

Acclaim
WEALTH



Acclaim Super Employer Plan Insurance Guide

Prepared 8 April 2024

The information in this document forms part of the Product Disclosure Statement (PDS) for Acclaim Super & Pension prepared 8 April 2024, a copy of which is available from the website, www.acclaimwealth.com.au/product-documents, or phoning 1300 264 264 or writing to info@acclaimwealth.com.au. Information in this document relates only to Acclaim Super account holders who are covered by an Employer Plan with tailored insurance arrangements.

This document contains general information only which does not take into account any person's needs, objectives or financial situation. Before acting on this information you need to consider its appropriateness in the light of your own objectives, financial situation and needs. You may also wish to obtain independent advice. The information in the PDS (including this document) is up to date at the date it was prepared.

All parties named in this document have consented to being named in the form and context in which they have been named. Any statements in the PDS or this document attributable to or based on statements made by another person have been included with the consent of the other person.

Where the words 'we', 'us' and 'our' appear they refer to the Trustee.

Where the words 'AIA Australia' or 'Insurer' appear they refer to AIA Australia Limited (ABN 79 004 837 861, AFSL 230043).

Trustee

The issuer and Trustee of Acclaim Super & Pension products is Equity Trustees Superannuation Limited

ABN 50 055 641 757, RSE License No. L0001458, AFSL 229757

Acclaim Super & Pension products are issued from a super fund known as AMG Super
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Employer Plan Cover in Acclaim Super

Warning: Employer Plan Cover is only available to Acclaim Super account holders who are covered by an Employer Plan with tailored insurance arrangements. Employer Plan Cover is not available to Acclaim Pension account holders.

If you are covered by an Employer Plan, Employer Plan Cover will automatically be provided to you, if you are eligible and commencement of cover requirements are satisfied. The type, amount and cost of the cover will depend on the Employer Plan you are in. Employer Plan Cover can include IP only cover, Death and TPD cover or Death, TPD and IP cover. Death and TPD cover under an Employer Plan may be a fixed dollar amount based on age and gender or calculated as a multiple of salary (subject to maximum limits). IP cover under an Employer Plan is based on a percentage of salary.

The amount of cover may be subject to an Automatic Acceptance Limit (AAL). The AAL for Employer Plan Cover will depend on the number of members in your Employer Plan. If the calculation of your Employer Plan Cover results in an amount that is in excess of the AAL applicable to your Employer Plan, you will be asked to provide health evidence before full insurance cover can be considered. In the meantime, you will be covered for your insurance benefit up to the AAL, subject to the Insurer's terms and conditions.

Information about the type and amount of your Employer Plan Cover (including AAL, if applicable) is set out in the *Employer Plan Additional Information Schedule* that is provided to you, if you are covered by an Employer Plan.

You may also apply for voluntary insurance cover above any Employer Plan Cover that you receive. For information about voluntary cover, refer to the *Acclaim Super Additional Information Booklet*.

The need for insurance cover is important, however it may also not be appropriate for everyone. We strongly suggest you get advice tailored to your individual circumstances from an appropriately qualified adviser.

The Fund provides insurance through a group policy provided by AIA Australia. This document and your *Employer Plan Additional Information Schedule* summarise the terms and conditions applicable to Employer Plan Cover while you are an Acclaim Super member covered by an Employer Plan, including some key definitions which must be satisfied to receive an insurance benefit. It is important to be aware of the conditions of this insurance. The Policy is the basis for determining any benefits or requirements. A copy of the Policy may be requested, at no cost, by contacting the Administrator. It is also important to be aware that government law can also affect insurance.

Important information about insurance:

The PDS, this document and, where applicable, Employer Plan Additional Information Schedule do not contain full details of the insurance contract between the Trustee and its Insurer and only offers a general guide to the

insurance offered to Acclaim Super members covered by an Employer Plan. The insurance is provided under a contract between the Trustee and the Insurer. If there is any conflict between this document and the insurance contract with the Insurer, to the extent permitted by law, the insurance contract will prevail.

Benefits available

The types of insurance covers available to Acclaim Super members covered by an Employer Plan are:

- **Death cover** - if you are an insured member and die or suffer a terminal illness, a lump sum will be paid.
- **Total and permanent disablement (TPD) cover** - provides for a lump sum benefit to be paid if you become permanently disabled while you are an insured member.
- **Income protection (IP) cover** - provides a monthly benefit paid in arrears if you are temporarily disabled while you are an insured member.

For information about eligibility for cover, including when cover commences, refer to pages 8-9.

Death cover (including terminal illness)

If you die or suffer a terminal illness while an insured member, a lump sum insurance benefit will be paid in addition to any superannuation accumulated in your account.

If you die while you are an insured member, a death benefit will be paid to your beneficiaries or your estate. In the event of your death, your legal representative, spouse or relative should notify the Administrator as soon as possible. The Administrator will forward a Benefit Payment Advice which must be completed and returned with supporting documentation, e.g. death certificate and proof of age. If there is an insured benefit, the Administrator will lodge this claim with the Insurer.

If you suffer a terminal illness while you are an insured member, a terminal illness benefit will be paid by the Insurer to the Trustee. The Trustee can only release this lump sum payment to you if it is received from the Insurer and you satisfy criteria for terminal illness payments contained in superannuation law or meet another condition of release. If a terminal illness benefit is paid by the Insurer it will be considered as a prepayment of an insured member's death benefit.

Terminal illness means:

- a. Two registered Doctors have certified, jointly or separately, and approved by the Insurer, that you suffer from an Illness, or have incurred an Injury, that is highly likely to result in your death within a period (the certification period) that ends no more than 24 months after the date of the certification regardless of any treatment that may be undertaken, and
- b. At least one of the Doctors is a specialist practising in an area related to the Illness or Injury you suffered, and
- c. For each of the certificates, the certification period has not ended and is supported by test results.



Please note that the conditions of payment of a Terminal Illness benefit under the insurance policy may be different to those relating to the payment of a terminal illness benefit from the Fund to you.

A terminal illness benefit will be the lesser of your insurance cover for Death or \$3,000,000. An insured member may only ever receive one terminal illness benefit.

Note: Terminal illness benefits (including insured benefits, if any) which satisfy criteria in superannuation and taxation legislation can be paid tax free. Any insured terminal illness benefits will only become payable if a claim is accepted by the Insurer.

Who will receive a death benefit?

Refer to Section 2 of the *Acclaim Super Additional Information Booklet* for information about who will receive a Death benefit. Payment of death benefits may depend on whether you have made a non-binding nomination or a valid and effective binding nomination.

Death cover exclusions

The Insurer will not pay an insurance benefit in some circumstances which give rise to a Death Cover claim. Exclusions include:

- a. An act of War, or
- b. Participation in a criminal act, or
- c. Any additional exclusion that came into effect through underwriting, or
- d. For underwritten cover only, suicide, attempt at suicide or intentional self-inflicted harm, within 13 months from the date the underwritten cover was accepted.

Total and permanent disablement (TPD) cover

If you suffer TPD while you are an insured member, a lump sum insurance benefit will be paid to you in addition to any superannuation accumulated in your account. The Trustee can only release this lump sum payment if it is received from the Insurer and the Trustee is satisfied you meet a condition of release in superannuation law. You should supply written notice to the Trustee of any claim or potential claim as soon as reasonably possible.

The insurance benefit is only payable if you satisfy the TPD definition in the Policy. Different Parts of the TPD definitions apply in different circumstances. Other defined terms are also relevant. A summary of the definition is outlined below, however for full details please refer to the Policy which is available on request.

Definitions of TPD

Under the Insurer's TPD definition, to be considered totally and permanently disabled you must satisfy a Part of the TPD definition that applies to you as described below.

Refer to the Glossary for an explanation of defined terms used in the TPD Definition.

Where you:

- a. Are a *Permanent Employee* or *Contractor* on the *Date of Disablement*, and
 - b. Have been working on average for a minimum of 15 hours in a normal working week in the 6 months immediately prior to the *Date of Disablement* (or where you have been employed for less than 6 months, over your period of employment),
- you are considered to be *Totally and Permanently Disabled* if you satisfy either Part 1, Part 2, Part 3, Part 4, Part 5 or Part 6 below.

Where you do not satisfy (a) and (b) above, you are considered to be *Totally and Permanently Disabled* if you satisfy either Part 3, Part 4, Part 5 or Part 6 below.

