

Super Savings – Business Insurance Guide

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 13 11 84 | art.com.au

Who this guide is for

If you're thinking about opening a Super Savings – Business Accumulation account, or already have one and are looking for information about insurance in your super, this guide is for you.

Insurance in your super

This guide explains how we provide insurance in your super.

We issue this document and all Australian Retirement Trust products. When we say 'we', 'us', 'our' or 'Trustee', we mean Australian Retirement Trust Pty Ltd (ABN 88 010 720 840, AFSL 228975), trustee of Australian Retirement Trust (ABN 60 905 115 063) (referred to as 'the Fund' or 'Australian Retirement Trust').

Important information

This is the Super Savings – Business Insurance Guide (Business Insurance Guide). The information in this guide forms part of the Super Savings – Business Product Disclosure Statement for Accumulation Account (PDS) issued 1 July 2025. The PDS references important information that you will find in this guide. This guide may reference important information contained in the Super Savings Investment Guide, Super Savings Accumulation Guide and Super Savings – Business Plan Information Factsheet (Plan Information Factsheet). These guides are available on your employer microsite or call us and we'll send them to you.

You should read and consider all the information that is part of the PDS, and our target market determinations at art.com.au/tmd, before you make any decision about insurance and our products.

Changes to insurance cover from time to time

Please note that our insurance offering changes from time to time. Different features, benefits and terms may apply to members who joined before the guide's issue date. Contact us for a copy of the Insurance Guide that applied when you became a member, and any notifications of insurance changes that we have previously sent you.

The insurer

Insurance cover is provided through group life policies for Death and Total & Permanent Disability, and Income Protection, issued by AIA Australia Limited (ABN 79 004 837 861 AFSL No. 230043) (AIA Australia or Insurer) to the Trustee. In the event of any inconsistency, the group life policies issued by the Insurer will override the information in the PDS and this guide.

In conjunction with either a disablement claim application or an application for additional cover, Australian Retirement Trust members may be contacted directly by an AIA Australia representative on behalf of the Fund to discuss or gather information relating to their application.

Refund of premiums to the Trustee

As part of our arrangements with AIA Australia to provide insurance to Fund members, we may receive a refund of premiums, depending on the level of claims against the insurance policies. We will pass on any refunded premiums through adjustments to future premiums or will use refunded premiums to assist with insurance administration costs. Any refunded premiums which are received and not yet used for these purposes are allocated to an insurance reserve.

Financial Services Guide

Our Financial Services Guide contains information about the financial services we provide. It's designed to help you decide whether to use any of our financial services and is available at art.com.au/fsg or you can contact us for a copy.

General advice warning

This document contains general information only. It's not based on your personal objectives, financial situation or needs. So, think about those things before you make any decision about the product. And if you're still not sure, talk with a financial adviser.

Privacy

We're careful with your personal information. Our privacy policy explains how we handle it. You can find it at art.com.au/privacy or by contacting us.

Case studies

The case studies in this document are just an illustration and the members we feature aren't real. The case studies assume that all terms and conditions have been met. Sometimes we round up figures to help you understand the example more clearly.

Keeping you informed

There may be changes from time to time to information contained in the PDS, including any of the documents that we refer to as forming part of the PDS. Where those changes are not materially adverse, we will publish the updated information on our website at art.com.au/pds-updates or you can call us on **13 11 84**. We will also send you a paper or electronic copy of the updated information on request, free of charge.

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Australian Retirement Trust is one of Australia's largest super funds

Around 2.4 million Australians trust us to take care of more than \$330 billion of their retirement savings.

Find out more about us at art.com.au

We're focused on:

- strong long-term investment returns
- lower fees
- outstanding service.



For further information about ratings methodology used and awards disclaimers, please see art.com.au/awards

Past performance is not a reliable indicator of future performance. Ratings and awards are subject to change and are only one factor to consider when deciding how to invest your super.



Our insurance

We use our size and scale and work hard to make sure that flexible and affordable insurance cover is available to our members.

The insurance options available with your Super Savings – Business Accumulation account are designed to help safeguard you and your family's financial future.

Please see your Plan Information Factsheet, available on your employer's Super Savings – Business microsite, to see what options are available to you.

We offer easy ways for you to apply for cover, change your cover, or cancel your cover at any time.

Insurance with us protects you 24 hours per day, 7 days per week.

Important: Your employment status may affect your eligibility to be a member of Super Savings – Business. Please read your Plan Information Factsheet to determine if you're eligible.

What's in this guide

The information in this Business Insurance Guide explains the insurance available to Super Savings – Business Accumulation account holders. We show you:

- Who is eligible for Standard cover, when cover starts, and the levels, types and base premium cost of cover, and how to opt out of cover
- Details of Death, Total & Permanent Disability (TPD) and Income Protection cover
- How to cancel cover, the conditions, exclusions and limitations that may apply to cover
- Definitions of key insurance terms
- How to apply for Additional cover, and other offers, including insurance offers members may receive

Check if you already have cover

It's important to check what other insurance you have. If you have more than one income protection policy, you can generally only claim on one. You may be paying for cover you don't need or can't claim on in full.

If you have income protection elsewhere, please consider which policy best meets your needs and, if appropriate, seek financial advice.

Insurance words with definitions

We aim to make this guide easy to understand. While we do our best to explain everything as we go, some of the words we use have specific meanings. We display these words differently, such as 'at work'. Please see the meaning of these words in the Definitions section from page 51. For example, we define 'at work' for the purposes of this guide on page 52.

If you need to make an insurance claim

If you need to make a claim, we're here to help and guide you. We aim to pay all eligible insurance claims as quickly as possible.

Your first step is to contact us. You can call us on **13 11 84** or reach us via [Member Online](#). You can also use our online claims eligibility tool to begin the process.

Please see art.com.au/claim to start the claims process.

We're here to help

Call us today on **13 11 84**.





Insurance in your super

In this section, we explain the insurance offered through Super Savings – Business.

We show you:

- The cover we offer
- Features of cover with us

Protect you and your loved ones

Protecting your retirement dreams is just as important to us as helping you reach them. The right insurance cover can help you and your family feel prepared and protected.

Support when it matters most



Peace of mind

Help you and your family feel protected



Affordable

We use our size and scale to work hard to provide flexible and affordable insurance cover for our members



Hassle free

We deduct the premiums from your super account. You don't pay out of your pocket today, but it will reduce your money for retirement



Flexible

Change or cancel your insurance at any time, subject to eligibility and limits



Reliable

We're here to support you every step of the way if you need to make a claim

The cover we offer

Our insurance has 3 types of cover. We design all our cover to help provide you with security and peace of mind.



Death cover

Designed to pay a benefit if you die. You may be able to receive an insurance benefit if you are diagnosed with a terminal illness. You'll need to meet the 'terminal illness' definition.



Total and permanent disability (TPD) cover

Designed to pay a benefit if you can't ever work again. You'll need to meet the relevant definitions of total and permanent disablement for your cover.



Income protection

Designed to pay you a replacement income, up to your maximum benefit, if you can't work temporarily because you're sick or injured. You'll need to meet the relevant definition of disablement for your cover.

Your cover continues even if your job doesn't

If you leave your employer, your Death and/or Total & Permanent Disability (TPD) cover will normally continue automatically as Tailored cover in Super Savings. You'll retain the same level of cover, but the premium charged may change. If you leave your employer and don't wish to continue your cover, that's ok. Just let us know. Any Income Protection cover will stop. You can request it to be reinstated. Please see the Death and Total & Permanent Disability cover section and the Income Protection cover section for details on when your cover will stop or a benefit may not be paid.

Get advice from the start

Speak to your financial adviser. If you don't have your own personal financial adviser and you need advice about your Super Savings account, we also have qualified financial advisers who can help you over the phone with simple advice about your Super Savings account. We include this service with your membership¹.

¹ Representatives of ART Financial Advice Pty Ltd (ABN 50 087 154 818, AFSL 227867) (ART FA) give financial advice. ART FA is responsible for the advice it gives and is a separate legal entity. Please read the Financial Services Guide at art.com.au/fsg for more information.



Features at a glance

The following table contains a summary of the benefits, features and options for insurance cover in Super Savings – Business. You can find more information on each item in this guide. You can find the specific arrangements for your employer Plan on your Plan Information Factsheet, available on your employer's Super Savings – Business microsite.

Features	Description
Death cover	Provides a lump sum benefit in the event of your death. This forms part of your Standard cover. You can also apply to have Death-only cover or apply for Additional Death cover.
'Terminal illness' benefit	Forms part of your Death cover. You may receive a terminal illness benefit if you are diagnosed as having a 'terminal illness'.
Total & Permanent Disability (TPD) cover	Provides a lump sum benefit in the event you become totally and permanently disabled and meet the conditions of the relevant part of the 'total and permanent disability' definition. You can also have TPD-only cover or apply for Additional TPD-only cover.
Income Protection cover	Provides a replacement income, up to your maximum benefit, if you can't work because you're sick or injured. Income Protection may form part of your Standard cover or it may be available as Voluntary cover. Your employer may not have chosen to provide Income Protection cover. Please check your Plan Information Factsheet for more information.
Standard cover	If eligible, Standard Death and TPD cover is automatically provided when you attain age 25 and reach an account balance of \$6,000, unless you decide to opt out. The age and balance requirements for automatic cover do not apply if your employer is paying for the full cost of any Standard cover. Your employer Plan may also provide Standard Income Protection cover. Please check your Plan Information Factsheet for more information on when cover will start.
Worldwide cover	Cover is provided 24/7 anywhere in the world.
Cover during paid and 'unpaid leave'¹	Death and TPD cover continues while you are on leave. Income Protection cover (if applicable) will continue for a period of 24 months during 'unpaid leave'.
Cover during overseas employment	Cover continues while you satisfy the eligibility requirements when working overseas with your Australian-based employer.
Automatic continuation of cover¹	Your Death and TPD cover ordinarily continues once you leave your employer. Though you retain the same level of cover, the premium charged may change. Within 60 days of us being notified of you ceasing employment with your Super Savings – Business employer, you can apply to have your Income Protection (if applicable) cover reinstated without underwriting in your Super Savings Accumulation account, but your employment status will need to be confirmed and your premium may alter.
Transfer of insurance cover	You can apply to transfer your cover provided by an existing insurance policy or superannuation fund and provide equivalent benefits on Australian Retirement Trust's terms and conditions.
Financial advice²	We can help you determine the amount and type of insurance cover needed and help you manage proceeds of insurance claims.
Claims support	Our experienced claims representatives are here to help with your claim. Simply contact us and we will guide you through the process.
Rehabilitation	If you have an injury, disability or health condition, and have an approved income protection claim, we can arrange work-related rehabilitation to help you back to meaningful work.
Your beneficiaries	You can make a binding death benefit nomination, or nominate your preferred beneficiaries.
Who pays for your insurance premiums	Please see your Plan Information Factsheet for specific information about your Plan arrangements.

¹ Please see the Conditions and Exclusions section. Your cover can stop if your account has not received an 'eligible contribution' in the past 12 months. ² Employees in the Australian Retirement Trust group provide advice to members and employers as representatives of ART Financial Advice Pty Ltd (ABN 50 087 154 818, AFSL 227867) (ART FA), wholly owned by Australian Retirement Trust. ART FA is a separate legal entity responsible for the financial services it provides. Eligibility conditions apply. Refer to the Financial Services Guide at art.com.au/fsg for more information.

Opt in to Standard cover sooner

If you need cover now and you're aged 15 or older, you can apply for cover before attaining age 25 or reaching an account balance of \$6,000 (subject to meeting the other eligibility conditions). Please see Opt in to Standard cover sooner on page 16 for more details. Please also refer to your Plan Information Factsheet.



A photograph of a middle-aged couple sitting at a wooden table. The woman, on the left, has short dark hair, wears glasses, a pearl earring, and a red top. She is looking at a smartphone held by the man. The man, on the right, is smiling and looking at the phone. He is holding a light blue mug. In front of the woman is a white mug. The background is a blurred interior with a wooden shelf holding various plants and objects.

Standard cover

In this section, we explain Standard cover available in Super Savings – Business.

We show you:

- Eligibility for Standard cover
- When Standard cover may start

Check your eligibility to automatically receive Standard cover

If you're eligible, you'll automatically receive Standard cover.

Eligibility includes:

- being 25 years of age or older, **and**
- having a Super Savings – Business Accumulation account balance that has reached \$6,000.

You have the option to opt in to Standard cover before you attain age 25 and before your balance reaches \$6,000 (subject to you meeting other eligibility criteria).

The age and balance requirements do not apply if your employer is paying the full cost of any Standard cover. Please refer to your Plan Information Factsheet.

Insurance cover is not available for members under the age of 15.

What is the Standard cover for my employer Plan?

The type, amount and cost of Standard cover depend on the benefit design made available to you through your employer Plan. For more information on the benefit design applicable to your employer Plan, please see your Plan Information Factsheet available on your employer's Super Savings – Business microsite.

If your Plan Information Factsheet shows that Standard cover is fully paid by your employer, then the age 25 and \$6,000 balance criteria will not apply to automatic provision of this cover. Standard cover in these circumstances will normally start from the date you join your employer.

Automatic Acceptance Limits (AAL)

An AAL is the maximum amount of Standard cover provided to eligible employees without any medical evidence being required. The AALs generally applicable to Super Savings – Business are as follows:

- Death and TPD – \$1,000,000
- Income Protection (if applicable) – \$12,000 per month.

For some employer Plans, a different AAL may apply. Where the AAL for a particular type of cover is different from what is stated in this guide, it will be included in your Plan Information Factsheet available on your employer's Super Savings – Business microsite.

The Trustee reserves the right to limit the amount of cover provided. Any increase or change is subject to acceptance by the Insurer. Satisfactory evidence of health may be required when you apply for increased cover. In the event of a dispute the policies will override the information in the PDS, this Business Insurance Guide and the Plan Information Factsheet.



