

Insurance

Personal

1 December 2019

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

Prepared and issued by FSS Trustee Corporation
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as trustee of the First State Superannuation Scheme
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Three stylized orange human figures of varying heights are positioned at the bottom left of the page.

Feel future ready

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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. 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

First State Super's death, total and permanent disablement (TPD) and income protection insurance is offered to First State Super personal members under insurance policies issued to the trustee by TAL Life Limited, ABN 70 050 109 450, AFSL 237848, (the insurer).

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 (Personal)*. 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 its 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.

 Throughout this *Member Booklet Supplement*, a number of words and terms are underlined. These words and terms have a particular meaning under the insurance policies and they are explained in the **Glossary** on page 18.



Your cover in brief

As a personal member of First State Super, you can apply for insurance cover to protect against unexpected events which may cause financial hardship.

Death and total and permanent disablement (TPD) cover

Death and TPD cover means that you or your beneficiaries can receive a lump sum benefit payment if you die, have a terminal illness, or are unable to work due to total and permanent disablement. Information about the death and TPD cover available to First State Super members begins on page 2.

Income protection

Income protection can provide you with a monthly income replacement benefit if you are unable to work due to illness or injury. Information about the income protection cover available to First State Super members begins on page 10.

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





Death and TPD cover

About your cover

What can you apply for?

Depending on your occupation, you can apply for insurance cover that will provide you with a lump sum benefit payment if you die, become totally and permanently disabled (this is referred to as TPD) or are diagnosed with a terminal illness. You can also apply for death only cover, which means that you will be covered for death and terminal illness, but not TPD.

Cover for death and TPD (or death only) can be either:

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

Who can apply?

Depending on your occupation, you can apply for death and TPD (or death only) cover if you are a member of First State Super aged 15 or over and less than 70 years old.

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 cancel cover, the amount deducted will be reduced or cease on the day we receive your instruction.

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.

First State Super receives a tax deduction for insurance premiums. This tax deduction is passed onto members at the time of the deduction.

Applying for cover

To apply for cover, use the *Application for insurance or to increase your current insurance benefits* form available on our website or by contacting us. If you've already registered for online access, you can apply for cover when you login. When you apply for cover you will need to provide information about your health, income, occupation and lifestyle. The insurer may, at its discretion, accept your application (with or without conditions) or decline it. As long as you are eligible to apply and you apply, you will receive interim accident cover as explained on page 8.

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.

When does cover start?

If your application is accepted, your cover commences on the date of acceptance by the insurer.

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 a *Life event 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.

Your insurance category

If your application for cover is accepted (accepted cover) you will be given an insurance category based on your occupation, which will be advised in your confirmation letter. Your occupation insurance category is determined by the insurer when it considers your application. **Table 1** on page 4 describes the occupation insurance categories. If you are employed in a low-risk clerical or management occupation, you may be eligible to apply to be in the Basic Plus insurance category using the *Application to change insurance category* form available on our website and by contacting us. If you've already registered for online access, you can apply for the Basic Plus insurance category when you login.

You may be eligible to change your occupation insurance category but you need to apply to the insurer, who may accept or decline your application. The *Application to change insurance category* form is available on our website and by contacting us. If you've already registered for online access, you can apply to change your insurance category when you login. Any new occupation insurance category will apply to all your insurance cover and will only change if you later become occupationally re-rated.

NOTE: If you have accepted cover and you later receive automatic cover due to your employment with a First State Super participating employer, the insurance category applying to your automatic cover will be the same as your occupational insurance category for your accepted cover. Also, once your participating employer tells us that you work for them, your membership division will change from personal to employer sponsored.



Table 1: Occupation insurance categories and description of duties

Occupation insurance category	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.

Table 2: What is the cost?

		Cost per unit per month ¹	
	Occupation insurance category	Death only	Death and TPD
Unit-based cover	Basic Plus	\$3.37	\$7.08
	Public Service + White Collar	\$3.37	\$7.08
	Health	\$3.20	\$6.72
	Government Trading Enterprise + Light Manual	\$3.80	\$7.98
	Education	\$4.03	\$8.47
	Emergency Services + Manual / Heavy Manual	\$4.01	\$8.43
Fixed cover	Depends on your age, the amount of cover, and your occupation insurance category. Use Table 2A or Table 2B on the following pages to calculate the cost of fixed cover.		

¹ The cost of cover per unit includes an insurance administration fee of \$0.10 per unit per month for death and TPD and \$0.05 per unit per month for death only.





