

**Australian
Ethical**



AUSTRALIAN ETHICAL SUPER

Insurance Guide

1 August 2025



About this material

This document provides more detailed information than what is provided in the Australian Ethical Super Product Disclosure Statement (PDS) dated 1 August 2025. The material in this document is incorporated into the PDS.

The information in this document forms part of the PDS for the Australian Ethical Retail Superannuation Fund ('the Fund' or 'Australian Ethical Super') dated 1 August 2025.

The information in the PDS is designed to help you:

- decide whether the Fund will meet your needs
- compare the Fund with others you may be considering.

The Fund's PDS, Target Market Determinations (TMD), Additional Information Booklets, Insurance Guide and Guide to our Ethical Investment Process (Ethical Guide) are available free of charge by downloading it from our website, australianethical.com.au/super/pds-forms/, contacting us on 1800 021 227 or emailing us at members@australianethical.com.au. The PDS should be considered before deciding whether to acquire, or to continue to hold, interests in the Fund.

Please note that ex-Christian Super members should refer to the Insurance Guide available at australianethical.com.au/cs/insurance.

Important...

Interests in the Australian Ethical Retail Superannuation Fund ('the Fund' or 'Australian Ethical Super') (ABN 49 633 667 743, USI AET0100AU) are offered by Australian Ethical Investment Limited (ABN 47 003 188 930, AFSL 229949) ('Australian Ethical') and issued by the Trustee of the Fund, Australian Ethical Superannuation Pty Limited (the 'Trustee') (ABN 43 079 259 733, RSE L0001441, AFSL 526055).

This Insurance Guide should be read in conjunction with the Product Disclosure Statement (PDS) and the Super Additional Information Booklet for the Fund.

Information contained in the PDS, the Additional Information Booklets and the Insurance Guide (that is not materially adverse) may change from time to time. You can find out about any updated information that is not materially adverse by visiting our website at www.australianethical.com.au/super/pds-forms/. We will give you advance notice of any materially adverse changes. You can also request a free paper copy or electronic copy of any updated information by contacting us.

The information provided in the PDS, the Additional Information Booklets and this Insurance Guide is general information only and does not take account of your individual investment objectives, financial situation or needs. You should read and consider the PDS carefully and consider seeking advice from an authorised financial adviser before making any decisions.

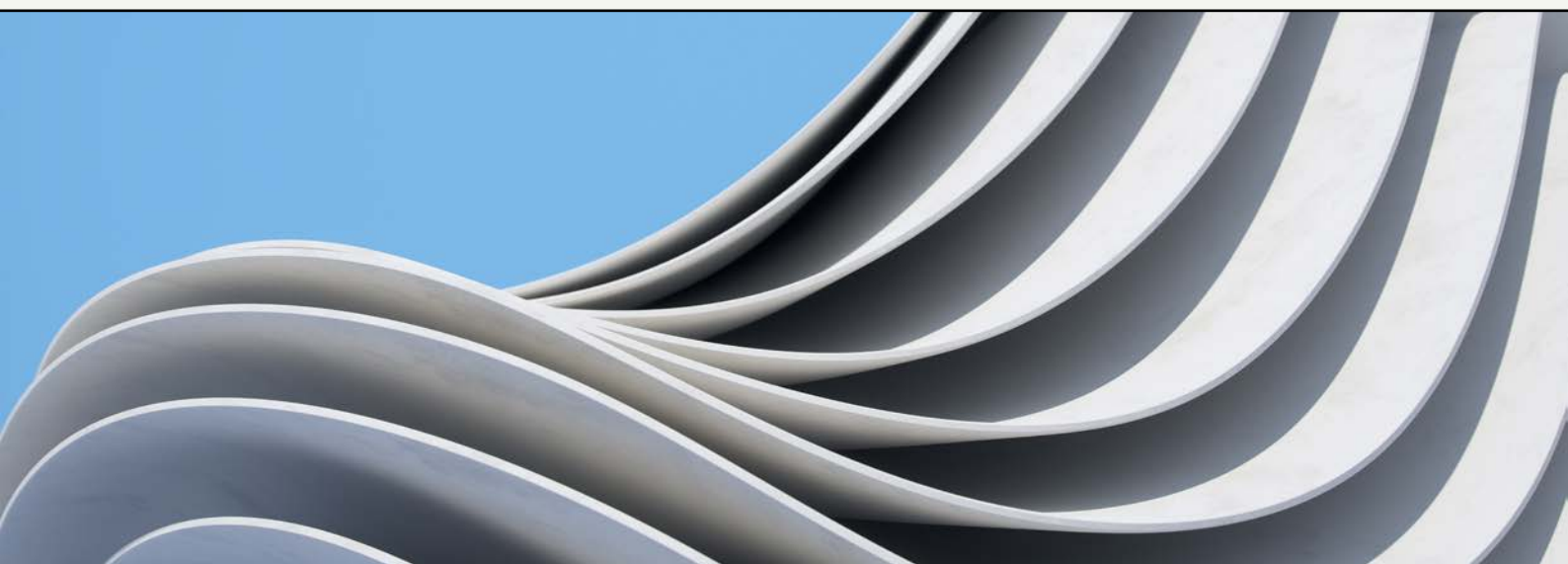
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1 Overview

At Australian Ethical Super, we consider insurance to be a vital part of living life with financial health and understanding. It provides financial peace of mind so you can focus on other things in life. For help, check our Insurance hub at australianethical.com.au/super/insurance.

This guide provides you with the detail about:

- Unitised Cover - Including Default Cover
- Applying for Fixed Cover
- The costs of insurance cover
- Changing (increasing or decreasing) insurance cover
- Cancelling insurance cover.

Insurance is available and may provide members and their families with financial support if difficult times are encountered. It may help protect you and your family in the event that you die, you become *permanently disabled* or *Terminally Ill*, or are temporarily unable to work due to *illness* or *injury*. Australian Ethical Super provides insurance cover via group arrangements with MetLife Insurance Limited (the Insurer) (ABN 75 004 274 882, AFSL 238096).

Insurance policies

Insurance cover through Australian Ethical Super is provided strictly under the terms and conditions of policies agreed with the Insurer. This guide aims to provide you with information about the Fund's insurance arrangements, but it does not contain all the terms and conditions that apply, and it does not set out definitions for all items defined under the policies. A copy of the insurance policies will be made available upon request.

While the Trustee has taken all due care in preparation of this Insurance guide, it reserves its right to correct any errors and omissions. If there's any inconsistency between the trust deed or insurance policy and this Insurance Guide, the trust deed and insurance policy, as applicable, will prevail.

Please note, you can only be issued with insurance if you live in Australia due to the Insurer's licensing requirements.

Do I need insurance?

Having the right type of insurance and the right level of insurance cover is an important part of planning for the future and protecting yourself and your family.

While people insure their car and home, when it comes to personal insurance, many people are under insured. Think about how opting in or out of insurance may impact you and your family financially if you were not able to work either temporarily or permanently due to *illness* or *injury* or in the event of your death.

Like many matters relating to your finances, if you're unsure you should seek support or financial advice.

Why should I have insurance with Australian Ethical Super?

As a superannuation fund we are able to provide discounted group rates, meaning you generally pay less than you would if you applied for personal individual cover. The insurance cover you have is flexible – you can reduce or cancel, or apply to increase your insurance at any time to suit your needs.

Unitised Cover – Default Cover

Default Death and TPD cover is Unitised Cover, which means it is provided in accordance with an age-based unitised cover scale. The scale details the value of cover per 1 unit for each insurable age. Eligible members will receive 4 units of Default cover.

Voluntary Cover – Unitised or Fixed Cover

If you want a type or level of cover outside Default Cover rules, or you are not eligible for Default cover, you may apply for Voluntary Cover. Voluntary Cover can either be taken as unitised cover and based on the same age-based unitised cover scale as Default Cover, or as a Fixed Cover value.

Insurance fees

From 1 August 2025, the insurance premiums applicable to your account will be displayed on your statements, online account, and all relevant correspondence and disclosures as part of an item labelled **Insurance fee**. The insurance fees you pay will represent the full cost to you of holding insurance cover in the fund, with part of it to be used to pay insurance administration costs. The part of your overall Insurance fee that will be allocated to cover insurance administration costs will be 7.5% of the insurance premium component of your insurance fees.

Use your super to pay for your insurance

Having your insurance with Australian Ethical Super means that your insurance fees are deducted directly from your super account and not from your take-home pay. These insurance arrangements only apply to members with an accumulation account. Insurance is not offered to members who only have an account based pension.

1 Overview

The Fund receives tax deductions for paying insurance fees. We pass these deductions back to you as a rebate into your super account.

Beneficiary nominations

You can nominate a preferred beneficiary on your account or make a binding death benefit nomination.

You can nominate one or more dependents or a legal personal representative to be a beneficiary.

The dependents that you can nominate to receive a benefit include:

- your spouse (this includes de facto of the same or a different gender)
- a child
- a person with whom you have an interdependency relationship (as defined under the Superannuation Industry (Supervision) Act) or
- someone who is financially dependent on you.

The most appropriate beneficiary nomination depends on your personal circumstances. There may be taxation and other implications in nominating a beneficiary, you should seek professional advice before doing so.

Preferred beneficiary

Where you make a preferred beneficiary nomination, we will take into account your nomination, but it will not be binding on us. In this situation, in the event of your death, we will pay your benefit to your dependents or legal personal representative (or a combination of both) in proportions determined by us while giving consideration to your preferred nomination. This allows us to take account of any changes to your personal situation even if you did not previously advise us of these changes.

Binding death benefit nomination

If at the time of your death, you have a valid binding death benefit nomination we are bound to pay benefits in accordance with your instructions.

A binding death benefit nomination must comply with superannuation law requirements to be valid and there are restrictions on who can be nominated as a beneficiary. Any binding nomination will expire three years after the nomination is made. If a binding death nomination expires or becomes invalid for any reason, we will no longer be bound by it. We will, however, take it into account when deciding how to pay your benefit and it will be converted into a preferred beneficiary nomination. If you would like to make a Binding Death Benefit Nomination, the form is available at australianethical.com.au/super/forms or by calling us on **1800 021 227**.

Types of cover

There are three types of insurance available through Australian Ethical Super:

Death (including <i>Terminal Illness</i>)	Total & Permanent Disablement (otherwise known as "TPD")	Income Protection
Provides a lump sum benefit for you, your dependents or your legal personal representative (executor of your estate) if you die or become <i>Terminally Ill</i> .	Provides you with a lump sum benefit if you become <i>totally and permanently disabled</i> and can no longer work. You cannot have TPD Cover without Death Cover.	Provides monthly payments if you're unable to work temporarily due to <i>illness or injury</i> . The maximum benefit is 75% of your monthly <i>income</i> plus up to 12% super contributions, with a maximum <i>monthly benefit</i> of \$30,000.

Australian Ethical Super can only pay a claim for insurance where the Insurer has accepted the claim and has paid the insured benefit to the Fund, and where you satisfy a condition of release under superannuation law for the payment of benefits from the Fund.

There is an insurance definitions section starting on page 44 which will help you understand the meaning of italicised words or phrases, such as the meaning of Total & Permanent Disablement.

1 Overview

How do you get cover?

Below are the ways that you can get cover when you join Australian Ethical Super:

How to get cover	Summary of cover	More information
Unitised cover - Default Cover and Voluntary Cover	Default Cover is provided to you automatically after you meet certain eligibility conditions. Default Cover is provided as unitised age-based cover. It is made up of Death and TPD insurance cover and the amount of cover is determined by your age, in accordance with an age-based unitised cover scale. Voluntary Cover may also be taken up as unitised cover by electing a nominated number of units of cover (maximum unit balances apply).	See page 9
Unitised cover - Default Cover (via opt-in)	This is provided to you when you opt-in to have Default Cover start before meeting certain eligibility conditions. Default Cover (via opt-in) is provided as 4 units of age-based unitised cover. It is made up of Death and TPD insurance cover and the amount of cover is determined by your age, in accordance with an age-based unitised cover scale.	See page 9
Fixed Cover - Voluntary	You can apply for a set, or additional, dollar amount of Death only or Death and TPD Cover at any time. If you are applying for new or higher cover you will be required to provide additional medical information depending on the cover amount you are applying for and your personal circumstances. Fixed Cover means that your cover will not change even as you get older (other conditions apply). Your insurance fees will typically increase as you get older.	See page 16
Income Protection Cover	You can apply for Income Protection Cover at any time, however this needs to be assessed and accepted by the Insurer. You will be required to provide additional personal information when applying for Income Protection Cover.	See page 24
Transferring Cover	You can transfer your existing Death and TPD and/or Income Protection Cover from another super fund. You can also transfer an individual retail life insurance policy you have with another Australian life insurer, subject to you being underwritten and accepted for cover within the previous 5 years. There may be restrictions on certain types of benefits or conditions that cannot be offered within Superannuation. We recommend you seek professional advice before transferring any such cover. Once you have transferred Death and TPD and/or Income Protection cover to Australian Ethical Super, you can no longer receive Default Cover or New Member Offer.	See page 28

2 Death and TPD Cover

Death and TPD Cover is available either as Unitised Default Cover, Unitised Voluntary Cover, or Voluntary Fixed Cover.

What is the difference between “Unitised Cover” and “Fixed Cover”?

Unitised Cover – Default and Voluntary

Default Cover is provided to members automatically on satisfying certain eligibility, age, and account balance requirements. 4 units of age-based Death and TPD cover is provided by default and the value of cover is determined by an age-based unitised cover scale. This means that the amount of cover you get and the cost of it changes as you get older.

Default Cover is designed to provide a reasonable amount of Death and TPD Cover for changing needs as you get older.

Voluntary Cover can be taken up as Unitised cover. You may apply for new cover (either Unitised or Fixed Cover) or you elect to reduce or apply to increase the number of units you currently hold.

Other ways you can change your level of Unitised Cover may be to apply for additional units of cover through our New Member Offer (page 15) or Life Events Cover (page 20).

If you apply to increase your Unitised Cover using the New Member Offer or Life Events Cover, you won't be required to complete medical forms or have medical examinations to receive this cover. However, you will be subject to new events cover limitations described below on page 35.

Insurance fees are based on your age, sex at birth and occupation category.

In addition to changing your levels of cover by adjusting the number of units you hold, you also have the option of fixing your cover.

Fixed Cover - Voluntary

Fixed Cover allows you to set the amount of insurance cover you need to suit your personal circumstances.

You can choose to fix the value of your Unitised cover or reduce your level of cover to a fixed dollar value at any time. You may also be able to increase your cover levels by applying for a nominated Fixed Cover value, or a dollar value under our Life Events offer.

With Fixed Cover your total amount of Death or Death and TPD Cover stays fixed unless you change it and generally the cost of it increases as you get older. However, the amount of your TPD Cover will automatically decrease from 61 years of age.

Transferring Cover is available as Fixed Cover (page 28).

Insurance fees are based on your age, sex at birth and occupation category.



3 Unitised Cover – Default and Voluntary

Default Cover

Default cover is based on an age-based unitised cover scale. You will automatically receive 4 units of Default Cover which is made up of Death and TPD insurance as a member of Australian Ethical Super when you join the Fund and you meet certain eligibility conditions. You won't be required to complete medical forms or to have medical examinations to receive Default Cover, however you will be subject to new events cover limitations described below on page 35.

Are you eligible for Default Cover?

To be eligible for Default Cover, you will need to meet all of the following eligibility conditions:

- you are a member of Australian Ethical Super; and
- you are not already an insured member nor have you previously opted out of cover, actively cancelled existing cover or had your cover under the fund cancelled for any reasons since becoming a member (except where their cover was cancelled under Putting Member's Interest First Legislation on 1 April 2020);
- you are aged 25 or over and under 67; and
- you have had an account balance of at least \$6,000; and
- your account is not inactive, where inactive means that you have not received any contributions or rollovers into your account for at least 16 months or more whilst you are a member (however if you have been a member with Australian Ethical Super for less than 16 months, this condition does not apply to you).

For example, if you joined the fund on 14 October 2025, you have made an *active contribution* as a rollover of \$7,000 into your account on 30 October 2025, and you reach your 25th birthday on 2nd November 2025, your Default Cover will commence automatically on 2nd November, as this is the date all the above conditions are met. Insurance fees will be deducted from your account on a monthly basis.

You also have the option to **opt-in** to Default Cover earlier than this and you can also **opt-out** of Default Cover as set out further below.

Opting-in to Default Cover before you are eligible

If you're aged between 15 and 24, or you are aged under 65 with an account balance of less than \$6,000, you can opt-in to receive Default Cover at any time by making a *valid election* provided this is the first time you are receiving cover with us. Your cover will begin when we receive and approve your opt-in.

Important for Default Cover

You will need to ensure that your super account has enough money to pay for Default Cover insurance fees, whether your Default Cover starts automatically or when you opt-in.

Your Default Cover will be cancelled if you don't have enough money in your account to pay Insurance fees and they remain unpaid for a period of 31 days after the last insurance fee due date.

You can opt-in for Default Cover by completing the Insurance Opt-In form available at australianethical.com.au/super/pds-forms/

When does Default Cover start?

