

# Insurance

## Ambulance Officers' Super

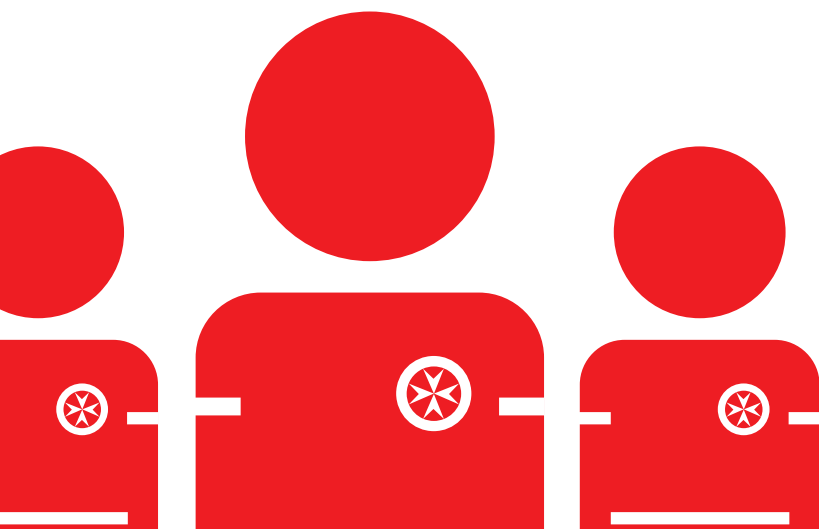
### 1 December 2019

The information in this document forms part of the **Member Booklet** (Product Disclosure Statement) for Ambulance Officers' Super members of First State Super, dated 1 December 2019.

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This document has been prepared by FSS Trustee Corporation (referred to in this document as the 'trustee', 'we', 'us' or 'our'), the trustee of the First State Superannuation Scheme (referred to in this document as 'First State Super' or 'the fund'). This document contains general information only. It does not take into account your specific objectives, financial situation or needs. You should consider the information having regard to your personal circumstances. It is recommended that you consult a financial adviser if you require financial advice that takes into account your personal circumstances.

The information contained in this *Member Booklet Supplement* was accurate at the time of its preparation. However, some of the information can change from time to time and the trustee can change matters which are the subject of representations made in the *Member Booklet* and *Member Booklet Supplements*. If the change is not materially adverse, the updated information will be available on our website at [firststatesuper.com.au/pdsupdates](http://firststatesuper.com.au/pdsupdates). A paper copy of this *Member Booklet Supplement* and any update will be available free of charge by contacting us on 1300 650 873.

We may change any matter about First State Super without member consent, but in the case of an increase in fees and charges we will notify members at least 30 days before the change occurs. This offer is only made to persons receiving this *Member Booklet Supplement* and the applicable *Member Booklet* (electronically or otherwise) in Australia.

## Disclaimer

**Part 1** of this document contains information about insurance cover offered to First State Super employer sponsored members, including eligible New South Wales (NSW) Ambulance Officers, under insurance policies issued to the trustee by TAL Life Limited ABN 70 050 109 450, AFSL 237848 (the insurer).

**Part 2** of this document contains information about NSW Ambulance Officers' insurance cover, which covers eligible officers for death and terminal illness. Ambulance Officers' insurance cover is provided through First State Super under an insurance policy issued to the trustee by TAL Life Limited ABN 70 050 109 450, AFSL 237848 (the insurer), the Ambulance Officers' insurance policy.

The insurance cover provided is subject to the terms and conditions contained in the insurance policies ('policies') issued to the trustee by the insurer. The terms and conditions of the policies prevail over any inconsistent information in the *Member Booklet (Product Disclosure Statement)* and this *Member Booklet Supplement: Insurance (Ambulance Officers' Super)*. The insurance information provided in the *Member Booklet* and this *Member Booklet Supplement* is based on the policies issued by the insurer, and information provided by the insurer about the operation of the policies. The insurer has given and not withdrawn their consent for this information to be included in the *Member Booklet* and this *Member Booklet Supplement* in the form and context in which it appears. The insurer takes no responsibility for any other information contained in the *Member Booklet* and *Member Booklet Supplement*.

Insurance benefits will only become payable if the insurer accepts the relevant claim. Payment of any approved claim will be made by the insurer to the trustee and any insured benefit and any account balance can only be paid to you by the trustee when a condition of release under the *Superannuation Industry (Supervision) Act 1993 (Cth)* is met.

**Duty of disclosure:** Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk that the insurer insures you for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives your duty to tell them about.

## If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, the insurer may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

**Insurance in Super Voluntary Code of Practice:** We're always looking for ways to improve our insurance arrangements. That's why we've opted into the Insurance in Super Voluntary Code of Practice. The code is an industry-wide initiative to improve the cover provided by super funds to their members. You can learn more about our transition to compliance with the code by visiting our website at [firststatesuper.com.au/insurance](http://firststatesuper.com.au/insurance).



**When reading this *Member Booklet Supplement*, please note that underlined words have a particular meaning under the insurance policies. These words or terms are explained in the applicable glossaries for Parts 1 and 2 on pages 20 and 32 respectively.**



## Your cover in brief

Eligible NSW Ambulance Officers have access to two separate types of insurance through the fund: automatic cover and its associated options (see Part 1) and Ambulance Officers' Insurance (See Part 2).

### Part 1

#### Death and total and permanent disablement (TPD) cover

##### Automatic cover

Automatic insurance cover (automatic cover) for death (including terminal illness) and total and permanent disablement (TPD) is generally provided to you, subject to you satisfying eligibility conditions (see **Eligibility** on page 3). The amount of automatic cover is 3 units of death and TPD cover.

The amount of your automatic cover (i.e. the amount of cover provided by each unit) depends on your insurance category and your age (see page 5). Premiums for your automatic cover are deducted from your account monthly in arrears. Cover for part of a month is calculated on a daily basis. For the cost of automatic cover see page 4.

You can opt out of or reduce your automatic cover. However, if you decide you want cover in the future, you will have to go through the full application process and cover will be subject to acceptance by the insurer.

You should confirm whether you are eligible for automatic cover, understand what you are covered for and know when your cover may be limited or cease. Information about First State Super's automatic cover is in Part 1 beginning on page 3.

##### Start-up bonus cover

Eligible new members can apply for more cover:

- start-up bonus cover for death and TPD – up to an additional 3 units of cover on top of your automatic cover (as long as you have not reduced your automatic cover)
- additional start-up bonus cover for death and TPD – above the total of 6 units of your automatic and start-up bonus cover, but subject to a maximum of 10 times salary or \$1,000,000, whichever is less.

If eligible, to apply for start-up bonus cover, you only have to provide a limited amount of information about your health and lifestyle (provided that you apply within 180 days of us receiving your first superannuation guarantee (SG) contribution from your First State Super participating employer). Your application may be accepted or rejected by the insurer.

Information about start-up bonus cover options starts on page 6.

### Additional cover

Depending on your occupation, you can apply at any time for additional death and TPD (or death only cover) over and above any automatic cover, start-up bonus cover or additional start-up bonus cover you may have, including:

- upgrade to a Basic Plus insurance rating (which is a modified insurance category) at no cost (if eligible)
- additional units of death and TPD (or death only) cover
- fixed cover for death and TPD (or death only) – cover for a fixed amount that does not change with your age.

Your application may be accepted or rejected by the insurer and maximum cover limits apply. See page 6 for information about additional cover.

### Additional cover due to a life event

You may also be eligible to apply for additional death and TPD (or death only) cover over and above any automatic cover, start-up bonus cover or additional start-up bonus cover you may have upon occurrence of a life event by submitting to us a *Life event application* within 90 days of the commencement of the life event. Your application may be accepted or rejected by the insurer. See page 7 for information about additional cover due to a life event.

### Transfer other cover to First State Super

If you have insurance cover through First State Super, you may apply to have any death cover, TPD cover and/or income protection cover that you may have in a previous life insurance policy transferred to First State Super. Maximum limits apply to your total cover in First State Super and cover transfers are subject to acceptance by the insurer.

For information about transferring other cover to First State Super see page 10 (and page 14 for income protection cover).

### Optional income protection cover

First State Super offers competitive income protection insurance cover.

Unlike death and TPD cover, which provides lump sum insurance, income protection is a monthly income replacement benefit. You have a choice of benefit levels, waiting periods, payment periods and a superannuation contribution benefit, subject to your occupation and subject to acceptance by the insurer.

You do not receive automatic income protection cover when you become a member of First State Super. Depending on your occupation, you can apply for income protection cover under the policy issued to the trustee by the insurer. Any application for cover must be assessed by the insurer before cover may be provided. Eligible members can also apply for start-up bonus income protection within 180 days after the date we receive your first SG contribution from your First State Super participating employer.

You don't need to have death or TPD cover to apply for income protection cover.

Information about First State Super's income protection cover commences on page 11.

**Important:** If you do not have SG contributions being sent to First State Super (e.g. if you have chosen to have your SG contributions sent to another super fund or you are a State Authorities Superannuation Scheme (SASS) member) you will not be eligible for automatic cover or cover under the start-up bonus or additional start-up bonus cover offers and Part 1 of this *Member Booklet* does not apply to you.

If you would like to make other contributions, in addition to the supplemental cover contributions as discussed in Part 2 of this *Member Booklet*, please contact us to discuss setting up another account.

## Part 2

### Ambulance Officers' Insurance

Supplemental death and terminal illness insurance cover is provided for eligible NSW Ambulance Officers through First State Super. While this cover is generally provided in accordance with the terms of the *NSW Ambulance Income Protection and Death Benefits (State) Award 2017*, the cover is subject to the terms of the insurance policy issued by TAL Life Limited ABN 70 050 109 450, AFSL 237848 (the insurer) to the trustee. If you are an eligible NSW Ambulance Officer, you cannot opt out of this supplemental cover. When you cease to be an eligible NSW Ambulance Officer, your Ambulance Officers' Insurance will also cease.

Information about Ambulance Officers' Insurance (including information about eligibility) is in Part 2 commencing on page 26.

The insurance calculators on our website can help you decide how much insurance you need.







## Part 1: Death and TPD cover

### About automatic cover

#### Eligibility

Automatic cover for death (including terminal illness) and TPD is subject to eligibility. To be eligible for automatic cover, you must be a member of First State Super, aged 15 or over and less than 70 years of age, and your employer must be a First State Super participating employer making your SG contributions to First State Super.

Importantly, your automatic cover will be restricted in the following circumstances:

Table 1: Restrictions on cover

Circumstance	How cover is affected
If we receive your first SG contribution from your First State Super participating employer within 6 months of you commencing work with that employer, but you are not at work on the date your employment commenced.	While your automatic cover commences on the date your employment with that First State Super participating employer commenced, you are only eligible for <u>limited cover</u> until the date you meet the <u>at work</u> requirements, at which time you will be eligible for full automatic cover under the policy.
If we do not receive your first SG contribution from your First State Super participating employer within 6 months of you commencing work with that employer.	<p>Your automatic cover will commence on the date that we receive your first SG contribution but, for the first 12 months after your automatic cover commences, you are only eligible for <u>limited cover</u>.</p> <p><b>If, on the date 12 months after your automatic cover commences, you are:</b></p> <ul style="list-style-type: none"> <li>➔ <u>at work</u>, you will be eligible for full automatic cover from that date under the policy;</li> <li>➔ <u>not at work</u>, your <u>limited cover</u> will continue until the date you meet the <u>at work</u> requirements, at which time you will be eligible for full automatic cover under the policy.</li> </ul>
If you have previously been paid a total and permanent disablement type benefit under a First State Super life insurance policy, or under any other life insurance policy.	Your TPD automatic cover will always be <u>limited cover</u> in the fund.

### Cost of automatic cover

The cost of automatic cover is:

Employer/occupational insurance category	Cost per unit per month <sup>1</sup> (deducted from your account)	
	Death only	Death and TPD
Emergency Services/Manual	\$4.01	\$8.43

<sup>1</sup> Includes an insurance administration fee of \$0.05 per month for death only cover and \$0.10 per month for death and TPD cover.

This amount is deducted monthly in arrears from your First State Super account. The cost of cover for part of a month is calculated on a daily basis.

First State Super receives a tax deduction for insurance premiums. This tax deduction is passed on to you at the time of the deduction.

The cost of automatic cover may increase in the future. If this happens, you will be notified at least 30 days before the change is implemented.

### When does cover start?

Provided you are eligible, your automatic cover will commence on the date you commence employment with a First State Super participating employer if we receive the first SG contribution made for you by that employer within 6 months of you commencing employment with that employer.

If you are eligible, and we receive your first SG contribution from your First State Super participating employer more than 6 months after you commenced employment with that employer, your cover will commence when we receive the first SG contribution made for you by that employer.