Insurance in your super

The following summary describes the insurance available through Super Savings – Business.

Your employer can select from:

Standard Death and TPD

Standard Death and TPD cover ¹		
% x 'salary' x 'years of future membership' to age 67		Multiple of 'salary'
10%	OR	3
15%		4
20%		5

1. Should the insurer agree to an alternate insurance design, this will be detailed in the Plan Information Factsheet, available on your employer's Super Savings – Business microsite.

Income Protection

Standard OR Voluntary Income Protection	
'Waiting period' and 'benefit period'	% of 'salary' ¹
30 day wait, 2 year benefit	75% OR 85%
60 day wait, 2 year benefit	
90 day wait, 2 year benefit	
90 day wait, 5 year benefit	
OR No Income Protection	

1 Super Savings – Business offers 2 types of benefit levels. The % of 'salary' made available to you will depend on the design selected by your employer. Where 85% of 'salary' has been selected, 75% is payable to you and 10% as a superannuation contribution.

Note: Everyone's insurance needs are different and can change over time. You should check whether Standard cover is right for you.



Am I eligible for Standard cover?

You are eligible for Standard Death and TPD cover if:

- you are actively employed¹, **and**
- you have attained age 25 and your account balance has reached \$6,000² **or** you have opted-in to Standard cover before you attain age 25 and/or before your balance reaches \$6,000, **and**
- you are under age 67, **and**
- you meet the specified eligibility criteria established by your employer, the Trustee and the Insurer.

You're not eligible for Standard Death and TPD cover if:

- you are under age 15
- you are employed on a contract of less than 6 months
- you have previously received or are eligible to receive, a terminal illness benefit, total and permanent disability benefit, or a benefit as a result of 'permanent incapacity' or a 'terminal medical condition' from a superannuation fund or insurer
- you have previously opted-out of cover.

You are eligible for Standard Income Protection cover if:

- your employer has elected to have Standard Income Protection cover in their employer Plan, **and**
- you are actively employed¹, **and**
- you have attained age 25 and your account balance has reached \$6,000² **or** you have opted-in to Standard cover before you attain age 25 and/or before your balance reaches \$6,000, **and**
- you are under age 65, **and**
- you are employed on a permanent basis or on a contract of at least six months working for a minimum of 15 hours per week with the employer applicable to the Plan, or you are (if eligible to join the Plan), employed on a casual basis working for a minimum of 15 hours per week and have been employed by the same employer for at least 12 consecutive months, **and**
- you meet the specified eligibility criteria established by your employer.

You're not eligible for Standard Income Protection cover if:

- your employer Plan does not offer Income Protection cover
- you are under age 15
- you are employed on a contract of less than 6 months, or are a casual employee employed for less than 12 months
- you are not employed
- you are working less than 15 hours per week
- you have previously received or are eligible to receive, a terminal illness benefit, total and permanent disability benefit or a benefit as a result of 'permanent incapacity' or a 'terminal medical condition' from a superannuation fund or insurer
- you have previously opted-out of cover.

1 You will be actively employed if you satisfy the 'at work' definition at the date your automatic Standard cover starts. Please see the Definitions section for the 'at work' definition. **2** The age and balance requirements do not apply if your employer is paying the full cost of any Standard cover. Please refer to your Plan Information Factsheet for specific information about your Plan arrangements.

Note: Your employer will choose what cover and options are applicable to your Plan. They will also determine which of their employees are eligible to join the Plan. Please refer to your Plan Information Factsheet on your employer's Super Savings – Business microsite.



Other important eligibility terms and conditions for Standard cover

- As a general rule, your eligibility for cover will not be assessed until you make a claim
- 'Limited cover' conditions will apply to your Standard cover until you satisfy the relevant 'at work' requirements as outlined in When does my Standard cover start? on page 13
- Eligibility criteria applicable to participate in your employer Plan includes the requirement for you to be an Australian citizen, permanent resident, or holder of a visa that enables you to work in Australia, unless otherwise agreed by the Insurer

Warning: To avoid being charged premiums for cover that you are ineligible for, simply contact us to discuss whether you are eligible for Standard cover. Premiums you paid for the period you were deemed ineligible for cover will be refunded to your Super Savings – Business Accumulation account.

When does my Standard cover start?

This table shows when your Standard cover will start, unless you decide to opt out of cover.

Standard Death and TPD cover and Standard Income Protection (if offered by your employer Plan)		
Requirements for cover to start	Cover start date	Other eligibility requirements ('limited cover' and 'at work' rules)
Standard cover is automatically provided (subject to you meeting the other eligibility criteria) when: <ul style="list-style-type: none">• you join the Plan, and• you attain age 25, and• your account balance reaches \$6,000.¹	Cover starts when you have attained age 25 and reached an account balance of \$6,000.	'Limited cover' will apply in the following circumstances: <ul style="list-style-type: none">• If you are not 'at work' on the date cover starts, your Standard cover will be provided as 'limited cover' until you have been 'at work' for 30-consecutive days, or• If you joined the Plan outside of 120 days of joining your employer, your Standard cover will be provided as 'limited cover' for 12 months and subject to a 30-consecutive day 'at work' requirement after the end of the 12-month period to remove the limitation.
You can opt in to Standard cover before attaining age 25 and before reaching an account balance of \$6,000 ¹ (subject to you meeting the other eligibility criteria).	Standard cover starts when: <ul style="list-style-type: none">• you join the Plan, and• we receive a request from you to opt in for insurance cover.	'Limited cover' will apply in the following circumstances: <ul style="list-style-type: none">• If you opt in for insurance within 120 days of joining your employer and you are not 'at work' on the date cover starts, your cover will be provided as 'limited cover' until you have been 'at work' for 30 consecutive days, or• If you opt in for insurance cover outside of 120 days of joining your employer, your Standard cover will be provided as 'limited cover' for 12 months² and subject to a 30-consecutive day 'at work' requirement after the end of the 12-month period to remove the limitation.

¹ The age and balance requirements do not apply if your employer is paying the full cost of any Standard cover. Please refer to your Plan information Factsheet for specific information about your Plan arrangements.

² Where you joined the Plan within 120 days of the date you joined your employer, if you attain age 25 and your Super Savings - Business Accumulation account balance reaches \$6,000 before the expiration of the 12 month 'limited cover' period, this limitation will be removed subject to you being 'at work' on the date you meet these requirements. If you are not 'at work' on that date, cover will remain 'limited cover' until you are then 'at work' for 30 consecutive days.

Limited cover

'Limited cover' generally means you're only covered for sickness of injury that first manifests after the date cover started. For more information on 'limited cover', please see the Definitions section of this Business Insurance Guide.

Note: The 30 consecutive day 'at work' period is inclusive of days you do not attend because you are not scheduled to work (e.g. weekends, RDOs, etc.) where you are not precluded from work for reasons of injury or sickness.



If you're not eligible for Standard cover

If you're not eligible to opt in or automatically receive Standard cover, you can apply for Additional cover at any time. Applications are subject to acceptance by the Insurer and evidence of health may be required. Simply complete and return the Change Of Insurance Cover form.

If your employer pays for your Standard cover

If your Plan Information Factsheet shows that Standard cover is fully paid by your employer, then the age 25 and \$6,000 balance criteria will not apply to automatic provision of this cover. Standard cover in these circumstances will normally start from the date you join your employer.

For more information, please refer to your Plan Information Factsheet available on your employer's Super Savings – Business microsite.

Bring your cover with you

You can apply any time to transfer your existing death, total and permanent disability and income protection cover (where available) from another Australian insurer. This includes insurance you hold directly or through an Australian super fund.

How much you can transfer

In total, you may be eligible to transfer up to:

- \$1 million of death cover and/or TPD cover
- \$10,000 per month of income protection cover (where applicable).

How to transfer cover

Simply complete and return the Transfer of Insurance Cover form available at art.com.au/business

It's important you include all required documentation. If you're thinking about transferring your existing insurance cover, make sure you compare the features and benefits and are accepted by the Insurer before cancelling existing cover. If accepted by the Insurer, you'll be subject to the terms and conditions outlined in the policy.

Transferred cover will start on the date your application is accepted by the Insurer.



A man wearing a grey hoodie, a dark beanie, and dark pants is sitting in an orange wheelchair on an outdoor basketball court. He is holding a basketball with both hands and smiling broadly. The background shows a chain-link fence and some trees.

Death and Total & Permanent Disability cover

In this section, we explain Death and Total & Permanent Disability cover.

We show you:

- Standard Death and TPD cover
- Additional Death and TPD cover
- Terms and conditions and exclusions for Death cover and TPD cover

Death and Total & Permanent Disability (TPD) cover

If you die, are 'totally and permanently disabled' or 'terminally ill', a lump sum may be payable to help you, your dependants or your beneficiaries to pay debts or bills, provide an ongoing income or fund special medical needs.

Standard Death and TPD cover

If you're eligible, Standard Death and TPD cover is provided to you automatically without the need for you to provide evidence of your health or undergo a medical examination, unless you decide to opt out of cover.

The amount of Standard cover depends on the benefit design made available to you through your employer Plan. For more information on the benefit design applicable to your employer Plan, please see your Plan Information Factsheet available on your employer's Super Savings – Business microsite.

We'll confirm your cover each year in your annual insurance summary and annual statement. To confirm your cover amount at any time just visit [Member Online](#) or contact us.

You may have other insurance offers made to you from time to time, or you may be part of a group transfer from another fund. Your insurance arrangements and eligibility may differ from those contained in this guide. You'll be advised if this applies to you.

Opt in to Standard cover sooner

You can opt in to Standard cover before you're age 25 or your account balance reaches \$6,000. Please select this option on your Membership Application form when joining Australian Retirement Trust, or by using the Opt in for insurance cover option in [Member Online](#) if you're already a member.

What options were available to my employer when setting up the employer Plan?

Within Super Savings – Business, the 2 main types of benefit designs are:

1. Multiple of 'salary'

- 3 x 'salary'
- 4 x 'salary'
- 5 x 'salary'.

An example of how to calculate your cover:

Lucy is 35 years old when she joins Super Savings – Business. Her 'salary' is \$75,000 and she is eligible for Standard Death and TPD cover.

The default arrangement for Lucy's employer Plan is 4 x 'salary'. Following is an example of how Lucy's cover would be calculated:

	4 x 'salary'	Standard cover
Example	4 x \$75,000	\$300,000

From age 61, Lucy's Standard TPD cover is calculated annually using the formula above, but is then reduced by 10% for each year of age over age 60. The reduction continues to apply until Lucy's 67th birthday, when cover stops.

This example is illustrative only.

TPD cover reduction on multiple of salary

With 'multiple of salary' cover, once you reach age 61, your Standard TPD cover is calculated annually using the 'multiple of salary' cover formula, but is then reduced by 10% for each year of age over age 60, until your 67th birthday when cover stops. We show how this may work in the following example. Where the 'multiple of salary' calculation would result in a cover amount greater than the Automatic Acceptance Limit (AAL), the AAL will be applied first before cover is reduced by 10% for each year of age over 60.

The example assumes your employer has chosen a multiple of 4 x 'salary', your Standard TPD cover is \$300,000 (4 x a 'salary' of \$75,000), and your 'salary' remains unchanged over the period.

Age	TPD cover
60	\$300,000
61	\$270,000
62	\$240,000
63	\$210,000
64	\$180,000
65	\$150,000
66	\$120,000
67	nil



2. Years of Future Membership

- 10% x 'salary' x 'years of future membership' to age 67
- 15% x 'salary' x 'years of future membership' to age 67
- 20% x 'salary' x 'years of future membership' to age 67.

An example of how to calculate your cover:

James is 29 years old when he joins Super Savings – Business. He is on a 'salary' of \$60,000 and is eligible for Standard Death and TPD cover.

The default arrangements for James' employer Plan is 15% x 'salary' x 'years of future membership' to age 67. Following is an example of how James' cover would be calculated:

	15% x 'salary' x 'years of future membership' to age 67	Standard cover
Example	15% x \$60,000 x 38 years	\$342,000

This example is illustrative only.

Should the Insurer agree to an alternate insurance design, this will be detailed in the Plan Information Factsheet, available on your employer's Super Savings – Business microsite.

For the definitions of 'salary' and 'years of future membership', please refer to the Definitions section.

Cover over the Automatic Acceptance Limit (AAL)

Cover up to AAL is generally provided to eligible employees without any medical evidence being required.

A health questionnaire will be required if your cover is over the AAL. In addition, a full medical assessment may also be required if requested by the Insurer.

Increase or decrease your cover without complicated forms

If your employer has selected a 'years of future membership' insurance design and you join Super Savings – Business within 120 days of joining your employer, you may be eligible to elect to increase your Death and TPD cover without providing evidence of health. A maximum increment of 5% of 'salary' and a total maximum of 20% of 'salary' applies. Refer to your Plan Information Factsheet to see if this applies to you.

To be eligible for this option, you must return a completed Change of Insurance Cover form within 120 days of joining your employer.

If you are not 'at work' on the day the increased cover starts, 'limited cover' will apply until you satisfy the 'at work' requirements for 30 consecutive days.

With a 'years of future membership' design, you can choose to change your cover at various times (subject to the maximums outlined above), as shown in the following table.

Standard cover options	Date of application	Cover starts	How you can apply
Increase Standard cover	If within 120 days of joining your employer, and you are applying for cover higher than your default insurance cover	Date request received by Australian Retirement Trust	Change of Insurance Cover form - no underwriting required
	If outside of 120 days of joining your employer, and you are applying for cover higher than your default insurance cover	Date of acceptance by the Insurer	Change of Insurance Cover form - underwriting required
Decrease Standard cover (in 5% decrements only)	A level of cover lower than your default insurance cover can be selected at any time	Date request received by Australian Retirement Trust	Insurance Variation form

A health questionnaire may be required if you are applying for Standard cover that is over the Automatic Acceptance Limit (AAL). In addition, a full medical assessment may also be required if requested by the Insurer.