Your Default Cover starts automatically when you meet the eligibility conditions, or earlier when you opt-in to receive Default Cover.

Your Default Cover starts only once.

The insurance fees are deducted from your super account on a monthly basis.

There is also a 60 day cooling off period for Default Cover. If your Default Cover has already started, you have 60 days from the date your Default Cover starts to tell us you don't want Default Cover. Your Default Cover will be cancelled from the date it started and all insurance fees paid during the 60 day period will be refunded, provided you haven't already made a claim.

If you choose to cancel your Default Cover after the 60 days of it commencing, then your cover will end effective from the date we received your cancellation request. Insurance fees will only be charged up to the time your cover ended. For more information about cancelling your cover, refer to the 'Cancelling Insurance' section on page 41.

3 Unitised Cover – Default and Voluntary

Having the right details will ensure you are being charged the right amount for your insurance cover. You can do this by updating your details on the member portal.

What if I don't want Default Cover to start?

If you do not want Default Cover to start automatically when you meet the eligibility conditions, you can easily opt out when you join. If you're an existing member and your Default Cover hasn't commenced you can contact us or you can complete section 4 'Cancel your cover' on the Insurance Variation Form available at australianethical.com.au/super/pds-forms/ to make sure you are not provided with Default Cover. If you opt out of Default Cover your insurance won't commence automatically.

Should you require insurance in the future, you will be required to apply for insurance and complete a series of questions regarding your health which is subject to approval by the insurer. It is possible that your application may not be accepted, or may be accepted with conditions such as loadings and/or exclusions. Please note that you will not be eligible to submit an insurance claim without insurance cover in place.

Are there any restrictions that apply to Default Cover?

Yes – the Default Cover you receive is restricted by new events cover limitations for the first 30 days.

New events cover limitations are removed after the first 30 days **as long as you meet all of the following conditions:**

- you have been in *active employment* for the first 30 consecutive days of Default Cover starting; and
- an *employer contribution* is received in the 120 days before your cover started; and
- within the 6 month period before your cover started, you weren't:
 - absent from work, or on restricted duties or hours, for more than 7 consecutive working days due to *injury* or *illness*; and
 - before your cover started, you were not diagnosed with a *Terminal Illness*, or had received or were entitled to receive a TPD or *Terminal Illness* benefit from any source.

If you don't meet these conditions, your Default Cover will continue to be restricted by new events cover limitations for at least 24 months. If you are not in *active employment* for the final 30 consecutive days immediately before the 24-month period ends, new events cover limitations will continue to apply until you have been in *active employment* for 30 consecutive days.

However, if you were previously diagnosed with a *Terminal Illness*, or had received or entitled to receive a *Total and Permanent Disablement* or *Terminal Illness* benefit before cover started, new events cover limitations cannot be lifted and will apply indefinitely.

What are new events cover limitations?

New events cover limitations means that you are not covered for pre-existing injuries or illnesses. When new events cover limitations apply, we won't pay a benefit for any injury or illnesses you have before your cover starts, restarts or increases, unless:

- you weren't aware of the injury or illness at the time; and
- a reasonable person in the circumstances could not be expected to have been aware of the *injury* or *illness* at the time.

Please refer to page 35 for full details of the new events cover limitations that apply depending on your situation.

3 Unitised Cover – Default and Voluntary

You are considered to be in *active employment* if you're:

- in *gainful employment* and not absent from work, or on leave, due to *illness or injury*; and
- actively performing or capable of performing all duties of your occupation for at least 35 hours per week (even if not working 35 hours per week), free from any limitation due to *illness or injury*; and
- not in receipt of, or entitled to claim, *income support benefits* from any source including, but not limited, to workers' compensation benefits, statutory motor accident benefits or disability income benefits (including government *income support benefits* of any kind).

See page 34 onwards for more details on any limitations and exclusions that may apply to your cover.

Voluntary Unitised Cover

You can apply for a nominated number of Death and TPD or Death only cover in units if you do not already have cover with us because you are not eligible to receive Default Cover, or you have previously cancelled your cover.

If you currently hold Unitised Cover and would like to increase the amount of cover you hold, you can do this too by applying for more units of cover. However, the number of units held for TPD cover cannot exceed the number of units held for Death Cover.

Additional or new Unitised Death and TPD or Death only Cover will be subject to underwriting by the insurer. If the Insurer accepts your application for increased units of cover, or new Unitised Cover, your new cover will start on the date your application is accepted by the insurer.

As with Default Cover, New Events cover limitations (see Section 7) apply to new Unitised Cover or the value of your increase in cover. Members may apply for additional Unitised Cover up to the age of 66.

See Section 5: Additional important information about Death and Death and TPD Cover for more information

How much does Unitised Cover cost?

The cost of Unitised Death and TPD cover is calculated as an annual insurance fee using the annual Insurance fees and occupation loadings in the Insurance fee table section. Insurance fees are deducted from your super account monthly and will vary based on the amount of cover you have under the age-based Unitised Cover scale, your age, sex at birth, and occupation category.

3 Unitised Cover – Default and Voluntary

How much are you covered for under Default and Voluntary Unitised Cover?

Default Cover is based on an age based unitised cover scale and will be 4 units of Death and TPD insurance cover, where the amount of cover per unit depends on your age. You can also elect reduce or increase the number of units of cover you hold as a way of adjusting the value of your Unitised Cover to your needs.

Default Cover is made up of 4 units of Death and TPD cover. To find the amount of Default Cover that applies for your age group, refer to the table below.

Age next birthday	Death cover	TPD cover	Age next birthday	Death cover	TPD cover
16	\$121,500	\$243,000	44	\$289,800	\$289,800
17	\$121,500	\$243,000	45	\$264,600	\$264,600
18	\$121,500	\$243,000	46	\$243,000	\$243,000
19	\$121,500	\$243,000	47	\$221,400	\$221,400
20	\$121,500	\$243,000	48	\$201,600	\$201,600
21	\$121,500	\$243,000	49	\$181,800	\$181,800
22	\$121,500	\$243,000	50	\$162,000	\$162,000
23	\$121,500	\$243,000	51	\$142,200	\$142,200
24	\$121,500	\$243,000	52	\$126,000	\$126,000
25	\$121,500	\$243,000	53	\$109,800	\$109,800
26	\$264,600	\$264,600	54	\$95,400	\$95,400
27	\$286,200	\$286,200	55	\$82,800	\$82,800
28	\$307,800	\$307,800	56	\$70,200	\$70,200
29	\$333,000	\$333,000	57	\$59,400	\$59,400
30	\$360,000	\$360,000	58	\$50,400	\$50,400
31	\$385,200	\$385,200	59	\$43,200	\$43,200
32	\$414,000	\$414,000	60	\$36,000	\$36,000
33	\$414,000	\$414,000	61	\$28,800	\$28,800
34	\$414,000	\$414,000	62	\$23,400	\$23,400
35	\$414,000	\$414,000	63	\$21,600	\$21,600
36	\$414,000	\$414,000	64	\$19,800	\$19,800
37	\$414,000	\$414,000	65	\$18,000	\$18,000
38	\$414,000	\$414,000	66	\$16,200	\$16,200
39	\$414,000	\$414,000	67	\$14,400	\$14,400
40	\$414,000	\$414,000	68	\$12,600	\$12,600
41	\$383,400	\$383,400	69	\$10,800	\$10,800
42	\$352,800	\$352,800	70	\$10,800	\$10,800
43	\$322,200	\$322,200			

If you want your cover amounts to remain the same as your current level of cover into the future, you can fix your current level of Default Cover by converting it to Fixed Cover (special rules apply if you are under age 25).

3 Unitised Cover – Default and Voluntary

To find out the value of 1 unit of Default Cover that applies for your age group, refer to the age-based unitised cover scale below.

Age next birthday	Death cover	TPD cover	Age next birthday	Death cover	TPD cover
16	\$30,375	\$60,750	44	\$72,450	\$72,450
17	\$30,375	\$60,750	45	\$66,150	\$66,150
18	\$30,375	\$60,750	46	\$60,750	\$60,750
19	\$30,375	\$60,750	47	\$55,350	\$55,350
20	\$30,375	\$60,750	48	\$50,400	\$50,400
21	\$30,375	\$60,750	49	\$45,450	\$45,450
22	\$30,375	\$60,750	50	\$40,500	\$40,500
23	\$30,375	\$60,750	51	\$35,550	\$35,550
24	\$30,375	\$60,750	52	\$31,500	\$31,500
25	\$30,375	\$60,750	53	\$27,450	\$27,450
26	\$66,150	\$66,150	54	\$23,850	\$23,850
27	\$71,550	\$71,550	55	\$20,700	\$20,700
28	\$76,950	\$76,950	56	\$17,550	\$17,550
29	\$83,250	\$83,250	57	\$14,850	\$14,850
30	\$90,000	\$90,000	58	\$12,600	\$12,600
31	\$96,300	\$96,300	59	\$10,800	\$10,800
32	\$103,500	\$103,500	60	\$9,000	\$9,000
33	\$103,500	\$103,500	61	\$7,200	\$7,200
34	\$103,500	\$103,500	62	\$5,850	\$5,850
35	\$103,500	\$103,500	63	\$5,400	\$5,400
36	\$103,500	\$103,500	64	\$4,950	\$4,950
37	\$103,500	\$103,500	65	\$4,500	\$4,500
38	\$103,500	\$103,500	66	\$4,050	\$4,050
39	\$103,500	\$103,500	67	\$3,600	\$3,600
40	\$103,500	\$103,500	68	\$3,150	\$3,150
41	\$95,850	\$95,850	69	\$2,700	\$2,700
42	\$88,200	\$88,200	70	\$2,700	\$2,700
43	\$80,550	\$80,550			

3 Unitised Cover – Default and Voluntary

Changes to Default and Voluntary Unitised Cover

You can change (increase or decrease) your unitised Default Death and TPD Cover at any time.

Your options	Summary of cover	More information
New Member Offer	You can apply to increase your Default Cover by an extra 1 or 2 units, as long as you do so within 120 days of joining and meet the eligibility conditions.	See page 15
Life Events Cover	You can apply to increase your Default or Voluntary Unitised Cover by 1 unit, or your Fixed Cover by a certain dollar value if you experience a specific Life Event. You can only apply for Life Events Cover once in any 12 month period and you must meet the eligibility conditions.	See page 20
Fixing your current Unitised Cover	You can elect to fix your current Default or Voluntary Unitised Cover. This means that the total Unitised Cover that you currently have will become Fixed Cover and will not change as you get older. However, your insurance fees will increase with age. From aged 61, Fixed TPD Cover will reduce as set out in the 'How Does Fixed Cover Work' section. If you are under 25 and want to fix your Default Cover, you will need to ensure that your TPD Cover is not higher than Death Cover by either decreasing your TPD Cover, or increasing your Death Cover (an application for a Death Cover increase will need to be accepted by the Insurer and will require information about your health).	From page 17 onwards
Decreasing Cover	You can apply to decrease your units of cover, or for a set dollar amount of fixed Death and TPD Cover.	From page 19 onwards
Applying for new or increased Cover	You can apply for a nominated number of Death and TPD Cover units if you do not already have cover with us because you are not eligible to receive Default Cover, or you have previously cancelled your cover. If you currently hold Unitised Cover and would like to increase the amount of cover you hold, you can do this too by applying for more units of cover. Applications for new or increased cover need to be accepted by the Insurer and will require information about your health.	From page 20 onwards
Cancelling cover	You can cancel your insurance at any time electronically by logging into our member portal, or by calling us.	See page 41
Converting Cover	You can convert your Unitised Cover to the same amount of Fixed Cover. You can also convert your Fixed Cover to Unitised Cover round up to the number of units relevant to your age. Cover conversions are allowed once every 5 years.	

3 Unitised Cover – Default and Voluntary

New Member Offer

If you already hold Default Cover, you may be eligible to apply to increase your Death and TPD insurance under Default Cover by an extra 1 or 2 units of cover without needing to provide any health evidence under New Member Offer.

How do I get New Member Offer cover?

To receive New Member Offer cover, you will need to make sure that:

1. within 120 days of joining Australian Ethical Super, you have met eligibility conditions or have opted in for Default Cover to start; and
2. your super account receives at least one *employer contribution*; and
3. you have completed the New Member Offer application and submitted it to us within 90 days of your first *employer contribution*.
4. You are aged between 15 and under 65 years of age on the date the application is lodged.

If we receive your application for New Member Offer Cover but your Default Cover does not start within 120 days of you joining Australian Ethical Super, the New Member Offer will expire.

This New Member Offer is not available if you have already changed any part of your Default Cover including converting your Default Cover to Fixed Cover or changing the number of units of cover you hold.

New Member Offer is not available to members who have previously opted out of cover, actively cancelled existing cover or had their cover cancelled for any reasons since becoming a member including members whose cover started under the reinstatement or recommencement terms.

You can apply for New Member Offer by filling out the Insurance Variation Form available at australianethical.com.au/super/pds-forms/

When Does New Member Offer cover start?

Your New Member Offer cover will start when your application is approved by us.

If your Default Cover is restricted by new events cover limitations, the same limitations will also apply to the increased cover you receive under this New Member Offer.

See page 35 onwards for more details on any limitations and exclusions that may apply to your cover.

How does New Member Offer cover work?

Jenny is 32 (age next birthday 33) and has an account balance of \$6,000 and is in the Professional category. Her Default Cover is \$414,000 for Death and \$414,000 for TPD. She is interested in increasing her cover by 1 unit and wants to check the amounts and costs of cover. She looks up the cover amounts in the table on page 12 and the annual Insurance fees on page 54.

Value 1 unit of Death and TPD Cover:

$\$414,000 + \$103,500 = \$517,500$

Yearly Cost of Death and TPD Cover:

$= \$517,500 / \$1,000 \times \text{annual insurance fee for Death and TPD} \times \text{occupation loading}$

$= 517.5 \times \$0.26 \times 85\%$

$= \$114.37$

4 Fixed Cover - Voluntary

Fixed Cover means that the amount of Death, Death and TPD Cover generally stays the same, but your insurance fees are determined by the amount of cover you have, your age, your sex at birth, and your occupation category. Insurance fees will typically increase as you get older. You can acquire new Fixed Cover by application or by choosing to fix your current Default or Voluntary Unitised Cover. You are able to convert your cover between Unitised and Fixed Cover, but you can only do so once every 5 years.

Changes to Fixed Cover

You can change (increase or decrease) your Fixed Death, Death and TPD Cover at any time.

Your options	Summary of cover	More information
Life Events Cover	You can apply to increase your unitised cover by 1 unit, or your Fixed Cover by a certain dollar value if you experience a specific Life Event. You can only apply for Life Events Cover once in any 12 month period and you must meet the eligibility conditions.	See page 20
Applying for new or increased cover	You can apply for a set dollar amount of Death and TPD Cover if you do not already have cover with us because you are not eligible to received Default Cover, or you have previously cancelled your cover. If you currently hold Fixed Cover and would like to increase the amount of cover you hold, you can do this too. The number of units held for TPD cover cannot exceed the number of units held for Death Cover. Applications for new or increased cover need to be accepted by the Insurer and will require information about your health.	See page 19
Decrease Fixed Cover	You can decrease your current cover to a set lower amount.	See page 19
Cancelling cover	You can cancel your insurance at any time electronically by logging into our member portal, or by calling us.	See page 41
Converting Cover	You can convert your Fixed Cover to Unitised Cover, rounded up to the number of units relevant to your age. You can also convert your Unitised Cover to the same amount of Fixed Cover. Cover conversions are allowed once every 5 years.	

4 Fixed Cover

How does Fixed Cover work?

If you have Fixed Cover, the amount of Fixed Cover will remain the same regardless of your age until you reach age 61 (subject to maximum insurable age restrictions). From age 61, your TPD will reduce each year by the following percentages in the table below until it reduces to zero upon your 70th birthday.

Age attained	Percentage of fixed insurance amount paid for TPD	Example (if you have \$500,000 in TPD insurance on your 60th birthday)
60	100%	\$500,000
61	90%	\$450,000
62	80%	\$400,000
63	70%	\$350,000
64	60%	\$300,000
65	50%	\$250,000
66	40%	\$200,000
67	30%	\$150,000
68	20%	\$100,000
69	10%	\$50,000
70	Nil	Nil

How much does Fixed Cover cost?

Your annual insurance fees are determined under the annual insurance fee rate and occupation loadings as set out in the Insurance fee table section of this guide from page 54 onwards. Your annual insurance fees depend on the amount of cover you have, as well as your age, sex at birth and occupation category.

Having the right details will ensure you are being charged the right amount for your insurance cover.

Your insurance fees change from year to year and typically increase as you get older.

For Example:

John is a 29-year-old male (his age next birthday is 30) and his occupation category is Light Manual.

John needs more insurance cover as he has a growing family and wishes to apply for a total amount of \$500,000 in Death and TPD Cover. To find out how much this will cost per year, John looks at the annual insurance fee and occupation loadings on page 54.