### When does cover cease?

Your death and, if applicable, TPD cover in First State Super will cease when any of the following occur:

- your membership with First State Super ceases;
- there is not enough money in your account to cover the cost of your cover;
- unless you made an election, your account becomes inactive for a continuous period of 16 months or more;
- you reach age 70 (or 69 in the case of terminal illness cover);
- you die;
- a terminal illness or TPD benefit is paid for your full cover under the policy;
- if you have any residual death cover after payment of a terminal illness or TPD benefit, the date this residual death cover is paid for you under the policy;
- you commence military service (other than in the Australian Armed Forces Reserve if you are not on active duty outside Australia)<sup>2</sup>; or
- we receive your request to cancel your cover.

In addition, cover may cease with the insurer under circumstances outlined under the section **Termination of cover** on page 10. See this section on how you can re-apply for cover which has ceased because there is insufficient money in your account or how to keep your cover before your account becomes inactive for a continuous period of 16 months or more.

<sup>2</sup> It is important that you notify us if you commence military service or, if you are in the Australian Armed Forces Reserve and you commence active duty outside Australia. You can also apply at that time for your cover to continue. The insurer may accept (with or without conditions) or decline your application. For more information, see the section **If you are in the Australian Armed Forces Reserve on active duty overseas** on page 10.

### Your insurance category

The amount of your insurance cover depends on your insurance category and your age. Each participating employer is given an insurance category based on the general nature of the duties of all its employees. If, when your automatic cover is first activated, you do not have additional insurance cover (which you have applied for through the fund and which is in force), your insurance category is based on the insurance category given to your participating employer (for information about additional cover, see page 6).

If you have previously applied for additional insurance cover through the fund, and the additional cover is in force when your automatic cover is first activated, the insurance category for your automatic cover will be the occupational insurance category for your existing additional cover (see page 7), rather than the employer insurance category given to your participating employer.

The employer insurance categories applying to First State Super participating employers are set out in **Table 2**. The occupational insurance category ratings are also explained in **Table 2**.

For further information on the insurance categories, other than Emergency Services/Manual, please refer to the *Member Booklet Supplement: Insurance (Employer Sponsored)*.

### Occupational rating

You can apply to be occupationally rated for all cover, other than the supplemental Ambulance Officers' Insurance. Your application will need to be assessed and accepted by the insurer. If you are occupationally rated, you will be given an insurance category based on your occupation (rather than the employer insurance category given to your participating employer). Your occupationally rated insurance category will then apply for all your insurance cover (other than Ambulance Officers' Insurance) and will only change if you later become occupationally re-rated. The *Application to change insurance category rating* form is available on our website at [firststatesuper.com.au/forms](http://firststatesuper.com.au/forms) or by contacting us. If you've already registered for online access, you can apply to change your insurance category when you login.

### If you change employer or occupation

If you change employers, or your occupation with the same employer, your insurance category will not automatically change. To request to update your category, you can apply to have your cover occupationally rated, as explained above.

Table 2: Employer/occupational insurance categories and description of duties

Insurance categories	Description of duties
Basic Plus	You must apply and be accepted by the insurer to be in the Basic Plus category. You will be considered for the Basic Plus insurance category if you work in a low-risk clerical or management occupation and earn more than \$80,000 a year (including superannuation guarantee contributions). The \$80,000 per year may be adjusted on a pro-rata basis if you are a part-time employee.
Public Service + White Collar	Office-based, including professionals such as accountants or lawyers and other occupations such as administrators or other tertiary educated people who work in sedentary positions.
Education	Predominantly classroom-based or office-based education roles.
Health	Selected workers in the health sector in roles related to health care.
Government Trading Enterprise + Light Manual	Not purely office-based and not only in sedentary roles. Occupational duties are not of a manual nature or within a hazardous environment. Some trade supervisory roles also fall into this category.
Emergency Services/Manual	Mostly manual occupational duties including occupations such as tradesmen, security guards and manufacturing type of occupations, including apprentices.
Emergency Services/Heavy Manual	Majority of employees' occupations include heavy manual occupations and duties in hazardous environments, including occupations such as cleaners.
Police	Employees of the Police Force who are sworn police officers.

#### How much is the benefit?

The insurance category for the employer, Ambulance Service of NSW, is Emergency Services/Manual. **Table 3** below shows the amount of death and TPD cover you will receive for one unit of automatic cover for the Emergency Services/Manual insurance category.

Table 3:  
Unit cover levels for Death and TPD automatic cover (\$ cover per unit – Emergency Services/Manual insurance category)

Age of member (years)	Emergency Services/Manual	Age of member (years)	Emergency Services/Manual
15-35	69,072	51	16,588
36	67,366	52	14,196
37	65,783	53	12,190
38	64,808	54	10,801
39	60,544	55	9,567
40	55,306	56	8,410
41	54,518	57	7,175
42	49,478	58	6,018
43	44,437	59	4,706
44	39,529	60	4,243
45	34,488	61	3,626
46	30,244	62	3,240
47	25,866	63	2,932
48	22,152	64	2,469
49	19,499	65-69 <sup>1</sup>	2,469
50	16,780		

<sup>1</sup> A restricted definition of total and permanent disablement applies from age 65.

### When will you receive a benefit?

Subject to the terms of the policy, if you have been accepted for cover, a benefit is payable if you:

- die or are diagnosed with a terminal illness while your insurance cover is in force; or
- if you have TPD cover, you become totally and permanently disabled while your insurance cover is in force.

'Terminal illness' and 'totally and permanently disabled' are terms defined in the policy and explained in the **Glossary** on page 23. You must meet certain conditions to be entitled to these benefits.

You are responsible for any costs associated with completing and providing the claim forms (including ongoing claim forms) and any associated documents that the insurer reasonably requires for the assessment of your claim. You may also be asked, at your expense, to provide other evidence that the insurer reasonably requires to substantiate your claim.

The insurer may require you to attend (at its expense) medical examinations by a health professional that it nominates, and/or to undergo tests, that it considers necessary to substantiate your claim.

A terminal illness or TPD benefit can only be paid if the trustee is satisfied that you meet a condition of release under superannuation law. The conditions of release under superannuation law are described in the *Member Booklet Supplement: How super works* available on our website at [firststatesuper.com.au/pds](http://firststatesuper.com.au/pds) or by contacting us.

Death benefit payments are held by First State Super and distributed together with your superannuation account balance.

### Claims while you are overseas

If you are not in Australia when you claim total and permanent disablement or terminal illness, you may be required to return to Australia at your expense for assessment of your claim.

## Start-up bonus cover options

### Start-up bonus units

You can apply, within the time frame specified below, for up to 3 units of additional death and TPD cover (start-up bonus units) on top of your 3 units of automatic cover without providing the same level of detail about health and lifestyle that is required in an ordinary application.

### Who can apply?

You can apply for the start-up bonus cover if:

- you have automatic cover and you have not reduced it; and
- we receive your first SG contribution made by your First State Super participating employer within 6 months of the date you started work with that employer; and
- your occupation is acceptable to the insurer; and
- you are at work at the time of application.

### The application process

To be considered, your completed *Start-up bonus cover for new employer-sponsored members* form (available on our website or by contacting us) must be received by us within 180 days of us receiving your first SG contribution made by your First State Super participating employer. Your application may be accepted or declined by the insurer. However, while your application is being considered, you will be eligible for interim accident cover – see page 9.

### If your application is accepted

If your application for the start-up bonus cover is accepted by the insurer, your cover will increase from 3 to up to 6 units, depending on the number of additional units you have applied for. These extra units will be at the same insurance category and the same cost per unit as your automatic cover (unless you have been rated based on your occupation, in which case the extra units will be at the insurance category for which you have been occupationally rated, or Basic Plus, as applicable). Your cover in respect of the start-up bonus units commences on the date of written acceptance of your application for the start-up bonus cover by the insurer.

### Additional start-up bonus cover

When applying for the start-up bonus cover, and using the same form, you may also apply for additional start-up bonus cover (above the total of 6 units, but subject to a maximum of 10 times salary or \$1,000,000, whichever is less) without providing the same level of detail about health and lifestyle that is required in an ordinary application.

If you are eligible to apply for the start-up bonus cover and satisfy the following conditions, you can apply for additional start-up bonus cover if you:

- have not had any death or total and permanent disablement type cover declined or excluded in the past from any fund (including First State Super) or any insurer; and
- have not had a total and permanent disablement type benefit from any fund (including First State Super) or any insurer accepted or declined.

Your application may be accepted or declined by the insurer. While your application is being considered, you will be eligible for interim accident cover – see page 9. If your application is accepted, your additional start-up bonus cover commences on the date of the insurer's written acceptance. The additional start-up bonus cover will be at the same insurance category as your automatic cover (unless you have been rated based on your occupation, in which case the extra cover will be at the insurance category for which you have been occupationally rated, or Basic Plus, as applicable).

## Additional death and TPD cover

You can apply for additional cover (in addition to any automatic cover, start-up bonus cover or additional start-up bonus cover that you may have) for death and TPD, or death only. You can apply for additional:

- unit-based cover (where the benefit amount depends on your age and your insurance category); and/or
- fixed cover (where the benefit amount is fixed, regardless of your age).

Your application may be accepted or declined by the insurer.

### What is the maximum cover?

The maximum amount of insurance cover is:

- unlimited for death; and
- \$5 million for terminal illness, and
- \$5 million for TPD.



## What is the cost?

Table 4: Cost of additional cover

Type of cover	Employer/ occupational insurance category	Death only <sup>1</sup> per unit per month	Death and TPD <sup>2</sup> per unit per month
Unit-based	Emergency Services/ Manual	\$4.01	\$8.43
Fixed cover	Depends on your age, the amount of cover, and your employer/occupational insurance category. See <b>Tables 5A and 5B</b> or use the Insurance calculator on our website to calculate the cost of fixed cover. An example of calculating the cost of fixed cover is included on page 9.		

<sup>1</sup> The cost per unit includes an insurance administration fee of \$0.05 per unit

<sup>2</sup> The cost per unit includes an insurance administration fee of \$0.10 per unit

The cost of your insurance is deducted from your First State Super account each month in arrears. The cost of cover for part of a month is calculated on a daily basis. If you notify us that you wish to reduce or opt out of cover, the amount deducted will be reduced or cease on the day we receive your request.

The cost of unit based or fixed cover may increase in the future. If this happens, you will be notified at least 30 days before the change is implemented.

## The application process

The application form for additional cover is available on our website at [firststatesuper.com.au/forms](http://firststatesuper.com.au/forms) or by contacting us. If you've already registered for online access, you can apply for additional cover when you login.

When you apply for additional cover, you will need to provide information about your health, occupation, income and lifestyle. The insurer may, at its discretion, accept your application (with or without conditions) or decline it. While your application is being considered, you will be eligible for interim accident cover (see page 9).

## When does cover start?

If your application for additional death and TPD or death only cover is accepted by the insurer, your additional cover commences on the date of the insurer's written acceptance.

## When does cover cease?

Your additional cover will cease under the same circumstances as your automatic cover (see page 4).

## Your insurance category

If an application for additional cover is accepted by the insurer, you will be given an occupationally rated insurance category, or rated Basic Plus, and this insurance category (rather than the insurance category given to your participating employer) will then apply for all your insurance cover (other than Ambulance Officers' Insurance) and will only change if you later become occupationally re-rated.

## Additional cover due to a life event

You may be eligible to apply for additional cover for death and TPD, or death only due to a life event. To be eligible to apply, you must:

- submit an application, along with relevant supporting documentation, within 90 days of a life event; and
- be under age 60;
- be at work;
- work in an occupation that is acceptable to the insurer;
- not have had an increase in cover due to a life event in the 12 months preceding the date of your latest life event cover application;
- not have been diagnosed with a terminal illness;
- not have ever had an application for life insurance, total and permanent disablement type insurance, or income protection (including accident or sickness) insurance, declined, or accepted subject to any loadings, alternative terms and/or exclusions; and
- not be entitled to lodge or intend to lodge or have never lodged a claim for an illness or injury through workers' compensation, sickness benefit, invalid pension or any insurance policy providing total and permanent disablement type cover, accident or sickness cover.

Life event cover is not available for some occupations including (but not limited to) police, paramedics and hazardous occupations.

Any additional cover due to a life event is subject to the following terms and conditions:

- if the insurer accepts your *Life event application*, cover:
  - only commences from the date of the insurer's written acceptance;
  - may be subject to individual restrictions, conditions, exclusions or premium loadings.

The maximum amount of life event cover is the lesser of:

- 25% of your existing cover; and
- \$200,000.

The amount of total sum insured after the increase of cover cannot exceed \$3,000,000.



### Calculating the cost of fixed cover – Emergency Services/Manual insurance category

Using Tables 5A or 5B below:

1. Work out your annual premium per \$1,000 of cover according to your age and whether the cover is death and TPD, or death only.
2. Multiply by the number of \$1,000s of cover you wish to apply for (your fixed cover amount divided by \$1,000).
3. Divide the annual premium by 12 for your monthly premium.