Calculating the cost of fixed cover

Using Table 2A or 2B below:

1. Work out your annual premium per \$1,000 of insured cover, taking into account your age, your occupation insurance category and whether the cover is death and TPD, or death only.
2. Multiply by the number of \$1,000s of insured 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 2A: Annual premium per \$1,000 of death only cover

Age of member (years)	Basic Plus	Public Service + White Collar	Education	Government Trading Enterprise + Light Manual	Health	Emergency Services + Manual/ Heavy Manual
15-24	0.31	0.31	0.37	0.54	0.45	0.69
25	0.31	0.31	0.37	0.53	0.45	0.69
26	0.31	0.31	0.37	0.53	0.44	0.69
27-35	0.31	0.31	0.37	0.52	0.43	0.69
36	0.31	0.32	0.38	0.53	0.45	0.71
37	0.32	0.33	0.39	0.54	0.46	0.72
38	0.32	0.33	0.40	0.55	0.46	0.73
39	0.33	0.36	0.43	0.59	0.50	0.78
40	0.35	0.39	0.47	0.63	0.53	0.86
41	0.38	0.40	0.47	0.66	0.55	0.87
42	0.44	0.44	0.52	0.69	0.58	0.96
43	0.48	0.48	0.58	0.80	0.67	1.07
44	0.55	0.55	0.65	0.91	0.76	1.20
45	0.63	0.63	0.75	1.04	0.87	1.38
46	0.72	0.72	0.86	1.21	1.02	1.57
47	0.83	0.83	1.00	1.38	1.16	1.84
48	0.96	0.97	1.16	1.61	1.35	2.15
49	1.01	1.11	1.33	1.84	1.55	2.44
50	1.06	1.28	1.53	2.13	1.79	2.83
51	0.95	1.29	1.55	2.29	1.93	2.86
52	1.02	1.52	1.82	2.56	2.15	3.35
53	1.11	1.78	2.13	2.95	2.47	3.90
54	1.21	1.99	2.38	3.33	2.80	4.40
55	1.34	2.25	2.69	3.74	3.14	4.97
56	1.52	2.58	3.10	4.26	3.58	5.65
57	1.74	2.98	3.58	4.94	4.15	6.62
58	2.14	3.61	4.33	5.52	4.64	7.90
59	2.67	4.45	5.34	7.13	5.99	10.10
60	3.19	5.06	6.07	8.28	6.96	11.20
61	3.84	5.94	7.12	9.88	8.30	13.11
62	4.92	6.54	7.84	10.81	9.08	14.67
63	5.23	7.17	8.60	11.90	10.00	16.21
64	6.65	8.47	10.15	13.69	11.50	19.25
65-69	6.65	8.47	10.15	13.69	11.50	19.25

Table 2B: Annual premium per \$1,000 of death and TPD cover

Age of member (years)	Basic Plus	Public Service + White Collar	Education	Government Trading Enterprise + Light Manual	Health	Emergency Services + Manual/Heavy Manual
15-24	0.65	0.65	0.79	1.13	0.95	1.45
25	0.65	0.65	0.79	1.12	0.94	1.45
26	0.65	0.65	0.79	1.10	0.93	1.45
27-35	0.65	0.65	0.79	1.09	0.91	1.45
36	0.66	0.67	0.80	1.11	0.94	1.48
37	0.66	0.69	0.82	1.14	0.96	1.52
38	0.68	0.70	0.84	1.16	0.97	1.54
39	0.69	0.75	0.90	1.24	1.04	1.65
40	0.74	0.82	0.98	1.32	1.11	1.81
41	0.80	0.83	1.00	1.38	1.16	1.83
42	0.92	0.92	1.10	1.45	1.22	2.02
43	1.02	1.02	1.22	1.68	1.41	2.25
44	1.15	1.15	1.38	1.91	1.60	2.53
45	1.32	1.32	1.58	2.19	1.84	2.90
46	1.50	1.50	1.80	2.55	2.14	3.31
47	1.75	1.75	2.10	2.91	2.44	3.86
48	2.02	2.04	2.44	3.38	2.84	4.51
49	2.12	2.34	2.80	3.87	3.25	5.13
50	2.23	2.69	3.22	4.48	3.77	5.96
51	2.00	2.71	3.25	4.82	4.05	6.03
52	2.14	3.19	3.83	5.37	4.51	7.04
53	2.33	3.74	4.49	6.19	5.20	8.20
54	2.55	4.18	5.01	7.00	5.88	9.25
55	2.82	4.72	5.66	7.86	6.60	10.45
56	3.19	5.43	6.51	8.95	7.52	11.89
57	3.67	6.28	7.53	10.39	8.73	13.93
58	4.50	7.59	9.10	11.60	9.75	16.61
59	5.62	9.36	11.22	14.99	12.59	21.24
60	6.71	10.64	12.76	17.40	14.62	23.56
61	8.08	12.48	14.96	20.76	17.44	27.57
62	10.34	13.74	16.48	22.72	19.09	30.85
63	11.00	15.08	18.08	25.02	21.02	34.09
64	13.97	17.80	21.34	28.78	24.18	40.49
65-69 ¹	13.97	17.80	21.34	28.78	24.18	40.49