Yearly cost of Fixed Death and TPD Cover

$$= (\$500,000 / \$1,000) \times \text{annual insurance fee (male, 30 age next birthday)} \times \text{occupation loading}$$

$$= \$500 \times \$0.46 \times 140\%$$

$$= \$322.00$$



5 Additional important information about Death and Death & TPD Cover

Are you eligible to increase your cover or apply for new Voluntary Cover?

You must satisfy the following conditions when applying to increase your cover or apply for new cover:

- you must be a member of Australian Ethical Super, and
- aged 15 or over and under 67 (except for New Member Offer and Life Events Cover where the age requirement is 15 years and over and under 65).

How much Voluntary Cover can you apply for?

You can tailor the amount of cover to suit your personal circumstances by applying for nominated number of units or a fixed dollar amount of:

- Death Cover; or
- Death and TPD Cover.

The maximum amount of cover that you can apply for is:

- Death Cover: Unlimited
- Terminal Illness Cover: \$5 million, or 48 units of unitised cover (this forms part of the Death Cover)
- TPD Cover: \$5 million, or 48 units of unitised cover.

Your Death Cover must be higher than or equal to your TPD Cover.

5 Additional important information about Death and Death & TPD Cover

Applying for new Voluntary Cover

To apply for new or additional Unitised or Fixed Cover, you can apply electronically in the Insurance Cover section of your online member account. You can also apply by completing the Insurance Application Form available at australianethical.com.au/super/pds-forms/. You should refer to the Super Additional Information Booklet for additional information regarding your online account.

Subject to your personal circumstances and the amount of cover you're applying for, you may be asked to provide additional personal information to enable our Insurer to complete their assessment.

When assessing your application, the Insurer may:

1. **Accept cover:** This means the Insurance fee and terms and conditions detailed in the most recent version of this Insurance Guide will apply to your cover.
2. **Accept cover with conditions:** This means our Insurer may apply certain restrictions and limitations on your new cover. They may also apply a higher insurance fee, called a loading, in recognition of the increased risk they've taken by accepting your application for cover. The loading will apply to the base Insurance fees calculated in accordance with the most recent version of this Insurance Guide.
3. **Decline cover:** This means you won't be eligible to receive the cover you've applied for.

If the Insurer declines cover, any existing cover that you already have will still apply on the terms that existed before the application for new cover was made.

Uninsurable occupation

When assessing your occupation, the insurer will apply their standard underwriting guidelines to determine the risk. Some occupations are more hazardous than others which means insurance cover is not available for people working in those occupations.

When does new Voluntary Cover start?

New Voluntary Cover will start on the date the Insurer accepts cover. There is also a 60 day cooling off period for new Cover. If you have been accepted by the Insurer for new Cover but you have changed your mind and you wish to decline our offer, you must notify us within 60 days of the Insurer's acceptance. The cover will then be deemed never to have started and all insurance fees paid during the cooling off period will be refunded.

However, if you do not have enough money in your super account to pay insurance fees for 31 days after your new cover started, the acceptance of the new cover will be void from the date it was accepted and the new Cover will be deemed to have never started.

Decrease Cover

You can decrease your Unitised or Fixed Cover at any time by setting a lower number of units or cover amount. You can do this electronically through your online member portal or by completing the Insurance Variation form available at australianethical.com.au/super/pds-forms/



5 Additional important information about Death and Death & TPD Cover

Life Events Cover

Some events in life make us consider our financial needs and, in some cases, the needs of our dependents.

When one of the following Life Events occurs, you can increase your Unitised or Fixed Death and TPD Cover without having to provide medical information.

You can only apply for Life Events Cover once in any 12 month period, and you must meet the eligibility conditions. You'll need to provide the following documentation to confirm your life event:

Life Event	Evidence required
You get married; or registers a <i>de facto</i> relationship	A copy of the marriage certificate which must be recognised as valid under <i>Marriage Act 1961</i> (Cth), or a copy of the <i>de facto</i> registration certificate
You get divorced; or registers a separation from a registered <i>de facto</i> relationship	A copy of a Decree Nisi (divorce order), or a copy of the separation order.
You become a parent, including where you adopt a child	A copy of the child's birth certificate or adoption certificate with you appearing as a parent.
You take out a mortgage on a newly purchased property or parcel of land where you intend to reside immediately after the purchase or immediately after building a house on the land	A copy of all of the following: statement of the loan; and stamped front page of the contract of sale; and statutory declaration confirming the purchased property will be your primary residence
Your spouse or <i>de facto</i> partner dies	A copy of the death certificate
You turn 30 years of age or 40 years of age	No evidence required from you
Your 5-year anniversary with the fund where you have held continuous membership.	No evidence required from you

Life Event	Evidence required
You receive a single, one-off increase in Salary of 10% or more	A copy of your employment contract
Your super account balance reaches \$300,000 with the fund	No evidence required from you
Insured member's first child commencing school	A copy of the school acceptance confirming the commencement date

If you have Unitised Cover, you may apply for an additional 1 unit of cover under Life Events Cover.

If you have Fixed Cover, you can increase your Death and TPD Cover by up to the lesser of:

- an amount equal to 25% of your existing cover;
- \$200,000; or
- the amount of mortgage (if applicable).

If you have Death only cover, you can only apply to increase your Death only cover. If you have Death and TPD Cover, the increase will apply to both your Death and TPD Cover at the same level.

Applying for Life Events Cover

You will be eligible to receive Life Events Cover if:

- you have Death only or Death and TPD Cover with us and are aged between 15 and under 65 years on the date you apply;
- your application for increased cover, plus the evidence (if any) in the table, is made within 180 days after the date of your life event or 90 days after we issued the first periodic member statement to you following the Life Event provided the life event occurred within the preceding 12 months, whichever is later;
- you have not increased your cover under a Life Event in the last 12 months;
- your cover hasn't been cancelled;
- you have not received, nor are entitled to receive, a *Death*, *Terminal Illness* or TPD benefit from any source, or diagnosed with a *Terminal Illness*; and
- you have not been previously declined for additional insurance with us.

5 Additional important information about Death and Death & TPD Cover

To apply for Life Events Cover, you can complete the Insurance Variation Form available at australianethical.com.au/super/pds-forms/

When does Life Events Cover start?

Life Events Cover will start on the date the Insurer accepts your application. Insurance fees will also increase as a result of the increase in cover.

If you are not in *active employment* at the time you increase your cover, your increased cover will be restricted by new events cover limitations until you are in *active employment* for 30 consecutive days. Any limitation, restriction or loading that applies to your existing Death and TPD Cover will also apply to the increased cover.

See page 33 onwards for more details on any limitations and exclusions that may apply to your cover.

Interim Accident Cover – Death and TPD insurance cover

You are provided with Interim Accident Cover while the Insurer assesses your application for Death only or Death & TPD cover. This means that if you die or become *totally and permanently disabled* as a result of an accidental *injury* before the Insurer finalises their assessment of your application, the Death or TPD benefit you receive will be the lesser of:

- the amount of cover that you have applied for (including any existing cover); and
- \$1,500,000.

What is an accidental *injury*?

An accidental *injury* is bodily *injury* caused solely and directly by accidental, external and visible means, independent of any other cause.

If you're applying for both Death and TPD Cover and become eligible for a benefit, we'll only pay for either Death or TPD, not both.

Interim Accident Cover ends on the earlier of the date:

- the application is withdrawn by you or is closed by the Insurer due to non-receipt of outstanding requirements;
- the Insurer notifies their decision on the application;
- 90 days from the date the Insurer receives the application;
- cover otherwise ends under this policy; and
- this policy terminates.

If a benefit has been paid during the interim accident period then any insurance application will be cancelled and you will not be able to apply for cover.

When does Death and TPD insurance cover end?

Your Death and TPD Cover will end on the earliest of:

- the date when insurance fees remain unpaid for a period of 31 days after the insurance fee due date (unless your account has not received any monies since you joined the fund, in which case cover ceases on the date it started as if it had never commenced);
- the date your super account is inactive for a continuous period of 16 months and you haven't made a valid election to keep your cover;
- the date you notify Australian Ethical Super that you wish to cancel your cover;
- the date you cease to be a member of Australian Ethical Super;
- the date you are paid a Terminal Illness benefit. However, if your Death Cover is greater than the Terminal Illness benefit paid to you, your Death Cover will be reduced by the Terminal Illness benefit;
- the date you are paid a TPD benefit. However, if your Death Cover is greater than the TPD benefit paid to you, your Death Cover will continue; and will be reduced by the TPD benefit;
- the date you reach the age of 70;
- the date you die; or
- the date the policy terminates.

5 Additional important information about Death and Death & TPD Cover

Can I restart my Death and TPD insurance cover after it ends?

Yes – in some circumstances, depending on how your cover ended.

How did your cover end?	How to restart cover?	When will cover restart?
Cover ended because your insurance fees remain unpaid for a period of 31 days after the fee due date.	You can restart cover by making a contribution or rollover into your super account, as long as you do this within 60 days of cover ending. You will need to have enough funds to cover your insurance fees owing since the last successful insurance fee deduction. If you have never received a contribution into your account and you have never paid an insurance fee, you cannot restart cover. Cover will be deemed to have never commenced.	Cover will automatically restart from the date it ended if we receive enough funds to pay all outstanding insurance fees within 60 days of cover ending, so there are no gaps in cover. Your cover arrangements will remain the same as they were before they ended. However, if you are not in active employment on the date cover restarts, your cover may be restricted by new events cover limitations (See page 35 for more details).
Cover ended because you commenced duty with the military services prior to 1 August 2025	You can restart cover once you are no longer on duty with the military services, as long as the period of duty is no longer than 12 months. If your period of duty with the military services is more than 12 months, you won't be able to restart cover. You will need to make sure that your account has enough money to pay for insurance fees.	Cover will automatically restart from the date you are no longer on duty with the military services. There will be gaps in cover during the time you were on duty with the military services. Your cover arrangements will remain the same as they were before they ended. However, if you are not in <i>active employment</i> on the date cover restarts, your cover may be restricted by new events cover limitations (See page 35 for more details).
Cover ended because your account is inactive for a continuous period of 16 months and you haven't made a <i>valid election</i> to keep your cover	You can restart cover by applying to us within 90 days of cover ending. You will need to make sure that your account has enough money to pay for insurance fees. To reinstate your cover, please complete the Insurance Opt-in form available at australianethical.com.au/super/pds-forms/	When cover restarts will depend on when we receive your application to restart cover: • If we receive your application within 60 days of cover ending: Cover will restart from the date it ended, so there are no gaps in cover. • If we receive your application within 61 to 90 days of cover ending: receive your valid application to restart cover. There will be gaps in cover and your cover may be restricted by new events cover limitations (See page 35 for more details). Your cover arrangements will remain the same as they were before they ended.

5 Additional important information about Death and Death & TPD Cover

Cover that ended on 1 April 2020 under Putting Members' Interests First Legislation

If your cover ended on 1 April 2020 because your account balance had not reached \$6,000 or more at least once from 1 November 2019, the Default Death & TPD Cover will be switched on automatically for you without you having to take any action if you meet the following conditions:

- you are still a member of the Fund; and
- you are aged 25 and over but under 67; and
- you have had an account balance of \$6,000 or more since 1 April 2020; and
- your account is not an inactive account (where your super account has not received any *active contribution* for 16 months or more); and
- you haven't previously asked us to cancel your Death and TPD Cover under Australian Ethical Super.

Your occupation category at the time your cover was cancelled will apply and there will be a gap in cover between 1 April 2020 and the date your cover restarts when you meet the above conditions. You will not be eligible to apply for increase in cover under the New Member Offer

Your cover will also be restricted by new events cover limitations (see 33 for more details).

If you do not want your cover to restart automatically or wish to update your occupation category, Please complete the Insurance Variation form available at australianethical.com.au/super/pds-forms/, or see details under section "What if I don't want Default Cover to start?" on page 10.

6 Income Protection

Income Protection Cover provides a *monthly benefit* if you are temporarily unable to work due to *injury or illness*. The *monthly benefit* starts accruing after your *waiting period* ends. The maximum time benefits are payable is your benefit period.

Are you eligible for Income Protection Cover?

Income Protection is not provided automatically and you will need to apply for cover subject to the acceptance by the Insurer.

You can apply for Income Protection at any time if you are:

- Aged 15 or over and under 65;
- A *permanent employee or self-employed* and working at least 15 hours per week; and
- Not a casual worker, or short-term contractor under a contract of 6 months or less.

Once you apply and have been accepted for cover, you will continue to hold that cover even if your work circumstances change.

See page 25 on what happens when you move from *permanent employment* to becoming a casual employee or short-term contractor.

Your Income Protection options

When applying for Income Protection Cover, you will need to nominate the amount of cover that you want insured, and the benefit period and *waiting period*. The maximum amount of cover you can nominate is \$30,000 per month.

Regardless of the amount of cover you have at claim time, the benefit payable cannot exceed 87% of your *pre-disability income*, where 75% of your *pre-disability income* will be paid to you as *income*, and the balance of up to 12% paid as a superannuation guarantee contribution. See definition of *pre-disability income*.

Benefit period

The benefit period is the maximum time over which an Income Protection benefit will be paid starting from the end of the *waiting period*.

There are three benefit periods to choose from:

- 2 years;
- 5 years; or
- to age 65.

Refer to the Insurance fee tables for more information.

Waiting Period

The *waiting period* is the time you must be off work due to *illness or injury* to become eligible for an Income Protection benefit payment.

There are three *waiting periods* to choose from:

- 30 days;
- 60 days; or
- 90 days.

Refer to the Insurance Fees section for more information.

When does Income Protection Cover start?

Your Income Protection Cover will start on the date the Insurer accepts cover.

There is also a 60 day cooling off period for Income Protection Cover. If you have been accepted by the Insurer for Income Protection Cover but you have changed your mind and you wish to decline our offer, you must notify us within 60 days of the Insurer's acceptance. The cover will then be deemed never to have started and all insurance fees paid during the cooling off period will be refunded.

However, if you do not have enough money in your super account to pay insurance fees for 31 days after Income Protection Cover started, the acceptance of the Income Protection Cover will be void from the date it was accepted and Income Protection Cover will be deemed to have never started.

Applying for Income Protection Cover

To apply for Income Protection Cover, you can apply electronically by logging into our member portal. You can also apply by completing the Insurance Application Form available at australianethical.com.au/super/pds-forms/. You should refer to the Super Additional Information Booklet for additional information regarding our member portal.

Subject to your personal circumstances and the amount of cover you're applying for, you may be asked to provide additional information to enable the Insurer to complete their underwriting assessment.

When assessing your application, the Insurer may:

1. **Accept cover:** This means the insurance cost and terms and conditions detailed in the most recent version of this Insurance Guide will apply to your cover.

6 Income Protection

2. Accept cover with conditions: This means our Insurer may impose certain restrictions and limitations on your Income Protection Cover. They may also apply a higher insurance cost, called a loading, in recognition of the increased risk they've taken by accepting your application for cover. The loading will apply in addition to the costs detailed in the most recent version of this Insurance guide. If a loading, restriction or limitation applies, you'll be advised in the letter regarding the acceptance of your cover.

3. Decline cover: This means you won't be eligible to receive the cover you've applied for.

Uninsurable occupation

When assessing your occupation the insurer will apply their standard underwriting guidelines to determine the risk. Some occupations are more hazardous than others which means insurance cover is not available for people working in those occupations.

How much does Income Protection Cover cost?

Your insurance fees for Income Protection Cover are determined by the amount of cover required, your chosen benefit period and waiting period. The insurance fees depend on the level of cover, your age, sex at birth, occupation category, benefit period and waiting period.

For further information in relation to the cost of cover, refer to the Insurance fee table section as set out from page 54 of this guide.

Having the right details will ensure you are being charged the right amount for your insurance cover.

Your insurance fees change from year to year and typically increase as you get older

What happens if I move from *permanent employment* (or self-employment) to being a casual employee or a short-term contractor?

If you become disabled and you are no longer a *permanent employee* or *self-employed*, your benefit period will not change.

Changing your Income Protection Cover

You can change your Income Protection Cover at any time, including the amount of cover, the *waiting period*, or the benefit period.

You do not need to provide us with an additional information if you are applying to:

- reduce the amount of cover; or
- reduce the benefit period; or
- increase the *waiting period*.

The change will be effective from the date we receive and confirm your request.

However, if you are applying for additional Income Protection Cover such as:

- increasing the amount of cover; or
- increasing the benefit period; or
- reducing the *waiting period*,

you may be asked to provide additional information to enable the insurer to complete their underwriting assessment. The changes to your Income Protection Cover are subject to the Insurer's acceptance. See the section titled **Applying for Income Protection Cover** on page 24.

Interim Accident Cover – Income Protection

You're provided with Interim Accident Cover while the Insurer assesses your application for Income Protection Cover. This means that if you become *totally disabled* as a result of an accidental injury before the Insurer finalises their assessment of your application, the Income Protection benefit payment you receive is limited by the lesser of:

- the amount of cover that you have applied for; or
- \$15,000 per month.

What is an accidental injury?

An accidental *injury* is bodily *injury* caused solely and directly by accidental, external, and visible means, independent of any other cause.