If you are suffering from 1 or more of the *Immediate Assessment Conditions* and all claim requirements have been received by the Insurer, the 3-month waiting period that applies to Part 1, Part 4, Part 5 and Part 6 is waived and assessment commences immediately.

Part 1 - Unlikely to Return to Work

You, solely as the result of *Injury* or *Illness*:

- a. Are absent from your occupation and unable to do any work for a period of 3 consecutive months solely as the result of *Injury* or *Illness*, and
- b. Are regularly attending a *Doctor* and have undergone all medical treatment reasonably recommended by a *Doctor* with respect to the *Injury* or *Illness* since ceasing work in your occupation, and
- c. At the end of the initial 3 consecutive months, are so severely disabled due to your ill-health (whether physical or mental) that in the Insurer's opinion:
 - i. You are unable to resume your previous occupation at any time in the future, and
 - ii. You are unlikely ever at any time in the future to engage in *Gainful Employment* for which you are reasonably suited by education, training or experience.



Part 2 - Permanent Impairment	<p>You, solely as the result of <i>Injury or Illness</i>:</p> <ol style="list-style-type: none"> a. Suffer a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment 4th Edition', or the equivalent guide to the evaluation of impairment approved by the Insurer, and b. Are so severely disabled due to your ill-health (whether physical or mental) that in the Insurer's opinion you are unlikely ever at any time in the future to engage in <i>Gainful Employment</i> for which you are reasonably suited by education, training or experience.
Part 3 - Loss of Use of	<p>You, solely as the result of <i>Injury or Illness</i>:</p> <ol style="list-style-type: none"> a. Suffer the total, permanent and irrecoverable <i>Loss Of Use Of</i>: <ol style="list-style-type: none"> i. 2 limbs, or ii. The sight of both eyes, or iii. 1 limb and the sight of 1 eye, and b. Are so severely disabled due to your ill-health (whether physical or mental) that in the Insurer's opinion you are unlikely ever at any time in the future to engage in <i>Gainful Employment</i> for which you are reasonably suited by education, training or experience.
Part 4 - Cognitive Loss	<p>You, solely as the result of <i>Injury or Illness</i>:</p> <ol style="list-style-type: none"> a. Are first diagnosed with <i>Cognitive Loss</i>, and b. Are under the continuous care and supervision of another adult for a period of 3 consecutive months, and c. At the end of the 3 consecutive months, are so severely disabled due to your ill-health (whether physical or mental) that in the Insurer's opinion: <ol style="list-style-type: none"> i. You are likely to require permanent ongoing continuous care and supervision by another adult, and ii. You are unlikely ever at any time in the future to engage in <i>Gainful Employment</i> for which you are reasonably suited by education, training or experience.
Part 5 - Daily Functioning Activities	<p>You, solely as the result of <i>Injury or Illness</i>:</p> <ol style="list-style-type: none"> a. Are totally and irreversibly prevented from performing 2 of the <i>Daily Functioning Activities</i> without assistance from another adult, aid or adaptation, for a period of 3 consecutive months, and b. Are regularly attending a <i>Doctor</i> and has undergone all medical treatment reasonably recommended by a <i>Doctor</i> with respect to the <i>Injury or Illness</i>, and c. At the end of the initial 3 consecutive months, are so severely disabled due to their ill-health (whether physical or mental) that in the Insurer's opinion: <ol style="list-style-type: none"> i. You are unlikely ever at any time in the future to be able to perform at least 2 of the <i>Daily Functioning Activities</i> without the assistance of another adult, aid or adaptation, and ii. You are unlikely ever at any time in the future to engage in <i>Gainful Employment</i> for which you are reasonably suited by education, training or experience.
Part 6 - Domestic Activities	<p>You, solely as the result of <i>Injury or Illness</i>:</p> <ol style="list-style-type: none"> a. Are totally and irreversibly prevented from performing all of the <i>Normal Physical Domestic Activities</i> without assistance from another adult, aid or adaptation, for a period of 3 consecutive months, and b. Are regularly attending a <i>Doctor</i> and have undergone all medical treatment reasonably recommended by a <i>Doctor</i> with respect to the <i>Injury or Illness</i>, and c. At the end of the initial 3 consecutive months, are so severely disabled due to your ill-health (whether physical or mental) that in the Insurer's opinion: <ol style="list-style-type: none"> i. You are unlikely ever at any time in the future to be able to perform all of the <i>Normal Physical Domestic Activities</i> without the assistance of another adult, aid or adaptation, and ii. You are unlikely ever at any time in the future to engage in <i>Gainful Employment</i> for which you are reasonably suited by education, training or experience.



Glossary

Casual Employee means you are engaged in employment of a temporary nature where:

- a. Continuity of employment is not guaranteed by your employer, regardless of hours worked on the period of employment, and
- b. You are not entitled to annual leave or sick leave.

Cognitive Loss means a total and permanent deterioration or loss of intellectual capacity.

Contractor means you are engaged in employment for a fixed term by your employer under a contract that requires you to perform identifiable duties for a regular number of hours each week.

Daily Functioning Activities means:

- a. Walking - you cannot walk more than 200 metres on a level surface without stopping due to breathlessness, angina or severe pain elsewhere in the body,
- b. Rising/Sitting - you are unable to rise and sit using a raised chair with arms without the help of another person,
- c. Dexterity - you are unable to write legibly with a pen or pencil or use a keyboard with either hand,
- d. Communication - you cannot:
 - i. Clearly hear (with a hearing aid or other aid if normally used) conversational speech in a quiet room in their first language, or
 - ii. Understand simple messages in their first language, or
 - iii. Speak with sufficient clarity to be clearly understood in their first language,
- e. Eyesight - your visual ability is reduced to the extent that functional abilities are affected and independent functioning without physical assistance from another person in a workplace is impossible, even with the use of assistive devices.

Date of Disablement means the earlier of the date:

- a. The 3 consecutive months absence from work began that results in Total and Permanent Disablement Part 1 (Unlikely to Return to Work). However, if you undertake a formalised graded return to work which fails within 12 months, the Insurer will take the Date of Disablement as being the date on which you first ceased work, or
- b. The permanent impairment began that results in Total and Permanent Disablement Part 2 (Permanent Impairment), or
- c. You suffered the Loss Of Use Of the sight in both eyes, or the Loss Of Use Of both limbs, or the Loss Of Use Of both the sight in 1 eye and 1 limb, that results in Total and Permanent Disablement Part 3 (Loss of Use of), or
- d. You suffered the Loss Of Use Of the sight of another eye or the Loss Of Use Of another limb, having already suffered the Loss Of Use Of the sight of an eye or the Loss Of Use Of a limb, that results in Total and Permanent Disablement Part 3 (Loss of Use of), or
- e. The Cognitive Loss was first diagnosed that results in Total and Permanent Disablement Part 4 (Cognitive Loss), or

- f. The 3 consecutive months inability to perform at least 2 of the Daily Functioning Activities began that results in Total and Permanent Disablement Part 5 (Daily Functioning Activities), or
- g. The 3 consecutive months inability to perform Normal Physical Domestic Activities began that results in Total and Permanent Disablement Part 6 (Domestic Activities).

Doctor means a registered medical practitioner who is legally qualified and registered to practice in Australia or New Zealand other than you, or your parent, child, sibling, partner, business partner, associate or employee.

Gainful Employment means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment. It includes occupations of a lower status or that may not pay as much income as your previous occupation, and occupations that are part-time.

Illness means a sickness, disease or disorder.

Injury means physical damage to the body caused solely and directly by accidental, external and visible means and which is not an Illness.

Immediate Assessment Condition means any of the following: Cardiomyopathy, Chronic Lung Disease, Dementia and Alzheimer's Disease, Diplegia, Hemiplegia, Loss of Hearing, Loss of Speech, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Parkinson's Disease, Primary Pulmonary Hypertension, Quadriplegia, Severe Burns, Severe Rheumatoid Arthritis, Total Blindness. The waiver of the waiting period is at the Insurer's absolute discretion and they may choose to vary the immediate assessment conditions at any time.

Loss Of Use Of means:

- a. The permanent loss of sight, whether aided or unaided due to Injury or Illness to the extent that the visual acuity is 6/60 or less in both eyes, or to the extent that visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist, or
- b. The loss of the use of a leg from at or above the ankle, or an arm from at or above the wrist, which is permanent.

