

# Employer Super

Insurance



**Issue No 2023/2, dated 18 November 2023**

Investments in FirstChoice Employer Super are offered from the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 by Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 MySuper Authorisation Identifier 26 458 298 557 923

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Throughout this booklet, important insurance terms are introduced in **bold** in each section. Please see the **Definitions** section on pages 25 to 27, where these terms are explained in detail.

## About this document

The information in this document forms part of the Product Disclosure Statement (PDS) for FirstChoice Employer Super.

This booklet contains statements and information incorporated by reference and must be read in conjunction with the FirstChoice Employer Super PDS. References to 'the PDS' refer to the PDS, the Investment Options Menu and information incorporated by reference as described in the FirstChoice Employer Super PDS.

### Important information

Investments in FirstChoice Employer Super are offered from the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 ('FirstChoice' or 'the fund') by Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 ('AIL', 'the trustee').

The trustee or its licensed related entities to which it has delegated investment management or administration functions in relation to this product are referred to in this PDS as 'AIL', 'we', 'our' or 'us'.

FirstChoice is a resident, regulated superannuation fund within the meaning of the Superannuation Industry (Supervision) Act 1993 (Cth) and is not subject to a direction not to accept contributions.

An interest in FirstChoice Employer Super cannot be issued to you unless you use the application forms attached to either a paper or an electronic copy of the FirstChoice Employer Super PDS. The offer made in the PDS is available only to persons receiving the PDS within Australia.

If you are printing an electronic copy of the PDS, you must print all pages including the application forms. If you make the PDS available to another person, you must give them the entire electronic file or printout, including the application forms.

A paper copy of the PDS (and any supplementary documents) can also be obtained free of charge on request by calling Employer Services on 1300 654 666 or by contacting your financial adviser. You can inspect a copy of the Group Life and Salary Continuance Insurance policy documents at our head office, or we will provide you with a copy free of charge.

The trustee may change any of the terms and conditions contained or referred to in the PDS, subject to compliance with the trust deed and laws and, where the change is material, the trustee will notify you in writing within the timeframes provided for in the legislation.

If any part of the PDS (such as a term or condition) is invalid or unenforceable under the law, it is excluded so that it does not in any way affect the validity or enforceability of the remaining parts.

The insurance provider is AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia or 'the insurer'). AIA Australia is part of the AIA Group. The insurance cover is provided under policies issued to the trustee. You can only apply for insurance cover by completing the insurance application form attached to this document.

Colonial First State (CFS) refers to Superannuation and Investments HoldCo Pty Limited ABN 64 644 660 882 and its subsidiaries which include AIL. CFS is majority owned by an affiliate of Kohlberg Kravis Roberts & Co. L.P. (KKR), with the Commonwealth Bank of Australia ABN 48 123 123 124 AFSL 234945 (CBA) holding a significant minority interest.

AIA Australia Limited ABN 79 004 837 861, AFSL 230043 (AIA Australia) is part of AIA Group. AIA Australia is not part of the Commonwealth Bank of Australia Group of companies. CBA, CFS and their respective subsidiaries do not guarantee the obligations or performance of AIA Australia or the products it offers.

The investment performance and the repayment of capital of AIL products is not guaranteed. Investments in FirstChoice Employer Super are not deposits or other liabilities of CBA or CFS entities. Investments in FirstChoice Employer Super are subject to investment risk, including loss of income and capital invested.

The information contained in the PDS is general information only and does not take into account your individual objectives, financial situation or needs. You should read the PDS carefully and assess whether the information is appropriate for you and consider talking to a financial adviser before making an investment decision.

All monetary amounts referred to in the PDS are, unless specifically identified to the contrary, references to Australian dollars.

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# Introducing FirstChoice Employer Super insurance

FirstChoice Employer Super insurance provides a convenient way to help protect the financial security of you and your loved ones – no matter what lies ahead.

As a member of FirstChoice Employer Super, you have access to valuable insurance cover that can help provide financial protection if you die, become terminally ill, become totally and permanently disabled or are unable to work due to illness or injury.

FirstChoice Employer Super is available to three groups of members:

- **employee members** – members who are **employees** of a participating employer (i.e. an employer that has set up a plan for its employees in FirstChoice Employer Super) and such other persons as agreed with the trustee
- **retained benefit members** – generally members who were employee members but who are no longer employed by the participating employer (refer to ‘retained benefit member’ on page 27)
- **spouse members** – members who are the spouse of an employee member.

