

Protecting you and your family

**Protection and peace of
mind for the person that
matters most – YOU**

Insurance
Handbook



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1 July 2019



A little bit about our insurer MetLife

MetLife has been supporting people for over 150 years with over 50,000 employees worldwide. MetLife is one of the top three group insurers in Australia with over 2,600,000 lives covered. In 2018 MetLife paid out over \$420 million in benefits to Australians. We are confident MetLife has the scale and experience to deliver great outcomes for our members.

All references to the Insurer in this handbook mean MetLife Insurance Limited ABN 75 004 274 882.

Protecting you and your family

Insurance with VicSuper is a unique policy designed just for our members.

It's a group policy, provided by MetLife, offering death, total and permanent disability (TPD) and income protection (IP), developed specifically to best serve the ages, gender and occupations of our membership.

Our size and scale is used to secure the best deal possible and we review arrangements with our insurer regularly.

We can help you to understand what levels of cover you need and make it easy to increase or reduce cover as your circumstances change.

And if you ever need to make a claim – we're there to help you through the process.

Fast facts



172,000+

members insured with VicSuper

Cover 24/7

at work, home or overseas



Total cover for all VicSuper members exceeds

\$43 billion

Death cover

\$42.5 billion

TPD cover

\$500 million

Income protection per month

(approximate as at 31 May 2019)



Benefits paid to members in the 12 months to May 2019 exceed

\$55.6 million

Death and TPD claims

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All words in *italics* (with the exception of forms) have an associated definition which can be found on page 39.

A man and a young boy are playing in the ocean surf. The man is holding the boy up, and they are both smiling. The boy is wearing a blue wetsuit, and the man is wearing a black wetsuit. They are standing on a large rock in the water, and the waves are crashing around them. The background shows a beach and some buildings in the distance.

Why have insurance cover?

We think nothing of insuring our cars. They're expensive to replace, and we accept that there's a chance they could be involved in an accident. Likewise, with your house and contents, most likely your single biggest investment. Where would you be if disaster struck and you weren't covered?

It just makes good sense to insure the most valuable asset you'll ever have - YOU.

An injury or illness could have a devastating effect on your finances and the chance of that happening could be greater than you think. If you died or became permanently or temporarily disabled tomorrow, would you and the people you care most about cope?

- How would the rent or mortgage be paid?
- What would happen to the kids' education?
- Would your business survive?
- Who would pay the costs of ongoing care?

These are just a few examples of what you may have to deal with. Of course we all hope we never need to make a claim. But isn't it reassuring to know there's a safety net if you need it?

Types of insurance cover

VicSuper offers members three types of insurance cover.

Death

Death cover is designed to assist your family and loved ones financially in the event of your death.

Your death cover can also be paid in the event of terminal illness. To receive this benefit, your expected date of death must be within 12 months of the date of your most recent certification provided by your *medical practitioners*.

Total & permanent disablement (TPD)

TPD cover is designed to assist you financially in the event you become totally and permanently disabled, and due to your medical condition are unlikely to ever be able to return to work again. Your TPD benefit is paid as a lump sum.


Income protection

Income protection cover provides you with a replacement income if you're unable to work due to illness or injury for a period of time. There are options to have different waiting and benefit periods. Please refer to page 27 for further details. The monthly payments, of up to 85% of your pre-disability income are paid at the end of the month, in arrears, and are considered taxable income.

Important information

Different insurance arrangements apply depending on the type of account you hold as a member of VicSuper.

This Insurance Handbook outlines the insurance arrangements that apply to these two types of memberships explained in the following pages.



Insurance through VicSuper

Your choice of cover

You may choose the type of cover you would like to hold. However, TPD cover can only be held in conjunction with death cover and importantly, the level of TPD cover may never exceed the level of death cover.

As such, you can apply for any of, or a combination of, the following:

- Death only
- Death and TPD
- Income protection

When you apply for death only or death and TPD cover, you'll also be given the option of unit-based cover or fixed cover.

Unit-based cover

With unit-based cover, the cost of each unit is the same regardless of age. However, the dollar value of cover of each unit is linked with your age and will gradually decrease.

Unit-based cover can assist you to keep your insurance premium cost low by reducing the total amount of cover over time.

Fixed cover

Fixed cover is provided in the form of a dollar amount. Unlike unit-based cover, the level of cover remains the same regardless of age, however, the premium gradually increases with your age.

Fixed cover lets you choose and maintain the level of cover you need to protect you and your loved ones regardless of age.

Note, you can select either unit-based cover or fixed cover, but not a combination of both.

Fixed cover is only available on death and death and TPD cover.

Income protection unit-based cover

Income protection is provided as units of cover. Each unit provides a benefit of \$500 per month. You can only have whole units of cover however, regardless of how many units you have, you will not receive a benefit greater than 85% of your pre-disability income. Any benefit paid above 75% of your pre-disability income will be directed into your VicSuper account as a superannuation contribution.

Who can obtain cover through VicSuper?

You're eligible for **death and TPD cover** with VicSuper if you're:

- an EmployeeSaver or PersonalSaver member, and
- at least 14 years of age, and
- less than:
 - 70 years of age for death cover
 - 65 years of age for TPD cover, and
- legally permitted to reside and work for reward in Australia.

You're eligible for **income protection** cover if you're:

- an EmployeeSaver or PersonalSaver member, and
- at least 14 years of age, but less than 65 years of age, and
- legally permitted to reside and work for reward in Australia, and
- working at least 14 hours per week, and
- either self-employed, a casual employee, a contractor with a contract with your employer of at least 6 months or a permanent employee.

Types of VicSuper membership

Different insurance arrangements apply depending on the type of account you hold as a member of VicSuper. You can be either an EmployeeSaver or PersonalSaver member. This section covers both.

EmployeeSaver

When you join VicSuper through a *participating employer* that pays superannuation guarantee (SG) payments into your VicSuper account, you're an EmployeeSaver member.

An EmployeeSaver member will automatically receive cover for Death, TPD and Income Protection on joining, known as 'default cover', if the member:

- meets the eligibility criteria on the previous page, and
- has an employer that pays an *employer contribution* into their VicSuper account, and
- has not already received default cover in the same VicSuper account before, and
- has not received and is not entitled to receive a terminal illness or total and permanent disability payment from any policy.

In addition, there is a special offer period where you may be able to vary your cover, decrease your income protection waiting period, or increase your income protection benefit period without having to complete full underwriting.

Default Cover

As a new EmployeeSaver member, you will automatically receive unit-based cover. The number of units you will receive is dependent on your age, as shown in the table below.

Age upon joining	Death	TPD	Income Protection
14 – 64	6 units	6 units	6 units
65 – 69	6 units	0 units	0 units

Your default income protection cover has a two-year benefit period and a 90-day waiting period.

Default cover is provided under the general occupation category.

To be eligible for default cover, your employer must make a superannuation guarantee payment into your VicSuper account.

If you would like to reduce or cancel your default cover, you will receive a refund of premium, where you advise us of the cancellation within 90 days of receiving the letter confirming your default cover. The reduction or cancellation will take effect from the date default cover commenced and the relevant cover will be considered to never have started.

Special insurance offer

If you have default cover, you can take advantage of the special insurance offer allowing an increase in your cover with minimal underwriting requirements, which means you may not need to complete lengthy forms or undergo medical tests.

For new EmployeeSaver members starting work with a VicSuper *participating employer*, the special insurance offer period is 90 days from the date of your letter confirming your default insurance cover. During this time, you're able to:

- increase your death and TPD cover by up to two units;
- increase your income protection cover by up to two units;
- increase your income protection benefit period to 5 years;
- decrease your income protection waiting period to either 30 or 60 days.

Once you elect to make a change to any of your insurance, your special insurance offer period ends.

To take advantage of the special insurance offer, log on to your MembersOnline account at vicsuper.com.au and complete an online application or download and complete the *Insurance application EmployeeSaver* form to mail back to us at VicSuper GPO Box 89 Melbourne Victoria 3001.

When does my default and special insurance offer cover start?

There are various ways cover can be obtained with VicSuper. Depending on the way your cover is obtained will determine when your cover commences.

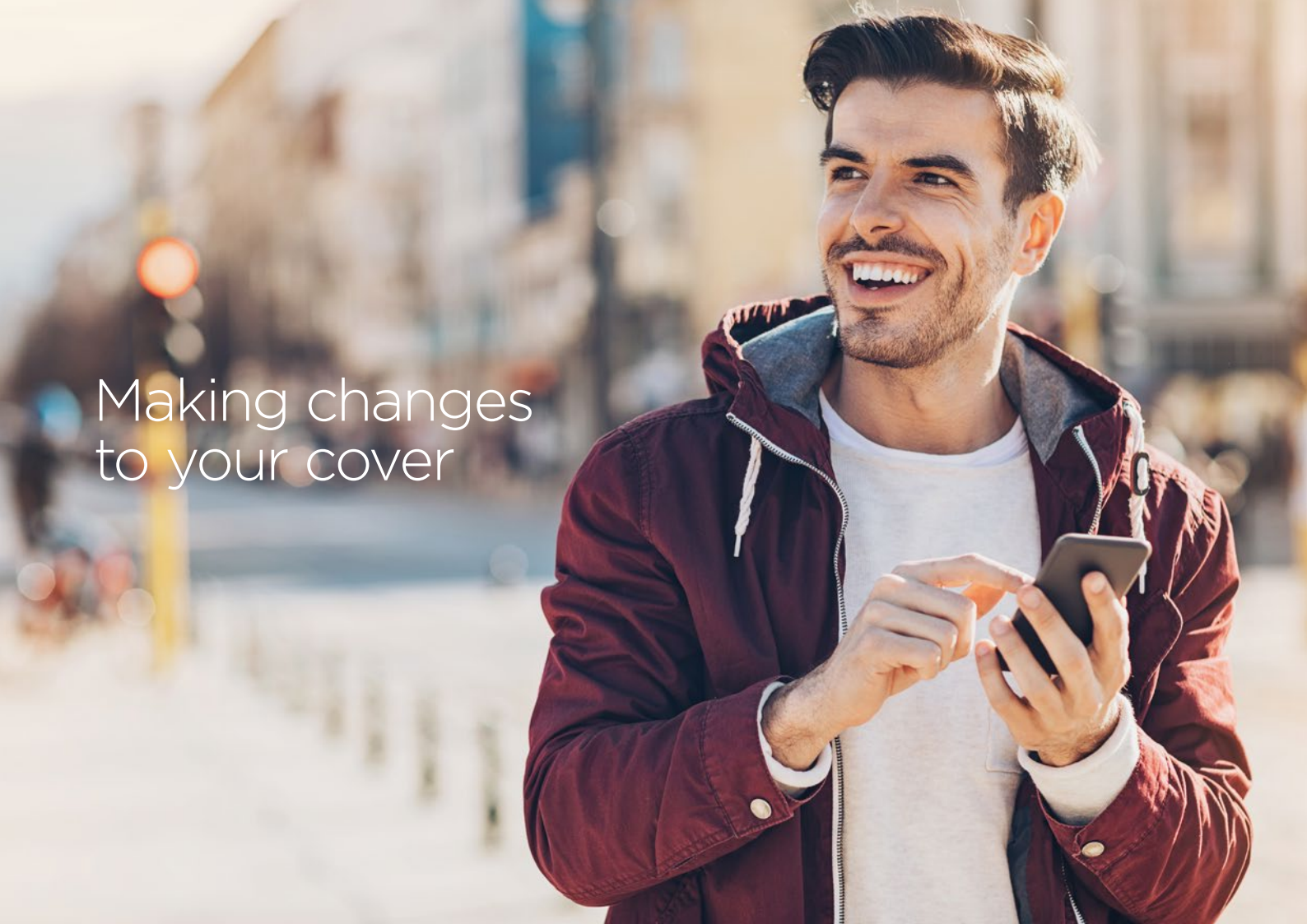
How cover was obtained	When your cover starts
Default cover for EmployeeSaver members	The later of: <ul style="list-style-type: none">• the date you commenced employment with your <i>participating employer</i>, and• the earliest date in the period covered by the first <i>employer contribution</i> received by VicSuper that is directed into your account.
Default cover for existing employees of an employer nominating VicSuper as their default fund and VicSuper receiving the first <i>employer contribution</i> within 3 months of this date	The later of: <ul style="list-style-type: none">• the date VicSuper becomes the default fund of the employer, and• the earliest date in the period covered by the first <i>employer contribution</i> received by VicSuper that is directed into your account.
Special insurance offer cover	The date the application, which has been completed to the Insurer's satisfaction, is received by VicSuper.