Table 5A: Annual premium per \$1,000 of death only cover

Age of Member (years)	Emergency Services/Manual
15-35	0.69
36	0.71
37	0.72
38	0.73
39	0.78
40	0.86
41	0.87
42	0.96
43	1.07
44	1.20
45	1.38
46	1.57
47	1.84
48	2.15
49	2.44
50	2.83
51	2.86
52	3.35
53	3.90
54	4.40
55	4.97
56	5.65
57	6.62
58	7.90
59	10.10
60	11.20
61	13.11
62	14.67
63	16.21
64	19.25
65-69	19.25

Table 5B: Annual premium per \$1,000 of death and TPD cover

Age of Member (years)	Emergency Services/Manual
15-35	1.45
36	1.48
37	1.52
38	1.54
39	1.65
40	1.81
41	1.83
42	2.02
43	2.25
44	2.53
45	2.90
46	3.31
47	3.86
48	4.51
49	5.13
50	5.96
51	6.03
52	7.04
53	8.20
54	9.25
55	10.45
56	11.89
57	13.93
58	16.61
59	21.24
60	23.56
61	27.57
62	30.85
63	34.09
64	40.49
65-69 <sup>1</sup>	40.49

<sup>1</sup> A restricted definition of total and permanent disablement applies from age 65.

### Example

#### Calculating the cost of fixed cover

For an additional \$50,000 death only cover for Sue, a 39-year-old paramedic, with an insurance category of Emergency Services/Manual, the premium is calculated as follows:

Level of fixed additional cover	\$1,000s of cover (divide \$50,000 by 1,000)	Multiply by the annual premium per \$1,000 of cover	Annual/monthly premium
\$50,000	50	x \$0.78	= \$39.00 (or \$3.25 per month)

**Note:** The above example is illustrative only and is based on the factors stated. It should not be taken to contain or provide an estimate of the premiums payable by you.

### Interim accident cover for death and TPD

If you are eligible and you apply for start-up bonus, additional death and TPD cover, or death only cover, you receive interim accident cover for death and/or TPD while your application is being assessed by the insurer. Your interim accident cover starts from the time that the insurer receives a fully completed personal statement and application form and ceases at the earliest of:

- when your application is accepted (on any terms), declined or withdrawn; or
- when the insurer notifies you that your interim accident cover has ceased; or
- you cease to be a member of the fund, or eligible for insurance cover through the fund.

The interim accident cover is the lesser of:

- for death cover, the lesser of:
  - the amount applied for; and
  - \$2,000,000; and
- for TPD cover, the lesser of:
  - the amount applied for; and
  - \$1,000,000 reduced by any existing TPD cover.

Interim accident cover covers you where your death or total and permanent disablement, as applicable, is caused solely, directly and independently of any other cause, by accident as long as death or total and permanent disablement, as applicable, occurs within 365 days of the accident.

Interim accident cover does not apply to transferring cover to First State Super (see page 10).

### Benefit payments

All benefit payments (for the total amount of your automatic cover, start-up bonus cover, additional cover and transferred cover) are subject to the maximum levels of cover, the terms of the policy and acceptance of the claim by the insurer. See the section headed **When will you receive a benefit?** on page 6 for further information.

### Cancelling or reducing insurance cover

You can reduce your automatic cover to 1 or 2 units of death and TPD cover (see page 4 for the cost per unit of death and TPD cover) or you can opt out of cover altogether.

Alternatively, you can reduce your automatic cover to 1, 2 or 3 units of death only cover (so that you are covered for death and terminal illness, but not TPD). See page 4 for the cost per unit of death only cover.

To reduce your cover, complete the *Application to reduce or cancel insurance cover* form available on our website at [firststatesuper.com.au/forms](http://firststatesuper.com.au/forms) or by contacting us. If you've already registered for online access, you can apply to reduce or cancel your cover when you login.

If you reduce or opt out of cover, you can re-apply for cover by providing detailed information about your health, income, occupation and lifestyle, as required by the insurer, and cover is subject to acceptance by the insurer. If your application is accepted, cover commences on the date of written acceptance by the insurer.

If you wish to cancel your automatic cover without incurring costs, you must do so within 30 days of being notified that you have received automatic cover by completing the *Application to reduce or cancel insurance cover* form available on our website or by contacting us. If you've already registered for online access, you can apply to cancel your cover when you login.

## Termination of cover

### How to keep your cover before your account becomes inactive for a continuous period of 16 months or more

There are three ways you can keep your cover with us.

#### 1. Elect to keep your cover

If you make an election, you will keep all your cover. If you only want to keep part of your cover, you should make an election and then call us to cancel any cover you no longer need.

You can either submit an election request online or fill in our insurance opt-in election form.

#### 2. Make a contribution to your account

Activate your account by making a contribution or asking your employer to contribute to your account.

If you make a contribution, your account will be considered active for the next 16 months.

#### 3. Combine your super into your account with us

Use our find and combine tool to combine any super you have with another fund into your account with us.

If you roll money in from another fund your account will be considered active for the next 16 months.

### Insufficient money in your super to pay the cost of your insurance

Insurance premiums are deducted monthly in arrears from your super account. The cost of cover for part of a month is calculated on a daily basis. If there is not enough money in your account to pay for your insurance cover, the cover will stop. You will then be notified and, if contributions (less any tax due) sufficient to pay the cost of your insurance (and arrears) are received within 28 days of our notice to you that cover has ceased, your cover will automatically be restored from the date cover ceased.

Otherwise, if you remain a member of First State Super, you can apply to reinstate cover by providing detailed information about your health, income, occupation and lifestyle, but reinstatement of cover is subject to acceptance by the insurer. If your application is accepted, reinstated cover commences on the date of written acceptance by the insurer.

### Termination of the policy

If the policy issued to the trustee by the insurer terminates and you are at work, the trustee may replace your cover with substantially equivalent cover under a new policy.

If the policy issued to the trustee by the insurer terminates and you are not at work on the termination date, any TPD cover that you had will continue with the insurer until the earliest of the following:

- you return to work and actively perform all your normal duties and work your usual hours free from any limitation due to illness or injury and you are not entitled to receive income support benefits of any kind; or
- your 70th birthday; or
- the date the insurer accepts or declines a claim for total and permanent disablement benefit claimed by or for you.

## If you are in the Australian Armed Forces Reserve on active duty overseas

Unless you successfully apply to the insurer to continue your cover if you are in the Australian Armed Forces Reserve on active duty outside Australia, your cover will cease. In that case, however, cover that ceased will be reinstated on the following basis:

- recommencement at your previous level – immediately after you return from active duty outside Australia, provided your period of active duty is less than 12 months and you are at work at the end of that period; otherwise
- recommencement at the lower of your previous level of cover and three units of automatic cover – on receipt of the next SG contribution from your First State Super participating employer after your period of active duty outside Australia.

If you are not at work on the date cover re-commences, you will only have limited cover until you have been at work for two consecutive months.

## Transferring cover to First State Super

If you have death or death and TPD cover through First State Super, you may apply to have the amount of death cover (up to \$10 million) and TPD cover (up to \$5 million) that you may have in another life policy (previous insurance), transferred to First State Super.

You can only transfer cover if:

- you are at work on the day immediately preceding the day that the transferred cover is due to start in the fund; and
- you have not had an application for death, total and permanent disablement type benefit, or income protection insurance declined; and
- you work in an occupation that is acceptable to the insurer; and
- you are not eligible, have not received, nor are applying for a total and permanent disablement type benefit, a permanent or temporary incapacity benefit, terminal illness benefit or an income protection benefit from workers' compensation, any superannuation fund or life insurance policy; and
- you have not been diagnosed with a terminal illness; and
- you have agreed not to exercise any continuation option under the previous insurance nor reinstate cover under that insurance; and
- you agree that your cover under the previous insurance will cease from the date of acceptance of your transferred cover by the insurer; and
- the insurer has been provided with satisfactory evidence of any conditions or restrictions which applied under any previous insurance.

If any individual restrictions, conditions, premium loadings or exclusions were imposed under the previous insurance, they may also apply to the transferred cover. The transferred cover amount is in addition to your existing First State Super cover and the total is subject to the maximum levels of cover.

To apply to transfer your cover, you only have to provide limited information about your health, income, occupation, lifestyle and pastimes. Your application will then be assessed by the insurer. The cost of the transferred cover depends on your insurance category, which will be advised to you in your confirmation letter. The application form to transfer cover is available on our website or by contacting us. If you've already registered for online access, you can apply to transfer your cover when you login.

**Note:** You should wait for our written confirmation of acceptance of the transfer of cover before cancelling any previous insurance.





# Income protection cover

You do not receive automatic income protection cover when you become a member of First State Super. You can apply, however, for income protection cover under the policy issued to the trustee by the insurer. You do not need to have death and TPD cover to apply for income protection cover.

## Applying for income protection cover

### What can you apply for?

Depending on your occupation, you can apply to be insured for a replacement income (paid to you monthly in arrears after the waiting period). You can apply for the benefit period, income replacement ratio and waiting period, from the options shown in **Table 6** below, up to the maximum cover.

**Table 6: Benefit options**

	<b>Benefit period of two years</b>	<b>Benefit period of five years or to age 65</b>
Income replacement ratio	50% or 75% of <u>monthly income</u>	50% or 75% of <u>monthly income</u>
Waiting period	14, 30, 60 or 90 days	30, 60 or 90 days
Cover for <u>superannuation contributions benefit</u> <sup>1</sup>	10% of <u>monthly income</u>	10% of <u>monthly income</u>

<sup>1</sup> The superannuation contributions benefit is paid directly into your account in First State Super and will attract contributions tax. See the Glossary.

### What is the maximum cover?

The maximum insured monthly benefit that you can have under the policy depends on the benefit period.

**Two-year benefit period** – up to \$50,000 per month (including the superannuation contributions benefit, if applicable).

**Five-year benefit period or benefit period to age 65** – up to \$40,000 per month (including the superannuation contributions benefit, if applicable).

### Who can apply?

Depending on your occupation, you can apply if you are:

- a) a First State Super member or applying for membership of the fund; and
- b) an Australian resident; and
- c) 15 years or older and not older than 65 years of age; and
- d) gainfully employed for at least 15 hours per week.

### What is the cost?

A premium is deducted from your First State Super account monthly in arrears. The premium amount is calculated by taking into account:

- your age; and
- your occupationally rated insurance category (notified by the insurer if your application is accepted); and
- your income replacement ratio (50% or 75%) of your monthly income; and
- whether you are insured for the superannuation contributions benefit; and
- your waiting period; and
- your benefit period.

See **The cost of income protection** on page 17 or go to the insurance calculator on our website.

### What is the benefit period?

The 'benefit period' is the maximum period for which the insurer will pay a monthly benefit for a claim in relation to total disability and partial disability for the same or related illness or injury. The benefit period is nominated by you in your application and is subject to acceptance by the insurer.

All periods of claim in relation to total disability and partial disability for the same or related illness or injury will be added together to determine the benefit period. Please refer to the **Recurrent disability** section on page 15 for more information.

### The application process

To apply for cover, complete the *Application for insurance* form available on our website at [firststatesuper.com.au/forms](http://firststatesuper.com.au/forms) or by contacting us. If you've already registered for online access, you can apply for cover when you login.

Your application must contain the information required by the insurer to assess your application, including information about your health, income, occupation and lifestyle. Your application may be accepted or declined by the insurer, or special conditions may be imposed on your cover.

If your application for income protection is accepted by the insurer, you will be notified of your insurance category, your insured monthly benefit, your income replacement ratio, your benefit period, your waiting period, the date your cover commences, whether the superannuation contributions benefit is included and any special conditions that apply to your cover.

The insurance category notified for your income protection cover will be the rating for all your insurance cover and will only change if you later become occupationally re-rated.

### Changes to your circumstances

You should notify us immediately if your monthly income decreases, as you may no longer be eligible to receive your full insured monthly benefit and if that is the case you may be able to pay a lower premium.

If your monthly income increases, you can apply to increase your insured monthly benefit (subject to the maximum levels of cover). Any increase in cover is subject to acceptance by the insurer. If the increase is accepted, you will be notified of your new insured monthly benefit and any superannuation contribution benefit, if applicable.

### If you change employer or occupation

If you change employers, or your occupation with the same employer, your insurance category will not automatically change. To request an update to your occupationally rated insurance category, you can complete an *Application to change insurance category rating* form available on our website or contact us. If you've already registered for online access, you can apply to change your insurance category when you login. Any change of rating will be subject to approval by the insurer.

## Start-up bonus cover options

Start-up bonus cover is a limited amount of income protection cover that you can apply for without providing the same level of detail about your health and lifestyle that is required in an ordinary application for income protection cover.

### Who can apply?

Depending on your occupation, if you are employed for at least 15 hours per week by a First State Super participating employer, and satisfy all of the following requirements, you may be eligible to apply for start-up bonus income protection cover if:

- you join First State Super within 6 months of commencing employment with that First State Super participating employer; and
- you apply for start-up bonus income protection cover within 180 days after the date we receive your first SG contribution from that First State Super participating employer.

Table 7 below shows the maximum insured monthly benefit (your income replacement ratio (50% or 75%) of your monthly income) that you can be insured for under start-up bonus cover, depending on your insurance category.