If you are an employee member, your FirstChoice Employer Super plan generally provides you with a specified level of cover, based on the insurance design set up by your employer (refer to ‘When does my cover start’ on page 7). You may also be able to apply for extra insurance if you need it, to help ensure that you have the protection you need.

## Your insurance cover

When you join FirstChoice Employer Super, you’ll receive an insurance pack, which will show any insurance cover you may be eligible for or the cover you have. Your insurance cover amount is calculated monthly and may change due to factors such as your **category** of membership, your age, your occupation, your account balance and your **nominated salary**. Your employer must notify us of any changes to your employment details for these changes to take effect.

You can cancel or reduce your cover at any time.

## Types of cover

There are three types of cover available under FirstChoice Employer Super:

- Death only cover
- Death and Total and Permanent Disablement (TPD) cover
- Salary Continuance Insurance (SCI) cover.

## Key features

Here’s a summary of insurance cover available through FirstChoice Employer Super:

Death cover	Total and Permanent Disablement (TPD) cover	Salary Continuance Insurance (SCI) cover
<b>Covers you if you ...</b>		
Die or if you are diagnosed with a <b>terminal illness</b> and have less than 24 months to live	Become totally and permanently disabled	Are off work for an extended period because you are <b>totally or partially disabled</b> from an illness or injury
<b>With a payment of up to ...</b>		
\$5 million	\$3 million	\$25,000 a month <sup>1</sup>
<b>Paid to ...</b>		
Your beneficiaries or your estate (or you, for terminal illness)	You	You (and your super fund for your super contributions)
<b>To help with things like ...</b>		
Your funeral, outstanding debts, your family’s living expenses	Your living expenses, additional medical costs, carer fees	Your rent or mortgage, bills, groceries, rehabilitation costs

<sup>1</sup> Your maximum salary continuance cover limit is the lesser of \$25,000 or 75% of your monthly income and up to 15% for your super contributions.

## Insurance through super

Here are some of the benefits of having insurance through your FirstChoice Employer Super plan:

- **Automatic cover.** Most eligible employee members receive automatic cover up to a certain level without having to apply or provide evidence of their health (refer to ‘When does my cover start’ on page 7).
- **Convenience.** Your premiums are deducted from your super balance, so you can get the cover you need without it affecting your day to day budget.
- **Potential tax advantages.** Since premiums paid from your super balance don’t come out of your take-home pay, you can potentially pay less for your cover than if you took out a policy outside super.
- **Flexibility.** If your personal needs change, you can apply to increase or decrease your cover.

## Who is the insurer?

The insurance provider is AIA Australia and insurance through FirstChoice Employer Super is provided under insurance policies issued to the trustee. Any benefit paid under the policies will be paid to the trustee. The trustee will only pay a benefit in accordance with superannuation law and the trust deed. The trustee will not make a payment greater than the amount it receives from the insurer.

The insurer and the trustee may agree to vary the insurance arrangements at any time. You will be notified of any change which affects you.

## Classes of cover

There are two classes of cover under FirstChoice Employer Super:

- **Employer selected cover** – automatic cover available to most eligible employee members.
- **Investor selected cover** – cover available to employee members, spouse members and retained benefit members, which allows you to apply for the type and amount of cover which is right for you.

## Employer selected cover

Employer selected cover is automatic cover available to most eligible employee members. Cover for eligible employee members will not start until you reach age 25 and have an account balance of \$6,000 or more, unless you instruct us in writing within 120 days of being sent your insurance pack that you want cover in these circumstances.

It is not available to **retained benefit members** or spouse members.

Your employer selected cover is based on an insurance design selected by your employer, which may change from time to time (employer selected insurance design).

The employer selected insurance design consists of:

- the type(s) of cover that apply to you
- how the amount of cover is calculated, and
- if SCI cover applies, the **waiting period** and **benefit period** that apply.

Your employer plan may have more than one **category**. If so, the employer selected insurance design may be different for each category. If you change categories while you are an employee member, you will automatically receive the employer selected cover that applies to your new category (which replaces the employer selected cover which applies to your old category), except in the following circumstances:

- you will not receive a type of cover in your new category if you have previously reduced or cancelled that type of cover, or you have allowed your previous cover to end, and
- subject to the bullet point above, if you have SCI cover as investor selected cover, you will be given a 30-day opportunity to opt-in to SCI cover as employer selected cover in your new category (and, if you do not opt-in, you will retain any SCI cover you have in the employer plan as investor selected cover).

