



Super Insurance Guide



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The information in this Insurance Guide is incorporated by reference into the HUB24 Super Product Disclosure Statement Part I and Part II (PDS). It should be read in conjunction with the HUB24 Super PDS, and any other information that has been incorporated into the PDS.

Issued by HTFS Nominees Pty Limited (ABN 78 000 880 553, AFSL 232 500, RSE License No. L0003216) as Trustee of the HUB24 Super Fund (ABN 60 910 190 523, RSE R1074659, USI 60 910 190 523 001).



About This Insurance Guide

Important Information

It is important that you read this Insurance Guide carefully as it contains important details about what insurance is available through HUB24 Super, how it can be tailored to your needs, what it will cost you and how to make a claim. It's also important that you understand the terms and conditions you need to satisfy before you apply for, or change, your insurance cover.

Certain words in this Insurance Guide have been intentionally capitalised as they have a special meaning which can be found in Section 8 under "Terms and Definitions". To the extent of any inconsistency between the information in this Insurance Guide and the Policies, the terms and conditions of the Policies will prevail.

About the Trustee and the Administrator

This Insurance Guide has been prepared and issued by HTFS Nominees Pty Limited (ABN 78 000 880 553, AFSL 232500, RSE Licence No. L0003216) ('Trustee', 'we', 'us') as Trustee of the HUB24 Super Fund (ABN 60 910 190 523, RSE R1074659) ('the Fund'). HUB24 Super ('the product', 'this product') is offered through the Fund.

All references to the Administrator in this Insurance Guide are references to HUB24 Custodial Services Limited (ABN 94 073 633 664, AFSL 239122) ('HUB24', 'Administrator').

Incorporated Information

The information contained in this Insurance Guide is incorporated by reference into the Product Disclosure Statement Part I and Part II ('PDS') for this product and should be read in conjunction with the PDS, Investment Booklets, list of individual insurance policies (as applicable) and the relevant underlying disclosure documents (if any) for each underlying investment option (including managed portfolios).

General Advice Warning

The information in this Insurance Guide is general information only and does not take into account your personal objectives, financial situation, needs or circumstances. Before acting on this information, you should consider its appropriateness, having regard to your personal objectives, financial situation, needs and circumstances.

Before making a decision about whether to acquire or continue to hold the product or an investment or insurance available in the product, you should consider the PDS (including incorporated information). You should also consider the further information about insurance cover under an individual insurance arrangement contained in the list of individual insurance policies and the product disclosure statement issued by an insurer whose insurance arrangement is available from the Fund. These documents are available without charge upon request by contacting your financial adviser ('adviser') or the Administrator or through the product website at www.hub24.com.au/super ('product website').

Target Market Determination

A target market determination ('TMD') has been issued by us which considers the design of this product, including its key attributes, and describes the class of consumers that comprises the target market for this product. A copy of the TMD for this product can be obtained from your financial adviser or is available on our website at www.hub24.com.au/super.

Interpretation

All dollar amounts are in Australian dollars unless otherwise indicated. Unless otherwise stated all fees and rates are expressed as inclusive of GST (if applicable) and net of any applicable reduced input tax credits ('RITCs'). All references to time are to Sydney time.

Updated information

The information in this Insurance Guide is up to date at the date of publication. However, we may make changes from time to time in response to regulatory requirements or changes, to reflect changes to the Fund or its products (including changes in the way accounts are administered), to ensure that the information included in this Insurance Guide remains accurate and up to date.

If a change occurs to information in this Insurance Guide that is not materially adverse, we may update this document by publishing the updated information on the product website shown on the front cover of this document. Otherwise, we will issue a revised Insurance Guide. You can obtain a paper or electronic copy of any updated information for this document free of charge on request, by asking your adviser, by contacting the Administrator or by visiting the product website shown on the front cover. You should regularly check the product website to ensure that you have the most up to date information.

About This Insurance Guide (continued)

We will provide members with notice of any material change to a matter or of any significant event that affects a matter being a matter that would have been required to be specified in a PDS for this product prepared on the day before the change or event occurs. We will provide members with at least 30 days' advance notice of any increase in fees as required by law. For any other materially adverse changes, advance notice will also be provided to members at least 30 days in advance, where practicable, otherwise advance notice of materially adverse changes will be provided as permitted by law.

Consents

Any statement made by a third party or based on a statement made by a third party in this Insurance Guide has been included in the form and context in which it appears with the consent of the third party, which has not been withdrawn as at the date of this Insurance Guide.

Further information

If you would like to request a free printed copy of this Insurance Guide or have any questions or would like any more information about the product, please contact your adviser or the Administrator.

Contact details

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Web www.hub24.com.au

InvestorHUB

InvestorHUB, your online access to your super and pension account, is available via the product website shown on the front cover of the PDS.



1. Understanding Insurance

Insurance available through HUB24 Super

The Fund offers a range of flexible insurance options for your personal super or lifetime super account (accumulation account) that can be tailored with the help of your adviser to suit your needs. You can select from group and individual retail insurance options. Insurance cover available through the Fund is only available to members through an accumulation account. Regardless of whether you apply for group or individual cover, the Trustee will be the owner of the policy.

Individual retail insurance options

If you have an accumulation account, you can apply for Death, TPD and IP insurance under an individual insurance policy available through the Fund, as determined by the Trustee from time to time (refer to the PDS Part I Section 9: Other Important Information, under 'Trustee and Administrator Discretion' for more information). A list of available insurance policies (including relevant insurers) is available from the product website, or on request (free of charge) from your adviser or by contacting our Client Services Team on 1300 508 797. Insurance cover will be provided through an individual agreement ('individual policy') between the Trustee and the relevant insurer.

For policy information regarding individual insurance, members should contact the specific insurer or your adviser for a copy of their latest policy document and schedule.

Group Life and Income Protection Insurance

Group insurance cover offers competitive insurance fees based on group rates (depending on your circumstances) and other benefits, such as the ability to choose from 'Standard Cover' or 'Tailored Cover'. Insurance fees are automatically deducted and paid directly from your HUB24 Super cash account.

Standard cover provides a basic level of cover (for Death-only and Death and Total and Permanent Disablement) and is not tailored to any member's particular circumstances, whereas through Tailored Cover, you and your adviser can tailor your insurance to your personal circumstances.

Insurance cover available to you as an accumulation member of the Fund under the Policies include:

- Death (including 'Terminal Illness');
- Total and Permanent Disablement ('TPD'); and
- Income Protection ('IP') (which is only available on a Tailored Cover basis).

If you are approved for insurance cover under the group insurance offering, you will be covered under a group Policy issued by the Insurer and owned by the Trustee. When making a claim, please contact your adviser or our Client Services Team on 1300 508 797.



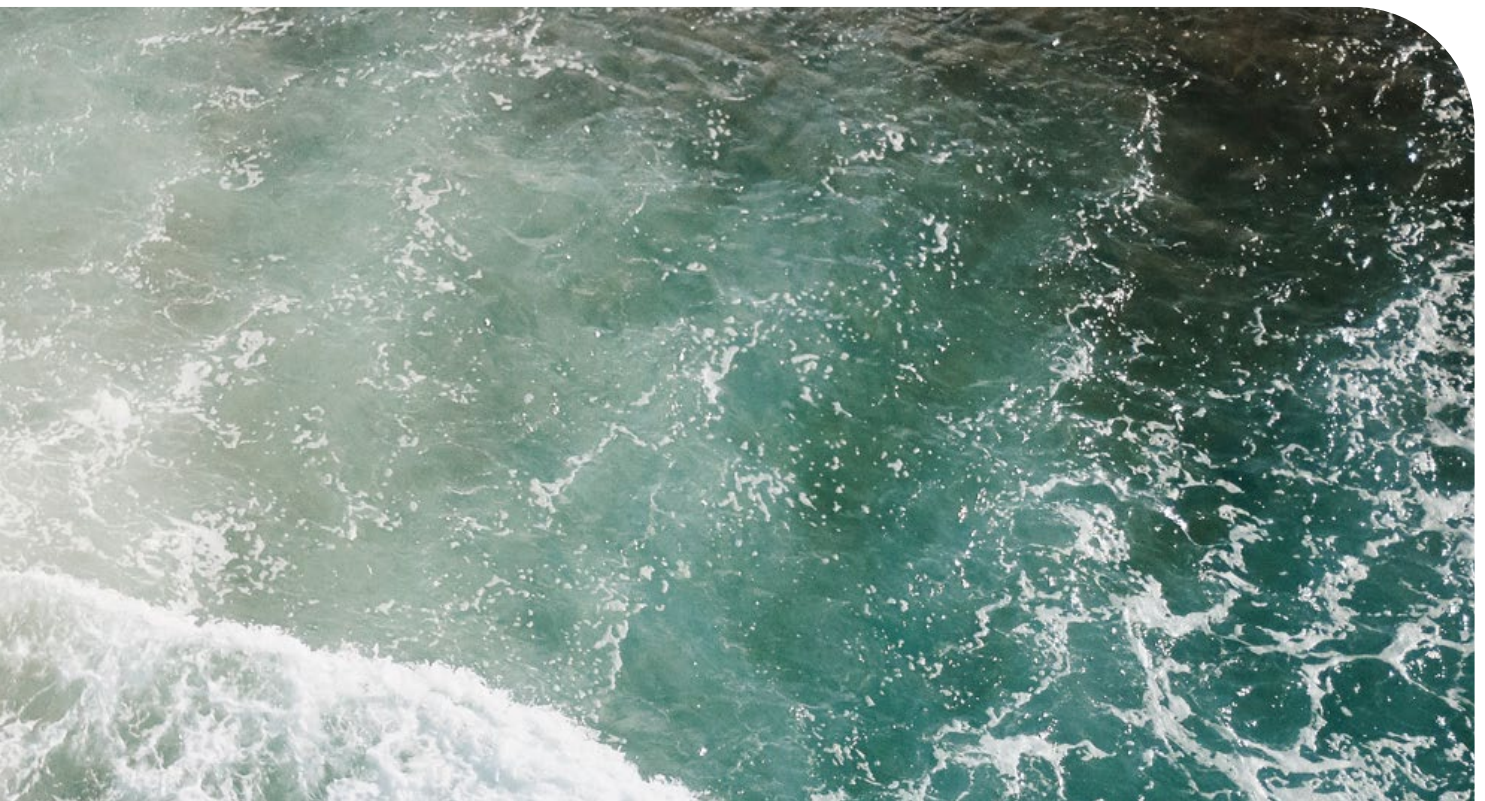
1. Understanding Insurance (continued)

Differences depending on the way you obtain cover

There are differences between taking out insurance cover under an individual insurance policy via the Fund and taking out insurance cover under an individual insurance policy directly outside of super. There are also differences between taking out group life insurance versus direct insurance cover. Differences include:

- For insurance cover obtained via the Fund, insurance fees can be cheaper as it covers a number of people in the same insurance policy and can be paid directly from your cash account. For insurance cover under an individual insurance policy, the insurance fees could be higher (as it is tailored to your personal situation), and the costs may be paid directly by you.
- Insurance cover obtained via the Fund is subject to rules in superannuation legislation that govern the type of insurance benefits that can be provided via a superannuation fund and when insurance proceeds may be paid out of the superannuation fund to you (for example, meeting a condition of release). These rules do not apply to individual insurance policies outside of superannuation and issued directly to you.
- Insurance cover obtained via the Fund may be tax effective as your employer's super contributions and salary sacrifice contributions are taxed at up to 15%. This is lower than the marginal tax rate for most people, therefore paying for insurance fees through your super may be tax effective.
- Insurance fees associated with Death and TPD cover obtained via the Fund may be eligible for tax deductions that are not accessible when you take out insurance cover under an individual insurance policy. The Fund, not you, can claim tax deductions for insurance fees. To the extent that a member's insurance fees are tax deductible, the benefits of any tax deduction will be claimed by the Fund with the net impact of the annual tax process passed on to each member. For Income Protection insurance cover under an individual policy outside of superannuation, you can claim the premiums as a tax deduction at tax time.
- When you apply for insurance cover under an individual insurance policy directly, a 'cooling-off period' applies during which you can change your mind about acquiring the relevant policy. A 'cooling-off period' does not apply when you obtain cover via the Fund under an individual insurance policy.
- If you wish to make a claim relating to your insurance cover under an individual insurance policy obtained via the Fund you need to contact the Trustee, who will then lodge a claim with the insurer as the policy owner. Conversely, if you hold an individual policy outside of super, you will need to contact the insurer to make a claim.
- If you have a complaint relating to your insurance cover under an individual insurance policy obtained via the Fund, it is initially dealt with through the Trustee's complaint handling process. For more information about the complaints handling process refer to 'Complaints' in Section 8: 'How to open an account' of Part I of the PDS.

For further information about the different ways in which you can obtain insurance cover, speak to your adviser.



2. Group Insurance Cover

Group Life and Income Protection insurance cover available through the Fund is provided by TAL Life Limited (ABN 70 050 109 450, AFSL No. 237848) ('Insurer') under the relevant group insurance policies (each, a 'Policy') issued to the Trustee.

References to the Policy in this document refer to the group life Policies issued by TAL Life Limited unless otherwise specified.

The suitability of insurance cover available to you via the Fund depends on your individual circumstances and objectives. Neither the Trustee nor the Administrator can provide personal financial advice to you in relation to insurance cover under the Fund. You must consult an adviser before investing through the Fund or applying for insurance cover. Your adviser will provide you with a Statement of Advice ('SOA') and other disclosure documents relevant to your insurance options. Please refer to Section 10 in this Insurance Guide under the heading of 'The role of your adviser'.

This Insurance Guide provides a summary of the key terms and conditions applicable to group insurance cover. For further information about the group insurance cover available in the Fund, refer to the Policy documents available by contacting your adviser or the Administrator.

The types of insurance cover available to you as a member of the Fund under the Policies are Death cover, TPD cover and IP cover. Death and TPD cover are available on a 'Standard Cover' and 'Tailored Cover' basis. IP cover is only available on a Tailored Cover basis.

Group insurance cover and benefits are subject to the terms and conditions in the Policies. To the extent of any inconsistency between the information in this Insurance Guide and the Policies, the terms and conditions of the Policies will prevail.

Types of Group Cover

Standard Cover

Within 60 days of joining the Fund by opening an accumulation account, you may apply for Death only or Death and TPD cover under the Standard Cover option without being subject to underwriting. Refer to the 'Application requirements' table in Section 5 for the relevant Eligibility Criteria.

The Standard Cover option is designed to provide you with a basic level of cover for death and TPD and provides a fixed level of cover (as set out in the table below) that recognises you may need greater insurance at certain stages in life. The amount of your cover will be determined at the time your cover is accepted and after that, on each 1 July based on your age next birthday according to the table below. Standard Cover commences upon written acceptance by the Insurer. Please note, IP cover is not available through the Standard Cover option.

Level of Cover for Standard Cover Option

Age next birthday	Death cover	TPD cover
16-20	\$75,000	\$75,000
21-25	\$100,000	\$100,000
26-30	\$150,000	\$150,000
31-35	\$200,000	\$200,000
36-45	\$250,000	\$250,000
46-50	\$200,000	\$200,000
51-55	\$150,000	\$150,000
56-60	\$90,000	\$90,000
61-65*	\$60,000	\$60,000
66-70^	\$30,000	Nil

*TPD cover ceases on 30 June immediately prior to you attaining age 65.

^ Death cover (including Terminal Illness cover) ceases on 30 June immediately prior to you attaining age 70.

As an example, if you apply for Death and TPD cover, and you are aged 38 next birthday at the time your application is accepted by the Insurer, the Policy will provide \$250,000 of Death and TPD cover.

2. Group Insurance Cover (continued)

Tailored Cover

You can apply for Tailored Cover (subject to Maximum Benefit amounts shown later in this section) if you:

- are not eligible for Standard Cover;
- have Standard Cover and wish to increase your Death only or Death and TPD cover (Note: If your application for Tailored Cover is accepted by the Insurer, your cover will move from a pre-determined age-based level of cover as set out in the table under the Standard Cover option to a fixed level of cover as offered under the Tailored Cover option);
- do not currently have any insurance within the Fund;
- wish to apply for IP cover; or
- have Tailored Cover and wish to increase your existing level(s) of cover.

Refer to the 'Application requirements' table later in this section for relevant Eligibility Criteria.