¹ A restricted definition of total and permanent disablement applies from age 65

Example

Calculating the cost of fixed cover

For \$50,000 death and TPD cover for Sue, a 39-year-old employee with an occupation insurance category of Light Manual the premium is calculated as follows:

Level of fixed 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 1.24	= \$62.00 (or \$5.17 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 much is the benefit for unit-based cover?

Table 3 shows the amount of death only or death and TPD cover you will receive for one unit of cover. The benefit amount for unit-based cover depends on your occupation insurance category and your age.

Table 3: Unit cover levels (\$ cover per unit)

Age of member (years)	Basic Plus	Public Service + White Collar	Education	Government Trading Enterprise + Light Manual	Health	Emergency Services + Manual/ Heavy Manual
15-24	129,190	127,911	127,911	83,629	83,629	69,072
25	129,190	127,911	127,911	84,786	84,786	69,072
26	129,190	127,911	127,911	85,641	85,641	69,072
27-35	129,190	127,911	127,911	86,979	86,979	69,072
36	127,143	124,865	124,865	84,908	84,908	67,366
37	125,992	121,820	121,820	82,837	82,837	65,783
38	123,562	119,992	119,992	81,619	81,619	64,808
39	120,875	112,074	112,074	76,259	76,259	60,544
40	112,561	102,328	102,328	71,500	71,500	55,306
41	105,296	100,812	100,812	68,579	68,579	54,518
42	91,527	91,527	91,527	65,191	65,191	49,478
43	82,242	82,242	82,242	56,166	56,166	44,437
44	72,956	72,956	72,956	49,610	49,610	39,529
45	63,671	63,671	63,671	43,243	43,243	34,488
46	55,712	55,712	55,712	37,135	37,135	30,244
47	47,753	47,753	47,753	32,499	32,499	25,866
48	41,366	41,121	41,121	27,989	27,989	22,152
49	39,556	35,815	35,815	24,407	24,407	19,499
50	37,606	31,172	31,172	21,091	21,091	16,780
51	41,963	30,861	30,861	19,624	19,624	16,588
52	39,209	26,232	26,232	17,611	17,611	14,196
53	35,968	22,374	22,374	15,276	15,276	12,190
54	32,890	20,060	20,060	13,502	13,502	10,801
55	29,650	17,745	17,745	12,036	12,036	9,567
56	26,247	15,430	15,430	10,570	10,570	8,410
57	22,845	13,347	13,347	9,104	9,104	7,175
58	18,632	11,033	11,033	8,149	8,149	6,018
59	14,906	8,950	8,950	6,309	6,309	4,706
60	12,476	7,870	7,870	5,433	5,433	4,243
61	10,369	6,712	6,712	4,556	4,556	3,626
62	8,101	6,095	6,095	4,162	4,162	3,240
63	7,615	5,555	5,555	3,780	3,780	2,932
64	5,995	4,706	4,706	3,286	3,286	2,469
65-69 ¹	5,995	4,706	4,706	3,286	3,286	2,469

¹ 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 are accepted for death only or death and TPD cover by the insurer, a benefit will be 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 insurance policy and explained in the **Glossary** on page 18. 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) any medical examination 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*, which is available on our website and 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 for total and permanent disablement or terminal illness, you may be required to return to Australia at your expense for assessment of your claim.

Interim accident cover for death and TPD

If you are eligible to apply for death and TPD or death only cover, and you apply, 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:

- a) for death cover, the lesser of:
 - i) the amount applied for; and
 - ii) \$2,000,000.
- b) for TPD cover, the lesser of:
 - i) the amount applied for; and
 - ii) \$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 (explained below).