Table 7

Insurance category	Maximum start-up bonus cover per month <sup>1</sup>
Basic Plus <sup>2</sup>	\$10,000
Public Service + White Collar	\$6,000
Education	\$6,000
Health	\$6,000
Government Trading Enterprise + Light Manual	\$6,000
Emergency Services/Manual	\$5,000
Emergency Services/Heavy Manual	\$3,000
Police	Not applicable
Hazardous	Not applicable

<sup>1</sup> You can select the superannuation contributions benefit to apply to your start up bonus cover. The superannuation contributions benefit is included when calculating the maximum start up bonus insured monthly benefit.

<sup>2</sup> Basic Plus must be applied for and accepted by the insurer.

### Applying for the start-up bonus

In your application, you are only required to provide limited information about your health, income, occupation and lifestyle (compared to an ordinary application for income protection cover). Your application may be accepted (with or without conditions) or declined by the insurer. While your application is being assessed, you will be eligible for interim accident cover (see page 16).

If your application for start-up bonus cover is accepted by the insurer, you will be notified of your insurance category, your insured monthly benefit, your benefit period, your income replacement ratio, whether the superannuation contribution benefit is included, your waiting period and the date your cover commences.

### Additional cover due to a life event

You may be eligible to apply for additional cover (in addition to any start-up bonus cover that you may have) for income protection cover due to a life event.

To be eligible to apply, you must:

- submit an application along with relevant supporting documentation, within 90 days of the life event; and
- be under age 60;
- be at work;
- not have had an increase in cover due to a life event in the 12 months preceding the date of your latest application;
- not have been diagnosed with a terminal illness;

- not have ever had an application for life insurance, total and permanent disablement type insurance, or income protection (including accident or sickness) insurance, declined, or accepted subject to any loadings, alternative terms and/or exclusions; and
- not be entitled to lodge or intend to lodge or have never lodged a claim for an injury or illness through worker's compensation, sickness benefit, invalid pension or any insurance policy providing total and permanent disablement cover, accident or sickness cover.

Life event cover is not available for some occupations including (but not limited to) police, paramedics and hazardous occupations.

Any additional cover due to a life event is subject to the following terms and conditions:

- if the insurer accepts your application, cover:
  - only commences from the date of the insurer's written acceptance;
  - may be subject to individual restrictions, conditions, exclusions or premium loadings.

The maximum amount of additional cover due to a life event is the lesser of:

- 25% of your existing cover; and
- \$2,500 per month.

The amount of the insured monthly benefit after the increase of cover cannot exceed \$25,000 per month.



Income protection gives  
you peace of mind



## Transferring cover to First State Super

If you have income protection cover in First State Super you may apply to transfer up to \$40,000 per month of the amount of income protection cover that you may have in another life policy (previous insurance) to First State Super.

You can only transfer cover if:

- you are at work on the day immediately preceding the day that the transferred cover is due to start in the fund; and
- you have not had an application for death, total and permanent disablement or income protection type insurance cover declined; and
- you are not eligible, have not received nor are applying for a total and permanent disablement type benefit, a permanent or temporary incapacity benefit, terminal illness benefit or an income protection benefit from workers' compensation, any superannuation fund or life insurance policy; and
- you have not been diagnosed with a terminal illness; and
- you have agreed not to exercise any continuation option under the previous insurance nor reinstate cover under that insurance; and
- you agree that your cover under the previous insurance will cease from the date of acceptance of your transferred cover by the insurer; and
- the insurer has been provided with satisfactory evidence of any conditions or restrictions which applied under any previous insurance.

If any individual restrictions, conditions, premium loadings or exclusions were imposed under the previous insurance, they may also apply to the transferred cover amount. The transferred cover amount replaces the income protection cover that you have under First State Super and is subject to the maximum cover.

To apply to transfer your cover, you only have to provide limited information about your health, income, occupation, lifestyle and pastimes. Your application will then be assessed by the insurer and may be accepted or declined. The application form to transfer cover is available on our website or by contacting us. If you've already registered for online access, you can apply to transfer your cover when you login.

**Note:** You should wait for our written confirmation of acceptance of the transfer of cover before cancelling any previous insurance.

## What income protection covers you for

### Monthly disability benefit

#### When are you eligible for a monthly disability benefit?

You will be eligible to receive a monthly disability benefit if:

- you have been totally disabled or partially disabled for the waiting period (and totally disabled for at least 7 out of 12 consecutive days during the waiting period); and
- you are totally disabled at the end of the waiting period, or immediately following a period during which the partial disability benefit was payable; and
- your pre-disability income is reduced due to your total disability.

The monthly disability benefit will be paid monthly in arrears and the amount of your benefit accrues daily on a pro-rata basis.

How to claim a monthly disability benefit and when a claim can be paid is explained on page 16.

Payment of the monthly disability benefit is also subject to the limitations and exclusions outlined on page 17.

#### How much is the monthly disability benefit?

Your monthly disability benefit payments will be the lesser of:

- your insured monthly benefit, and
- your income replacement ratio (50% or 75%) of your pre-disability income.

The superannuation contributions benefit, if you are covered for this benefit, may also be payable.

Any benefit payable is limited to the maximum cover.

#### When do the monthly disability benefit payments cease?

Your monthly disability benefit payments will cease to be paid on the earliest of:

- the date you are no longer totally disabled; or
- the date of your death; or
- your 65th birthday; or
- the expiry of the benefit period.

### Partial disability benefit

You will be eligible to receive a partial disability benefit if:

- you have been totally disabled for at least 7 out of 12 consecutive days during the waiting period; and
- you are partially disabled at the end of the waiting period, or immediately following a period during which the monthly disability benefit has been payable.

The partial disability benefit will be paid monthly in arrears and the amount of your benefit accrues daily on a pro-rata basis.

How to claim a partial disability benefit and when a claim can be paid is explained on page 16. Payment of the partial disability benefit is subject to the limitations and exclusions outlined on page 17.

#### How much is the partial disability benefit?

The partial disability benefit payable is calculated as follows:

$$\frac{\text{Pre-disability income} - \text{Return to employment income}}{\text{Pre-disability income}} \times \text{Insured monthly benefit}$$

The superannuation contributions benefit, if you are covered for this benefit, may also be payable and will be reduced by any superannuation guarantee contribution made in relation to your return to employment income.

Any benefit payable is subject to the maximum cover.

#### When do partial disability benefit payments cease?

Monthly partial disability benefit payments will cease to be paid on the earliest of:

- the date you are no longer partially disabled; or
- the date of your death; or
- your 65th birthday; or
- the expiry of the benefit period.



### Indexation

If your benefit period is 2 years, at the end of 12 consecutive months during which the insurer has paid a monthly disability benefit or partial disability benefit, your insured monthly benefit will be increased by 5%.

If your benefit period is 5 years or to age 65, at the end of each 12 consecutive month period during which the insurer has paid a monthly disability benefit or partial disability benefit, your insured monthly benefit will be increased by the lesser of 5% and any increase in the CPI.

If you are covered for the superannuation contributions benefit, it will be indexed on the same basis as your insured monthly benefit.

### Recurrent disability

If you return to gainful employment after a period during which you received a monthly disability benefit or partial disability benefit for less than your benefit period, and you are eligible to claim again due to the same or a related illness or injury – a recurrent disability claim – the first claim period, and each recurrent disability claim period, are added together when determining your benefit period.

If your recurrent disability claim occurs within 6 months after the end of the earlier claim, the waiting period for your recurrent disability claim reduces to zero.

If your recurrent disability claim occurs 6 months or more after the end of the earlier claim, the waiting period applies again to your recurrent disability claim.

### Approved rehabilitation expense benefit

If you are totally disabled or partially disabled, the insurer may pay approved rehabilitation expenses, in addition to the benefits otherwise payable to you under your income protection cover, if the insurer reasonably considers that the approved rehabilitation expenses are likely to assist in your rehabilitation. The approved rehabilitation expenses will be paid directly to the provider of the rehabilitation service.

### Income protection cover during leave without pay

As long as premiums continue to be paid, you will continue to be covered during a period of approved leave without pay on the following basis.

If you make a claim during the period of leave without pay, your pre-disability income will be averaged over the 12 months immediately prior to you going on leave without pay (rather than the 12 months immediately prior to you becoming totally disabled) as long as:

- if you are employed, your employer has approved the period of leave in writing prior to you going on leave and the period of leave does not exceed 24 months; or
- if you are self-employed, you have made arrangements for the continuation of your business during your absence on leave (through the support of other participants in the business or through the services of a locum or equivalent replacement on a temporary basis), you derive no income during your absence and your absence on leave does not exceed 24 months.

In all other circumstances, pre-disability income will be calculated over the 12 months immediately prior to you becoming totally disabled.

In the event you suffer illness or injury while on leave without pay, the occupation you followed before you commenced the leave will be your occupation for the purposes of determining total disability.

If you are covered during a period of leave without pay and eligible to receive an income protection benefit, no benefit will be paid until the last to occur of:

- if you are employed, the date your leave without pay is scheduled to cease in accordance with the period of employer-approved leave; or
- if you are self-employed, the expiration of the period of absence arranged before the start of your leave; or
- the expiry of the waiting period.

### If you are taking leave without pay

If you are taking leave without pay, you should consider whether to retain your income protection cover. The amount of your benefit depends on your pre-disability income.

Except in the circumstances explained in the previous section, **Income protection cover during leave without pay**, when your pre-disability income will be averaged over the 12 months immediately prior to you going on leave without pay, your pre-disability income will be calculated over the 12 months immediately prior to you becoming totally disabled.

This means that, if you become totally disabled, your pre-disability income will be averaged over a period which includes time when you were on unpaid leave and any benefit that you would be entitled to will be reduced. Also, if your leave without pay continues for more than one year and you then become totally disabled, your pre-disability income will be averaged over the 12 months you were on leave and any benefit that you would be entitled to will be reduced to zero.

While you should have regard for your own circumstances, you might wish to continue the cover, even if any benefit payable is reduced in this way, if you intend to resume gainful employment. Alternatively, you may consider it is preferable to cancel income protection cover if you are intending to take extended unpaid leave, depending on whether or not the unpaid leave is approved and the duration of the unpaid leave. Please note, however, that if you cancel income protection insurance, you must re-apply (if you are eligible) and your application may be accepted or declined by the insurer, or special conditions may be imposed on your cover.

It is recommended that you consult a financial adviser if you are in this situation.

## Interim accident cover for income protection

If you are eligible and apply for income protection cover, or an increase in your insured monthly benefit, the insurer will provide you with interim accident cover for total disability or partial disability while considering your application. The cover applied for cannot exceed the maximum level of cover.

Interim accident cover commences on the date that the insurer receives your fully completed personal statement and application form and continues until the earliest of:

- the day on which your application is accepted (on any terms), declined or withdrawn; or
- 90 days after the date the insurer receives your fully completed personal statement and application form; or
- when the insurer notifies you that your interim accident cover has ceased; or
- you cease to be a member of the fund or eligible for cover through the fund.

If you become totally disabled or partially disabled as a result of an accident while you have interim accident cover, and remain totally or partially disabled after the waiting period, the amount payable will be the lower of:

- the amount of cover you applied for in your application, less any benefit you are entitled to under any existing income protection cover through the fund; and
- \$10,000 per month (including any superannuation contributions benefit).

How and when a claim can be paid is explained below.

Any benefit payable will be subject to the limitations and exclusions outlined on page 17.

If an interim accident cover benefit is payable, it will only be payable until the earliest of:

- the date you are no longer total disabled or partially disabled; or
- the date of your death; or
- your 65th birthday; or
- the expiry of the benefit period nominated in the application.

## Claiming an income protection benefit

### Payment of a claim

Your claim must be accepted by the insurer and the trustee must be satisfied that you meet a condition of release under superannuation law to enable us to pay a benefit to you and any applicable tax will be deducted from the benefit prior to payment. The conditions of release under superannuation law are described in the *Member Booklet Supplement: How super works* available on our website and by contacting us.

You are responsible for any costs associated with completing and providing the claim forms (including ongoing claim forms) and any associated documents that the insurer reasonably requires for the initial and ongoing assessment of your claim. You may also be asked, at your expense, to provide other evidence that the insurer reasonably requires to substantiate your claim.

The insurer may require you to attend (at its expense) medical examinations by a health professional that it nominates, and/or to undergo tests, that it considers necessary to enable it to assess or substantiate your claim.

### Claims while you are overseas

If you are outside Australia and on claim for total disability or partial disability for more than 12 months, the insurer may refuse to continue paying benefits unless you have, at your expense, returned to Australia.

Also, you may be required to return to Australia at your expense for initial and ongoing assessment of any claim.

## Limitations and exclusions

### Reduction of monthly benefit payment

The amount of any benefit payable to you for a month will be reduced by any other disability income which accrues to you during that month.



### When benefits are not payable

Benefits are not payable in the following circumstances:

- ☞ intentional self-inflicted injury or any attempt to commit suicide; or
- ☞ normal pregnancy or childbirth; or
- ☞ war, which includes any act of war (whether declared or not), revolution, invasion, rebellion or civil unrest; or
- ☞ any event in respect of which the insurer has placed an individual exclusion on your cover.

Further, no benefit will be payable under income protection cover if the payment of the benefit would contravene any provision in the *Private Health Insurance Act 2007 (Cth)* or other related legislation.