TPD cover is only available in conjunction with Death cover and cannot be purchased alone. In addition, the level of TPD cover cannot exceed the level of Death cover. If you have TPD cover through the Tailored Cover option, the amount of TPD cover automatically reduces from age next birthday 62 as set out in the following table:

Total and Permanent Disablement tapering

Age next birthday	Level of TPD cover (as % of the corresponding Death cover sum insured)
61	100%
62	80%
63	60%
64	40%
65	20%



2. Group Insurance Cover (continued)

Cover types available through Standard and Tailored Cover options

Cover Type	Cover Description	Standard Cover	Tailored Cover
Death (including Terminal Illness cover)	Death cover (including Terminal Illness cover) is designed to provide your beneficiaries with money to live on and/or to repay your debts when you die. If you die while you are an Insured Person, and are entitled to a death benefit under the Policy, a death benefit will be paid as a lump sum payment in accordance with the terms and conditions of the Policy. If you suffer a Terminal Illness while you are an Insured Person and are entitled to a Terminal Illness benefit under the Policy, a Terminal Illness benefit will be paid as a lump sum payment in accordance with the terms and conditions of the Policy. If the amount of Terminal Illness benefit is equal to the amount of Death cover, your Death cover will cease upon payment of a Terminal Illness payment. Where your Terminal Illness benefit is less than the amount you are insured for death, Death cover for the remaining balance will continue subject to the terms and conditions of the Policy.	Death Up to a Maximum Benefit of \$250,000¹ Terminal Illness Up to a Maximum Benefit of \$250,000¹	Death Unlimited² Terminal Illness Up to a Maximum Benefit of \$5 million
Total and Permanent Disablement (TPD) ³	TPD cover is designed to provide you with money to meet your costs of living if you become Totally and Permanently Disabled. If you become Totally and Permanently Disabled while you are an Insured Person and are entitled to a TPD benefit under the Policy, your TPD benefit will be paid as a lump sum in accordance with the terms and conditions of the Policy. If the amount of your TPD benefit is equal to the amount of Death cover, your Death cover will cease upon payment of the TPD benefit. Where your TPD benefit is less than the amount you are insured for death, Death cover for the remaining balance will continue subject to the terms and conditions of the Policy.	Up to a Maximum Benefit of \$250,000 ¹	Up to a Maximum Benefit of \$5 million

¹ The actual level of cover available depends on your age.

² If you apply for an increase in cover due to a Life Event (see 'Increase of existing cover due to life event or salary increase' in section 5 of this Insurance Guide), then the maximum total level of Death only, or Death and TPD cover, after the increase is \$5 million.

³ TPD cover is only available in conjunction with Death cover and cannot be higher than Death cover.

2. Group Insurance Cover (continued)

Cover Type	Cover Description	Standard Cover	Tailored Cover
Income Protection (IP)	IP cover is designed to protect your income and super contributions if you become Totally Disabled or Partially Disabled due to Illness, Injury or Accident (if you are claiming under Interim Accident Cover, see later in this section) in the 'Interim Accident Cover' section for more information). If you become Totally Disabled or Partially Disabled while you are an Insured Person, and are entitled to a benefit under the Policy, a Total Disability or Partial Disability benefit (see further details below) will be paid as a monthly payment in arrears after the expiry of the applicable Waiting Period, subject to any exclusions (refer to 'What are the exclusions and restrictions?' in Section 3). Any IP benefit payable to you will be reduced by any Other Disability Income. You can select your Waiting Period (30 days, 60 days or 90 days) and Benefit Period (2 years, 5 years or to age 65) at the time of application, which is subject to acceptance by the Insurer. The Insurer has the discretion to accept the application, offer cover subject to any loading, restrictions, or additional conditions it considers appropriate or decline an application. You can only apply for IP cover through the Tailored Cover option. The amount of any Total Disability or Partial Disability benefit will be based on your insured benefit at the time of claim, subject to relevant maximum benefits and any offsets for Other Disability Income as defined in the Terms and Definitions. If your Declared Earned Income increases and you require your insured benefit to also increase, please complete the 'Application to Increase Income Protection Cover due to a Salary Increase' form (which you can also use to apply for any increase in Pre-disability Income to be included) and submit it to the Fund, who will arrange for the Insurer to consider your application.	Not available	Up to a maximum benefit of \$30,000 per month or 75% of Declared Earned Income plus superannuation contribution benefit of up to the Superannuation Guarantee contribution percentage applicable to your Declared Earned Income if you have selected this benefit (whichever is lesser).

Superannuation Contributions Cover

You may also apply for superannuation contributions cover (up to the Superannuation Guarantee contribution percentage applicable to your Declared Earned Income) at the time of your application for IP cover. If you have been accepted to have superannuation contributions cover as part of your IP cover, the Fund will be paid superannuation contributions on your behalf for crediting to your superannuation account when a Total Disability or Partial Disability benefit is payable under the Policy.

If you hold superannuation contributions cover as part of your IP Cover and you are entitled to an IP benefit under the Policy which is to be reduced by Other Disability Income, the benefit payable, (including the superannuation contributions benefit (if applicable)) will be calculated prior to the reduction by Other Disability Income being calculated and the benefit payment will be split proportionately between the Total Disability or the Partial Disability benefit (as applicable) and the superannuation contributions benefit (if applicable).

2. Group Insurance Cover (continued)

Total Disability Benefit

If you become Totally Disabled while you are an Insured Person and are entitled to a Total Disability benefit under the Policy, a Total Disability benefit will be paid in accordance with the terms and conditions of the Policy.

The amount of the Total Disability benefit is calculated as the lesser of:

- up to 75% of Declared Earned Income plus the benefit payable under superannuation contributions cover (if applicable); and
- the amount of IP cover the Insurer has agreed to provide in respect of you.

A Total Disability benefit is payable from the first day after the Waiting Period, and ceases on the earliest of:

- the first day upon which you are not Totally Disabled;
- the most recent 30 June immediately prior to you attaining age 65;
- the date of your death; and
- the end of the Benefit Period applicable to you.

Partial Disability Benefit

If you are Partially Disabled while you are an Insured Person and are entitled to a Partial Disability benefit under the Policy, a Partial Disability benefit will be paid in accordance with the terms and conditions of the Policy. The amount of the Partial Disability benefit is calculated using the following formula:

$$\text{Declared Earned Income} - \frac{\text{Return to Employment Income}}{\text{Declared Earned Income}} \times \text{Insured Monthly Benefit}$$

To be eligible for a Partial Disability benefit,

- a. you must have been Totally Disabled for at least 7 out of 12 consecutive days during the Waiting Period; and
- b. are Partially Disabled at the end of the Waiting Period or immediately following a period during which the Total Disability benefit has been payable.

A Partial Disability benefit is payable from the later of the first day after the Waiting Period and the date on which you cease to be Totally Disabled.

A Partial Disability benefit ceases on the earliest of:

- the first day you are not Partially Disabled;
- the most recent 30 June immediately prior to you attaining age 65;
- the end of the Benefit Period applicable to you; and
- your death.

When does cover start?

Generally, group insurance cover starts on the date the insurance cover is accepted by the Insurer. You will be informed about the date your insurance cover was accepted by the Insurer.

If you cancel your cover or increase in cover within 30 days of commencement of that cover or increase in cover, the insurer will refund to you the premiums paid. No refund can be made if a claim has been made under the Policy for your cover.

When does cover end?

Your insurance cover under the Policy ends on the earliest of:

- the date your cash account balance doesn't have enough money in it to pay the insurance fees;
- the date the relevant insurance Policy is terminated;
- the date your accumulation account is closed (where insurance is held);
- for Death and TPD cover, the date the Insurer pays the total insured benefit under the insurance Policy except where the TPD benefit is less than the Death cover amount;
- the most recent 30 June before the date you turn 70 (for Death and Terminal Illness cover), or 65 (for TPD or IP cover);
- the date the Trustee accepts your request to cancel your cover;
- the date you die;
- the date you commence military service (other than service in the Australian Armed Forces Reserve if you are not on active duty outside Australia); and
- for IP cover, the expiry of employer-approved unpaid leave (and you have not returned to work), unless otherwise agreed with the Insurer.

2. Group Insurance Cover (continued)

If you are aged under 25 or your account balance is less than \$6,000, cover can only commence if you include a specific election to take out cover notwithstanding your age or account balance, in your application for insurance cover.

If your account becomes inactive for a continuous period of 16 months, cover can only continue if you included a specific election to maintain cover notwithstanding inactivity in your application for insurance cover or you provide us with such an election at a later time.

We are required to cancel your insurance cover under the Policy if your account is considered inactive for a continuous period of 16 months (i.e. no contributions or rollovers have been received over the relevant period).

If your insurance cover has been cancelled due to being inactive for a continuous period of 16 months, your insurance cover will remain in place until the end of the period for which premiums have been paid for.

If your insurance cover has previously lapsed, your lapsed cover can be reinstated if the Insurer agrees in writing. Any reinstated cover will be subject to any terms, conditions or restrictions set out in the Insurer's written acceptance. You can cancel your insurance by sending the Administrator your request in writing.

Interim Accident Cover

If you have applied for insurance under the Tailored Cover option, you may be entitled to Interim Accident Cover for the type and amount of the benefit you have applied for at the time of your application.

If eligible, Interim Accident Cover commences from the date your fully completed Group Insurance Application form and personal statement are received by the Insurer.

Interim Accident Cover is not payable if:

- for TPD cover, TPD can reasonably be attributed to a Pre-existing Condition;
- for IP cover, Total Disability or Partial Disability can reasonably be attributed to a Pre-existing Condition;
- any of the exclusions and restrictions (set out in Section 3) apply; or
- you failed to comply with your disclosure obligations when applying for cover.

The amount of Interim Accident Cover is as follows:

- a. For Death and TPD cover, the lesser of:
 - the amount applied for; and
 - \$750,000 less any existing cover under the Policy.
- b. For IP cover, the lesser of:
 - the amount of cover you applied for (converted to a monthly amount) less any IP benefit that you are otherwise entitled to under the Policy; and
 - \$15,000 per month (including any super contributions benefit).

Interim Accident Cover will cease on the earliest of:

- 90 days from the date the Insurer receives your fully completed Group Insurance Application form and personal statement;
- the date the Insurer accepts or declines your application;
- the date of your written acceptance of the Insurer's conditional offer for your cover;
- the date you withdraw your application;
- the termination of all cover under the Policy;
- the date the Insurer notifies you in writing that your Interim Accident Cover has ceased;
- the date you cease to be an Eligible Person (see further information in Section 8); and
- for an application to increase existing cover, the date you cease to be an Insured Person (where applicable).

3. What You Are Not Covered For?

What are the exclusions and restrictions?

Payment of any insured benefit is subject to the exclusions set out below and other relevant terms and conditions of the Policy. An insurance benefit is not payable where the direct or indirect cause of the claim is:

- war or acts of war, whether declared or not;
- service in the armed forces of any national or international organisation including active service and training exercises within national or international armed reserve units;
- any exclusion the Insurer may apply as a condition of acceptance of cover;
- for death cover, suicide within the first 13 months after the commencement or reinstatement of cover;
- for TPD and IP cover, an intentional self-inflicted act or self-inflicted Injury;
- for IP cover, uncomplicated pregnancy or childbirth; or
- for IP cover, payment of the IP benefit would contravene any provision in the *Private Health Insurance Act 2007* (Cth) or other related legislation.

The Insurer may impose additional conditions, exclusions or restrictions as a condition of acceptance of cover.

Additional exclusions: Pre-existing condition or New Events cover

If your Standard Cover commenced or re-commenced before 1 August 2023

Under the Standard Cover option, in addition to the general exclusions outlined above in this section, Death and TPD benefits will not be payable for any claim which is directly or indirectly related to a Pre-existing Condition that existed at any time in the 5 years prior to, the date insurance cover commenced or recommenced under the Policy.

This means you will only be covered for claims arising from an Illness which first became apparent, or an Injury which occurred, on or after the date of your cover commencing or recommencing under the Policy.

An insurance benefit under the Policy is not payable for any claim which is directly or indirectly related to a Pre-existing Condition that existed at any time in the five years prior to the date cover commenced or recommenced under the Policy.

If your Standard Cover commenced or re-commenced on or after 1 August 2023

Your Standard Cover will be limited to New Events Cover from the date the Standard Cover first commenced or re-commenced for a consecutive period of 24 months, after which you must be At Work for 30 consecutive days for the New Events Cover limitation to cease.

If you are eligible for, have received, or are claiming a TPD or Terminal Illness type benefit from any superannuation fund or life insurance policy prior to the commencement of cover under the Policy, then the insurance cover provided will be New Events Cover indefinitely.

Cover while on leave without pay

For Death and TPD cover, your cover will continue under the applicable Policy while you are on Employer Approved Leave without pay (including parental leave), as set out below, provided premiums continue to be paid and you remain an Insured Person with the Fund:

- a. death cover continues throughout the approved period of leave without pay; and
- b. TPD cover continues, on the basis that for the first 24 months of leave without pay, your employment status immediately prior to your leave without pay will be used to determine your applicable TPD definition in Part A, and thereafter, the TPD definition will revert to Part B (refer to the Terms and Definitions section for more information).

For IP cover, your cover will continue for up to 24 months while you are on Employer Approved Leave without pay, provided premiums continue to be paid, and your Declared Earned Income will be averaged over the 24 months immediately prior to the first day of the approved leave, to assess any benefit. Cover will cease on the expiry of Employer Approved Leave without pay (if you have not returned to work) in accordance with the Policy unless the Insurer approves an extension of cover prior to the expiry. You do not need to notify the Fund of this leave.

Worldwide Cover

If you are residing and employed outside Australia, your Death, TPD and IP cover will continue while overseas provided premiums continue to be paid and subject to the terms and conditions of the Policy.

4. What Will It Cost Me?

If you take out group insurance with the Fund, your insurance fees will be deducted directly from your cash account in your accumulation account monthly in arrears. It is important that you always keep sufficient funds in your cash account to maintain your insurance and avoid your cover ceasing.

What Determines My Insurance Fees?

Your insurance fees will be dependent on:

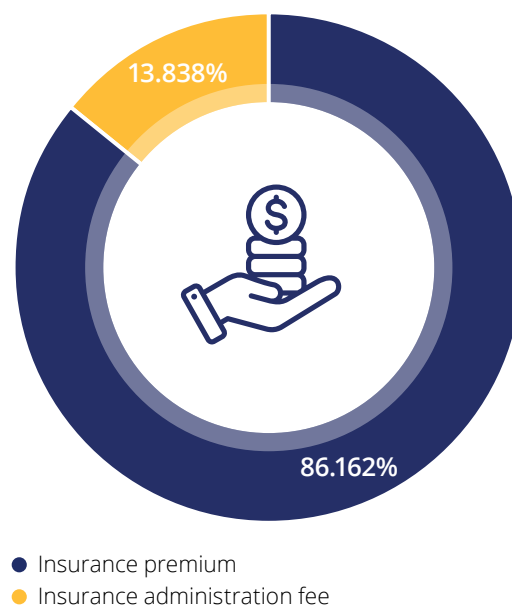
- your age next birthday, gender, smoking status and occupation classification;
- the type of cover and benefits that you have chosen; and
- for IP cover, the Benefit Period and Waiting Period applicable to you.

Your insurance fees include the following:

- your insurance premiums, and Stamp Duty (if applicable) payable to the insurer; and
- an insurance administration fee (IAF) which is payable to the Administrator of 13.838%¹ of the total insurance fees.

Premium loadings (additional insurance fees) may apply to you depending on your personal circumstances. You will be advised of any additional loadings by the Insurer at the time of application.

Composition of Your Insurance Fees



¹ A Reduced Input Tax Credit (RITC) applies only to the GST component of the IAF and does not apply to insurance premiums. This means the benefit of the RITC reduces the GST payable on the IAF portion only, and not the cost of the insurance premium itself. The IAF (currently 13.838% of total insurance costs) is calculated as a percentage share of the insurance costs using the following formula: $IAF = [IAF\ rate \div (1 - IAF\ rate)] \times insurance\ premium$.



4. What Will It Cost Me? (continued)

Example of Insurance Fees

This table gives an example of how the insurance fees are calculated based on Death and TPD Cover.

Worked example of how your insurance fees are calculated – for illustrative purposes only

Insurance premium paid to the Insurer	+ Insurance administration fee paid to the Administrator	= Insurance fees deducted monthly from cash account
\$112	+ \$17.99	\$129.99

Note: This example is provided for illustrative purposes only and is based on hypothetical figures. You should speak with your financial adviser if you have any questions specific to your circumstances.

If a Death or TPD benefit is paid, the Insurer will refund any Death and TPD insurance fees paid for the period after your death or Date of Disablement (as applicable) to the date the benefit is paid, excluding any insurance fees for continuing death cover.

It is important to ensure your accumulation account always has a sufficient cash balance to pay your insurance fees, otherwise your cover may cease. The Trustee is not responsible for ensuring your insurance cover does not cease due to insufficient funds however, the Trustee has an obligation to inform you when your account has been inactive for a period of up to 16 months and provide you with an opportunity to opt-in prior to your account having been inactive for a continuous period of 16 months, to maintain your insurance cover. You may have to re-apply for insurance cover if it does lapse.



4. What Will It Cost Me? (continued)

Family Linking and Large Sum Insured Discounts

You may receive a 5% family (you and immediate family member/s) discount (Family Linking Discount) on your premiums if an immediate family member has group insurance cover in the Fund. An immediate family member is a Spouse or former Spouse, de facto partner or former de facto partner, child, parent, grandparent, grandchild or sibling of an Insured Person, or a child, parent, grandparent, grandchild or sibling of an Insured Person's Spouse or de facto partner.

A family group name will be created as part of your request to apply for this discount or to be added to an existing family group name. Once the group name has been established, immediate family members can link their accounts by filling in the 'Group Fee Discounting' form available on the product website.

You may also be eligible for a discount of 10% (Large Sum Insured Discount) on the Death and TPD premium component of your insurance fees provided:

- a. you have Tailored Cover; and
- b. Death and TPD cover each exceeds \$1,000,000.

Please refer to the table below for more details on whether you are eligible to receive either the Family Linking and/or Large Sum Insured Discounts.