Your employer may be part of a group of companies, each of which are participating employers in FirstChoice Employer Super. If you change employers in the same group

of companies, we will treat your employer selected cover in the same way as if you changed categories.

The amount of your employer selected cover is calculated in accordance with the employer selected insurance design, subject to:

- a minimum amount of death and TPD cover required under superannuation law, subject to certain conditions (see 'MySuper cover' below), and
- a maximum of the greater of the automatic acceptance limit (AAL) and the forward underwriting limit (FUL) (see 'Automatic Acceptance Limit' below).

## Your personal details

When we're working out your insurance, we rely on the personal information we have for you in our records. If it is incorrect, it can affect the cover you receive, how much you'll pay and even whether the insurer will pay a claim.

Therefore, it's important to check that the information on your investor certificate is correct, and to let us or your employer know straight away if something changes. That way, you can be sure you are protected if you need to claim.

## Minimum cover – MySuper cover

If you are less than 56 years of age, and:

- there is no employer selected insurance design that applies to you, or
- the amount of cover calculated for you under the employer selected insurance design is less than that required under superannuation law,

you will be provided with a minimum level of death and TPD cover (MySuper cover) (see page 7). Please also refer to 'When does my cover start' on page 7.

MySuper cover does not apply to spouse members and other allowable exceptions may also apply.

## Maximum cover – Automatic Acceptance Limit (AAL)

If cover calculated under your employer selected insurance design is higher than the AAL, we will limit your cover to the AAL amount.

To apply for additional cover, in accordance with your employer selected insurance design, you will need to complete an insurance application form, which includes details about your health, occupation and pastimes. The insurer will consider your application and may accept or decline your application. If the insurer accepts your application, you may be given a forward underwriting limit (FUL), which is the maximum amount your cover can increase to, in accordance with the employer selected insurance design, before you must apply for any increase in cover.

An AAL will apply if your cover is calculated in line with the employer selected insurance design for your **category**, and more than 75% of your employer plan's members take up insurance (excludes non-employee members, employees who have made a choice of fund nomination, and those who are ineligible for insurance under the plan; e.g. casual employees are not eligible for SCI cover).

The AALs for your plan are determined when your employer sets up the plan. AALs may be reviewed. The maximum AALs for age-based premium rates are shown below.

Number of insured employee members	Death only or death and TPD cover	SCI cover (monthly benefit)	
		Two years <sup>1</sup>	Five years/ To age 65 <sup>1</sup>
2–4 <sup>2</sup>	\$50,000	\$0	\$0
5–9	\$300,000	\$4,000	\$4,000
10–19	\$400,000	\$5,000	\$4,000
20–29	\$500,000	\$6,000	\$5,000
30–49	\$600,000	\$7,000	\$6,000
50–99	\$800,000	\$8,000	\$7,000
100–199	\$1,000,000	\$9,000	\$9,000
200–349	\$1,200,000	\$12,000	\$10,000
350–499	\$1,500,000	\$12,000	\$10,000
500+	Refer to the insurer		

1 If your employer plan provides a different SCI employer selected insurance design for different categories of members, then the AAL for SCI cover will be based on the number of insured members within the plan with the same insurance design, rather than the number of insured members within your plan.

2 Limited cover applies.

If your employer selects the **fixed premium insurance** design, the number of units will determine how much cover you receive.

The maximum AAL for fixed premium insurance design is determined by the number of insured members in the plan, as shown below:

Number of insured employee members	Number of units
2–4 <sup>3</sup>	1
5–9	3
10–19	4
20+	5

3 Limited cover applies.

For example, an employee is a member of a plan with 15 insured employees and therefore able to receive up to four units of cover.

Refer to page 15 for an example of how your premiums are calculated for fixed premium cover and to page 29 for the cover amounts for one unit.

AALs do not apply if you are a **retained benefit member** or spouse member. AALs may be reviewed by the trustee or the insurer and may change. We will notify you in writing of any changes, where they impact your cover.

## Limited cover

In some cases, employee members will be provided with limited cover. Limited cover generally means that you won't be covered for death, **terminal illness**, or a disability resulting from an illness or injury that relates to a pre-existing medical condition.

