurance fees for the increased cover will apply from the date that standard insurance cover in this CIA commences.

Generally, your employer pays extra contributions into your account to meet the cost of that standard cover (refer to page 4 for more information). If you are not in active employment for all of the first 30 days from the date your cover commences, you will receive limited cover until you have been in active employment for 2 consecutive months. See pages 21 and 23 for the definitions of active employment and limited cover.

Refer to the Exclusions and restrictions section on pages 19 and 20 for further information about your cover and other terms and conditions.

For all members participating in this CIA, any additional or tailored cover (including transferred cover) applied for by a member commences on the date we advise you in writing.

The first insurance fee payment deducted from your account for standard or other insurance cover will include all amounts accrued since the commencement date of the cover.

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.

CHANGING COVER LATER

You can apply to change the amount of death, TPD and income protection cover you have at any time.

If you would like to increase or recommence your insurance cover, you will need to be approved by the insurer.

To apply to vary your cover, simply complete the **Corporate insurance application** form available from **caresuper.com.au/biogenpds**.

Your occupational category will be reviewed when you apply to vary your income protection insurance cover. You will have to satisfactorily answer a few questions and once your application is assessed, any additional cover may be subject to insurance fee loadings and/or exclusions.

Insurance — what you need to know (continued)

REDUCE OR CANCEL COVER

You can reduce the amount of standard cover provided to you by applying for a fixed level of death and TPD (or death/TPD only) cover, or you can cancel standard cover (opt out) altogether.

If you opt out of the standard cover, any future insurance cover is subject to assessment and acceptance by our insurer (which may require you to provide evidence of health). The cost of cover will be deducted from your CareSuper account and your employer may no longer reimburse the cost of your standard cover.

If you have been accepted for tailored cover, you can reduce or opt out of the cover at any time. To opt out of standard cover altogether or reduce or opt out of other cover complete the **Reduce or cancel cover** form, available by calling us on **1300 360 149**. Your cover will cease from the start of the date we receive your request and you will not be covered for this day. Your insurance fees will only be adjusted or ceased when your request is received and accepted.

COOLING OFF PERIOD

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. There is also a 14-day cooling off period for declining standard cover from the date standard cover commenced. You must do this in writing. The cover will then be considered never to have started and all insurance fees paid during the cooling off period will be refunded to your CareSuper account.

WHEN COVER STOPS

Insurance cover will end on the earliest of the following:

- The date you stop being a CareSuper member
- The date you reach the maximum insurable age of 65 for all cover except tailored and transferred death cover (tailored and transferred cover has a maximum insurable age of 70)
- In the case of death cover, the date 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 CareSuper member and maintain 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
- In the case of death cover, the date a TPD benefit is paid where the TPD amount paid is greater than or equal to your death benefit amount. If your death cover is greater than your TPD cover, your death cover will continue when a TPD benefit is paid unless the death cover ceases for some other reason. Your death cover will be reduced by the amount of TPD cover paid to you
- The date of your death
- In the case of income protection cover, the date you commence duty with the armed services of any country, other than the Australian Army Reserve (during scheduled Army Reserve exercises, but not if called up for active service)
- In the case of income protection cover, the date a death, terminal illness or TPD benefit is paid to you under the applicable CareSuper insurance policy
- The date the applicable insurance policy is terminated or cancelled for any reason
- The start of the date we receive your request to cancel (opt out of) cover via a completed **Reduce or cancel cover** form (you will not be covered for this day)
- If there are insufficient funds in your account to meet insurance fees on the last calendar day of the month in which an insurance fee deduction can be made from your account (however, cover may recommence in some circumstances, if you remain a member of CareSuper — see 'Recommencing Cover' on pages 15 and 16.)
- The date 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 when your account is inactive (refer to 'Cover ceases on inactive accounts' below for further information). Cover may recommence in certain circumstances if you remain a member of CareSuper — see below
- Cover is transferred to another policy issued to CareSuper by Metlife
- The date you cease to be employed by Biogen or Biogen ceases to be covered under the policy applicable to Corporate insurance arrangements, at which time, any cover will be transferred to the Employee Plan and continue under the policy applicable to that Plan. Refer to 'If you leave your Employer' on page 16 for details.