	Family Linking Discount	Large Sum Insured Discount
Eligibility	You may only nominate your immediate family members who: • have an account within the Fund; • have insurance within the Fund; and • have the same adviser representative for all the accounts.	You must have Death and TPD cover (under Tailored Cover) of at least \$1,000,000 through the Fund.
Discount description	The approved Family Linking Premium Discount Percentage will apply to the linked Insured Person's premium rates: • from the time the relevant form has been received, accepted, and processed by the Administrator; and • until the Fund or the Insurer cancels the discounts. The discount also applies to any linked HUB24 Invest ¹ accounts.	The approved Large Sum Insured Discount Percentage will apply to the Insured Person's premium rate: • from the date of the Insurer's written confirmation of the required approval; and • until the Fund or the Insurer cancels this discount.
Type of cover applicable	Death only, Death and TPD, and IP cover.	Death and TPD cover (not available to members with Death only cover).
Insurance option	Available with Standard Cover and Tailored Cover options.	Available with Tailored Cover option only.

¹ HUB24 Invest is an investor directed portfolio service issued and operated by HUB24. A copy of the IDPS Guide and target market determination for HUB24 Invest can be obtained from your adviser or is available at www.hub24.com.au/invest. Before you make any decision about whether to acquire or continue to hold HUB24 Invest or an investment available in HUB24 Invest, you should consider the IDPS Guide and it is recommended you obtain professional financial advice tailored to your personal circumstances, from your adviser.

Note: Family groups may also be eligible for a discount with respect to the tiered percentage-based fee component of the administration fee for the Core & Choice Menus. For more information refer to the PDS Part II under the heading 'Administration Fees and Costs'. Your adviser can provide you with further information.

4. What Will It Cost Me? (continued)

How do I calculate my Insurance Fees?

Different rate tables (inclusive of insurance administration fees) apply to Standard Cover for Death and TPD cover, and Tailored Cover for Death, TPD and IP cover, as set out in Section 9 of this Insurance Guide for White Collar occupations.

The insurance fees for Standard Cover and Tailored Cover are based on rate tables applicable to White Collar occupations (that is, occupations that don't involve manual work), which are inclusive of insurance administration fees. The rate tables can be found in Section 9 of this Insurance Guide and display the annual rates for each \$1,000 of insurance cover. Occupational Rating Factors apply to members who are not in White Collar occupations, and result in an adjustment of the insurance fees. Refer to the 'Group Insurance Occupation Classification Guide' located at www.hub24.com.au/super.

If you are not in a White Collar occupation, then the rates will be adjusted according to the occupational rating factors set out in the table under 'Occupational Rating Factors' table further down in this Insurance Guide. Insurance fees are higher for members involved in manual work or other work involving greater risk.

The rate tables display the annual rates for each \$1,000 of insurance cover. To calculate your insurance fee, just follow the steps below or speak to your adviser.

For Tailored Cover

You can work out your insurance fees for Tailored Cover by obtaining the figures described under sub-paragraphs a. to c. and applying these figures to sub-paragraphs d. and e. below as follows:

- a. **Sum Insured:** The Sum Insured is the amount of cover applied for and accepted by the Insurer.
- b. **Annual insurance rate:** To get the annual rate (per \$1,000 Sum Insured) that applies to you, refer to the applicable 'Rates tables' for Death only and Death and TPD cover (Tailored Cover) or IP cover in Section 9 of this Insurance Guide and look up the annual rate that applies to your:
 - age next birthday;
 - gender;
 - smoking status; and
 - for IP cover, Waiting Period and Benefit Period.
- c. **Occupational Rating Factor:** Locate your occupation in the 'Occupational Classification' table set out in the 'Group Insurance Occupation Classification Guide' located at www.hub24.com.au/super and then use the 'Occupational Rating Factors' table (located further below in this section) to find the value applicable to you.

- d. **Annual insurance fee:** To work out your annual insurance fee, multiply the annual insurance rate (refer sub-paragraph 'b.') by the applicable Occupational Rating Factor (refer sub-paragraph 'c.'), and your Sum Insured (refer sub-paragraph 'a'), and then divide this figure by 1,000.

$$\text{Annual insurance fee} = \frac{\text{annual insurance rate} \times \text{occupational rating factor} \times \text{sum insured}}{1,000}$$

- e. **Monthly insurance fee:** To work out your monthly insurance fee, divide your annual insurance fee (refer sub-paragraph 'd.' above) by 12. This monthly insurance fee will be deducted from your cash account each month.

$$\text{Monthly insurance fee} = \frac{\text{annual insurance fee}}{12}$$

Your annual insurance fee is recalculated each year on 1 July and will vary by the:

- lesser of the increase of the Consumer Price Index (CPI) and five percent; and
- annual insurance rates applicable to your age next birthday at this time.

Note: Your monthly insurance fee may be pro rated for the number of days active in the first month. In addition, if you change your insurance cover, your annual insurance fee will be recalculated at the date of change. When we calculate the amount of insurance fee you will be charged, we will round the insurance fee up to two decimal points.

For Standard Cover

You can work out your insurance fees for Standard Cover by obtaining the figures described under sub-paragraphs a. to c. and applying these figures to sub-paragraphs d. and e. below as follows:

- a. **Sum Insured:** For the level of Standard Cover applicable to you, refer to the table in Section 2 of this Insurance Guide under the heading 'Level of Cover for Standard Cover option' and look up your age next birthday.

4. What Will It Cost Me? (continued)

- b. **Annual insurance rate:** To get the annual rate (per \$1,000 Sum Insured) that applies to you, refer to the 'Rates tables' for Death only and Death and TPD cover (Standard Cover) in Section 9 and look up the annual rate that applies to your:
- age next birthday;
 - gender; and
 - smoking status.
- c. **Occupational Rating Factor:** Locate your occupation in the 'Occupational Classification' table set out in the 'Group Insurance Occupation Classification Guide' located at www.hub24.com.au/super and then use the 'Occupational Rating Factors' table (located further below in this section) to find the value applicable to you.
- d. **Annual insurance fee:** To work out your annual insurance fee, multiply the annual insurance rate (refer sub-paragraph 'b.' above) by the applicable Occupational Rating Factor (refer sub-paragraph 'c.' above), and your Sum Insured (refer sub-paragraph 'a.' above), and then divide this figure by 1,000.

$$\text{Annual insurance fee} = \frac{\text{annual insurance rate} \times \text{occupational rating factor} \times \text{sum insured}}{1,000}$$

- e. **Monthly insurance fee:** To work out your monthly insurance fee, divide your annual insurance fee (refer sub-paragraph 'd.' above) by 12. This monthly insurance fee will be deducted from your cash account each month.

$$\text{Monthly insurance fee} = \frac{\text{annual insurance fee}}{12}$$

Your annual insurance fee is recalculated each year on 1 July and will vary by the:

- lesser of the increase of the Consumer Price Index (CPI) and five percent; and
- annual insurance rates applicable to your age next birthday at this time.

Note: Your monthly insurance fee may be pro rated for the number of days active in the first month. In addition, if you change your insurance cover, your annual insurance fee will be recalculated at the date of change. When we calculate the amount of insurance fee you will be charged, we will round the insurance fee up to two decimal points.



4. What Will It Cost Me? (continued)

Occupational Rating Factors

The following table outlines the occupational rating factor for each of the different occupational classifications. For the definition of each occupation classification and a complete listing of occupations, refer to the 'Group Insurance Occupation Classification Guide' located www.hub24.com.au/super

It is important that you let us know, as soon as practicable, if your occupation changes, as this may have an impact on your occupation classification and the occupational rating factor, which may in turn affect your premiums and/or your insurance cover.

		Occupational Rating Factor		
Occupation Classification		Death Only	Death & TPD	Income Protection
Professional	(Class 1)	0.875	0.875	0.750
White Collar	(Class 2)	1.000	1.000	1.000
Light Blue Collar	(Class 3)	1.000	1.250	1.500
Medium Blue Collar	(Class 4)	1.300	1.700	2.000
Heavy Blue Collar Hazardous	(Class 5) (Class H)	1.600	2.100	3.000

Example of calculating insurance fee for Death, TPD and Income Protection cover for Tailored Cover

Beth is a member of the Fund with the Sum Insured of \$800,000 (the amount of cover selected at the time of application and accepted by the Insurer) for Death and TPD cover. She has also been approved for a \$3,500 monthly (\$42,000 p.a.) Income Protection benefit with a 2 year Benefit Period and 90 day Waiting Period. Beth works as a Medical Practitioner which is classified as a 'Professional' according to the occupational classifications. She is currently 42 (age next birthday 43) and a smoker.

	Death and TPD	Income Protection (2 year Benefit Period and 90 day Waiting Period)
Sum insured	\$800,000	\$42,000 (per annum)
Annual insurance rate (from 'Rates tables' in Section 9 of this Insurance Guide)	1.79	4.83
Occupation Rating Factor	0.875	0.75
Annual insurance fee	$(800,000 \times 1.79 \times 0.875) \div 1,000$ = \$1,253.00	$(42,000 \times 4.83 \times 0.75) \div 1,000$ = \$152.15
Total Monthly insurance fee	$(1,253.00 + 152.15) \div 12$ = \$117.10	

The insurance fees in this example include the IAF, but exclude any applicable stamp duty on Income Protection cover.

Insurance fees are higher for smokers. The cost of Death only or Death and TPD Standard Cover is generally higher than the cost for the equivalent amount of Tailored Cover.

In relation to IP cover, the Insurer has the discretion to reduce the Benefit Period, extend the Waiting Period or reduce the benefit for certain occupations. The Insurer's underwriters will consider the specific job duties, length of time in a particular occupation and income levels when considering the occupational classification.

The annual insurance fee will also change with any change you make to your insurance cover, including the annual increase to Tailored Cover, to the lesser of the increase in the CPI and 5%. The annual insurance fee will be recalculated at the date of change.

You can obtain a quote for insurance fees relating to your personal circumstances from your adviser.

4. What Will It Cost Me? (continued)

Approved Rehabilitation Cost

If you send a request in writing for payment of the cost of an Approved Rehabilitation program, the Insurer may pay the cost in addition to the IP benefits otherwise payable under the Policy in relation to you, if at the time of the request, the following requirements are met:

- a. you are entitled to, or in receipt of, an IP benefit, and
- b. the Insurer provides approval of the relevant rehabilitation program and its cost prior to commencement of the program.

Any approved cost of Approved Rehabilitation will be paid directly to the rehabilitation provider.

Taxation

The benefits paid under IP cover are paid as taxable income and attract pay as you go (PAYG) withholding tax. PAYG withholding tax will be deducted from the IP benefit before it is paid to you and forwarded to the Australian Taxation Office. If you receive IP benefits, you will be asked to provide your Tax File Number (TFN) to the Fund. If you do not provide your TFN, the Fund is required to deduct tax from your benefit payments at the maximum PAYG tax rate applicable at the time, rather than at your marginal tax rate.

Any portion of the IP benefit paid as a superannuation contribution will be paid to your account and taxed as if it were an employer contribution. These statements in relation to taxation are based on interpretation of Australian tax law at the date of preparation of this Insurance Guide, which may change at any time. For a full explanation and advice on your individual circumstances you should consult a taxation adviser.

5. How Do I Apply For Insurance?

To apply for group insurance cover, including new applications for Standard Cover or Tailored Cover and transfers of insured amounts to the Fund's group insurance arrangement, you need to complete the Group Insurance Application form (which forms part of the HUB24 Super Application Form accompanying the PDS) and which can be obtained from the product website.

Before completing the Group Insurance Application Form, you should read this Insurance Guide carefully as it contains important details about what insurance is available through this product, how it can be tailored to your needs, what it will cost you and how to make a claim. It's also important that you understand the terms and conditions you need to satisfy before you apply for or change your insurance cover, as well as the exclusions and restrictions on the payments of the benefits you apply for. You can request a copy of the Policy documents from your adviser or by contacting the Administrator.

You should speak with your adviser to determine your insurance needs and whether the group insurance cover offered by this product is suitable for your needs. You must have an existing accumulation account to acquire and maintain insurance cover.

All applications for insurance are subject to acceptance by the Insurer. The Insurer may accept your application, decline the cover, or impose special conditions of acceptance including exclusions and/or an increase in the premium payable for the cover to be provided. It will be your decision then if you still want to go ahead with taking out the insurance. If you have applied for insurance under the Tailored Cover option, Interim Accident Cover may apply for up to 90 days from the date the Insurer receives your fully completed Group Insurance Application form and personal statement, while your application for insurance is being processed (conditions apply – see the 'Interim Accident Cover' section for more information).

Application requirements

General application requirements	Additional application requirements – Standard Cover	Additional application requirements – Tailored Cover
If you satisfy all of the following requirements, you are eligible to apply for insurance within the Fund: a. you are an Australian Resident; b. you are a member of the Fund; c. you meet the age requirements as set out for each benefit type: – aged 15 to 69 for death cover (including Terminal Illness cover); and – aged 15 to 64 for TPD and IP cover; d. you have sufficient funds in your cash account to pay for the cost of your insurance; e. you are not engaged in a Hazardous Occupation (refer to Section 9: 'Terms and Definitions' for the definition of Hazardous Occupation); and f. for IP cover, you are Employed and working at least 15 hours per week.	In addition to the general application requirements, you can apply for Standard Cover within 60 days of joining the Fund if you complete a Group Insurance Application form along with the application for membership form and you: a. are at work on the commencement date of Standard Cover, and can perform the full and normal duties of your usual occupation on a full time basis (for at least 30 hours per week) even though your actual employment may be full-time, part-time, or casual; b. have not been diagnosed with, or do not suffer from, an Illness or Injury that may cause a Terminal Illness or permanent inability to work; c. have not had an application for death, total and permanent disablement, trauma, or income protection type cover declined, or been offered cover on alternate terms; and d. have never been paid, are not entitled to be paid, have never made, and are not entitled to make or in the process of making, a claim for any Illness or Injury through the Fund, Workers' Compensation, other Government benefits (for example, sickness benefit, or invalid pension) or any insurance policy providing total and permanent disablement, terminal illness or income protection type cover, or accident or sickness type cover. Your application for Standard Cover will be accepted by the Insurer providing you meet all of the requirements above.	In addition to the general application requirements, you can apply for Tailored Cover at any time, and any such application will be subject to underwriting and acceptance by the Insurer. As part of the underwriting requirements, you will need to provide health information about your personal circumstances and be assessed by Insurer. In assessing your application for insurance, the Insurer will consider personal circumstances that include, among other things, your health condition, financial situation, and occupation. These factors will help the Insurer determine whether it will provide Tailored Cover and, if so, what insurance fees you will pay, any restrictions on the cover offered and any insurance loadings that may apply.

5. How Do I Apply For Insurance? (continued)

Increase of existing cover due to a Life Event or salary increase

If you have Tailored Cover, you may be eligible to increase your insurance cover without any further underwriting if your personal or financial situation changes due to a Life Event or, in the case of IP, a salary increase.

To apply for this increase, you can do so by completing the Life Events form available on InvestorHUB and submitting the completed form to us at admin@hub24.com.au. You have 90 days to submit your request for an increase in Death, Terminal Illness and TPD cover due to a Life Event, or 30 days from issuing of your latest statement following the occurrence of the Life Event, and 60 days to apply to increase your IP cover due to a salary increase. Your request is subject to acceptance by the Insurer.

Maximum limits apply as outlined in the table **'What is the maximum amount of increased cover I can apply for'** below and in the table **'Cover types available through Standard and Tailored insurance'** earlier in Section 2 of this Insurance Guide.

If you are not eligible to increase your insurance cover due to a Life Event or a salary increase, as described above, then you can request an increase by completing the Group Insurance Application form available from the product website. This increase in cover must be underwritten. The Insurer will assess your application and if it is accepted, your increased cover will be subject to the terms and conditions of the Policy documents.

What is a Life Event?

If one of the following events occurs to you while you have Tailored Cover, the Insurer may provide additional cover:

- you take out a mortgage or increase the loan amount of an existing mortgage, for your principal place of residence either solely or jointly with your Spouse;
- you or your Spouse gives birth or adopts a child;
- you get married or commence a de facto relationship;
- you get divorced or end a de facto relationship;
- you suffer the death of your Spouse;
- you have a dependent child who starts primary or secondary school;
- you receive a salary increase; or
- you turn age 30, 40 or 50

What is the maximum amount of increased cover I can apply for?

For Death or Death and TPD cover

The maximum increase for each Life Event application is the lesser of the following:

- 25% increase from the existing cover; and
- \$200,000

For Income Protection cover

The maximum increase for each Life Event application is the lesser of the following:

- 25% increase from the existing cover; and
- \$2,500 per month.

The total amount of cover you can hold (inclusive of any increased cover due to a Life Event or a salary increase) cannot exceed the Maximum Benefit amounts as outlined in the table **'Cover types available through Standard and Tailored insurance'** earlier in Section 2 of this Insurance Guide.

Are there any requirements for increasing cover due to a Life Event or salary increase?