6 Income Protection

Interim accident cover ends on the earlier of the date:

- the application is withdrawn by you or is closed by the Insurer due to non-receipt of outstanding requirements;
- Insurer notifies their decision on the application;
- an Income Protection benefit becomes payable;
- 90 days from the date the Insurer receives the application;
- cover otherwise ends under this policy; and
- this policy terminates.

The benefit period and the *waiting period* that apply will be the benefit period and *waiting period* you already have on your existing Income Protection. If you do not have existing Income Protection Cover, the benefit period is 2 years and the *waiting period* is the *waiting period* that you are applying for.

When does Income Protection Cover end?

Your Income Protection Cover will end on the earliest of:

- the date when insurance fees remain unpaid for a period of 31 days after the insurance fee due date;
- the date you turn 65;
- the date your account is inactive for a continuous period of 16 months and you haven't made a valid election to keep your cover;
- the date you notify Australian Ethical Super that you wish to cancel your cover;
- the date you cease to be a member of Australian Ethical Super;
- the date you commence duty with the military services of any country (other than the Australian Armed Forces Reserve and you are not on active duty outside Australia);
- the date the policy terminates; or
- your death.

6 Income Protection

Can I restart my Income Protection Cover after it ends?

Yes – in some circumstances, depending on how your cover ended.

How did your cover end?	How to restart cover?	When will cover restart?
Cover ended because your insurance fees remain unpaid for a period of 31 days after the fee due date.	You can restart cover by making a contribution or rollover into your super account, as long as you do this within 60 days of cover ending. You will need to have enough funds to cover your insurance fees owing since the last successful fee deduction. If you have never received a contribution into your account and you have never paid an insurance fee, you cannot restart cover. Cover will be deemed to have never commenced.	Cover will automatically start from the date it ended if we receive enough funds to pay all outstanding insurance fees within 60 days of cover ending, so there are no gaps in cover. Your cover arrangements will remain the same as they were before they ended. However, if you are not in <i>active employment</i> on the date cover restarts, your cover may be restricted by new events cover limitations (see page 35 for more details).
Cover ended because you commenced duty with the military services prior to 1 August 2025	You can restart cover once you are no longer on duty with the military services, as long as the period of duty is no longer than 12 months. If your period of duty with the military services is more than 12 months, you won't be able to restart cover. You will need to make sure that your account has enough money to pay for insurance fees.	Cover will restart from the date you are no longer on duty with the military services. There will be gaps in cover during the time you were on duty with the military services. Your cover arrangements will remain the same as they were before they ended. However, if you are not in <i>active employment</i> on the date cover restarts, your cover may be restricted by new events cover limitations (see page 35 for more details).
Cover ended because your account is inactive for a continuous period of 16 months and you haven't made a <i>valid election</i> to keep your cover	You can restart cover by applying to us within 90 days of cover ending. You will need to make sure that your account has enough money to pay for insurance fees. To reinstate your cover, please complete the Insurance Opt-in form available at australianethical.com.au/super/pds-forms/	When cover restarts will depend on when we receive your application to restart cover: • If we receive your application within 60 days of cover ending: Cover will restart from the date it ended, so there are no gaps in cover. • If we receive your application within 61 to 90 days of cover ending: Cover will restart from the date we receive your valid application to restart cover. There will be gaps in cover. Your cover arrangements will remain the same as they were before they ended. However depending on your circumstances, your cover may be restricted by new events cover limitations (see page 35 for more details).

7 Other important information for all insurances

Transferring your insurance from another fund or Australian life insurer

You may be able to transfer your current Death, Death and TPD or Income Protection Cover from another super fund, or your individual retail life insurance policy with an Australian life insurer to Australian Ethical Super without having to provide detailed health information. There may be restrictions on certain types of benefits or conditions on individual retail life insurance policy with an Australian life insurer that cannot be offered within Superannuation. We recommend you seek professional advice before transferring any such cover.

You can apply to transfer your existing insurance cover from another fund or individual retail life insurer into Australian Ethical Super provided you meet all of the following requirements:

- your existing insurance cover with another fund is provided through another regulated superannuation fund (you need to provide us with a statement as evidence of this);
- Your existing cover with an individual Australian retail life insurer was underwritten and accepted in the last 5 years;
- your existing insurance cover is of a similar nature to the cover provided under the Fund's insurance arrangements;
- you are a member of the Fund; and
- you complete the prescribed application form, including supporting documents and the Insurer accepts your application to transfer insurance.

Transfer of your existing insurance cover will be subject to acceptance by the Insurer in writing.

If the insurance cover you are seeking to transfer has restrictions (such as loadings or exclusions) then insurance cover accepted for transfer into the Fund will have the same restrictions applied.

The maximum amount of insurance cover that you can transfer to the Fund (together with insurance cover you already hold in the Fund, or have applied to hold) is:

- for Death or Death & TPD: \$2,000,000
- for Income Protection: \$15,000 per month.

Subject to maximum cover levels under the policy, once you transfer your existing Death and TPD Cover to the Fund, your transferred Death and TPD Cover plus any existing Death and TPD cover you hold in the fund will become Fixed Cover. **You will not be eligible for Default Cover in the future once you have transferred Death and TPD Cover from another fund.**

When you transfer your cover, insurance fees will be determined by various factors including the amount of cover you have, your age, sex at birth, and occupation category.

After you have received confirmation that your request to transfer your Death, Death and TPD or Income Protection Cover has been accepted, you will need to cancel your cover with the other fund.

To apply to transfer your existing insurance cover you can complete the Transfer of Insurance Cover Form available at australianethical.com.au/super/pds-forms/ or by calling us on **1800 021 227** for further information.

Important...

If the transfer of your insurance cover is accepted, but you continue to hold the insurance cover transferred to Australian Ethical Super elsewhere, then any benefit paid to you under insurances held through Australian Ethical Super will be reduced by the amount of insurance cover that you continue to hold elsewhere that is the subject of your transfer cover application.

7 Other important information for all insurances

Making an insurance claim

We know that when you need to make an insurance claim, it can be at a difficult time for you and your family.

You should notify us as soon as reasonably practicable after an event giving rise to a claim. As a condition of paying an insured benefit the Insurer may require you, your estate or your personal legal representative to:

- substantiate the claim
- be examined by a *medical practitioner(s)* appointed by the Insurer
- submit satisfactory proof of age.

If you make a claim under the insurance policy, you will be required to complete claim forms that may ask you for personal, medical and financial information to assist the Insurer to assess your claim. Once you have completed the forms, the Insurer will get in touch with you and identify all the information they need up – front to make a decision. The Insurer will only ask for, and rely on, information and assessments that are relevant your claim.

The Insurer may also require you to attend a medical examination which is arranged and paid for by the Insurer. However, unless agreed otherwise in writing, the Insurer won't pay any other costs related to your attendance for these investigations, including costs of travelling to an appointment or for non-attendance at an appointed examination.

Except for Income Protection benefits which are paid directly to the member, all other insured benefits payable by the Insurer are paid to the Trustee. If all the requirements of the relevant law are met, the insured benefit and the account balance is then paid to the member by the Trustee.

In some circumstances, the member's account balance may be payable in situations where the insurance claim is declined. Until benefits are paid out, the Trustee will invest all insured benefits in respect of a Death, *Terminal Illness* or TPD claim in the Defensive investment option.

If we identify that you were not eligible to claim against your Default Cover because we have identified that you had been paid a TPD benefit, we will refund your insurance fees to your account for the period you were ineligible.

Refer to the Super Additional Information Booklet for further information on the Defensive investment option.

For claimants with a non-English speaking background who need assistance in making a claim, we can work with an interpreter from Translating and Interpreting Services (TIS) to help you make the process easier to understand. Please contact us on **1800 021 227** to ask for an interpreter or for information about the documentation required to make a claim.

Are there any implications if I hold multiple insurance policies?

If you're a member of Australian Ethical Super, you can have more than one super account but you can only have insurance on one account.

If you hold multiple super accounts with other funds, there may be limitations which precludes you from claiming under multiple policies.

When is a Death Benefit Payable?

A Death benefit will be payable if you hold Death insurance cover with Australian Ethical Super on the day you pass away.

If you become *Terminally Ill* (see definition of *Terminal Illness* below), you may be able to apply for an early release of your Death benefit – this payment is a *Terminal Illness* benefit.

The maximum *Terminal Illness* benefit payable is \$5 million or 48 units of cover, even if you are insured for a larger amount of Death Cover.

What happens when you have been paid a Terminal Illness benefit?

Generally, if you have been paid a *Terminal Illness* benefit, your Death and TPD Cover will be cancelled effective from the date the Insurer determines you are eligible for a *Terminal Illness* benefit, and any insurance fees that are paid for Death and TPD Cover after it is cancelled will be refunded back to you.

If your Death Cover is higher than \$5 million and you have been paid a *Terminal Illness* benefit, your Death Cover will be reduced by the *Terminal Illness* benefit payment amount and will continue, as Fixed Death Cover, as long as you:

- remain eligible for insurance cover and you are still a member of Australian Ethical Super; and
- have enough money in your super account to pay for insurance fees.

7 Other important information for all insurances

The reduction in Death Cover will be effective from the date you became eligible for the *Terminal Illness* benefit.

However, you will not be able to make a second claim for *Terminal Illness*.

What is *Terminal Illness* or *Terminally Ill*?

You are considered to be *Terminally Ill* by the Insurer if you meet both conditions (a) and (b) below:

- a. Two *medical practitioners*, one of whom specialises in your illness, jointly or separately certifies in writing that despite reasonable medical treatment, the illness will lead to the your death within 24 months of the date of their certification(s); and
- b. The Insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment, the illness will lead to your death within 24 months of the latest date of the certification(s) referred to in paragraph (a).

Your *Terminal Illness* must be diagnosed and certification must occur while you're insured for *Terminal Illness* (which forms part of your Death Cover).

When is a TPD benefit payable?

A TPD benefit will be payable if you hold TPD insurance cover with Australian Ethical Super on the day you meet the Insurer's definition of *total and permanent disablement*. Different *Total and Permanent Disablement* definitions will apply depending on your age and work status.

If the Insurer determines that you are eligible to be paid a *Terminal Illness* benefit at the same time that you also qualify for a TPD benefit, the higher benefit will be paid. If the amounts of *Terminal Illness* benefit and TPD benefit are equal, the benefit that you qualify for first will be paid.

The maximum TPD benefit payable is \$5 million or 48 units of cover.

What happens when you have been paid a TPD benefit?

Generally, if you have been paid a TPD benefit your Death and TPD Cover will be cancelled effective from the date the insurer determines that you are eligible for TPD benefit, and any insurance fees that are paid for Death and TPD Cover after cancellation will be refunded back to you..

If your Death Cover is higher than the TPD benefit paid to you, your Death Cover (including *Terminal Illness*) will be reduced by the TPD benefit amount and will continue as Fixed Death Cover, as long as you:

- remain eligible for insurance cover and you are still a member of Australian Ethical Super; and
- have enough money in your super account to pay for insurance fees.

The reduction in Death Cover will be effective from the date the TPD benefit is paid to you.

Important Note for Death & TPD Insurance - One benefit for one member

The Insurer will only pay the Death, *Terminal Illness* and TPD benefit once whilst you still have Death and TPD insurance cover with Australian Ethical Super.

For example, if you have been paid a *Terminal Illness* benefit under the Australian Ethical Super policy, and you meet the *Terminal Illness* definition a second time later while you are still a member of the *fund* and you have remaining Death Cover, you will not be paid a *Terminal Illness* benefit for a second time. However, a claim for a death benefit can be made as long as you still have Death Cover.

When is an Income Protection benefit payable?

If you become *totally disabled* or *partially disabled* whilst you have Income Protection Cover with Australian Ethical Super, your monthly Income Protection benefit will be payable after the end of the *waiting period* that applies to you. The Income Protection benefit will only start accruing after the *waiting period* has ended.

A monthly Income Protection benefit will be paid by the Insurer at the end of each month that you are *totally disabled* or *partially disabled*.

7 Other important information for all insurances

The monthly Income Protection benefit is made up of a *monthly benefit* that is paid to you as *income* (after deducting pay-as-you-go withholding tax) and a *superannuation contribution* benefit that is paid to your super account with Australian Ethical Super.

Benefits payable when you are *totally disabled*

When you are *totally disabled*, the monthly Income Protection benefit that is payable is the *monthly benefit* plus the *superannuation contribution monthly benefit*.

The *monthly benefit* that is payable to you as income is the lesser of:

- your monthly cover;
- \$30,000 each month; and
- 75% of your *pre-disability income*.

The *superannuation contribution monthly benefit* that is payable to your super account with Australian Ethical Super is the lesser of:

- 12% of your *pre-disability income*, and
- the difference between:
 - the *monthly benefit*; and
 - your monthly cover.

Your *pre-disability income* is generally the *income* that you received for your work in the 12 months prior to you becoming disabled. See the definition of *pre-disability income* on page 51 onwards.

What is *totally disabled* or *total disability*?

You are considered *totally disabled* by the Insurer, if solely because of illness or *injury*, you ceased to be *gainfully employed* and you are:

- unable to perform at least one *income producing duty* of your own occupation;
- under the regular care of, and following the advice of, a *medical practitioner*; and
- not working, or not capable of working, in your own occupation in a reduced capacity, and you are not working in any other occupation whether paid or unpaid.

Note that your own occupation must be the employment or activity in which you were mostly employed in by an employer (or mostly engaged in if you are *self-employed*) before becoming disabled.

Benefits payable when you are *partially disabled*

If you are no longer *totally disabled* but you are still *partially disabled* and unable to work in your own occupation at full capability, you will still be paid a monthly Income Protection benefit.

The monthly Income Protection benefit is reduced by the *income* that you have earned or could reasonably be expected to earn if you are working to the extent of your capability.

7 Other important information for all insurances

What is *partially disabled* or *partial disability*?

You are considered partially disabled by the Insurer, if solely because of illness or *injury*, you meet all three (3) conditions below:

- unable to work in your own occupation at full capacity but:
 - working in your own occupation in a reduced capacity; or
 - capable of working in your own occupation in a reduced capacity; or
 - working in another occupation; and
- earning or reasonably capable of earning a *current income* which is less than your *pre-disability income*; and
- under the regular care of, and following the advice of, a *medical practitioner*.

Where the Insurer considers you to be capable of working in your own occupation in a reduced capacity, they will consider any medical evidence and other factors related to your *injury* or illness. They will also consider whether such work is reasonably available.

Note that your own occupation must be the employment or activity in which you were mostly employed in by an employer (or mostly engaged in if you are *self-employed*) before becoming disabled.

The monthly Income Protection benefit that payable to you as *income* whilst you are *partially disabled* is calculated by the following formula:

$$\frac{\text{Pre-disability income} - \text{current income}}{\text{pre - disability income}} \times \text{monthly benefit}$$

Where:

- *Pre-disability income* is the monthly income you earned immediately prior to you becoming disabled
- *Current income* is the actual monthly income you earned, or reasonably expected to earn based on your partial capacity in your own occupation, during the month
- *Monthly benefit* is your *monthly benefit* that you would have received when you were *totally disabled*

The monthly Income Protection benefit that is payable to your super account with Australian Ethical Super as a *superannuation contribution benefit* whilst you are *partially disabled* is calculated by the following formula:

$$\frac{\text{Pre-disability income} - \text{current income}}{\text{pre - disability income}} \times \text{superannuation contribution monthly benefit}$$

Where:

- *Pre-disability income* is the monthly income you earned immediately prior to you becoming disabled
- *Current income* is the actual monthly *income* you earned during the month
- *Superannuation contribution monthly benefit* is your *superannuation contribution monthly benefit* that you would have received when you were *totally disabled*

Reduction of Income Protection benefits

Your Income Protection benefit will be reduced by the amount of any *other disability income*, and the commutation of such *income*, paid or payable as a result of your illness or injury, including any amounts payable:

- i. through workers compensation or similar legislation;
- ii. under statutory or government payments;
- iii. sick leave (paid only);
- iv. in respect of loss of *income* or loss of earning capacity under legislation or as an award or settlement under common law (whether received as capital or *income*);
- v. under any statutory accident compensation scheme;
- vi. under any disability, *injury* or *illness* policy (other than lump sum total and permanent disablement).

Any amount which is in the form of a lump sum or is exchanged for a lump sum, has a monthly *income* equivalent of 1/60th of the lump sum over a period of 60 months.

7 Other important information for all insurances

The amount of Income Protection benefits payable to you as superannuation contribution benefits will be reduced by the following amounts:

- a. the amount of any employer superannuation contribution paid to your superannuation account for any period of disability (but does not include employer superannuation contributions paid to you for the work that you have performed whilst *partially disabled*), and
- b. the amount of any benefits payable under any other Income Protection policy as replacement of your superannuation contribution entitlements.

If you are not working but the Insurer considers that you are capable of working in your **own occupation** in a reduced capacity and that work is reasonably available, you will be considered "*partially disabled*" and your Income Protection benefits will be assessed under *partial disability*. The *monthly benefit* that is payable as *income* to you will be reduced by the amount of *income* that, in the opinion of the Insurer, you could reasonably be expected to earn in your own occupation whilst disabled. See details under Benefits payable when you are *partially disabled* on page 31.