Normal Physical Domestic Activities means:

- a. Cleaning the family home (such as using a vacuum cleaner, sweeping with a broom, using a mop, cleaning dishes automatic or manually), and
- b. Shopping for food or household items (such as attending shops or using the phone or internet to purchase food or household items for the family), and
- c. Meal preparation and laundry for the family (such as preparing fresh or frozen food, using an oven, stove or microwave oven), loading and unloading a washing machine and hanging out clothes or using a dryer, folding clothes and ironing), and
- d. Looking after dependent children under the age of 16 years or in full-time secondary education, where applicable (such as supervising, lifting, transporting,



- feeding and bathing, or providing full-time care for an invalid member of your immediate family), and
- e. Leaving the house without the assistance of another person.

Permanent Employee means you are employed on a permanent basis under an ongoing contract that:

- a. Requires you to perform identifiable duties for a regular number of hours each week, and
- b. Allows you to accrue annual leave, sick leave, leave loading and long service leave, and
- c. You are not employed as a Casual Employee or as a Contractor.

TPD Cover Exclusions

The Insurer will not pay an insurance benefit in some circumstances which give rise to a TPD claim. Exclusions include:

- a. An act of War, or
- b. Participation in a criminal act, or
- c. Any additional exclusion that came into effect through underwriting, or
- d. For underwritten cover only, suicide, attempt at suicide or intentional self-inflicted harm, within 13 months from the date the underwritten cover was accepted.

TPD Cover Tapering

Any amount of TPD cover that you hold based on a fixed amount will reduce automatically (i.e. TPD tapering) each year as shown in the table below. It will reduce by 10% each year from your 61st birthday, until cover ceases when you turn 70:

Age next birthday	TPD Tapering Factor (as a % of corresponding death cover)
62	90%
63	80%
64	70%
65	60%
66	50%
67	40%
68	30%
69	20%
70	10%

Claiming a TPD Benefit

Upon notification to the Administrator of a claim for a TPD benefit, a Benefit Payment Advice will be forwarded to you. This form should be completed and returned with supporting documentation, e.g. medical evidence and proof of age, to the Administrator who will lodge the claim with the Insurer (where appropriate).

If the claim is admitted by the Insurer and Trustee as a TPD benefit, the benefit payment will be made in accordance with the relevant law and the trust deed.

By completing the relevant Insurance Application, you agree to the Trustee collecting, using, storing and disclosing personal information about you in accordance with our privacy statement.

Important notes

Acceptance of an insurance claim by the Insurer does not automatically mean that insured benefits can be paid from the Fund to a member. Insured benefits can only be paid by the Trustee if permissible under the trust deed and superannuation law. Please refer to the Accessing your Super information in Section 1 of the *Acclaim Super Additional Information Booklet* for further information.

Income Protection (IP) cover

If you suffer Total or Partial disability while you are an insured member, an income protection insurance benefit will be paid to you. The maximum benefit per insured member is limited to 85% of your Pre-Disability Income (where 75% is to replace your salary and the additional 10% is for employer superannuation contributions, as defined in the Policy), subject to a maximum benefit of \$30,000 per month.

Important Note: The maximum benefit is based on your salary at the date of claim. If, after commencement of IP cover, your employment status changes from permanent employment (working more than 15 hours per week) to casual in the event of a claim, the Insurer will average your salary over the previous 12 months to determine your actual monthly IP benefit. If your salary has decreased, your insured benefit will also decrease and the amount payable will be based on your salary at the time of your claim (i.e. not the salary you had when you applied for cover). Please notify the Administrator in writing should your salary decrease.

A benefit will be payable monthly in arrears if you are suffering a Total or Partial Disability, and your claim is accepted by the Insurer. Cover is subject to the provisions of the Policy issued by the Insurer.

Benefit period

If you are provided with IP cover under an Employer Plan, a default benefit period applies, as set out in your *Employer Plan Additional Information Schedule*. Members can elect the benefit payment period from the following options:

- 2 years
- 5 years
- To age 65.

To choose a benefit period that differs from the default benefit period your IP cover, you must apply to the Insurer (subject to underwriting). If accepted by the Insurer, your cover will become voluntary IP cover that is subject to the terms and conditions (including insurance fees) set out in the *Acclaim Super Additional Information Booklet*.

The maximum benefit period for a claim from any one cause (or related cause) is the total of the remaining months to the conclusion of the applicable benefit payment period.



Waiting period

The waiting period is the length of time between when you are Totally or Partially Disabled and when benefits start being paid, provided this date is after cover has started. If you are provided with IP cover under an Employer Plan, a default waiting period applies, as set out in your *Employer Plan Additional Information Schedule*. Members can elect the waiting period from the following options:

- 30 days
- 60 days
- 90 days.

To choose a waiting period that differs from the default waiting period, you must apply to the Insurer (subject to underwriting). If accepted by the Insurer, your IP cover will become voluntary IP cover that is subject to the terms and conditions (including insurance fees) set out in the *Acclaim Super Additional Information Booklet*.

A benefit is only payable when you are Totally disabled for at least the waiting period, or in respect of Partial disability you are Totally disabled for 7 out of 12 consecutive days within the waiting period and then capable of returning to partial employment.

If you return to work at full capacity during the waiting period and this return to work proves unsuccessful due to the same or a related Injury or Illness causing your Total Disability, the original waiting period will continue provided the number of days you returned to work is no more than 10% of the waiting period. For example, if the waiting period is 30 days then you may return to work for a total of 3 days. In these circumstances, the Insurer will not extend the waiting period by the number of days you unsuccessfully returned to work.

Total Disability benefit

The monthly benefit will be paid if the Insurer is satisfied you are Totally Disabled for longer than the waiting period and while cover is still in force. The monthly benefit starts to accrue from the day after the end of the waiting period.

Total Disability means because of an *Injury* or *Illness* you are:

- Unable to perform at least 1 income producing duty of your occupation, and
- Under the regular care and following the advice of a *Doctor*, and
- Not working in any occupation, whether for reward or not for reward.

An 'income producing duty' is a duty of the insured member's occupation that generates at least 20% of their Pre-Disability Income.

The benefit will only be reduced by any *Other Disability Income* if:

- The monthly benefit, plus
- Any *Other Disability Income*,

exceeds 75% of *Pre-Disability Income*.

If the benefit is payable for less than a whole month, the

daily amount of this benefit will be equal to 1/30th of the monthly benefit for *Total Disability*.

The monthly benefit is payable monthly in arrears and stops at the earliest of the following conditions:

- The end of the benefit period applicable to you;
- When you reach the maximum insurable age (age 65);
- You die;
- You cease to be an Australian resident;
- You fail to provide any information that is required to assess your claim;
- When you are no longer Totally Disabled or Partially Disabled; or
- You are no longer under the regular care of and following the advice of a Doctor.

The monthly benefit may also cease where you refuse to undergo or continue a rehabilitation or return to work program as reasonably required.

Partial Disability benefit

A Partial Disability benefit will be paid where an insured member meets the partial disability definition below:

Partial Disability means because of an *Injury* or *Illness* you have suffered *Total Disability* continuously for a period of at least 7 days out of 12 consecutive days and:

- Have ceased to suffer *Total Disability*, and
- Have resumed partial employment or, in the Insurer's opinion, are deemed capable of returning to partial employment duties, and
- As a result of the *Injury* or *Illness* that caused your *Total Disability* have received, or could in the Insurer's opinion receive, a *Post-Disability Income* that is less than your *Monthly Income*, and
- You are under the continuous and regular care of a *Doctor* undergoing the appropriate treatment.

No Partial Disability benefit is accrued or payable until the waiting period has ended.

The Partial Disability benefit is calculated as follows, subject to a maximum benefit of \$30,000 per month:

$$\frac{A - B}{A} \times C$$

where,

- A** - is your Pre-Disability monthly income,
- B** - is your actual monthly income earned during the month of Partial Disability,
- C** - is the monthly benefit which would be otherwise payable if you had suffered Total Disability.

The benefit will be reduced by any *Other Disability Income* if:

- The benefit payable for Partial Disability, plus
- Any *Other Disability Income* (e.g. workers compensation),

exceeds 100% of Pre-Disability Income.

Other Disability Income means any income, other than income from benefits under the Policy, which you may derive during a month for which a benefit under the Policy



is being assessed, whether that income was actually received or not, and includes:

- a. Any other income derived as a result of incapacity under any other insurance policy, and
- b. Any benefit under any worker's compensation or other similar legislation, statutory accident compensation scheme or any settlement under common law, and
- c. Sick leave, but only where the sick leave amount is paid to you.