Transferring cover to First State Super

If you have death or death and TPD insurance 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 in your name (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, if accepted by the insurer, 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 on 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 is in addition to any 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 will depend on your occupation insurance category (explained on page 4), which will be advised 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.

Cancelling, reducing or terminating cover

Reducing or cancelling your cover

You can reduce your 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 reduce or cancel your cover when you login.

If you reduce or cancel your cover and you change your mind, you will need to re-apply for cover by providing detailed information about your health, income, occupation and lifestyle, but cover is subject to acceptance by the insurer.

If your application is accepted, cover commences on the date of written acceptance by the insurer.

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)¹; or
- the date we receive your request to cancel your cover.

In addition, cover may cease with the insurer under circumstances outlined under the section **Termination of the policy**.

See **Insufficient money in your super to pay the cost of your insurance** for information on when cover may recommence or continue, if cover ceases because there is insufficient money in your account.

¹ 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**.

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.

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 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. If you do not apply, or your application is rejected, your cover that ceased will automatically re-commence at your previous level immediately after you return from active duty outside Australia, providing your period of active duty is less than 12 months and you are at work at the end of that period. If your period of active duty is more than 12 months, cover will not automatically recommence and you will be required to reapply for cover by completing the relevant application form.

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 2 consecutive months.



Income protection

Applying for income protection

Depending on your occupation, you can apply for income protection cover under the policy issued to the trustee by the insurer. You do not need to have death or TPD cover to apply for income protection cover.

What can you apply for?

Depending on your occupation, you can apply for the benefit structure from the options shown in **Table 4**, as long as you do not exceed the maximum cover.

Table 4: Benefit options

	Benefit period of two years	Benefit period of five years or to age 65
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> ¹	10% of <u>monthly income</u>	10% of <u>monthly income</u>

¹ The superannuation contributions benefit is paid directly into your account in First State Super and will attract contributions tax.

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).

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 12 for more information.

Who can apply?

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

- a First State Super member or applying for membership of the fund; and
- an Australian resident; and
- 15 years or older and not older than 65 years of age; and
- 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 occupation 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 15 or go to the insurance calculator on our website.

The application process

To apply for cover, complete the *Application for insurance* form available on our website or by contacting us. If you've already registered for online access, you can apply for cover when you login.

Your application must contain information about your health, income, occupation and lifestyle. Depending on the evidence supplied, your application may be accepted or declined by the insurer, or special conditions may be imposed on your cover. However, while your application is being considered, you will be eligible for interim accident cover – see page 12.

If your application for income protection is accepted by the insurer, you will be notified of your occupation 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.

Your occupation 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

After your application is accepted, you should tell us if your monthly income decreases, as you may not be eligible to receive your full insured monthly benefit and 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 your occupation, you can apply to have your cover occupationally re-rated by completing an *Application to change insurance category rating* form available on our website or by contacting us. If you've already registered for online access, you can apply to change your insurance category when you login. Any change of occupation insurance category will be subject to approval by the insurer.

What income protection covers you for

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 13.

Payment of the monthly disability benefit is also subject to the limitations and exclusions outlined on page 14.

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 13. Payment of the partial disability benefit is subject to the limitations and exclusions outlined on page 14.

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 months during which you continuously received 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-month period during which you continuously received 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.

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 nominated as the insured monthly benefit and superannuation contributions benefit in the application, less any benefit you are entitled to under any existing income protection cover you have under the fund; and
- \$10,000 per month (including any superannuation contributions benefit).

How and when a claim can be paid is explained on page 13.

Any benefit payable will be subject to the limitations and exclusions outlined on page 14.



**We offer competitive
income protection
insurance cover**

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

- the date you are no longer totally 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.

Additional cover due to a life event

You may be eligible to apply for additional cover 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 a life event and you must:

- 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 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 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.

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) any medical examination by a health professional that it nominates, and/or to undergo tests, that it considers necessary to enable it to substantiate your claim.

Claim 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.

Transferring income protection 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 a life policy in your name (previous insurance) to First State Super.

You can only transfer cover if:

- you are at work on the day immediately preceding your transferring cover commencing in the fund; and
- you have not had an application for death, total and permanent disablement or income protection type insurance 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 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.

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.

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.

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.

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.

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 factor

See page 4 for a description of the occupation insurance categories. Choose the occupation insurance category which you think will apply to you to work out your premium rating factor from **Table 5**. The insurer will determine your occupation insurance category if it accepts your application.