### One disability benefit payment at any time

The insurer will only pay you one monthly disability benefit or partial disability benefit at a time during the benefit period.

## The cost of income protection

Follow the steps below to calculate the estimated cost of income protection. Alternatively, go to our website and use the **Insurance calculator** to determine how much insurance cover may be suitable for you and how much it may cost you. Premiums for income protection may increase in the future. If this happens you will be notified at least 30 days before the change is implemented.

### Step 1 – Work out your level of cover per annum

Your level of cover per annum is your insured monthly benefit (either 50% or 75% of your monthly income) multiplied by 12. Add 10% of monthly income if the superannuation contributions benefit is included. Your level of cover cannot exceed the maximum cover.

### Step 2 – Work out your premium rating factor

Choose the insurance category which you think will apply to you to work out your premium rating factor from **Table 8**. (The insurer will determine your insurance category if it accepts your application.)

Table 8: Premium rating factor

Insurance category	Premium rating factor
Basic Plus	0.90
Public Service + White Collar	1.00
Education	1.20
Health	1.30
Government Trading Enterprise + Light Manual	1.70
Emergency Services/Manual	1.90
Emergency Services/Heavy Manual	2.30

### Step 3 – Work out your basic income protection premium

Using **Table 9**, **Table 10** or **Table 11** on pages 18 to 19 (depending on your benefit period) to work out your basic income protection premium according to your age, your level of cover (see **Step 1**) and the waiting period applying.

### Step 4 – Calculate your premium

Divide your level of cover (Step 1) by \$1,000 to give you your number of \$1,000s of insured cover. Multiply this number by your basic income protection premium (Step 3) and your premium rating factor (Step 2). This will give you your annual premium. Divide your annual premium by 12 for your monthly premium.

If your application is accepted by the insurer we will tell you your insurance category. You should use this to calculate the actual cost of your income protection cover.

## Termination or cessation of income protection cover

### When does your income protection cover cease?

Your income protection cover in First State Super will cease when any of the following occur:

- ☞ your membership with First State Super ceases; or
- ☞ there is not enough money in your account to cover the cost of your cover; or
- ☞ unless you made an election, your account becomes inactive for a continuous period of 16 months or more; or
- ☞ the date of your death; or
- ☞ you reach age 65; or
- ☞ you commence military service (other than the Australian Armed Forces Reserve if you are not on active duty outside Australia); or
- ☞ the date we receive your request to cancel your cover.

### Example

John is a 39-year-old employee with an insurance category of Government Trading Enterprise and has a monthly income of \$10,000, a benefit period of two years, a 90-day waiting period and an income replacement ratio of 50% of monthly income. The premium is calculated as follows:

Level of cover per annum	\$1,000s of cover (divide \$60,000 by 1,000)	Basic income protection premium per annum (from Table 9)	Premium rating factor (from Table 8)	Annual/monthly premium
\$60,000 (\$5,000 <u>monthly income</u> )	60	x \$1.38	x 1.70	= \$140.76 per year or \$11.73 per month

**Note:** The above example is illustrative only and is based on the factors stated. It should not be taken to contain or provide an estimate of the premiums payable by you.

## How to keep your cover before your account becomes inactive for a continuous period of 16 months or more

There are three ways you can keep your cover with us:

### 1. Elect to keep your cover

If you make an election, you will keep all your cover. If you only want to keep part of your cover, you should make an election and then call us to cancel any cover you no longer need.

You can either submit an election request online or fill in our insurance opt-in election form.

### 2. Make a contribution to your account

Activate your account by making a contribution or asking your employer to contribute to your account.

If you make a contribution, your account will be considered active for the next 16 months.

### 3. Combine your super into your account with us

Use our find and combine tool to combine any super you have with another fund into your account with us.

If you roll money in from another fund your account will be considered active for the next 16 months.

## Insufficient money in your super to pay the cost of your insurance

Insurance premiums are deducted monthly in arrears from your super account. The cost of cover for part of a month is calculated on a daily basis. If there is not enough money in your account to pay for your insurance cover, the cover will stop. You will then be notified and, if contributions (less any tax due) sufficient to pay the cost of your insurance (and arrears) are received within 28 days of our notice to you that cover has ceased, your cover will automatically be restored from the date your cover ceased. Otherwise, if you remain a member of First State Super, you can apply to reinstate cover by providing detailed information about your health, income, occupation and lifestyle, but reinstatement of cover is subject to acceptance by the insurer. If your application is accepted, reinstated cover commences on the date of written acceptance by the insurer.

### Termination of the policy

If the policy issued to the trustee by the insurer terminates and your income protection cover is in force, then:

- if you are actively performing all the duties of your occupation and working your usual hours free from any limitation due to illness or injury, your cover may be replaced with substantially equivalent cover under a new policy;
- if you are not actively performing all the duties of your occupation and are not working your usual hours free from any limitation due to illness or injury on the termination date, you will continue to have income protection cover until the earliest of the following:
  - you return to work and actively perform all your normal duties and work your usual hours free from any limitation due to illness or injury and you are not entitled to receive income support benefits of any kind; or
  - your 65th birthday; or
  - the date the insurer accepts or declines a claim for income protection benefits claimed by you.

Table 9

## Premium rates for a two-year benefit period (annual premium rates per \$1,000 annual benefit)

Age attained	Waiting period			
	14 days \$	30 days \$	60 days \$	90 days \$
15	3.73	1.84	1.17	0.87
16	3.84	1.88	1.20	0.88
17	3.95	1.93	1.25	0.92
18	4.01	1.96	1.26	0.93
19	4.06	1.98	1.27	0.93
20	4.23	2.08	1.32	0.97
21	4.17	2.04	1.30	0.92
22	4.22	2.07	1.30	0.89
23	4.21	2.07	1.28	0.87
24	4.22	2.07	1.28	0.86
25	4.23	2.08	1.28	0.83
26	4.33	2.13	1.31	0.83
27	4.44	2.18	1.33	0.86
28	4.56	2.23	1.37	0.87
29	4.76	2.32	1.42	0.87
30	4.91	2.40	1.46	0.88
31	5.13	2.51	1.50	0.91
32	5.41	2.64	1.59	0.94
33	5.71	2.80	1.68	0.99
34	6.07	2.96	1.76	1.02
35	6.33	3.10	1.86	1.08
36	6.90	3.38	2.01	1.15
37	7.23	3.55	2.12	1.24
38	7.52	3.68	2.21	1.30
39	7.84	3.84	2.31	1.38
40	8.18	4.00	2.42	1.48
41	8.41	4.11	2.51	1.59
42	8.74	4.27	2.63	1.70
43	9.19	4.49	2.79	1.86
44	9.43	4.61	2.90	2.01
45	10.07	4.93	3.12	2.19
46	10.68	5.22	3.33	2.41
47	11.33	5.54	3.57	2.64
48	12.06	5.91	3.85	2.95
49	13.13	6.42	4.21	3.28
50	14.17	6.92	4.59	3.66
51	15.49	7.59	5.05	4.11
52	16.98	8.32	5.58	4.62
53	18.63	9.11	6.15	5.19
54	20.53	10.04	6.84	5.86
55	22.77	11.15	7.62	6.61
56	25.45	12.45	8.55	7.48
57	28.56	13.97	9.63	8.48
58	32.23	15.77	10.88	9.62
59	36.25	17.73	12.25	10.84
60	40.75	19.93	13.79	12.23
61	46.03	22.52	15.56	13.79
62	51.81	25.34	17.52	15.51
63	50.10	24.51	16.46	13.62
64	27.36	13.38	8.09	4.91



Table 10

**Premium rates for a five-year benefit period  
(annual premium rates per \$1,000 annual benefit)**

Age attained	Waiting period		
	30 days \$	60 days \$	90 days \$
15	3.11	1.93	1.41
16	3.12	1.96	1.43
17	3.13	1.98	1.44
18	3.13	1.98	1.43
19	3.12	1.97	1.42
20	3.17	1.99	1.43
21	3.18	1.99	1.39
22	3.23	1.99	1.41
23	3.27	2.02	1.38
24	3.30	2.02	1.39
25	3.34	2.04	1.39
26	3.45	2.12	1.43
27	3.57	2.18	1.52
28	3.69	2.26	1.54
29	3.88	2.36	1.59
30	4.05	2.45	1.65
31	4.27	2.54	1.70
32	4.51	2.68	1.75
33	4.80	2.81	1.84
34	5.08	2.96	1.91
35	5.37	3.14	2.01
36	5.74	3.35	2.14
37	6.09	3.56	2.30
38	6.41	3.78	2.48
39	6.57	4.01	2.68
40	6.75	4.28	2.90
41	6.97	4.55	3.14
42	7.34	4.86	3.43
43	7.77	5.22	3.74
44	8.14	5.57	4.10
45	8.64	5.99	4.51
46	9.13	6.45	4.98
47	9.65	6.94	5.44
48	10.22	7.48	6.01
49	10.89	8.07	6.66
50	11.56	8.71	7.38
51	12.36	9.45	8.12
52	13.21	10.22	8.93
53	14.14	11.04	9.80
54	15.16	11.95	10.77
55	16.96	13.51	11.81
56	18.28	14.67	12.96
57	19.70	15.89	14.98
58	21.25	17.18	16.31
59	22.95	18.41	17.48
60	23.56	18.88	17.70
61	23.39	18.36	17.05
62	25.58	18.17	16.32
63	24.53	17.54	14.24
64	13.43	8.53	5.27

Table 11

**Premium rates for a benefit period to age 65  
(annual premium rates per \$1,000 annual benefit)**

Age attained	Waiting period		
	30 days \$	60 days \$	90 days \$
15	6.53	4.22	3.23
16	6.53	4.22	3.23
17	6.53	4.22	3.23
18	6.53	4.22	3.23
19	6.53	4.22	3.23
20	6.53	4.22	3.23
21	6.70	4.29	3.25
22	6.86	4.37	3.29
23	7.03	4.45	3.34
24	7.22	4.54	3.39
25	7.40	4.62	3.44
26	7.70	4.86	3.63
27	8.06	5.09	3.82
28	8.48	5.33	3.98
29	8.97	5.59	4.14
30	9.51	5.86	4.31
31	10.11	6.17	4.48
32	10.77	6.50	4.66
33	11.49	6.86	4.88
34	12.25	7.27	5.14
35	13.07	7.73	5.44
36	13.92	8.23	5.79
37	14.83	8.80	6.20
38	15.77	9.41	6.68
39	16.76	10.08	7.23
40	17.78	10.83	7.85
41	18.82	11.62	8.55
42	19.88	12.49	9.32
43	20.97	13.42	10.18
44	22.07	14.40	11.11
45	23.20	15.44	12.12
46	24.31	16.53	13.19
47	25.44	17.65	14.31
48	26.54	18.80	15.49
49	27.64	19.98	16.70
50	28.70	21.15	17.92
51	29.73	22.32	19.15
52	30.72	23.45	20.33
53	31.64	24.52	21.47
54	32.48	25.51	22.52
55	33.22	26.39	23.47
56	33.74	27.06	24.19
57	34.00	27.44	24.63
58	33.88	27.43	24.68
59	33.25	26.93	24.21
60	31.96	25.77	23.11
61	29.72	23.72	21.15
62	26.10	20.42	17.98
63	19.86	14.88	12.74
64	8.70	5.44	4.04