It does not include:

- i. Income earned from investments, or
- ii. Any lump sum TPD benefit, lump sum superannuation benefit, lump sum trauma or terminal illness style of benefit, or
- iii. Annual leave or long service leave entitlements, or
- iv. Termination payments from their employer, or
- v. Centrelink payments.

Any Other Disability Income that is in the form of a lump sum, or is exchanged for a lump sum, has a monthly income equivalent of 1% of the lump sum for each month a disability benefit is paid. If it can be shown that a portion of the lump sum represents compensation for pain and suffering, or the loss of use of a part of the body, the Insurer will not take that portion into account as Other Disability Income. However, if pain and suffering cannot be isolated from loss of earnings, it has a monthly income equivalent of 1% of the lump sum for each month a disability benefit is paid.

If your entitlement to Other Disability Income is in dispute, at the Insurer's absolute discretion they may pay the full amount of the benefit due under the Policy on a conditional basis until the dispute is resolved. If the Insurer chooses to pay, and you receive Other Disability Income, the Insurer may offset those payments received from future benefits or recover the amount of benefit the Insurer has paid which would have been offset.

Post-Disability Income means the amount of Income you have received during the month that a Partial Disability Benefit is paid. If you are suffering Partial Disability but have not received such income, in order to enable the Insurer to calculate the benefit, they will estimate your capacity to earn and substitute an amount for partial earnings.

Pre-Disability Income means 1/12th of your annual Income immediately prior to your date of Total Disability. This will not include any income, or portion of income, that continues while you are disabled.

Insurance fee waiver

Any insurance fee which falls due while you are receiving a Total or Partial Disability benefit will be waived.

Rehabilitation benefit

Whilst you are suffering Total or Partial disability, approved rehabilitation expenses, such as the cost of a rehabilitation course, device or course of treatment, may be paid by the Insurer if it considers this likely to assist your return to work. The Insurer's prior approval is required in all cases before

the cost is incurred.

The Trustee must also be satisfied that the payment is permissible under the trust deed and superannuation legislation.

Recurring disablement

If you become disabled by the same or related injury or illness within six months of the date your previous period of disability ceased, it will be treated by the Insurer as a continuation of the earlier claim, and the waiting period will not apply. Both your cover and the Policy must still be in force. Benefits will be limited to the unexpired portion of the applicable benefit payment period.

Benefit indexation

Where you have a benefit period of more than 12 months and have been in receipt of a Total Disability benefit for twelve (12) continuous months, the Insurer will increase your monthly benefit from that date by the lesser of the annual CPI percentage increase or 5%.

Your monthly benefit will thereafter be increased at the end of each consecutive twelve (12) month period where a Total Disability benefit continues to be paid.

The maximum monthly benefit available under the insurance policy is \$30,000 per month, including benefit indexation.

Benefit indexation does not apply to Partial Disability benefits.

IP cover exclusions

No IP benefit will be payable when a claim arises directly or indirectly as a result of:

- a. An act of War, or
- b. Participation in a criminal act, or
- c. Intentional self-inflicted harm or attempt at suicide, or
- d. Normal and uncomplicated pregnancy, caesarean birth, threatened miscarriage, participating in in-vitro fertilisation or other medically assisted fertilisation techniques and normal discomforts of pregnancy (such as morning sickness, backache, varicose veins, ankle swelling and bladder problems), where the continuous period of Total Disability is less than 90 consecutive days, or
- e. Any additional exclusion that came into effect through underwriting.

When does Employer Plan Cover apply?

When you join Acclaim Super as part of an Employer Plan with tailored insurance arrangements, you will automatically receive Employer Plan Cover, provided you are eligible, up to the AAL (if applicable).

The type and amount of Employer Plan Cover applicable to you will be shown in an *Employer Plan Additional Information Schedule*.



This means insurance cover is provided without the need for you to submit an *Insurance Cover Application form*, or evidence of health. Automatic acceptance of insurance cover will not apply and you will need to apply for cover if:

- the first Superannuation Guarantee (SG) contribution and minimum member details is received by the Fund after 120 days from the day you first joined your employer; or
- you've ever been paid a TPD benefit or terminal illness benefit from any superannuation fund or insurance policy, or if you've sought medical advice for a condition that would entitle you to apply for or receive a TPD benefit, or if you've ever been diagnosed with a terminal illness.

If you were not At Work on the date Employer Plan Cover commences, the cover will be New Events Cover until you have been in Active Employment for 30 consecutive days.

At Work means:

- a. You are actively performing all of the normal duties and normal hours of your regular occupation without restriction by any Injury or Illness, or
- b. If on employer approved leave (except leave caused by Injury or Illness), you are in the Insurer's opinion capable of actively performing all of the normal duties and normal hours of your regular occupation, without restriction by any Injury or Illness.

New Events Cover means the Insurer will only pay a benefit for an Injury or Illness if it first occurs on or after the date your cover commenced, recommenced or increased. An Injury or Illness is considered to have first occurred on the day you first sought medical advice for the Injury or Illness.

Active Employment means you are capable of performing all of the normal duties of your regular occupation, without restriction by any Injury or Illness, for at least 35 hours per week (whether or not you are actually working those hours).

To be eligible for Employer Plan Cover you must also meet the following criteria:

Cover	Eligibility
Death Cover	<ul style="list-style-type: none"> • You are aged between 15 and 65 • You are an Australian Resident
TPD Cover	<ul style="list-style-type: none"> • You are aged between 15 and 65 • You are an Australian Resident
IP Cover	<ul style="list-style-type: none"> • You are aged between 15 and 65 • You are an Australian Resident • You are engaged under a contract of employment as a Permanent Employee, Contractor (with a contract for an initial fixed term of at least 12 months), or a partner (if your employer is a partnership) • You are working more than 15 hours per week

Australian Resident means you are an Australian citizen or a person who is legally permitted to reside in and be gainfully employed in Australia. It also includes New Zealand citizens who are residing and working in Australia.

When does Employer Plan Cover commence?

If you have met the requirements to be eligible for Employer Plan Cover it will commence from:

- i. The first date your account balance is equal to or greater than \$6,000 and you are at least 25 years of age, or
- ii. If you are aged less than 25 years or your account balance is less than \$6,000 the date we received your Insurance opt-in notification to have insurance applied to your account, provided it was received within 120 days from the day you first joined your employer or it was received within 90 days of our Welcome Letter.

Note: the opt-in notification mentioned in (ii) above will include a written election made by you to the Trustee to take out insurance despite being aged less than 25 years or having an account balance less than \$6,000. For more details on how to make an opt-in notification contact the Administrator on 1300 264 264.

Applying for voluntary insurance cover

Acclaim Super members can apply for voluntary death and TPD insurance cover in excess of their Employer Plan Cover or if they are not eligible for Employer Plan Cover. Any voluntary cover will be subject to terms and conditions (including insurance fees) applicable to voluntary insurance cover, set out in section 7 of the *Acclaim Super Additional Information Booklet*.

What happens to Employer Plan Cover when you leave your employer?

Death and TPD cover

If you leave the service of your employer, any death and TPD cover (that is Employer Plan Cover) you have will become a fixed sum insured equal to the value of the insurance cover as at the date you ceased employment. Your cover will be subject to insurance fees and other terms and conditions applicable to voluntary insurance cover, set out in section 7 of the *Acclaim Super Additional Information Booklet*.

Your occupation with your former employer sponsor will be used to determine your occupational classification and any individual restrictions, conditions, exclusions or insurance fee rate adjustment factors (premium loadings) that were imposed on your cover will continue to apply, unless the Insurer agrees otherwise in writing. If we do not know your occupation or smoking status, white collar non-smoker insurance fee rates will apply. Furthermore, the continuation of your insurance cover is subject to the following conditions:



- Your account balance is greater than \$1,000 or we continue to receive contributions from your new employer; and
- Your cover has not ceased for some other reason.

If any of the above conditions are not met, death and TPD cover will be subject to underwriting and acceptance by the Insurer.