PersonalSaver

If you choose to join VicSuper directly, by completing an application form, you're a PersonalSaver member.

A PersonalSaver member has access to the full suite of insurance options but needs **to apply** for the type and level of cover they want. This is known as additional cover.

A PersonalSaver member has no automatic default cover or any special insurance offer period.



Making changes to your cover

We understand everyone is unique and has their own individual financial protection needs. It's important you review your situation and consider how much cover is right for you. You can apply to make changes to your insurance cover anytime, including increasing, decreasing or cancelling your cover.

How much cover can I have?

You're able to apply to increase your cover at any time. Applying for additional cover is subject to underwriting and you can increase your cover up to a maximum of:

Type of cover	Maximum cover
Death	Unlimited
TPD	\$5,000,000
Income Protection	\$30,000 per month*

*The maximum income protection benefit that can be paid is 85% of your income. This includes 10%, which is contributed into your VicSuper account as a superannuation contribution.

How to apply for additional cover

We want to make it easy for you to get your insurance cover. You can apply for additional cover:

- complete the online application in MembersOnline at **vicsuper.com.au** – log in to apply for a fast assessment
- By mailing in an application
- In person at a VicSuper Advice Centre

Duty of disclosure

When applying for cover it's important you disclose information as truthfully and accurately as possible. Where it's determined upon claim that you did not disclose relevant information or that the information you did disclose was incorrect, the Insurer may be in a position to reduce the benefit, decline your claim or cancel your insurance.

Transferring existing cover from another super fund

It is not uncommon to have multiple superannuation funds at any given time, usually due to changing employers where a new superannuation fund is established in your name.

It's commonly understood that you can roll your existing superannuation funds into VicSuper. However, did you know you can also roll your existing insurance held with another super fund into VicSuper?

This means you can have your insurance in one place, where you can easily manage your level of cover and premiums.

VicSuper can accept transfer of death only, death and TPD, and/or income protection cover from other existing superannuation funds. When you transfer TPD cover, you can only be granted TPD cover up to but not greater than your Death cover within VicSuper.

Transfer of cover is subject to approval by the Insurer and only available to members under the age of 60. Death or TPD cover transferred will be added to your existing VicSuper cover, subject to some maximum transfer and cover limits.

Income protection transferred will replace your existing VicSuper income protection cover. Where the benefit period or waiting period of your previous cover is not supported by VicSuper, alternate benefit and waiting periods will be used.

Transfer of cover will be subject to approval by the Insurer. For details and eligibility criteria to transfer your cover, please read the *Transfer your insurance* form or call our Member Centre on **1300 366 216** to discuss your options. You can apply for an insurance transfer online or by completing the application form in writing.

Any exclusions, restrictions, premium loadings and other special conditions which applied to your cover in your former super fund will apply under this policy, until they expire according to their terms.

Following confirmation by VicSuper accepting transferred cover, you must cancel the cover with the former super fund and not continue it through another insurance arrangement. If you do not cancel your insurance with your former super fund, you may be ineligible to claim with VicSuper.

Please note, to be eligible to transfer cover to VicSuper, you must hold active cover in your other super fund. It is important that you do not cancel cover held in your other super fund until VicSuper has approved your transfer.

Life events (Death and TPD only)

Life is full of change, so too is our need for insurance cover. When significant events happen in our lives we often need to increase our cover, like when we buy our first home, or start a family. That's why we've identified significant events in our lives and made it easy to increase cover in those times without the need to complete a full personal statement and provide medical evidence.

Our Life events option allows you to increase your death and TPD cover, when any of the following events occur:

- you marry or register a *de facto relationship*
- you divorce or register a *separation* from a marriage or *de facto relationship*
- you have a child or adopt a child
- you take out a mortgage on the initial purchase of a primary residence
- you increase an existing mortgage on your primary residence for renovations/ extension (the mortgage increase must be at least \$50,000 and only accidental death and accidental TPD cover will be provided for the first 6 months)
- your child turns 12
- you reach the first anniversary of a marriage or *de facto relationship*, or
- you reach the first anniversary of a *separation* from a marriage or *de facto relationship*.

You will be required to provide evidence to support your application. Please refer to the *Life events insurance increase request* form for a list of evidence required to apply for cover, or call our Member Centre on **1300 366 216**. You can apply for Life events online or by completing the application form in writing.

You can increase your cover by up to two units if you hold unit-based cover, or up to an additional fixed cover amount equivalent to two units of unit-based cover (reflecting your age), if you hold fixed cover.

You must apply for your life event increase within 2 months of the event occurring.

A maximum of three life events increases is allowed, with at least 12 months between increases.

Any additional cover obtained under a life event will be subject to the same premium loadings and/or exclusions applicable to any other cover you may have.



Life events example

Elise is 34 years of age and is excited to have just purchased her first home.

Now that Elise has a large mortgage, she wants to make sure her debt can be paid off in the event of her death or TPD.

As taking out a mortgage on the initial purchase of a primary residence is a one of the accepted life events under VicSuper's death and TPD insurance, Elise is able to increase her cover without going through the process of full underwriting and undergoing medical testing.

Elise needs to supply:

1. A letter from her lender showing the identity of the lender and confirming:
 - The amount of the loan to purchase her principal place of residence, and
 - The loan has been drawn down (not just approved), and
2. A statutory declaration that mortgaged property is her principal place of residence.

Elise is able to supply this evidence and has chosen to increase her death and TPD cover by two units, available under life events.

This has allowed Elise additional death and TPD cover of \$103,000. Elise now has peace of mind that she has financial protection.

When does my cover start?

There are various ways cover can be obtained with VicSuper. Depending on the way your cover is obtained will determine when your cover commences.

How cover was obtained	When your cover starts
Additional cover	The date VicSuper tell you in writing that the Insurer accepted your cover.
Transferred cover (from the former super fund)	The date the Insurer accepted the transferred cover application.
Life Events cover	The date VicSuper tell you in writing that the Insurer accepted your cover.

Interim cover

When you apply for additional cover, you'll be granted interim cover. Interim cover provides you with some financial protection during the period in which your application is being assessed.

Interim cover includes cover for accidental death, accidental TPD and accidental disability.

Accidental death cover	<p>You'll be paid a benefit if you applied for death cover and suffer an accidental event resulting in accidental death during the interim accident cover period.</p> <p>The death must be within 90 days of the accidental event for this benefit to be paid.</p>
Accidental TPD cover	<p>You'll be paid a benefit if you applied for TPD cover and suffer an accidental event resulting in accidental total and permanent disability that occurs during the interim accident cover period.</p> <p>The date of disablement must be within 90 days of the accidental event for this benefit to be paid.</p>
Accidental total disability	<p>You'll be paid a benefit if you applied for income protection and suffer an accidental injury resulting in a total disability that occurs during the interim accident cover period.</p> <p>The date of disablement must be within 90 days of the accidental event for this benefit to be paid.</p>

Interim accident cover starts on the date we receive your application for additional cover and ends on the earliest occasion where:

- your application is withdrawn,
- your application is accepted,
- 20 business days after your application is declined,
- an interim cover benefit becomes payable,
- 60 days has passed since you lodged your application,
- you become ineligible to apply for cover,
- any existing cover you have ends; or
- this policy terminates.

In the event of a successful claim, your benefit will be the amount of cover you would have received, if your application is accepted.

The benefit payable under interim cover is the amount of cover applied for, up to a maximum of:

- Accidental death – \$5,000,000
- Accidental TPD – \$5,000,000
- Accidental total disability – up to 85% of your pre-disability income, paid monthly in arrears for up to two years.

If you have existing income protection cover in place, the two year benefit period will commence immediately after the cessation of the benefit period of your cover, currently in place.

Special conditions (exclusions and loadings)

When you apply for cover, the Insurer will assess your personal situation (including occupation, activities and pastimes) and medical history to determine if you're eligible to be granted cover.

As is the case for most people, it's not expected that you should have a perfect health record. Where you've had any medical conditions in the past, the Insurer will assess whether you made a full recovery and any risk of relapse to determine if you should be granted cover without any conditions. Or, if the risk is considered too great, they may offer cover with an exclusion or a loading.

An exclusion is where a benefit cannot be paid for a particular health condition or activity. You will be informed of any exclusions where you will not be eligible to make a claim if the claim arose directly or indirectly as a result of that excluded condition or activity.

A loading is a variation to your standard insurance premium. A loading still allows you to claim for all medical conditions, however, the cost of having that insurance cover is increased. For example, if your income protection premium was expected to be \$300 per annum and a 50% loading was to apply, your income protection premium would be \$450 per annum.

Where an exclusion or loading is to apply, we will write to you to inform you of the special terms. If you don't respond, the cover will remain with the exclusion or loading applied. If you don't wish to accept the special terms, you must request that the cover with special terms be cancelled, within 30 days of the cover being granted. Your cover will then revert to the previous level and any premiums deducted for the cover with special terms will be refunded.

When your application for cover is declined

In some cases, the risk may be considered too great and the Insurer may decline your application for cover. If you do not agree with the decision and you have further evidence that can support your application, you're able to request the Insurer to review the decision. However, you may need to cover the costs of any medical evidence required to have your cover reassessed.

Understanding your occupation category

Occupation category

The cost of insurance with VicSuper depends on your occupation. We've designed our premiums to allow those in lower risk occupations to have access to cover with a lower premium.

There are three occupation categories that may apply:

1. General
2. White Collar
3. Professional

To determine your occupation category, answer the following questions.

Occupation questionnaire

1. Are the duties of your regular occupation limited to either:
 - a) Professional, managerial, administrative, clerical or similar 'white collar' duties which are undertaken in an office environment for at least 90% of your regular working hours, or managerial duties within an educational institution (For example, school principal or deputy principal)?

or

 - b) Educational duties performed within a school or other educational institution (other than a school principal or deputy principal)?
2. Is the income you earn from your occupation greater than \$100,000 per annum?
3. Do you:
 - a) Hold a tertiary qualification or are you a registered member of a professional institute or governing body in relation to your profession?

or

 - b) Work in a management role?

General	Answering 'no' to both parts of Question 1.
White collar	Answering 'yes' to Question 1.(b) or answering 'yes' to Question 1.(a) but 'no' to Question 2 or both parts of Question 3,
Professional	Answering 'yes' to Question 1.(a) and Question 2 and either (a) or (b) in Question 3. Note, members who answer 'yes' to Question 1.(b) are not eligible for the 'Professional' occupation scale

These occupation categories are listed in the premium pricing tables in the Death & TPD and Income protection sections of this handbook.

Own occupation category – income protection only

If you qualify for the white collar or professional occupation category, you can apply for the own occupation category. This option is only available for income protection and will allow a benefit to be paid under a modified disablement definition.

For further information, including eligibility criteria, refer to page 31.

Change to occupation category

The default occupation category is the 'general' category. You should consider if we have the right occupation category applied to your insurance cover.

You can apply to change your occupation category at any time by logging on to your MembersOnline account and completing an online application at vicsuper.com.au or simply download and complete the *Insurance application EmployeeSaver* form or the *Insurance application PersonalSaver* form and mail it back to us at VicSuper GPO Box 89 Melbourne Victoria 3001.

High risk occupations

Unfortunately, some occupations do carry increased risk and we may be unable to offer additional cover.

However, we do recommend regardless of the risk level of your occupation that you call us to confirm your eligibility for cover. Depending on your situation, we may still offer death only or death and TPD cover, but not income protection. We believe this is important, and want you to have access to some financial protection for you and your loved ones.

NEED A LITTLE HELP?

Not sure what your occupation category could be?

Call our team on **1300 366 216**.