# Glossary for Part 1

Term	Meaning under the insurance policy
Accident	Means an unforeseen, violent, external and visible event that occurs accidentally during the period of cover.
Approved rehabilitation expenses	Means expenses that may arise from the cost of an <u>approved rehabilitation program</u> which the insurer believes is necessary for your rehabilitation.
Approved rehabilitation program	Means a program, device or course of treatment approved by the insurer, the employer (where authorised by you) and a <u>medical practitioner</u> that will assist your rehabilitation and your return to <u>gainful employment</u> , but excluding any program providing hospital treatment or an ancillary health service within the meaning of the <i>National Health Act 1953</i> or any other program which might cause the Policy to cease to be exempt from the <i>National Health Act 1953</i> or <i>Health Insurance Act 1973</i> or any similar legislation in connection with health insurance.
At work	Means: a) a person who is: i) <u>employed with an employer</u> : 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 their usual <u>occupation</u> with their employer free from any limitation due to <u>illness or injury</u> . A person who is on employer-approved leave for reasons other than <u>illness or injury</u> , who would otherwise be capable of performing their usual <u>occupation</u> , will be considered as having met the requirements of this definition; or ii) <u>Self-employed</u> : 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 their usual <u>occupation</u> free from any limitation due to <u>illness or injury</u> ; or iii) <u>unemployed</u> : is capable of actively performing all of the duties and work hours (for at least 30 hours per week) of their usual <u>occupation</u> prior to becoming unemployed, free from any limitation due to <u>illness or injury</u> ; or iv) <u>engaged exclusively in unpaid domestic duties on a full time basis</u> : the person is actively performing or capable of performing all of their full-time <u>unpaid domestic duties</u> free from any limitation due to <u>illness or injury</u> ; and b) the person is not entitled to, or receiving, income support benefits relating to <u>illness or injury</u> , from any source including but not limited to workers' compensation benefits, statutory transport accident benefits and disability income benefits.
Australian resident	Means 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 subclass 457 working visa within the meaning of Regulation 1.03 of the <i>Migration Regulations 1994</i> .
Benefit period	Please refer to the explanation on page 12.
CPI	Means Consumer Price Index (all groups weighted average for eight capital cities) issued by the Australian Bureau of Statistics for the most recent 12 months before the date of calculation.
Domestic duties	Means being solely engaged in maintaining the family home. For example: ➤ Cooking of meals for your family; ➤ Cleaning of the family home; ➤ Shopping for your family's food; ➤ Doing your family's laundry; and ➤ Taking care of dependent children (if applicable); but excluding any tasks performed for <u>salary</u> , reward or profit.
Election	Means the instruction provided to First State Super by you to continue your cover if your account becomes <u>inactive</u> for a continuous period of 16 months or more.
Employed	Means being employed for remuneration or reward.
Gainful employment or gainfully employed	Means the performance of work for reward or in the expectation of economic benefit to you, or a person or entity connected with you. You can be either <u>employed</u> or <u>self-employed</u> .
Hazardous occupation	Includes unskilled workers, those involved in hazardous or very heavy manual work and/or presenting particular underwriting difficulties (e.g. professional divers, interstate truck drivers, linesmen working over 10 metres) as determined by the insurer.
Illness	Means sickness, disease or disorder.
Inactive	Means your account has not received any money (contributions or rollovers).
Incident date (for TPD cover)	Means in respect of TPD cover, the later of: a) the certification date of the <u>injury or illness</u> which caused total and permanent disablement, and b) the date on which you ceased employment as the result of the <u>injury or illness</u> that caused <u>total and permanent disablement</u> .  Where a <u>medical practitioner</u> examines and gives a written certification under paragraph (a) and that certification date occurs within 7 days after the date you ceased work under paragraph (b), the <u>incident date</u> will be taken as the earlier date that you ceased work under paragraph (b).

Term	Meaning under the insurance policy
Income producing duty	Means a duty that generates at least 20% of your <u>pre-disability income</u> .
Injury	Means bodily injury which is caused solely and directly by external, violent and accidental means and is independent of any other cause.
Insured monthly benefit	Means the monthly benefit amount (excluding the superannuation contributions benefit) accepted by the insurer.
Leave without pay	Means a period of leave taken by you during which you earn no income from an employer. It does not include any period of part time leave without pay where you were working for that employer in any capacity.
Life event (death and TPD)	Means one of the following events that occurs to you for which the insurer may provide additional cover: <ul style="list-style-type: none"> <li>a) your marriage or divorce;</li> <li>b) birth of your child;</li> <li>c) your adoption of a child;</li> <li>d) the death of your spouse or de facto; and</li> <li>e) you taking out a new mortgage to purchase your primary residence, or increasing an existing mortgage to renovate your primary residence.</li> </ul>
Life event (income protection)	Means one of the following events that occurs to you for which the insurer may provide additional cover: <ul style="list-style-type: none"> <li>a) your marriage or divorce;</li> <li>b) birth of your child;</li> <li>c) your adoption of a child;</li> <li>d) the death of your spouse or de facto;</li> <li>e) you taking out a new mortgage to purchase your primary residence, or increasing an existing mortgage to renovate your primary residence; and</li> <li>f) increase in your <u>monthly income</u>.</li> </ul>
Limited cover (for death and TPD cover)	Means that you are only covered for claims arising from an <u>illness</u> which first becomes apparent, or an <u>injury</u> which first occurred, on or after the date the cover started or, if the cover recommenced or was reinstated, on or after the date the cover recommenced or was reinstated.
Maximum levels of cover or maximum cover	<ul style="list-style-type: none"> <li>➤ death – unlimited</li> <li>➤ <u>terminal illness</u> – \$5 million</li> <li>➤ TPD – \$5 million</li> <li>➤ income protection: <ul style="list-style-type: none"> <li>– 2-year <u>benefit period</u> – \$50,000<sup>1</sup> per month (including the <u>superannuation contributions benefit</u>);</li> <li>– 5-year and to age 65 <u>benefit period</u> – \$40,000<sup>1</sup> per month (including the <u>superannuation contributions benefit</u>)</li> </ul> </li> </ul> <p><sup>1</sup> The maximum level of cover available under start-up bonus income protection is different and can be found in Table 7 on page 12 of this <i>Member Booklet Supplement</i>.</p>
Medical conditions	<p>Means one of the following medical conditions:</p> <ul style="list-style-type: none"> <li>a) Blindness;</li> <li>b) Cardiomyopathy;</li> <li>c) Chronic Lung Disease;</li> <li>d) Dementia and Alzheimer's disease;</li> <li>e) Diplegia;</li> <li>f) Hemiplegia;</li> <li>g) Loss of Hearing;</li> <li>h) Loss of Speech;</li> <li>i) Major Head Trauma;</li> <li>j) Motor Neurone Disease;</li> <li>k) Multiple Sclerosis;</li> <li>l) Muscular Dystrophy;</li> <li>m) Paraplegia;</li> <li>n) Parkinson's disease;</li> <li>o) Primary Pulmonary Hypertension;</li> <li>p) Quadriplegia;</li> <li>q) Severe Rheumatoid Arthritis;</li> <li>r) Tetraplegia</li> </ul> <p>The definitions for these Medical Conditions are set out on pages 24 and 25.</p>

Term	Meaning under the insurance policy
Medical practitioner	Means, unless the insurer agrees otherwise, a medical practitioner legally qualified and registered to practice in Australia, who is not you, your spouse, a relative, business partner, shareholder or your employee. Chiropractors, physiotherapists and alternative health providers are not regarded as medical practitioners.
Monthly income	<p>Your gross monthly income earned from personal exertion from your main occupation, or occupations averaged over the 12 months immediately prior to applying for income protection cover, aside from bonuses which are to be averaged over the 3 years prior to applying for income protection cover. If you have been <u>employed</u> or <u>self-employed</u> for less than 12 months before applying for income protection cover, your gross monthly income will be averaged over the period since you last started <u>employment</u> or <u>self-employment</u>.</p> <p><b>Note:</b> For the purpose of calculating your monthly income:</p> <ol style="list-style-type: none"> <li>1. your employer's superannuation guarantee contributions are not included; and</li> <li>2. if you are <u>self-employed</u>, your share of business expenses are not included.</li> </ol>
Occupation	Means the employment or activity in which you are principally <u>employed</u> or <u>self-employed</u> .
Other disability income	<p>Means any income (other than <u>return to employment income</u>) which you may derive during a month for which the monthly disability benefit or partial disability benefit is being assessed, whether that income was actually received or not and includes:</p> <ol style="list-style-type: none"> <li>a) any benefit payable under other income protection insurance policies;</li> <li>b) any benefit under any workers' compensation, statutory compensation, pension, social security or similar schemes or other similar state, federal or territory legislation; and</li> <li>c) any benefit paid under state or federal legislation such as the Department of Veteran Affairs; and</li> <li>d) any claimed employer-funded sick leave entitlements and other income payments.</li> </ol> <p>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 1/60th of the lump sum over a period of 60 months.</p> <p>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.</p>
Partially disabled	<p>Means that, in the insurer's opinion, solely as a result of an <u>illness</u> or <u>injury</u> that caused you to be <u>totally disabled</u>, you:</p> <ul style="list-style-type: none"> <li>➤ do not have the capacity to work in your <u>occupation</u> at the same level you were working at prior to commencement of <u>total disability</u>; and</li> <li>➤ are earning <u>return to employment income</u> that is less than your <u>pre-disability income</u>; and</li> <li>➤ are under the regular care of a <u>medical practitioner</u> and you are complying with the advice and treatment given by that <u>medical practitioner</u>.</li> </ul>
Pre-disability income	<p>Your monthly gross income earned from personal exertion from your main occupation or occupations, averaged over the 12 months immediately prior to becoming <u>totally disabled</u>, aside from bonuses which are to be averaged over the 3 years prior to becoming <u>totally disabled</u>. If you have been <u>employed</u> or <u>self-employed</u> for less than 12 months before becoming <u>totally disabled</u>, your monthly gross income will be averaged over the period since you last started <u>employment</u> or <u>self-employment</u>.</p> <p><b>Note:</b> For the purpose of calculating your <u>pre-disability income</u>:</p> <ol style="list-style-type: none"> <li>1. superannuation guarantee contributions are not included; and</li> <li>2. if you are <u>self-employed</u>, your share of business expenses are not included.</li> </ol>
Return to employment income (for income protection purposes)	<p>Means the gross income received by you during the month in respect of which a partial disability benefit may be payable, and which is earned as a consequence of your personal exertion (including commissions, bonus and other payments that the insurer reasonably considers form part of your remuneration package), less all expenses incurred by you in connection with earning that income during that month.</p> <p><b>Note:</b> For the purpose of calculating your return to employment income:</p> <ol style="list-style-type: none"> <li>a) superannuation guarantee contributions are not included; and</li> <li>b) if you are <u>self-employed</u>, your share of business expenses are not included.</li> </ol>
Salary	<p>If you are <u>employed</u> – your annual remuneration received from personal exertion, including base salary, bonuses, fees, regular overtime, commission and fringe benefits, but not including investment income, income received from deferred compensation plans, disability income policies or retirement plans and income not derived from personal exertion. Employer superannuation contributions made for you are also not included.</p> <p>If you are <u>self-employed</u> – the amount earned by the business directly due to your own work, less your share of business expenses for the business, but before the deduction of income tax for the business (or the relevant portion for part of a financial year).</p>
Self-employed	Means you are performing activities for remuneration or reward in a business of which you directly or indirectly own all or part.



Term	Meaning under the insurance policy
<b>Superannuation contributions benefit (for income protection purposes)</b>	<p>Means, if you have applied and been accepted for a <u>superannuation contributions benefit</u>, a superannuation contribution benefit equal to:</p> <ul style="list-style-type: none"> <li>➤ 10% of your <u>pre-disability income</u> will be paid to your First State Super account while you receive a monthly disability benefit;</li> <li>➤ 10% of your <u>pre-disability income</u> will be paid to your First State Super account less any superannuation guarantee contribution made in relation to your <u>return to employment income</u>, while you receive a partial disability benefit.</li> </ul>
<b>Terminal illness and terminally ill</b>  <b>Note:</b> if you were an insured member before 1 July 2014 and your cover has continued in force, you should contact us for the relevant definition.	<p>Means, if your death cover commenced, recommenced or was reinstated on or after 1 July 2014:</p> <ol style="list-style-type: none"> <li>a) two <u>medical practitioners</u> have jointly or separately certified in writing, that you are suffering from an <u>illness</u>, or have incurred an <u>injury</u>, that is likely to result in your death within a period ('the certification period') that ends not more than 12 months after the date of the certification;</li> <li>b) at least one of the <u>medical practitioners</u> is a specialist practicing in an area related to the <u>illness</u> or <u>injury</u> suffered by you;</li> <li>c) the certification referred to in paragraph (a) occurs while you continue to have death cover under the policy;</li> <li>d) for each of the certifications, the certification period has not ended; and</li> <li>e) the insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment, the <u>illness</u> or <u>injury</u> will lead to your death within the certification period.</li> </ol>
<b>Total and permanent disablement or totally and permanently disabled</b>  <b>Note:</b> if you were an insured member before 1 July 2014 and your cover has continued in force, you should contact us for the relevant definition.	<p>The following definition of total and permanent disablement applies to you if your total and permanent disablement cover commenced, recommenced or was reinstated on or after 1 July 2014.</p> <p>You must meet the applicable criteria below at the time of claim:</p> <ol style="list-style-type: none"> <li>1. Part (i) below if, at the <u>incident date</u>, you:             <ol style="list-style-type: none"> <li>a) are aged less than 65; and</li> <li>b) are <u>employed</u> or <u>self-employed</u>, or have been unemployed for less than 12 months; or</li> </ol> </li> <li>2. Parts (i) and (ii) below if, at the <u>incident date</u>, you:             <ol style="list-style-type: none"> <li>a) have been unemployed for greater than 12 months; or</li> <li>b) are aged 65 or more; or</li> </ol> </li> <li>3. Parts (i) and (iii) below if, at the <u>incident date</u>, you are solely engaged in <u>domestic duties</u>.</li> </ol> <p><b>Part (i) Unlikely to work</b></p> <p>You:</p> <ol style="list-style-type: none"> <li>a) solely because of a <u>medical condition</u>, have been absent from your <u>occupation</u> from the <u>incident date</u>; or</li> <li>b) have been absent from your occupation through <u>illness</u> or <u>injury</u> for three consecutive months from the <u>incident date</u>; and</li> <li>c) have become incapacitated through <u>illness</u> or <u>injury</u> to such an extent as to render yourself unlikely ever to engage in or work for gain or reward in any occupation or employment for which you are reasonably qualified by reason of education, training or experience;</li> </ol> <p><b>Part (ii) Activities of daily living</b></p> <p>You, through <u>illness</u> or <u>injury</u>, are permanently unable to perform two of the following six 'activities of daily living' unaided:</p> <ol style="list-style-type: none"> <li>a) Bathing – to shower or bathe;</li> <li>b) Dressing – to dress or undress;</li> <li>c) Toileting – to use the toilet, including getting on and off;</li> <li>d) Feeding – to eat and drink;</li> <li>e) Mobility – to get out of bed or chair or wheelchair; or</li> <li>f) Continence – to control bladder and bowel function.</li> </ol> <p>If you can perform the activity by using special equipment you will be considered able to undertake that activity unaided;</p> <p><b>Part (iii) Domestic duties</b></p> <p>You, as a result of <u>illness</u> or <u>injury</u>:</p> <ol style="list-style-type: none"> <li>a) are under the regular care of a medical practitioner; and</li> <li>b) are unable to perform normal domestic duties; and</li> <li>c) are unable to leave your home unaided; and</li> <li>d) have not engaged in any employment for a period of six consecutive months; and</li> <li>e) at the end of six months, you have become incapacitated to such an extent as to render yourself likely to require ongoing medical care and be unlikely ever to engage in <u>domestic duties</u>.</li> </ol>