Income Protection (IP) Insurance

If you have IP cover (that is Employer Plan Cover) and you leave the service of your employer, you will retain the same waiting period and benefit payment period provided you remain eligible for IP cover (for example, you will not be eligible for IP cover if you are no longer an Australian resident) and cover does not cease for some reason. You will also retain the same amount of IP cover which will be equal to the level of cover applicable to you as at the date you ceased employment and will be subject to insurance fees and other terms and conditions applicable to voluntary insurance cover, set out in section 7 of the *Acclaim Super Additional Information Booklet*. Your occupation with your former employer sponsor will be used to determine your occupational classification and any individual restrictions, conditions, exclusions or insurance fee rate adjustment factors (premium loadings) that were imposed on your cover will continue to apply, unless the Insurer agrees otherwise in writing. If we do not know your occupation or smoking status, white collar non-smoker insurance fee rates will apply.

If your salary has increased, you will still retain the same level of cover applicable to you as at the date you ceased employment. To apply for additional IP cover based on your higher salary, you must complete the *Insurance Cover Application form* available at www.acclaimwealth.com.au/product-documents and any increase is subject to underwriting and acceptance by the Insurer.

If, after commencement of IP cover, your employment status changes from permanent employment (working more than 15 hours per week) to casual, then in the event of a claim the Insurer will average the member's salary over the previous 12 months to determine their actual monthly IP benefit.

The continuation of your cover is subject to the following conditions:

- Your account balance is greater than \$1,000 or we continue to receive contributions from your new employer; and
- Your cover has not ceased for some other reason.

If any of the above conditions are not met, IP cover will be subject to underwriting and acceptance by the Insurer.

When does insurance cover cease?

Death and TPD insurance cover will cease when any of the following occurs:

- You turn 70 years of age
- We receive your request in writing to cancel your cover
- You permanently reside overseas
- You retire permanently from the workforce

- You join the military forces of any country, except as a member of the Australian Defence Forces Reserve whilst performing duties within Australia
- You cease to be an Australian Resident
- You die
- The Insurer admits a claim, unless they admit a claim for terminal illness and your death cover exceeds the terminal illness benefit in which case you will continue to have death cover with the amount reduced by the terminal illness benefit
- You exercise your right to direct future contributions to another fund and transfer your entire account balance to that fund as a result of Choice of Fund legislation
- There are insufficient funds in your account to meet the next insurance fee that falls due
- Unless you have made an election, at the end of the period for which insurance fees have already been paid upon your account becoming inactive, for 16 consecutive months as described below
- If we are required to transfer your account balance out of our Fund as required by any government legislation.

We are required by the government to cease any insurance cover you hold if no amount (e.g. contributions or rollovers) has been received for you by the Trustee (i.e. your account is inactive) for 16 continuous months, unless we have received an election from you during that period to maintain your insurance.

Election means an election provided by you to maintain your insurance cover even if your account becomes inactive. A separate election is required for each continuous period of inactivity.

For more details on how to make an election to maintain insurance cover, please phone 1300 264 264.

Note: If you elect to take out or maintain cover, the costs of cover will be deducted from your account and may erode your balance in the Fund.

An election to maintain cover despite inactivity does not mean that cover cannot cease for some other reason. For example, if you make an election to maintain cover, but subsequently reach the maximum insurable age or the insurer admits a benefit claim for you, your cover will cease.

The cessation of your death and TPD Insurance cover does not affect any cover for an insurable event that occurred in the past when your insurance cover was still active.

IP cover will cease when any of the following occurs:

- You turn 65 years of age
- We receive your request in writing to cancel your cover
- You permanently reside overseas
- You retire permanently from the workforce
- You join the military forces of any country, except as a member of the Australian Defence Forces Reserve whilst performing duties within Australia
- You cease to be an Australian Resident
- You die
- You exercise your right to direct future contributions to another fund and transfer your entire account balance to that fund as a result of Choice of fund legislation



- There are insufficient funds in your account to meet the next insurance fee that falls due
- Unless you have made an election, at the end of the period for which insurance fees have already been paid upon your account becoming inactive, for 16 consecutive months as described below
- If we are required to transfer your account balance out of our Fund as required by any government legislation.

We are required by the government to cease any insurance cover you hold if no amount (e.g. contributions or rollovers) has been received for you by the Trustee (i.e. your account is inactive) for 16 continuous months, unless we have received an election from you during that period to maintain your insurance.

Note: If you elect to take out or maintain cover, the costs of cover will be deducted from your account and may erode your balance in the Fund.

An election to maintain cover despite inactivity does not mean that cover cannot cease for some other reason. For example, if you make an election to maintain cover, but subsequently reach the maximum insurable age or the Insurer admits a benefit claim for you, your cover will cease.

The cessation of your IP insurance cover does not affect any cover for an insurable event that occurred in the past when your insurance cover was still active.

Reinstating your insurance cover

If your death and TPD or IP cover ceases due to your account being inactive for 16 consecutive months, you can have your cover reinstated from the date it ceased if all the following conditions are met:

- You request for your cover to be reinstated within 60 calendar days of the date it ceased
- You have a sufficient account balance to pay the insurance fees owed for your reinstated cover within 60 calendar days of the date it ceased
- You have, at all times since your cover ceased, continued to meet the eligibility criteria for the ceased cover
- You have never been paid a TPD benefit or terminal illness benefit from any superannuation fund or insurance policy, you've never sought treatment for a condition that would entitle you to apply for or receive a TPD benefit, and you've never been diagnosed with a terminal illness.

The same restrictions, conditions, exclusions or premium loadings that applied to your cover before it ceased will continue to apply to reinstated cover.

New Events Cover will apply to reinstated cover if you are not At Work on the date you apply for your cover to be reinstated until you have been in Active Employment for 30 consecutive days.

If your cover ceased due to any other reason or you do not meet the reinstatement conditions above, it can only be reinstated through applying for insurance cover and underwriting. Cover that is reinstated through underwriting commences from the date the Insurer accepts your

application and is subject to the terms and conditions (including insurance fees) in section 7 of the *Acclaim Super Additional Information Booklet*.

Employer approved leave

Cover will continue in respect of a member on employer approved leave provided your insurance fees continue to be paid, and cover does not cease for some other reason.

If you suffer TPD within 24 months of the employer approved leave commencing, the parts of the TPD definition that applied to you on the date your approved leave commenced will apply. After 24 months and until you have returned to work and are in active employment for 30 consecutive days, you must satisfy either Part 3, Part 4, Part 5, or Part 6 under the definition of TPD.

For IP cover, if you suffer Total Disability during a period of approved leave which is unpaid:

- a. Your monthly benefit accrues from the latter of:
 - i. The date that has been agreed and documented by your employer and yourself as the date you will be returning to their employment, and
 - ii. The day after the waiting period has ended.
- b. The insurer will use your monthly income on the day immediately before their approved leave commenced to calculate your monthly benefit.

Note: If you are on employer approved leave for a period exceeding 16 consecutive months and no contributions are being made to your super account you must make an election to maintain your insurance cover for it to continue. If you do not make this election then your insurance cover will cease after the first period of 16 months' inactivity.

Changing your cover

You can apply for voluntary cover (type or amount) by completing an *Insurance Application form* subject to eligibility criteria and normal underwriting requirements being met. Increased cover does not commence until your application is accepted by the Insurer and is subject to the payment of additional insurance fees.

Any voluntary cover will be subject to the terms and conditions (including insurance fees) applicable to voluntary insurance cover, set out in section 7 of the *Acclaim Super Additional Information Booklet*.

You can cancel your cover at any time. The request must be in writing and sent to the Administrator at PO Box 3528, Tingalpa DC, QLD 4173. Cancellation is effective from the date the Insurer receives notice from the Trustee to cancel cover for you.

You can also reduce your cover by sending a request in writing to the Administrator at PO Box 3528, Tingalpa DC, QLD 4173.

If you do cancel or reduce your cover, reinstatement will require a personal application to the Insurer and will be subject to the provision of satisfactory health evidence. Cover that is reinstated through underwriting commences



from the date the Insurer accepts your application and is subject to the terms and conditions (including insurance fees) in section 7 of the *Acclaim Super Additional Information Booklet*.

Cost of Employer Plan Cover

Insurance fees are deducted monthly in arrears from your Cash account (usually on the last day of the month). If there is insufficient money in your account, insurance cover may cease. If we don't receive an amount for you for 16 continuous months, cover may also cease. If you would like to make certain your insurance cover continues, you should ensure that you have sufficient funds in your account to meet the cost of that cover and regularly make contributions to

the account. Whether the continuation of cover in the Fund is right for you depends on your personal circumstances. You should consider obtaining financial advice about this.