MAXIMUM INSURABLE AGE

Standard death cover
(including terminal illness) — 65 years

Tailored death cover
(including terminal illness) — 70 years

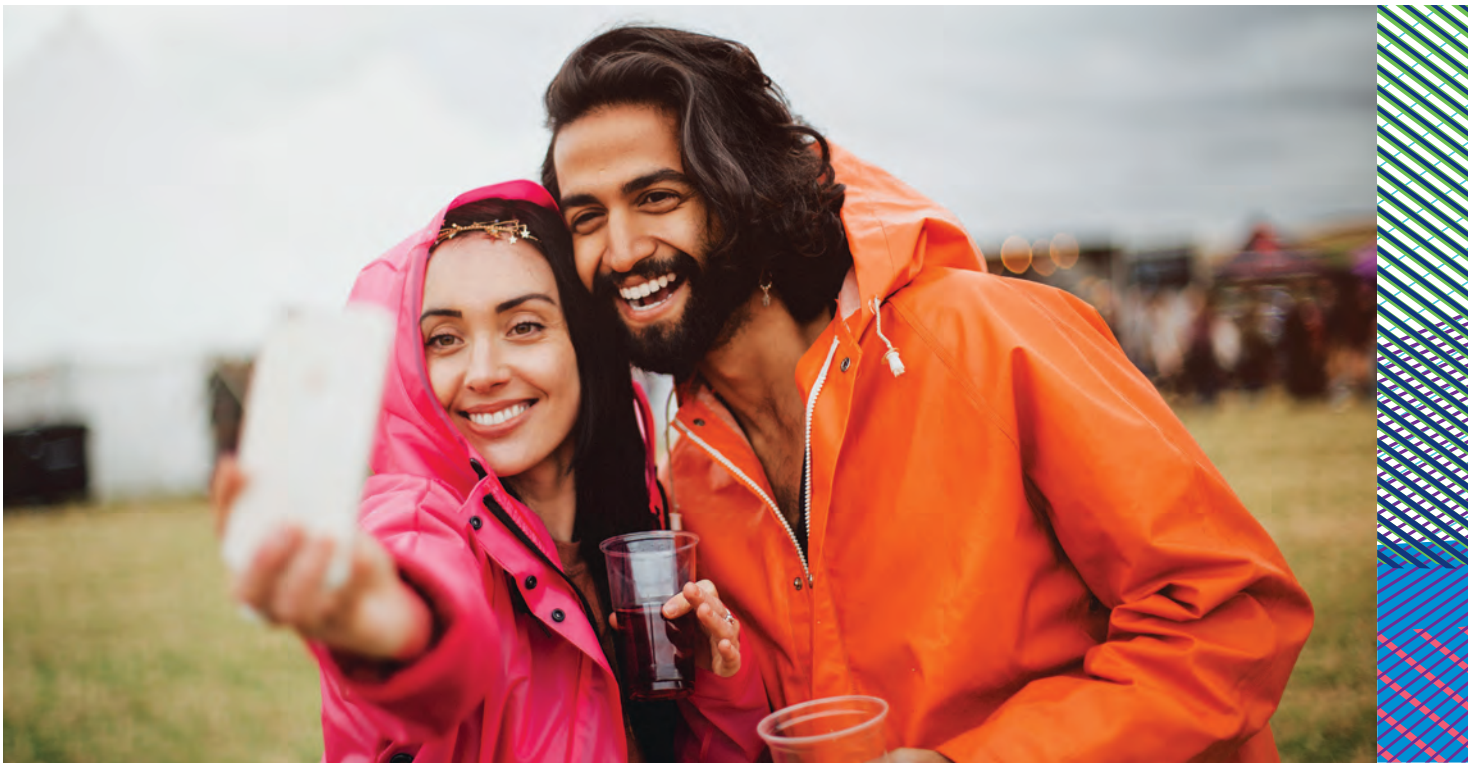
Standard and Tailored TPD cover — 65 years

Income protection cover — 65 years

COVER CEASES ON INACTIVE ACCOUNTS

Super laws require us to cancel your insurance cover if your account has been inactive for a continuous period of 16 months unless you elect to keep your cover or are exempted from the inactivity requirements.