When, and how long, limited cover applies is set out below:

When limited cover applies	How long limited cover applies
If you elect to have cover when you are under the age of 25 or have an account balance of less than \$6,000.	Until you are in <b>active employment</b> for 30 consecutive days.
If you are automatically provided with employer selected cover.	Limited cover won't apply if your account has received superannuation guarantee contributions in respect of the six consecutive months before your cover starts and you are in active employment when your cover starts. Otherwise, you will have limited cover until you have been in active employment for 30 consecutive days.
If your employer plan had less than five insured employee members when your cover starts.	Limited cover applies for at least two years, and ends when you have been in active employment for 30 consecutive days either immediately before, or any time after, the two year period ending.
If a terminal illness or TPD benefit has been paid or is payable on your life under any insurance policy before your cover starts.	For your whole period of cover.

If you have limited cover as an employee member, this will continue if you become a **retained benefit member**.

You can apply to upgrade from limited cover to full cover so that you get cover for pre-existing medical conditions. To do this, you will need to complete an insurance application form, which includes details about your health, occupation and pastimes. The insurer will consider your application and may accept or decline your application.

## Investor selected cover

Investor selected cover is available to employee members, spouse members and **retained benefit members**.

An employee member may have employer selected cover or investor selected cover (or both). Any cover held by a retained benefit member or a spouse member in FirstChoice Employer Super will be classed as investor selected cover.

The circumstances in which investor selected cover may apply to you are set out below.

## Employee members

As an employee member with employer selected cover, you can obtain investor selected cover in the following ways:

What you can do	How this affects your cover
Apply for a type of cover that you do not have	If the insurer accepts your application, this cover will be treated as investor selected cover.
Apply for additional death only cover or death and TPD cover	If the insurer accepts your application, this additional cover, to the extent that it exceeds the employer selected insurance design, will be treated as investor selected cover and will apply in addition to your employer selected cover.
Reduce your death only cover or death and TPD cover	If you do this, your reduced cover will be treated as investor selected cover (which replaces your employer selected cover), and you will no longer be eligible for employer selected cover for the type of cover that was replaced.
Change your SCI cover amount, <b>waiting period</b> or <b>benefit period</b>	If the insurer accepts your application, or you make a change which does not require an application, your SCI cover will be treated as investor selected cover (which replaces your employer selected cover), and you will no longer be eligible for SCI cover as employer selected cover.
Fix your type and amount of cover so that it doesn't change in accordance with the employer selected insurance design	If you do this, your cover will be treated as investor selected cover (which replaces your employer selected cover), and you will no longer be eligible for employer selected cover for the type of cover that was fixed.
Apply to transfer cover you have in another super fund or <b>life insurance policy</b>	If the insurer accepts your application, your transferred cover will be treated as investor selected cover and: <ul style="list-style-type: none"><li>• for death only cover or death and TPD cover, will apply in addition to your employer selected cover, and</li><li>• for SCI cover, will replace your employer selected cover.</li></ul>
Apply to reinstate the cover you had prior to your employer changing your <b>category</b> or insurance design	If your cover was reduced or cancelled due to a change in category with your employer or your employer plan's insurance design changed, you can request to reinstate your previous cover within 90 days of the change taking effect. If you do this, the cover will be treated as investor selected cover.

To apply for cover, you must be less than 75 years of age for death cover, or less than 65 for TPD and SCI cover.

If you cancel your employer selected cover, or your cover otherwise ends, but you remain a member of the fund, you may apply for cover in the future. To do this, you must complete an insurance application form, which includes details about your health, occupation and pastimes. The insurer will consider your application and may accept or decline your application. If the insurer accepts your application, this cover will be treated as investor selected cover.

## Spouse members

As a spouse member, you may:

- apply for cover if you are less than 75 years of age for death cover, or less than 65 for TPD and SCI (by completing the 'FirstChoice Employer Super Insurance Application Form' on page 39), and
- apply to transfer cover you have in another super fund or **life insurance policy** (by completing the transfer of insurance cover form on page 33).

The insurer will consider your application and may accept or decline your application. If the insurer accepts your application, this cover will be treated as investor selected cover.

## Retained benefit members

As a **retained benefit member**, any cover you had as an employee member will be converted to a fixed amount and be treated as investor selected cover (which replaces your employer selected cover).

You may:

- apply for cover if you are less than 75 years of age for death cover, or less than 65 for TPD and SCI (by completing the 'FirstChoice Employer Super Insurance Application Form' on page 39), and
- apply to transfer cover you have in another super fund or **life insurance policy** (by completing the transfer of insurance cover form on page 33).