The cost of cover will be shown in an *Employer Plan Additional Information Schedule*. Please note that some Employer Plans may have a Plan Rating Factor (PRF) which replaces the Occupational Rating Factor for your occupational classification (determined in accordance with the guidelines set out below). If a PRF is applicable to your Employer Plan cover, this will also be shown in an *Employer Plan Additional Information Schedule*.

Any voluntary will be subject to insurance fees applicable to voluntary insurance cover, set out in section 7 of the *Acclaim Super Additional Information Booklet*.

Occupation classifications

Your occupation is one of the factors that may determine what insurance fees will be payable. Unless you are covered by an Employer Plan with a PRF, when you join the Fund you will be defaulted into the Non Office Based occupation class even though you may be eligible for White Collar or Professional occupation class for the purpose of calculating your insurance fees. To be classified as White Collar occupation or a Professional occupation class, you must complete an *Occupation Rating Insurance form* available on our website www.acclaimwealth.com.au/product-documents. If you do not complete a change in *Occupation Rating form* you may be paying higher insurance fees than necessary. If you complete a change in *Occupation Rating Insurance form* the change in occupation class will occur on the date we receive your signed declaration.

Class	Type of Occupation
Professional	Where the worker holds a tertiary qualification relevant to their occupation and earns a gross income of at least \$100,000 per annum (annualised excluding superannuation contributions). They must be working in a sedentary capacity in an office environment for at least 80% of the time they perform their occupation. Examples of Professional occupations include solicitor, accountant and medical practitioner.
White Collar	Where the worker works in an office building performing clerical, administration or managerial duties only, or work as a teacher at a school, TAFE, college or university. Example of White Collar occupations include office administrator, computer operator, bank clerk or school teacher).
Non Office Based	You will be classified as Non Office Based unless you have provided us with your duly completed <i>Occupation Rating Insurance form</i> , unless a PRF applies to your Employer Plan.
Excluded Occupations	<p>If you apply for cover whilst employed in one of the following hazardous or higher risk occupations, the Insurer is unlikely to accept you for cover:</p> <ul style="list-style-type: none"> • Aviation worker such as a pilot, air traffic controller or aerial photographer, • Emergency services worker such as a fireman, police officer, ambulance officer or paramedic, except as a volunteer, • Entertainer working professionally such as an actor, dancer, musician or performer, • Forestry worker such as a tree feller or sawmill worker, • Horse racing industry worker such as a jockey, trainer or strapper, • Mining worker such as a miner, mineral explorer earth driller or explosives handler, • Offshore worker such as a fisherman, oil rig worker or diver, • Seasonal worker, • Security worker such as a security guard, doormen, bouncer or crowd controller, • Sex worker, • Sportsperson working professionally or semi-professionally, • Underground or underwater worker, or • Working at heights above 10 metres such as a rigger, scaffolder or roof worker.



Occupation rating factors

The cost of your insurance will depend on the below Occupational Factors, unless a PRF applies under your Employer Plan.

Occupational class	Death Only	Death & TPD	IP
Professional	0.51	0.51	0.41
White Collar	0.57	0.57	0.45
Non Office Based	1.00	1.00	1.00

In the case of Employer Plan Cover, an occupational classification for all members covered by the Employer Plan (i.e. a PRF) may be determined by the Insurer.

Calculating your death and TPD insurance fees

To calculate the annual cost of your death and TPD insurance cover, first find:

- your 'Occupational factor' for your occupational classification (based on the Occupational Classifications table and Occupation Rating Factors above) unless a PRF applies to your Employer Plan; or
- the PRF for your Employer Plan, if applicable.

Then multiply the annual Base (non-office based) rate of insurance fees for your gender and age at next birthday (as shown in the table below) by your Occupational factor or PRF and apply this to your sum insured as follows:

Annual insurance fees = [sum insured ÷ \$1,000] x [Occupational Factor/PRF x annual rate of insurance fees]



Base (Non Office Based) - Annual insurance fee rates per \$1,000 sum insured (paid monthly)

Age next birthday	DEATH ONLY RATES		DEATH & TPD RATES	
	Male	Female	Male	Female
16	0.78	0.26	0.98	0.35
17	0.78	0.26	0.98	0.35
18	0.78	0.26	0.98	0.35
19	0.78	0.26	0.98	0.35
20	0.78	0.26	0.98	0.35
21	0.78	0.26	0.98	0.35
22	0.75	0.23	0.98	0.32
23	0.70	0.20	0.92	0.30
24	0.66	0.20	0.88	0.30
25	0.62	0.18	0.86	0.28
26	0.58	0.18	0.83	0.28
27	0.56	0.18	0.81	0.30
28	0.56	0.18	0.81	0.30
29	0.56	0.18	0.83	0.33
30	0.56	0.20	0.83	0.35
31	0.53	0.20	0.83	0.38
32	0.53	0.23	0.83	0.41
33	0.56	0.26	0.88	0.48
34	0.58	0.28	0.92	0.55
35	0.60	0.30	0.94	0.60
36	0.62	0.32	0.98	0.66
37	0.66	0.38	1.05	0.73
38	0.70	0.40	1.13	0.81
39	0.77	0.47	1.26	0.96
40	0.85	0.51	1.39	1.08
41	0.88	0.56	1.48	1.21
42	0.96	0.60	1.67	1.35
43	1.05	0.66	1.88	1.51
44	1.14	0.70	2.12	1.67
45	1.26	0.71	2.34	1.76
46	1.37	0.77	2.67	1.97
47	1.52	0.85	3.00	2.21
48	1.63	0.90	3.34	2.47
49	1.78	0.98	3.75	2.80
50	1.96	1.09	4.22	3.23
51	2.12	1.20	4.68	3.64
52	2.27	1.35	5.21	4.15
53	2.49	1.48	5.86	4.65
54	2.70	1.63	6.55	5.21
55	2.91	1.78	7.19	5.72
56	3.15	1.96	7.93	6.31
57	3.47	2.14	8.86	6.89
58	3.79	2.32	9.85	7.49
59	4.17	2.54	11.03	8.18
60	4.58	2.74	12.31	8.88
61	4.98	2.95	13.64	9.57
62	5.39	3.25	15.05	10.49
63	5.82	3.58	16.53	11.62
64	6.24	4.00	18.11	12.94
65	6.72	4.46	19.89	14.42
66	7.20	4.96	21.69	15.91
67	7.83	5.56	23.76	17.60
68	8.54	6.24	26.25	19.59
69	9.19	6.89	28.86	21.73
70	9.92	7.58	31.73	24.06

- Age next birthday is defined as the member's current age plus one year as at commencement date of cover and then at the annual review date of 1 July each year.
- The table above does not include advice fees payable to your adviser (where agreed by you). Any advice fees will be in addition to the insurance fee rates shown in the table above. Refer to section 5 of the *Acclaim Super Additional Information Booklet* for more information about advice fees.
- Insurance fees are payable monthly in arrears.



Calculating your IP insurance fees

To calculate the annual cost of your IP cover, first find:

- your 'Occupational factor' for your occupational classification (based on the Occupational Classifications table and Occupation Rating Factors on page 13) unless a PRF applies to your Employer Plan; or
- the PRF for your Employer Plan, if applicable.

Then multiply the annual Base (non-office based) rate of insurance fees for your gender and age at next birthday and relevant benefit and waiting periods (as shown in the tables below) by your Occupational factor or PRF and apply this to your sum insured as follows:

Annual Benefit = [Annual Salary x 85% (10% being superannuation contribution benefit)]

Annual insurance fees = Annual Benefit x [annual rate of insurance fees x Occupational Factor/PRF]

Note: Stamp duty also applies, ranging from 5% to 11% of insurance fees (refer to Stamp Duty table below for more details).