Your account will become inactive if we have not received an amount for you (such as a contribution or transfer-in into your account) for at least 16 continuous months.



Unless you are exempted from the inactivity requirements, we will write to you before we cancel your cover due to inactivity to ask if you would prefer to keep your cover. You can make a written request to keep your cover even if your account becomes inactive by completing the **Keep or cancel my cover** form available from our website 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.

RECOMMENCING COVER

RECOMMENCEMENT OF COVER AFTER OPTING OUT

If you have previously opted out of cover, you will not be eligible for reinstatement of past levels of cover, and all future applications for cover will need to be assessed and accepted by our insurer. If accepted, insurance cover begins when we confirm acceptance to you in writing.

RECOMMENCING COVER AFTER INSUFFICIENT FUNDS IN YOUR ACCOUNT

Your cover will cease at the end of the month during which your account balance has reached $0. The recommencement of cover (including the effective date of recommencement) depends on the type of contribution received and when it is received. Cover will only recommence if you are eligible for cover on the relevant date. This includes meeting all legislative requirements for receiving cover at the time you qualify for recommencement of cover, otherwise the date for recommencement of cover will be the first time these requirements are met.

If your account balance reaches $0, you have 28 days from the end of the month that your account balance reaches $0 to make a contribution or transfer-in to allow cover to be reinstated. The contribution can be a personal or employer contribution.

Cover will recommence from the date your cover last ceased and insurance fees will be payable from that date. The amount of death and TPD cover (if any) will be the amount you had immediately prior to the cover lapsing. For income protection, the amount of cover, waiting period and benefit period will be the same as you had immediately prior to cover ceasing.

If your account balance reaches $0 and a contribution is not received within the 28 day period advised above, your cover may be reinstated if:

- An employer contribution is received within 6 months from the end of the month that cover ceased
- The commencement period of the contribution is within 6 months from the end of the month that cover ceased, and
- The employer contribution is paid on time according to legislative requirements.

Cover will recommence from the beginning of the period covered by the employer contribution, with insurance fees payable from that date. The amount of any death and TPD cover will be the same as the amount of cover you had immediately prior to the cover ceasing. For income protection, the amount of cover, waiting period and benefit period will be the same as you had immediately prior to cover ceasing.

In all other circumstances where your cover ceases due to your account balance reaching $0, cover may be reinstated to the amount of standard cover available to eligible members in the category

Insurance — what you need to know (continued)

of membership applicable to you when cover recommences. Cover will recommence from the date an employer contribution is received by CareSuper and insurance fees will be payable from that date.

You are required to be in active employment for all of the first 30 days from the date your cover recommences. If you are not in active employment for all of the first 30 days from the date your cover recommences, limited cover conditions apply. See page 21 for the definition of active employment.

If, after cover ceases due to insufficient funds in your account, you have an account balance in CareSuper, you will have to pay the difference between the insurance fee deduction made before the date your cover last ceased and the insurance fee due for that month (the outstanding insurance fee). This outstanding insurance fee will be deducted automatically from your account. Depending on the type of contribution received your cover may not recommence as a result of this insurance fee deduction.

RECOMMENCING COVER AFTER INACTIVITY

If you lose cover due to your account being inactive, cover can be reinstated if we receive an employer contribution for you and you are eligible for cover. This includes meeting all legislative requirements for receiving cover at the time you qualify for reinstatement of cover, otherwise the date for recommencement of cover will be the first time these requirements are met. Any reinstated cover will recommence from the date we receive the employer contribution, with insurance fees payable from that date. 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 within 6 months of cover ceasing due to inactivity, you will usually receive the same amount of cover and occupation category you held when cover ceased. If your cover recommences more than 6 months after cover ceased, you will receive the same level of standard cover that applies to a new member who is eligible for standard cover in the category of membership applicable to you when 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 6 months after the date on which cover ended.