To be eligible as at the date of the Insurer's acceptance of the increase, you:

- must be under age 60;
- have not had any increase of cover during the 12 months preceding the date of your application for an increase in cover due to a Life Event or salary increase;
- must not be engaged in a Hazardous Occupation;
- are at work on the commencement date of the increase of cover and able to perform all of the duties of your Occupation on a full-time basis (for at least 30 hours per week) even if your actual Employment may be full-time, part-time or casual;
- have not been diagnosed with, or do not suffer from, an Illness that may cause Terminal Illness or permanent inability to work;
- have not had an application for Death, TPD or IP cover declined;
- have not previously been paid, are not eligible to be paid, have not claimed, and are not eligible to claim or in the process of claiming, for an Illness or Injury through the Fund, Workers' Compensation, other Government benefits (such as sickness benefit, invalid pension) or any insurance policy providing total and permanent disablement, terminal illness, income protection, or accident or sickness type cover; and
- have answered each of the eligibility questions on the Life Events form to the Insurer's satisfaction;

5. How Do I Apply For Insurance? (continued)

I wish to transfer cover from another fund or insurer

You may apply to transfer the amount of your insurance from another superannuation fund or another insurer (Previous Policy) into the Fund using the Group Insurance Application form. The maximum amounts of cover you can apply to transfer into the Fund are:

- \$2 million for Death, TPD and Terminal Illness cover, subject to a Maximum Benefit of \$5 million including current cover; and
- \$20,000 per month for IP cover, subject to a Maximum Benefit of \$30,000 per month including current cover.

To be eligible to transfer your insurance cover to the Fund you must:

- a. be under age 60;
- b. not be engaged in a Hazardous Occupation;
- c. be at work on the commencement date of the increase of cover and be able to perform your full and normal duties of your Occupation on a full-time basis (for at least 30 hours per week) even if your actual Employment is full-time, part-time, or casual;
- d. not have, in the last 12 months, been absent from work or unable to fully perform:
 - the duties of your usual occupation (whether employed or unemployed); or
 - your unpaid domestic duties, if you are unemployed and your sole occupation is the performance of unpaid domestic duties due to Illness or Injury (other than cold or flu) for more than six days;
- e. not have been diagnosed with, or not suffering from, an Illness that may cause Terminal Illness or permanent inability to work;
- f. not have had an application for Death, total and permanent disablement, terminal illness or income protection (including accident or sickness) cover declined;
- g. have never been paid nor eligible to be paid, have never claimed nor been entitled to make a claim, and are not applying for a claim, for any Injury or Illness through the Fund, Workers' Compensation, other Government benefits (for example, sickness benefit or invalid pension) or any insurance policy providing total and permanent disablement, terminal illness or income protection cover, or accident or sickness type cover; and
- h. have answered each of the eligibility questions on the Group Insurance Application form to the Insurer's satisfaction.

Conditions for transferring insurance:

- your Previous Policy must be in force on the day immediately preceding the date of acceptance of the transfer;

- cover under your Previous Policy must be cancelled in order for the replacement cover to take effect in HUB24 Super. You cannot be covered under both policies;
- you cannot exercise any continuation option or reinstate any cover under the Previous Policy;
- you cannot transfer any cover under your Previous Policy to any superannuation fund or individual insurer other than HUB24 Super;
- if your Previous Policy was subject to any loadings, restrictions, exclusions or limitations, and the Fund's Insurer agrees to the transfer, then the same or equivalent conditions will apply in the Fund;
- you must meet all 'General Application requirements' shown in the table earlier in this section and any other relevant conditions as summarised in this Insurance Guide.

Individual Transfer Terms Income Protection Waiting Period

The Waiting Periods that HUB24 Super offer are 30, 60 or 90 days. If the waiting period of any insurance transferred into HUB24 Super is not offered under HUB24 Super, the Waiting Period that will apply will be the lesser of:

- the Waiting Period that applied under the Fund's group insurance policy immediately prior to the commencement of your transferred cover; and
- the waiting period that applied to your transferred cover under the Previous Policy, unless there is no equivalent period under the Fund's group insurance policy, in which case the Waiting Period will be the next longest Waiting Period under the Fund's group insurance policy.

For example, if you had a 45 day waiting period with your former fund or individual insurer, you will receive a 60 day Waiting Period when you transfer your cover to HUB24 Super.

Income Protection Benefit Period

The Benefit Periods that HUB24 Super offer are two years, five years and 'to age 65'. If the benefit payment period of any insurance transferred into HUB24 Super is not offered under HUB24 Super, the Benefit Period that will apply will be the lesser of:

- the Benefit Period that applied under the Fund's group insurance policy immediately prior to the commencement of your transferred cover; and
- the benefit period that applied to your transferred cover under the Previous Policy, unless there is no equivalent period under the Fund's group insurance policy, in which case the Benefit Period will be the next shortest Benefit Period under the Fund's group insurance policy.

For example, if you had a benefit payment period of 'to age 60' with your former fund or individual insurer, you will receive a 5 year Benefit Period when you transfer your cover to HUB24 Super.

5. How Do I Apply For Insurance? (continued)

You will be unable to transfer your insurance cover to the Fund if the cover you are transferring is subject to:

- more than two medical exclusions;
- a loading of more than 100%;
- a loading of +50% and two medical exclusions; or
- a loading of +100% and any medical exclusion.

If you have Standard Cover, and transfer cover under the individual transfer terms above, the transferred cover will be considered Tailored Cover. Your Standard Cover will not change.



Duty to take reasonable care

If you apply for life insurance, you will be treated as if you are applying for cover under an individual consumer insurance contract. The Insurer will conduct a process called underwriting. It's how the Insurer decides whether it can cover you, and if so on what terms and at what cost.

As part of underwriting, the Insurer will ask questions it needs to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance.

The information you provide in response to those questions will be vital to the Insurer's decision. As such, when applying for life insurance you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the *Insurance Contracts Act 1984* (Cth) there are several different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. Your cover could be avoided (treated as if it never existed), the amount or its terms may be changed. This may also result in a claim being declined or a benefit being reduced. Whether the Insurer can exercise one of these remedies depends on several factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances;
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

6. Making Changes to Your Insurance Cover

Reduce your cover

You can reduce all or part of your insurance cover at any time by putting a signed request in writing and emailing us at admin@hub24.com.au with your new reduced Sum Insured amount that you would like to be covered for. Your insurance costs will be recalculated and the reduction will be effective from the date of receipt of request. Once this has been actioned, we will notify you by confirming the amended sum insured amounts and your new recalculated insurance fee.

Cancel your cover

You can cancel part (or all) of your insurance cover at any time by completing the 'Cancel your insurance' form available on InvestorHUB and emailing us at admin@hub24.com.au. When you request to cancel your cover, you will be insured to the month end of the last premium paid, and your insurance fees will stop being deducted from your cash account within the Fund (costs are deducted monthly in arrears).

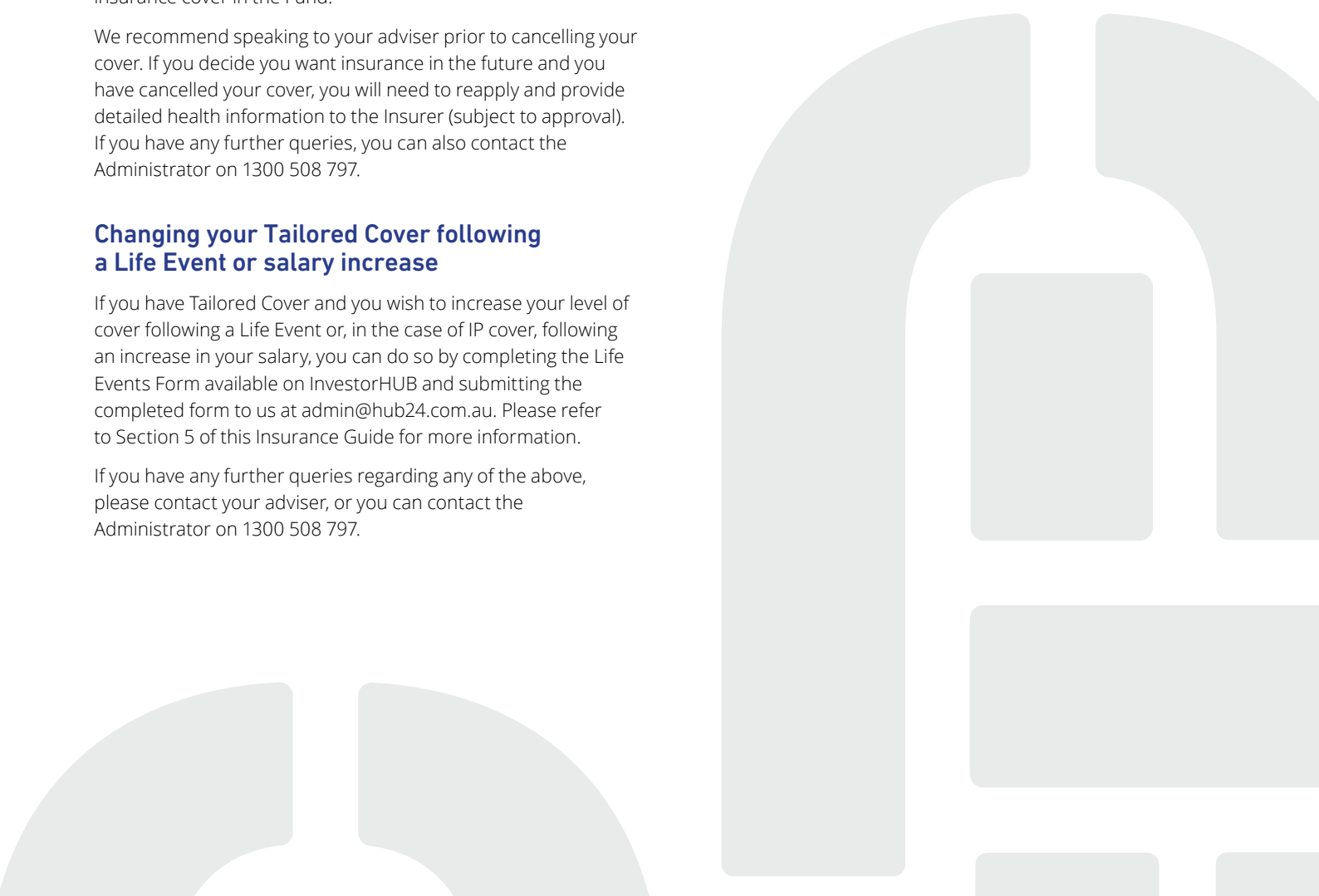
If you are replacing this cover with another insurance policy, you should wait until the other insurer has confirmed approval and that your new cover has started before cancelling your existing insurance cover in the Fund.

We recommend speaking to your adviser prior to cancelling your cover. If you decide you want insurance in the future and you have cancelled your cover, you will need to reapply and provide detailed health information to the Insurer (subject to approval). If you have any further queries, you can also contact the Administrator on 1300 508 797.

Changing your Tailored Cover following a Life Event or salary increase

If you have Tailored Cover and you wish to increase your level of cover following a Life Event or, in the case of IP cover, following an increase in your salary, you can do so by completing the Life Events Form available on InvestorHUB and submitting the completed form to us at admin@hub24.com.au. Please refer to Section 5 of this Insurance Guide for more information.

If you have any further queries regarding any of the above, please contact your adviser, or you can contact the Administrator on 1300 508 797.



7. How to Make a Claim

We understand that making a claim can be a stressful and difficult process. Both your adviser and our highly trained Client Services team are here to help you navigate through the claims process and to answer your questions, so that your claim can be attended to without undue delay. Please follow the steps below if you wish to make a claim:

1. Please contact your adviser or our Client Services team on 1300 508 797.
2. You should notify the Administrator as soon as possible after you become aware of any potential claim. This will allow us to check your account regarding your eligibility to make a claim and to notify the Insurer of a possible claim.
3. We will then provide you (or your potential beneficiary(ies) and/or legal personal representative in the case of your death, as appropriate) with a list of the Insurer's initial requirements and the claim forms. Our Client Services team and your adviser are here to help you in lodging your claim as soon as possible.
4. In making your claim, the Insurer will generally require relevant medical certificates, medical reports, employer reports and relevant evidence for the claim. You will be responsible for meeting any costs in completing the claim forms, including any associated documents.
5. On receiving your completed claim form and supporting information, our Insurer will check your claim and we will advise you if any further information will be required from you.
6. You may also be required to attend medical examinations by a Medical Practitioner or relevant professional of the Insurer's choice, and/or provide additional information to assist with the assessment of your claim. The Insurer will meet the costs in relation to this additional information. If you fail to attend any pre-arranged medical examination, then you will be liable to pay any fees incurred.
7. The Trustee will monitor the Insurer's claims process to ensure their decisions are fair and reasonable given all the facts.
8. We'll let you know the final decision on your claim and what happens next.

Note: It's important that all information requested is submitted, otherwise the claim may be delayed while waiting for that information.

Recurrent claims under IP Cover

If within six months of returning to your employment after your Total or Partial Disability benefit ceases, you again become Total or Partially Disabled due to the same or related Injury or Illness, the Insurer will waive the Waiting Period and will regard the current Total or Partial Disability as a continuation of the previous claim, however your Benefit Period will take into account the prior claim payment period and will reduce by the period that was paid or payable under your previous claim.

Death benefit while on claim

If you die while receiving an insured Total Disability or Partial Disability benefit, you will receive an additional lump sum. The additional lump sum will be equal to one quarter of the annual Total Disability benefit payable.

Claims while overseas

In the event you suffer TPD, a Total Disability or Partial Disability while overseas, the Insurer may require you to return to Australia at your own expense for assessment of the claim. You will need to provide medical certification issued by a Medical Practitioner approved by the Insurer and any other information or evidence that may reasonably be required. If the Insurer admits an IP claim whilst you are outside Australia, the Insurer may provide benefits for up to a maximum of six months, at which point payments will cease unless you apply to the Insurer in writing to extend this six month period and the Insurer agrees to such an extension before the expiry of the six month period or unless you have permanently returned to Australia.

The Insurer may start to pay you again when you return to Australia if you are still entitled to claim. If the Insurer is assessing your claim and you wish to leave Australia, you may need to get the Insurer's approval prior to leaving.

7. How to Make a Claim (continued)

What if your claim is declined?

For insurance cover held through your superannuation account, the Insurer will notify the Trustee if your claim has been declined and provide them with a letter that explains why.

The Insurer will liaise with the Trustee and/or the Administrator, and the Administrator will obtain all the required information that was submitted for the claim, and request for the claim file in its entirety from the Insurer, for it to be sent to the Trustee for review.

As the Trustee is the owner of the Policy, they will review the claim file and upon completion of their review, they will provide a determination to the Administrator, who will then let you know if the Trustee has agreed with the Insurer's decision to decline the claim, or if they do not agree with the decision that the Insurer has made to decline the claim.

If the Trustee's determination is to agree with the Insurer's decision to decline the claim, a letter will be sent to you acknowledging their decision to decline the claim. If you do not agree with this outcome, then you can contact us to make a complaint or, alternatively, contact the Australian Financial Complaints Authority ('AFCA') outlining your disagreement with the outcome and reasoning. Please see 'Complaints' in Section 8: 'How to open an account' of Part I of the PDS for further information regarding making a complaint.

If the Trustee's determination is to disagree with the Insurer's decision to decline the claim, they will undertake another advocacy process with the Insurer, to provide a final determination to either decline the claim or approve it.

If you require further information or assistance with a claim that has been declined, please contact your adviser or the Administrator on 1300 508 797.



8. Terms and Definitions

Group insurance cover is subject to terms and conditions in the group insurance policies including defined terms which are relevant to the Insurer's determination of whether a member with insurance cover under the Policy (Insured Person) is eligible for an insured benefit. A detailed list of key terms and conditions is shown in this section.