Base (Non Office Based) IP rates - Annual insurance fee rates per \$1,000 annual agreed benefit period for 2 years

Age next birthday	Male 30 day wait	Male 60 day wait	Male 90 day wait	Female 30 day wait	Female 60 day wait	Female 90 day wait
16	3.35	2.05	1.34	5.04	2.96	2.03
17	3.35	2.05	1.34	5.04	2.96	2.03
18	3.35	2.05	1.34	5.04	2.96	2.03
19	3.35	2.05	1.34	5.04	2.96	2.03
20	3.35	2.05	1.34	5.04	2.96	2.03
21	3.35	2.05	1.34	5.04	2.96	2.03
22	3.41	2.09	1.34	5.11	2.98	2.03
23	3.45	2.11	1.34	5.18	3.03	2.03
24	3.47	2.13	1.34	5.20	3.05	2.03
25	3.55	2.17	1.34	5.32	3.12	2.03
26	3.59	2.17	1.34	5.40	3.19	2.03
27	3.64	2.23	1.34	5.46	3.19	2.03
28	3.74	2.27	1.34	5.60	3.27	2.03
29	3.83	2.34	1.34	5.75	3.31	2.03
30	3.95	2.39	1.38	5.91	3.41	2.09
31	4.12	2.48	1.44	6.15	3.53	2.15
32	4.30	2.58	1.46	6.43	3.69	2.20
33	4.49	2.70	1.52	6.76	3.88	2.27
34	4.73	2.82	1.58	7.12	4.10	2.39
35	4.97	2.96	1.70	7.47	4.30	2.53
36	5.25	3.10	1.80	7.88	4.57	2.70
37	5.60	3.31	1.89	8.42	4.92	2.86
38	5.93	3.53	2.09	8.91	5.25	3.12
39	6.31	3.76	2.27	9.46	5.63	3.41
40	6.74	4.04	2.48	10.09	6.05	3.71
41	7.14	4.33	2.70	10.69	6.46	4.02
42	7.59	4.65	2.96	11.40	6.96	4.42
43	8.14	5.06	3.24	12.20	7.53	4.85
44	8.68	5.48	3.62	13.03	8.08	5.44
45	9.30	5.96	4.00	13.93	8.75	5.99
46	9.95	6.48	4.47	14.92	9.46	6.70
47	10.64	7.07	5.01	15.99	10.21	7.49
48	11.45	7.71	5.58	17.17	11.09	8.37
49	12.28	8.42	6.27	18.40	11.96	9.38
50	13.20	9.20	7.02	19.77	12.96	10.52
51	14.19	10.05	7.88	21.29	14.07	11.80
52	15.33	11.00	8.85	22.98	15.28	13.27
53	16.53	12.02	9.98	24.81	16.60	14.27
54	17.86	13.10	11.02	26.80	18.02	15.71
55	19.35	14.31	12.16	28.99	19.63	17.31
56	20.97	15.63	13.46	31.45	21.38	19.14
57	22.78	17.10	14.86	34.17	23.30	21.09
58	24.79	18.66	16.39	37.17	25.40	23.30
59	27.04	20.44	18.11	40.54	27.79	25.76
60	29.49	22.33	20.01	44.25	30.37	28.46
61	32.24	24.50	22.11	48.36	34.81	32.21
62	35.34	27.22	24.60	53.00	39.24	36.11
63	36.38	28.38	25.76	54.56	41.46	38.08
64	30.67	24.22	21.12	46.00	35.87	31.45
65	10.57	8.47	7.02	15.87	12.70	10.55

- Age next birthday is defined as the member's current age plus one year as at commencement date of cover and then at the annual review date of 1 July each year.
- The table above does not include stamp duty which varies depending on the charges applied by each state or territory.
- The table above does not include advice fees payable to your adviser (where agreed by you). Any advice fees will be in addition to the insurance fee rates shown in the table above. Refer to section 5 of the *Acclaim Super Additional Information Booklet* for more information about advice fees.
- Insurance fees are payable monthly in arrears.



Base (Non Office Based) IP rates - Annual insurance fee rates per \$1,000 annual agreed benefit period for 5 years

Age next birthday	Male 30 day wait	Male 60 day wait	Male 90 day wait	Female 30 day wait	Female 60 day wait	Female 90 day wait
16	6.74	4.28	2.56	10.13	6.11	3.83
17	6.74	4.28	2.56	10.13	6.11	3.83
18	6.74	4.28	2.56	10.13	6.11	3.83
19	6.74	4.28	2.56	10.13	6.11	3.83
20	6.74	4.28	2.56	10.13	6.11	3.83
21	6.82	4.33	2.58	10.21	6.17	3.88
22	7.02	4.45	2.62	10.52	6.36	3.92
23	7.19	4.57	2.68	10.78	6.53	4.00
24	7.37	4.65	2.70	11.04	6.67	4.04
25	7.55	4.77	2.76	11.31	6.84	4.16
26	7.76	4.89	2.76	11.63	7.00	4.16
27	7.97	5.04	2.76	11.94	7.19	4.16
28	8.20	5.20	2.82	12.32	7.43	4.21
29	8.56	5.42	2.82	12.85	7.73	4.21
30	8.94	5.65	2.88	13.41	8.06	4.33
31	9.44	5.96	3.00	14.15	8.51	4.49
32	9.91	6.27	3.07	14.88	8.97	4.61
33	10.48	6.62	3.21	15.73	9.46	4.83
34	11.12	7.00	3.41	16.65	10.03	5.11
35	11.80	7.43	3.64	17.72	10.66	5.46
36	12.58	7.88	3.90	18.84	11.49	5.84
37	13.41	8.44	4.12	20.12	12.14	6.17
38	14.31	9.03	4.49	21.48	12.85	6.74
39	15.30	9.62	4.92	22.94	13.62	7.35
40	16.32	10.21	5.36	24.46	14.45	8.04
41	17.38	10.84	5.91	26.09	15.35	8.89
42	18.52	11.47	6.53	27.77	16.34	9.79
43	19.77	12.18	7.23	29.66	17.46	10.86
44	21.07	12.91	8.06	31.59	18.64	12.08
45	22.42	13.67	8.97	33.63	19.94	13.44
46	24.00	14.62	9.98	35.99	21.45	14.94
47	25.59	15.57	11.04	38.41	23.04	16.58
48	27.34	16.67	12.26	41.01	24.79	18.37
49	29.23	17.90	13.60	43.85	26.70	20.41
50	31.41	21.90	16.69	47.09	30.88	25.05
51	33.80	23.93	18.76	50.71	33.49	28.12
52	36.50	26.18	21.05	54.73	36.40	31.57
53	39.38	28.62	23.77	59.08	39.54	33.96
54	42.53	31.20	26.23	63.78	42.92	37.41
55	46.04	34.08	28.97	69.06	46.71	41.25
56	54.56	41.41	35.93	78.16	56.33	50.00
57	63.10	48.72	42.85	87.25	65.96	58.77
58	71.64	56.03	49.80	96.35	75.58	67.54
59	80.17	63.36	56.76	105.46	85.18	76.31
60	88.69	70.67	63.72	114.56	94.82	85.10
61	84.76	63.19	55.95	127.14	89.83	81.47
62	71.87	54.00	47.61	107.80	77.83	69.86
63	52.31	39.40	34.49	78.48	57.59	50.99
64	36.52	28.85	25.14	54.77	42.71	37.44
65	12.61	10.07	8.37	18.90	15.11	12.56

- Age next birthday is defined as the member's current age plus one year as at commencement date of cover and then at the annual review date of 1 July each year.
- The table above does not include stamp duty which varies depending on the charges applied by each state or territory.
- The table above does not include advice fees payable to your adviser (where agreed by you). Any advice fees will be in addition to the insurance fee rates shown in the table above. Refer to section 5 of the *Acclaim Super Additional Information Booklet* for more information about advice fees.
- Insurance fees are payable monthly in arrears.



Base (Non Office Based) IP rates - Annual insurance fee rates per \$1,000 annual agreed benefit period to age 65