General information about your cover

New events cover

New events cover is a restriction applied to your cover on the type of events you're eligible to claim for. The restriction means you can only make an eligible claim for any medical condition that occurs for the first time after your cover starts. You can't claim for any pre-existing medical conditions.

This restriction is only applied in the specific circumstances as set out in the table below. Once you have satisfied any applicable waiting period, the new events cover restriction will be removed. You're then entitled to make a claim on any medical condition, regardless of when it first occurred. Of course, you can still only claim where the death, terminal illness or disability occurs while you're covered by VicSuper.

New events cover will apply in the following scenarios:

New events cover scenario	How long will new events cover restrictions apply
EmployeeSaver only You're not <i>at work</i> on the date your default cover started.	New events cover will apply to your default cover and any special insurance offer cover for: <ul style="list-style-type: none">• 12 months after the date your cover started, and• if you're not <i>at work</i> at the end of that 12 month period, new events cover will continue until you're <i>at work</i> for at least two consecutive months after the initial 12 month period
EmployeeSaver only You commenced employment with a <i>participating employer</i> , however, the <i>participating employer</i> did not make an SG contribution to your VicSuper account within six months of the later of: <ol style="list-style-type: none">1. commencing employment with the <i>participating employer</i>, or2. you first becoming eligible to accrue <i>employer contributions</i>	
EmployeeSaver only You received default cover as a result of your employer nominating VicSuper as its default fund and you were not <i>at work</i> on the day your default cover started.	
EmployeeSaver and PersonalSaver You have switched your death and TPD cover from fixed cover to unit-based cover, which has resulted in the rounding up your benefit.	Only the rounded up portion will have new events cover applied until you're <i>at work</i> for at least two consecutive months.

Overseas

You're able to travel overseas without your insurance cover being affected. As long as you have an adequate balance to cover premiums, your cover will continue to remain active, subject to you meeting all other eligibility criteria to retain cover.

In the event of a claim you may be required to return to Australia at your own expense for medical treatment or assessment. A benefit may not be payable if you do not return to Australia.

Leaving your employer

From time to time, you may change jobs. If you leave your VicSuper *participating employer*, but you remain a member, your death, TPD and income protection cover continues provided that you continue to meet policy conditions including having sufficient funds in your account to meet the premiums at all times.

However, if you're unemployed for a period of 12 months, you will not be eligible to make an income protection claim. It is your responsibility to inform us where you are unemployed for a period exceeding 12 months. Refer to 'Unemployment and working less than 14 hours per week', on page 31 for further details.

While unemployed, or where you have been working less than an average of 14 hours per week in the three months before suffering disability (or within the period of time that you have been employed if less than three months), you will have a restricted TPD definition applied in the event of a claim. You will only be able to claim TPD under the Specific Loss and Future Care definitions. Refer to page 24 for the definition.

When does cover cease?

Your cover will cease when any of the following occur:

If you...	Cover ends on ...
are paid a benefit (death and TPD cover only)	the date the death, terminal illness or TPD benefit becomes payable. If your TPD benefit amount is lesser than the death cover, the balance of your death cover will continue subject to the terms and conditions of the policy.
reach the cover expiry age	the date you turn 70 for death and TPD. the date you turn 65 for income protection.
leave the fund	the date you leave the fund.
die	the date of your death.
tell us in writing that you want to cancel your cover	the date we receive a request from you in writing to cancel your cover, or when you cancel your cover online.
have insufficient funds in your account to pay your monthly insurance premiums	the last day of the month where you were unable to pay your insurance premiums in full.
do not return from unpaid leave (income protection cover only)	the later of: <ul style="list-style-type: none"> • 24 months from the date your leave commenced for parental leave, or • 12 months from the date your leave commenced for any other unpaid leave. Unless another date is agreed to by the Insurer.
make a fraudulent claim	the date the you lodge the fraudulent claim.
become unemployed (income protection cover only)	the date 12 months after you ceased to be employed.
are no longer eligible for cover under the fund's governing rules	the date you cease to be eligible.
are an <i>inactive member</i> for 16 continuous months (and are <i>not exempted from inactivity requirements</i>)	the day after the date you have been an <i>inactive member</i> for 16 continuous months.

Cancelling or reducing cover

Sometimes insurance cover is no longer of value to you, due to your personal and financial circumstances. You're able to cancel or reduce your cover at any time by going to **vicsuper.com.au** and logging on to MembersOnline, or by downloading and completing the *Cancel your insurance* form. If you reduce cover, your remaining TPD cover cannot be greater than your Death cover.

If you have unit-based cover your cover can only be reduced by whole units.

Note

If your account has a low or nil balance and premiums have not been fully paid up to your cancellation date, further premium deductions may occur after your cancellation date.

If you decide cover is not right for you, you may be entitled to a refund if cancelled during the special insurance offer period. The special insurance offer period for cancellation of default cover is within 90 days of VicSuper confirming your default cover and available to EmployeeSaver members only.

Otherwise if you have any additional cover, you are entitled to a refund if you cancel within the first 30 days of the date of VicSuper's letter confirming you cover. Where you receive a refund, your cover will be treated as if it never started. This means you will not be entitled to a claim during the period of cover, prior to the refund.

If you cancel your cover, you will need to complete a full personal statement to reapply for cover in the future.

Inactive Accounts

In February 2019, the Federal Government passed the *Treasury Laws Amendment (Protecting Your Superannuation Package) Act 2019*. Under this legislation, your insurance cover held with VicSuper will be cancelled if your account is 'inactive' for 16 continuous months (subject to limited exceptions). Your account is considered 'inactive' if you have not received any contributions or rollovers into your VicSuper account.

You are able to maintain your insurance cover on an inactive VicSuper account by providing written consent to VicSuper before the end of a period of 16 continuous months of inactivity. Please complete the *Keep my insurance cover* form available from

vicsuper.com.au/forms

Reinstatement of cover

VicSuper will provide you with the ability to reinstate your insurance cover within three months of your cover ceasing under the following circumstances:

Insufficient funds

If your cover ceases because there are insufficient funds in your account to pay premiums, you have three months from the date your cover ceased to contribute amounts sufficient to pay all outstanding premiums, allowing you to continue your cover.

During the three months after the date your cover ceased, any amounts received into your account will first be used to cover any outstanding premiums for the month your cover ceased, and then for any period after that, up to the end of the most current month.

If, by the end of the three months from when your cover ceased, your balance is not sufficient to cover premiums payable up to this date, your cover will permanently cease from the end of the month in which your premiums were paid up to.

In this case, if you wish to then recommence your cover you will need to apply for additional cover and complete a full personal statement.

If your cover ceased between 1 January 2019 and 30 June 2019, your period to reinstate cover will be advised by VicSuper in writing. To continue your cover, you will need to pay an amount or amounts to your account sufficient to pay the full outstanding premium from the date your cover ceased, in addition to any premiums incurred, by the date indicated in your letter.

Important: Claims for death, terminal illness or TPD occurring between the time your cover ceases due to insufficient funds in your account and the time an amount is received into your account within the three month period explained above, will not be payable unless, as at the date of death, terminal illness or TPD, your account was sufficient to pay all premiums owing up to at least one day in that month.

Inactivity

If your cover ceases because you have been an *inactive member* (you have not received a contribution or rollover into your FutureSaver account) for a period of 16 continuous months, you will have three months from the date your cover ceased to reinstate your cover.

To reinstate your cover, you need to complete the *Reinstate your insurance cover* form available from

vicsuper.com.au/forms

Before your cover ceases, you can also complete the *Keep your insurance cover* form available from **vicsuper.com.au/forms** to prevent your cover from ceasing should you become an *inactive member* for 16 continuous months at any time in the future.

Where your cover is reinstated, it will recommence on the day we receive your completed form.

If you do not apply to reinstate your cover within three months of your cover ceasing and would like to reobtain insurance, you will need to apply for additional cover and complete a personal statement.



Death and TPD cover

Death and TPD cover is intended to provide a lump sum benefit to you if you become totally and permanently disabled, or to your family if you pass away.

How much does my insurance cost?

Your death and TPD insurance premiums are calculated based on four factors:

- Your age
- Amount of cover
- Occupation category
- Unit-based or fixed cover

Death and TPD premium calculation

To calculate your premium, you will need your age, your occupation category and the amount of cover required.

PREMIUM CALCULATORS

Did you know we have premium calculators available on our website?

Visit vicsuper.com.au/calculators



Unit-based cover

With unit-based cover, the cost of each unit is the same regardless of age. However, the dollar value of cover of each unit is linked with your age and will gradually decrease.

The cost and value of death only and death and TPD cover can be found below and on page 20.

Unit-based premium tables

Unitised cover – Premium per unit per week

	General		White Collar		Professional		Own Occupation*	
	Death	Death & TPD	Death	Death & TPD	Death	Death & TPD	Death	Death & TPD
Unit cost	0.34	0.97	0.27	0.78	0.19	0.55	0.34	1.07

* applicable to own occupation cover granted prior to 1 July 2014
The premiums shown have been rounded to two decimal places for simplicity.

Table 1: Unit-based death only and death and TPD cover.

Age	Cover per unit	Age	Cover per unit	Age	Cover per unit	Age	Cover per unit
14 – 35	\$51,500	44	\$29,000	53	\$8,000	62	\$2,500
36	\$46,000	45	\$24,000	54	\$7,000	63	\$2,000
37	\$46,000	46	\$20,000	55	\$6,200	64	\$1,750
38	\$45,500	47	\$17,000	56	\$5,500	65	\$1,500
39	\$45,500	48	\$15,000	57	\$4,750	66	\$1,400
40	\$40,500	49	\$13,000	58	\$4,250	67	\$1,350
41	\$40,500	50	\$11,000	59	\$3,750	68	\$1,250
42	\$40,000	51	\$10,000	60	\$3,500	69	\$1,150
43	\$35,000	52	\$9,000	61	\$3,000	70	\$0

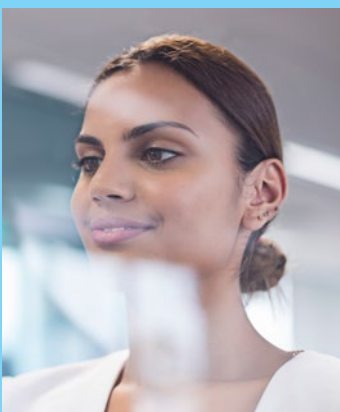
To calculate your weekly premium:

Step 1

Refer to your occupation category in the unit based premium table.

Step 2

Multiply the Death or Death & TPD premium for your relevant occupation category by the number of units held to determine your weekly premium.



Calculating Death and TPD example

Let's have a look at Lauren's insurance cover.

Here's a quick snapshot of Lauren who;

- is 28 years of age
- works in an office
- qualifies for the white-collar occupation category, and
- would like to apply for the 8 units of death and TPD cover

At 28 years of age, each unit of death and TPD provides Lauren with \$51,500 of cover. By taking out 8 units, she will have total death and TPD cover of \$412,000.

The cost of her cover is:

8 units x \$0.78 per week.

= \$6.24 per week

Fixed cover

Fixed cover is provided in the form of a dollar amount. Unlike unit-based cover, the level of cover remains the same regardless of age however, the premium gradually increases with your age.

The cost of fixed death only and death and TPD cover can be found on the following page.

Converting cover between unit-based and fixed (and vice versa)

If you have unit-based cover and wish to convert to fixed cover, which locks in that cover amount, you can do this without having to provide any evidence of health.

You can also apply to have fixed cover converted to unit-based cover. If you make this conversion, you will be provided with an equivalent number of units, rounded up to the nearest whole unit.

New events cover rules may apply to your cover. Please refer to the new events cover section on page 14 for details.



Unit-based to Fixed cover example

Paul is 28 years of age and qualifies for the general occupation category. He currently has six units of unit-based death and TPD cover, but has decided he would like to convert this to fixed cover, as he is worried about his insurance dropping in value as he gets older.

Each unit of Paul's cover is worth \$51,500 and each unit costs \$0.97 per week. This equates to approximately \$303 per year.

How much will Paul pay by fixing his cover?