Where reinstated cover occurs after cover ceases due to inactivity, it will be subject to standard policy terms and conditions including an active employment test as set out in the relevant **Insurance Guide** for your membership in CareSuper at the time cover recommences.

Where cover is reinstated more than 6 months after it ceased due to inactivity, it will be limited cover for a minimum of 2 years. You must be in active employment for all of the 2 months from the end of the minimum 2-year period for limited cover conditions to cease.

IF YOU LEAVE YOUR EMPLOYER

If you are no longer employed by an employer participating in this Corporate Insurance Arrangement (CIA) or your employer ceases to use this CIA, and you remain a member of CareSuper, you will transfer to the CareSuper Employee Plan as at the date of ceasing employment with that employer. Any existing death and TPD cover may continue as fixed cover, unless it ceases for some other reason, subject to the terms and conditions of the CareSuper Employee Plan. If you are under age 25 or your super account has not reached $6,000 and you do not have additional tailored cover, your cover will cease when you transfer to the Employee Plan unless you elect to keep your cover. The terms and conditions of the Employee Plan will apply. Fixed cover will be subject to the Employee Plan fixed cover insurance fees and occupational categories (which defaults to the General category). Once in the Employee Plan you can apply to have your occupational category changed (if applicable) to better match the work you do. Any income protection cover you hold will also be transferred and the same benefit period and waiting period will apply subject to the terms and conditions of the CareSuper Employee Plan.

Insurance fees will no longer reflect the rates that you previously received under the Biogen CIA and will be calculated using Employee Plan insurance fees. Conditions, exclusions, restrictions or loadings applicable to you in the CIA will also continue to apply.

The ongoing cost of insurance fees will continue to be payable from your CareSuper account from the date you cease employment.

If you become unemployed, your ability to claim any income protection benefits will be affected. Refer to the **CareSuper Member Guide PDS** for further details about the CareSuper Employee Plan, available by calling us on **1300 360 149** or at **caresuper.com.au/pds**.

COVER IS WORLDWIDE

You are covered while you are outside Australia, subject to the conditions of the insurance policy. Income protection payments are restricted to 12 months while overseas, unless otherwise agreed in writing. You are not required to advise CareSuper or insurer before you travel overseas.

Claiming an insurance benefit

CLAIMING AN INSURANCE BENEFIT

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

HOW DO I MAKE A CLAIM?

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

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

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

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

4 **Our insurer will assess your claim**
You will be appointed a case manager to assess and manage your claim, including your eligibility to claim under the insurance policy. Each claim is assessed on an individual basis. To fully assess your claim, your case manager may request additional information which they will outline to you. Your case manager will keep you informed of the status of your claim as it progresses.

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

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

QUALIFYING FOR A DEATH OR TPD BENEFIT

A death benefit will be paid if you die (while insured) before reaching the maximum insurable age, unless the circumstances of your death are subject to the conditions set out on pages 19 and 20. Your death benefit, which can include your account balance and an insured benefit, can be paid to a dependant such as a spouse, de facto, child (including step-child or adopted), or anyone who is financially dependent on you or in an interdependency relationship with you. See page 21 for the definition of interdependency. Alternatively, your benefit can go to your legal personal representative.

You can nominate who your benefit goes to by making a binding or a non-lapsing binding nomination. You can also make a preferred nomination, however a preferred nomination is not binding on CareSuper and will be used as a guide only, with the final decision made by CareSuper. For more information on beneficiaries, visit **caresuper.com.au/beneficiaries**.

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

You may qualify for a TPD benefit if you suffer (while insured) an illness or injury that meets the definition of total and permanent disablement in the insurer's opinion (see page 23).