Age next birthday	Male 30 day wait	Male 60 day wait	Male 90 day wait	Female 30 day wait	Female 60 day wait	Female 90 day wait
16	14.88	12.28	9.06	20.95	17.40	11.66
17	14.88	12.28	9.06	20.95	17.40	11.66
18	15.06	12.44	9.27	21.21	17.66	11.75
19	15.23	12.63	9.32	21.38	17.83	11.87
20	15.42	12.79	9.46	21.56	18.00	11.96
21	15.61	12.99	9.54	21.76	18.19	12.10
22	15.49	12.75	9.06	22.37	18.61	12.42
23	15.49	12.58	8.65	22.94	19.04	12.70
24	15.47	12.44	8.35	23.55	19.49	13.01
25	15.49	12.37	7.94	24.17	19.91	13.29
26	15.59	12.28	7.76	24.76	20.36	13.58
27	15.92	12.46	7.66	25.78	21.21	14.64
28	16.39	12.73	7.64	26.96	22.23	15.45
29	16.99	13.08	7.73	28.40	23.32	16.18
30	17.72	13.58	7.85	30.01	24.52	16.83
31	18.54	14.11	8.06	31.88	25.90	17.48
32	19.55	14.80	8.37	33.98	27.39	18.23
33	20.65	15.59	8.68	36.21	29.01	18.94
34	21.85	16.44	9.13	38.67	30.82	19.84
35	23.16	17.38	9.65	41.31	32.71	20.83
36	24.60	18.47	10.31	44.09	34.86	22.04
37	26.18	19.63	10.98	47.06	37.13	23.44
38	27.83	20.91	11.83	50.12	39.54	25.11
39	29.68	22.27	12.73	53.35	42.14	27.04
40	32.24	23.75	13.84	57.80	44.94	29.30
41	34.88	25.33	15.04	62.22	47.87	31.95
42	37.51	27.04	16.44	66.67	50.92	34.84
43	39.93	28.93	18.05	70.48	54.16	38.08
44	42.47	30.86	19.82	74.30	57.51	41.74
45	45.15	32.99	21.88	78.24	61.02	45.62
46	47.99	35.28	24.14	82.18	64.61	49.80
47	50.94	37.70	26.61	86.16	68.25	54.37
48	54.06	40.23	29.40	90.13	71.97	59.03
49	57.33	42.95	32.36	94.05	75.70	63.97
50	60.71	45.76	35.36	97.93	79.37	68.90
51	64.21	48.74	38.41	101.67	82.99	73.88
52	67.78	51.84	42.19	105.26	86.46	78.75
53	71.38	54.96	46.28	108.65	89.68	78.73
54	74.97	58.14	49.50	111.70	92.61	81.93
55	78.50	61.23	52.74	114.42	95.12	84.65
56	81.85	64.21	55.91	116.57	97.08	86.80
57	84.98	66.95	58.85	118.13	98.46	88.26
58	87.64	69.32	61.47	118.96	99.00	88.83
59	89.68	71.14	63.54	118.77	98.52	88.33
60	90.86	72.13	64.80	117.35	96.80	86.54
61	80.15	60.50	54.20	120.22	85.97	78.92
62	67.95	51.68	46.12	101.93	74.50	67.68
63	49.47	37.72	33.39	74.22	55.10	49.41
64	34.53	27.60	24.36	51.79	40.89	36.28
65	11.92	9.65	8.12	17.88	14.47	12.16

- Age next birthday is defined as the member's current age plus one year as at commencement date of cover and then at the annual review date of 1 July each year.
- The table above does not include stamp duty which varies depending on the charges applied by each state or territory.
- The table above does not include advice fees payable to your adviser (where agreed by you). Any advice fees will be in addition to the insurance fee rates shown in the table above. Refer to section 5 of the *Acclaim Super Additional Information Booklet* for more information about advice fees.
- Insurance fees are payable monthly in arrears.



Stamp duty rates by state or territory

The following table shows the stamp duty rates that currently apply to the insurance fee rates of income protection shown above.

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

Other important insurance information

Life Events cover

If you have Employer Plan Cover, you are eligible to increase your insurance cover without any medical evidence through Life Events Cover. This means that if you experience any of the Nominated Events listed below, you can apply to increase your cover by providing evidence of the event.

The amount of Life Events Cover for each Nominated Event you can apply for is the lesser of the:

- 25% of your cover (excluding any underwritten cover), or
- \$200,000, or
- The amount of a new mortgage.

Life Events Cover does not apply to underwritten cover.

Nominated Events include:

- Marriage, or
- Divorce, or
- Birth or adoption of a child, or
- The purchase of a home for your permanent residence with a mortgage on that residence of at least \$100,000, or
- Your child starting a private secondary school.

Life Events Eligibility

In order to apply to increase your Employer Plan Cover when a Nominated Event occurs without providing medical evidence you must:

- a. Have been insured on the date the *Nominated Event* occurred, and
- b. Be aged less than 60 on the date the *Life Events Cover Application form* was received by us, and
- c. Be *At Work* on the date the *Nominated Event* occurred and *At Work* on the date the Insurers accept the *Life Events Cover Application form*, and
- d. Not have previously been declined for an increase in

cover, and

- e. Not have any non-standard terms applying to your cover, such as an exclusion, premium loading, limitation, special term or restriction, and
- f. Never have sought treatment for a condition that would entitle you to apply for or receive a TPD benefit, and never have been diagnosed with a terminal illness, and
- g. Provide evidence to the Insurer's satisfaction that the *Nominated Event* occurred, and
- h. Satisfactorily complete the agreed *Life Events Cover Application form*. We must receive the *Life Events Cover Application form* within 90 days of the *Nominated Event* and within 30 days of the date it was signed and dated.

You can only increase your cover:

- i. once for each Nominated Event, and
- ii. once in any 12-month period, and
- iii. for the same type of cover for which you are currently insured.

Where all of the above requirements are met, the increase will be provided as an additional fixed amount of cover.

New Events Cover will apply to the increased portion of your cover for the first 12 months.

The Insurer will not pay the increased cover where a claim is directly or indirectly the result of:

- Suicide, attempt at suicide or intentional self-inflicted harm, within 13 months from the date the *Life Events Cover* was accepted, if the claim is for death, or
- Intentional self-inflicted harm or attempt at suicide, if the claim is for TPD.

The cover will commence on the latter of the date the Insurer accepts the *Life Events Cover Application form* and the date your account balance is sufficient to pay insurance fees. The increase in cover will be deemed to have not occurred and a new *Life Events Cover Application form* will be required if your account balance is not sufficient to pay *insurance fees* within 30 days of the date the increase in cover was due to commence.

Where any of the above requirements are not met, the increase will be deemed to have been unsuccessful and any insurance fees paid in relation to the increase will be refunded.

Duty to take reasonable care

Note: this duty is relevant to underwritten cover.

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

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



When you apply for life insurance, the Insurer conducts a process called underwriting. It's how the Insurer decides whether they can cover you, and if so, on what terms and at what cost.

The Insurer will ask questions they need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give the Insurer in response to these questions is vital to the Insurer's decision.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to the Insurer. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put the Insurer in the position they would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where the Insurer later investigates whether the information given to them was true. For example, the Insurer may do this when a claim is made.

Before the Insurer exercises any of these remedies, they will explain their reasons and what you can do if you disagree.

The Insurer may apply these remedies separately to each type of cover that they consider could form a separate policy.

Guidance for answering the Insurer's questions

You are responsible for the information provided to the Insurer. When answering the Insurer's questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask the Administrator before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

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

If you need help

It's important that you understand this information and the questions the Insurer asks. Contact the Administrator or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering the Insurer's questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the Insurer

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

Overseas cover

Cover applies 24 hours a day seven days a week anywhere in the world, provided cover has not ceased for some reason.

Cover will continue if you travel overseas, including being temporarily employed overseas, provided the residence overseas is temporary in nature and cover would not otherwise have ceased due to a condition under the Policy, including ceasing because your account balance is insufficient to pay insurance fees.

For members with IP cover, if you are overseas and become disabled or reside in Australia and subsequently travel overseas and become disabled, the Insurer will not be liable to pay benefits for more than a total of 6 months while you remain overseas. However, if the entitlement to the benefit is continuing, the Insurer must continue to pay the monthly benefit again with effect from the date you return to Australia on provision of sufficient evidence supporting a permanent return to Australia.

The Insurer reserves the right to ask you to return to Australia at your expense for the ongoing assessment of a claim.

There is no restriction on the location or duration of overseas travel.

Note: If you are residing overseas for a period exceeding 16 consecutive months and no contributions are being made to your super account you must make an election to maintain your insurance cover for it to continue. If you do not make this election then your insurance cover will cease after the first period of 16 months' inactivity.

AIA Australia Privacy

Your privacy is important to AIA Australia. By becoming a member, or otherwise interacting or continuing your relationship with AIA Australia directly or via a representative or intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of personal and sensitive information in the manner described in the AIA Australia Group Privacy Policy on AIA Australia's website (www.aia.com.au/en/privacy-statement/privacy-statement) as updated from time to time (AIA Australia Group Privacy Policy).

AIA Australia has consented to the statements referable to it in this document in the form and context in which they are included.



General Information

How much insurance cover do you need? Individuals have varying insurance requirements. The Trustee recommends that you speak to your financial adviser to determine how much insurance cover is appropriate.

Making a claim on your insurance

If you believe that you have an insurance claim you should contact:

Acclaim Super & Pension products

Phone: 1300 264 264

Fax: (07) 3899 7299

Email: info@acclaimwealth.com.au