Paul is able to fix his six units of death and TPD cover, which will remain as \$309,000, rather than reducing in value over time as unit-based cover would.

For every \$1,000 of cover, he will pay

\$0.60 per year.

$(\$309,000 / 1000) \times \0.60

= \$185 per year. Thankfully for Paul, his annual premium has reduced.

It's important that Paul regularly reviews his insurance cover in the future as fixed cover premiums increase as he gets older.

Death and TPD rates – 1 July 2019

Table 2: Fixed cover death only and death and TPD cover. Premium per \$1,000 sum insured per annum.

Age	General		White Collar		Professional		Own occupation*	
	Death	Death & TPD	Death	Death & TPD	Death	Death & TPD	Death	Death & TPD
14	0.47	0.70	0.38	0.56	0.27	0.39	0.39	0.72
15	0.47	0.70	0.38	0.56	0.27	0.39	0.39	0.72
16	0.55	0.80	0.44	0.64	0.31	0.45	0.45	0.83
17	0.59	0.86	0.47	0.69	0.33	0.48	0.47	0.88
18	0.65	0.95	0.51	0.77	0.36	0.54	0.50	0.98
19	0.64	0.94	0.51	0.75	0.36	0.53	0.50	0.97
20	0.57	0.84	0.46	0.67	0.32	0.47	0.46	0.87
21	0.55	0.80	0.44	0.64	0.31	0.45	0.45	0.83
22	0.50	0.73	0.40	0.59	0.28	0.41	0.41	0.76
23	0.48	0.72	0.39	0.57	0.27	0.40	0.41	0.72
24	0.45	0.66	0.36	0.53	0.25	0.37	0.36	0.69
25	0.43	0.62	0.34	0.50	0.24	0.35	0.34	0.65
26	0.41	0.58	0.33	0.47	0.23	0.33	0.32	0.61
27	0.41	0.60	0.33	0.48	0.23	0.34	0.32	0.63
28	0.41	0.60	0.33	0.48	0.23	0.34	0.34	0.63
29	0.43	0.62	0.34	0.50	0.24	0.35	0.34	0.65
30	0.45	0.66	0.35	0.53	0.25	0.37	0.35	0.69
31	0.45	0.66	0.36	0.53	0.25	0.37	0.37	0.71
32	0.50	0.73	0.40	0.59	0.28	0.41	0.41	0.78
33	0.55	0.80	0.44	0.64	0.31	0.45	0.45	0.85
34	0.59	0.86	0.47	0.69	0.33	0.48	0.47	0.90
35	0.66	0.97	0.52	0.78	0.37	0.55	0.52	1.04
36	0.73	1.09	0.56	0.88	0.39	0.62	0.55	1.15
37	0.79	1.19	0.63	0.95	0.44	0.67	0.62	1.24
38	0.90	1.35	0.70	1.09	0.49	0.76	0.70	1.44
39	0.95	1.52	0.76	1.22	0.53	0.86	0.75	1.61
40	1.06	1.71	0.84	1.37	0.59	0.96	0.83	1.82
41	1.13	1.91	0.91	1.53	0.64	1.07	0.91	2.03
42	1.23	2.09	0.98	1.68	0.69	1.17	0.98	2.23
43	1.29	2.28	1.03	1.83	0.72	1.28	1.02	2.44
44	1.41	2.52	1.13	2.02	0.79	1.42	1.12	2.68
45	1.50	2.80	1.20	2.24	0.84	1.57	1.22	3.00
46	1.61	3.14	1.29	2.51	0.90	1.76	1.31	3.34
47	1.77	3.54	1.41	2.84	0.99	1.99	1.43	3.79
48	1.97	4.01	1.58	3.21	1.11	2.25	1.60	4.29
49	2.17	4.57	1.74	3.66	1.22	2.56	1.77	4.91
50	2.40	5.19	1.92	4.15	1.34	2.91	1.97	5.58
51	2.64	5.86	2.12	4.69	1.48	3.28	2.17	6.31
52	2.87	6.54	2.30	5.23	1.61	3.66	2.37	7.02
53	3.10	7.22	2.48	5.78	1.74	4.05	2.56	7.79
54	3.39	8.06	2.71	6.45	1.90	4.52	2.81	8.69
55	3.66	9.16	2.93	7.33	2.05	5.13	3.05	9.89
56	4.00	10.37	3.20	8.29	2.24	5.81	3.34	11.22
57	4.31	11.71	3.45	9.37	2.42	6.56	3.62	12.65
58	4.68	13.19	3.74	10.55	2.62	7.39	3.95	14.30
59	5.06	14.99	4.05	12.00	2.84	8.40	4.29	16.25
60	5.80	17.16	4.64	13.73	3.25	9.61	4.92	18.61
61	6.65	19.73	5.32	15.79	3.73	11.05	5.64	21.41
62	7.61	22.78	6.09	18.23	4.26	12.76	6.47	24.74
63	8.73	26.39	6.98	21.11	4.89	14.78	7.42	28.62
64	9.98	30.52	7.98	24.42	5.59	17.09	8.51	33.14
65	11.23	34.84	8.99	27.87	6.29	19.51	9.57	37.82
66	12.59	39.60	10.07	31.68	7.05	22.18	10.72	42.99
67	14.09	44.96	11.28	35.97	7.89	25.18	11.98	48.79
68	15.66	50.85	12.53	40.68	8.77	28.48	13.33	55.17
69	17.35	57.37	13.88	45.90	9.72	32.13	14.77	62.25

* applicable to own occupation cover granted prior to 1 July 2014
The premiums shown have been rounded to two decimal places for simplicity.

To calculate your annual premium:

Step 1

Divide your fixed cover by 1,000 to determine your multiple.

Step 2

Refer to your occupation category and age in the fixed cover premium table to determine the annual premium amount.

Step 3

Multiply the annual premium amount by your multiple determined in step 1 to determine your annual premium.



Calculating fixed cover premiums example

Let's have a look at Jessica's insurance cover.

Here's a quick snapshot of Jessica who;

- is 32 years old
- works in a school as a Teacher
- qualifies for the white-collar occupation category, and
- Currently holds \$250,000 of Death and TPD cover

At 32 years of age, and under the white-collar occupation category, every \$1,000 of cover will cost \$0.59 per annum.

The cost of her cover is:

$250 \times \$0.59$ per annum.

= \$147.50 per annum

Automatic reduction in fixed cover TPD from age 61

If you hold fixed cover for TPD, the value of that cover will reduce by 10% per annum from age 61 to age 68. It will then remain at 20% of the insured value until age 70. If you were to take out fixed cover for TPD after age 60 your cover value would reflect the reduced value had you taken it out at age 60. For example, \$100,000 cover taken out at age 63 would have a value of \$70,000.

Your fixed cover will be reduced on your birthday at the following rates.

Age last birthday	Your TPD benefit is reduced by
61	10%
62	20%
63	30%
64	40%
65	50%
66	60%
67	70%
68	80%
69	80%
70	Cover expires

Indexation of fixed cover

As the cost of living generally increases each year, it may be advisable for your insurance to be indexed to ensure it always keeps pace with inflation.

If you hold any fixed death and TPD cover, it will be increased to help benefits keep pace with inflation. Cover will automatically increase on 1 July each year by the lesser of *Consumer price index (CPI)* and 7.5%, subject to the maximum cover amounts. If you wish, you can opt out of these increases by completing the online insurance application or the *Insurance application* form. If you opt out of the *CPI* increase, you will be required to complete the underwriting requirements if you want to opt back in at a later date.

Once over the age of 60, indexation will be applied before any fixed cover TPD automatic reduction.

TPD Tapering example

Previously, at age 38, Teresa took out \$200,000 of fixed death and TPD cover with VicSuper.

Today, it's her 63rd birthday. Teresa now continues to hold the same death cover of \$200,000, however, her TPD cover has reduced by a total of 30% (\$60,000), resulting in TPD cover of \$140,000.

Teresa's TPD cover will continue to reduce each birthday until age 68, where it will remain at \$40,000 (20% of the \$200,000) until the cover ceases.



TPD definition

To make a claim for TPD, you will need to satisfy the TPD definition. There are three parts of the TPD definition:

- Unable to work (Part 1)
- Specific loss (Part 2)
- Future care (Part 3)

You will need to satisfy at least one to be eligible to make a claim.

If you are aged 65 or over and/or not a *full-time employee*, you must satisfy either Part 2 – Specific Loss, or Part 3 – Future Care, to be eligible to make a claim.

Date of disablement

For Part 1 of the total and permanent disability definition, the date of disablement is the later of:

- the date when a *medical practitioner* examines you and certifies in writing that you are disabled; and
- the date you ceased all work (whether or not for reward) due to illness or injury.

For Part 2 of the total and permanent disability definition, the date that you met one of the conditions under Part 2 as determined by the Insurer.

For Part 3 of the total and permanent disability definition, the date determined by the Insurer as being the date that you were unable to perform at least two of five 'Activities of Daily Living' without assistance from another person, as listed under Part 3.

TPD waiting period

A three month waiting period will apply where you are only able to satisfy Part 1 of the TPD definition, 'unable to work'.



The TPD definition is:

While covered for total and permanent disablement, you:

- are a *full-time employee* and aged 65 or under at the date of disablement, and meet Parts 1, 2 or 3; or
- otherwise meet Parts 2 or 3.

Parts 1, 2 and 3 are defined as follows:

Part 1 – Unable to Work

Means you:

- a)** have continued to remain absent from all work (whether or not for reward) since the date of disablement solely due to the injury or illness that originally stopped you from working; and
- b)** are under *regular and ongoing care*; and
- c)** have been determined by the Insurer that:
 - i. as at the date of disablement; and
 - ii. as at the end of the TPD waiting period

you have become incapacitated by injury or illness (whether physical or mental) to such an extent that you are unlikely to ever be able to work in any business, occupation or regular duties, whether paid or unpaid, for which you are reasonably fitted by education, training or experience.

In making this determination, the Insurer may consider:

- any evidence which they believe is necessary to reach their view and is reasonably available to them up to the date they form their opinion; and
- any future *reasonable retraining* or rehabilitation that you could reasonably undertake or have already undertaken.

The TPD waiting period will be waived where you have been diagnosed by a *medical practitioner* as suffering from one of the medical conditions listed below:

- alzheimer's disease or dementia;
- cardiomyopathy;
- diplegia;
- hemiplegia;
- lung disease;
- major head injury;
- motor neurone disease;
- multiple sclerosis;
- muscular dystrophy;
- paraplegia;
- parkinson's disease;
- permanent blindness;
- permanent deafness;
- permanent loss of speech;
- primary pulmonary hypertension;
- quadriplegia;
- severe rheumatoid arthritis; or
- tetraplegia.

Part 2 – Specific Loss

Means:

- a)** because of an injury or illness, you have suffered at the date of disablement the total loss of use of:
 - both hands or feet; or
 - one hand and one foot; or
 - the sight of both eyes; or
 - one hand or foot and the sight in one eye,

in circumstances where the loss will never be regained; and

- b)** after considering all evidence which the Insurer believes is necessary to reach their view, in their opinion you have become incapacitated by injury or illness (whether physical or mental) to such an extent that you are unlikely to ever be able to work in any business, occupation or regular duties, whether paid or unpaid, for which you are reasonably fitted by education, training or experience.

Part 3 – Future Care

Means:

- a)** because of an injury or illness, in the Insurers opinion, at the date of disablement you are permanently unable to perform at least two of the five 'Activities of Daily Living' listed below, without assistance from another person. If you can perform the activity by using special equipment you will be considered able to undertake that activity. The five 'Activities of Daily Living' are:
 - bathing/showering;
 - dressing/undressing;
 - eating/drinking;
 - using the toilet to maintain personal hygiene;
 - getting in and out of bed, a chair, a wheelchair or moving from place to place by walking, a wheelchair or with a walking aid; and
- b)** after considering all evidence which the Insurer believes is necessary to reach their view, in their opinion you have become incapacitated by injury or illness (whether physical or mental) to such an extent that you are unlikely to ever be able to work in any business, occupation or regular duties, whether paid or unpaid, for which you are reasonably fitted by education, training or experience.