Table 5: Premium rating factor

Occupation insurance category ¹	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

¹ Income protection cover is not available for some occupations including (but not limited to) police, paramedics and hazardous occupations.

Step 3 – Work out your basic income protection premium

Use **Tables 6, 7 and 8** (depending on your benefit period) on the following pages 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 occupation insurance category. You should use this to calculate the actual cost of your income protection cover.

Table 6

**Premium rates for 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 7

**Premium rates for 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 8

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

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

Example

John is a 39-year-old employee with an occupation 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 6)	Premium rating factor (from Table 5)	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.

Glossary

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 medical practitioner 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: <ol style="list-style-type: none"> a person who is: <ol style="list-style-type: none"> <u>employed</u> with an employer: the person is actively performing or capable of actively performing all of the duties and work hours (for at least 30 hours per week) of their usual <u>occupation</u> with their employer free from any limitation due to <u>illness</u> or <u>injury</u>. A person who is on employer approved leave for reasons other than <u>illness</u> or <u>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 <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</u> or <u>injury</u>; or unemployed: 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</u> or <u>injury</u>; or engaged exclusively in unpaid <u>domestic duties</u> on a full-time basis: the person is actively performing or capable of performing all of their full-time unpaid <u>domestic duties</u> free from any limitation due to <u>illness</u> or <u>injury</u>; and the person is not entitled to, or receiving, income support benefits relating to <u>illness</u> or <u>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 10.
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: <ul style="list-style-type: none"> ➤ 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: <ol style="list-style-type: none"> the certification date of the <u>injury</u> or <u>illness</u> which caused <u>total and permanent disablement</u>, and the date on which you ceased employment as the result of the <u>injury</u> or <u>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"> (a) your marriage or divorce; (b) birth of your child; (c) your adoption of a child; (d) the death of your spouse or de facto; and (e) you taking out a new mortgage to purchase your primary residence, or increasing an existing mortgage to renovate your primary residence.
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"> (a) your marriage or divorce; (b) birth of your child; (c) your adoption of a child; (d) the death of your spouse or de facto; (e) you taking out a new mortgage to purchase your primary residence, or increasing an existing mortgage to renovate your primary residence; and (f) increase in your <u>monthly income</u>.
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"> ➤ death – unlimited ➤ <u>terminal illness</u> – \$5 million ➤ TPD – \$5 million ➤ income protection: <ul style="list-style-type: none"> – 2 year <u>benefit period</u> – \$50,000 per month (including the <u>superannuation contributions benefit</u>); – 5 year and to age 65 <u>benefit period</u> – \$40,000 per month (including the <u>superannuation contributions benefit</u>).
Medical conditions	Means one of the following medical conditions: <ul style="list-style-type: none"> (a) Blindness; (b) Cardiomyopathy; (c) Chronic Lung Disease; (d) Dementia and Alzheimer's Disease; (e) Diplegia; (f) Hemiplegia; (g) Loss of Hearing; (h) Loss of Speech; (i) Major Head Trauma; (j) Motor Neurone Disease; (k) Multiple Sclerosis; (l) Muscular Dystrophy; (m) Paraplegia; (n) Parkinson's Disease; (o) Primary Pulmonary Hypertension; (p) Quadriplegia; (q) Severe Rheumatoid Arthritis; (r) Tetraplegia. <p>The definitions for these Medical Conditions are set out from page 23.</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>Note: For the purpose of calculating your monthly income:</p> <ul style="list-style-type: none"> a) your employer's superannuation guarantee contributions are not included; and b) if you are <u>self-employed</u>, your share of business expenses are not included.
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> <ul style="list-style-type: none"> a) any benefit payable under other income protection insurance policies; b) any benefit under any workers' compensation, statutory compensation, pension, social security or similar schemes or other similar state, federal or territory legislation; and c) any benefit paid under state or federal legislation such as the Department of Veteran Affairs; and d) any claimed employer funded sick leave entitlements and other income payments. <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"> ➤ do not have the capacity to work in your <u>occupation</u> at the same level you were working at prior to commencement of total disability; and ➤ are earning <u>return to employment income</u> that is less than your <u>pre-disability income</u>; and ➤ 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>.
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>Note: For the purpose of calculating your <u>pre-disability income</u>:</p> <ul style="list-style-type: none"> a) superannuation guarantee contributions are not included; and b) if you are <u>self-employed</u>, your share of business expenses are not included.
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, bonuses 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>Note: For the purpose of calculating your return to employment income:</p> <ul style="list-style-type: none"> a) superannuation guarantee contributions are not included; and b) if you are <u>self-employed</u>, your share of business expenses are not included.