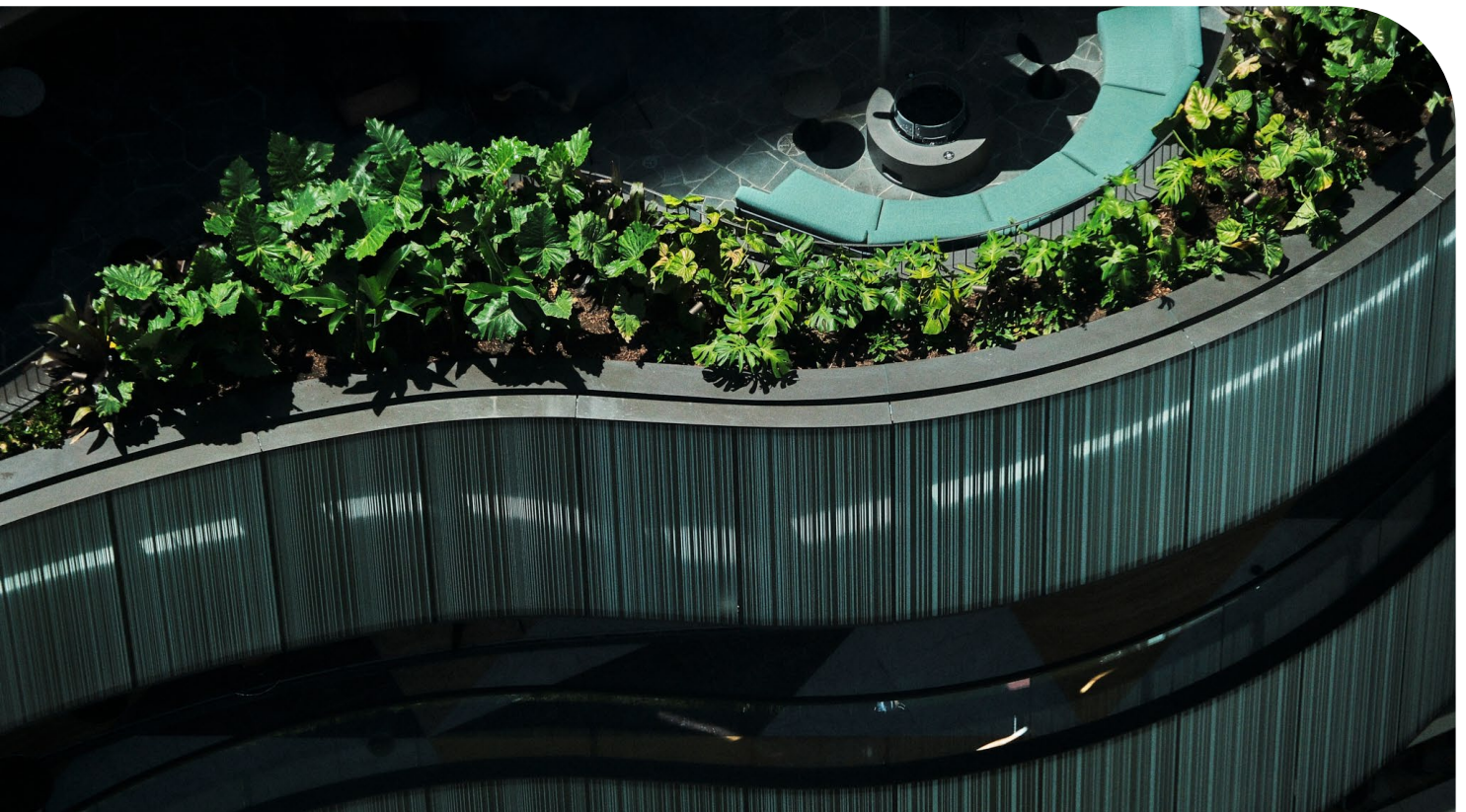
Although we have included several terms and definitions in this section, it's not intended to include full details of the Policy. Please refer to the Policy, which is available by contacting your adviser or the Administrator. To the extent of any inconsistency between the information in this Insurance Guide and the Policies, the terms and conditions of the Policies will prevail.

In the event of a claim for a Death, Terminal Illness, TPD or IP insurance benefit, the Insurer must be satisfied that the benefit is payable under the relevant Policy. The Trustee must also be satisfied that the insured benefit is payable under superannuation legislation. Any Death, Terminal Illness, or TPD insurance benefit received from the Insurer will be paid into your HUB24 Super cash account. Any IP benefit received from the Insurer will be paid directly into your bank account, except that if you have superannuation contribution cover as part of your IP cover, the superannuation contribution benefit amount will be paid to your HUB24 Super account. If, for any reason, the Insurer does not pay some or all of an insured benefit, your payment from the Fund will be affected.

Insurance term	Definition
Accident	An unforeseen violent, external, and visible event that occurs accidentally during the period of cover under the Policy.
Activities of Daily Living	Means: • Bathing – the ability to shower and bathe; • Dressing – the ability to put on and take off clothing; • Toileting – the ability to get on and off and use the toilet; • Mobility – the ability to get in and out of bed and a chair; and • Feeding – the ability to get food from a plate into the mouth.
Approved Rehabilitation	A program, device or course of treatment certified in writing by the Insurer and a Medical Practitioner that will assist the Insured Person's rehabilitation and their return to Employment, but excluding any program providing hospital treatment or an ancillary health service within the meaning of the National Health Act 1953 or any other program which might cause the Policy to cease to be exempt from the National Health Act 1953 or Health Insurance Act 1973 or any similar legislation in connection with health insurance.
At Work	Unless stated otherwise: 1. for a person who is: a. employed with an employer: the person is actively performing or capable of actively performing all of the duties and work hours (for at least 30 hours per week) of his or her usual occupation with his or her employer, free from any limitation due to illness or injury. A person who is on Employer Approved Leave for reasons other than illness or injury, who would otherwise be capable of performing his or her usual occupation, will be considered as having met the requirements of this definition; or b. self-employed: the person is actively performing or capable of actively performing all of the duties and work hours (for at least 30 hours per week) of his or her usual occupation, free from any limitation due to illness or injury; or c. unemployed: the person is capable of actively performing all of the duties and work hours (for at least 30 hours per week) of his or her usual occupation prior to becoming unemployed, free from any limitation due to illness or injury; or d. engaged exclusively in unpaid Domestic Duties, the person is actively performing or capable of performing all of their full time unpaid Domestic Duties, free from any limitation due to illness or injury; and 2. the person is not entitled to, or receiving, income support benefits relating to illness or injury, from any source including but not limited to workers' compensation benefits, statutory transport accident benefits and disability income benefits. A person who does not meet this definition is correspondingly described as being not 'At Work'.

8. Terms and Definitions (continued)

Insurance term	Definition
Australian Resident	An Australian citizen or a person who is the holder of an Australian permanent visa within the meaning of Section 30 of the <i>Migration Act 1958</i> or resides in Australia on a 457 working visa.
Benefit Period (for Income Protection)	The maximum period for which a benefit for Total Disability or Partial Disability will be paid for a claim in relation to the same or related Illness or Injury under the Policy, as set out below. • The Benefit Period (2 years, 5 years or to age 65, whichever is applicable) is selected by the Insured Person at the time of application subject to acceptance by the Insurer. • If an Insured Person is entitled to a benefit in relation to a recurrent disability claim, the relevant claim will be considered to be a continuation of the initial claim and, while the Waiting Period will not be reapplied, all periods of claim will be added together for the purpose of assessing the Benefit Period.
CPI	The Consumer Price Index (Weighted Average All Capital Cities) as last published by the Australian Bureau of Statistics in respect of the 12-month period finishing on 30 September of each year. This factor will be determined at 30 November each year and applied, where indicated, for the following calendar year. If the Consumer Price Index (Weighted Average All Capital Cities) is no longer produced, then the Indexation Factor will be calculated based upon a retail price index the Insurer considers to be a reasonable replacement.
Date of Disablement (for TPD)	The later of the following: a. the date an Insured Person is first certified in writing by a Medical Practitioner as being Totally and Permanently Disabled; and b. the date the Insured Person ceases work due to the Illness or Injury that caused TPD. Where a Medical Practitioner examines and gives a written certification under a) and that certification date occurs within seven days after the date the Insured Person ceased work under b), the Date of Disablement will be the earlier date that the Insured Person ceased work under b).



8. Terms and Definitions (continued)

Insurance term	Definition
Declared Earned Income (for Income Protection)	For an employed person: The annual remuneration last agreed between the Insured Person and their employer including: - salary, wages, director's fees, allowances, packaged fringe benefits, pre-tax superannuation contributions; and - regular commissions, bonuses and overtime payments averaged over the past 3 years if they have been consistent in size and frequency having regard to the past 3 years. For a Self-employed person: The annual income generated by the Insured Person from their personal exertion, before the deduction of income tax for the business (or the relevant portion for part of a financial year), calculated by averaging the Insured Person's Net Income (where 'Net Income' means the Insured Person's gross income from personal exertion, less all expenses incurred by the Insured Person in earning that income whether the income is paid to them or not) per year for the 2 years immediately preceding commencement of Total Disability, or the period of time since the Insured Person commenced to be Self-employed if Self-employed for less than a period of 2 years. Income from the Insured Person's business is calculated after the deduction of expenses necessarily incurred or normally required in producing that income but before the deduction of tax. Where the business income, expenses, profits or losses are accounted for in multiple business entities and/or structures, the Insurer will consider all these entities in determining earnings. Where income is split with or paid to a family member who is not involved in the generation of that income, the Insurer will allocate that income (minus expenses commensurate with the role of the family member) to the Insured Person. In the case of an Insured Person who has multiple roles to whom a combination of these situations applies, these elements of the Insured Person's usual Occupation are taken together. Income paid from other disability income policies, retirement plans, lump sum disability payments, rental income and investment income are some examples of income the Insurer would not consider part of earnings. 'Self-employed' means the Insured Person directly or indirectly owns all or part of the business in which their work is performed, including where the business operates under a company structure (ignoring shares in publicly listed companies and shareholdings less than 5%).
Domestic Duties (for TPD)	The tasks performed by a person whose sole occupation is to maintain their family home, including: • cooking of meals for their family; • unassisted cleaning of the home; • shopping for their family's food; • doing their family's laundry; and • taking care of dependent children (if applicable); but excludes any tasks performed for salary, reward or profit.
DSM	The latest edition of the Diagnostic and Statistical Manual of Mental Disorders ('DSM') published by the American Psychiatric Association ('APA'). If the Diagnostic and Statistical Manual of Mental Disorders is no longer used or published, the Insurer will use another manual similar to it for the determination of the claim as determined by the Royal Australian and New Zealand College of Psychiatrists.
Eligible Person	A person who meets the Eligibility Criteria and therefore is eligible to apply for cover under the Policy.

8. Terms and Definitions (continued)

Insurance term	Definition
Eligibility Criteria	The following criteria which must be satisfied for a person to be an Eligible Person under the Policy. a. A person who is: – an Australian Resident; – a member of the Fund; – within the age range as specified in the 'Application requirements' table earlier in this section; and – for IP cover, is Employed for at least 15 hours a week. OR b. A person that the Insurer has agreed in writing will be insured under the Policy.
Employed or Employment	Employed or self-employed for gain or reward, or in the expectation of economic benefit.
Employer Approved Leave	Leave (including unpaid leave) that has been granted by the employer in accordance with the employer's employment practices, supported by documentary evidence.
Everyday Work Activities (for TPD)	The following activities: a. Mobility – the Insured Person can do the following: – walk without assistance more than 200 metres on a level surface without stopping; and – bend, kneel or squat to pick something up from the floor from a standing position and straighten up again; b. Communicating – the Insured Person can do the following: – speak in their first language so that they are understood in a quiet room; understand a simple message in their first language, and relay that message to another person; and – hear, which means the Insured Person has not suffered the irrecoverable profound loss of all hearing in both ears, resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500 hertz, 1000 hertz and 3000 hertz, both natural and assisted, as certified by an appropriate Specialist Medical Practitioner approved by the Insurer; c. Vision – the ability to see which means the Insured Person has not suffered the total and irrecoverable loss of sight (whether aided or unaided) of both eyes as a result of Illness or Injury to the extent that: – visual acuity in both eyes, on a Snellen Scale after correction by suitable lens is less than 6/60; or – the visual field is reduced to 20 degrees or less of arc; d. Lifting – the Insured Person can lift a 5 kg weight with either or both hands from a bench/table height, carry it over a 5 metre distance and place it back down at a bench/table height; and e. Manual dexterity – the Insured Person can use their hands or fingers to manipulate small objects with precision (such as picking up a coin or fastening shoelaces or buttons, using cutlery, or using a pen or keyboard to write a short note).
Gainful Employment / Gainfully Employed (for TPD)	Employed or self-employed for gain or reward, or in the expectation of gain or reward, such as salary, wages, business income, bonuses, commissions, fees or gratuities in return for personal exertion.

8. Terms and Definitions (continued)

Insurance term	Definition
Hazardous Occupation	An occupation involving hazardous or very heavy manual work, and some examples of 'hazardous occupations' are as follows (but this is not an exhaustive list): a. factory workers involved in highly repetitive, unskilled duties b. fishermen c. firemen, police, ambulance drivers/paramedics d. forestry workers e. labourers f. linesmen working over 10 metres g. mining groups or drilling, exploration and explosive related industries, as well as any underground/underwater workers h. offshore oil rig workers i. pilots and aircrew of commercial airlines j. prison services k. professional divers l. professional sports people or entertainers m. seasonal workers/industries with a high proportion of seasonal or casual workers e.g. fruit picking n. truck drivers o. workers at heights – including riggers, scaffolders, roof workers, antenna erectors. To review the full list of Hazardous Occupations, you can obtain them from the 'Group Insurance Occupation Classification Guide' located at www.hub24.com.au/super
Illness	Sickness, disease or disorder.
Income Producing Duty (for Income Protection)	A duty performed as part of a person's Employment that generates at least 20% of the Insured Person's Pre-disability Income.
Injury	Bodily injury which is caused solely and directly by external, violent and accidental means and is independent of any other cause.
Insured Monthly Benefit (for Income Protection)	The lesser of: a. up to 75% of Declared Earned Income plus Superannuation Contributions Benefit (if applicable); and b. the amount of cover the Insurer has agreed to provide in respect of the Insured Person.
Insured Person	An Eligible Person for whom the Insurer has accepted in writing to provide insurance cover under the Policy, excluding persons who are only entitled to Interim Accident Cover under the Policy.
Interim Accident Cover	The cover that the Insurer may provide to a member of the Fund while assessing their application for Tailored Cover.

8. Terms and Definitions (continued)

Insurance term	Definition
Life Event	One of the following events that occurs to the Insured Person for which the Insurer may provide additional cover: a. takes out a mortgage or increases the loan amount of an existing mortgage, for their principal place of residence either solely or jointly with their Spouse; b. or their Spouse gives birth or adopts a child; c. gets married or commences a de facto relationship; d. gets divorced or ends a de facto relationship; e. suffers the death of their Spouse; f. has a dependent child who starts primary or secondary school; g. receives a salary increase; or h. turns age 30, 40 or 50.
Maximum Benefit	The maximum amount of cover an Insured Person can apply for and the maximum amount of benefit an Insured Person is entitled to be paid under the applicable Policy, as set out in Section 2.
Medical Practitioner	Unless agreed otherwise by the Insurer, a medical practitioner legally qualified and registered with the Australian Health Practitioner Regulation Agency (AHPRA) to practice in Australia, but shall not include chiropractors, physiotherapists, psychologists or alternative health providers. The Medical Practitioner cannot be: a. the Insured Person; b. the Insured Person's Spouse or partner in a de facto relationship, parent, child, sibling or close family relative; c. the Insured Person's business partner, associate, employer or employee; or d. a fellow shareholder or unit holder of the Insured Person in a company or trust that is not a publicly listed company or trust. If the claimed Illness is a mental health condition, the diagnosis is confirmed by a Psychiatrist, who has diagnosed the condition as a mental disorder using criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM).
New Events Cover	An Insured Person will only be covered for death, Terminal Illness and Total and Permanent Disablement that arises directly from an Illness which became apparent to the Insured Person, or an Injury which occurred to the Insured Person, on or after the date that the Insured Person's cover commenced, re-commenced or increased (as applicable).
Occupation	The employment or activity in which the Insured Person is principally employed or self-employed.
Other Disability Income (for Income Protection)	Any income (other than Return To Employment Income) which an Insured Person may derive during a month for which the amount of the benefit that applies to them under the Policy is being assessed, whether that income was actually received or not; and includes; a. any benefit payable under other income protection insurance policies; b. any benefit under any workers compensation and statutory compensation; and c. any claimed employer funded sick leave entitlements and other income payments. Any Other Disability Income which is in the form of a lump sum or is commuted for a lump sum has a monthly equivalent of one sixtieth (1/60) of the lump sum over a period of 60 months. If it can be shown that a portion of the lump sum represents compensation for pain and suffering, or the loss of use of a part of the body, the Insurer will not take that portion into account as Other Disability Income.

8. Terms and Definitions (continued)

Insurance term	Definition
Partially Disabled or Partial Disability (for Income Protection)	In the Insurer's opinion, solely as a result of an Illness or Injury that caused the Insured Person to be Totally Disabled, they: - do not have the capacity to work in their Occupation at the same level that they were working at prior to commencement of Total Disability; - are earning Return to Employment Income that is less than their Pre-disability Income; - are under the regular care of a Medical Practitioner; and - are complying with the advice and treatment given by that Medical Practitioner.
Policy	The policy document including its Schedules, and the Policy endorsements, as amended from time to time.
Pre-disability Income (for Income Protection)	The Insured Person's Declared Earned Income immediately prior to becoming Totally Disabled.
Pre-existing Condition	An Illness, Injury or a symptom of an Insured Person for which, at the time of the application for cover under the Policy, the member: - was aware of, or a reasonable person in their position should have been aware of; - should have sought advice or treatment (conventional or alternative) from a Medical Practitioner or other allied health professional for (in circumstances where a reasonable person in their position would have sought advice or treatment); or - had a medical consultation for or were prescribed medication or therapy for.
Previous Policy (for Life & TPD or Income Protection)	Means the insurance policy in respect of an Insured Person, which is a "life policy" as defined under the <i>Life Insurance Act 1995</i> (Cth) which provided death cover, death and total and permanent disablement cover or income protection cover for the Insured Person in another superannuation fund or with an insurer.
Psychiatric Impairment Rating Scale (for TPD)	The scale for assessing the whole-person impairment of a psychiatric disorder as applied by a Psychiatrist who has undergone appropriate training in this assessment method. If the Psychiatric Impairment Rating Scale is no longer used or published, the Insurer will use another scale like it for the determination of the claim as determined by the relevant medical body.
Psychiatrist	A Medical Practitioner who is legally qualified as a practicing psychiatrist and registered with the Australian Health Practitioner Regulation Agency (AHPRA). The Insurer requires the condition to have been diagnosed in accordance with the latest edition of the DSM by the Psychiatrist as a mental disorder.
Return to Employment Income (for Income Protection)	The gross income received by the Insured Person during the month in respect of which a Partial Disability benefit may be payable, and which is earned because of their personal exertion (including commissions, bonus, and other payments that the Insurer reasonably considers form part of the Insured Person's remuneration package) less all expenses incurred by the Insured Person in connection with earning that income during that month. To calculate the Insured Person's Return to Employment Income: - Superannuation Guarantee Contributions are not included; and - if the Insured Person is Self-Employed, their share of business expenses is not included.
Self-employed or Self-employment (for Income Protection)	The Insured Person is performing activities for remuneration or reward in a business of which they directly or indirectly own all or part.