TPD own occupation

Prior to 1 July 2014, you could apply for an 'own occupation' (formerly 'own approved') under unit-based or fixed TPD cover. Provided that this cover was in place by 30 June 2014, you can retain this cover and the associated benefit into the future.

What does the own occupation TPD category mean?

To continue to be eligible for own occupation cover, upon making a claim you must meet the own occupation criteria (for example, you must otherwise meet the criteria of a 'white collar' or 'professional' occupation).

In the event you make a TPD claim, under the own occupation category you will be entitled to the TPD benefit if the Insurer considers that you're permanently disabled in relation to your own occupation.

Making changes to own occupation TPD cover

You can make the changes to your unit-based or fixed own occupation TPD cover, while still retaining the own occupation category. This includes increasing, decreasing, converting between unit-based and fixed cover and cancelling cover.

TPD own occupation definition

If you have an own occupation definition on your TPD cover, Parts 1, 2 and 3 of the TPD definition are amended as follows:

Part 1 means you:

- a) have continued to remain absent from all work (whether or not for reward) since the date of disablement solely due to the injury or illness that originally stopped you from working;
- b) are under *regular and ongoing care*; and
- c) have been determined by the Insurer that:
 - i. as at date of disablement and;
 - ii. for the TPD waiting period;
 - iii. and continuously since then,

and after considering all evidence which the Insurer believes is necessary to reach their view, in their opinion you have become incapacitated by injury or illness (whether physical or mental) to such an extent that you are unlikely to ever work in or attend your own occupation.

In making this determination, the Insurer will consider any rehabilitation that you could reasonably undertake or have already undertaken.

For Parts 2 or 3:

- In determining whether you meet either Parts 2 or 3 the Insurer will not determine if you have become incapacitated by injury or illness (whether physical or mental) to such an extent that they are unlikely to ever be able to, work in any business, occupation or regular duties, whether paid or unpaid, for which they are reasonably fitted by education, training or experience.

Grandfathered members

You are a grandfathered member if you held TPD cover on 30 June 2014 and the cover has remained in place without ending up until your date of disablement.

For Parts 2 or 3:

- In determining whether you meet either Parts 2 or 3 the insurer will not determine if you have become incapacitated by injury or illness (whether physical or mental) to such an extent that you are unlikely to ever be able to, work in any business, occupation or regular duties, whether paid or unpaid, for which you are reasonably fitted by education, training or experience.

When we will not pay a benefit

The Insurer will not pay a benefit, where the claim has resulted from:

Acts of war

The Insurer won't pay a benefit if your death, terminal illness or TPD is caused directly or indirectly by an act of *war* if you are an *active participant* in that war.

However, this exclusion will not apply if you die while on service with the Australian Defence Force.

Terrorism

The Insurer won't pay a benefit for death, terminal illness or TPD that is directly or indirectly due to your unlawful participation in *terrorism*.

Suicide or self-inflicted injury

A suicide or self-inflicted injury exclusion will only apply on Life Events or Interim accident cover, as set out below.

Life Events cover

Where the cover is provided under life events cover, the Insurer won't pay a benefit if your death or TPD is directly or indirectly caused by:

- suicide or an attempted suicide, or
- intentional self-inflicted injury or illness

for the first 13 months after cover was obtained under life events cover.

Interim accident cover

Where the cover is provided under interim cover, the Insurer won't pay a benefit if your death or TPD is directly or indirectly caused by:

- suicide or an attempted suicide, or
- intentional self-inflicted injury or illness.

Violation of any laws or regulations

The Insurer and VicSuper cannot make a payment, where doing so would violate any laws or regulations.



Income Protection

Income protection cover is designed to provide you with replacement income in the event that an injury or illness causes disability and impacts your earning capacity. The value of income protection cover is stated in units. Each unit of cover is worth \$500 per month.

How much does my insurance cost?

Your income protection premiums are calculated based on five factors:

- Your age
- Amount of cover
- Occupation category
- Waiting period
- Benefit period

Waiting Period

The waiting period is the time you must be off work due to sickness or injury to become eligible for an income protection benefit payment.

The longer the waiting period, the cheaper your income protection insurance premiums become.

You can choose a waiting period of either:

- 30,
- 60, or
- 90 days

For EmployeeSaver members with default cover, your default waiting period is 90 days.

You can apply to change your waiting period at any time. However, where you choose to reduce your waiting period, you will need to complete and satisfy a health questionnaire.

An EmployeeSaver member can make changes to their waiting period during the special insurance offer period without lengthy forms or medical tests.

You must be off work due to illness or injury for the duration of the waiting period to receive your income protection benefit.

During your waiting period, you may return to normal duties *at work* where your waiting period will not re-start, however the number of days you return to work will be added to your waiting period. At most you can work for:

- 5 consecutive days, if your waiting period is 30 days
- 9 consecutive days, if your waiting period is 60, or 90 days

If the consecutive days of work exceed those listed above, your waiting period will reset.

No benefit is payable during your waiting period. Upon satisfying the waiting period and where your claim has been approved, you will begin receiving your monthly benefit, in arrears.

We recommend you inform us as soon as possible where you do not expect to return to work for any duration in excess of your waiting period, allowing us to begin processing your claim as early as possible.

Benefit Period

The benefit period is the maximum length of time you can be off work and receive a monthly benefit. Just like the waiting period, the benefit period is variable.

The longer the benefit period, the higher the premiums.

You have a choice of either:

- 2 years,
- 5 years, or
- To age 65

For EmployeeSaver members with default cover, your default benefit period is 2 years.

You can apply to change your benefit period at any time. However, where you choose to increase your benefit period, you will need to complete and satisfy a health questionnaire.

An EmployeeSaver member can increase their benefit period to 5 years during the special insurance offer period without lengthy forms or medical tests.

If you are a casual employee or contractor, you can only have a benefit period of two years.

Income Protection premium calculation

To calculate your premium, you'll need your age, your occupation category, the amount of cover required, your chosen waiting period and your chosen benefit period.

Calculating Income Protection example

Let's have a look at Andrew's insurance. Here's a quick snapshot of Andrew;

- he's 35 years of age,
- works as a sales assistant
- qualifies for the general occupation
- earns \$58,000 per annum
- would like to take out cover of 85% of his salary with a waiting period of 60 days and a benefit period of two years.

Each unit of income protection cover provides \$500 per month in benefit. At 35 years of age, each unit of income protection, with a waiting period of 60 days and benefit period of two years will cost Andrew \$0.81 per week.

How many units does Andrew need?

$\$58,000 \text{ (Andrew's annual salary)} \times 85\%$
 $= \$49,300$

Divided by 12 to determine his monthly benefit requirement
 $= \$4,108$

Andrew must take out 9 units, each worth \$500 per month to cover 85% of his salary.

The cost of his cover is

$9 \text{ units} \times \$0.81 \text{ per week}$
 $= \$7.29 \text{ per week}$



To calculate your weekly premium:

To calculate your premium, you'll need your age, your occupation category, the amount of cover required, your chosen waiting period and your chosen benefit period.

Step 1

Refer to your occupation category and age in the income protection cover premium table applicable to your elected benefit period and waiting period to determine the monthly premium amount.

Step 2

Multiply the monthly premium amount by the number of units held to determine your weekly premium.

Income Protection rates – 1 July 2019 (2 year benefit period)

Premium per unit per week

Each unit is equivalent to \$500 per month of cover.

Waiting period (days) Age	General			White Collar			Professional		
	30	60	90	30	60	90	30	60	90
14-19	0.66	0.49	0.21	0.64	0.47	0.17	0.58	0.42	0.16
20-24	0.72	0.55	0.23	0.66	0.52	0.21	0.60	0.48	0.19
25-29	0.66	0.49	0.21	0.64	0.49	0.17	0.58	0.44	0.16
30-34	0.75	0.58	0.23	0.69	0.55	0.21	0.63	0.50	0.19
35-39	1.07	0.81	0.34	1.01	0.77	0.32	0.91	0.70	0.29
40-44	1.50	1.12	0.47	1.41	1.07	0.43	1.27	0.97	0.39
45-49	1.93	1.46	0.60	1.80	1.38	0.58	1.63	1.25	0.53
50-54	2.44	1.87	0.77	2.32	1.75	0.72	2.10	1.58	0.65
55-59	3.09	2.38	0.98	2.96	2.23	0.92	2.67	2.02	0.83
60-64	3.95	3.01	1.24	3.76	2.87	1.18	3.40	2.59	1.07

Income Protection rates – 1 July 2019 (5 year benefit period)

Premium per unit per week

Each unit is equivalent to \$500 per month of cover.

Waiting period (days) Age	General			White Collar			Professional			Own Occupation		
	30	60	90	30	60	90	30	60	90	30	60	90
14-19	0.89	0.66	0.43	0.83	0.64	0.40	0.75	0.58	0.36	0.95	0.72	0.49
20-24	0.95	0.72	0.49	0.89	0.69	0.47	0.80	0.63	0.42	1.01	0.77	0.52
25-29	0.89	0.66	0.43	0.83	0.64	0.43	0.75	0.58	0.39	0.95	0.72	0.49
30-34	1.01	0.75	0.49	0.95	0.72	0.47	0.86	0.65	0.42	1.07	0.81	0.55
35-39	1.44	1.09	0.72	1.35	1.03	0.69	1.22	0.94	0.63	1.55	1.18	0.77
40-44	2.01	1.52	1.01	1.89	1.44	0.95	1.71	1.30	0.86	2.15	1.63	1.09
45-49	2.58	1.95	1.29	2.44	1.87	1.24	2.20	1.69	1.12	2.75	2.10	1.38
50-54	3.27	2.49	1.63	3.13	2.38	1.58	2.83	2.15	1.43	3.52	2.70	1.78
55-59	4.19	3.18	2.10	3.99	3.04	2.01	3.60	2.75	1.82	4.49	3.44	2.27
60-64	5.33	4.06	2.70	5.07	3.87	2.55	4.59	3.50	2.31	5.73	4.38	2.90

Income Protection rates – 1 July 2018 (benefit period to age 65)

Premium per unit per week

Each unit is equivalent to \$500 per month of cover.

Waiting period (days) Age	General			White Collar			Professional			Own Occupation		
	30	60	90	30	60	90	30	60	90	30	60	90
14-19	1.41	1.07	0.75	1.35	1.01	0.72	1.22	0.91	0.65	1.52	1.12	0.81
20-24	1.52	1.12	0.81	1.44	1.07	0.75	1.30	0.97	0.68	1.63	1.20	0.86
25-29	1.41	1.07	0.75	1.35	1.01	0.72	1.22	0.91	0.65	1.52	1.12	0.81
30-34	1.58	1.18	0.83	1.52	1.12	0.81	1.38	1.02	0.73	1.72	1.26	0.89
35-39	2.30	1.72	1.20	2.18	1.63	1.15	1.97	1.48	1.04	2.47	1.84	1.29
40-44	3.22	2.38	1.69	3.04	2.27	1.61	2.75	2.05	1.46	3.44	2.55	1.80
45-49	4.13	3.07	2.18	3.93	2.92	2.06	3.55	2.64	1.87	4.44	3.30	2.32
50-54	5.28	3.90	2.75	5.02	3.73	2.64	4.54	3.37	2.39	5.65	4.21	2.98
55-59	6.70	4.98	3.52	6.39	4.73	3.35	5.78	4.28	3.03	7.22	5.35	3.78
60-64	5.33	4.06	2.70	5.07	3.87	2.55	4.59	3.50	2.31	5.73	4.38	2.90

The premiums shown have been rounded to two decimal places for simplicity.

How is my benefit calculated?

In the event of a successful claim, the total or partial disablement benefit payable will be the lesser of the amount of cover in place and 75% of your income at the time of disability, plus 10% superannuation contributions, to a maximum of \$30,000 per month. Your benefit may be offset by other income received. The total disablement and partial disablement definitions can be found on page 32.

As your salary changes you may need to review your income protection cover and consider increasing or decreasing your cover as required.