If we receive a Change of Insurance Cover form more than 120 days after you start employment and you have chosen a higher level of cover, you may need to provide satisfactory evidence of health to the Insurer. If your application is accepted by the Insurer, your cover will start from the date of acceptance.

Need to know your level of cover?

Just visit [Member Online](#)

If you're not signed up for [Member Online](#), it's simple. You can register for online access at [Member Online](#) or contact us on **13 11 84** and we'll have you set up in no time.



What is Death cover?

Death cover pays a lump sum benefit if you die.

Your death benefit is the amount of your Accumulation account balance plus the total amount of your Death cover.

The Insurer will need to accept the claim before paying any benefit for Death cover.

Who receives the money

When you die, we may pay your death benefit to your dependants, estate, or nominated beneficiaries (subject to Trustee discretion). Investigating who we may pay the benefit to may take some time.

But if you make a valid binding death benefit nomination, that legally binds us to pay your benefit to who you nominate.

For more information on beneficiaries, see art.com.au/beneficiary

Note: There are some limited circumstances where your beneficiaries will not be eligible to claim on Death cover through us. For information, please see page 22.

Benefits paid out if you die

Your death benefit is the amount of your Accumulation account balance plus the total amount of Death cover. In the event of your death, your death benefit may be paid to your nominated beneficiaries (subject to Trustee discretion, unless you have a valid binding death benefit nomination).

Any death benefit is subject to acceptance of the claim by the Insurer.

What happens if you have a terminal illness

A 'terminal illness' means that you are suffering from a sickness or injury that is likely to result in your death within 12 months.

You will be paid a 'terminal illness' benefit subject to:

- your Death cover being in force, **and**
- providing all the required documentation to support your claim, **and**
- approval by the Trustee and Insurer, which includes certification of the 'terminal illness' by 2 'medical practitioners' (as defined in the Definitions section), one of whom is a specialist in the field of your medical condition.

If you have Death cover and the Insurer accepts your claim for 'terminal illness', the benefit payable is:

- the amount of your Accumulation account balance, **plus**
- the amount of your Death cover in force at the most recent certification (up to a maximum of \$5 million).

If you continue to hold a Super Savings – Business Accumulation account, and pay premiums, the remaining amount of Death cover (if any) is then your total Death cover, less the amount of insurance paid by the Insurer on account of the 'terminal illness' benefit. Your beneficiaries will then receive this in the event of your death.

Important: You will not be eligible for Death or TPD cover with us if you have received or are eligible to receive a 'terminal illness' or 'terminal medical condition' benefit from a superannuation fund or insurer when you join Australian Retirement Trust.



What is Total & Permanent Disability (TPD) cover?

The intention of TPD cover is to provide a payment to you should you suffer a sickness or injury that permanently prevents you from working to retirement age.

TPD cover is available to you regardless of your working hours (subject to satisfying eligibility criteria).

In the event of a claim, your capacity to work is assessed by our Insurer and is determined by your ability to perform any reasonably suitable occupation based on all of your education, training or experience, not just your usual occupation or the job you were performing when you become injured or sick. If you are not employed before becoming injured or sick, different conditions may apply.

When reviewing your education, training or experience, the Insurer may consider, for example, the level of schooling you completed, further studies undertaken since then and any subsequent qualifications or certifications you have obtained, the transferable skills and abilities you have acquired through any work you have undertaken (both paid and unpaid) as well as any of your hobbies and interests.

If you meet the definition of 'total and permanent disability' and have your claim accepted by the Insurer, the benefit will be paid to you as a lump sum.

What happens if you believe you are totally and permanently disabled

If you believe that you may be eligible to lodge a TPD claim, we're here to help.

We define 'total & permanent disability' and other terms in the Definitions section. To lodge a claim you need to be under the care of a 'medical practitioner' and suffering from an ongoing and serious sickness or injury that is permanently preventing you from working.

Our claims representatives are here to help and can confirm if you're eligible to lodge a claim. After you lodge a claim application, the Insurer will assess whether your claim is successful. The assessment process takes into account the TPD definition at the 'date of disablement', and the impact that your injury or sickness will have on your ability to work again.

Benefits paid out if you are totally and permanently disabled

If you meet the 'total & permanent disability' definition, your TPD cover as at the 'date of disablement' will be payable. You may also be able to access your Accumulation account balance.

Any TPD benefit payment is subject to acceptance of the claim by the Insurer.

Payment of a TPD benefit will reduce the Death cover by the amount paid as a TPD benefit. Any Death cover in excess of the TPD cover will still continue in Super Savings while you continue to pay premiums and have an account. You must continue to hold a Super Savings Accumulation account for any Death cover to continue.

In limited circumstances, you will not be eligible to claim on Death and TPD insurance cover through us. For more information, see Check your eligibility for insurance cover on page 10 and 'employed' in the Definitions section.

If you have a specified medical condition

If you do experience one of the specified 'medical conditions' listed below, and meet the definition, you may be paid a lump sum benefit equal to your TPD cover amount at the 'date of disablement'.

To qualify for a lump sum benefit payment due to a 'medical condition' you must have one of the following:

- Cardiomyopathy
- Chronic lung disease
- Dementia and Alzheimer's disease
- Major head trauma
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophy
- Paraplegia (including quadriplegia, hemiplegia, and tetraplegia)
- Parkinson's disease
- Primary pulmonary hypertension.

We define the various 'medical conditions', and 'total & permanent disability' - suffering a specifically defined medical condition and permanently unable to work because of that medical condition in the Definitions section.

Payment of a TPD benefit

If you're eligible to receive a TPD benefit, the Insurer will pay your insurance payment into your Super Savings – Business Accumulation account.

It will be invested in the Cash investment option. We'll then contact you for payment instructions. If we don't receive payment instructions from you within 28 days, we'll invest the payment according to your current investment strategy.



Additional Death and TPD cover

You may apply for Additional cover if:

- you are not eligible for Standard cover
- you have previously cancelled your Standard cover and wish to reapply
- you simply want to increase or change the basis of insurance provided by Standard cover.

Any application for insurance cover is subject to acceptance by the Insurer. Satisfactory evidence of health may be required. The assessment process, known as underwriting, usually takes some time especially where additional medical information is required. The underwriting process depends on your level of cover and the amount of health evidence required.

Types of cover available

- Death only (this includes 'terminal illness' benefit)
- TPD only
- Death and TPD

How much can I apply for?

You can apply for either Death and TPD cover, Death only cover, or TPD only cover of up to the following maximum cover limits:

- Death cover — \$5 million (Terminal illness benefits are part of Death cover. In the event of a claim, any 'terminal illness' benefit will be limited to \$5 million)
- TPD cover — \$3 million.

Any application for insurance cover is subject to acceptance by the Insurer. Satisfactory evidence of health may be required. You can also apply for Death and TPD cover where the amounts of each type of cover differ.

We reserve the right to limit the amount of cover provided.

Interim Accident cover

Up to 90 days interim accidental Death and/or accidental TPD cover will apply immediately from the date we receive your completed Change of Insurance Cover form. We define 'accident' in the Definitions section.

No additional premium is charged for the Interim Accident cover. The interim cover ends on the earlier of acceptance, deferral or rejection of your application for Additional cover or 90 days from receipt of your application.

The amount of Interim Accident cover is the lesser of the amount of Additional cover you are applying for and \$2 million. You won't receive an Interim Accident cover payment if you die or suffer a disability during the interim period directly or indirectly by engaging in any sport or pastime that the Insurer would not normally cover at standard rates or any other exclusions under the policy.

Additional TPD cover reduces from age 61

Additional TPD cover is usually provided on a 'fixed cover' basis. With 'fixed cover', once you reach age 61, the amount of your TPD cover reduces annually by 10% of your insured amount at age 60, until your 67th birthday when cover stops. Your premiums are adjusted accordingly. We show an example below. If you have \$200,000 of fixed TPD cover, your TPD cover will reduce as follows:

Age last birthday	TPD cover
60	\$200,000
61	\$180,000
62	\$160,000
63	\$140,000
64	\$120,000
65	\$100,000
66	\$80,000
67	nil

If your cover started after age 60, your Additional TPD cover will reduce at a rate greater than 10% per annum. This will be consistent with any reduction had your cover started before age 60.

When Additional Death and TPD cover starts

Your Additional Death and/or TPD cover will generally start from the date the Insurer approves your application.

As a condition of acceptance of the Additional cover, the Insurer may apply a loading (a higher premium) for the increased amount of cover. The Insurer may also specify a benefit exclusion that will apply if a claim for the increased amount of cover is related to a specified condition or pastime. If you accept the terms of this Special Acceptance offer (if applicable), your Additional Death and/or TPD cover will start on the date you accept the offer. Commencement of cover is also subject to you having sufficient money in your Super Savings – Business Accumulation account to pay insurance premiums. If you do not have enough money in your Super Savings – Business Accumulation account to pay premiums, you will be notified of the conditions that apply to you.

Can your health affect your insurance cover?

If you wish to apply for cover above the Automatic Acceptance Limit (AAL) or you require Additional cover, when the Insurer assesses your application for Additional insurance cover they may ask for further details in relation to the information you disclose in your application.

As a condition of acceptance of the Additional cover, the Insurer may apply a loading or benefit exclusions that will be advised to you as a Special Acceptance offer. You will be required to either accept or decline this offer within 30 days. If no response is received from you it will be deemed that you have declined this offer. Interim Cover will apply until the terms are accepted or declined. If you do not respond to the Special Acceptance offer within 30 days the application will be cancelled and the Interim Cover will stop.

If you accept the terms of this offer, your increased insurance cover will start on the date you accept the Special Acceptance offer.

It's simple, you can apply for Additional cover anytime.

To apply for cover online, visit your employer's Super Savings – Business microsite and select Insurance – apply today.

If you would prefer filling in a paper application, the Change of Insurance Cover form is also available on your employer's Super Savings – Business microsite.



Terms and Conditions and Exclusions for Death and TPD cover

When we won't pay a benefit

If you need to claim, it's important to understand when a benefit may not be payable.

As a general rule, we won't assess your eligibility for Standard Death and TPD cover or Additional Death and TPD cover until you make a claim.

Generally, there are 2 common areas where your eligibility to claim a benefit may be declined:

'Limited cover'

- ✓ This means you are only covered for a sickness or injury that first became apparent or occurred after your cover started, restarted or increased.
- ✓ 'Limited cover' doesn't apply in all circumstances.
- ✓ Please see the definition for 'limited cover' on page 53.

Exclusions

- ✓ Suicide or self-inflicted injury within the first 12 months of cover.
- ✓ Active military service.
- ✓ If you have previously received or were eligible to receive a total and permanent disability or terminal illness payment.

Important: On joining us, you will not be eligible for Standard cover if you have received, or are eligible to receive, a terminal illness benefit, total and permanent disability benefit, or a benefit as a result of 'permanent incapacity' or a 'terminal medical condition' from us or another fund or insurer when your cover starts.

Limited cover

'Limited cover' will apply to automatic Standard cover in the following circumstances:

- If you joined the Plan within 120 days of joining your employer and you are not 'at work' on the date cover starts, your Standard cover will be provided as 'limited cover' until you have been 'at work' for 30-consecutive days, **or**
- If you joined the Plan outside of 120 days of joining your employer, your Standard cover will be provided as 'limited cover' for 12 months and subject to a 30-consecutive day 'at work' requirement after the end of the 12-month period to remove the limitation.

If you're on leave for reasons other than sickness or injury, you're still generally considered to be 'at work'.

Exclusions

The following exclusions apply:

- Within 12 months of the start of your Standard Death and TPD cover where your cover is subject to a 12 month 'limited cover' period, you will not be eligible to claim where your death or total and permanent disability results from suicide or from an intentional self-inflicted injury.
- There is a benefit exclusion that applies for 12 months after acceptance of the Additional cover to any claim resulting from suicide or intentional self-inflicted injury. This means the Death and TPD cover that is accepted by the Insurer will not be paid for a suicide or intentional self-inflicted injury related claim in the 12-month period from the date that your Additional cover is accepted by the Insurer. This restriction applies only to the amount above your previous level of cover. Any restrictions or exclusions on your previous cover amounts will continue.
- A Death, 'terminal illness' or TPD benefit will not be paid if the injury or sickness arises from you being deployed to a hostile environment as part of active military service, where you participate in active service after your cover starts or increases.
- The Death and TPD benefit is also subject to any other exclusions imposed by the Insurer as a result of underwriting.

How often is my cover calculated?

Your cover is calculated on a monthly basis, usually on the first day of the month. The amount of insurance will be based on your latest 'salary' as advised by your employer to Australian Retirement Trust. The premium is based on this cover and may vary during the year.

Should you suffer an event where you are eligible to claim, your cover will be re-calculated at the date of event based on your 'salary' at this date.



When Death and TPD cover stops

Cover will stop when:

- you cancel it
- you turn 67 years of age for Standard Death and TPD cover and Additional TPD cover
- you turn 70 years of age for Additional Death cover
- you die
- you receive a TPD insurance benefit¹
- you withdraw all monies from your Super Savings – Business Accumulation account
- the policy issued to the Trustee is cancelled or terminated for any reason
- you are paid a 'terminal illness' benefit which is not less than the amount of the Death and/or Total & Permanent Disability benefit
- you are an insurance-only member and stop employment with your employer
- your Super Savings – Business Accumulation account has not received an 'eligible contribution' in the past 12 months or more and you have not elected in writing to keep your cover² (contribution inactivity)
- the premium is due and there is not enough money in your Super Savings – Business Accumulation account to pay the premiums, and it remains unpaid for 4 months (zero account balance)
- your premiums are fully funded by your employer and you either cease employment or elect to direct your Superannuation Guarantee contributions to another fund and you are under age 25 or have a balance below \$6,000 at the date of event.