If you have submitted a TPD claim and you die before the claim is finalised, your TPD claim may continue to be assessed as a posthumous TPD claim. A posthumous TPD claim is a TPD benefit that is paid to your beneficiaries after your death. In the event that 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.

Claiming an insurance benefit (continued)

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 insured terminal illness benefit provided through any death cover (subject to meeting the insurance policy definition). See page 23 for the definition of terminal illness.

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

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

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

QUALIFYING FOR AN INCOME PROTECTION BENEFIT

You may qualify for an income protection benefit if you suffer an illness or injury while you're insured that meets the definition of total disability, and have been unable to work for your applicable waiting period. Refer to page 24 for the definitions of total disability and waiting period.

If you have income protection cover at the time of a claim, you will receive the lesser of the following amounts:

a) 85% of your pre-disability annual income on the first $423,530 p.a. of income (see definition on page 21) for the entire benefit period, plus 60% of the next $200,000 p.a. of income.

b) The amount provided by the cover your hold.

If you qualify for a benefit, it will be payable for a maximum of your benefit period, provided you continue to meet the benefit conditions. The waiting period and benefit period will be as confirmed to you in writing. Refer to page 21 for the definition of benefit period.

No benefits are payable during the waiting period. After this, benefits will begin to accrue and will be payable monthly in arrears if you continue to meet the requirements. Income protection benefits cease to be paid when a terminal illness or TPD benefit is paid to you, or you pass away.

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

If you become unemployed (but wish to continue your cover to avoid reapplying), an income protection benefit will not be paid should you become disabled during this time, unless you meet another condition of release. If you no longer require income protection cover, you must notify CareSuper.

IF YOU RECEIVE INCOME FROM OTHER SOURCES YOUR BENEFIT IS REDUCED

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

a) Any income (other than benefits received under CareSuper's policy) or commutation (lump sum payment) of income, paid or payable to you as a result of your illness or injury including:
   - Sick leave payments
   - Any amounts payable under legislation such as workers' compensation or motor accident compensation
   - Any benefits payable under other income protection insurance policies, and
   - 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, and

c) Any amount that, in the opinion of the insurer, you could reasonably be expected to earn in your occupation while disabled. However, where you are fit to return to work in a reduced capacity but such work is not available with the existing employer, the insurer will not offset any income you should be able to earn from 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.