Income offsets

Before your income protection benefit is paid, it may be subject to offsetting by other sources of income you may have.

If you receive, or are entitled to receive payments from other sources while a disability benefit is payable with VicSuper, your benefit may be reduced. We will reduce the disability benefit payable under this policy to the extent that the disability benefit under this policy, plus the payments from other sources and any current income are no more than 85% of your pre-disability income, under total disablement, or 100% of your pre-disability income, under partial disablement.

Payment from other sources includes:

- workers compensation payments (including payments under similar legislation or settlements under common law),
- any award or settlement under common law for loss of earnings or loss of earning capacity (whether received as capital or income),
- sick leave payments,
- in respect of loss of income (whether legislated or otherwise),
- any statutory accident compensation,
- or any payment from a disability, injury or illness policy (other than lump sum total and permanent disablement or lump sum superannuation payments).

Indexation of IP benefits

We understand that the cost of living is constantly rising. At VicSuper we value the importance of being able to have an indexed income protection benefit, on the five year or to age 65 benefit period. Indexation will apply where you become eligible for benefit payments that have been paid for 12 consecutive months. The benefit payment will increase each year by the lesser of *CPI* and 5% subject to the maximum monthly benefit (provided there is no break in payment).

IP payments will cease

We will pay disability benefits until the earliest of:

- the date you are no longer *disabled*,
- the end of the benefit period that applies,
- you reaching age 65,
- the date of a fraudulent claim,
- the date you refuse to undertake treatment or rehabilitation which, in the Insurer's opinion, could assist you to return to work in an increased capacity (where **Part 2** of the total disability definition applies to you this will be in relation to your own occupation),
- the date you refuse to return to Australia after the Insurer has requested you to do so for the purpose of an assessment,
- in relation to the portion of your disability benefit that is greater than 75% of your pre-disability income, the date you are no longer employed by an employer, and
- the date of death.

If you are entitled to a disability benefit under this policy, but fail to take all the necessary steps to return to work in an increased capacity, your benefit will be reduced.

The benefit will be reduced by the amount of income the Insurer believes you could earn, had you taken all the necessary steps to return to work.

However, if such work is not available with your employer, your benefit will not be reduced, based on your capacity to return to work.

Benefits will be suspended if:

- you commence a period of incarceration as a result of committing a criminal act, or
- you refuse to attend a medical exam or provide medical, financial, or other evidence the Insurer may request in writing.

When your benefit is suspended, it will still count towards the benefit period. This means, you will not receive a back payment for any benefit for any period of suspension.

Death while on IP

In the unfortunate circumstance of your death while you're in receipt of monthly payments from your VicSuper income protection cover, your beneficiaries or estate will receive a lump sum amount equal to three months' benefit for total disablement.

Unemployment and working less than 14 hours per week

You will not be entitled to receive a disablement benefit if at the date of disablement you're:

- unemployed, or
- working less than 14 hours per week in a *normal working week* (averaged over the previous 3 months)

Leave without pay

If you're on unpaid leave for reasons other than injury or illness, we'll continue to cover you for a period of up to:

- 24 months for parental leave, and
- 12 months for unpaid leave other than parental leave.

To be eligible, your employer must approve your period of leave in writing before you go on leave.

If you will be on unpaid leave beyond the initial period stated above, you may extend cover beyond that time by requesting an extension from VicSuper (in writing) before the relevant period ends.

If you don't return to work within the period above, your income protection cover will end.

If you become *disabled* during a period of unpaid leave, the benefit period will begin on the later of:

- the end of the waiting period, and
- the date your employer had documented as the return to work date.

IP own occupation

If you have income protection with a benefit period of 5 years or to age 65 and qualify for the white collar or professional occupation category, you may apply for the own occupation category under your income protection policy.

Under own occupation, you will be considered totally disabled if you're unable to perform the duties of your pre-disability occupation, regardless of any ability to perform the duties of an alternative occupation. Electing the own occupation category does incur a higher premium.

Recurrent disablement

If you suffer a recurrence of your disability within six months of your income protection benefit ceasing, due to you no longer being considered *disabled*, we will treat the disability as a continuation of your previous claim. This means you will not have to satisfy a waiting period and your claim will continue for the remaining balance of your benefit period. The illness or injury must be the same or related to your previous disablement for a recurrent disablement benefit to apply.

What happens if I move from permanent employment to being a contractor or casual?

If when you become disabled you are a contractor or casual and your benefit period is longer than 2 years, you will only be paid a benefit for a maximum of 2 years. If you change to being a contractor or casual and do not anticipate you will meet the criteria in the future, please advise VicSuper in writing so we can decrease your premium. No premium refund is available for the period you had cover with a benefit period longer than 2 years but didn't meet the permanent employee criteria.

What happens if I leave my occupation?

If you change your occupation and the new occupation no longer meets the own occupation criteria, your own occupation cover will continue, however, you will not be eligible to make a claim under the own occupation definition. If you change occupations and don't anticipate you will meet the criteria in the future, please advise VicSuper in writing so we can decrease your premium. No premium refund is available for any period you had own occupation cover but didn't meet the own occupation criteria.

Disablement definition

Total disablement

To make a claim for total disablement under your income protection policy, you will need to satisfy the total disablement definition.

The total disablement definition is:

While covered for income protection, you are either:

1. totally disabled if, because of injury or illness:
 - a) in relation to the waiting period or the first two years of the benefit period, you are:
 - not capable of doing the important duties of your own occupation, and
 - not working in any occupation (whether paid or unpaid), and
 - under medical care.
 - b) For a date after the first two years of the benefit period, because of the same injury or illness, you are:
 - not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience, and
 - not working in any occupation (whether paid or unpaid), and
 - under medical care.
- OR
2. where you are eligible for the "Own Occupation" total disability definition under the terms of this policy because of injury or illness, you are:
 - not capable of doing the important duties of your own occupation, and
 - not working in any occupation (whether paid or unpaid), and
 - under medical care.

Partial disablement

If you are totally disabled and then subsequently due to improved health are considered partially disabled, you will continue to receive a benefit.

You are partially disabled if:

- immediately after being totally disabled for at least 14 days, you are not able to perform at least one of more of the important or essential duties of your occupation, and
- because of your injury or illness, your income received in your occupation is less than your pre-disability income, and
- you remain under the regular care of your *medical practitioner*.

When we will not pay a benefit

The Insurer will not pay a benefit, where the claim has resulted from:

Acts of war and military service

The Insurer won't pay a benefit if your disability is caused directly or indirectly by:

- an act of *war*; or
- service in the armed forces of any country.

Terrorism

The Insurer won't pay a *disability* benefit if your *disability* was directly or indirectly due to your unlawful participation in *terrorism*.

Suicide or self-inflicted injury

The Insurer won't pay a benefit if your *disability* is caused directly or indirectly by attempted suicide, or intentional self-inflicted injury or illness.

Pregnancy and childbirth

The Insurer won't pay a benefit if your disability is caused directly or indirectly by *normal and uncomplicated pregnancy or childbirth*.

Unemployment or working less than 14 hours per week

The Insurer won't pay a benefit, if you are:

- unemployed; or
- working less than 14 hours per week in a *normal working week* (averaged over the previous 3 months) at the date of disablement.

Criminal detention

We won't pay a benefit if you are in jail or otherwise detained as the result of a criminal act.

Federal health insurance legislation

The Insurer won't pay a benefit if the payment would cause it to infringe the Private Health Insurance Act 2007 (Cth) or any other legislation in connection with health insurance.

Violation of any laws or regulations

The Insurer and VicSuper cannot make a payment, where doing so would violate any laws or regulations.



Claims

Making a claim

When you take out insurance, you hope you never have to make a claim. But if you do, it's reassuring to know you have financial protection at such a stressful time.

Making a claim can be a daunting process. That's why VicSuper takes a very active approach in assisting you with your claim.

We will guide you through the process and help you prepare your claim application to ensure a swift response from the insurer.

Depending on the type of insurance claim, there may be different requirements.

You don't necessarily need to engage in advice from a legal professional to make a claim. VicSuper works hard with our insurer to ensure the best possible outcome for the member is achieved, as quickly as possible.

Where you are applying for a death, terminal illness, TPD or income protection claim, you can call our Member Centre on **1300 366 216** or log on to Members Online to initiate a claim request

Making a death claim

For a death benefit to be paid, VicSuper must be notified and appropriate paperwork will then be forwarded to your dependents or your executor to complete. The death benefit paid will consist of your VicSuper account balance, less any applicable insurance premiums, taxes and fees, plus your insured death benefit. Your insured death benefit is based on the sum insured at the date of death.

Making a terminal illness claim

Terminal illness is an advance payment of the death benefit, as part of your death only cover and death and TPD cover. Terminal illness means any illness in which you're not expected to live more than 12 months regardless of any treatment undertaken.

You will need to get two registered *medical practitioners* to certify that you're suffering from an illness that is likely to result in death within 12 months of certification. At least one of the registered *medical practitioners* must be a specialist practicing in the area related to the illness. There is no waiting period for a terminal illness benefit.

Provided that the Insurer agrees with the certification, a benefit will be payable calculated on your insured amount for death cover at the latest date of the certificates provided by the *medical practitioners*.

The terminal illness benefit will consist of your VicSuper account balance, less any applicable insurance premiums, taxes and fees, plus your insured terminal illness benefit.

Making a TPD or income protection claim

There are a number of steps involved in making a claim, and the process can sometimes be quite lengthy. The sooner you notify VicSuper of your illness or injury, the better. A delay in lodging your claim may complicate and extend the assessment process. Generally your sum insured is calculated at the date you ceased work due to illness or injury (that is, the date you were last physically at work) and your age at that time.

The steps on the following page outline what is involved in a TPD or income protection claim process.

Making a TPD claim



1. Contact VicSuper to begin your claim, or lodge your claim online

To start a claim, you can either contact VicSuper to discuss your situation and begin your claim, or you can lodge your claim online.

If you contact VicSuper directly, you'll be asked a series of questions, including your personal details and member number, the date you last worked prior to your illness or injury, the name of your last employer and the nature of your illness or injury.

To lodge a claim online, simply log into your VicSuper MembersOnline account, and select "Make a Claim". You will be asked to confirm your claim type, your last day at work and if your doctor has certified you unfit for work. Then you may be taken to the online claims forms for completion or VicSuper will contact you for further discussion. If your date of disablement is after 1 July 2018, you will be able to continue your claim online.



2. Your claim is referred to the Insurer

Following your initial contact with VicSuper, or successful lodgement of your claim online, your claim will be submitted to the Insurer. The Insurer will contact you by phone and discuss your situation further with you - this may be a lengthy conversation to ensure all relevant details are captured.

The need for you to complete lengthy claim forms has been removed.

You will be required to complete authority forms so the Insurer can contact your treating doctors and your employer.

The Insurer will also explain the claim assessment including what may be required of you including; ongoing information requirements, attending independent assessments and other expectations under your policy.



3. The Insurer assesses your claim

During the assessment process by the Insurer, your doctor, employer and other insurers (such as Workcover/TAC, if applicable) will be asked for further information.

You may also be asked directly by the Insurer to provide additional information.

Any additional reports or examinations requested by the Insurer will be paid for by the Insurer.

eTracker - track the progress of your claim

Once your claim has been lodged with our Insurer, MetLife, you can track the progress of your claim using eTracker. MetLife will give you log in details to access your claim online. Please note, eTracker is only available if your date of disablement is after 1 July 2018 and your claim is being assessed by MetLife.



4. The Insurer makes a decision

After considering all the information provided, the Insurer will make a decision to accept, defer or decline your claim. This decision is based on whether, you meet the definition of total and permanent disablement under the policy on the basis of the available information. The Insurer must notify VicSuper of the decision, where we will independently assess the claim to confirm we agree with the Insurer's decision. If we don't agree with the decision, we'll discuss your claim further with the Insurer and seek further information, if required.

The Insurer's decision will be made within 6 months of the later of the date the claim was notified or the end of the waiting period if applicable. If a decision cannot be made in this time you will be notified in writing with reasons for the delayed decision.