¹ Death cover more than the TPD insurance cover will still continue. ² Where we have valid contact details, we will contact you advising the date your cover will stop. To prevent the erosion of your account balance from insurance premiums, you should retain regular contributions into your account balance. If you want your cover to continue even if no 'eligible contributions' are made to your account for continuous periods of 12 months or longer, you can advise us in writing or visit art.com.au/keep-my-insurance. Make sure you consider the impact of premiums on your account balance.

You can reduce or cancel your cover

If you don't want Death and TPD cover, or just want to reduce your cover, you can reduce or cancel your Death and TPD cover at any time by completing an Insurance Variation form available on your employer's Super Savings – Business microsite, or by contacting us. You can also cancel your cover at any time through [Member Online](#). The cancellation or reduction will be effective from the date your instruction is received. If your employer Plan offers a 'multiple of salary' benefit formula, you can cancel your cover but cannot decrease your Standard cover.

Warning: If you cancel your cover and then re-apply for cover at a later date, satisfactory evidence of health will be required before cover can restart from the date the Insurer accepts your application.

How to restart Death and TPD cover if it stops

To restart cover after it stops you have the following options:



You cancelled your cover:

Once cancelled, your cover will not automatically restart. You'll need to apply to restart cover and any application to restart insurance will be subject to a health assessment and acceptance by the Insurer.



Cover stops due to contribution inactivity:

You have the option to advise us in writing to restart the cover that was stopped due to contribution inactivity only. If we receive this written request within 60 days of the cover stopping, we'll restart the type and level of cover you had at the date your cover stopped. The date your cover restarts will be the date we receive your written request.



Automatic restart:

If your cover stopped because of contribution inactivity or a zero account balance, Standard cover will automatically restart when we receive a Superannuation Guarantee (SG) contribution. This only happens if you meet the Standard cover eligibility criteria, including:

- attaining age 25, and
- reaching an account balance of \$6,000.

'Limited cover' will apply to your reinstated cover until you satisfy the 'at work' requirements for 30 consecutive days.

Important: You will not be able to make a claim for the period between when your cover stopped and when your cover restarted.



If you're on unpaid leave or parental leave

For the definition of 'unpaid leave', please see the Definitions section in this Business Insurance Guide.

If you're on unpaid leave or parental leave:

- Your Death and TPD cover will continue, as long as you have sufficient funds in your Super Savings – Business Accumulation account to pay your premiums. We'll continue to deduct your premiums from your Super Savings – Business Accumulation account during the period of leave. You need to ensure you have enough money in your Super Savings – Business Accumulation account during the period of leave to pay your premiums.
- Where you temporarily reside overseas during a period of 'unpaid leave', your cover will continue as described in Overseas cover later in this section.

Warning: If your account does not receive an 'eligible contribution' for at least a 12 month period and you haven't informed us in writing that you wish to keep your insurance cover, your cover will normally stop 12 months after your last 'eligible contribution'.

If you leave your employer or redirect your SG contributions

When we are told you have left your employer or you have redirected your SG contributions to another super fund, the following will happen:

- Your membership in your employer Plan will stop and any special arrangements provided will stop. Your account will then be transferred to a Super Savings Accumulation account and we'll contact you to advise of any new arrangements
- There will be no change to your investment choice, but the administration fees may vary and any change will take effect from the date of transfer. If your employer previously paid all or part of your administration fees, these will become payable in full by you
- Effective from the date you leave your employer or redirect your SG contributions, your insurance premiums and insurance fee may alter from the amounts you were paying in your employer Plan. If your employer previously paid all or part of your insurance premiums, these will become payable in full by you. Any changes to your insurance will be effective from the date you stop with your employer or redirect your SG contributions
- Any Death and TPD cover you had at the effective date will continue in your Super Savings Accumulation account as Tailored Death and/or TPD cover on a 'fixed cover' basis. This means your amount of insurance stays the same but your premiums will generally increase as you get older
- If you have left your employer as a result of sickness or injury, 'limited cover' will apply until you have been 'at work' for 30 consecutive days
- If you already have a Super Savings Accumulation account, your cover from the date you stop with your employer or redirect your SG contributions will be the higher of your existing Super Savings Accumulation account cover and the cover provided under your Super Savings – Business Accumulation account
- If you have elected to keep my cover this election will continue to apply to cover provided in your Super Savings Accumulation account
- If your account does not receive an 'eligible contribution' for a period of 12 months or more, your cover will normally stop 12 months after your last 'eligible contribution'

You must let us know if you wish to cancel your cover. Any Death cover that is transferred to your Super Savings Accumulation account will stop at age 70. Any TPD cover transferred to your Super Savings Accumulation account will stop at age 67.

Insurance cover for Super Savings Accumulation accounts is provided through a group life policy issued by AIA Australia Limited ABN 79 004 837 861 AFSL 230043 to the Trustee of Australian Retirement Trust.

Warning: If you are under age 25 or have a balance below \$6,000 and your Standard cover is paid for by your employer (including insurance only or non-contributory members), Super Savings – Business will be unable to transfer any insurance cover you hold if you stop employment or redirect your SG contributions. Should you wish to continue your cover in your Super Savings Accumulation account, you will need to complete the Insurance Transfer Application form, available at art.com.au/insurance-forms



If you're employed under the terms of a work visa

If you are employed under the terms of a work visa you are eligible for automatic Standard cover and may apply for Additional cover.

Overseas cover

You are covered 24/7 and may travel in any part of the world without restriction to the benefits payable subject to the following conditions:

- If you are residing overseas but still in the employment of your Australian based employer, you can continue the level of cover applicable immediately prior to commencing employment overseas provided that the following conditions are met:
 - i. no more than 10% of the total insured members of the participating employer are temporarily residing overseas for employment purposes; and
 - ii. if you become disabled while based overseas, at your expense, you may be required to return to Australia for assessment of your TPD or 'terminal illness' claim; and
 - iii. where the level of cover would have increased or decreased had you remained in Australia, that increase or decrease will still apply.
- The cover you had immediately prior to commencing overseas employment, can continue provided you remain in continuous employment with the same employer before and during the period of overseas employment.
- Where you travel overseas while on paid leave from your Australian based employer (or an international subsidiary or associated company of your Australian employer), your Death and TPD cover continues with no travel restrictions.

Standard and Additional Total & Permanent Disability

It is important that you understand the 'total & permanent disability' definition and the factors that can impact the payment of benefit. The following statements are here to assist your understanding of the 'total & permanent disability' definition.

Ongoing medical care - you are required to be under the ongoing care of and following the advice recommended by your treating doctor.

Already receiving disability support payments - you are not automatically entitled to a 'total & permanent disability' benefit where you are eligible to access your superannuation balance because of 'permanent incapacity' or you have received benefits from Centrelink (for example a disability support pension) or workers compensation. You must meet the applicable 'total & permanent disability' definition.

How is your prior education, training and experience taken into account? - your 'total & permanent disability' definition is based on your capacity to perform any suitable occupation based on all your education, training or experience and not just your own occupation. It will not be limited to the occupation or job you were doing immediately prior to your disablement.

The Insurer will consider all of your education, training or experience up until the end of any waiting period.

Working on a part-time basis - your capacity for part-time work, regular casual work or lower paid work after you become injured or sick may disqualify you from a benefit entitlement even if you were working full time prior to your disablement.

Work availability - the availability or desirability of suitable work in your immediate area is not a relevant consideration – it is only your capacity to perform work that is the determining factor.

How will your benefit be paid - if you are eligible for a 'total & permanent disability' benefit, this will be paid to you as a single lump sum payment.



Income Protection cover

In this section, we explain Income Protection cover.

We show you:

- How Income Protection cover works
- Terms and conditions and exclusions for Income Protection cover

Income Protection cover

Income Protection cover is designed to give you a replacement income if you can't work because you're sick or injured for a time. It can give you the peace of mind that you can pay your expenses while you focus on your health and recovery.

Intention of Income Protection

One of the important things to understand about Income Protection cover is that the Insurer calls your income before you make a claim your 'pre-disability salary'. It's important because when it comes to protecting your income, you need to have an income to insure. And when it comes to working out what benefit may be payable to you in the event of a claim, it's your income before you claim that counts. We define 'pre-disability salary' in the Definitions section.

If you are employed and working at least 15 hours a week, you may be eligible for cover.

You may lodge a claim for a 'total disability' benefit, 'limited total disability' benefit or 'partial disability' benefit if you are unable to work due to injury or sickness. We define 'total disability', 'limited total disability' and 'partial disability' in the Definitions section.

If you are working more than 15 hours a week before getting injured or sick, a 'total disability' assessment will be based on your inability to do one of the major duties of your regular occupation which involves at least 20% of your occupational tasks and meet other requirements.

If you are a casual employee or working on average less than 15 hours per week in the 3 months before becoming injured or sick, you may be assessed against the 'limited total disability' definition. If you are now a casual employee, continuation of cover is dependent on whether casual employees are covered within your employer plan. Please refer to your employer Plan Information Factsheet for details of who is eligible to be a member of the plan.

You will generally be covered for up to 75% of the income you were earning before getting injured or sick. This is known as your monthly benefit. Where your employer elected, you may receive an additional 10% of your income as a superannuation contribution paid into your Super Savings – Business Accumulation account. This helps you continue to save for your retirement. We will support you to return to work by providing occupational rehabilitation where applicable.

Where you are working in a reduced capacity while on claim and earning less because of injury or sickness, and satisfy other requirements, you may be able to claim a 'partial disability' benefit to help with your transition back to work in a full capacity.

If you are paid a monthly benefit, it will reduce while you're receiving other disability benefits. Other disability benefits might include workers compensation or money from other income protection policies.

The 'waiting period' is the length of time you must be injured or sick before a benefit may be payable. The 'benefit period' is the maximum period you can claim benefits whilst you are 'totally disabled', 'limited totally disabled' or 'partially disabled'.



How Income Protection cover works

As a member of Super Savings – Business, you may be eligible for Income Protection cover if your employer selected it, which will provide you with a replacement income if you become sick or injured.

If you are an eligible employee and Income Protection cover is included in the Standard insurance arrangements of your employer Plan, you may be entitled to cover up to the Automatic Acceptance Limit (AAL) of \$144,000 without providing evidence of health, unless you decide to opt out of cover.

For some employer Plans, a different AAL may apply. Where the AAL is different from what is stated in this guide, it will be included in your Plan Information Factsheet.

If eligible, you will be automatically provided with Standard Income Protection cover when you attain age 25 and reach an account balance of \$6,000. Different conditions will apply where your employer fully funds the cost of your Income Protection cover. Please refer to your Plan Information Factsheet on your employer's microsite for more details.

Your employer may choose Income Protection cover to be provided as:

- 75% x 'salary', or
- 85% x 'salary' (which includes a 10% super contribution).

If Income Protection cover is available on a Voluntary basis in your employer Plan, it will be subject to acceptance by the Insurer. Evidence of health will be required.

Income Protection cover provides you with monthly income after a specified 'waiting period'. The 'waiting period' is the number of continuous days (30, 60 or 90 days depending on which option your employer has chosen) which must elapse before becoming eligible to claim a benefit.

The monthly benefit can be payable for a 'benefit period' of up to either 2 or 5 years, depending on what your employer has chosen to be available in your employer Plan. The 'benefit period' is the period for which Income Protection is payable, and starts after the 'waiting period'. Payments are made monthly in arrears.

Note: For details of the Income Protection cover available in your employer Plan, refer to your Plan Information Factsheet, available on your employer's Super Savings – Business microsite.

Your employer may not have chosen Income Protection cover as part of the insurance options of your employer Plan. Please check your Plan Information Factsheet for more information.

Maximum amount of Income Protection cover

You may receive cover of up to 85% of your 'salary' (75% is payable to you and 10% as a superannuation contribution), but no more than \$30,000 per month. For the definition of 'salary', please see the Definitions section.



Terms and Conditions and Exclusions for Income Protection cover

When we won't pay an Income Protection benefit

If you need to claim, it's important to understand when a benefit may not be payable.

As a general rule, we won't assess your eligibility for insurance cover until you make a claim.

Generally, there are 2 common areas where your eligibility to claim a benefit may be declined:

'Limited cover'

- ✓ This means you are only covered for a sickness or injury that first became apparent or occurred after your cover started, restarted or increased.
- ✓ 'Limited cover' doesn't apply in all circumstances.
- ✓ Please see the definition for 'limited cover' on page 53.

Exclusions

- ✓ Attempted suicide or self-inflicted injury.
- ✓ Active military service.
- ✓ Uncomplicated pregnancy.
- ✓ Criminal act.

Important: On joining us, you will not be eligible for Standard cover if you have received, or are eligible to receive, a terminal illness benefit, total and permanent disability benefit, or a benefit as a result of 'permanent incapacity' or a 'terminal medical condition' from us or another fund or insurer when your cover starts.

Limited cover

'Limited cover' will apply to automatic Standard cover in the following circumstances:

- If you joined the Plan within 120 days of joining your employer and you are not 'at work' on the date cover starts, your Standard cover will be provided as 'limited cover' until you have been 'at work' for 30-consecutive days, **or**
- If you joined the Plan outside of 120 days of joining your employer, your Standard cover will be provided as 'limited cover' for 12 months and subject to a 30-consecutive day 'at work' requirement after the end of the 12-month period to remove the limitation.

If you're on leave for reasons other than sickness or injury, you're still generally considered to be 'at work'.

Exclusions

An Income Protection benefit will not be paid if the injury or sickness is caused, wholly or partly, directly or indirectly, from:

- a deliberate self-inflicted injury or attempted suicide or self-destruction while sane or insane
- an uncomplicated pregnancy, childbirth or miscarriage
- your deployment to a hostile environment as part of active military service, where you participate in active service after your cover starts or increases
- a criminal act committed by you
- any other exclusion imposed by the Insurer as a result of underwriting.