8. Terms and Definitions (continued)

Insurance term	Definition
Severe Cognitive Impairment (for TPD)	Permanent severe cognitive impairment with 'below average' scores on neuropsychometric testing in three of the following areas of function: intelligence, memory, language, attention, visual-spatial, and executive functioning. Validity of neuropsychometric testing in all cases to include a TOMM (Test of Memory Malingering) score.
Specialist Medical Practitioner	A Medical Practitioner who is a specialist as determined by the relevant medical registration boards and registered with the Australian Health Practitioner Regulation Agency ('AHPRA') and is currently practicing in a specialist area related to the Illness or Injury the claim is for.
Specified Medical Conditions	Advanced Heart Failure (permanent): a disease characterised by permanent and irreversible structural, functional and/or electrophysiological dysfunction of the heart muscle, resulting in marked limitation of physical activity. Less than ordinary activity causes fatigue, palpitation, shortness of breath or chest pain. The diagnosis, severity as well as the permanency of impairment must be confirmed by an appropriate Specialist Medical Practitioner. Brain Tumour: means a non-cancerous tumour in the brain, meninges, pituitary gland, or spinal cord, resulting in an irreversible neurological deficit which has caused: - permanent Whole Person Impairment of at least 25%; or - the Insured Person being totally and permanently unable to perform any one of the Activities of Daily Living. The presence of the underlying tumour must be confirmed by CT Scan, MRI or other imaging studies. Chronic Lung Failure (requiring permanent oxygen therapy): means a disease characterised by irreversible failure of respiratory function, resulting in marked limitation of physical activity and dependence on permanent oxygen therapy. The diagnosis, severity as well as the permanency of impairment must be confirmed by an appropriate Specialist Medical Practitioner. Dementia including Alzheimer's Disease (permanent): means the unequivocal diagnosis of dementia by a consultant neurologist or geriatrician. The diagnosis must confirm dementia or Alzheimer's Disease due to permanent failure of brain function with associated cognitive impairment. A Mini-Mental State Examination score of 24 or less out of 30 or evidence from another neuropsychometric test that is acceptable to us is required. Idiopathic Pulmonary Arterial Hypertension (of specified severity): means idiopathic pulmonary arterial hypertension confirmed by investigations including cardiac right heart catheterisation, resulting in physical permanent impairment to the degree of at least Class III of World Health Organisation (WHO) Functional Class for pulmonary hypertension. The condition must be diagnosed by an appropriate Specialist Medical Practitioner. The diagnosis, severity as well as the permanency of impairment must be confirmed by an appropriate Specialist Medical Practitioner. Loss of Sight: means the permanent and irreversible loss of sight in both eyes to the extent that: - visual acuity in both eyes, on a Snellen Scale after correction by suitable lens is less than 6/60; - the visual field is reduced to 20 degrees or less of arc; or - a combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points. The condition must not be correctable by surgical procedures, implants, or any other means as confirmed by an appropriate Specialist Medical Practitioner. Loss of Speech (permanent): means the total and irrecoverable loss of the ability to produce intelligible speech, because of permanent damage to the larynx or its nerve supply or to the speech centres of the brain. The diagnosis, severity as well as the permanency of impairment must be confirmed by an appropriate Specialist Medical Practitioner.

8. Terms and Definitions (continued)

Insurance term	Definition
Specified Medical Conditions <i>(continued)</i>	Major Head Trauma (with permanent neurological deficit): means accidental head injury resulting in neurological deficit causing: a. permanent Whole Person Impairment of at least 25%; or b. the Insured Person being totally and permanently unable to perform any one of the Activities of Daily Living. Motor Neurone Disease: means the unequivocal diagnosis of a progressive form of debilitating Motor Neurone Disease. The diagnosis must be confirmed by an appropriate Specialist Medical Practitioner and supported by clinical neurophysiology and other ancillary testing. Multiple Sclerosis (with persisting neurological abnormalities): means unequivocally diagnosis of multiple sclerosis confirmed by an appropriate Specialist Medical Practitioner, resulting in persisting neurological abnormalities. There must be more than one episode of well-defined neurological deficit, unless there is an unequivocal diagnosis of primary progressive multiple sclerosis. Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses are required to confirm diagnosis. Muscular Dystrophy: means the unequivocal diagnosis of muscular dystrophy by an appropriate Specialist Medical Practitioner. The diagnosis must be supported by appropriate clinical investigations. Paralysis (permanent loss of use of two or more limbs): means the total and permanent loss of function of two or more limbs through Illness or Injury causing permanent damage to the nervous system. This includes, but is not limited to quadriplegia, paraplegia, diplegia, hemiplegia, and tetraplegia. Parkinson's Disease (permanent): means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease by an appropriate Specialist Medical Practitioner, and characterised by chronic progressive manifestation of bradykinesia with at least one of the following: • rigidity; or • rest tremor. All other types of Parkinsonism are excluded (e.g. secondary to medication). Severe Burns: means tissue Injury caused by thermal, electrical or chemical agents causing partial or full thickness burns to at least: • 20% of the body surface area as measured by the Lund and Browder Body Surface Chart; • 50% of both hands, requiring surgical debridement and/or grafting; or • 50% of the face, requiring surgical debridement and/or grafting. First degree burns, also termed superficial burns, are excluded and will not be considered as part of the required percentage.
Spouse	As defined in the <i>Superannuation Industry (Supervision) Act 1993</i> (Cth). This includes married, de facto and same sex spouses.
Sum Insured	The amount for which you are covered under the Policy, as agreed by the Insurer.

8. Terms and Definitions (continued)

Insurance term	Definition
Terminal Illness	Means: a. two Medical Practitioners have separately certified in writing that, the Insured Person suffers from an Illness, or has incurred an Injury, that is likely to result in the death of the Insured Person within a period (the certification period) that ends not more than 24 months after the date of the certification; b. at least one of the Medical Practitioners is an appropriate Specialist Medical Practitioner; c. the certification referred to in paragraph (a) occurred while the Insured Person has cover under the Policy; d. for each of the certificates, the certification period has not ended; and e. the Insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment, the Illness or Injury will lead to the Insured Person's death within 24 months of the date of the certification.
Totally Disabled or Total Disability (for Income Protection)	In the Insurer's opinion the Insured Person, while insured under the Policy, as a direct result of an Illness or Injury is: a. unable to perform at least one Income Producing Duty of their Occupation; b. not working in any capacity, in Employment or otherwise; and c. under the regular care of a Medical Practitioner and, in the Insurer's reasonable opinion, is complying with the advice and treatment given by that Medical Practitioner.



8. Terms and Definitions (continued)

Insurance term	Definition
Totally and Permanently Disabled or Total and Permanent Disablement (for TPD)	In the Insurer's opinion, an Insured Person is, solely because of Illness or Injury, under the regular care, and following the advice, of a Medical Practitioner and: a. meets Part A below if the Insured Person immediately prior to the Date of Disablement was under the age of 65 and – is Gainfully Employed (or on Employer Approved Leave); or – has undertaken Gainful Employment in the last 16 months prior to the Date of Disablement; or otherwise b. meets Part B below if paragraph a) does not apply to the Insured Person. Part A – unlikely to ever do a suited occupation The Insured Person, solely because of Illness or Injury: a. has been continuously unable to return to Gainful Employment from the Date of Disablement for a period of six consecutive months; and b. in the Insurer's opinion is unlikely to ever again engage in any Gainful Employment for which they are reasonably qualified by their education, training or experience taking account of: i. any retraining, re-skilling, Gainful Employment or voluntary work that has been undertaken or that could reasonably be expected to be undertaken within a reasonable period by the Insured Person; and ii. any rehabilitation that has been undertaken or could reasonably be expected to be undertaken within a reasonable period by the Insured Person; as determined by the Insurer. This six consecutive month waiting period does not apply where the Insured Person is suffering one or more of the Specified Medical Conditions. Part B – incapable of doing basic activities associated with work ever again or suffering a severe mental health condition or Severe Cognitive Impairment and incapable of doing a suited occupation The Insured Person has suffered ill-health (whether physical or mental) that makes it unlikely that the Insured Person will engage in Gainful Employment for which they are reasonably qualified by education, training or experience and solely because of that Illness or Injury they satisfy (a), (b) or (c) below: a. the Insured Person has been unable to perform at least two Everyday Work Activities without assistance from another adult person, despite the use of appropriate aids, for at least 12 consecutive months and in the Insurer's opinion the Insured Person will be unable ever again to perform at least two Everyday Work Activities without assistance from another adult person, despite the use of appropriate aids; or b. the Illness is a severe mental health condition that satisfies the following: i. the Insured Person's mental health condition has been diagnosed by a Specialist Medical Practitioner (unless the Insurer agrees otherwise) using criteria outlined in the DSM; ii. the mental health condition has caused the Insured Person to be absent from Gainful Employment for 12 consecutive months from the Date of Disablement; iii. the Insured Person has been under the regular ongoing and appropriate care of a Psychiatrist for at least 12 months (unless the Insurer agrees to a shorter period) who considers that the Insured Person has exhausted all reasonable and appropriate treatment options; and iv. the Insured Person has been assessed by a Psychiatrist, approved by the Insurer, against the Psychiatric Impairment Rating Scale as having an impairment of 19% or higher; or

8. Terms and Definitions *(continued)*

Insurance term	Definition
Totally and Permanently Disabled or Total and Permanent Disablement (for TPD) <i>(continued)</i>	c. the Illness is a Severe Cognitive Impairment and the Insured Person, solely because of that Illness, has been: - absent from Gainful Employment for 12 consecutive months from the Date of Disablement (unless the Insurer agrees to a shorter period); and - assessed by a Specialist Medical Practitioner, approved by the Insurer, as having reached Severe Cognitive Impairment due to the Illness or Injury. This 12 consecutive month waiting period does not apply where the Insured Person is suffering one or more of the Specified Medical Conditions. Part A and Part B, where the Insurer forms their opinion In forming their opinion in relation to Part A or Part B above, including whether an Insured Person may likely be able to engage in any Gainful Employment for which they are reasonably qualified by education, training or experience, the Insurer will have regard to all evidence available to them including but not limited to: - medical evidence (including the medical evidence provided by the Insured Person's Medical Practitioners), the advice of a Specialist Medical Practitioner approved by the Insurer, the advice of other experts (medical or otherwise) and any other information that the Insurer considers to be appropriate and relevant at the date the Insurer forms their opinion; - whether the Insured Person has exhausted all reasonable and appropriate treatment options by the date the Insurer forms their opinion; - any retraining, re-skilling, Gainful Employment or voluntary work that has been undertaken by the date the Insurer forms their opinion, or that could reasonably be expected to be undertaken by the Insured Person within a reasonable period following the date the Insurer forms their opinion; and - any rehabilitation that has been undertaken by the date the Insurer forms their opinion or could reasonably be expected to be undertaken by the Insured Person within a reasonable period following the date the Insurer forms their opinion.
Waiting Period (for Income Protection)	The continuous period (30, 60 or 90 days, whichever is applicable) which commences from, unless agreed otherwise by the Insurer, the later of the following: - the date the Insured Person ceases to work due to Injury or Illness; and - the date a Medical Practitioner has stated, in a written format acceptable to the Insurer, as being the date the Insured Person suffered from the Illness or Injury that is the principal cause of the Insured Person's inability to work. If (b) is less than seven days after (a) then the Waiting Period will commence on the date in (a).
Whole Person Impairment	Means where a payment depends on the person meeting criteria based on the Whole Person Impairment, the calculation is to be based on the 5th edition of the American Medical Association publication entitled Guides to the Evaluation of Permanent Impairment until an equivalent Australian guide, sanctioned by the Australian Medical Association, has been produced, at which time the calculation in the relevant Australian guide will apply.



9. Rates and Occupational Classifications

Death only & Death and TPD cover – Standard Cover

The Rates Tables below include the IAF, however they do not include any applicable Reduced Input Tax Credits. Insurance premiums are not eligible to receive a RITC. Therefore your total insurance fee will include RITC amounts for the insurance administration fee portion only.

Annual Rates per \$1,000 Sum Insured – White Collar

Age Next Birthday	Death Only				Death & TPD			
	Male		Female		Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
16	0.68	1.01	0.50	0.61	0.86	1.20	0.50	0.66
17	0.80	1.19	0.53	0.62	1.02	1.39	0.53	0.70
18	0.89	1.28	0.50	0.61	1.13	1.57	0.50	0.66
19	0.92	1.33	0.50	0.61	1.21	1.66	0.50	0.66
20	0.95	1.37	0.48	0.59	1.26	1.73	0.48	0.62
21	0.93	1.37	0.40	0.54	1.26	1.79	0.40	0.58
22	0.92	1.37	0.39	0.54	1.26	1.81	0.39	0.58
23	0.89	1.34	0.38	0.53	1.24	1.77	0.38	0.56
24	0.82	1.29	0.34	0.43	1.19	1.74	0.34	0.53
25	0.78	1.24	0.33	0.43	1.14	1.71	0.33	0.53
26	0.73	1.21	0.31	0.42	1.07	1.68	0.33	0.53
27	0.68	1.15	0.29	0.39	1.00	1.66	0.32	0.52
28	0.62	1.12	0.29	0.39	0.93	1.59	0.33	0.58
29	0.59	1.03	0.25	0.39	0.89	1.56	0.33	0.59
30	0.55	1.02	0.25	0.39	0.74	1.53	0.34	0.62
31	0.53	1.00	0.23	0.42	0.68	1.47	0.36	0.68
32	0.52	1.00	0.28	0.45	0.65	1.47	0.43	0.74
33	0.50	1.00	0.28	0.45	0.66	1.43	0.48	0.76
34	0.48	1.00	0.29	0.53	0.68	1.36	0.52	0.88
35	0.48	1.05	0.33	0.61	0.68	1.50	0.58	1.09
36	0.50	1.08	0.33	0.67	0.73	1.56	0.62	1.19
37	0.53	1.21	0.38	0.70	0.75	1.68	0.68	1.27
38	0.58	1.28	0.42	0.82	0.81	1.80	0.73	1.40
39	0.59	1.42	0.45	0.90	0.83	2.00	0.75	1.53
40	0.60	1.53	0.48	1.02	0.90	2.16	0.81	1.63
41	0.65	1.67	0.53	1.13	0.99	2.35	0.88	1.79
42	0.70	1.90	0.60	1.24	1.07	2.68	1.00	1.97
43	0.79	2.09	0.65	1.30	1.21	2.94	1.07	2.15

9. Rates and Occupational Classifications (continued)

Annual Rates per \$1,000 Sum Insured – White Collar								
Age Next Birthday	Death Only				Death & TPD			
	Male		Female		Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
44	0.83	2.34	0.73	1.44	1.35	3.23	1.20	2.38
45	0.93	2.58	0.80	1.57	1.49	3.61	1.33	2.63
46	1.07	2.85	0.89	1.71	1.68	3.98	1.46	2.94
47	1.21	3.17	0.95	1.90	1.89	4.44	1.60	3.30
48	1.33	3.53	1.07	2.11	2.15	4.98	1.86	3.76
49	1.48	3.86	1.14	2.35	2.42	5.52	2.09	4.27
50	1.64	4.27	1.23	2.63	2.72	6.28	2.37	4.86
51	1.87	4.72	1.34	2.99	3.09	7.29	2.70	5.79
52	2.10	5.10	1.46	3.31	3.53	8.95	3.16	7.21
53	2.31	5.58	1.57	3.68	4.03	10.71	3.59	8.60
54	2.50	6.04	1.68	3.93	4.58	12.70	4.11	10.17
55	2.72	6.59	1.80	4.26	5.20	14.89	4.70	12.04
56	2.95	6.94	1.94	4.57	7.69	16.47	6.01	13.82
57	3.24	7.66	2.13	4.94	8.85	19.34	7.49	16.17
58	3.62	8.46	2.29	5.36	10.12	22.51	8.88	19.06
59	4.00	9.30	2.51	5.83	11.53	26.02	10.19	23.69
60	4.43	10.21	2.74	6.29	12.65	29.21	11.22	25.86
61	4.94	11.12	2.95	6.68	13.95	31.57	12.25	27.77
62	5.47	12.19	3.22	7.12	15.33	34.07	13.36	29.67
63	6.08	13.25	3.46	7.59	16.79	36.62	14.49	31.58
64	6.76	14.42	3.77	7.97	18.41	39.28	15.63	33.36
65	7.49	15.68	4.08	8.30	20.12	42.06	16.81	35.07
66*	8.41	17.52	4.57	9.13	0.00	0.00	0.00	0.00
67*	9.32	19.46	5.06	10.14	0.00	0.00	0.00	0.00
68*	10.44	21.80	5.70	11.36	0.00	0.00	0.00	0.00
69*	11.81	24.64	6.45	12.84	0.00	0.00	0.00	0.00
70*	13.47	28.09	7.36	14.61	0.00	0.00	0.00	0.00

* Death and TPD annual insurance rates for ages 66 to 70 (age next birthday) are Death only annual insurance rates.