IF YOU DIE WHILE RECEIVING A BENEFIT

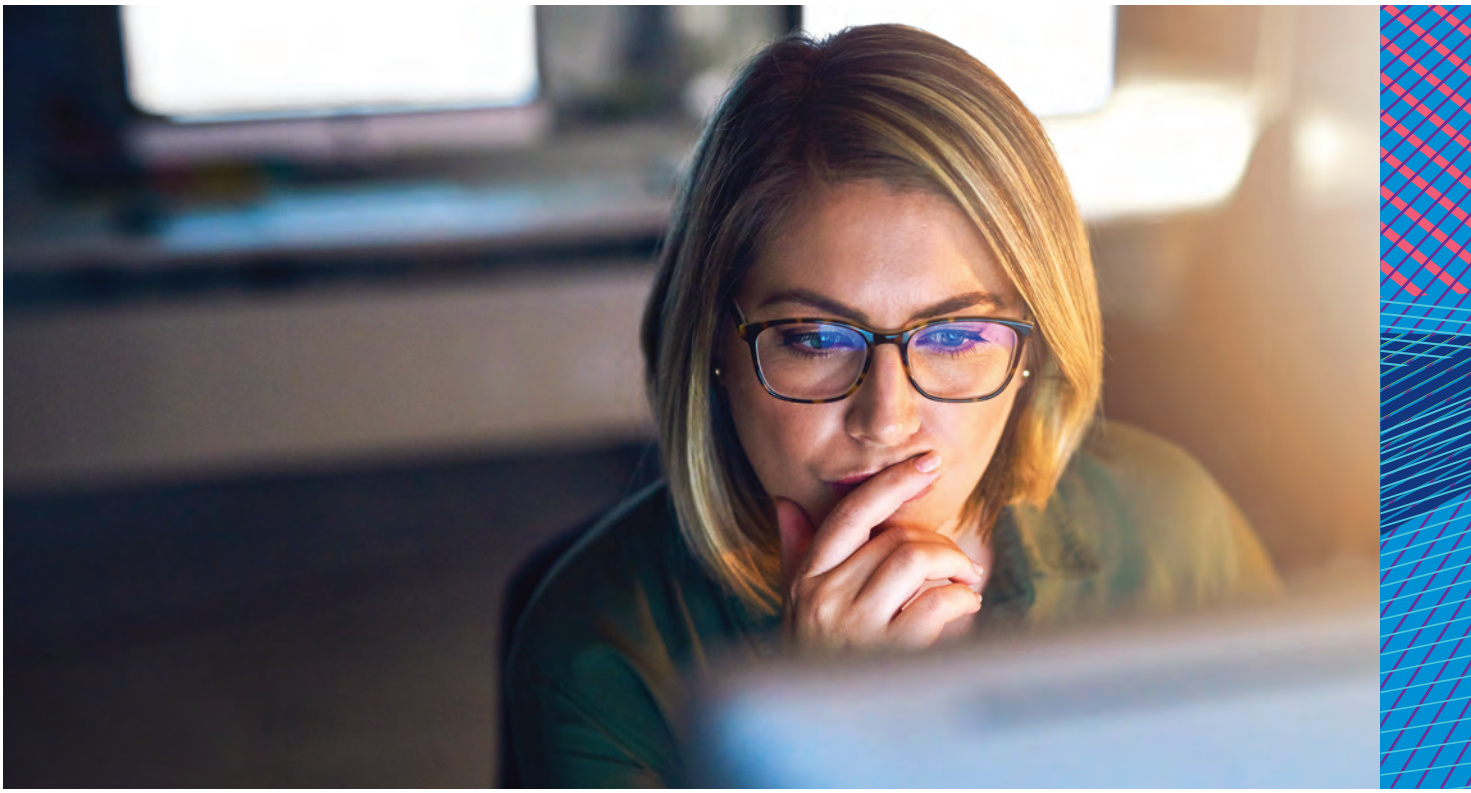
Your income protection benefits will cease upon your death, with a final payment equal to 3 times the monthly benefit.

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 for all the conditions for the maximum benefit period only.

IF YOUR DISABLEMENT REOCCURS

If you have been receiving income protection benefits and subsequently recover and return to work, you will no longer receive benefits. If you become totally disabled again due to the same cause or a related cause within 6 months of your recovery, this will be treated as a continuation of the previous claim and, provided



you are still a member of CareSuper, there will be no further waiting period. After 6 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 you are eligible for, for the related condition regardless of how often the same condition reoccurs.

For example, if you have a 2-year benefit period that is paid for 16 months for a back injury and you return to work and then suffer the same injury again, the most you can be paid for the re-occurrence of this condition is 8 months.

IF YOU RETURN TO WORK AND EARN LESS

If you return to work and are earning an income that is less than your pre-disability income, as a result of being recently totally disabled, you may be eligible for a partial disability benefit. 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.

EXCLUSIONS AND RESTRICTIONS

For **all types of cover** (death (including terminal illness), TPD and income protection), the following applies:

- 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.
- If you have previously been paid a TPD benefit of any type from any source including another super fund or a personal insurance policy as a result of a TPD claim, you will only be eligible for death cover with CareSuper; not TPD or income protection cover. This doesn't apply to transferred cover.
- If you have previously been paid a terminal illness or similar 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. This doesn't apply to transferred cover.
- Standard cover is automatically accepted by the insurer (subject to eligibility and commencement of cover conditions). However, automatic acceptance of cover may only occur once while you are a member of CareSuper. If you have received automatic acceptance on more than one occasion, the insurer may adjust the cover accordingly.
- Subject to some additional special rules applicable to existing employees of Biogen who are not members of CareSuper on 31 March 2021 (see page 20) limited cover (see definition on page 23) will apply when cover automatically commences, recommences or increases including:
  1. If you are not in active employment for all of the first 30 days from the date your cover commences, recommences or increases, until you return to active employment for at least 2 consecutive months.
  2. If you elect to receive standard cover (where standard cover does not commence automatically) more than 6 months after joining CareSuper.