How often is my cover calculated?

Your cover is calculated on a monthly basis, usually the first day of the month. The amount of insurance will be based on your latest 'salary' as advised by your employer to Australian Retirement Trust. The premium is based on this cover and may vary during the year. For further details on your 'salary', please refer to your Plan Information Factsheet.

Should you suffer an event that causes you to make a claim, your cover will be re-calculated at the date of event based on your 'salary' at this date.



When Standard Income Protection cover starts

If you are an eligible employee and it is included in the insurance arrangements of your employer Plan, Standard Income Protection cover normally automatically starts from the date you attain age 25 and reach an account balance of \$6,000, unless you opt-in to this cover earlier.

These age and balance requirements do not apply if your employer is paying for the full cost of any Standard cover. Please refer to your Plan Information Factsheet.

When Voluntary Income Protection cover starts

Voluntary Income Protection cover will start from the later of:

- the date the Insurer approves your application, where the insurer's approval is not subject to any loadings or benefit exclusions
- the date you accept the Special Acceptance offer, where the insurer's approval is subject to any loadings or benefit exclusions. Interim cover will apply until the terms are accepted or declined. If you do not respond to the Special Acceptance offer within 30 days the application will be cancelled and Interim cover will stop.

Interim Accident cover

When you apply for Voluntary Income Protection cover or Income Protection cover above the AAL, you'll receive up to 90 days interim 'accident' Income Protection cover. We define 'accident' in the Definitions section. No additional premium is charged for the Interim Accident cover.

If you suffer an 'accident' and make a claim while you're covered under Interim Accident cover and are eligible to receive a benefit, this is how you'll receive your interim accident benefit.

You're not charged a premium for Interim Accident cover. Interim Accident cover ends when whichever comes first of:

- acceptance, deferral or rejection of your application for Income Protection cover
- 90 days from receipt of your application.

The maximum Interim Accident cover available is \$15,000 per month or the amount of cover you applied for, whichever is less. The 'benefit period' and 'waiting period' you applied for will also apply to any Interim Accident cover.

No Interim Accident cover will be paid if during the interim period, disability is caused directly or indirectly by engaging in any sport or pastime that the Insurer would not normally cover at standard rates or any other exclusion under the policy.

Can your health affect your insurance cover?

If you wish to apply for cover above the AAL or where Income Protection is only offered on a Voluntary cover basis, the Insurer may ask for further details in relation to the information you disclose in your Change of Insurance Cover form. You can also visit your employer's Super Savings – Business microsite and select Insurance – apply today.

As a condition of acceptance of insurance cover, the Insurer may apply a loading (a higher premium) for the increased amount of Income Protection cover. The Insurer may also specify a benefit exclusion that will apply if a claim for the increased amount of insurance is related to a specified condition or pastime.

Any premium loadings or benefit exclusions will be advised to you as a Special Acceptance offer. You will be required to either accept or decline this offer within 30 days. If no response is received from you it will be deemed that you have declined this offer. Interim Cover will apply until the terms are accepted or declined. If you do not respond to the Special Acceptance offer within 30 days the application will be cancelled and the Interim Cover will stop.

Your insurance cover will start on the date you accept the Special Acceptance offer.



When Income Protection cover stops

Income Protection cover stops when:

- you leave your employer
- you withdraw all your money from your Super Savings – Business Accumulation account
- you turn 65
- you cancel the cover
- you die
- your period of 'unpaid leave' or parental leave exceeds 24 months
- your Super Savings – Business Accumulation account has not received an 'eligible contribution' in the past 12 months and you have not elected in writing to keep your cover¹ (contribution inactivity)
- the premium is due and there is not enough money in your Super Savings – Business Accumulation account to pay the total premium (including stamp duty) and it remains unpaid for 4 months (zero account balance)
- the policy issued to Australian Retirement Trust is cancelled or terminated for any reason.

It is your responsibility to check there is always enough money in your Super Savings – Business Accumulation account to pay insurance premiums.

1. Where we have valid contact details, we will contact you advising the date your cover will stop. Generally, cover will stop 12 months after the date of your last 'eligible contribution'. To prevent erosion of your account balance from insurance premiums, you should maintain regular contributions into your account balance. If you want your cover to continue even if no 'eligible contributions' are made to your account for continuous periods of 12 months or longer, you can advise us in writing or visit art.com.au/keep-my-insurance. Make sure you consider the impact of premiums on your account balance.

How to restart Income Protection cover if it stops

If your employer Plan includes Income Protection cover, you have the following options to restart it after it stops:

✓ You cancelled your cover:

Once cancelled, your cover will not automatically restart. You'll need to apply to restart cover, and any application will be subject to health and lifestyle assessment and acceptance by the Insurer. You will also be required to make sure your account has sufficient funds to pay future premiums.

✓ Cover stops due to contribution inactivity:

You have the option to advise us in writing to restart the cover that was stopped due to contribution inactivity only. If we receive this written request within 60 days of the cover stopping, we'll restart the type and level of cover you had at the date your cover stopped. The date cover restarts will be the date we receive your written request.

✓ Automatic restart:

If your cover stopped because of contribution inactivity or zero account balance, Standard Income Protection cover will automatically restart when we receive a Superannuation Guarantee (SG) contribution. This only happens if you meet the Standard cover eligibility criteria, including:

- attaining age 25, and
- reaching an account balance of \$6,000.

If Voluntary Income Protection cover is cancelled, this cover will not automatically restart.

'Limited cover' will apply to all restarted cover until you are 'at work' for 30 consecutive days after the date cover has restarted.

Important: You will not be able to make a claim for the period between when your cover stopped and when your cover restarted.



What benefit is paid out?

After the 'waiting period', the monthly benefit is payable for up to a maximum period of:

- 2 years, or
- 5 years.

It depends on the 'benefit period' that applies to your employer Plan, while you continue to meet the Insurer's definition of 'total disability', 'limited total disability' or 'partial disability' as applicable.

The monthly benefit payable will be the lower of:

- the level of cover as applies to your Employer plan
- 75% of your monthly 'pre-disability salary', plus 10% superannuation contributions (where the 85% of 'salary' option is selected) less any offsets
- the maximum level of cover available of \$30,000 per month.

The benefit paid to you will usually be taxable income and attract PAYG tax (the same as salary and wages) which will be deducted from the benefit before it is paid to you.

We define 'pre-disability salary' in the Definitions section. It's usually calculated at the first day of absence from your employment due to the injury or sickness resulting in you becoming 'totally disabled' or 'limited totally disabled'. For more details on offsets, please see Offsets to a benefit payment on page 33.

If you return to work during the waiting period

If you select a 30-day 'waiting period', you may return to work for up to 5 days during that time without having to start the 'waiting period' again.

If your 'waiting period' is 60 or 90 days, you may return to work for up to 10 days during that time without having to restart the 'waiting period'.

If you do return to work, your original 'waiting period' will extend by the number of days you returned to work. If you return for longer than those periods specified, your 'waiting period' will restart.

Recurrent event

Following a claim, if you make a further claim arising from the same or related cause as the first claim, the further claim will be:

- a) treated as a separate claim if it occurred after you returned to work for at least 6 continuous months, or
- b) deemed to be a continuation of the original claim if made within 6 months from the end of payments from the earlier claim. A further 'waiting period' will not apply in this case but the relevant 'benefit period' will be adjusted to take into account prior benefits paid under this policy for the original claim.

Concurrent event

Where you are 'totally disabled', 'limited totally disabled', or 'partially disabled' because of more than one injury or sickness, or from both, whether related or not, benefits are payable in respect of only one injury or sickness, as the Insurer shall reasonably determine, based on medical evidence.



Offsets to a benefit payment

An offset means that we may reduce your benefit payment if you receive other income while you're unable to work due to sickness or injury.

Other payments that might reduce your income protection benefit payment include:

- All benefits or payments for workers' compensation, transport accident compensation or similar legislation in relation to your sickness or injury
- Any other payments, statutory or as damages under Common Law, paid to you for loss of income, loss of earning capacity, or any other economic loss (including any benefits or payments for work injury damages) whether paid as a lump sum or not, in relation to your sickness or injury
- Any other payments made under any disability income type insurance policy
- Any other lump sum payment which relates to loss of income, loss of earning capacity, or any other economic loss due to sickness or injury whether under legislation or otherwise (other than a total and permanent disability or terminal illness benefit)
- Any paid sick leave from your employer (however the Insurer does not require all sick leave to be used before the income benefit starts).

If you get (or will get) your benefit payment as a lump sum, we'll work out the offset calculation by converting the lump sum to a monthly amount at the rate of 1/60th of the lump sum per month over a period of 60 months.

Payment of benefits

The Insurer will pay monthly benefits directly to you with a maximum payment of 75% of your 'pre-disability salary'.

An additional 10% will be paid to your Super Savings – Business Accumulation account where the 85% of 'salary' option has been selected by your employer.

Generally, income protection payments are considered taxable income and are subject to Pay As You Go (PAYG) tax. If applicable, an income statement will be issued by the Insurer at the end of the financial year.

You will be assessed against the 'total disability', 'limited total disability', or 'partial disability' definition. If your claim is accepted, payments (monthly in arrears) will start when the 'waiting period' finishes. Any claim for your income protection benefit is assessed independently of any total and permanent disability claim.

The income protection benefit is subject to a maximum level based on your most recent 'pre-disability salary' accepted by the Insurer immediately before you become 'totally disabled' or 'limited totally disabled'. If you are on 'unpaid leave' or parental leave, your benefit is based on your most recent 'pre-disability salary' accepted by the Insurer immediately before starting leave.



Partial disability

A reduced monthly benefit may be payable if you become 'partially disabled'. We define 'partial disability' in the Definitions section.

The Insurer will pay a partial disability monthly benefit where you are unable to work at full capacity due to sickness or injury, **and**:

- following a period of 'total disability' or 'limited total disability' for 7 out of the first 10 working days of the 'waiting period', and your ongoing disablement during the remainder of the 'waiting period', and you have returned to work in your usual or an alternative occupation, **and**
- your monthly 'salary' is less than your 'pre-disability salary', **and**
- you are under the care of, and complying with the reasonable advice given by a 'medical practitioner'.

You can calculate the benefit payable using the following formula:

$[(A - B) \times C] / A$ where:

A is your 'pre-disability salary'

B is your actual 'salary' during the month of 'partial disability'

C is the monthly benefit

Proof of salary

In the event of a claim, proof of 'salary' is required to ensure your benefit does not exceed either 75% or 85% of your 'salary', depending on how your cover is calculated, at the first day of absence from active employment due to sickness or injury resulting in 'total disability' or 'limited total disability'.

How Income Protection cover is indexed

If you have a 5-year 'benefit period', when on claim, your Income Protection Benefits will be indexed by the lesser of the Consumer Price Index (CPI) increase or 5% on each anniversary of the start of your continuing Income Protection claim. Indexation does not apply to a 2-year 'benefit period'.

No premium required

Your Income Protection premiums will be waived from the end of the 'waiting period' and will continue whilst a monthly benefit is payable. Once you stop receiving benefit payments, deduction of the Income Protection premiums will recommence being deducted from your Super Savings – Business Accumulation account.

When payment of the benefit stops

Benefit payments start after the 'waiting period', and will stop on the earliest of any of the following events:

- You no longer satisfy the definition of 'total disability', 'limited total disability' or partial disability', as assessed by the Insurer
- The end of the 'benefit period'
- For a 'partial disability benefit', the date you earn, or become capable of earning, a monthly salary equal to or greater than your 'pre-disability salary'
- You reside overseas and have received 6 months of benefit payments
- You are no longer under the care of and or complying with the reasonable advice given by a 'medical practitioner'
- You reach age 65
- You die.

The benefit will be paid even if the Insurer assesses you to be totally and permanently disabled.

Providing you were an insured member of Australian Retirement Trust at the time you finished work due to the injury or sickness that gave rise to a claim, monthly income benefits will be payable or continue to be paid whilst you remain eligible, regardless of whether you continue to be a member of Australian Retirement Trust.

Warning: If your account does not receive an 'eligible contribution' for at least a 12-month period and you haven't informed us in writing that you wish to keep your insurance cover, your cover will normally stop 12 months after your last 'eligible contribution'.



You can reduce or cancel your cover

You can reduce or cancel your Standard Income Protection or Voluntary Income Protection cover at any time by completing an Insurance Variation form that you can find at your employer microsite or by contacting us. You can also cancel your cover at any time through [Member Online](#)

The cancellation or reduction will be effective from the date your instruction is received.

If you cancel your automatic Standard Income Protection cover within 60 days of the day cover started, any premiums paid for your Income Protection cover will be refunded to your Super Savings – Business Accumulation account.

If you cancel your cover and then reapply for cover at a later date, satisfactory evidence of health will be required before cover can restart from the date the Insurer accepts your application.

If you leave your employer or redirect your SG contributions

When we are told you have left your employer or you have redirected your SG contributions to another super fund, the following will happen:

- Your membership in your employer Plan will stop and any special arrangements provided will stop. Your account will then be transferred to a Super Savings Accumulation account and we will contact you to advise of any new arrangements
- There will be no change to your investment choice, but the administration fees may vary, and any change will take effect from the date of transfer. If your employer previously paid all or part of your administration fees, these will become payable in full by you
- Effective from the date you redirect your SG contributions, your insurance premiums and insurance fee may alter from the amounts you were paying in your employer Plan. If your employer previously paid all or part of your insurance premiums, these will become payable in full by you. Any changes to your insurance will be effective from the date you stop with your employer or redirect your SG contributions
- Any Income Protection cover you had at the time of leaving your employer will stop, though you can request it to be reinstated, however the premium may alter.