Any months in which the Income Protection benefit is reduced or calculated to be \$0 will be counted towards the maximum benefit period when determining when benefits stop.

Getting help with returning to work

If your return to work is likely to be accelerated by a rehabilitation program (that is approved by the Insurer), the cost of the program may be met by the Insurer, up to a maximum amount of six times the *monthly benefit* plus *superannuation contribution monthly benefit*.

Keeping up with inflation

If you have a benefit period that is 5 years or to age 65, and we've been paying you an Income Protection benefit for 12 consecutive months, we'll increase your Income Protection benefit by the lesser of:

- the consumer price index; or
- 5%.

We'll continue to apply this increase annually as long as we're paying you an Income Protection benefit, as long as your monthly Income Protection benefits does not exceed \$30,000 per month.

When do monthly Income Protection benefits stop?

Your monthly Income Protection benefits start on the day after the *waiting period* and will be paid until the earliest of the following:

- you are no longer *disabled*;
- the end of the benefit period. However, if on the *date of disablement* you are not in *permanent employment* or *self-employment*, the maximum period benefits will be paid is 2 years. In this case, there will be no refund of insurance fees for any period you are not in either *permanent employment* or *self-employment*;
- where you are overseas when Income Protection benefits are paid and you refuse to return to Australia after the Insurer has requested you to do so;
- you reach age 65;
- your Death.

What happens if you relapse?

If you recover while receiving Income Protection benefit payments, your payments will stop.

If your condition relapses and you become disabled again within six months due to the same cause or a related cause, your previous claim will continue and there is no further *waiting period*. If your condition relapses more than six months after you were last *totally disabled* or *partially disabled*, normal *waiting periods* apply.

The period in which benefits were paid previously will form part of the maximum benefit period for the relevant condition.

The maximum length of time an Income Protection benefit will be paid for the same or related cause is the maximum benefit period. This is regardless of how often you're disabled due to this cause.

If you die while receiving an Income Protection benefit

Your monthly Income Protection benefit payments will end and a final lump sum equal to three times the *monthly benefit* plus the *superannuation contribution monthly benefit* will be paid.

7 Other important information for all insurances

Multiple claimable conditions

If you suffer multiple claimable conditions or have a separate claimable condition arise while on claim, you are only able to claim all the conditions for the maximum benefit period only.

Example: A person on a 2 year benefit period suffers from a bad back and a bad knee. They make a claim for the bad back and subsequently recovers from the bad back after benefits have been paid for 2 years.

The person continues to be afflicted by the bad knee and has yet to return to work. No further benefits will be payable for the concurrent disability due to the bad knee after benefits have been paid for 2 years.

No insurance fees whilst you receive Income Protection benefits

While a benefit is being paid, the Income Protection insurance fees due at that time will be waived.

Income Protection benefits will be paid for a maximum of 12 months while you're living outside of Australia. You may be required to return to Australia if your disability continues beyond the 12-month period in order for benefits to continue being paid.

Limitations and exclusions to your cover

Exclusions – Death and TPD insurance (applicable for Unitised and Fixed Cover)

No insurance benefit will be paid to you if an illness or *injury* which results in your Death or Total and Permanent Disablement is caused by war outside of Australia, or the illness or injury occurs while you are an active participant in the armed forces of any country, including reserve forces.

Exclusions – Income Protection insurance

No benefits are payable if your *injury* or illness is a result of any of the following:

- intentional self-inflicted *injury* or attempted suicide
- war outside of Australia, or while you are an active participant in the armed forces of any country, including reserve forces; and
- normal and uncomplicated pregnancy, caesarean birth, threatened miscarriage, participation in in-vitro fertilisation or other medically assisted fertilisation techniques and normal discomforts of pregnancy, including but not limited to morning sickness, backache, varicose veins, ankle swelling and bladder problems.

The Insurer will not pay for any rehabilitation program to assist with return to work where that program provides 'hospital treatment' or 'general treatment' within the meaning of the Private Health Insurance Act 2007 or any other program which might cause this policy to cease to be exempt from the National Health Act 1953, Health Insurance Act 1973 or Private Health Insurance Act 2007, Private Health Insurance (Prudential Supervision) Act 2015 or any succeeding legislation in connection with health insurance.

Sanctions

No benefit will be payable where the payment would expose our insurer, Australian Ethical Super, or a member to any sanction, prohibition or restriction under the United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Australia or United States of America.

7 Other important information for all insurances

New events cover limitations

New events cover limitations may apply to your insurance cover, depending on how you received your insurance cover and your circumstances when cover started, restarted or increased.

In most cases, new events cover limitations will apply for a minimum period of time and will be removed when you meet certain conditions at the end of that minimum period.

How did you get cover?	When will new events cover limitations apply	How long will new events cover limitations apply
You receive Default Cover within 120 days of joining Australian Ethical Super	New events cover limitations will cease after 30 days if all of the following (i) to (iv) applies to you: i. you have been in <i>active employment</i> for the first 30 consecutive days of Default Cover starting; and ii. an <i>employer contribution</i> is received within the first 120 days of you joining Australian Ethical Super; and iii. within the 6 month period before your cover starts, you were not: – absent from work, or on restricted duties or hours, for more than 7 consecutive working days due to <i>injury</i> or <i>illness</i>, and iv. before your cover starts, you were not diagnosed with a <i>Terminal Illness</i> or had not received, or were entitled to receive, a TPD or <i>Terminal Illness</i> benefit from any source.	New events cover limitations will apply for the first 30 consecutive days of Default Cover starting.
	New events cover limitations will apply if either of the following (i), (ii) or (iii) applies to you: i. you were not in <i>active employment</i> for the first 30 consecutive days of Default Cover starting; or ii. we did not receive an <i>employer contribution</i> for you within the first 120 days of you joining Australian Ethical Super; or iii. <i>within the</i> 6 month period before your cover starts, you were: – absent from work, or on restricted duties or hours, for more than 7 consecutive working days due to <i>injury</i> or <i>illness</i>.	New events cover limitations will apply for the first 24 months after Default Cover starts, as long as you are in <i>active employment</i> for the final 30 consecutive days before the 24 month period expires. If you were not in <i>active employment</i> for the entire final 30 consecutive days before the 24 month period expires, new events cover limitations will continue to apply until you have been in <i>active employment</i> for 30 consecutive days.
	Before your cover starts or restarts, if you were diagnosed with a <i>Terminal Illness</i> or you had received or was entitled to receive a <i>Total and Permanent Disablement</i> or <i>Terminal Illness</i> benefit from any source.	New events cover limitations will apply for the life of your membership.

7 Other important information for all insurances

How did you get cover?	When will new events cover limitations apply	How long will new events cover limitations apply
You receive Default Cover after 120 days have passed since joining Australian Ethical Super	New events cover limitations will cease after 30 days if all of the following (i) to (iv) applies to you: i. you have been in active <i>employment</i> for the first 30 consecutive days of Default Cover starting; and ii. an <i>employer contribution</i> is received in the 120 days before your cover starts; and iii. within the 6 month period before your cover starts, you were not: – absent from work, or on restricted duties or hours, for more than 7 consecutive working days due to <i>injury</i> or illness; and iv. before your cover starts, you were not diagnosed with a <i>Terminal Illness</i> and had not received, or were entitled to receive, a TPD or <i>Terminal Illness</i> benefit from any source.	New events cover limitations will apply for the first 30 consecutive days of Default Cover starting.
	New events cover limitations will apply if either of the following (i), (ii) or (iii) applies to you: i. you were not in active <i>employment</i> for the first 30 consecutive days of Default Cover starting; or ii. we did not receive an <i>employer contribution</i> for you in the 120 days before your cover started; or iii. within the 6 month period before your cover started, you were: – absent from work, or on restricted duties or hours, for more than 7 consecutive working days due to <i>injury</i> or illness.	New events cover limitations will apply for the first 24 months after Default Cover starts, as long as you are in active <i>employment</i> for the final 30 consecutive days before the 24 month period expires. If you were not in active <i>employment</i> for the entire final 30 consecutive days before the 24 month period expires, new events cover limitations will continue to apply until you have been in active <i>employment</i> for 30 consecutive days.
	Before your cover starts, you were diagnosed with a <i>Terminal Illness</i> or you had received or was entitled to receive a <i>Total and Permanent Disablement</i> or <i>Terminal Illness</i> benefit from any source.	New events cover limitations will apply for the life of your membership.

7 Other important information for all insurances

How did you get cover?	When will new events cover limitations apply	How long will new events cover limitations apply
Your Death and TPD Cover is increased under Life Events Cover	If you were not in <i>active employment</i> on the day your cover is increased.	New events cover limitations will apply only to the increased amount until you have been in <i>active employment</i> for 30 consecutive days. For example: John has \$70,000 in fixed Death only cover and was accepted for an increase of \$10,000 Death only cover under Life Events Cover. However, John was not in <i>active employment</i> on the day his Life Events Cover increase was accepted. The additional \$10,000 Death only cover will be subject to new events cover limitations until John is in <i>active employment</i> for 30 consecutive days.
Your Default Cover is increased under New Member Offer	If your Default Cover is already subject to new events cover limitations.	New events cover limitations that applied to your Default Cover will also apply to the increased cover until they are removed according to their terms.
Your insurance cover restarts after it was cancelled because: • you had joined the military services or • you did not pay insurance fees	If you were not in <i>active employment</i> on the day your cover restarts.	New events cover limitations to apply to the cover that restarts until you have been in <i>active employment</i> for 30 consecutive days (unless a longer of new events cover applied to the re-instated cover before it was cancelled).

7 Other important information for all insurances

How did you get cover?	When will new events cover limitations apply	How long will new events cover limitations apply
Your insurance cover restarts between 61-90 days of it being cancelled because your account was inactive for 16 months or more	New events cover limitations will apply if both of the following (i) and (ii) applies to you: i. you were not in <i>active employment</i> on the date your cover restarts; and ii. an <i>employer contribution</i> is received within 60 consecutive days either immediately before or after the date your cover restarts.	New events cover limitations to apply to the cover that restarts until you have been in <i>active employment</i> for 30 consecutive days.
	New events cover limitations will apply if both of the following (i) and (ii) applies to you: i. you were in <i>active employment</i> on the date your cover restarts; and ii. we did not receive an <i>employer contribution</i> for you within 60 consecutive days either before or after the date your cover restarts.	New events cover limitations will apply for the first 24 months after Default Cover starts, as long as you are in <i>active employment</i> for the final 30 consecutive days before the 24 month period expires. If you were not in <i>active employment</i> for the entire final 30 consecutive days before the 24 month period expires, new events cover limitations will continue to apply until you have been in <i>active employment</i> for 30 consecutive days.
Note - If cover restarts within 30 days of it being cancelled because your account was inactive for 16 months or more due to a <i>valid election</i> being provided, no <i>active employment</i> test applies.		
Your insurance cover increased on 14 October 2020 because you transitioned to the new Default Cover	If you were not in active employment on 14 October 2020	New events cover limitations apply to the increased amount until you have been in <i>active employment</i> for 30 consecutive days. However, if the cover you had before 14 October 2020 is subject to a longer period of new events cover limitations, the longer period will apply.

8 Other important information for all members

Worldwide cover

Once your cover starts, you are covered anywhere in the world. You are not required to advise us or the insurer before you travel overseas.

However, if you make a claim whilst you are overseas, you may be required to return to Australia for assessment. This will be at your expense.

Any payments made under the insurance policy must be made in Australia and in Australian currency.

Income Protection benefits will be paid for a maximum of 12 months while you're living outside of Australia. You may be required to return to Australia if your disability continues beyond the 12 month period in order for benefits to continue being paid.

Cover whilst on leave without pay

Your insurance cover will continue on the same terms and conditions if you go on leave without pay. There's no time limit on absence from work for your insurance cover as long as your cover hasn't ended.

However, if you are on leave without pay for more than 24 months and you have TPD insurance cover, different TPD definitions will apply to you. Refer to the definitions section of the Insurance Guide.

If you are on leave without pay and become *totally disabled*, Income Protection benefit payments won't start until the later of your specified return to work date that your employer has approved prior to you going on leave, or the end of your *waiting period*. If you have been on leave without pay for less than 12 months when you became *totally disabled*, the Income Protection benefit that is payable will be based on your *income* prior to you going on leave.

Occupation categories

The cost of insurance cover will depend on your occupation and the type of work you do.

There are 5 different occupation categories that we offer to our members:

- Professional;
- White Collar;
- Light Manual;
- Manual; and
- Heavy Manual.

Generally, the more manual the occupation is, the more you pay for insurance.

It is very important that we correctly record your occupation category as it will directly impact your insurance fees.

You can also update your occupation category at any time electronically by logging into our member portal, or in writing by completing the Insurance Variation Form available at australianethical.com.au/super/pds-forms/

When you change your occupation category, it will be applied to all insurance cover you hold with us (including any Death, Death and TPD and Income Protection Cover) and the cost of insurance may also change.

If you have not provided your occupation category, you will be classified under **Light Manual**. We will review this every now and then to ensure that this is appropriate for our members.

8 Other important information for all members

The table below describes the five occupation categories. Please log into our member portal to update your occupation category when necessary. **If you don't tell us your occupation, you will be classified under Light Manual.**

Occupation	Category Definitions
Professional	You only work within an office or similar environment and your duties do not involve any manual work or teaching and: • you earn more than \$100,000 p.a. (before tax); and • you hold tertiary qualifications, or are a registered member of a professional institute or governing body in relation to your job, or work as a member of the executive leadership team with your employer. Examples include: Accountant, Lawyer/Solicitor, Medical Doctor
White Collar	You only work in an office or similar environment and your duties include managerial, administrative or clerical activities but your job does not involve any manual work or teaching. Examples include: Bank Teller, Administrative Assistant, Book-keeper
Light manual	You perform light manual skilled work, a classroom teaching role, or trade qualified working in a non-hazardous industry. Examples include: • Classroom Teacher including PE or Music Teacher • Registered Childcare Worker • Qualified tradespeople such as Electricians or Landscaper n a domestic environment • Trade occupations in an office environment such as Equipment Repair Person • Occupations involving light manual work such as Café owner, retail sales or travelling sales • Technical occupations requiring field work greater than 20% involving light manual work such as Insurance Assessor, Building Inspector or Surveyor • Occupations involving the supervision of manual work such as Building Foreman
Manual	You are tertiary or trade qualified for your job, performing moderate to heavy manual work or operate heavy machinery, not in a high-risk occupation[^]: Examples include: Sheet Metal Worker, Mechanic, Plumber, Commercial Electrician [^]High risk occupations include: • Working at heights or underground • Working in any occupation that exposes you to danger, such as Firefighter or Pilot • Working with firearms, such as Police Officers • Working in heavy manual occupations that do not require tertiary or trade qualifications such as Labourer, Warehouse Worker, Brick Layer, Factory Worker • Working as an inter-state Bus or Truck Driver
Heavy manual	You perform moderate to heavy manual work or operate heavy machinery or you are not trade or tertiary qualified for your current job or you work in a high-risk occupation[^]: Examples include: Prison Guard, Removalist, Carpenter [^]High-risk occupations include: • Working at heights or underground • Working in any occupation that exposes you to danger, such as Firefighter or Pilot • Working with firearms, such as Police Officers • Working in heavy manual occupations that does not require tertiary or trade qualifications such as Labourer, Warehouse Worker, Brick Layer, Factory Worker • Working as an inter-state Bus or Truck Driver

8 Other important information for all members

Cancelling insurance

When you cancel your insurance, you will no longer be insured for that benefit through the Fund. We recommend that you speak with a financial adviser or with us about your insurance needs before making this decision.

You cannot cancel your Death Cover without cancelling your TPD Cover. However, you can cancel your TPD Cover and continue to hold Death only Cover. If you have Default Cover and you cancel your TPD Cover, your Death only cover will remain Unitised cover.

When you cancel your insurance, the cancellation is immediate and effective from the date that the Fund receives this request. We will confirm in writing, the type of cover cancelled and the date which your cover stopped.

Once you cancel your insurance, you will not be eligible to make a claim for an illness or *injury* that occurs after the effective date of your cancellation.

If you opt out of Default Cover before commencing or cancel your insurance cover through the Fund, and require insurance in the future, you will be required to complete a series of questions regarding your health and is subject to approval by the insurer. It is possible that your application will not be accepted or will be accepted with conditions such as loadings and/or exclusions.

You can cancel your insurance at any time electronically by logging into our member portal, or by calling us on **1800 021 227** or by completing the Insurance Variation Form available at australianethical.com.au/super/pds-forms/.

Note – if you are cancelling your insurance because you are transferring cover or replacing cover, we recommend that you don't cancel your cover with us until you are notified that the other cover has been approved.

Corporate plans

This Insurance Guide does not apply to you if you have insurance with Australian Ethical Super through an employer arrangement. You would be advised if this applies to you and you would have received a separate Insurance Guide.

Trustee's responsibility

Although the Trustee manages the group insurance arrangements, we do not guarantee the payment of an insured benefit.

The duty to take reasonable care not to make a misrepresentation

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

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, *income*, lifestyle, pastimes, and other insurance.

Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately.

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

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

The duty to take reasonable care

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

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

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

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

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

8 Other important information for all members

Consequences of not complying with the duty

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

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

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

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

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

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

Guidance for answering our questions

When answering our questions, please:

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

Other important information

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

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

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

It's important that you understand this information and the questions we ask, so if you have any queries please contact us on **1800 021 227**.

8 Other important information for all members

Dispute resolution and complaints

We welcome your enquiries and comments. If you are not satisfied with any aspect of our service, please contact us **1800 021 227** or send us an email to members@australianethical.com.au

We will review your complaint and seek to resolve it as soon as possible.

If we do not resolve your complaint to your satisfaction, you can complain to the following external dispute resolution body, at no charge to you:

W: www.afca.org.au

E: info@afca.org.au

T: 1800 931 678

Tax deductions

Insurance fees are a tax deduction to the Fund because they are deducted from your superannuation account and not paid by you as an individual. As such, you cannot claim personal tax deductions for this cost.

The benefit of any tax deductions for insurance fees paid by you for insurance held in the Fund will be credited to your superannuation account.

Tax payable on benefits paid out

Death and Death & TPD benefits

As the insurance cover is part of a superannuation plan, any benefits payable are treated as superannuation death or permanent disablement benefits and are taxed as such when paid out.

You should refer to the Super Additional Information Booklet for information about the taxation of superannuation.

Income Protection benefits

The benefits paid under Income Protection insurance are paid as taxable *income*, similar to salary and wages. Any payments will be made once pay-as-you-go withholding tax has been deducted.

The statements regarding taxation are correct at the time of publishing this guide however they may have changed since that time. As such, we strongly recommend that you seek the advice of a qualified taxation agent in relation to your own circumstances.

9 Insurance definitions

In the below definitions table, “we”, “us” and “our” refers to the Insurer, MetLife.

Active contribution	An amount received by the Fund that we determine is sufficient for a member’s account to avoid becoming ‘inactive’ under the Superannuation Industry (Supervision) Act 1993 (Cth) for the purpose of providing insurance.
Active employment	You are considered to be in <i>active employment</i> by the Insurer if you are: • <i>gainfully employed</i> and not absent from work, or on leave, due to <i>illness</i> or <i>injury</i>; and • actively performing or capable of performing all duties of your occupation for at least 35 hours per week (even if you are not working 35 hours per week), free from any limitation due to <i>illness</i> or <i>injury</i>; and • not in receipt of, or entitled to claim, <i>income support benefits</i> from any source including, but not limited to, worker’s compensation benefits, statutory motor accident benefits or disability income benefits (including government support benefits of any kind).
Active participant	You are an active participant if you are: • on active service with the armed or security forces and employed by them; or • participating in any military, civil defence or hostile manoeuvres or training.
Basic work activities	Mobility (walking or bending): Walk, with or without a walking aid such as a walking stick, crutches or walking frames, more than 200m on a level surface without stopping; or Bend, kneel or squat to pick something up from the floor from standing position and straighten up again. Vision (reading): Read, with or without visual aids, to the extent that an Ophthalmologist can certify that: • visual acuity is equal to, or better than, 6/48 in both eyes; or • constriction is within, or greater than, 20 degrees of fixation in the eye with the better vision. Lifting: the <i>insured member</i> cannot lift, carry or move objects weighing up to 5 kilograms with their hands even if they use both hands together. Manual dexterity: With at least one hand, without the use of aids: • type words using a computer keyboard; or • pick up a small object such as a coin or pen. Hearing: Clearly hear with or without an aid, where the inability to hear clearly must be due to permanent hearing loss of at least 90 dB in both ears, averaged over frequencies of 500Hz, 1000Hz and 2000Hz, as certified by an appropriate medical specialist. Communicating (verbal or written): Comprehend and express oneself through verbal or written language with clarity, where the inability to speak verbally or write with clarity must be due to dysfunction of the nervous system that is present on clinical examination, as certified by an appropriate medical specialist. Examples of dysfunction include dysarthria, aphasia, and dysphasia.

9 Insurance definitions

Current income	The monthly amount: • you earned as a result of your own personal exertion whilst you are <i>disabled</i>; and • where the Insurer is calculating partial disability benefit, the amount of <i>income</i> that, in the Insurer's opinion, you could reasonably be expected to earn in your own occupation whilst <i>disabled</i>.* *Where the Insurer assesses the amount of <i>income</i> that you could reasonably be expected to earn in your own occupation, it will consider any medical evidence and other factors related to your medical condition. The Insurer will also consider whether such work is reasonably available. Note that your own occupation must be the employment or activity in which you were mostly employed in by an employer (or mostly engaged in if you are <i>self-employed</i>) before becoming <i>disabled</i>. Where the Insurer assesses the amount of <i>income</i> that the insured member could reasonably be expected to earn in their own occupation, we will consider any medical evidence and other factors related to the insured member's <i>injury</i> or <i>illness</i>. We will also consider whether such work is reasonably available.
Date of disablement – Total and Permanent Disablement	The later of: i. the date you were examined by a <i>medical practitioner</i> who certifies in writing that you are disabled from work due to the <i>illness</i> or <i>injury</i> which is the principal cause of your total and permanent disablement claim; and ii. the date you permanently ceased all work (whether or not for reward) due to illness or injury. The Insurer may use an earlier date if you consulted a <i>medical practitioner</i> and was certified disabled from work within 7 days of you ceasing all work, in which case the <i>date of disablement</i> is the day you ceased all work.
Date of disablement – Income Protection	The later of: i. the date you were examined by a <i>medical practitioner</i> who certifies in writing that you were <i>totally disabled</i> from work due to the <i>illness</i> or <i>injury</i>, and ii. the date you ceased all work. The Insurer may use an earlier date if you consulted a <i>medical practitioner</i> and was certified <i>totally disabled</i> within 7 days of you ceasing all work, in which case the <i>date of disablement</i> is the day you ceased all work.
De facto relationship	A relationship between two persons (whether of the same sex or different sex) who, although not legally married to each other, live with each other in a genuine domestic basis in a relationship as a couple.
Employer contribution	<i>Employer Contribution</i> means an on-time mandated superannuation guarantee or award contribution made to the Fund for you by your employer.
Gainful Employment	Employment or <i>self-employment</i> for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.
Illness	Sickness, disease or disorder

9 Insurance definitions

Immediate assessment conditions	means any of the following: a. Cardiomyopathy - condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, i.e. Class 3 on the New York Heart Association classification of cardiac impairment. b. Chronic Lung Disease - the permanent end stage respiratory failure with FEV1 test results of consistently less than one litre, requiring continuous permanent oxygen therapy. c. Dementia and Alzheimer's Disease - the clinical diagnosis of dementia (including Alzheimer's disease) as confirmed by a consultant neurologist, psycho-geriatrician, psychiatrist or geriatrician. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Where significant cognitive impairment means a deterioration in the person's Mini-Mental State Examination scores to 24 or less and deterioration would continue but for any effective treatment. Dementia related to alcohol, drug abuse or Acquired Immune Deficiency Syndrome is excluded. d. Diplegia - the total loss of function of both sides of the body due to Illness or Injury, where such loss of function is permanent. e. Hemiplegia - the total loss of function of one side of the body due to Illness or Injury, where such loss of function is permanent. f. Loss of Hearing - the complete and irrecoverable loss of hearing, both natural and assisted from both ears as a result of Illness or Injury, as certified by a specialist we consider appropriate. g. Loss of Speech - the total and irrecoverable loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or the speech centres of the brain. The loss must be certified by an appropriate medical specialist. h. Major Head Trauma - Injury to the head resulting in neurological deficit causing either: i. A permanent loss of at least 25% whole person function (as defined by the American Medical Association publication Guide to the Evaluation of Permanent Impairment 4th Edition or the equivalent guide to the evaluation of impairment approved by us), or ii. The permanent and irreversible inability to perform without the assistance of another person any 2 of the following activities of daily living: • Dressing - the ability to put on and take off clothing, • Toileting - the ability to use the toilet, including getting on and off, • Mobility - the ability to get in & out of bed & a chair, • Continence - the ability to control bowel and bladder function, • Feeding - the ability to get food from a plate into the mouth, as certified by a consultant neurologist.
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9 Insurance definitions

Immediate assessment conditions (continued)

- i. Motor Neurone Disease - unequivocal diagnosis of motor neurone disease by a consultant neurologist and confirmed by neurological investigations.
- j. Multiple Sclerosis - the unequivocal diagnosis of multiple sclerosis as confirmed by a consultant neurologist and characterised by demyelination in the brain and spinal cord evidenced by Magnetic Resonance Imaging or other investigations acceptable to us. There must have been more than one episode of well-defined neurological deficit with persisting neurological abnormalities.
- k. Muscular Dystrophy - the unequivocal diagnosis of muscular dystrophy by a consultant neurologist.
- l. Paraplegia - the permanent loss of use of both legs or both arms, resulting from spinal cord illness or injury.
- m. Parkinson's Disease - the unequivocal diagnosis of Parkinson's disease by a consultant neurologist where the consultant neurologist confirms that the condition:
 - i. Is the established cause of two or more of the following:
 - Muscular rigidity,
 - Resting tremor,
 - Bradykinesia, and
 - ii. Has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit.

They must be following advice and treatment of a specialist neurologist.
- n. Primary Pulmonary Hypertension - primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 on the New York Heart Association classification of cardiac impairment.
- o. Quadriplegia - the permanent loss of use of both arms and both legs, resulting from spinal cord illness or injury.
- p. Severe Burns - third degree burns to 20 per cent or more of the body surface, or to the whole of the face or the whole of both hands requiring surgical debridement and/or grafting.
- q. Severe Rheumatoid Arthritis - the unequivocal diagnosis of severe rheumatoid arthritis by a rheumatologist. The diagnosis must be supported by and evidence all of the following criteria:
 - i. At least a 6-week history of severe rheumatoid arthritis which involves three or more of the following criteria:
 - ii. Proximal interphalangeal joints in the hands,
 - iii. Metacarpophalangeal joints in the hands,
 - iv. Metatarsophalangeal joints in the foot, wrist, elbow, knee or ankle.
 - v. Simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony over growth alone), and

9 Insurance definitions

Immediate assessment conditions (continued)	vi. Typical rheumatoid joint deformity and at least two of the following criteria: vii. Morning stiffness, viii. Rheumatoid nodule, ix. Erosions seen on x-ray imaging, x. The presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis. xi. Degenerative osteoarthritis and all other arthritis are excluded. r. Tetraplegia - the total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain illness or injury or spinal cord illness or injury. s. Total Blindness - the permanent loss of sight in both eyes, whether aided or unaided, due to illness or injury to the extent that visual acuity is 6/60 or less in both eyes or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.
Income	The income definition that applies to you will depend on whether you are self-employed or not. If you have multiple employment arrangements within the 12 month period immediately prior to becoming <i>disabled</i> (for example, where you are employed by an employer in <i>permanent employment</i> and also working as self-employed on the side), the salary, wages or share of earnings from the different employment arrangements within that 12 month period is combined to determine your <i>income</i>. If you are not self-employed: Income means the total monthly value of wages or salary received by you from your employer for your personal exertion (including any overtime, commission, bonuses and shift allowances). The total monthly value is averaged over the most recent 12 months immediately before you become disabled, except: • if you were employed in <i>permanent employment</i> immediately prior to becoming disabled but for less than 12 months, then the total wages or salary will be averaged over the actual period you were in <i>permanent employment</i> leading up to the day you became <i>disabled</i>, subject to a minimum averaging of 6 months. • if you were unemployed or not employed in <i>permanent employment</i> immediately prior to becoming disabled, the total wages or salary will be averaged over the period from when you were last employed within the 12 months immediately prior to you becoming <i>disabled</i> up to the date you became <i>disabled</i>, subject to a minimum averaging of 6 months • if you were on employer approved leave immediately prior to becoming <i>disabled</i>, the total wages or salary will be averaged over the period commencing 12 months immediately before you commenced that period of leave • if you were employed in any other basis other than <i>permanent employment</i> immediately prior to becoming <i>disabled</i>, a minimum averaging of 6 months will apply.

9 Insurance definitions

Income (continued)	<i>Income</i> does not include mandated <i>superannuation contributions</i>, profit distributions (or any income that doesn't cease when you cease work), and any other non-regular payments. If you are self-employed: The average monthly share of earnings (being gross revenue generated by the business as a result of your personal exertion less business expenses) received by you in a month, calculated over the previous 12 months prior to you becoming <i>disabled</i>. <i>Income</i> does not include investment income, mandated superannuation contributions and any component of the insured member's income that does not cease upon you ceasing work. For example, John is the sole business owner of Tradify which makes \$10,000 in gross revenue each month. John receives a monthly salary of \$4,000 from Tradify. At the end of the year, John receives a \$10,000 bonus from Tradify to reflect the profits he made over the last 12 months. In this example, John's income would be \$4833 i.e. $((\\$4,000 \times 12) + (\\$10,000)) / 12$
Income producing duties	A duty of your occupation which generates at least 20% of the <i>income</i> . The occupation must be the employment or activity in which you were mostly employed in by an employer (or mainly engaged in if you were <i>self-employed</i>) before becoming <i>disabled</i> .
Income support benefit	Monetary benefits which are paid or entitled to be paid to replace a person's loss of <i>income</i> or income earning capacity as a result of <i>injury</i> or <i>illness</i> .
Injury	Bodily <i>injury</i> which is caused solely and directly by external, violent and accident means and is independent of any other cause.
Insured member	A member who has cover in force under this policy, other than Interim Accident Cover.
Medical practitioner	A person, accepted by the Insurer, who is registered and practicing as a <i>medical practitioner</i> in Australia other than: • yourself; • your parent, child or sibling; • your spouse or partner, as determined by the Insurer's absolute discretion; or • your business partner, associate or employee. The Insurer may accept a similarly qualified person who is registered and practicing as a <i>medical practitioner</i> in another country, on the basis their credentials are recognised by the Australian Medical Board.
Monthly benefit	The lesser of: • the amount of your cover as accepted by the Insurer; • 75% of the <i>insured member's pre-disability income</i>; or • \$30,000 per month.
Other disability income	The amount of any <i>income</i> (other than benefits under this policy) and the commutation of income paid or payable to you as a result of their <i>illness</i> or <i>injury</i>, including any amounts payable: i. through workers compensation or similar legislation; ii. sick leave (paid only); iii. in respect of loss of <i>income</i> or loss of earning capacity under legislation or as an award or settlement under common law (whether received as capital or income);

9 Insurance definitions

Other disability income (continued)	iv. under any statutory accident compensation scheme; v. under any disability, <i>injury</i> or illness policy (other than lump sum Total and Permanent Disablement). but does not include: i. income earned from investments; ii. any lump sum total and permanent disablement benefit, lump sum superannuation benefit, lump sum trauma or terminal illness style of benefit; iii. annual leave or long service leave entitlements; iv. Social security payments from Centrelink; v. Termination payments. Any amount which is in the form of a lump sum or is exchanged for a lump sum, has a monthly income equivalent of 1/60th of the lump sum over a period of 60 months.
Partial disability	You are considered <i>partially disabled</i> by the Insurer if solely because of <i>illness or injury</i>, you meet all 3 conditions below: i. unable to work in your own occupation at full capacity but are: – working in your own occupation in a reduced capacity; or – capable of working in your own occupation in a reduced capacity*; or – working in another occupation; and ii. earning or reasonably capable of earning a <i>current income</i> which is less than your <i>pre-disability income</i>; and iii. under the regular care of, and following the advice of, a <i>medical practitioner</i>. *Where the Insurer considers you to be capable of working in your own occupation in a reduced capacity, they will consider any medical evidence and other factors related to your medical condition. The Insurer will also consider whether such work is reasonably available. Note that your own occupation must be the employment or activity in which you were mostly employed in by an employer (or mostly engaged in if you are <i>self-employed</i>) before becoming <i>disabled</i>.
Permanent employment	Being employed by an employer under a single and ongoing contract that: • is of indefinite duration or is for a fixed term of no less than 6 months; • requires the person to perform identifiable duties; • requires the person to work a regular number of hours each week; • provides for paid annual leave, sick leave and long service leave; and • is not employed on a casual basis.
Pre-disability income	The monthly <i>income</i> you earned immediately before the <i>date of disablement</i>.