Claiming an insurance benefit (continued)

3. If we don't receive on-time employer contributions (see definition on page 23) on your behalf within 120 days of you being first eligible (see definition on page 21) and we don't receive an employer contribution that covers the date cover commences.

   Standard cover (in the circumstances described in 2. and 3. above) will be limited cover for 2 years, subject to you being in active employment (see definition on page 21) in the 2 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 2 consecutive months.

4. If you elect to receive cover more than 6 months after joining CareSuper.

- Existing employees of Biogen who are not members of CareSuper on 31 March 2021 and apply to join CareSuper to participate in the Biogen CIA within 30 days of 1 April 2021 will be subject to meeting active employment requirements for 30 consecutive days from 1 April 2021. Any employees who do not apply to join the CareSuper Biogen CIA within 30 days from 1 April 2021 and decide to join after 1 May 2021, will be subject to limited cover for 2 years, subject to you being in active employment (see definition on page 21) in the 2 months leading up to this anniversary. If you don't meet the active employment requirements, your cover remains limited until you have returned to active employment for at least 2 consecutive months.
- When limited cover applies, including for non-standard insurance cover, intentional self inflicted injury or infection, suicide or attempt at suicide will not be covered within the first 12 months of cover commencing, increasing or recommencing.
- Limited cover will apply if the cover does not commence within 6 months of you commencing employment, until 2 years have passed and you return to active employment for at least the 2 consecutive months immediately prior to the expiry of that 2-year period. Otherwise limited cover will continue until you have returned to active employment for at least 2 consecutive months.
- You are able to apply to have limited cover removed at any time subject to the insurer's assessment requirements.
- Insurance fee loadings and/or exclusions may apply to any cover that you apply for and have assessed by the insurer.

See pages 12 and 13 for when your cover starts and pages 21 and 23 for definitions of active employment and limited cover.

DEATH AND TPD COVER SPECIFIC

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

- In the event of pandemic outbreak, the insurer reserves the right to alter when cover commences for new members in order to exclude any pandemic illness that could cause the member to die within 30 days of the date his or her cover commenced, provided the condition was present at the date the cover commenced.
- The 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. However, this condition will not disentitle you to a benefit should you die on war service for Australia. The war exclusion is only applicable to wars occurring during the policy period.

INCOME PROTECTION COVER SPECIFIC

In addition to the 'all types of cover' exclusions and restrictions outlined above, the following also apply to income protection cover:

- No benefit is payable under CareSuper's 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.
- CareSuper's insurer will not make a payment under the 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 for 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. The number of months in the benefit payment period will include any months in which the benefit is reduced or is calculated to be $0.
- The maximum time in total a benefit payment will be paid for while you are outside Australia is 12 months, unless otherwise agreed in writing.

Some exclusions and restrictions can only be determined or assessed at the time a claim is made.

Definitions for insurance

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. In the event of any inconsistency between this summary and the policies, the policies will prevail.

ACTIVE EMPLOYMENT

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

BENEFIT PERIOD

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

EMPLOYER CONTRIBUTION

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

FIRST ELIGIBLE

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

INCOME (FOR STANDARD DEATH AND TPD COVER)

The total salary package value of remuneration received from your employer. This includes:

1. Any allowances or fringe benefits paid to you that you can convert into cash salary at your option, or which the insurer agrees to treat as part of your income, and
2. Any salary sacrifice you have made.

Overtime, commissions, bonuses, shift allowances and employer contributions are not included in the definition of income.

Where you have multiple employment arrangements, only the income received from Biogen will be used.