If your cover stops and you want to reinstate it

Your Income Protection cover may be able to be reinstated in your Super Savings Accumulation account without evidence of health if:

- you return to eligible employment type and work at least 15 hours per week
- you apply for reinstatement within 60 days of us being notified of you stopping employment with your Super Savings – Business employer
- you have not left your employer as a result of sickness or injury
- you supply us proof of your new employment and occupational status
- you ensure regular contributions are paid into your Super Savings Accumulation account
- you complete the Insurance Transfer Application form, available at art.com.au/insurance-forms

Upon acceptance by the Insurer, your Income Protection cover will be reinstated with the same 'benefit period' and 'waiting period' being applied and no increase in cover. If you have not applied within 60 days of us being notified of you ceasing employment with your Super Savings – Business employer, you will need to reapply for Income Protection cover and evidence of health will be required.

Insurance cover for Super Savings Accumulation accounts is provided through a group life policy issued by AIA Australia Limited ABN 79 004 837 861 to the Trustee of Australian Retirement Trust.

If you travel overseas on paid leave

Where you travel overseas while on paid leave from your Australian-based employer (or an international subsidiary or associated company of your Australian employer), your Income Protection cover continues with no travel restrictions.

Total premiums (including stamp duty) will continue to be deducted from your Super Savings – Business Accumulation account during the period of leave. It is your responsibility to ensure sufficient monies are left in your Super Savings – Business Accumulation account during the period of leave to pay your premiums.



If you reside overseas

Your Income Protection cover will continue while residing overseas as long as you remain in active employment with your Australian-based Employer (or an international subsidiary or associated company of your Australian Employer). If you become disabled while based overseas you may, at your expense, be required to return to Australia for assessment of any disability claim.

Where you temporarily reside overseas during a period of 'unpaid leave', your Income Protection cover may continue for up to 24 months.

Warning: If your account does not receive an 'eligible contribution' for at least a 12 month period and you haven't informed us in writing that you wish to keep your insurance cover, your cover will normally stop 12 months after your last 'eligible contribution'.

If you're on unpaid leave or parental leave

For the definition of 'unpaid leave', please see the Definitions section.

Your Income Protection cover will stop after 24 months.

Total premiums (including stamp duty) will continue to be deducted from your Super Savings – Business Accumulation account during the period of leave, as long as you have sufficient funds in your Super Savings – Business Accumulation account to pay your premiums. It is your responsibility to ensure sufficient monies are in your Super Savings – Business Accumulation account during the period of leave to pay your premiums.

You can reapply for cover upon returning to work. Evidence of health satisfactory to the Insurer will be required before cover can restart from the date accepted by the Insurer.

Warning: If your account does not receive an 'eligible contribution' for at least a 12 month period and you haven't informed us in writing that you wish to keep your insurance cover, your cover will normally stop 12 months after your last 'eligible contribution'.



Income Protection

It is important that you understand the Income Protection definitions and the factors that can impact the payment of an Income Protection benefit. The following statements are here to assist your understanding of the Income Protection definition.

Ongoing medical care - to remain eligible for Income Protection benefits, you are required to be under the care of and following the advice recommended by your treating doctor.

Permanent employment/Permanently employed

– Permanent employment means you are employed on a single and ongoing contract of indefinite duration or a fixed term no less than 6 months and you are provided paid annual leave, sick leave and long service leave. You must be performing identifiable duties and work a regular number of hours each week.

Working more than 15 hours per week – a 'total disability' assessment will be based on your inability to perform at least one of the major duties of your usual occupation. A major duty is an income-producing duty of your regular occupation, which involves at least 20% of your overall occupational tasks. Where you return to paid work (even in a different job or occupation), you will no longer be eligible for a 'total disability' benefit, however you may be eligible to claim a 'partial disability' benefit, subject to meeting eligibility criteria.

Casual or working less than 15 hours per week – a 'limited total disability' assessment will be based on your inability to perform any suitable occupation based on all of your education, training and experience, not just your occupation at the time you become injured or sick.

You may be eligible for a partial disability benefit – where you have been 'totally disabled' or 'limited totally disabled' and return to work in a reduced capacity and have a reduced income as a result of your sickness or injury. You must be 'totally disabled' or 'limited totally disabled' for 7 out of the first 10 days of your 'waiting period' to be eligible for a 'partial disability' benefit.

Occupational rehabilitation support - where appropriate, the Insurer will work with you, your doctor, and your employer to encourage and support you through occupational rehabilitation (including workplace modifications). Participating in occupation rehabilitation is voluntary and will not impact your monthly benefit.

Already receiving disability support payments - your monthly benefit may be reduced if you also receive payments from other sources (for example workers' compensation, sick leave or from other Income Protection policies).

Ongoing assessment - Income Protection claims are assessed on a monthly basis over the duration of your 'benefit period'. You will need to periodically provide ongoing evidence to support your claim.

Maximum period you could be paid - the 'benefit period' is the maximum length of time that you will receive a monthly benefit whilst you continue to remain 'totally disabled', 'limited totally disabled' or 'partially disabled'. Your payments will stop when your 'benefit period' ends, even if your disability continues.

Totally and permanently disabled - your monthly benefit will not be impacted if you are paid a total and permanent disability benefit from a superannuation fund or insurer.



A woman with blonde hair tied back, wearing glasses and a dark blue shirt, is smiling in the driver's seat of a car. A black dog with its tongue out is in the foreground. Another dog is visible in the background.

Important information

In this section, we explain important information about your cover.

We show you:

- How much cover you may need
- Your duty to take reasonable care not to make a misrepresentation
- How to apply

Important information

Different people will have different needs depending on their individual circumstances. You may need more cover, or you might not want insurance at all.

What insurance cover options are available to you

Please refer to your Plan Information Factsheet to see what insurance cover is applicable to you.

It is important to understand that using your Accumulation account now for the payment of insurance premiums before retirement will impact upon your future balance when you do retire.

How much cover do you need?

You can use our Insurer's insurance needs calculator to estimate how much cover you might need. Simply go to art.com.au/calculator

AIA Australia provides and is responsible for the insurance needs calculator. The Trustee does not endorse, and is not responsible for, the calculator or its outputs. The estimates the calculator produces are illustrative. You should consider getting financial advice before making any decisions.

Can I nominate a beneficiary?

When you die, the Trustee of Australian Retirement Trust is required to pay your death benefit to your beneficiaries, or where there are no eligible beneficiaries, to any person who has a fair claim. For your Super Savings – Business Accumulation account you can make either:

- a binding death benefit nomination – this allows you to nominate who will receive your superannuation benefits in the event of your death and ensures that the Trustee is legally bound by your wishes. Claims are generally processed faster when a valid binding death benefit nomination is in place, or
- a preferred beneficiary nomination – this is used by the Trustee as a guide when deciding who should receive your death benefit, as there may be restrictions on who the benefit can be legally paid to. There may also be lengthy investigations to determine who the benefit should be paid to.

Please see art.com.au/beneficiary for more information.



Need some financial advice?

Speak to your financial adviser. If you don't have your own personal financial adviser and you need advice about your Super Savings – Business Accumulation account, we also have qualified financial advisers who can help you over the phone with simple advice about your Super Savings – Business Accumulation account. We include this service with your membership.¹

If the advice you need is more complex or comprehensive in nature, we may refer you to an accredited external financial adviser.² Advice of this nature may incur a fee.

¹ Representatives of ART Financial Advice Pty Ltd (ABN 50 087 154 818, AFSL 227867) (ART FA) give financial advice. ART FA is responsible for the advice it gives and is a separate legal entity. Please read the Financial Services Guide at art.com.au/fsg for more information.

² The Trustee has established a panel of accredited external financial advisers who are not employees of the Australian Retirement Trust group. The Trustee is not responsible for the advice provided by these advisers and does not receive or pay any referral fees. These advisers will explain to you how their advice fees are determined.



Your duty to take reasonable care not to make a misrepresentation

About your duty

When you apply for life insurance as a member with us, the Insurer may conduct a process called underwriting. It's how the Insurer decides whether it will cover you, and if so on what terms and at what cost. If your application is underwritten, you will be asked questions that the Insurer needs to know the answers to. These will be about your personal circumstances and may include questions about your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you provide in response to the questions is vital to the Insurer's decision.

The duty to take reasonable care

When applying for insurance which is to be underwritten, you have a legal duty to take reasonable care not to make a misrepresentation before your application is accepted by the Insurer. 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 also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. 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 you provided was true. For example, the Insurer may do this when a claim is made.

Guidance for answering questions

When answering questions as part of an application for insurance cover, you should:

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

Changes before your cover starts

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

If you need help

It's important that you understand this information and the questions that you are asked. Ask us or the Insurer for help if you have difficulty understanding the process of applying for insurance or answering our or the Insurer's questions. If you're having difficulty due to a disability, understanding English or for any other reason, we are here to help and can provide additional support for anyone who might need it.

What the Insurer can do if the duty is not met

If you do not take reasonable care not to make a misrepresentation, 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.

For example, the Insurer may:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether you took reasonable care not to make a misrepresentation (this depends on all of the relevant circumstances)
- what the Insurer would have done if the duty had been met, for example, whether they would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before the Insurer exercises any of these remedies, they will explain their reasons, how to respond and provide further information, including what you can do if you disagree.



How to apply

The following table shows you the types of cover you can apply for in your particular circumstances, the various forms available for completion and where they can be found.

What are you applying for?	When should you apply?	How can you apply?	Where can you go to apply?
Opt in for Standard cover	Any time before Standard cover automatically starts On joining Australian Retirement Trust	Select the Opt in for Insurance cover option in Member Online Membership Application form	Member Online
Death, TPD or Income Protection (if applicable) because your level of cover is restricted to the AAL	Anytime	Change of Insurance Cover form	Obtain from your employer's Super Savings – Business microsite
Additional Death and/or TPD			
Voluntary Income Protection (if applicable)			
Reducing or cancelling your insurance cover	Anytime	Insurance Variation form Member Online (cancel only)	Obtain from your employer's Super Savings – Business microsite Member Online
Transfer of insurance cover	Anytime (but do not cancel your existing cover until your transfer is accepted by the Insurer)	Transfer of Insurance Cover form	Obtain from your employer's Super Savings – Business microsite
Nominating your preferred beneficiary(ies)	On joining Australian Retirement Trust	Membership Application form	
	Anytime	Change of Details form Member Online	art.com.au/forms-and-tasks Member Online
Binding death benefit nomination	Anytime	Binding Death Benefit Nomination form	art.com.au/beneficiary



A photograph of three women in athletic wear, smiling and looking towards the left. The woman in the center is wearing a grey long-sleeved top. The woman on the left is wearing a red tank top. The woman on the right is wearing a green tank top. The background is a blurred outdoor setting with a building and trees.

Premiums

How much is the premium and when is it paid?

The premium rates for your employer Plan are generally based on a number of factors including:

- The number of insured members in your employer Plan
- The occupational mix of your employer Plan
- The claims history of your employer Plan
- The 'waiting period' and 'benefit period' selected by your employer (if there is Income Protection in your employer Plan).

The premium rates include stamp duty (where applicable) and a 5% insurance fee to offset Australian Retirement Trust's cost of providing the insurance cover. The cost of your cover depends on your 'salary', your age and gender, and the premium rates applying to your employer Plan. Premiums for cover in addition to the Standard cover you receive automatically may also depend on your health at the time you applied and were accepted for Additional Death and TPD cover.

The premium is normally calculated weekly and deducted from your Super Savings – Business Accumulation account balance each month. Premiums for partial weeks are not pro-rated. The premium tables included in this guide are base premium rates. From time to time, our Insurer may need to change premium rates, which may result in an increase or decrease to your premiums.

For the premium tables applicable to your cover refer to your Plan Information Factsheet available on your employer's Super Savings – Business microsite.

Example: how to calculate Death and TPD premiums

Madeline is 35 years old and works in an office. Based on the benefit design chosen by her employer, Madeline is entitled to \$350,000 Death and TPD cover. This is an example of how to calculate Madeline's weekly premiums. (The example premiums use the base rate tables in this guide. You'll need to refer to your Plan Information Factsheet on your employer's Super Savings – Business microsite for premiums applicable to your employer Plan.)

1. $[(\text{amount of cover} / 1,000) \times (\text{Death premium rate} + \text{TPD premium rate})] / 52$
2. $[(\$350,000 / 1,000) \times (0.28 + 0.19)] / 52$
3. $[(\$350,000 / 1,000) \times 0.47] / 52$

Madeline's weekly premium is \$3.17 per week.

Note: Rounding variations may occur when calculating premiums. Premiums per week are displayed as rounded up to the next whole cent. Premiums include a 5% insurance fee to offset Australian Retirement Trust's cost of providing the cover.

This example is illustrative only.

Example: how to calculate Income Protection premiums

Michael is 40 years old, works in the office and has a 'salary' of \$60,000 p.a. Michael's employer Plan offers Income Protection cover with a 2-year 'benefit period' and a 60-day 'waiting period'.

Michael's Income Protection cover is \$51,000 (85% of his 'salary' of \$60,000). This is an example of how to calculate the weekly premium. (The example premiums use the base rate tables in this guide. You'll need to refer to your Plan Information Factsheet for premiums applicable to your employer Plan.)

1. Calculate the cost of cover:
 $[(\text{amount of cover} / 1,000) \times \text{Income Protection premium rate}] / 52$

2. $[(\$51,000 / 1,000) \times 1.79] / 52$

Michael's premium is \$1.76 per week.

Therefore for an Income Protection premium of \$1.76 p.w. (this includes stamp duty and a 5% insurance fee) Michael would be covered for \$51,000 p.a. for a 2-year 'benefit period', with a 60-day 'waiting period'. In the event of a claim if Michael's 'salary' was \$60,000 at the 'date of disablement', and he is eligible for a 'total disability' benefit with no offsets, he would receive direct monthly payments of \$4,250 (less PAYG tax) of which \$500 would be paid into his Super Savings – Business Accumulation account.

Note: Rounding variations may occur when calculating premiums. Premiums per week are displayed as rounded up to the next whole cent. Premiums include stamp duty and a 5% insurance fee to offset Australian Retirement Trust's cost of providing the cover.