9. Rates and Occupational Classifications (continued)

Death only & Death and TPD cover – Tailored Cover

The Rates Tables below include the IAF, however they do not include any applicable Reduced Input Tax Credits. Insurance premiums are not eligible to receive a RITC. Therefore your total insurance fee will include RITC amounts for the insurance administration fee portion only.

Annual Rates per \$1,000 Sum Insured – White Collar

Age Next Birthday	Death Only				Death & TPD			
	Male		Female		Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
16	0.56	0.83	0.41	0.52	0.72	0.99	0.41	0.55
17	0.67	0.99	0.43	0.53	0.86	1.16	0.43	0.59
18	0.74	1.07	0.41	0.52	0.94	1.30	0.41	0.55
19	0.78	1.10	0.41	0.52	1.01	1.39	0.41	0.55
20	0.79	1.14	0.40	0.49	1.05	1.44	0.40	0.53
21	0.79	1.14	0.34	0.45	1.06	1.47	0.34	0.48
22	0.78	1.14	0.33	0.45	1.06	1.49	0.33	0.48
23	0.74	1.12	0.32	0.43	1.03	1.47	0.32	0.47
24	0.69	1.08	0.29	0.36	1.00	1.46	0.29	0.45
25	0.63	1.03	0.28	0.36	0.95	1.44	0.28	0.45
26	0.60	1.01	0.25	0.34	0.90	1.41	0.27	0.43
27	0.56	0.97	0.23	0.33	0.82	1.39	0.26	0.42
28	0.53	0.93	0.23	0.33	0.78	1.33	0.27	0.47
29	0.49	0.87	0.21	0.33	0.74	1.30	0.28	0.48
30	0.47	0.85	0.21	0.33	0.61	1.27	0.29	0.53
31	0.43	0.82	0.20	0.34	0.56	1.23	0.32	0.56
32	0.42	0.82	0.22	0.38	0.54	1.23	0.35	0.61
33	0.41	0.82	0.22	0.38	0.55	1.19	0.40	0.63
34	0.40	0.82	0.23	0.43	0.56	1.14	0.42	0.74
35	0.40	0.88	0.28	0.52	0.56	1.27	0.49	0.92
36	0.41	0.90	0.28	0.55	0.60	1.30	0.53	0.97
37	0.43	1.01	0.32	0.59	0.62	1.41	0.56	1.06
38	0.48	1.07	0.34	0.69	0.68	1.49	0.59	1.16
39	0.49	1.19	0.38	0.75	0.70	1.67	0.62	1.27
40	0.50	1.28	0.40	0.85	0.75	1.81	0.68	1.35
41	0.54	1.40	0.43	0.94	0.82	1.96	0.74	1.48
42	0.59	1.59	0.50	1.03	0.90	2.23	0.82	1.66
43	0.65	1.73	0.54	1.09	1.00	2.44	0.89	1.79

9. Rates and Occupational Classifications (continued)

Annual Rates per \$1,000 Sum Insured – White Collar								
Age Next Birthday	Death Only				Death & TPD			
	Male		Female		Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
44	0.70	1.94	0.60	1.21	1.13	2.69	1.01	1.98
45	0.79	2.15	0.67	1.30	1.24	3.01	1.10	2.18
46	0.89	2.38	0.74	1.43	1.41	3.34	1.21	2.44
47	1.01	2.64	0.79	1.59	1.57	3.70	1.34	2.76
48	1.10	2.95	0.89	1.75	1.79	4.15	1.54	3.14
49	1.23	3.23	0.95	1.96	2.01	4.60	1.73	3.56
50	1.37	3.56	1.02	2.20	2.28	5.23	1.97	4.05
51	1.55	3.92	1.12	2.49	2.58	6.08	2.24	4.83
52	1.74	4.25	1.22	2.76	2.95	7.47	2.63	6.00
53	1.91	4.65	1.30	3.05	3.35	8.94	2.99	7.16
54	2.09	5.03	1.41	3.28	3.83	10.58	3.43	8.47
55	2.27	5.48	1.49	3.55	4.33	12.40	3.91	10.03
56	2.45	5.78	1.62	3.81	6.39	13.72	5.01	11.51
57	2.71	6.37	1.76	4.12	7.39	16.12	6.24	13.47
58	3.02	7.05	1.90	4.46	8.43	18.76	7.40	15.87
59	3.34	7.75	2.10	4.85	9.61	21.69	8.50	19.74
60	3.69	8.50	2.29	5.25	10.53	24.33	9.35	21.55
61	4.12	9.27	2.45	5.57	11.63	26.29	10.21	23.14
62	4.57	10.16	2.67	5.93	12.78	28.40	11.12	24.73
63	5.06	11.04	2.90	6.32	14.00	30.51	12.08	26.31
64	5.64	12.01	3.15	6.65	15.34	32.72	13.02	27.80
65	6.25	13.06	3.41	6.92	16.76	35.03	14.00	29.22
66*	7.01	14.60	3.81	7.61	0.00	0.00	0.00	0.00
67*	7.77	16.21	4.23	8.43	0.00	0.00	0.00	0.00
68*	8.70	18.17	4.76	9.48	0.00	0.00	0.00	0.00
69*	9.84	20.53	5.37	10.70	0.00	0.00	0.00	0.00
70*	11.23	23.42	6.14	12.17	0.00	0.00	0.00	0.00

* Death and TPD annual insurance rates for ages 66 to 70 (age next birthday) are Death only annual insurance rates.

9. Rates and Occupational Classifications (continued)

IP cover with 2 year Benefit Period – Tailored Cover

Please note that the Rates Tables below include the IAF, however they do not include any applicable Stamp Duty or Reduced Input Tax Credits. Insurance premiums are not eligible to receive a RITC. Therefore your total insurance fee will include RITC amounts for the insurance administration fee portion only.

The stamp duty for Income Protection varies depending on which state you live in. Refer to the stamp duty rate applicable to your state noted at the end of the rate table section. Any stamp duty will be deducted from your cash account.

Age Next Birthday	Annual Rates per \$1,000 annual benefit 2 Year Benefit Period – Annual Insurance Rates for White Collar											
	30 Day Waiting Period				60 Day Waiting Period				90 Day Waiting Period			
	Male		Female		Male		Female		Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
16	1.79	2.33	3.79	4.92	1.60	2.08	3.14	4.08	0.75	0.99	2.68	3.48
17	1.79	2.33	3.79	4.92	1.60	2.08	3.14	4.08	0.75	0.99	2.68	3.48
18	1.79	2.33	3.79	4.92	1.60	2.08	3.14	4.08	0.75	0.99	2.68	3.48
19	1.79	2.33	3.79	4.92	1.60	2.08	3.14	4.08	0.75	0.99	2.68	3.48
20	1.79	2.33	3.79	4.92	1.60	2.08	3.14	4.08	0.75	0.99	2.68	3.48
21	1.79	2.33	3.79	4.92	1.60	2.08	3.14	4.08	0.75	0.99	2.68	3.48
22	1.89	2.45	3.81	4.94	1.60	2.08	3.07	3.97	0.74	0.96	2.57	3.34
23	2.11	2.74	4.13	5.38	1.70	2.22	3.36	4.37	0.78	1.01	2.62	3.41
24	2.33	3.02	4.49	5.85	1.81	2.36	3.66	4.77	0.80	1.05	2.68	3.48
25	2.57	3.34	4.85	6.29	1.94	2.51	3.98	5.17	0.83	1.10	2.75	3.58
26	2.78	3.63	5.20	6.78	2.06	2.68	4.29	5.58	0.88	1.15	2.83	3.68
27	3.05	3.96	5.58	7.25	2.18	2.84	4.62	6.00	0.92	1.20	2.89	3.75
28	3.25	4.23	5.94	7.75	2.28	2.97	4.89	6.34	0.95	1.23	2.94	3.82
29	3.45	4.49	6.33	8.23	2.38	3.11	5.11	6.65	0.97	1.27	2.96	3.85
30	3.62	4.70	6.31	8.20	2.47	3.21	5.31	6.89	1.02	1.33	2.97	3.86
31	3.75	4.87	6.27	8.16	2.54	3.31	5.46	7.11	1.05	1.37	2.97	3.86
32	3.88	5.03	6.24	8.10	2.63	3.42	5.60	7.28	1.08	1.41	2.96	3.85
33	3.99	5.18	6.15	8.01	2.69	3.49	5.74	7.46	1.12	1.43	2.96	3.85
34	4.10	5.32	6.21	8.07	2.76	3.59	5.86	7.61	1.15	1.48	2.96	3.85
35	4.27	5.55	6.55	8.53	2.89	3.77	6.12	7.95	1.21	1.56	3.02	3.93
36	4.37	5.68	6.88	8.96	2.98	3.88	6.26	8.14	1.27	1.63	3.03	3.95
37	4.47	5.83	7.27	9.45	3.09	4.00	6.44	8.36	1.32	1.70	3.03	3.95
38	4.58	5.94	7.65	9.94	3.17	4.11	6.62	8.61	1.37	1.79	3.07	3.99
39	4.71	6.12	8.04	10.48	3.31	4.31	6.85	8.91	1.43	1.87	3.14	4.06
40	4.85	6.31	8.51	11.07	3.46	4.50	7.13	9.28	1.51	1.98	3.21	4.17

9. Rates and Occupational Classifications (continued)

Age Next Birthday	Annual Rates per \$1,000 annual benefit 2 Year Benefit Period – Annual Insurance Rates for White Collar											
	30 Day Waiting Period				60 Day Waiting Period				90 Day Waiting Period			
	Male		Female		Male		Female		Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
41	5.03	6.54	8.96	11.65	3.65	4.76	7.48	9.72	1.63	2.13	3.34	4.33
42	5.21	6.80	9.47	12.31	3.89	5.05	7.87	10.25	1.76	2.28	3.51	4.58
43	5.47	7.12	9.98	12.98	4.18	5.45	8.35	10.85	1.93	2.49	3.71	4.83
44	5.77	7.49	10.53	13.72	4.51	5.87	8.90	11.57	2.14	2.77	4.00	5.19
45	6.11	7.94	11.16	14.50	4.94	6.42	9.55	12.41	2.37	3.10	4.32	5.63
46	6.52	8.48	11.79	15.33	5.39	7.01	10.28	13.34	2.68	3.49	4.71	6.12
47	6.98	9.08	12.48	16.24	5.97	7.76	11.11	14.43	3.03	3.95	5.20	6.78
48	7.53	9.78	13.24	17.22	6.64	8.63	12.06	15.67	3.46	4.50	5.77	7.49
49	8.17	10.63	14.06	18.26	7.41	9.62	13.12	17.05	3.98	5.17	6.41	8.33
50	8.90	11.57	14.90	19.38	8.30	10.79	14.30	18.60	4.56	5.93	7.16	9.32
51	9.72	12.64	15.84	20.59	9.34	12.14	15.62	20.31	5.27	6.85	8.02	10.44
52	10.66	13.87	16.86	21.93	10.50	13.65	17.08	22.21	6.08	7.90	9.02	11.73
53	11.73	15.24	17.97	23.37	11.84	15.40	18.68	24.29	7.02	9.14	10.14	13.18
54	12.94	16.82	19.20	24.96	13.36	17.39	20.45	26.58	8.13	10.57	11.40	14.81
55	14.28	18.58	21.01	27.32	15.09	19.62	22.37	29.07	9.37	12.19	12.81	16.65
56	15.49	20.14	22.95	29.84	16.66	21.67	23.90	31.07	10.53	13.71	14.05	18.25
57	17.13	22.29	26.45	34.37	18.81	24.47	26.13	33.99	12.14	15.78	15.75	20.47
58	19.04	24.76	30.38	39.50	21.23	27.60	28.56	37.13	13.94	18.12	17.64	22.94
59	21.19	27.54	34.59	44.97	23.97	31.17	31.19	40.56	16.00	20.79	19.73	25.65
60	23.58	30.65	39.61	51.49	27.02	35.14	34.06	44.27	18.29	23.78	22.06	28.67
61	26.29	34.19	42.84	55.70	30.46	39.61	37.16	48.30	20.89	27.16	24.58	31.96
62	29.41	38.23	46.46	60.40	34.33	44.63	40.52	52.66	23.81	30.95	27.34	35.55
63	32.91	42.78	50.51	65.67	38.67	50.26	44.15	57.39	27.06	35.18	30.39	39.51
64	34.59	44.97	53.08	69.00	40.41	52.53	45.92	59.68	28.35	36.86	31.94	41.54
65	19.62	25.52	29.72	38.66	21.29	27.69	23.95	31.13	14.56	18.93	16.41	21.34

9. Rates and Occupational Classifications (continued)

IP cover with 5 year Benefit Period – Tailored Cover

Please note that the Rates Tables below include the IAF, however they do not include any applicable Stamp Duty or Reduced Input Tax Credits. Insurance premiums are not eligible to receive a RITC. Therefore your total insurance fee will include RITC amounts for the insurance administration fee portion only.

The stamp duty for Income Protection varies depending on which state you live in. Refer to the stamp duty rate applicable to your state noted at the end of the rate table section. Any stamp duty will be deducted from your cash account.

Age Next Birthday	Annual Rates per \$1,000 annual benefit											
	5 Year Benefit Period – Annual Insurance Rates for White Collar											
	30 Day Waiting Period				60 Day Waiting Period				90 Day Waiting Period			
	Male		Female		Male		Female		Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
16	2.34	3.03	5.63	7.30	3.03	3.96	5.18	6.74	0.96	1.24	3.95	5.12
17	2.34	3.03	5.63	7.30	3.03	3.96	5.18	6.74	0.96	1.24	3.95	5.12
18	2.34	3.03	5.63	7.30	3.03	3.96	5.18	6.74	0.96	1.24	3.95	5.12
19	2.34	3.03	5.63	7.30	3.03	3.96	5.18	6.74	0.96	1.24	3.95	5.12
20	2.34	3.03	5.63	7.30	2.03	2.64	4.47	5.80	0.96	1.24	3.95	5.12
21	2.34	3.03	5.63	7.30	2.03	2.64	4.47	5.80	0.96	1.24	3.95	5.12
22	2.47	3.19	5.64	7.33	2.04	2.65	4.52	5.87	0.95	1.23	3.77	4.90
23	2.75	3.57	6.14	8.00	2.17	2.84	4.97	6.47	0.99	1.29	3.84	4.99
24	3.03	3.95	6.67	8.67	2.31	3.01	5.41	7.03	1.02	1.33	3.95	5.12
25	3.30	4.29	7.20	9.37	2.44	3.19	5.87	7.62	1.07	1.37	4.04	5.24
26	3.58	4.65	7.68	9.98	2.58	3.35	6.28	8.16	1.10	1.44	4.15	5.40
27	3.90	5.09	8.28	10.77	2.75	3.57	6.81	8.87	1.16	1.50	4.29	5.59
28	4.20	5.45	8.73	11.34	2.89	3.75	7.09	9.24	1.20	1.57	4.29	5.58
29	4.44	5.77	9.29	12.08	2.99	3.89	7.46	9.69	1.23	1.61	4.42	5.74
30	4.65	6.04	9.15	11.90	3.09	4.02	7.65	9.95	1.30	1.69	4.23	5.47
31	4.65	6.04	8.76	11.40	3.09	4.02	7.57	9.85	1.30	1.69	4.26	5.53
32	4.96	6.46	8.64	11.25	3.28	4.26	7.69	10.01	1.36	1.79	4.10	5.33
33	5.05	6.55	8.35	10.85	3.31	4.31	7.68	9.99	1.42	1.86	4.08	5.30
34	5.16	6.72	8.49	11.05	3.41	4.40	7.93	10.31	1.42	1.84	4.03	5.24
35	5.55	7.22	9.04	11.77	3.68	4.77	8.36	10.89	1.59	2.04	4.19	5.43
36	5.68	7.39	9.58	12.47	3.77	4.91	8.63	11.22	1.61	2.08	4.23	5.50
37	5.95	7.74	10.37	13.47	3.98	5.18	9.05	11.78	1.76	2.29	4.36	5.67
38	6.38	8.28	11.13	14.48	4.30	5.59	9.55	12.40	1.87	2.42	4.53	5.88
39	6.42	8.36	12.58	16.36	4.40	5.72	10.57	13.72	2.00	2.58	4.94	6.41
40	6.91	9.00	13.92	18.10	4.82	6.27	11.52	14.97	2.15	2.80	5.19	6.75