INCOME (FOR INCOME PROTECTION BENEFITS)

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

If you have been working with your employer for a period of less than 12 months immediately prior to becoming disabled, then the total monthly value of remuneration will be averaged over the period since you last commenced employment with your employer. Where you have multiple employment arrangements the salaries (which may be either permanent or casual) will be combined to provide a total gross annual figure.

INTERDEPENDENCY

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

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

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

a) All of the circumstances of the relationship, including (where relevant) duration of the relationship; whether or not a sexual relationship exists; the level of commitment to a shared life; whether there was shared ownership, use, or acquisition of property; whether the relationship was outside of a usual parent/child relationship in the case of parent/child relationships; whether the relationship was of mere convenience;

b) The existence of a statutory declaration signed by one of the people to the effect that the person is, or (in the case of a statutory declaration made after the end of the relationship) was, in an interdependency relationship with the other person.

INTERIM ACCIDENT COVER

Interim accident cover may apply while the insurer considers your application for insured cover.

The insurer will provide interim accident cover from the date they are notified in writing of the application for insured cover as set out below. This does not apply to applications to transfer cover.

Accidental death cover

The insurer will pay a benefit if the application received from you is for death cover and you die as a result of an accident that occurs during the interim accident cover period (as outlined below), provided your death occurs within 90 days of the date the accident occurred.

Definitions for insurance (continued)

Accidental total and permanent disablement cover

The insurer will pay a benefit if the application received from you is for total and permanent disablement cover and you become totally and permanently disabled as a result of an accident that occurs during the interim accident cover period (as outlined below), provided the date of disablement is within 90 days of the date the accident occurred.

Accidental income protection cover

The insurer will pay a benefit if the application from you is for income protection and you become totally disabled as a result of an accident that occurs during the interim accident period (as outlined below) provided the date of disablement is within 90 days of the date the accident occurred.

Amount of interim accident cover benefit

For death and total and permanent disablement, the benefit will be the amount of death or total and permanent disablement cover or additional insured cover you requested, as applicable. However, this benefit will not 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 benefit period if you already hold income protection cover 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 dates:

a) The date the application for insured cover is withdrawn

b) The date the insurer accepts the application for insured cover on standard or special terms

c) The date the insurer rejects the application for insured cover

d) The date the insurer cancels the interim accident cover

e) 120 days from the date we receive the application for insured cover, and

f) The termination of the insurance policy.

Interim accident cover benefit — effect on application for cover

If the insurer pays you a benefit under this condition, your application for cover or an increase in cover will be cancelled and you may not seek any further cover under the insurance policy.

No doubling up of benefits

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

LIMITED COVER

Limited cover means you are only covered for claims arising from a sickness or injury which first becomes apparent or first occurs on or after the date the cover last commenced, recommenced or increased for you in CareSuper.

ON-TIME EMPLOYER CONTRIBUTION

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

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

STANDARD COVER

Standard cover is the level and type of cover that may be provided to eligible members automatically or upon election. The level of standard cover varies depending on your category of membership in CareSuper.

TERMINAL ILLNESS

You are able to apply for 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) CareSuper's 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.

TOTAL AND PERMANENT DISABLEMENT

Total and permanent disablement means:

Loss of limbs and/or sight

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

Or

Unable/unlikely to do a suited occupation ever again

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

Or

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

All of the points following (i–iv) apply to you:

(i) You were, on the date of disablement, aged at least 15 but less than 65 years

(ii) You were 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) The 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.

'Occupation' means an occupation or gainful employment 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 previous definition 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 the 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.

WAITING PERIOD

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

Keeping in touch is easy

CALL

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

VISIT

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

LOG IN

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

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

CONTACT

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

WRITE TO

CareSuper
Locked Bag 20019
Melbourne VIC 3001

REQUEST ADVICE

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

MAKE SURE WE CAN FIND YOU TOO!

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

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

ABOUT OUR INSURER

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

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

With over 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.

MetLife

CareSuper

1300 360 149
caresuper.com.au/getintouch
CareSuper Locked Bag 20019 Melbourne VIC 3001

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

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