This example is illustrative only.



Premiums

The rates tables that follow are the base rates for each of the different options available through Super Savings – Business. It is important to note however, that your employer Plan rates may differ to the rates shown in premium tables 1-3. A 5% insurance fee is included in these rates to offset Australian Retirement Trust's cost of providing the cover.

Please refer to your Plan Information Factsheet, available on your employer's Super Savings – Business microsite for more information on the types of cover available and the applicable premium rates.

Base Death and Total & Permanent Disability cover (Premium table 1)

Annual premiums for each \$1,000 insured benefit. Premiums are shown as \$ per year.

Age last birthday	Male		Female	
	Death	Total & Permanent Disability	Death	Total & Permanent Disability
15	0.39	0.01	0.15	0.01
16	0.39	0.01	0.15	0.01
17	0.42	0.02	0.16	0.01
18	0.46	0.02	0.17	0.01
19	0.50	0.04	0.18	0.01
20	0.53	0.05	0.17	0.02
21	0.54	0.06	0.17	0.02
22	0.54	0.07	0.16	0.02
23	0.54	0.08	0.16	0.02
24	0.54	0.08	0.15	0.04
25	0.53	0.09	0.16	0.04
26	0.51	0.09	0.16	0.04
27	0.50	0.12	0.17	0.05
28	0.49	0.12	0.17	0.05
29	0.47	0.13	0.18	0.06
30	0.47	0.13	0.20	0.07
31	0.47	0.13	0.21	0.09
32	0.47	0.14	0.22	0.12
33	0.47	0.15	0.23	0.14
34	0.49	0.16	0.25	0.16
35	0.50	0.19	0.28	0.19
36	0.53	0.22	0.30	0.21
37	0.57	0.25	0.35	0.23
38	0.59	0.29	0.37	0.27
39	0.62	0.34	0.42	0.30
40	0.67	0.37	0.45	0.36
41	0.72	0.41	0.49	0.41
42	0.77	0.46	0.54	0.46
43	0.82	0.50	0.59	0.51
44	0.88	0.57	0.64	0.58
45	0.96	0.64	0.69	0.65
46	1.03	0.71	0.76	0.75
47	1.11	0.82	0.82	0.83
48	1.23	0.92	0.89	0.91
49	1.34	1.06	0.96	1.02
50	1.49	1.21	1.03	1.12
51	1.65	1.40	1.11	1.25
52	1.83	1.61	1.20	1.39
53	2.03	1.85	1.30	1.53
54	2.25	2.13	1.42	1.73
55	2.49	2.44	1.56	1.96
56	2.75	2.79	1.74	2.23
57	3.09	3.20	1.93	2.53
58	3.45	3.68	2.15	2.91
59	3.85	4.23	2.42	3.32

Age last birthday	Male		Female	
	Death	Total & Permanent Disability	Death	Total & Permanent Disability
60	4.36	4.89	2.71	3.80
61	4.98	5.65	3.02	4.34
62	5.70	6.55	3.39	4.98
63	6.53	7.59	3.78	5.66
64	7.49	8.79	4.21	6.45
65	8.59	9.88	4.68	7.23
66	9.73	11.41	5.19	8.18
67	11.00		5.74	
68	12.43	n/a	6.33	n/a
69	14.03		6.95	

Notes:

- Standard Death and Total & Permanent Disability cover ends when you turn 67.
- Additional Total & Permanent Disability cover ends when you turn 67 and Additional Death cover ends when you turn 70.
- These premiums include a 5% insurance fee to offset Australian Retirement Trust's cost of providing the cover.
- Rounding variations may occur when calculating premiums.
- Different cover and premium arrangements may exist.



Base Income Protection cover – 2 year Benefit Period (Premium table 2)

Annual premiums for each \$1,000 insured benefit. Premiums are shown as \$ per year.

Age last birthday	Male			Female		
	Waiting Period					
	30 days	60 days	90 days	30 days	60 days	90 days
15	2.05	1.24	0.89	2.25	1.28	0.87
16	2.05	1.24	0.89	2.25	1.28	0.87
17	2.05	1.24	0.89	2.25	1.28	0.87
18	2.05	1.24	0.89	2.25	1.28	0.87
19	2.05	1.24	0.89	2.25	1.28	0.87
20	2.05	1.24	0.89	2.25	1.28	0.87
21	1.98	1.18	0.84	2.27	1.29	0.87
22	1.94	1.12	0.79	2.30	1.30	0.87
23	1.90	1.08	0.74	2.32	1.31	0.88
24	1.87	1.04	0.70	2.34	1.32	0.89
25	1.84	1.01	0.66	2.36	1.34	0.90
26	1.84	1.00	0.65	2.43	1.40	0.96
27	1.86	1.00	0.63	2.50	1.45	1.00
28	1.89	1.00	0.63	2.60	1.50	1.03
29	1.94	1.02	0.63	2.71	1.55	1.06
30	2.00	1.04	0.64	2.85	1.63	1.09
31	2.08	1.08	0.66	3.00	1.69	1.12
32	2.16	1.11	0.68	3.18	1.77	1.17
33	2.27	1.17	0.70	3.37	1.87	1.22
34	2.38	1.23	0.75	3.58	1.96	1.27
35	2.51	1.29	0.78	3.81	2.09	1.34
36	2.65	1.38	0.83	4.05	2.22	1.43
37	2.79	1.46	0.88	4.32	2.36	1.53
38	2.97	1.55	0.95	4.58	2.53	1.65
39	3.15	1.67	1.02	4.86	2.71	1.79
40	3.35	1.79	1.11	5.17	2.92	1.95
41	3.56	1.92	1.22	5.49	3.14	2.14
42	3.80	2.08	1.33	5.84	3.39	2.35
43	4.05	2.25	1.47	6.18	3.68	2.59
44	4.33	2.44	1.63	6.55	3.97	2.86
45	4.61	2.65	1.81	6.95	4.29	3.15
46	4.92	2.89	2.02	7.37	4.64	3.48
47	5.28	3.15	2.25	7.81	5.03	3.83
48	5.66	3.45	2.51	8.26	5.44	4.22
49	6.07	3.78	2.79	8.75	5.88	4.63
50	6.52	4.16	3.14	9.27	6.33	5.08
51	7.01	4.56	3.52	9.82	6.84	5.57
52	7.55	5.02	3.95	10.41	7.37	6.07
53	8.14	5.53	4.41	11.04	7.93	6.59
54	8.79	6.10	4.96	11.71	8.53	7.16
55	9.51	6.74	5.55	12.43	9.16	7.75
56	10.29	7.44	6.22	13.21	9.81	8.36
57	11.17	8.22	6.96	14.06	10.51	9.00
58	12.13	9.09	7.79	14.97	11.25	9.64
59	13.19	10.04	8.69	15.98	12.01	10.31
60	14.37	11.11	9.70	17.07	12.82	10.99
61	15.70	12.27	10.82	18.27	13.66	11.69
62	17.16	13.51	11.95	19.60	14.49	12.30
63	15.00	11.21	9.58	16.95	11.73	9.50
64	6.55	4.13	3.08	7.43	4.33	2.99

Notes:

- These premiums include stamp duty and a 5% insurance fee to offset Australian Retirement Trust's cost of providing the cover.
- Rounding variations may occur when calculating premiums.
- Different cover and premium arrangements may exist.

Base Income Protection cover – 5 year Benefit Period (Premium table 3)

Annual premiums for each \$1,000 insured benefit. Premiums are shown as \$ per year.

Age last birthday	Male	Female
	Waiting Period	
	90 days	
15	1.65	1.65
16	1.65	1.65
17	1.65	1.65
18	1.65	1.65
19	1.65	1.65
20	1.65	1.65
21	1.55	1.68
22	1.46	1.70
23	1.39	1.73
24	1.32	1.75
25	1.27	1.79
26	1.24	1.90
27	1.23	2.00
28	1.23	2.08
29	1.25	2.16
30	1.27	2.24
31	1.31	2.32
32	1.37	2.42
33	1.43	2.53
34	1.50	2.67
35	1.60	2.82
36	1.71	3.01
37	1.84	3.24
38	1.98	3.52
39	2.16	3.84
40	2.36	4.21
41	2.59	4.64
42	2.87	5.13
43	3.17	5.68
44	3.53	6.30
45	3.93	6.99
46	4.40	7.75
47	4.92	8.59
48	5.53	9.50
49	6.22	10.48
50	6.99	11.55
51	7.88	12.69
52	8.87	13.90
53	10.00	15.20
54	11.26	16.57
55	12.66	18.00
56	14.24	19.50
57	16.00	21.05
58	17.96	22.66
59	20.07	24.26
60	20.58	23.61
61	19.54	21.23
62	17.21	17.71
63	9.64	9.56
64	3.10	3.01

Notes:

- These premiums include stamp duty and a 5% insurance fee to offset Australian Retirement Trust's cost of providing the cover.
- Rounding variations may occur when calculating premiums.
- Different cover and premium arrangements may exist.





How to make a claim

In this section, we explain how to make a claim.

We show you:

- The steps to making a claim
- Your access to rehabilitation

How to make a claim

If you're sick or injured, it can be stressful to think about making an insurance claim. We're here to help and guide you through this challenging time so you don't feel overwhelmed or confused. We aim to pay all eligible insurance claims as quickly as possible.

There are generally 6 steps in our claims process:

1. Contact us

You can call us on **13 11 84**. You can also use our claims eligibility tool at [Member Online](#) to start the process. Our claims representatives will guide you through the process and introduce you to our early intervention services as soon as possible, if it applies to you.

2. Claim eligibility check

We will ask you to provide us with information about your claim. This will allow us to provide you with the correct claim pack.

3. Claim pack

We tailor our claim pack to your injury or sickness. The claim pack explains what information we need about your claim and how to submit it to us.

Find out more at art.com.au/claim

4. Claim assessment

After we receive all your claim information, our Insurer will assess your claim.

5. Trustee review

By law we need to review our Insurer's assessment of your claim to make sure it is fair and transparent and that all final claim decisions are fair and reasonable.

6. Confirmation

We will contact you to let you know the outcome of your claim.

Our easy online service

Our easy-to-use online Claims Eligibility Tool allows you to start the process. Just go to [Member Online](#), select Insurance, and follow the prompts.

The claims eligibility tool can help you:

- determine if you are eligible to make a claim
- notify us of your need to make a claim
- with information about your insurance cover and any claim requirements
- (if eligible) lodge your claim electronically via *eClaims*.

eClaims allows you to lodge and monitor your claim online. It also allows other parties such as your employers and doctors to complete and submit claim information directly online for the Insurer to assess.



Super Savings insurance claims guides

We have guides to help step you through the various claims processes. Please find our guides and more information at art.com.au/claim



If your claim is declined



If the Insurer declines your claim, we will complete an independent review of the Insurer's decision. If we agree the Insurer's decision is fair and reasonable and you disagree with this, you may lodge a complaint at no additional cost to you.



Contact us

Here's how to contact us to discuss your complaint.

Phone: 13 11 84

Mail: Australian Retirement Trust
The Complaints Manager
GPO Box 2924
Brisbane Qld 4001

Email: art.com.au/contact-us

In person: Please see our address in our Complaints Handling Guide at art.com.au/complaint



Contact AFCA

If you're unhappy about the outcome of your complaint or believe an issue has not been resolved, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA).

AFCA provides fair and independent complaint resolution for financial services. Their service is free to use. Here's how you can contact AFCA.

Phone: 1800 931 678 (free call)

Mail: Australian Financial Complaints Authority
GPO Box 3
Melbourne Vic 3001

Web: www.afca.org.au

Email: info@afca.org.au



Incorrect information and eligibility for cover

If your recorded age or gender is incorrect, the Insurer has the right to adjust the premium or the benefit based on the correct information. As a general rule, your eligibility for cover will not be assessed until you make a claim. For more information about eligibility, please see Check your eligibility for insurance cover on page 10.

Claims after your cover has stopped

If an event occurs before the date your cover stops or is terminated, and that event entitles you to make an insurance claim, you may still be eligible for that payment even after your cover has stopped.

Occupational Rehabilitation - work is good medicine

We work with our Insurer to offer you access to one of the largest and most experienced rehabilitation teams in Australia. So, if you have an injury, disability or health condition we can arrange work related rehabilitation through our Insurer to help you back to meaningful work.

Your rehabilitation consultant will work in partnership with you, your treating health professionals and employer to help you back to suitable work as part of your recovery plan. If you are unemployed, your rehabilitation consultant can help you to improve your fitness for work.

Returning to work restores more than your income. It helps to restore your identity and self-esteem.

Rehabilitation services may include:

- Initial meetings with a rehabilitation provider to identify your return to work needs
- Workplace visits to identify solutions in your return to work plan
- Equipment to ensure you maintain your job
- Career guidance to explore alternative work options if you can't work in your usual role
- Improving your skills and capabilities so that your return to work is sustainable.

Rehabilitation is not appropriate for everyone.



Definitions

In this section, we provide definitions of the terms and words we use throughout this guide.