9. Rates and Occupational Classifications (continued)

Age Next Birthday	Annual Rates per \$1,000 annual benefit 5 Year Benefit Period – Annual Insurance Rates for White Collar											
	30 Day Waiting Period				60 Day Waiting Period				90 Day Waiting Period			
	Male		Female		Male		Female		Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
41	7.22	9.41	15.11	19.64	5.10	6.64	12.37	16.08	2.36	3.07	5.60	7.28
42	7.46	9.71	16.39	21.30	5.39	7.01	13.42	17.45	2.51	3.26	6.12	7.95
43	8.04	10.45	17.15	22.30	5.97	7.75	14.07	18.30	2.76	3.58	6.38	8.28
44	8.51	11.07	18.27	23.75	6.48	8.42	15.11	19.65	3.17	4.12	6.99	9.07
45	9.03	11.74	18.44	23.98	7.06	9.18	15.43	20.06	3.53	4.60	7.07	9.20
46	9.84	12.80	18.95	24.62	7.89	10.26	16.11	20.97	4.04	5.24	7.57	9.84
47	10.66	13.87	19.92	25.88	8.85	11.50	17.31	22.50	4.59	5.95	8.33	10.84
48	11.26	14.63	21.07	27.39	9.58	12.47	18.72	24.35	5.21	6.79	9.18	11.94
49	12.25	15.92	22.42	29.14	10.71	13.92	20.38	26.52	5.92	7.69	10.26	13.33
50	13.06	16.97	23.62	30.69	11.71	15.24	22.03	28.66	6.65	8.66	11.39	14.80
51	14.47	18.81	24.89	32.35	13.33	17.35	23.86	31.03	7.83	10.18	12.67	16.48
52	15.94	20.73	26.40	34.32	15.10	19.62	25.92	33.72	9.04	11.77	14.09	18.32
53	17.72	23.05	27.93	36.31	17.18	22.34	28.12	36.55	10.59	13.79	15.73	20.46
54	19.53	25.38	29.38	38.20	19.35	25.16	30.29	39.37	12.19	15.84	17.50	22.74
55	21.77	28.30	31.88	41.44	22.03	28.64	32.79	42.62	14.30	18.60	19.50	25.33
56	23.50	30.55	34.77	45.19	24.22	31.49	34.95	45.45	15.97	20.76	21.37	27.79
57	26.02	33.83	40.22	52.27	27.32	35.50	38.36	49.85	18.47	24.03	23.89	31.05
58	28.78	37.42	46.59	60.56	30.69	39.92	42.25	54.94	21.09	27.41	27.05	35.16
59	32.19	41.87	53.41	69.45	34.82	45.27	46.47	60.40	24.38	31.70	30.49	39.64
60	36.23	47.09	65.20	84.76	39.68	51.57	54.06	70.28	28.03	36.43	36.35	47.26
61	37.82	49.15	64.17	83.42	41.41	53.83	53.21	69.17	26.58	34.55	36.74	47.73
62	39.58	51.45	62.58	81.39	43.34	56.34	51.90	67.45	27.11	35.24	35.47	46.10
63	41.51	53.98	60.33	78.44	45.45	59.08	50.02	65.03	30.06	39.10	33.76	43.89
64	43.64	56.72	63.39	82.43	47.80	62.14	52.55	68.31	31.50	40.95	35.49	46.14
65	24.76	32.18	35.50	46.18	27.11	35.23	29.44	38.26	16.18	21.03	18.23	23.70

9. Rates and Occupational Classifications (continued)

IP cover to age 65 Benefit Period – Tailored Cover

Please note that the Rates Tables below include the IAF, however they do not include any applicable Stamp Duty or Reduced Input Tax Credits. Insurance premiums are not eligible to receive a RITC. Therefore your total insurance fee will include RITC amounts for the insurance administration fee portion only.

The stamp duty for Income Protection varies depending on which state you live in. Refer to the stamp duty rate applicable to your state noted at the end of the rate table section. Any stamp duty will be deducted from your cash account.

Age Next Birthday	Annual Rates per \$1,000 annual benefit To Age 65 Benefit Period – Annual Insurance Rates for White Collar											
	30 Day Waiting Period				60 Day Waiting Period				90 Day Waiting Period			
	Male		Female		Male		Female		Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
16	5.31	6.91	9.14	11.87	4.37	5.68	8.57	11.13	2.78	3.62	9.04	11.78
17	5.31	6.91	9.14	11.87	4.37	5.68	8.57	11.13	2.78	3.62	9.04	11.78
18	5.31	6.91	9.14	11.87	4.37	5.68	8.57	11.13	2.78	3.62	9.04	11.78
19	5.31	6.91	9.14	11.87	4.37	5.68	8.57	11.13	2.78	3.62	9.04	11.78
20	5.31	6.91	9.14	11.87	4.37	5.68	8.57	11.13	2.78	3.62	9.04	11.78
21	5.31	6.91	9.14	11.87	4.37	5.68	8.57	11.13	2.78	3.62	9.04	11.78
22	6.06	7.87	10.17	13.20	4.78	6.21	9.61	12.48	2.96	3.85	9.57	12.45
23	6.86	8.91	11.25	14.61	5.19	6.75	10.71	13.90	3.16	4.10	9.88	12.84
24	7.01	9.11	12.38	16.10	5.63	7.32	11.81	15.36	3.18	4.13	9.67	12.54
25	7.62	9.92	13.55	17.63	6.07	7.89	13.02	16.95	3.17	4.11	9.42	12.24
26	7.08	9.21	14.79	19.22	6.55	8.54	14.26	18.54	3.18	4.13	9.14	11.87
27	7.22	9.40	16.07	20.88	7.05	9.16	15.53	20.19	3.17	4.11	8.81	11.44
28	6.88	8.95	17.38	22.61	7.54	9.79	16.68	21.67	3.31	4.31	8.37	10.89
29	6.79	8.84	18.70	24.31	7.94	10.32	17.62	22.90	3.44	4.47	7.84	10.21
30	7.18	9.31	20.05	26.06	8.33	10.82	18.43	23.96	3.56	4.63	7.27	9.44
31	7.46	9.69	19.47	25.32	8.67	11.27	19.13	24.86	3.72	4.84	7.49	9.74
32	7.61	9.91	19.69	25.61	9.01	11.71	17.94	23.34	3.86	5.04	7.73	10.04
33	7.76	10.09	19.82	25.78	9.30	12.10	18.45	23.99	4.02	5.21	7.94	10.32
34	7.99	10.37	19.89	25.86	9.61	12.48	18.91	24.58	4.11	5.34	8.22	10.70
35	8.48	11.03	13.44	17.48	9.21	11.98	19.84	25.80	4.33	5.64	8.73	11.33
36	8.91	11.59	14.05	18.25	9.49	12.35	20.34	26.45	4.49	5.84	9.16	11.90
37	9.34	12.13	14.79	19.22	9.81	12.74	20.90	27.19	4.65	6.06	9.61	12.50
38	9.84	12.79	15.64	20.33	10.17	13.22	21.54	28.01	4.93	6.41	10.18	13.25
39	10.42	13.55	16.61	21.60	10.59	13.79	22.28	28.95	5.19	6.76	10.77	14.00
40	11.06	14.39	17.50	22.74	11.07	14.40	23.11	30.05	5.55	7.21	11.40	14.82

9. Rates and Occupational Classifications (continued)

Age Next Birthday	Annual Rates per \$1,000 annual benefit To Age 65 Benefit Period – Annual Insurance Rates for White Collar											
	30 Day Waiting Period				60 Day Waiting Period				90 Day Waiting Period			
	Male		Female		Male		Female		Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker	Non-smoker	Smoker
41	11.96	15.54	18.95	24.62	11.66	15.16	24.13	31.37	5.99	7.80	12.47	16.21
42	12.79	16.63	20.15	26.20	12.37	16.08	25.27	32.86	6.52	8.48	13.29	17.29
43	13.69	17.80	21.57	28.04	13.18	17.15	26.61	34.61	7.18	9.31	14.26	18.54
44	14.61	19.00	23.16	30.12	14.17	18.43	28.14	36.58	7.87	10.22	15.30	19.91
45	15.76	20.48	25.05	32.54	15.30	19.91	29.88	38.83	8.73	11.33	16.48	21.42
46	17.08	22.20	27.25	35.42	16.62	21.61	31.83	41.36	9.68	12.59	17.92	23.29
47	18.70	24.31	29.81	38.77	18.12	23.58	33.95	44.12	10.80	14.05	19.61	25.50
48	20.32	26.41	32.28	41.96	19.87	25.81	36.27	47.15	12.13	15.77	21.42	27.86
49	22.14	28.77	35.01	45.50	21.80	28.33	38.76	50.37	13.47	17.52	23.48	30.52
50	24.15	31.38	37.96	49.32	23.96	31.16	41.41	53.83	14.84	19.31	25.81	33.56
51	29.30	38.09	41.44	53.89	26.35	34.27	44.17	57.42	16.19	21.05	28.35	36.86
52	31.45	40.88	45.18	58.73	28.96	37.64	47.01	61.10	18.59	24.17	30.89	40.14
53	33.78	43.92	48.69	63.30	31.77	41.30	49.84	64.80	20.27	26.34	33.68	43.79
54	36.24	47.12	52.28	67.97	34.76	45.19	52.65	68.46	22.01	28.61	36.34	47.23
55	38.81	50.46	55.54	72.20	37.91	49.29	55.34	71.94	23.50	30.55	38.81	50.46
56	45.24	58.80	64.39	83.70	44.27	57.56	62.04	80.66	30.41	39.53	44.46	57.80
57	49.02	63.73	72.28	93.98	47.81	62.15	64.30	83.58	37.31	48.49	49.63	64.53
58	52.82	68.68	78.63	102.22	51.17	66.53	66.01	85.81	42.69	55.50	52.11	67.74
59	55.40	72.01	79.07	102.81	54.25	70.52	67.05	87.15	45.83	59.58	54.03	70.24
60	57.48	74.73	80.08	104.11	56.72	73.74	67.16	87.32	48.48	63.03	55.21	71.76
61	58.80	76.45	78.65	102.24	58.33	75.83	66.11	85.94	50.30	65.38	55.36	71.97
62	58.98	76.66	75.81	98.54	58.60	76.19	63.57	82.63	50.87	66.13	54.08	70.30
63	56.32	73.22	69.82	90.75	55.95	72.74	58.19	75.67	48.90	63.58	50.32	65.43
64	49.55	64.42	57.45	74.68	46.58	60.55	47.19	61.36	40.73	52.94	41.14	53.48
65	26.08	33.92	30.23	39.28	23.29	30.29	23.61	30.69	20.00	25.99	20.43	26.55

9. Rates and Occupational Classifications (continued)

Stamp Duty Rate Table:

State	Stamp duty rate (%)
ACT	0
New South Wales	5
Northern Territory	10
Queensland	9
South Australia	11
Tasmania	10
Victoria	10
Western Australia	10

*These Stamp Duty rates are current as at the date of preparation of this Insurance Guide, however they may change at any time.

Occupation Classifications Guide

The Group Insurance Occupation Classification Guide can be located at www.hub24.com.au/super.

10. Individual Insurance Cover

About Individual Insurance Cover

You can apply for death, total and permanent disablement, and income protection insurance under an individual insurance policy available through the Fund, as determined by the Trustee from time to time (refer to the PDS Part I Section 9: Other Important Information, under 'Trustee and Administrator Discretion' for more information). A list of available insurance policies (including relevant insurers) is available from the product website.

Insurance cover is provided through an individual agreement (individual policy) between the Trustee and the relevant insurer. The Trustee will be the owner of the individual policy.

How do you obtain Individual Insurance Cover?

When obtaining individual insurance through the Fund, you:

- must have an existing accumulation account in the Fund or be applying for an accumulation account in the Fund to acquire and maintain the insurance cover;
- can only select an insurance policy issued by an insurer which is available via the Fund as determined by the Trustee from time to time. The list of available insurance policies is available on the product website; and
- must complete the Fund's online Super Application form.

The individual insurance policies available via the Fund are considered suitable for superannuation funds (that is, they can provide cover only for death, total and permanent disablement, and income protection or other circumstances permitted under superannuation legislation).

However, this doesn't mean that the Trustee and the Administrator (and each of their subsidiaries) consider that the individual insurance policies available via the Fund are suitable for your personal situation or needs, or that the performance of the relevant insurer or individual insurance policy is guaranteed.

Before applying for insurance cover under an individual insurance policy, you should carefully read the applicable product disclosure document which sets out:

- important information about the insured benefits provided;
- the cost of cover;
- the terms and conditions of those benefits; and
- exclusions and restrictions on the payment of those benefits.

You and your adviser should determine your insurance needs and whether the insurance cover offered under an individual insurance policy is suitable for you. You should consider the applicable product disclosure statement for information about insurance fees and other terms and conditions.

You can obtain the product disclosure documents free of charge for the available individual insurance policies from the relevant insurer, your adviser, the product website, or by contacting the Administrator.

The Trustee reserves the right to change or add to the conditions applicable to individual insurance cover available via the Fund from time to time. You will be notified of any new or different conditions involved in applying for individual insurance cover. Please refer to the PDS Part I Section 9: Other Important Information, under 'Trustee and Administrator Discretion' for more information.

If the Trustee agrees to own the policy, the Trustee will hold it on your behalf (i.e. you are not the owner or holder of the insurance policy). Cover under that policy will commence only after the relevant insurer has accepted your application and the corresponding policy documentation has been issued to the Trustee in terms acceptable to the Trustee. Once accepted, your adviser will provide you with a copy of the insurance policy and schedule.

The level and amount of cover you obtain as well as the range of costs involved, is for you and your Adviser to determine when choosing the relevant policy and insurer. Likewise, the terms and conditions of the cover (including eligibility, entitlement, exclusion, cancellation, and other conditions) will depend on the policy you choose so we cannot provide you with any information on these matters.

What happens after the policy commences?

Once the policy commences, any insurance fees payable under the individual insurance policy will be deducted directly from your cash account. Refer to applicable insurance product PDS for further information.

10. Individual Insurance Cover (continued)

The Trustee's relationship with other individual Insurers

The Trustee has selected the individual insurance policies to be made available via the Fund with the assistance of the Administrator, considering several factors including:

- features of the products, including the range of available benefits;
- arrangements involving the cost of insurance (for example, flexibility and pricing); and
- the insurer's reputation, claims history and financial strength.

The Trustee will obtain input from the Administrator when identifying and determining individual insurance policies offered within the Fund and may add or remove insurance policies (or insurers) from time to time at the Trustee's discretion (please refer to the PDS Part I Section 9: Other Important Information, under 'Trustee and Administrator Discretion' for more information).

Where permitted by law, under an agreement between the Administrator and the Insurer, the Administrator may receive remuneration from each premium payment made under your individual insurance policy for the provision of insurance administration services. This is not an additional fee to you. See the Administrator's Financial Services Guide (FSG) on the product website.

Additional information you need to know about Individual Insurance

- You will need to carefully read and fully understand all the disclosure information and terms and conditions about your chosen policy issued by the relevant insurer (including the policy document itself). Your adviser will provide you with the relevant disclosure information and you should consider this information in conjunction with your adviser including when considering any changes to your cover under your chosen policy. If both the Trustee and the relevant insurer accept your chosen policy, its terms and conditions (including the costs) will apply to you.
- As with any insurance cover provided to members through a superannuation fund, the insurer may impose additional conditions, exclusions, or restrictions as a condition of the acceptance of cover. The Trustee can only pay any insured benefits received from the insurer from the Fund if permitted under both superannuation legislation and the Fund's trust deed.
- Death or TPD insurance benefits will be paid in addition to the balance of your account. Where the insurer reduces or limits cover or declines a claim for insured benefits, the Trustee may limit your insured benefits.
- Your adviser should explain the fees and costs associated with your participation in the Fund, including any insurance cover you obtain.
- If you take out insurance through an individual insurance policy, the insurance fees associated with the policy will be deducted directly from your cash account on a regular basis (as required under the individual policy). The cost of your insurance cover will depend on the costs applicable under the policy and may depend on a range of factors including:
 - your age, gender, smoking status, and occupational classification;
 - the type of cover and benefits that you have chosen; and
 - for income protection cover, the Benefit Period and Waiting Period applicable to you.
- Loadings (additional insurance fees) may apply depending on your personal circumstances. You will be advised of any loadings by the relevant insurer at the time of application. The cost of insurance may be adjusted for any changes to your cover during a financial year.
- Insurance fees payable under your individual insurance policy may include an amount of commission payable to your adviser where allowed under the law. This is not a separate cost. Rather, it is included in your payment to the insurer. Any such commission is payable by the insurer as part of the policy issuance and is in accordance with the PDS and terms of the individual insurance policy. Your adviser's SOA should disclose any fees for the advice related services you receive from your adviser.
- It is important to ensure your accumulation account always has a sufficient cash balance to pay your insurance fees, otherwise your cover may cease. The Trustee is not responsible for ensuring your insurance cover does not cease due to insufficient funds or for informing you that your cover is about to, or has, lapsed due to insufficient funds. You may have to re-apply for insurance cover if it does lapse.

The role of your adviser

With your adviser you can devise an insurance strategy that suits your personal circumstances.

Your insurance strategy may include insurance cover under the Fund's group life insurance policies and/or an individual insurance policy (or policies).

In addition to any other documents your adviser will give you as part of your Statement of Advice (as applicable), your adviser will provide the following documents:

- the individual insurance policy and schedule;
- the product disclosure statement or other information relevant to any individual insurance policy you may be considering; and
- this Insurance Guide.

Your adviser will help you with any application for an individual insurance policy, on behalf of the Trustee.

However, until the relevant insurer has accepted the application, and the corresponding policy documentation has been issued to the Trustee in terms acceptable to the Trustee, insurance cover will not commence. Once accepted, your adviser will provide you with a copy of your insurance policy.

Also, for insurance cover to commence (and continue), you must have sufficient monies in your cash account in the Fund to meet the payment of insurance premiums. Otherwise, that insurance cover may not commence or may cease, even if the insurer has issued the relevant insurance documentation.





Want to learn more?

Call our team on
1300 508 797 (Members) or
1300 854 994 (Advisers)
or visit **HUB24.com.au**

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