Term	Meaning under the insurance policy
Totally disabled or total disability (for income protection purposes)	<p>Means that, in the insurer's opinion, while covered for income protection, as a direct result of an <u>illness</u> or <u>injury</u>, you are:</p> <ul style="list-style-type: none"> <li>unable to perform at least one <u>income producing duty</u> of your regular <u>occupation</u>; and</li> <li>not working in any capacity, <u>gainful employment</u> or otherwise; and</li> <li>under the regular care of a <u>medical practitioner</u> and in the insurer's reasonable opinion, you are complying with the advice and treatment given by that <u>medical practitioner</u>.</li> </ul>
Waiting period (for income protection purposes)	<p>Means the continuous period (14, 30, 60 or 90 days, whichever is applicable) commencing from the date a <u>medical practitioner</u> certifies you as totally disabled and for which you have to be totally disabled or partially disabled before the monthly disability benefit or partial disability benefit is payable. If, during the waiting period, you return to <u>gainful employment</u>, the waiting period will still be regarded as continuous if your return to work is for 5 days or less and you again become <u>totally disabled</u> or <u>partially disabled</u> as a result of the same <u>injury</u> or <u>illness</u>. The days for which you were in <u>gainful employment</u> will be added to the waiting period. If you return to <u>gainful employment</u> for more than 5 days, then a new waiting period will commence.</p> <p>There may be circumstances where you participate in an <u>approved rehabilitation program</u> which includes a return to <u>gainful employment</u> during the waiting period. If you are unsuccessful in returning to <u>gainful employment</u> as part of an <u>approved rehabilitation program</u> at the same capacity as prior to becoming <u>totally disabled</u> or <u>partially disabled</u>, the waiting period will still be deemed to commence as at the first date you became <u>totally disabled</u> and will not recommence if the return to <u>gainful employment</u> is greater than 5 days. Any days of <u>gainful employment</u> as part of an <u>approved rehabilitation program</u> will not be added to the waiting period.</p>

## Medical condition definitions

Medical condition	Definition
Blindness	Means the permanent loss of sight in both eyes, whether aided or unaided, due to <u>illness</u> or <u>injury</u> to the extent that visual acuity is 6/60 or less in both eyes or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an Ophthalmologist.
Cardiomyopathy	Means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, that is Class 3 on the New York Heart Association classification of cardiac impairment.
Chronic Lung disease	Means permanent end stage respiratory failure with FEV1 test results of consistently less than one litre, requiring continuous permanent oxygen therapy.
Dementia and Alzheimer's disease	Means the clinical diagnosis of dementia (including Alzheimer's disease) as confirmed by a Consultant Neurologist, Psycho-geriatrician, Psychiatrist or Geriatrician. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means a deterioration in the person's Mini-Mental State Examination scores to 24 or less and deterioration would continue but for any effective treatment. Dementia related to alcohol, drug abuse or AIDS is excluded.
Diplegia	Means the total loss of function of both sides of the body due to <u>illness</u> or <u>injury</u> where such loss of function is permanent.
Hemiplegia	Means the total loss of function of one side of the body due to <u>illness</u> or <u>injury</u> , where such loss of function is permanent.
Loss of Hearing	Means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of <u>illness</u> or <u>injury</u> , as certified by a specialist <u>medical practitioner</u> the insurer considers appropriate.
Loss of Speech	Means the total and irrecoverable loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or the speech centres of the brain. The loss must be certified by an appropriate specialist <u>medical practitioner</u> .

Medical condition	Definition
Major Head Trauma	Means an <u>injury</u> to the head resulting in neurological deficit causing, as certified by a Consultant Neurologist, either: <ul style="list-style-type: none"> <li>a) a permanent loss of at least 25% whole person function as defined in the American Medical Association publication "Guides to the Evaluation of Permanent Impairment" 4th Edition or an equivalent guide to the evaluation of impairment approved by the insurer; or</li> <li>b) the permanent and irreversible inability to perform without the assistance of another person any one of the following activities of daily living: <ul style="list-style-type: none"> <li>(i) dressing – the ability to put on and take off clothing;</li> <li>(ii) bathing – the ability to wash or shower without assistance;</li> <li>(iii) toileting – the ability to use the toilet, including getting on and off;</li> <li>(iv) mobility – the ability to get in and out of bed or a chair;</li> <li>(v) continence – the ability to control bowel and bladder function; or</li> <li>(vi) feeding – the ability to get food from a plate into the mouth.</li> </ul> </li> </ul>
Motor Neurone Disease	Means motor neurone disease diagnosed by a Consultant Neurologist.
Multiple Sclerosis	Means the unequivocal diagnosis of multiple sclerosis as confirmed by a Consultant Neurologist and characterised by demyelination in the brain and spinal cord evidenced by Magnetic Resonance Imaging or other investigations acceptable to the insurer. There must have been more than one episode of well-defined neurological deficit with persisting neurological abnormalities.
Muscular dystrophy	Means the unequivocal diagnosis of muscular dystrophy by a Consultant Neurologist.
Paraplegia	Means the permanent loss of use of both legs, or both arms, resulting from spinal cord <u>illness</u> or <u>injury</u> .
Parkinson's disease	Means the unequivocal diagnosis of Parkinson's disease by a Consultant Neurologist where the Consultant Neurologist confirms that the condition: <ul style="list-style-type: none"> <li>a) is the established cause of two or more of the following: <ul style="list-style-type: none"> <li>(i) muscular rigidity;</li> <li>(ii) resting tremor; or</li> <li>(iii) bradykinesia; and</li> </ul> </li> <li>b) has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit.</li> </ul> <p>The person must be following the advice and treatment of a Specialist Neurologist.</p>
Primary Pulmonary Hypertension	Means hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.
Quadriplegia	Means the permanent loss of use of both arms and both legs resulting from spinal cord <u>illness</u> or <u>injury</u> .
Severe Rheumatoid Arthritis	Means the unequivocal diagnosis of severe rheumatoid arthritis by a Rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria: <ul style="list-style-type: none"> <li>a) at least a six week history of severe Rheumatoid Arthritis which involves three or more of the following joint areas: <ul style="list-style-type: none"> <li>(i) proximal interphalangeal joints in the hands;</li> <li>(ii) metacarpophalangeal joints in the hands; and</li> <li>(iii) metatarsophalangeal joints in the foot, wrist, elbow, knee or ankle;</li> </ul> </li> <li>b) simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone); and</li> <li>c) typical rheumatoid joint deformity and at least two of the following criteria: <ul style="list-style-type: none"> <li>(i) morning stiffness;</li> <li>(ii) rheumatoid nodules;</li> <li>(iii) erosions seen on X-ray imaging; or</li> <li>(iv) the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.</li> </ul> </li> </ul> <p>Degenerative osteoarthritis and all other arthritides are excluded.</p>
Tetraplegia	Means the total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain <u>illness</u> or <u>injury</u> or spinal cord <u>illness</u> or <u>injury</u> .



## Part 2: Ambulance Officers' Insurance

Supplemental death and terminal illness insurance cover is provided for eligible NSW Ambulance Officers through First State Super. While the death cover is generally provided in accordance with the terms of the *NSW Ambulance Income Protection and Death Benefits (State) Award 2017*, the cover is subject to the terms and conditions of the life insurance policy issued to the trustee by TAL Life Limited as insurer. In addition to the death cover, the policy also provides terminal illness cover.

Ambulance Officers' Insurance is provided in addition to the automatic cover provided to employer-sponsored members of First State Super. Please refer to Part 1 to confirm whether you are eligible for automatic cover, for details of the automatic cover provided and when it may be limited or cease.

In describing Ambulance Officers' Insurance cover, there are a number of terms and expressions used which have a special meaning. These terms and expressions are underlined and their meaning is explained in the **Glossary** on page 32. While some of the definitions may be similar to the definitions that apply to the First State Super cover described in Part 1, they may not be identical.



## Who is eligible for Ambulance Officers' Insurance?

The Ambulance Officers' Insurance cover is compulsory for all officers who are eligible. You are eligible for this insurance cover if you are an officer aged less than 65 and you are not:

- a member of the State Superannuation Scheme (SSS); or
- a member of the State Authorities Superannuation Scheme (SASS) in NSW who has additional benefit cover.

If you are eligible, you cannot opt out of Ambulance Officers' Insurance cover, however it will cease automatically when you are no longer an eligible officer.

## When does Ambulance Officers' Insurance cover commence?

You do not need to apply for Ambulance Officers' Insurance cover. Unless you were ineligible because you were a member of SSS, or a member of SASS with additional benefit cover, your insurance will automatically start when the insurer is advised by Ambulance Service of NSW that you are eligible.

If you were ineligible because you were a member of SSS, or a member of SASS with additional benefit cover, but you become eligible because you left SSS, or ceased to be a member of SASS with additional benefit cover, then your Ambulance Officers' Insurance cover will start subject to the following:

- if you were at work performing normal duties on the date you cease to be a member of SSS, or ceased to be a member of SASS with additional benefit cover, your Ambulance Officers' Insurance cover will start on that date; or
- if you were not at work performing normal duties on the date you cease to be a member of SSS, or ceased to be a member of SASS with additional benefit cover, your Ambulance Officers' Insurance cover will only start if you return to work and are performing normal duties for a continuous period of 30 days; and
- you are aged less than 65.

## What is Ambulance Officers' Insurance cover?

The insurance policy covers you for death and terminal illness. If a terminal illness benefit is paid, death cover stops.

The level of insurance cover depends on whether you are on duty or off duty at the time that an insured event occurs.

**Important:** Insurance benefits are only payable under First State Super if payable under the applicable policy issued by the insurer to the trustee.

## How much is the on duty cover?

The amount of your on duty sum insured is calculated according to your age, salary (explained below) and hours of work (service factor) at the time of the insured event.

**Note:** Maximum amounts of cover apply (see page 29).

### Formula for calculating on duty cover

#### Step 1

Salary x multiple of salary based on age (see Table 12 below)  
= base sum insured (BSI) for Ambulance Officers' Insurance cover.

#### Step 2

BSI x service factor (see explanation on page 28) = actual sum insured (ASI) for Ambulance Officers' Insurance cover.

The total is reduced, if necessary, to the maximum amount of cover.

### What is the salary used to calculate the benefit?

- 'Salary' for officers covered by the *Paramedics And Control Centre Officers (State) Award 2019* means the base salary prescribed by that award (including allowances regarded as part of salary for the purposes of that award) plus 20%.
- 'Salary' for officers covered by the *Operational Ambulance Managers (State) Award 2019* means the base salary prescribed by that award plus 3%.

Your salary will be determined by your employer in accordance with the above and advised to us.

### What is the multiple of salary based on age for on duty cover?

Table 12

Age at insured event	Multiple of salary
Less than 45 years of age	8.50
45	8.20
46	7.95
47	7.69
48	7.42
49	7.15
50	6.88
51	6.59
52	6.29
53	5.98
54	5.67
55	5.35
56	5.02
57	4.69
58	4.34
59	4.00
60	3.71
61 to 64 years of age	Fixed lump sum age equivalent to the off duty amount
65 or over	Cover ceases

### How is the service factor calculated?

The service factor is an average over the term of your employment of the number of normal hours you have worked during each calendar month of employment, divided by the number of possible hours in that calendar month. For the purpose of this calculation, the term of employment commences on the later of the date you become an officer and 10 November 2006.

The service factor is a multiple used in calculating your actual sum insured and cannot be greater than one.

### Some examples of calculating on duty cover

#### Full time service

Ann's salary is \$63,000. She was 47 years old at the time she was on duty and died in a road accident on 19 February 2017. Ann had been working 38 hours per week since 10 November 2016.