5. VicSuper reviews and confirms decision

VicSuper is obliged to act in the best interests of all members and therefore will review the Insurer's decision. VicSuper's review of the claim will be to ensure the Insurer's decision is fair and reasonable and has been made within the terms of the policy. VicSuper will either agree or disagree with the Insurer's decision to accept, defer or decline your claim.

If VicSuper disagrees with the Insurer's decision on the claim it will refer the claim back to the Insurer highlighting the areas of concern.

Where VicSuper agrees with the Insurer's decision, it will be one of three outcomes.

- **Accept**

If your claim is accepted VicSuper will notify you and you can elect to either take all or part of your benefit in cash, leave part or all of your benefit in your current VicSuper account, roll your benefit to a VicSuper Pension or rollover to another superannuation fund. Whatever you decide, you will be required to complete one final form indicating your preference.

- **Defer**

If VicSuper agrees with the Insurer's decision to defer your claim we will notify you in writing. A deferred decision will primarily be until the extent of your illness or injury can be further assessed, which may include *reasonable retraining* or rehabilitation. You will have the opportunity to provide further evidence to support your claim, which may result in another assessment prior to the end of the deferral period. Any supporting evidence needs to be provided at your cost.

- **Decline**

If VicSuper agrees with the Insurer's decision to decline, a decline letter will be provided to you outlining the reasons for the decision. If you disagree with the decision made on your claim you can raise a complaint with VicSuper on the decision following the complaints process detailed below. Complaint lodgement details will also be provided as a part of the decline letter.

Making an income protection claim



1. Contact VicSuper to begin your claim, or lodge your claim online

To start a claim, you can either contact VicSuper to discuss your situation and begin your claim, or you can lodge your claim online.

If you contact VicSuper directly, you'll be asked a series of questions, including your personal details and member number, the date you last worked prior to your illness or injury, the name of your last employer and the nature of your illness or injury.

To lodge a claim online, simply log into your VicSuper MembersOnline account, and select "Make a Claim". You will be asked to confirm your claim type, your last day at work and if your doctor has certified you unfit for work. Then you may be taken to the online claims forms for completion or VicSuper will contact you for further discussion. If your date of disablement is after 1 July 2018, you will be able to continue your claim online.



2. Your claim is referred to the Insurer

Following your initial contact with VicSuper, or successful lodgement of your claim online, your claim will be submitted to the Insurer. The Insurer will contact you by phone and discuss your situation further with you - this may be a lengthy conversation to ensure all relevant details are captured.

The need for you to complete lengthy claim forms has been removed.

You will be required to complete authority forms so the Insurer can contact your treating doctors and your employer.

The Insurer will also explain the claim assessment and benefit payment process including what may be required of you including; ongoing information requirements, attending independent assessments and other expectations under your policy.



3. The Insurer assesses your claim

During the assessment process by the Insurer, your doctor, employer and other insurers (such as Workcover/TAC, if applicable) will be asked for further information. You may also be asked directly by the Insurer to provide additional information or attend an independent medical examination.

Any additional reports or examinations will be paid for by the Insurer.

The Insurer may also make a referral for you to attend an appointment with a vocational rehabilitation provider under the MetLife Health & Recovery framework. This will include an Initial Needs Assessment with an allied health provider. This assessment will include ongoing discussions with you and may also include discussions with your treating doctors and employer to assist in exploring how MetLife may be able to support you in your return to health and work.

eTracker - track the progress of your claim

Once your claim has been lodged with our Insurer, MetLife, you can track the progress of your claim using eTracker. MetLife will give you log in details to access your claim online. Please note, eTracker is only available if your date of disablement is after 1 July 2018 and your claim is being assessed by MetLife



4. The Insurer makes a decision

After considering all the information provided, the Insurer will make a decision to accept, defer or decline your claim. This decision is based on whether, in the Insurer's opinion, you meet the appropriate definition of permanent disablement under the policy on the basis of the available information. The Insurer must notify VicSuper of the decision, no indication of the decision or outcome can be proved to the member until VicSuper have undertaken a review of the decision.

The Insurer's decision will be made within 2 months of the later of the date the claim was notified or the end of the waiting period. If a decision cannot be made in this time, you will be notified in writing with reasons for the delayed decision.



5. VicSuper reviews and confirms decision

VicSuper is obliged to act in the best interests of all members and therefore will review the Insurer's decision. VicSuper's review of the claim will be to ensure the Insurer's decision is fair and reasonable and has been made within the terms of the policy. VicSuper will either agree or disagree with the Insurer's decision to accept, defer or decline your claim.

If VicSuper disagrees with the Insurer's decision on the claim it will refer the claim back to the Insurer highlighting the areas of concern.

Where VicSuper agrees with the Insurer's decision, it will be one of three outcomes.

- **Accept**

If your claim is accepted VicSuper will notify you and you will commence receiving a monthly benefit paid to your nominated bank account. The benefit is paid in arrears once the waiting period has been satisfied. The Insurer will remain in regular contact with you and may require you to provide periodical doctors statements, while on claim. The Insurer will take out amounts to cover your PAYG tax obligations. They will provide a PAYG statement at the end of the financial year for you to complete your personal tax submission. Premiums for income protection cover will not be charged whilst you're in receipt of an income protection benefit. Upon finalisation of your income protection claim you will be charged premiums again.

- **Defer**

If VicSuper agrees with the Insurer's decision to defer your claim we will notify you in writing. A deferred decision will primarily be until the extent of your illness or injury can be further assessed, which may include *reasonable retraining* or rehabilitation. You remain with the opportunity to provide further evidence to support your claim, which may result in another assessment prior to the end of the deferral period. Any supporting evidence needs to be provided at your cost.

- **Decline**

If VicSuper agrees with the Insurer's decision to decline, a detailed decline letter will be provided to you outlining the reasons for the decision. If you disagree with the decision made on your claim you can raise a complaint with VicSuper on the decision following the complaints process detailed below. Complaint lodgement details will also be provided as a part of the decline letter.

Procedural Fairness

Prior to making a determination on a TPD claim that may be considered unfavourable, the Insurer will issue a procedural fairness letter via VicSuper.

This letter will include:

- a list of all information currently available to the Insurer for the claim
- all policy definitions applicable to the claim
- a rationale of why the Insurer believes the outcome may not be favourable including reference to the applicable policy definitions and/or legislation.

It is the purpose of the procedural fairness letter to give you an opportunity to provide comment, clarification or additional information to the claim assessment prior to a determination being made.

To be eligible to make a claim, you must satisfy the appropriate definition to receive your benefit.

Rehabilitation and workplace modification Expenses (income protection only)

The Insurer may at its discretion pay expenses relating to rehabilitation programs or work place modification approved by it to assist you to return to your pre-disability occupation or to retrain you in another occupation if you're totally or partially disabled. Such amounts would be paid directly to the rehabilitation service provider.

Any request for payment of rehabilitation expenses or workplace modifications must be approved by the Insurer before they are incurred and they cannot be reimbursed from any other source. Invoices for approved expenses must be provided before the Insurer will pay. The amount payable is paid in addition to any total or partial disablement benefit payment.

Rehabilitation expenses will only be paid by the Insurer where:

- the expenses are incurred to directly assist you to return to your pre-disability occupation or for you to be retrained into another occupation;
- the expenses cannot be reimbursed from any other source; and

Work place modification benefits may only be paid if you are totally disabled for at least the length of the waiting period. The benefit will be the lower of:

- 2.5 times the monthly benefit;
- the actual cost of modifying the workplace; and
- \$5,000.

Payment of benefits – multiple accounts

When you make a claim, for death, terminal illness or TPD there is a restriction on your entitlements where you have multiple accounts.

Where you have multiple EmployeeSaver accounts, the Insurer will only pay a benefit on the EmployeeSaver account with the highest level of cover.

Where you have multiple PersonalSaver accounts, the Insurer will only pay a benefit on the PersonalSaver account with the highest level of cover.

Under both of the above circumstances, the cover with the lowest benefit will be cancelled with a refund of premium provided.

If you have cover under both an EmployeeSaver and a PersonalSaver account, the Insurer will pay under both accounts.

Income protection – one benefit only

When making a claim for income protection, you can only claim one benefit even if you have income protection across multiple accounts.

Payment of benefits – tax and payment

When you receive an insurance benefit, tax may be payable depending on the type of benefit and who receives the benefit.

As the rules on taxation can change from time to time, we recommend you refer to the Australian Taxation Office website, ato.gov.au or contact one of our financial advisers.

COMPLAINTS PROCESS



If you are not satisfied with the outcome of VicSuper's review or our handling of your complaint, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers.

Website: www.afca.org.au

Email: info@afca.org.au

Telephone: **1800 931 678** (free call)

Address: GPO Box 3, MELBOURNE VIC 3001

AFCA will only consider your complaint if they have first lodged a complaint with VicSuper which was not resolved to your satisfaction.

Definitions

Defined term	Means...
Active participant	<p>You are:</p> <p>(a) on active service with the armed or security forces or employed by them, or</p> <p>(b) participating in any military, civil defence or hostile manoeuvres or training.</p>
At work	<p>You are considered “at work” if either:</p> <ol style="list-style-type: none"> 1. You were in paid employment, either <ul style="list-style-type: none"> • performing all of your normal and usual duties of paid employment without restriction, or • would have been capable performing all of your normal and usual duties of paid employment without restriction had the day not been: <ul style="list-style-type: none"> – a public holiday, or – a weekend day, or – a day on which the you were on employer approved leave that wasn’t related to your illness or injury; or 2. you were not in paid employment and were not restricted by illness or injury from otherwise being able to carry out the duties of your usual occupation for at least 35 hours per week. <p>In addition, you are not receiving or claiming and/or entitled to claim income support benefits from any source, including but not limited to, workers’ compensation benefits, statutory transport accident benefits and disability income benefits.</p> <p>If you do not meet the above conditions, you will be considered to be not “at work”.</p>
Consumer price index	<p>The latest consumer price index (annual weighted average of 8 capital cities combined) as published by the Australian Bureau of Statistics or its successor. If the index is not published the increase will be calculated by reference to such other retail price index which in the Insurers opinion most closely resembles it.</p>
De facto relationship	<p>A relationship between two persons (whether of the same sex or different sexes) who, although not legally married to each other, live with each other on a genuine domestic basis in a relationship as a couple.</p>
Disabled	<p>For the purpose of Income Protection means totally or partially disabled.</p>
Employer contribution	<p>A payment made by your employer to your VicSuper account under the Superannuation Guarantee (Administration) Act 1992 (Cth)</p>
Exempted from inactivity requirements	<p>Means Vic Super would be permitted under relevant legislation to provide insurance cover to you even if you have been an <i>inactive member</i> for a continuous period of 16 months. This will be the case, for example, where you have provided written consent to VicSuper to provide you with insurance cover despite being an <i>inactive member</i> for a continuous period of 16 months (by completing the <i>Keep your insurance cover</i> form available from vicsuper.com.au/forms)</p>
Full-time employee	<p>For the purpose of TPD means you have worked for the employer an average of 14 hours or more in a <i>normal working week</i> in the three months immediately prior to the date of disablement (or lesser period if employed for less than 3 months).</p>
Inactive member	<p>Means a member whose account has become inactive as described in section 68AAA(3) of the Superannuation Industry (Supervision) Act 1993 (which means the account is not receiving any amounts, such as any personal or employer-paid contributions or roll-overs).</p>