9 Insurance definitions

Psychiatric disorder	the <i>insured person</i> has: - been diagnosed by a <i>psychiatrist</i> under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association (or similar diagnostic tool determined by the Royal Australian and New Zealand College of Psychiatrists Board); and - been assessed by a <i>psychiatrist</i> appointed by Us as having an impairment of 19% or more on the Psychiatric Impairment Rating Scale and in their opinion the condition is permanent; and - the <i>insured person's psychiatrist</i> believes won't improve.
Psychiatrist	means a registered medical practitioner who is legally qualified and currently registered to practise psychiatry in Australia or New Zealand by the relevant medical registration boards and agencies, other than the <i>eligible person</i> or <i>insured member</i> , or their parent, child, sibling, partner, business partner, employer, associate or employee.
Reasonable retraining	Any further education, training, experience, which in <i>our</i> opinion based on medical and other evidence satisfactory to us: - the <i>insured person</i> has reasonable capacity to undertake; and - may render the <i>insured person</i> reasonably fit to engage in or work (whether or not for reward) in an occupation which is related to the skills and knowledge the <i>insured person</i> will acquire by education, training and experience.
Self-Employment/ self-employed	A person who is <i>self-employed</i> who directly or indirectly owns part or all of the business or professional practice from which the person carries out identifiable duties and earns <i>income</i> through their personal exertion.
Separated/ separation	In the case of: - marriage, 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 de facto relationship, ceasing to be in that de facto relationship for a period of 12 months.
Superannuation contribution monthly benefit	The lesser of: 12% of the <i>insured member's</i> pre-disability income; and - the difference between: - the <i>monthly benefit</i>; and - the amount of the <i>insured member's</i> cover as accepted the insurer.
Terminal Illness/ Terminally Ill	- Two <i>medical practitioners</i>, one of whom specialises in the <i>insured member's illness</i>, jointly or separately certifies in writing that despite reasonable medical treatment, the illness will lead to the <i>insured member's</i> death within 24 months of the date of their certification(s); and - we are satisfied, on medical or other evidence, that despite reasonable medical treatment, the illness will lead to the <i>insured member's</i> death within 24 months of the latest date of the certification(s) referred to in paragraph (a). The <i>illness</i> from which the <i>insured member</i> suffers must occur, and the date of certification(s) referred to in paragraph (a) must be made, whilst the <i>insured member</i> is insured under this policy and must be current at the time the claim is lodged.

9 Insurance definitions

Totally disabled/ Total disability	You are considered to be <i>totally disabled</i> by the Insurer if solely because of <i>illness or injury</i>, you have ceased to be <i>gainfully employed</i> and you meet all 3 conditions below: i. unable to perform at least one <i>income</i> producing duty of your own occupation; ii. under the regular care of, and following the advice of, a <i>medical practitioner</i>; and iii. not working, or not capable of working*, in your own occupation in a reduced capacity, and not working in any other occupation whether paid or unpaid. Note that your own occupation must be the employment or activity in which you were mostly employed in by an employer (or mostly engaged in if you are <i>self-employed</i>) before becoming <i>disabled</i>.
Totally and Permanently Disabled/Total and Permanent Disablement	An <i>insured member</i> is totally and permanently disabled if they satisfy all parts of the total and permanent disablement definition that applies to them while they are insured for total permanent and disablement under the Policy. The definition of total and permanent disablement that applies to an <i>insured member</i> is determined by reference to their status prior to the <i>date of disablement</i> in accordance with the following: Part A) Employed or self-employed persons, and under age 67 For an <i>insured member</i> who, at the <i>date of disablement</i>: a. has been <i>gainfully employed</i> within 24 months immediately prior to the <i>date of disablement</i>; and b. are unable to do any work as a result of <i>injury</i> or <i>illness</i> for three (3) consecutive months; and c. has seen a <i>medical practitioner</i> and received all medical treatment reasonably recommended by a <i>medical practitioner</i> in relation to your <i>injury</i> or <i>illness</i>; and d. is aged less than 67 years; <i>Total and permanent disablement</i> means the <i>insured member</i> has provided proof to our reasonable satisfaction that the <i>insured member</i>, as a result of <i>illness</i> or <i>injury</i>, has become incapacitated to such an extent that it is unlikely the <i>insured member</i> will ever be capable of engaging in <i>gainful employment</i> for which they are reasonably qualified by education, training or experience, or may become reasonably suited for by way of <i>reasonable retraining</i> or rehabilitation and either (i), (ii), or (iii) applies: i. the <i>insured member</i> has been absent from employment with their employer through <i>illness</i> or <i>injury</i> for a waiting period of three (3) consecutive months, or such less period we may approve where the extent of the <i>insured member's illness</i> or <i>injury</i> is such that it is apparent the <i>insured member</i> will be absent from employment due to <i>illness</i> or <i>injury</i> for three consecutive months even though the period of three consecutive months has not concluded; or ii. the <i>insured member</i>, through <i>illness</i> or <i>injury</i>, and having provided proof to our satisfaction, is permanently unable to perform at least two (2) out of the six (6) <i>basic work activities</i>; or iii. If, in our opinion an <i>insured member</i> is suffering from one or more of the <i>immediate assessment conditions</i> and all claim requirements specified by us have been satisfied, the three (3) month waiting period that applies to Part A is waived.

9 Insurance definitions

Totally and Permanently Disabled /Total and Permanent Disablement (continued)	Part B) Unemployed persons, or aged 67 or older For an <i>insured member</i> who, at the date of disablement: • has not been <i>gainfully employed</i> within 24 months immediately prior to the date of disablement; or • has been on employer approved leave for more than 24 months; or • is aged 67 years or older; and • has seen a <i>medical practitioner</i> and received all medical treatment reasonably recommended by a <i>medical practitioner</i> in relation to your <i>injury</i> or <i>illness</i>; <i>Total and permanent disablement</i> means the <i>insured member</i> has provided proof to our reasonable satisfaction that the <i>insured member</i>, as a result of <i>illness</i> or <i>injury</i>, has become incapacitated to such an extent that it is unlikely the <i>insured member</i> will ever be capable of engaging in <i>gainful employment</i> for which they are reasonably qualified by education, training or experience, and either (i), or (ii) applies: • the <i>insured member</i>, through <i>illness</i> or <i>injury</i>, and having provided proof to our satisfaction, is permanently unable to perform at least two (2) out of the six (6) <i>basic work activities</i>; or • the <i>insured member</i> has a <i>psychiatric disorder</i>.
Unitised cover	An amount of cover based on the age-based unitised cover scale
Valid election	A written election made by an eligible person that the Fund deems satisfactory in accordance with Sections 68AAA(2), 68AAB(2) and 68AAC(2) of the Superannuation Industry (Supervision) Act 1993 (Cth) for insurance to be provided for that person. An election will only be valid in relation to the type of insurance cover that is covered by that election.
Waiting period	The continuous period of 30, 60 or 90 days (as applicable to you) for which you have to be <i>disabled</i> before an Income Protection <i>monthly benefit</i> is payable, provided that: • you are <i>totally disabled</i> for at least 7 out of the first 12 working days of the <i>waiting period</i>; and • If you return to work at full capacity during the <i>waiting period</i>, the <i>waiting period</i> starts again unless the return to work happens once and it is for no more than 5 consecutive days. If this happens, the <i>waiting period</i> will not start again but we will add the number of days worked to the <i>waiting period</i>.
Valid election	A written election made by an eligible person that the Fund deems satisfactory in accordance with Sections 68AAA(2), 68AAB(2) and 68AAC(2) of the Superannuation Industry (Supervision) Act 1993 (Cth) for insurance to be provided for that person. An election will only be valid in relation to the type of insurance cover that is covered by that election.
Waiting period	The continuous period of 30, 60 or 90 days (as applicable to you) for which you have to be <i>disabled</i> before an Income Protection <i>monthly benefit</i> is payable, provided that: • you are <i>totally disabled</i> for at least 7 out of the first 12 working days of the <i>waiting period</i>; and • If you return to work at full capacity during the <i>waiting period</i>, the <i>waiting period</i> starts again unless the return to work happens once and it is for no more than 5 consecutive days. If this happens, the <i>waiting period</i> will not start again but we will add the number of days worked to the <i>waiting period</i>.

10 Insurance fees

Death & TPD (Unitised Cover and Fixed Cover) – Insurance fee table

The insurance fees you pay represent the full cost to you of holding insurance cover in the fund, with part of the fee to be used to pay insurance administration costs. The part of your overall Insurance fee that will be allocated to cover insurance administration costs will be 7.5% of the insurance premium component of your insurance fees.

How to calculate your Insurance fee

- Annual insurance fee per \$1,000 sum insured, White Collar occupation category.
- Occupation rating factor is to be applied to the applicable rate of insurance fee. For example, if your occupation category is Light Manual you need to multiply the rate of insurance fee for Death & TPD set out below by 140% or 1.40

Occupation Rating

Occupation category	Death only	Death & TPD
Professional	85%	85%
White Collar	100%	100%
Light Manual	130%	140%
Manual	170%	200%
Heavy Manual	215%	250%

White Collar Insurance Fee per \$1,000 Sum Insured

Age next birthday	Males			Females		
	Death Only	TPD rider	Death & TPD	Death Only	TPD rider	Death & TPD
16	\$0.28	\$0.01	\$0.29	\$0.12	\$0.01	\$0.13
17	\$0.31	\$0.01	\$0.32	\$0.12	\$0.01	\$0.13
18	\$0.37	\$0.01	\$0.38	\$0.14	\$0.01	\$0.15
19	\$0.41	\$0.01	\$0.42	\$0.15	\$0.01	\$0.16
20	\$0.43	\$0.02	\$0.45	\$0.15	\$0.01	\$0.16
21	\$0.44	\$0.02	\$0.46	\$0.14	\$0.02	\$0.16
22	\$0.43	\$0.04	\$0.47	\$0.14	\$0.02	\$0.16
23	\$0.41	\$0.06	\$0.47	\$0.14	\$0.02	\$0.16
24	\$0.40	\$0.05	\$0.45	\$0.13	\$0.02	\$0.15
25	\$0.39	\$0.08	\$0.47	\$0.13	\$0.02	\$0.15
26	\$0.38	\$0.08	\$0.46	\$0.13	\$0.02	\$0.15
27	\$0.37	\$0.09	\$0.46	\$0.12	\$0.04	\$0.16
28	\$0.36	\$0.09	\$0.45	\$0.13	\$0.04	\$0.17
29	\$0.35	\$0.11	\$0.46	\$0.13	\$0.05	\$0.18
30	\$0.35	\$0.11	\$0.46	\$0.13	\$0.05	\$0.18
31	\$0.35	\$0.11	\$0.46	\$0.15	\$0.06	\$0.21
32	\$0.35	\$0.14	\$0.49	\$0.15	\$0.08	\$0.23
33	\$0.35	\$0.14	\$0.49	\$0.17	\$0.09	\$0.26
34	\$0.37	\$0.14	\$0.51	\$0.18	\$0.10	\$0.28
35	\$0.38	\$0.17	\$0.55	\$0.21	\$0.14	\$0.35
36	\$0.38	\$0.19	\$0.57	\$0.23	\$0.15	\$0.38
37	\$0.40	\$0.23	\$0.63	\$0.24	\$0.19	\$0.43
38	\$0.41	\$0.27	\$0.68	\$0.27	\$0.20	\$0.47
39	\$0.45	\$0.29	\$0.74	\$0.29	\$0.24	\$0.53
40	\$0.49	\$0.33	\$0.82	\$0.32	\$0.29	\$0.61

10 Insurance fees

Death & TPD (Unitised Cover and Fixed Cover) – Insurance fee table

White Collar Insurance Fee per \$1,000 Sum Insured						
Age next birthday	Males			Females		
	Death Only	TPD rider	Death & TPD	Death Only	TPD rider	Death & TPD
41	\$0.53	\$0.38	\$0.91	\$0.36	\$0.34	\$0.70
42	\$0.57	\$0.44	\$1.01	\$0.39	\$0.39	\$0.78
43	\$0.62	\$0.50	\$1.12	\$0.43	\$0.47	\$0.90
44	\$0.68	\$0.57	\$1.25	\$0.47	\$0.51	\$0.98
45	\$0.74	\$0.66	\$1.40	\$0.49	\$0.57	\$1.06
46	\$0.79	\$0.77	\$1.56	\$0.53	\$0.65	\$1.18
47	\$0.87	\$0.89	\$1.76	\$0.55	\$0.74	\$1.29
48	\$0.95	\$1.02	\$1.97	\$0.60	\$0.85	\$1.45
49	\$1.04	\$1.17	\$2.21	\$0.64	\$0.95	\$1.59
50	\$1.07	\$1.37	\$2.44	\$0.65	\$1.02	\$1.67
51	\$1.19	\$1.58	\$2.77	\$0.67	\$1.22	\$1.89
52	\$1.30	\$1.83	\$3.13	\$0.74	\$1.39	\$2.13
53	\$1.42	\$2.08	\$3.50	\$0.84	\$1.58	\$2.42
54	\$1.55	\$2.40	\$3.95	\$0.92	\$1.79	\$2.71
55	\$1.70	\$2.74	\$4.44	\$1.00	\$2.00	\$3.00
56	\$1.84	\$3.08	\$4.92	\$1.09	\$2.22	\$3.31
57	\$1.99	\$3.49	\$5.48	\$1.20	\$2.45	\$3.65
58	\$2.18	\$3.98	\$6.16	\$1.32	\$2.71	\$4.03
59	\$2.36	\$4.54	\$6.90	\$1.43	\$3.01	\$4.44
60	\$2.57	\$5.21	\$7.78	\$1.54	\$3.36	\$4.90
61	\$2.79	\$5.83	\$8.62	\$1.65	\$3.72	\$5.37
62	\$3.06	\$6.47	\$9.53	\$1.76	\$4.17	\$5.93
63	\$3.33	\$7.16	\$10.49	\$1.92	\$4.68	\$6.60
64	\$3.62	\$7.94	\$11.56	\$2.08	\$5.35	\$7.43
65	\$3.93	\$8.77	\$12.70	\$2.27	\$6.13	\$8.40
66	\$4.39	\$11.55	\$15.94	\$2.57	\$6.94	\$9.51
67	\$4.94	\$13.25	\$18.19	\$2.87	\$7.91	\$10.78
68	\$5.60	\$15.14	\$20.74	\$3.25	\$8.97	\$12.22
69	\$6.32	\$17.29	\$23.61	\$3.67	\$10.15	\$13.82
70	\$7.13	\$19.77	\$26.90	\$4.16	\$11.51	\$15.67

10 Insurance fees

Income Protection – Insurance fee tables

How to calculate your insurance fee

- Annual insurance fee per \$1,000 annual sum insured, White Collar occupation category.
- Occupation rating factor is to be applied to the applicable rate of insurance fee. For example, if your occupation category is Light Manual you need to multiply the rate of insurance fee by 150% or 1.50

Occupation Rating

Occupation category	Factor
Professional	80%
White Collar	100%
Light Manual	150%
Manual	220%
Heavy Manual	350%

White Collar Insurance Fee per \$1,000 Sum Insured

2 Year Benefit Period

Age Next Birthday	Male			Female		
	30 Day Waiting period	60 Day Waiting Period	90 Day Waiting Period	30 Day Waiting period	60 Day Waiting Period	90 Day Waiting Period
16	\$2.73	\$1.47	\$0.92	\$3.09	\$1.63	\$1.02
17	\$2.73	\$1.47	\$0.92	\$3.09	\$1.63	\$1.02
18	\$2.73	\$1.47	\$0.92	\$3.09	\$1.63	\$1.02
19	\$2.73	\$1.47	\$0.92	\$3.09	\$1.63	\$1.02
20	\$2.73	\$1.47	\$0.92	\$3.09	\$1.63	\$1.02
21	\$2.82	\$1.58	\$1.04	\$3.10	\$1.63	\$1.00
22	\$2.75	\$1.49	\$0.97	\$3.13	\$1.65	\$1.02
23	\$2.67	\$1.44	\$0.91	\$3.16	\$1.66	\$1.03
24	\$2.61	\$1.37	\$0.87	\$3.20	\$1.67	\$1.04
25	\$2.57	\$1.33	\$0.80	\$3.22	\$1.70	\$1.04
26	\$2.53	\$1.29	\$0.77	\$3.26	\$1.71	\$1.05
27	\$2.54	\$1.27	\$0.75	\$3.34	\$1.78	\$1.12
28	\$2.56	\$1.27	\$0.74	\$3.45	\$1.84	\$1.16
29	\$2.60	\$1.27	\$0.73	\$3.58	\$1.90	\$1.22
30	\$2.66	\$1.30	\$0.74	\$3.75	\$1.99	\$1.25
31	\$2.76	\$1.33	\$0.75	\$3.93	\$2.07	\$1.27
32	\$2.86	\$1.37	\$0.76	\$4.14	\$2.16	\$1.32
33	\$2.98	\$1.43	\$0.78	\$4.38	\$2.25	\$1.36
34	\$3.13	\$1.49	\$0.82	\$4.65	\$2.38	\$1.42
35	\$3.27	\$1.58	\$0.87	\$4.95	\$2.51	\$1.49
36	\$3.46	\$1.65	\$0.91	\$5.24	\$2.65	\$1.58
37	\$3.65	\$1.75	\$0.96	\$5.58	\$2.82	\$1.67
38	\$3.87	\$1.86	\$1.03	\$5.93	\$3.00	\$1.78
39	\$4.10	\$1.98	\$1.11	\$6.32	\$3.22	\$1.91
40	\$4.35	\$2.11	\$1.21	\$6.71	\$3.45	\$2.09
41	\$4.61	\$2.26	\$1.30	\$7.13	\$3.71	\$2.27