Term	Meaning under the insurance policy
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	<p>Means you are performing activities for remuneration or reward in a business of which you directly or indirectly own all or part.</p>
Superannuation contributions benefit (for income protection purposes)	<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"> ➔ 10% of your <u>pre-disability income</u> will be paid to your First State Super account while you receive a monthly disability benefit; ➔ 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.
Terminal illness and terminally ill <p>Note: 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>	<p>Means, if your death cover commenced, recommenced or was reinstated on or after 1 July 2014:</p> <ol style="list-style-type: none"> (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; (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; (c) the certification referred to in paragraph (a) occurs while you continue to have death cover under the policy; (d) for each of the certifications, the certification period has not ended; and (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.
Total and permanent disablement or totally and permanently disabled <p>Note: 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>	<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"> 1. Part (i) below if, at the <u>incident date</u>, you: <ol style="list-style-type: none"> (a) are aged less than 65; and (b) are <u>employed</u> or <u>self-employed</u>, or have been unemployed for less than 12 months; or 2. Parts (i) and (ii) below if, at the <u>incident date</u>, you: <ol style="list-style-type: none"> (a) have been unemployed for greater than 12 months; or (b) are aged 65 or more; or 3. Parts (i) and (iii) below if, at the <u>incident date</u>, you are solely engaged in <u>domestic duties</u>. <p>Part (i) Unlikely to work</p> <p>You:</p> <ol style="list-style-type: none"> (a) solely because of a medical condition, have been absent from your occupation from the <u>incident date</u>; or (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 (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; <p style="text-align: right;">Definition continues over page</p>

Term	Meaning under the insurance policy
Total and permanent disablement or totally and permanently disabled (continued)	<p>Part (ii) Activities of daily living</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> <ul style="list-style-type: none"> (a) Bathing – to shower or bathe; (b) Dressing – to dress or undress; (c) Toileting – to use the toilet, including getting on and off; (d) Feeding – to eat and drink; (e) Mobility – to get out of bed or chair or wheelchair; or (f) Continence – to control bladder and bowel function. <p>If you can perform the activity by using special equipment you will be considered able to undertake that activity unaided;</p> <p>Part (iii) Domestic duties</p> <p>You, as a result of <u>illness</u> or <u>injury</u>:</p> <ul style="list-style-type: none"> (a) are under the regular care of a <u>medical practitioner</u>; and (b) are unable to perform normal <u>domestic duties</u>; and (c) are unable to leave your home unaided; and (d) have not engaged in any employment for a period of six consecutive months; and (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>.
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"> ➔ unable to perform at least one <u>income producing duty</u> of your regular <u>occupation</u>; and ➔ not working in any capacity, <u>gainful employment</u> or otherwise; and ➔ 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>.
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 <u>totally disabled</u> or <u>partially disabled</u> 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> .
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"> 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 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"> (i) dressing – the ability to put on and take off clothing; (ii) bathing – the ability to wash or shower without assistance; (iii) toileting – the ability to use the toilet, including getting on and off; (iv) mobility – the ability to get in and out of bed or a chair; (v) continence – the ability to control bowel and bladder function; or (vi) feeding – the ability to get food from a plate into the mouth.
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.

Medical condition	Definition
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	<p>Means the unequivocal diagnosis of Parkinson's Disease by a Consultant Neurologist where the Consultant Neurologist confirms that the condition:</p> <ul style="list-style-type: none"> a) is the established cause of two or more of the following: <ul style="list-style-type: none"> (i) muscular rigidity; (ii) resting tremor; or (iii) bradykinesia; and b) has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit. <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	<p>Means the unequivocal diagnosis of severe Rheumatoid Arthritis by a Rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:</p> <ul style="list-style-type: none"> (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"> (i) proximal interphalangeal joints in the hands; (ii) metacarpophalangeal joints in the hands; and (iii) metatarsophalangeal joints in the foot, wrist, elbow, knee or ankle; (b) simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone); and (c) typical rheumatoid joint deformity and at least two of the following criteria: <ul style="list-style-type: none"> (i) morning stiffness; (ii) rheumatoid nodules; (iii) erosions seen on X-ray imaging; or (iv) the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis. <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> .



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