The insurer will consider your application and may accept or decline your application. If the insurer accepts your application, this cover will be treated as investor selected cover.

## Restarting cover

If you had MySuper cover and this cover was cancelled due to inactivity (refer to page 8 for information on inactive accounts), and your account receives a contribution or rollover after your insurance has been cancelled, by law you'll again be provided with insurance cover automatically.

If this happens, you'll be provided with a fixed amount of investor selected cover based on the MySuper insurance cover for your age, as long as you are between age 25–55 (inclusive) and have an account balance of \$6,000 or more. Refer to MySuper Cover on page 7.

This cover may be limited cover, please refer to page 3.

## Reinstating cover due to inactivity

Your insurance cover may be cancelled if your account is inactive for 16 continuous months. If this happens, you can request to have your insurance cover reinstated. This request must be received by us within 90 days of the cancellation date. If your insurance cover is reinstated, your premiums will be deducted to cover the period from the date your cover was cancelled (to ensure there is no gap in cover) and your cover will continue with the same policy terms. You'll need to make sure there is enough money in your account to cover this amount.

## Reinstating cover due to change in category or employer plan redesign

If your employer selected cover is reduced or cancelled due to a change in **category** or employer plan insurance design, and you are not in a 'Heavy blue collar (death only)' occupation group, you can request to have your previous employer selected cover reinstated. This request must be received by us within 90 days of the change taking effect. If your insurance cover is reinstated, your cover will be treated as investor selected cover and your premiums will be deducted to cover the period from the date your cover was changed (to ensure there is no gap in cover). Limited cover will apply if you are not in **active employment** on the day you notify us, and will continue to apply until you are in active employment for 30 consecutive days.

# Life insurance: the basics

By taking out life insurance through FirstChoice Employer Super, you can help ensure that your loved ones receive the financial support they need, even if you're no longer around.

At a glance		Find out more
Am I eligible?	You must be a FirstChoice Employer Super member and meet the eligibility requirements, including the relevant age restrictions: <ul style="list-style-type: none"><li>• Death cover: at least 14 and less than 75 years of age.</li><li>• Total and permanent disablement (TPD) cover: at least 14 and less than 65 years of age (more conditions apply).</li></ul>	See below.
What's covered?	<ul style="list-style-type: none"><li>• Death cover pays a benefit if you die or become terminally ill and meet all requirements.</li><li>• TPD cover pays a benefit if you become totally and permanently disabled and meet all requirements.</li></ul>	See below.
What's not covered?	There are circumstances in which we won't pay a death, TPD or <b>terminal illness</b> benefit.	See page 6.
How much cover can I have?	<ul style="list-style-type: none"><li>• Death cover – up to a maximum of \$5 million.</li><li>• TPD cover – up to a maximum of \$3 million.</li></ul>	See page 7.
When does my cover start?	Cover for eligible employee members will start once you reach age 25 and have an account balance of \$6,000 or more.  If you are under the age of 25 and have a balance of less than \$6,000, we will write to you and give you the opportunity to get cover. You can instruct us in writing within 120 days of the date on the insurance pack we send you that you want cover. If you do this, limited cover may apply, please refer to page 3.	See page 7.
When does my cover end?	Your cover will usually continue until you turn 75 for death cover, or 65 for TPD unless another end of cover event applies.	See page 8.
Who receives the benefit?	Your death benefit will be paid into your super account, for your beneficiaries or estate – or, in the case of terminal illness, paid to your super account for you.  Your TPD benefit will be paid into your super account, which can be accessed if you meet a <b>condition of release</b> .	See page 8.

## Am I eligible?

To be eligible for life insurance in FirstChoice Employer Super, you must:

- be a FirstChoice Employer Super member
- for death cover, be at least 14 years of age and less than 75 years of age
- for TPD cover, be at least 14 years of age and less than 65 years of age
- for employer selected cover:
  - be an **employee** of the participating employer
  - be receiving or be eligible to receive superannuation contributions from the participating employer into FirstChoice Employer Super.

Please also refer to 'When does my cover start' on page 7.

## What's covered?

Depending on your employer plan and occupation, you may be covered for death only cover, or death and TPD cover.

## Death only cover

If you die, your beneficiaries or your estate may be entitled to a lump sum benefit payment.