10 Insurance fees

Income Protection – Insurance fee tables

White Collar Insurance Fee per \$1,000 Sum Insured						
2 Year Benefit Period						
Age Next Birthday	Male			Female		
	30 Day Waiting period	60 Day Waiting Period	90 Day Waiting Period	30 Day Waiting period	60 Day Waiting Period	90 Day Waiting Period
42	\$4.91	\$2.45	\$1.42	\$7.57	\$4.00	\$2.50
43	\$5.22	\$2.64	\$1.55	\$8.02	\$4.32	\$2.74
44	\$5.57	\$2.86	\$1.71	\$8.51	\$4.66	\$3.01
45	\$5.94	\$3.10	\$1.89	\$9.04	\$5.04	\$3.33
46	\$6.35	\$3.36	\$2.11	\$9.58	\$5.46	\$3.67
47	\$6.79	\$3.67	\$2.34	\$10.15	\$5.90	\$4.05
48	\$7.26	\$4.01	\$2.60	\$10.74	\$6.38	\$4.46
49	\$7.78	\$4.38	\$2.91	\$11.38	\$6.90	\$4.91
50	\$8.35	\$4.80	\$3.26	\$12.04	\$7.46	\$5.40
51	\$8.98	\$5.27	\$3.66	\$12.76	\$8.05	\$5.92
52	\$9.65	\$5.79	\$4.10	\$13.51	\$8.68	\$6.47
53	\$10.38	\$6.38	\$4.59	\$14.32	\$9.36	\$7.06
54	\$11.21	\$7.03	\$5.14	\$15.19	\$10.06	\$7.69
55	\$12.09	\$7.75	\$5.76	\$16.10	\$10.83	\$8.34
56	\$13.08	\$8.55	\$6.46	\$17.11	\$11.62	\$9.02
57	\$14.16	\$9.44	\$7.24	\$18.18	\$12.46	\$9.73
58	\$15.36	\$10.43	\$8.11	\$19.35	\$13.35	\$10.47
59	\$16.68	\$11.52	\$9.06	\$20.60	\$14.27	\$11.23
60	\$18.15	\$12.74	\$10.12	\$21.98	\$15.24	\$12.01
61	\$19.77	\$14.08	\$11.28	\$23.49	\$16.26	\$12.79
62	\$21.59	\$15.57	\$12.58	\$25.13	\$17.34	\$13.60
63	\$23.60	\$17.14	\$13.90	\$26.97	\$18.37	\$14.30
64	\$20.73	\$14.30	\$11.23	\$23.43	\$14.98	\$11.13
65	\$9.13	\$5.32	\$3.65	\$10.36	\$5.57	\$3.54

10 Insurance fees

Income Protection – Insurance fee tables

White Collar Premium Rates per \$1,000 Sum Insured						
5 Year Benefit Period						
Age Next Birthday	Male			Female		
	30 Day Waiting period	60 Day Waiting Period	90 Day Waiting Period	30 Day Waiting period	60 Day Waiting Period	90 Day Waiting Period
16	\$3.71	\$1.82	\$1.18	\$4.25	\$2.07	\$1.33
17	\$3.71	\$1.82	\$1.18	\$4.25	\$2.07	\$1.33
18	\$3.71	\$1.82	\$1.18	\$4.25	\$2.07	\$1.33
19	\$3.71	\$1.82	\$1.18	\$4.25	\$2.07	\$1.33
20	\$3.71	\$1.82	\$1.18	\$4.25	\$2.07	\$1.33
21	\$3.69	\$1.89	\$1.27	\$4.13	\$2.01	\$1.27
22	\$3.62	\$1.80	\$1.21	\$4.21	\$2.03	\$1.30
23	\$3.54	\$1.75	\$1.13	\$4.27	\$2.07	\$1.31
24	\$3.49	\$1.69	\$1.08	\$4.35	\$2.11	\$1.34
25	\$3.46	\$1.64	\$1.02	\$4.42	\$2.14	\$1.35
26	\$3.43	\$1.60	\$0.98	\$4.49	\$2.16	\$1.37
27	\$3.46	\$1.60	\$0.96	\$4.64	\$2.27	\$1.47
28	\$3.52	\$1.60	\$0.95	\$4.82	\$2.38	\$1.53
29	\$3.61	\$1.63	\$0.95	\$5.04	\$2.48	\$1.61
30	\$3.72	\$1.67	\$0.96	\$5.31	\$2.60	\$1.67
31	\$3.88	\$1.71	\$0.98	\$5.61	\$2.72	\$1.72
32	\$4.04	\$1.78	\$1.00	\$5.95	\$2.86	\$1.79
33	\$4.25	\$1.86	\$1.05	\$6.34	\$3.00	\$1.87
34	\$4.48	\$1.97	\$1.10	\$6.77	\$3.17	\$1.96
35	\$4.74	\$2.07	\$1.15	\$7.23	\$3.36	\$2.05
36	\$5.02	\$2.20	\$1.23	\$7.72	\$3.58	\$2.18
37	\$5.34	\$2.34	\$1.32	\$8.26	\$3.84	\$2.33
38	\$5.69	\$2.50	\$1.42	\$8.84	\$4.11	\$2.51
39	\$6.05	\$2.67	\$1.53	\$9.45	\$4.44	\$2.72
40	\$6.46	\$2.89	\$1.67	\$10.10	\$4.78	\$2.97
41	\$6.91	\$3.12	\$1.83	\$10.79	\$5.17	\$3.26
42	\$7.39	\$3.37	\$2.01	\$11.52	\$5.61	\$3.58
43	\$7.91	\$3.66	\$2.21	\$12.31	\$6.10	\$3.95
44	\$8.48	\$3.99	\$2.45	\$13.12	\$6.62	\$4.38
45	\$9.10	\$4.35	\$2.72	\$14.00	\$7.21	\$4.87
46	\$9.78	\$4.76	\$3.03	\$14.90	\$7.84	\$5.39

10 Insurance fees

Income Protection – Insurance fee tables

White Collar Premium Rates per \$1,000 Sum Insured						
5 Year Benefit Period						
Age Next Birthday	Male			Female		
	30 Day Waiting period	60 Day Waiting Period	90 Day Waiting Period	30 Day Waiting period	60 Day Waiting Period	90 Day Waiting Period
47	\$10.50	\$5.22	\$3.39	\$15.88	\$8.52	\$5.98
48	\$11.32	\$5.72	\$3.80	\$16.90	\$9.27	\$6.62
49	\$12.19	\$6.29	\$4.26	\$17.99	\$10.10	\$7.34
50	\$13.14	\$6.95	\$4.79	\$19.16	\$10.95	\$8.10
51	\$14.19	\$7.66	\$5.40	\$20.39	\$11.89	\$8.91
52	\$15.35	\$8.47	\$6.09	\$21.71	\$12.90	\$9.79
53	\$16.61	\$9.37	\$6.85	\$23.12	\$13.97	\$10.73
54	\$17.99	\$10.37	\$7.71	\$24.64	\$15.12	\$11.72
55	\$19.52	\$11.50	\$8.68	\$26.29	\$16.32	\$12.78
56	\$21.21	\$12.75	\$9.77	\$28.05	\$17.61	\$13.88
57	\$23.08	\$14.15	\$10.99	\$29.96	\$18.97	\$15.04
58	\$25.15	\$15.71	\$12.35	\$32.01	\$20.40	\$16.25
59	\$27.43	\$17.43	\$13.85	\$34.26	\$21.92	\$17.49
60	\$29.97	\$19.30	\$15.48	\$36.74	\$23.46	\$18.72
61	\$30.76	\$19.80	\$15.87	\$36.82	\$23.10	\$18.22
62	\$29.11	\$18.76	\$15.05	\$33.96	\$20.96	\$16.35
63	\$25.93	\$16.59	\$13.25	\$29.58	\$17.80	\$13.63
64	\$19.86	\$12.28	\$9.61	\$22.43	\$12.87	\$9.53
65	\$8.68	\$4.52	\$3.09	\$9.84	\$4.75	\$3.00

10 Insurance fees

Income Protection – Insurance fee tables

White Collar Insurance fee per \$1,000 Sum Insured						
To Age 65 Benefit Period						
Age Next Birthday	Male			Female		
	30 Day Waiting period	60 Day Waiting Period	90 Day Waiting Period	30 Day Waiting period	60 Day Waiting Period	90 Day Waiting Period
16	\$5.27	\$3.26	\$2.35	\$7.47	\$4.36	\$2.99
17	\$5.27	\$3.26	\$2.35	\$7.47	\$4.36	\$2.99
18	\$5.27	\$3.26	\$2.35	\$7.47	\$4.36	\$2.99
19	\$5.27	\$3.26	\$2.35	\$7.47	\$4.36	\$2.99
20	\$5.27	\$3.26	\$2.35	\$7.47	\$4.36	\$2.99
21	\$5.09	\$3.22	\$2.38	\$7.20	\$4.17	\$2.86
22	\$5.08	\$3.14	\$2.27	\$7.44	\$4.32	\$2.95
23	\$5.09	\$3.09	\$2.20	\$7.70	\$4.46	\$3.04
24	\$5.12	\$3.03	\$2.11	\$7.95	\$4.60	\$3.13
25	\$5.14	\$3.00	\$2.05	\$8.20	\$4.75	\$3.22
26	\$5.21	\$2.98	\$2.02	\$8.46	\$4.88	\$3.33
27	\$5.35	\$3.01	\$2.01	\$8.83	\$5.19	\$3.58
28	\$5.53	\$3.09	\$2.02	\$9.27	\$5.48	\$3.80
29	\$5.75	\$3.16	\$2.05	\$9.80	\$5.76	\$4.00
30	\$6.02	\$3.27	\$2.10	\$10.39	\$6.06	\$4.17
31	\$6.32	\$3.40	\$2.16	\$11.06	\$6.38	\$4.35
32	\$6.65	\$3.57	\$2.25	\$11.79	\$6.71	\$4.51
33	\$7.04	\$3.75	\$2.36	\$12.58	\$7.08	\$4.70
34	\$7.46	\$3.95	\$2.47	\$13.44	\$7.48	\$4.92
35	\$7.92	\$4.20	\$2.61	\$14.35	\$7.92	\$5.17
36	\$8.42	\$4.46	\$2.78	\$15.31	\$8.42	\$5.47
37	\$8.95	\$4.76	\$2.98	\$16.32	\$8.95	\$5.81
38	\$9.54	\$5.09	\$3.20	\$17.38	\$9.57	\$6.23
39	\$10.15	\$5.44	\$3.45	\$18.48	\$10.23	\$6.69
40	\$10.79	\$5.84	\$3.73	\$19.61	\$10.95	\$7.23
41	\$11.48	\$6.28	\$4.05	\$20.76	\$11.75	\$7.84
42	\$12.22	\$6.77	\$4.42	\$21.95	\$12.60	\$8.54
43	\$12.98	\$7.27	\$4.83	\$23.14	\$13.52	\$9.31
44	\$13.79	\$7.87	\$5.29	\$24.34	\$14.49	\$10.15
45	\$14.62	\$8.49	\$5.80	\$25.55	\$15.52	\$11.06
46	\$15.50	\$9.17	\$6.37	\$26.75	\$16.59	\$12.01

10 Insurance fees

Income Protection – Insurance fee tables

White Collar Insurance fee per \$1,000 Sum Insured						
To Age 65 Benefit Period						
Age Next Birthday	Male			Female		
	30 Day Waiting period	60 Day Waiting Period	90 Day Waiting Period	30 Day Waiting period	60 Day Waiting Period	90 Day Waiting Period
47	\$16.42	\$9.90	\$7.01	\$27.93	\$17.70	\$13.03
48	\$17.36	\$10.70	\$7.70	\$29.08	\$18.83	\$14.08
49	\$18.35	\$11.53	\$8.46	\$30.21	\$19.96	\$15.16
50	\$19.35	\$12.46	\$9.27	\$31.29	\$21.08	\$16.24
51	\$20.38	\$13.41	\$10.15	\$32.32	\$22.18	\$17.31
52	\$21.43	\$14.42	\$11.10	\$33.29	\$23.23	\$18.32
53	\$22.50	\$15.48	\$12.08	\$34.15	\$24.21	\$19.30
54	\$23.56	\$16.56	\$13.12	\$34.93	\$25.09	\$20.17
55	\$24.62	\$17.65	\$14.18	\$35.58	\$25.85	\$20.92
56	\$25.65	\$18.75	\$15.24	\$36.09	\$26.44	\$21.50
57	\$26.57	\$19.77	\$16.24	\$36.37	\$26.79	\$21.86
58	\$27.30	\$20.64	\$17.11	\$36.32	\$26.82	\$21.93
59	\$27.74	\$21.26	\$17.76	\$35.86	\$26.45	\$21.60
60	\$27.74	\$21.50	\$18.08	\$34.87	\$25.57	\$20.84
61	\$27.14	\$21.21	\$17.88	\$33.20	\$24.10	\$19.52
62	\$25.70	\$20.10	\$16.98	\$30.62	\$21.87	\$17.52
63	\$22.88	\$17.75	\$14.94	\$26.67	\$18.55	\$14.60
64	\$17.52	\$13.13	\$10.84	\$20.22	\$13.39	\$10.21
65	\$7.66	\$4.78	\$3.49	\$8.87	\$4.91	\$3.22

10 Insurance fees

Calculating insurance fees for Unitised Cover

Example:

Jenny is 30 years old (her age at her next birthday will be 31). She joins Australian Ethical Super and immediately rolls over her account balance of \$6,000 from her previous super account. Her occupation category is Light Manual.

Jenny wants to know the level of Default Cover that applies to her and how much it will cost.

To find out the amount of Default Cover that applies to her age, Jenny looks up the Default Cover scale on page 12. Jenny notes that for her age (her age next birthday is 31) the value of 1 unit of cover is \$96,300. As she receives 4 units of cover as Default she will receive \$385,200 in Death and TPD Cover.

She then looks up the Death and TPD Insurance fee for Female and Age Next Birthday 31, and the occupation loading for Light Manual (Death and TPD) that applies to her on page 54.

Jenny notes down the following:

Amount of Death and TPD Cover: \$385,200

Death and TPD insurance fee based on Jenny's age and sex at birth: \$0.21

Occupation Loading: 140% for Light Manual – Death & TPD

To calculate cover, Jenny writes down the amount of cover, insurance fee and occupation loading in the below tables:

Calculating yearly cost of Death and TPD Cover

\$ 385,200 / 1000	X \$0.21	X 140 %	= \$113.25
Amount of Death and TPD Cover	Insurance fee for Death and TPD Cover	Occupation loading (Light Manual)	Cost of Death and TPD cover

Now you try it:

Amount of Death and TPD Cover:

What is the Death and TPD insurance fee based on your age next birthday and sex at birth: What is the Occupation Loading that applies to you:

Calculating yearly cost of Death and TPD Cover

\$ / 1000	X \$	X %	= \$
Amount of Death and TPD Cover	insurance fee for Death and TPD Cover	Occupation loading	Cost of Death and TPD Cover

10 Insurance fees

Calculating insurance fees for Fixed Cover

Example:

John is 40 years old (his age at his next birthday will be 41). John is in the Manual occupation category. John wants to apply for \$500,000 in fixed Death Cover only and doesn't want any TPD Cover.

John wants to know how much \$500,000 in Death only cover will cost him per year.

John looks up the Death insurance fee for Male and Age Next Birthday 41, and the occupation loading for Manual (Death only) that applies to him on page 54.

John notes down the following:

Amount of Death Cover: \$500,000

Death Insurance fee based on John's age and sex at birth: \$0.53

Occupation Loading: 170% for Manual (Death only)

Calculating yearly cost of Death Cover

\$500,000 / 1000	X \$0.53	X 170 %	= \$450.50
Amount of Death Cover	Insurance fee for Death Cover	Occupation loading	Cost of Death Cover

Now you try it:

Amount of Death Cover:

What is the Death insurance fee based on your age next birthday and sex at birth: What is the Occupation Loading that applies to you:

Calculating yearly cost of Death Cover

\$	/ 1000	X \$	X	%	= \$
Amount of Death Cover		Insurance fee for Death Cover		Occupation loading	Cost of Death Cover

Tips on how to apply Occupation Loadings for Death and TPD insurance

You will notice that there are two occupation loadings for Death and TPD insurance:

- Death only
- Death and TPD

The Death only occupation loading applies to any Death Cover that is higher than your TPD Cover. If you don't have TPD Cover, then the Death only occupation loading will apply to your entire Death Cover.

The Death and TPD occupation loading applies to both your Death and TPD Cover. If you have Death Cover that is higher than your TPD Cover, the Death and TPD occupation loading will apply to your Death

Cover but only up to the amount of Death Cover that is equal to your TPD Cover. The amount of Death Cover that is higher than your TPD Cover will be subject to the Death only occupation loading.

For example:

John has \$500,000 in Death Cover and \$200,000 in TPD Cover and has a Manual occupation category. His Death Cover is higher than his TPD Cover.

John will need to note down the occupation loading that applies, and calculate insurance fees accordingly.

Occupation loading that applies to his Death Cover of \$200,000 and TPD Cover of \$200,000 – 200%

Occupation loading that applies to his additional Death Cover \$300,000 – 170%

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