**Step 1** Salary x multiple of salary based on age = base sum insured (BSI)  
Ann's BSI is  $\$63,000 \times 7.69 = \$484,470$

**Step 2** BSI x service factor = actual sum insured (ASI)  
Ann's ASI is  $\$484,470 \times 1^1 = \$484,470$

<sup>1</sup> normal hours worked of 38 hours per week for 15 weeks/possible hours worked of 38 hours per week for 15 weeks = 1

#### Part-time service

Peter's full time equivalent salary is \$60,000. Peter was 45 years old at the time he was on duty and died in a road accident on 26 February 2021. Peter had been working 38 hours per week between 10 November 2016 and 9 February 2018 (15 months) and then negotiated a part time work agreement to work at 75% of his possible hours from 12 February 2018 until his accident while on duty on 26 February 2021 (36 months at 75%).

**Step 1** Salary x multiple of salary based on age = base sum insured (BSI)  
Peter's BSI is  $\$60,000 \times 8.20 = \$492,000$

**Step 2** BSI x service factor = actual sum insured (ASI)  
Peter's ASI is  $\$492,000 \times 0.824^2 = \$405,408$

<sup>2</sup> normal hours worked of 164 hours average per month for 15 months + 123 hours average per month for 36 months/possible hours worked of 164 hours per month for 51 months = 0.824

Note: The above examples are illustrative only and are based on the factors stated. It should not be taken to contain or provide an estimate of the cover available to you.



## How much is the off duty cover?

The amount of off duty cover is a lump sum fixed amount that depends on your age.

These benefits will be indexed in accordance with general increases in salaries prescribed by the *Paramedics And Control Centre Officers (State) Award 2019* or the *Operational Ambulance Managers (State) Award 2019*.

Table 13

Age attained	Lump Sum (as at 6 July 2019)
Up to and including 60 years of age	\$406,059
61 years of age	\$324,847
62 years of age	\$243,635
63 years of age	\$162,424
64 years of age	\$81,209
65 years of age	No cover

## When does cover cease?

Your Ambulance Officers' Insurance cover will cease when the first of the following events occurs:

- you die; or
- you cease being an officer; or
- at midnight on the day before you reach age 65; or
- the date you have or obtain additional benefit cover under SASS; or
- when the amount of the Ambulance Officers' insured benefit becomes payable as a result of your death or terminal illness; or
- the day you commence duty with the armed forces of any country (this does not include duty in the Australian Defence Forces Reserve), for the period of such duty; or
- 30 days or more has passed after the due date<sup>1</sup> for payment of the premium for Ambulance Officers' Insurance cover if the premium has not been paid; or
- the insurance policy between the insurer and trustee is cancelled or terminated.

Cover is also affected by travel and unpaid leave, as explained on pages 30 and 31.

<sup>1</sup> Premiums are due each calendar month in arrears and are payable by the Ambulance Service of NSW by contributions to First State Super. 'Due date' means 30 days after the end of the calendar month for which a premium is payable.

## Maximum amounts of cover

The maximum amount of Ambulance Officers' Insurance cover is \$2 million. If the formula for your on duty cover exceeds \$1 million, your cover will be limited to \$1 million unless the insurer accepts an application for an amount of cover in excess of \$1 million (up to a total of not more than \$2 million).

To apply for an amount of cover in excess of \$1 million, you will need to provide a Personal Statement and medical, financial, employment, occupational and other information reasonably required by the insurer to assess your application for cover.

The insurer may accept or decline the application or offer cover subject to an exclusion, special terms and/or additional premium.

## Interim accident cover

Where you apply for an amount of cover in excess of \$1 million, interim accident cover may be provided while your application is assessed.

Under interim accident cover, you are insured for the amount of cover that you have applied for (but not more than an amount which would make your total Ambulance Officers' Insurance exceed \$2 million) if you die solely and directly as a result of an accident which is independent of any other cause and death occurs within 365 days of the accident. "Accident" means an unforeseen violent, external and visible event that occurs accidentally during the period that you have interim accident cover.

Interim accident cover starts when we receive your properly completed Personal Statement and continues until the first of the following events occur:

- receipt of your request to withdraw your application for cover;
- the insurer declines your application for cover;
- the insurer accepts your application for cover (on any terms);
- 90 days after interim accident cover commences;
- your Ambulance Officers' insurance cover ceases;
- 90 days after the date that the formula for your Ambulance Officers' Insurance exceeds \$1 million or, if you have been accepted for cover over \$1 million, the date that the formula for your Ambulance Officers' Insurance exceeds the amount for which you have previously been accepted by the insurer.

An interim accident benefit is not payable if:

- death can reasonably be attributed to a pre-existing condition;
- death occurs due to an event that the insurer would have excluded had they offered the cover applied for;
- you did not comply with your disclosure obligations under the *Insurance Contracts Act 1984 (Cth)*, which is explained next to the Contents at the front of this *Member Booklet Supplement*.

## What is the cost?

Under the *NSW Ambulance Income Protection and Death Benefits (State) Award 2017*, the Ambulance Service of NSW pays the cost of the Ambulance Officers' Insurance by making employer contributions which are credited to your First State Super account and then deducted each month to pay the insurance premium.

The trustee and the Ambulance Service of NSW may revise these arrangements from time to time. The trustee in conjunction with the Ambulance Service of NSW will notify you if there is a change to these arrangements before they are implemented.

If the only reason you have a First State Super account is to enable Ambulance Officers' Insurance cover to be provided, you will not have the automatic cover described in Part 1 and the fund's monthly administration fee of \$4.33 will be paid for you by Ambulance Service of NSW.

## Continued cover and overseas travel

### Non-work related travel

The insurer will provide cover for up to 12 months if you travel overseas on non-work related business, except to a country that the Department of Foreign Affairs and Trade (DFAT) has issued travel advice as published on its website [dfat.gov.au](http://dfat.gov.au) under one of the following headings:

- Level 3 – Reconsider the need to travel; or
- Level 4 – Do not travel, (a 'DFAT-listed country').

Generally, cover is not provided for travel to a DFAT-listed country from the moment of arrival in, until the moment of departure from, such country.

Should you require cover beyond 12 months, you must seek the insurer's approval before departing Australia.

### Overseas secondment by the Ambulance Service of NSW

If the Ambulance Service of NSW seconds you to any country for education or conferences then:

- if, at the time of the proposed travel, you will be visiting a DFAT-listed country, prior notification must be provided and approval given by the insurer in order for continued cover to be granted while you are visiting the DFAT-listed country; and
- cover will only be provided for you for a period of up to 12 months unless prior notification is provided to the insurer and the insurer agrees to continue cover past 12 months.

If the Ambulance Service of NSW seconds you overseas for disaster relief, disaster aid or peace-keeping missions, prior notification must be provided and approval given by the insurer in order for continued cover to be granted.

### Claims and overseas travel

If you make a terminal illness claim while outside Australia, the insurer may require you to return to Australia at your own expense for assessment, unless you are resident in Canada, New Zealand, the United Kingdom, the United States of America or any other country to which the insurer may agree from time to time.





## Other terms and conditions

### What happens if you go on leave without pay?

If the Ambulance Service of NSW approves your leave without pay and insurance premiums continue to be paid on your behalf to First State Super, then your Ambulance Officers' Insurance cover remains in force for a maximum of 12 months.

### What if you are in a fund other than First State Super?

You are required to have Ambulance Officers' Insurance cover if you are an eligible officer (see page 27). The death and terminal illness benefits are provided by the insurer through First State Super. Accordingly, to be entitled to these benefits, you must have a First State Super account or one will be established on your behalf.

If you have chosen to have your Ambulance Service of NSW employer contributions sent to a fund other than First State Super, this can also continue. If you are entitled to an insured benefit from the other superannuation fund, your Ambulance Officers' Insurance benefit will not be reduced.

## How do you make a claim?

If you wish to claim a terminal illness benefit, you and the Ambulance Service of NSW should notify the trustee of a possible claim as soon as possible. The trustee will then notify the insurer and you will be advised of their requirements to commence assessment of the claim. You are responsible for the costs of providing the medical or other evidence reasonably required by the insurer to assess your claim. If the insurer requests you to undertake a medical or other assessment which it has organised, the insurer will normally meet the cost of that assessment unless you did not attend a pre-arranged medical examination and fail to provide sufficient notice.

 For information about making a claim please contact us on 1300 650 873.

## Payment of Ambulance Officers' Insurance claims

Payment of a claim must be accepted by the insurer and the trustee must be satisfied that you meet a condition of release under superannuation law before any payment is made. Any applicable tax will be deducted from a benefit prior to payment. The conditions of release under superannuation law are described in the *Member Booklet Supplement: How super works* available on our website at [firststatesuper.com.au/pds](http://firststatesuper.com.au/pds) or by contacting us.

### Who receives the benefit if you die?

If you die, any insurance benefit will be paid to the trustee and credited to your account at First State Super. Your account balance and any insurance benefit will be distributed to your beneficiaries in accordance with the fund's trust deed and rules. Read the *Member Booklet Supplement: Nominating beneficiaries* for more information about how your death benefit is paid.



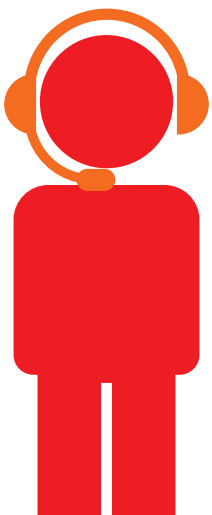
**We provide supplemental death cover for eligible NSW Ambulance Officers**



## Glossary for Part 2

Term	Meaning
At work	Means at work or on annual or long service leave or other leave approved by the Ambulance Service of New South Wales for reasons other than illness or injury, and capable of performing all your <u>normal duties</u> .
Insured event	<p>Means:</p> <ul style="list-style-type: none"> <li>(a) for the purposes of determining whether you are <u>on duty</u> or <u>off duty</u> in respect of a claim, your illness, injury or death, as applicable, depending on which of these events gives rise to the claim;</li> <li>(b) for the purposes of determining salary when calculating the <u>on duty</u> sum insured for the death benefit, the date of your death;</li> <li>(c) for the purposes of determining salary when calculating the <u>on duty</u> sum insured for the <u>terminal illness</u> benefit, the date of certification that you are <u>terminally ill</u>, in the case of a joint certification, or the later date of certification, if there are separate certifications.</li> </ul> <p>An illness contracted by you in the course of employment (where "employment" means being engaged in employment for remuneration or reward as an <u>officer</u>) is an insured event which occurred <u>on duty</u>. If your employment as an <u>officer</u> while insured under the policy was a substantial contributing factor to the aggravation, acceleration or exacerbation of your illness which is an insured event, the illness is deemed to be an insured event which occurred <u>on duty</u>.</p>
Insured member	Means an <u>officer</u> who is a member of First State Super and who is insured under the Ambulance Officers' Insurance policy issued to the trustee.
Medical practitioner	Means, unless the insurer agrees otherwise, a medical practitioner legally qualified and registered to practice in Australia, but excluding chiropractors, physiotherapists, psychologists or alternative health providers. The medical practitioner cannot be you, your spouse or de facto partner, close family relative or business associate or partner.
Normal duties	Means the duties for which you are principally employed as an <u>officer</u> .
Normal hours	Means the full-time or part-time hours an <u>officer</u> is contracted to perform each week or fortnight by the Ambulance Service of NSW not including any hours over the contracted amount.
Off duty	Means any time that an <u>officer</u> is not <u>on duty</u> .
Officer	Means an employee of the Ambulance Service of New South Wales in a classification for which it is an essential requirement that they possess, or undertake the Diploma of Paramedical Science (or an equivalent, or its predecessor qualification). This is confined to classifications under Clause 5 Classifications of the <i>Paramedics And Control Centre Officers (State) Award 2019</i> and Clause 4 Definitions of the <i>Operational Ambulance Managers (State) Award 2019</i> , but excludes temporary and casual employees of both Awards. Ambulance Service positions designated as "Health Relationship Manager" are included in the definition of Officer.
On duty	Means duty in the course of employment (where "employment" means being engaged in employment for remuneration or reward as an Officer) and includes journeying to or from work and responding to an incident from the time of the call.
Pre-existing condition	<p>Means an illness, injury or a symptom which, at the time of the application for cover, you:</p> <ul style="list-style-type: none"> <li>(a) were aware of, or a reasonable person in your position should have been aware of;</li> <li>(b) should have sought advice or treatment for (conventional or alternative) from a medical practitioner or other allied health professional (in circumstances where a reasonable person in your position would have sought advice or treatment); or</li> <li>(c) had a medical consultation or were prescribed medication or therapy.</li> </ul>
Possible hours	Means 38 hours per week or 76 hours per fortnight as set out in the <i>Paramedics And Control Centre Officers (State) Award 2019</i> and the <i>Operational Ambulance Managers (State) Award 2019</i> .
Terminal illness/ terminally ill	Means the insurer is satisfied, on medical or other evidence, that you are suffering an illness that two registered <u>medical practitioners</u> (at least one of whom is a specialist practicing in an area related to the illness suffered by you) have certified, jointly or separately while you are an <u>insured member</u> , is likely to result in your death within a period that ends not more than 12 months after the date of the certification and the 12 month period has not yet expired in relation to the certificates.





## Contact us

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