Income	<ul style="list-style-type: none"> • If you are self-employed, means the amount that is generated by the business due to your own personal exertion activity, after all expenses in earning that amount have been deducted, averaged over the previous 12 months (or the period you have been insured if less than 12 months) ; • If you are employed on a permanent basis, means the total remuneration given to you by your employer including fringe benefits; or • If you are a contractor or a casual, means the average income earned during the previous 12 months (or the period you have been insured if less than 12 months). <p>For any of the three types above, income does not include any commissions, bonuses, investment and interest income and superannuation guarantee contributions.</p>
Medical practitioner	<p>A person, accepted by the Insurer as someone who is registered and practicing as a medical practitioner in Australia other than:</p> <ul style="list-style-type: none"> • you; or • your spouse or partner, parent, child, sibling or business partner.
Normal and uncomplicated pregnancy or childbirth	<p>Includes, but is not limited to, caesarean birth, threatened miscarriage, participating in in-vitro fertilisation or other medically assisted fertilisation techniques and normal discomforts of pregnancy, such as morning sickness, back ache, varicose veins, ankle swelling and bladder problems.</p> <p>Normal and uncomplicated pregnancy also includes miscarriages, except where as a result of miscarriage you are <i>disabled</i> for at least 90 days. In the case of such a miscarriage</p>
Normal working week	<p>A week in which you would normally be performing your occupation, and excludes pre-determined periods of annual leave (for reasons other than illness or injury).</p>
Participating employer	<p>The employer employing you or engaging you as an independent contractor (as regarded by law).</p>
Reasonable retraining	<p>Any further education, training, experience, which in the Insurers opinion based on medical and other evidence satisfactory to the Insurer:</p> <ul style="list-style-type: none"> • you have reasonable capacity to undertake; and • may render you reasonably fit to engage in or work (whether or not for reward) in an occupation which is related to the skills and knowledge you will acquire by education, training and experience.
Regular and ongoing care	<p>You sought advice, care and associated treatment that was reasonably necessary and appropriate, from an appropriate <i>medical practitioner</i> or consultant <i>medical practitioner</i> who is a specialist practising in an area related to the illness or injury suffered by you, and the <i>medical practitioner</i>:</p> <ul style="list-style-type: none"> • personally assessed you; • has been provided with full clinical details in relation to the illness or injury; and • continues to be provided with details at such intervals as are reasonable in the circumstances; and <p>and you are following the advice, care and associated treatment of that <i>medical practitioner</i>, and had taken all other reasonable measures to minimise or avoid further deterioration of the original illness or injury.</p>
Separation	<ul style="list-style-type: none"> • In the case of marriage means, not living as a married couple for a period of 12 months, whether or not an application for divorce has been made; or • In the case of a <i>de facto relationship</i> means, ceasing to be in that <i>de facto relationship</i> for a period of 12 months.
Terrorism	<p>Means the use of force or violence (or threats of force or violence) performed in connection with political, religious, ideological or similar purposes.</p>
War	<p>Includes but is not limited to war (declared or undeclared) or war related activities, revolution, invasion or rebellion or civil unrest. War does not include <i>terrorism</i>.</p>

VicSuper privacy information

VicSuper privacy information (sensitive information)

This privacy information outlines how sensitive member information is collected, used and disclosed by VicSuper. Sensitive information (such as health or medical information) about VicSuper Fund members is always handled with extreme care and diligence.

This information includes two parts; a Collection Notice and a Privacy Policy Statement. The Collection Notice explains why VicSuper collects sensitive information and outlines possible consequences if this information is not provided to VicSuper.

It also lists organisations to which VicSuper may disclose sensitive member information. The Privacy Policy Statement explains how VicSuper is obligated to handle sensitive information and how further information about privacy can be obtained. If you would like to request access to your sensitive information held by VicSuper, you can contact us on 1300 366 216. VicSuper reserves the right to postpone access while a claim is under consideration.

Collection Notice

VicSuper is required to obtain members' consent before it collects any sensitive information (such as health or medical information) from members. So that your consent will be informed, VicSuper advises the following:

- VicSuper Pty Ltd (VicSuper)
ABN 69 087 619 412 is the Trustee of the VicSuper Fund. You can contact VicSuper on 1300 366 216.
- You can gain access to your sensitive information held by VicSuper by contacting us on the above number. We reserve the right to postpone access while a claim is under consideration.
- VicSuper collects sensitive information about you primarily to:
 - assess eligibility for and arrange insurance cover
 - assess entitlement to and pay a death benefit to which your beneficiary/s or your estate may become entitled
 - assess entitlement to and pay a disability benefit (including any insured component) to which you may become entitled
 - provide appropriate information and advice about insurance features that may be relevant to you.
- In respect of the purposes listed, the types of organisations to which VicSuper usually discloses sensitive information include:
 - VicSuper Fund's Insurer and Underwriter
 - regulators and other Commonwealth Government agencies, such as the Australian Financial Complaints Authority (AFCA)

- professional advisers
- medical practitioners and medico-legal consultants
- other product providers who administer products on behalf of VicSuper
- service providers including, but not limited to, internationally-based providers of internet, data storage and data access services and systems which may be located in countries including US, UK, Canada and New Zealand.
- VicSuper is required to collect information to meet its obligations under relevant law, including the *Superannuation Industry (Supervision) Act 1993 & Regulations*. The main consequences of you not providing all or part of your sensitive information to VicSuper are:
 - VicSuper's Insurer may be unable to assess your eligibility for insurance
 - VicSuper and/or VicSuper's Insurer may be unable to assess whether you (or your beneficiary/s or estate) are entitled to a death or disability benefit (including any insured benefit)
 - processing of your death or disability claim may be delayed
 - VicSuper's Insurer may be unable to pay you any insured benefit to which you, your beneficiary/s or your estate may become entitled
 - VicSuper may be unable to correctly calculate any death benefit to which your beneficiary/s or your estate may become entitled
 - VicSuper may be unable to distribute a death benefit or pay a disability benefit to you.

Privacy Policy Statement

VicSuper Pty Ltd, as Trustee of the VicSuper Fund ("the Fund") has an obligation to comply with all relevant State and Federal legislation with regard to the management and administration of the Fund. This includes the *Privacy Act 1988* (the Act), which:

1. protects the privacy of personal information held by organisations in the private sector
2. regulates the appropriate collection, holding, use, correction, disclosure and transfer of personal information by private sector organisations.

The provisions of the Act apply to the Trustee of the Fund because it holds personal information about each member of the Fund. The Trustee will be bound by and will ensure that it complies with the Privacy Principles prescribed in the Act.

The information held by the Trustee may include a member's personal particulars, tax file number, contact details, nominated beneficiaries, preferred rollover institutions, membership and contribution history, salary details, level of death and disability cover (if applicable) and surcharge debts. This information is collected directly from the member or the member's employer, including any associated company of the employer which participates in the Fund, pursuant to employee records exemption.

Personal information about members is held and used for the purposes of establishing membership including arranging any insurance cover (if applicable), assisting employers in meeting their superannuation obligations, investment and administration of the members' superannuation entitlements, the provision of information and advice about superannuation, retirement planning and VicSuper Fund features to members and prospective members, paying and transferring superannuation benefits including any insured component (if applicable) and enabling VicSuper to undertake research on members' views.

Sensitive information about members, such as medical and health information, is held and used for the purposes of assessing eligibility for insurance cover (if applicable), and where a death or disability claim has been lodged with VicSuper. Sensitive information is not collected, used or disclosed without members' express consent. This collection notice, with details about how sensitive information may be collected, used or disclosed, is provided when consent is requested.

A member's personal information may be disclosed by the Trustee, to third parties such as the member's employer, an individual or organisation as required by the *Family Law Act* 1975, other superannuation funds, other product providers who administer products on VicSuper's behalf, RSAs and rollover entities, their beneficiaries or their representatives, a person nominated by them in writing, auditors, VicSuper's insurers, actuaries, medical consultants, professional advisers, and as expressly authorised by law. It may also be disclosed to government agencies such as the Australian Prudential Regulation Authority, Australian Securities & Investments Commission, Australian Taxation Office, Australian Financial Complaints Authority (AFCA) and Centrelink.

Otherwise, member information is kept confidential and is stored on the Fund's database and is only disclosed to the member.

A member or prospective member has certain rights including the right to access and correct personal information, and the right to complain about any breaches of the Act.

The Trustee's Privacy Policy sets out how the Trustee intends to comply with the provisions of the Act and gives further details of the collection, holding, use and disclosure of members' personal information. The policy also explains the processes to be followed for a member to access their

own personal information, to make a complaint about possible breaches of policy, and the options available to the member if they are dissatisfied with the Trustee's internal review. If members wish to make a complaint about any breaches of the *Privacy Act* 1988, they can contact the Fund's Complaints Coordinator.

The contact details are as follows:

Tel: **1300 366 216**

Fax: **03 9667 9601**

Address: Complaints Coordinator
VicSuper Fund,
GPO Box 89,
Melbourne VIC 3001

If a member feels that VicSuper, through the internal complaints procedure, has not adequately dealt with their privacy complaint, they may seek to contact the Office of the Australian Information Commissioner.

The contact details are as follows:

Tel: **1300 363 992**

TTY: Phone 133 677, then ask for 1300 363 992

Fax: **02 9284 9666**

Address:
Office of the Australian Information Commissioner,
GPO Box 5218,
Sydney NSW 2001

Email: enquiries@oaic.gov.au

If members wish to make a request for access to personal information or for further information concerning privacy, members should contact the Fund's Privacy Officer.

The contact details are as follows:

Tel: **1300 366 216**

Fax: **03 9667 9601**

Address:
Privacy Officer VicSuper Fund,
GPO Box 89,
Melbourne VIC 3001

Generally, there is no charge to members for the provision of their personal information. Any request for access will be acknowledged within 14 days and responded to within 28 days. If members request access to sensitive information, there may be a delay in providing this information (eg until the Trustee has made a decision regarding a disability claim).

For more information, contact VicSuper on 1300 366 216 between 8.30am and 5pm, Monday to Friday.



Get in touch – we're here to help

Call our Member Centre

1300 366 216 (from outside Australia +61 3 9667 9875)
and speak to a VicSuper super consultant
between 8.30am and 5pm, Monday to Friday

Visit us

Bendigo | Blackburn | Geelong | Melbourne CBD | Traralgon

Monday to Friday
8.30am to 5pm

To make an appointment to see a VicSuper financial planner
call **(03) 9667 9200**

Send us a fax

(03) 9667 9610

Write to us

VicSuper
GPO Box 89
MELBOURNE VIC 3001

Browse our website

vicsuper.com.au

Download our app

vicsuper.com.au/mobileapp

Manage your account online

Simply visit our website to login

The information contained in this Insurance Handbook forms part of the VicSuper FutureSaver Member Guide and is given in good faith and derived from sources believed to be reliable and accurate. No warranty as to the accuracy or completeness of this information is given and no responsibility is accepted by VicSuper Pty Ltd or its employees for any loss or damage arising from reliance on the information provided. If there is an inconsistency between the information in this guide and the terms of the VicSuper Fund trust deed, those legal documents will prevail. This publication does not take into account your financial situation, objectives or needs. VicSuper recommends you seek professional advice for your own circumstances. You can contact VicSuper to make an appointment to see one of our VicSuper representatives.

VicSuper Pty Ltd ABN 69 087 619 412 (VicSuper) is the Trustee of VicSuper Fund ABN 85 977 964 496. The Trustee holds an Australian Financial Services Licence (AFSL 237333) under the Corporations Act 2001 (Cwlth) and a RSE Licence under the Superannuation Industry (Supervision) Act 1993 (Cwlth). Under its AFSL, VicSuper is licensed to deal in, and provide financial product advice on superannuation products. At present, VicSuper representatives are limited to providing financial product advice on VicSuper products; ESSSuper – Revised, New, SERB and Transport Schemes; providing advice on whether a member should consolidate or roll over their superannuation holdings (excluding personal advice on self-managed superannuation funds) into VicSuper; and general superannuation matters.

If you require personal advice that is beyond the scope of advice permitted under VicSuper's AFSL a VicSuper financial planner may be able to provide this advice to you on behalf of (or as a representative of) a third party AFSL holder for an additional fee. VicSuper will not assume any responsibility or liability for this advice.

Insurance cover described in this handbook is provided under group life insurance and group income protection policies issued and underwritten by MetLife Insurance Limited (MetLife) ABN 75 004 274 882, AFSL No. 238096 (trading as MetLife) (the Insurer) This handbook is intended to be a guide to the insurance cover available through VicSuper under the policies, however, all cover is subject to the precise terms and conditions of those policies and will prevail to the extent of any inconsistency. Examples provided are for illustration purposes only. Your personal circumstances are likely to be different and more complex than the examples used.

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