We show you:

- What definitions and terms in this guide mean in the insurance policy

Total & Permanent Disability means

Part A – Loss of limbs and/or sight and/or cognitive impairment

- a) As a result of an injury or sickness you have suffered, at the 'date of disablement', the total and irrecoverable loss of:
- the use of 2 limbs, or
 - the use of the sight of both eyes, or
 - the use of one limb and the sight of one eye.
- (where a limb means the whole hand or the whole foot), or
- b) you have suffered 'cognitive impairment' (this has a 3 consecutive month waiting period), and
- c) the Insurer, after considering all relevant evidence which is reasonably available, then determines that you will be unable ever again to be gainfully employed in any occupation for which you are reasonably suited by education, training or experience, **or**

Part B – Unable to do a suited occupation ever again

Where, solely by reason of an injury or sickness:

- a) you are unable to perform your occupational duties for a period of 3 consecutive months since the 'date of disablement' solely due to the injury or sickness, and
- b) you are under the care of, and following the advice and treatment of a 'medical practitioner', and
- c) the Insurer, after considering all relevant evidence which is reasonably available, then determines that you will be unable ever again to be gainfully employed in any occupation for which you are reasonably suited by education, training or experience, **or**

Part C – Suffering a specifically defined medical condition and permanently unable to work because of that medical condition

Where you were 'employed' immediately prior to the 'date of disablement' and are absent from all work and have been certified by a 'medical practitioner' as being unable to perform your occupational duties since the 'date of disablement':

- a) solely as a result of suffering one or more of the following: primary pulmonary hypertension, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, dementia and Alzheimer's disease, Parkinson's disease, chronic lung disease, cardiomyopathy, or paraplegia (including quadriplegia, hemiplegia and tetraplegia), and
- b) the Insurer, after considering all relevant evidence which is reasonably available, then determines that you are unable to ever again to be gainfully employed in any occupation for which you are reasonably suited by education, training or experience.

You should know: A different total and permanent disability definition may apply to some members and if this applies to you, you will be informed separately by letter confirming your insurance details when your cover starts.



The following terms are used throughout this guide

Accident

Accident is defined as a physical injury that is caused solely and directly by violent, visible, external and unexpected means that is not traceable, even indirectly, to any pre-existing mental or physical condition.

Approved leave

Approved leave means parental leave, annual leave, bereavement leave, long service leave or any other leave approved by your employer for reasons other than related to injury or sickness.

At work

At work means you are:

- a) actively performing or capable of performing all of your normal duties, without limitation or restriction due to injury or sickness, and where working you are working normal hours on the day cover is to commence, and
- b) in the Insurer's opinion, not restricted by sickness or injury from being capable of actively performing your full and normal duties on a full-time basis (for at least 30 hours per week) even though actual employment may be on a full-time, part-time or contract basis, and
- c) not in receipt of, or entitled to claim, any income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits (including Government support benefits).

You will be considered to be at work on the applicable date, as the context requires, if you are on 'approved leave' for reasons other than injury or sickness, and not taking into account the leave, is able to meet the at work definition.

Benefit period

Benefit period means the maximum period of time for which benefits will be paid for any one period of 'total disability', 'limited total disability', or 'partial disability'.

Cognitive impairment

Cognitive impairment means the loss of intellectual capacity which renders your mini-mental state examination, or equivalent thereof, score deteriorates to 24 or less, as confirmed by a consultant neurologist, psychiatrist or geriatrician, and requires you to be under the continuous care and supervision of another adult person for at least 3 consecutive months and, at the end of that 3-month period, you are likely to require permanent ongoing continuous care and supervision by another adult person.

Contractor(s)

Contractor(s) means a member who has been provided a written contract of employment for a minimum period of 6 months by a participating employer to perform identifiable duties and who may be paid annual leave or sick leave as per their written contract of employment and Superannuation Guarantee (SG) contributions are being paid in respect of that member.

Consumer Price Index (CPI)

CPI means the percentage increase in the average Consumer Price Index (All Groups) for the 8 capital cities published by the Australian Bureau of Statistics and covering the most recent period of 12 months for which figures are available. In the event of any suspension or discontinuance of the Consumer Price Index as defined above, such other index as Insurer and Us shall consider appropriate shall be adopted for the purposes of the policy.

Date of disablement (Income Protection)

The date of disablement means where you are:

- a) working and then cease work as a result of injury or sickness, the last day you worked provided this was as a result of injury or sickness and which has been certified by a registered 'medical practitioner', or
- b) on 'approved leave' and suffer an injury or sickness which prevents you from returning to work as a result of that sickness or injury, the date of disablement will be determined based on the certification provided by your 'medical practitioner' as at the date on which you became disabled.



Date of disablement (Total & Permanent Disability)

The date of disablement depends on your employment status and the type of injury or sickness that caused your permanent disablement:

Claiming under Total & Permanent Disability component	Date of Disablement
Loss of limbs and/or sight	The date you suffer the loss of the use of 2 limbs (where 'limb' is defined as the whole hand or the whole foot), the sight in both eyes, or the sight in one eye and the use of one limb; or the date that is 3 months after total and permanent deterioration or loss of intellectual capacity.
Unable to do a suited occupation ever again	The first day of the 3 month waiting period being the day you permanently ceased all work solely as a result of the injury or sickness, or where you are unemployed the date you are medically certified by a 'medical practitioner' that the injury or sickness is preventing you from being able to work, even though work may not be available at that time.
Suffering a specifically defined medical condition and permanently unable to work because of that medical condition	The first day you ceased all work solely as a result of suffering one or more of the listed 'medical conditions' outlined in Part C of the 'total & permanent disability' definition, or where you have been unemployed less than 6 months on the first day on which you are medically certified by a 'medical practitioner' as suffering one or more of the listed 'medical conditions' outlined in Part C of the 'total & permanent disability' definition.

Eligible contribution

Eligible contributions include Superannuation Guarantee contributions, additional employer contributions, personal contributions (including voluntary contributions, and contributions made by a spouse), rollovers and automatic transfers from other funds. They do not include government contributions, including co-contributions or the low income super tax offset.

Employed

Employed means you are engaged under a contract of employment with an Australian employer (which includes on secondment or transfer to an international subsidiary or an associated or affiliated company of an Australian employer).

Fixed cover

Fixed cover basis means your amount of insurance cover stays the same until you reach age 61, but your weekly premium will generally increase as you get older.

Limited cover

Limited cover means you are only covered for claims arising from a sickness which first manifests itself or an injury which occurred on or after the date your cover commenced, or most recently commenced or increased (where applicable) under the policy and was not related to the condition that occurred before the date your cover commenced or most recently commenced or increased (where applicable) under the policy.

Manifests means that symptoms exist which would cause an ordinary prudent person to seek diagnosis, care or treatment, or that medical advice or treatment has been recommended by or received from a 'medical practitioner'.

Limited total disability or Limited totally disabled (Income Protection)

Limited total disability or limited totally disabled means as a result of sickness or injury, you:

- have been incapacitated to such an extent as to render yourself unable to engage in your usual occupation or any occupation for which you are reasonably suited by education, training and experience, and
- remain under the regular care, attendance and following the advice of a registered 'medical practitioner' in relation to that sickness or injury, and
- are not engaged in any occupation (whether paid or unpaid).



Medical conditions

The following are the definitions for the specified medical conditions as per the 'Total & Permanent Disability' definitions:

Cardiomyopathy means:

A condition of impaired ventricular function of variable aetiology (often not determined), resulting in significant permanent physical impairment i.e. Class III on the New York Heart Association classification of cardiac impairment.

The New York Heart Association classifications are:

- a) Class I – no limitation of physical activity, no symptoms with ordinary physical activity.
- b) Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.
- c) Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.
- d) Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Chronic lung disease means:

End stage respiratory failure requiring continuous and permanent oxygen therapy and is confirmed by a medical specialist, excluding Intermittent Oxygen Therapy.

Dementia/Alzheimer's disease means:

The definite (clinical) diagnosis of dementia as confirmed by a consultant neurologist, psychiatrist or geriatrician resulting in significant cognitive impairment. Significant cognitive impairment means deterioration in your mini mental state examination, or equivalent thereof, scores to 24 or less.

Dementia as a result of alcohol or drug abuse is excluded.

Major head trauma means:

An accidental head injury resulting in permanent neurological deficit, resulting in you either:

- being totally and permanently unable to perform any one of the activities of daily living where these activities include bathing, dressing, feeding, toileting and mobility; or
- suffering at least a 25% impairment of whole person function as defined in Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association.

Diagnosis must be confirmed by a consultant neurologist.

Motor neurone disease means:

The unequivocal diagnosis of motor neurone disease confirmed by a consultant neurologist.

Multiple sclerosis means:

The unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist.

Muscular dystrophy means:

The unequivocal diagnosis of muscular dystrophy confirmed by a consulting neurologist.

Paraplegia (including quadriplegia, hemiplegia and tetraplegia):

Paraplegia means the total and permanent loss of function of the lower limbs due to spinal cord injury or disease, or brain injury or disease.

Quadriplegia/tetraplegia means the total and permanent loss of function of the lower and upper limbs due to spinal cord injury or disease, or brain injury or disease.

Hemiplegia means the total and permanent loss of one side of the body due to spinal cord injury or disease, or brain injury or disease.

Parkinson's disease means:

The unequivocal diagnosis of idiopathic Parkinson's disease as confirmed by a consultant neurologist. All other types of Parkinsonism are excluded (e.g. secondary to medication).

Primary pulmonary hypertension means:

Primary pulmonary hypertension established by cardiac catheterisation, resulting in significant permanent physical impairment which is classified as Class III or greater under the New York Heart Association classification of cardiac impairment.

The New York Heart Association classifications are:

- a) Class I – no limitation of physical activity, no symptoms with ordinary physical activity.
- b) Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.
- c) Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.
- d) Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.



Medical practitioner

Medical practitioner means a legally qualified and registered medical practitioner. It does not include your employer, you, an employee of your employer or a member of you or your employer's immediate family or business partner(s).

The Insurer may, in their absolute discretion, accept a similarly qualified person who is registered and practising as a medical practitioner in another country with a similar standard of medical care as that in Australia, and who has a formal qualification that is generally equivalent to that required to practise in Australia. The Insurer may, in their absolute discretion, seek an independent opinion from a qualified registered medical practitioner in Australia to review such overseas medical evidence.

Where medical evidence is provided in a language other than English, you will bear the cost of any translation of medical evidence.

Partial disability or partially disabled (Income Protection)

Partial disability means that, following a period of 'total disability' or 'limited total disability' for 7 out of the first 10 working days of the 'waiting period' and while you continue to be either 'totally disabled' or 'limited totally disabled' or partially disabled during the 'waiting period' you:

- a) have returned to work in your usual or an alternative occupation, and
- b) are under the care of and complying with the reasonable advice given by a registered 'medical practitioner', and
- c) as a result of the disability, you have suffered and continue to suffer loss of income as a direct result of the injury or sickness.

Permanent Incapacity

Permanent incapacity is defined in the *Superannuation Industry (Supervision) Regulations 1994* (Cth). A member of a superannuation fund is taken to be suffering permanent incapacity if the trustee of the fund is reasonably satisfied that the member's ill-health (whether physical or mental) makes it unlikely that the member will engage in gainful employment for which the member is reasonably qualified by education, training or experience.

Pre-disability salary (Income Protection)

Pre-disability salary means the higher of the gross monthly 'salary' you earned at the 'date of disablement' or an average of the gross monthly 'salary' earned by you over the 3 months immediately prior to the 'date of disablement'.

If you are a casual employee or 'contractor', the pre-disability salary means the average of the gross monthly 'salary' earned over the 12 months (or if employed less than 12 months, over your period of employment) immediately prior to the 'date of disablement'.

Salary

Salary usually means your pre-tax monthly income derived from your occupation, less any expenses incurred in deriving that income. Unless otherwise agreed with the Insurer, salary does not include director's fees, overtime payments, commissions, bonuses, penalty or shift allowances, mandated superannuation contributions, investment income, income received from deferred compensation plans, disability income policies, retirement plans or any income derived from non-vocational activities.

Proof of salary is also required at the time of a benefit claim.

For claims, salary is determined at the first day of absence from your employment due to the injury or sickness resulting in disablement or at the date of death.

Terminal illness

Terminal illness means you are suffering from an illness, or have incurred an injury, that is likely to result in your death within a period of 12 months from the date of certification of the terminal illness by 2 registered 'medical practitioners' (one being a specialist in that particular medical field), both acceptable to the Insurer and for each of the certificates, the certification periods have not ended. The benefit the insurance policy pays out is termed as a terminal illness benefit.



Terminal medical condition

Terminal medical condition is a condition of release of superannuation benefits defined in the *Superannuation Industry (Supervision) Regulations 1994* (Cth).

Total disability or totally disabled (Income Protection)

Total disability means that, as a direct result of sickness or injury, you are:

- a) continuously and completely unable to perform at least one of the major duties of your usual occupation based on the work performed at the time of injury or sickness, and
- b) under the regular care of and complying with the reasonable advice given by a registered 'medical practitioner' in respect of that sickness or injury, and
- c) not in any occupation for which a person would normally expect to receive remuneration or profit.

A major duty is an income-producing duty of your regular occupation, which involves at least 20% of your overall occupational tasks.

Unpaid leave

Unpaid leave means leave (not being cessation of employment) without pay from your employer. This leave must be:

- a) approved by your employer or authorised by:
 - the Commonwealth, a State or a Territory, or
 - a certified agreement or award made by a tribunal or body having the authority to do so under the law of the Commonwealth, a State or a Territory.
- b) in relation to which you have a statutory or contractual right to resume employment at the end of the leave, and
- c) in relation to which you are not being paid by the employer.

Unpaid leave excludes leave:

- a) that is due to your injury or sickness, or
- b) during which you receive or are entitled to receive:
 - income benefits, or
 - disability income benefits, or
 - social security sickness benefits, or
- c) due to strike or lockout.

Waiting period (Income Protection)

The waiting period is the number of continuous days which you must remain off work due to an injury or sickness before the 'total disability' benefit, 'limited total disability' benefit, or 'partial disability' benefit begins to accrue. The waiting period commences from the date you are 'totally disabled' or 'limited totally disabled' and unable to work, as certified by a registered 'medical practitioner'.

Years of future membership

Years of future membership is the period from the date you commence employment or the 1st day of each month (whichever is more recent) up to age 67 measured in years and complete months, unless we advise you otherwise.

Note: If you join your employer plan outside of 120 days of joining your employer, your initial years of future membership is calculated from the date of your first Superannuation Guarantee (SG) contribution.





Australian Retirement Trust

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