## Terminal illness

If you are diagnosed as having less than 24 months to live, you may receive a **terminal illness** benefit.

In order for you to receive a terminal illness benefit, at least two medical practitioners, one of whom specialises in the illness you suffer, must certify that, despite reasonable medical treatment, you will die from the illness within 24 months from the date of certification. Refer to page 27 for further details on terminal illness.

## Death and TPD cover

This combined cover offers the same entitlements as death cover, as well as providing a potential payout if you become totally and permanently disabled. The definition of **total and permanent disablement** varies depending on your circumstances. Your TPD cover cannot exceed your death cover amount.

If you receive a TPD benefit, your death and **terminal illness** benefit will be reduced by the amount of the TPD benefit.

## What does total and permanent disablement (TPD) mean?

TPD means disablement which satisfies one of the following TPD definitions:

TPD – Unlikely to do any suited occupation ever again	<p>All of the following are satisfied:</p> <ul style="list-style-type: none"> <li>• you were, on the date of disablement, aged 65 years or less</li> <li>• you have been absent from your usual work due to illness or injury for a continuous period of three months from the date of disablement</li> <li>• in the insurer’s opinion, you are so disabled that you are unlikely to ever be able to perform any occupation for which you are reasonably suited by education, training or experience.</li> </ul> <p>If you are unemployed at the date of disablement, the reference to ‘absent from your usual work’ is replaced with ‘unable to perform the work that you usually performed before you became unemployed’.</p>
TPD – Suffering a specifically defined medical condition and permanently unlikely to work because of it	<p>All of the following are satisfied:</p> <ul style="list-style-type: none"> <li>• you were, on the date of disablement, aged 65 years or less</li> <li>• you are not a spouse member</li> <li>• you are absent from all work as a result of suffering cardiomyopathy, primary pulmonary hypertension, major head trauma with permanent neurological deficit, motor neurone disease, multiple sclerosis with impairment, muscular dystrophy, paraplegia, quadriplegia, hemiplegia, diplegia, dementia and Alzheimer’s disease, Parkinson’s disease with impairment, blindness, loss of speech, loss of hearing in both ears, chronic lung disease or severe rheumatoid arthritis (each as defined in the policy)</li> <li>• the insurer considers, on the basis of medical and other evidence satisfactory to the insurer, you are unlikely ever to be able to engage in any occupation for which you are reasonably suited by education, training or experience.</li> </ul>
TPD – Loss of limbs and/or sight	<p>All of the following are satisfied:</p> <ul style="list-style-type: none"> <li>• you were, on the date of disablement, aged 65 years or less, and</li> <li>• you suffer: <ul style="list-style-type: none"> <li>• the total and irrecoverable loss of the use of two limbs</li> <li>• blindness in both eyes, or</li> <li>• blindness in one eye and the total and irrecoverable loss of the use of one limb, and</li> </ul> </li> <li>• in the insurer’s opinion, you are so disabled that you are unlikely to ever be able to perform any occupation for which you are reasonably suited by education, training or experience.</li> </ul> <p>A limb means the whole hand below the wrist or whole foot below the ankle and blindness means the permanent loss of sight to the extent that visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.</p>

### Meaning of words and expressions used in the TPD definition

In the TPD definition:

- **“occupation”** means an occupation that you can perform, on a full time or part time basis, based on the skills and knowledge you have acquired through previous education, training or experience.
- **“date of disablement”** is the date on which a medical practitioner examines and certifies in writing that you suffer from an illness or injury that is the principal cause of your disablement or the date you ceased all work, whichever is later. You must be covered for insurance at this date. Your employment status and amount of cover (if any) will be determined at this date.

## What’s not covered?

We won’t pay a benefit in certain circumstances. Here is a list of the exclusions for FirstChoice Employer Super death only or death and TPD cover.

Cover type	Exclusions
Death cover (including terminal illness)	<ul style="list-style-type: none"> <li>• Suicide, attempted suicide or intentional self-inflicted injury within 12 months after your cover starts, restarts or increases (in the case of an increase, only the increased portion will not be paid).<sup>1</sup></li> <li>• Death which is directly or indirectly caused by: <ul style="list-style-type: none"> <li>• active service in the armed forces or peacekeeping forces (whether armed or unarmed) of any country or territory or foreign or international organisation – this exclusion will not apply to death while on war service for Australia (where ‘war service’ has the same meaning the expression has under the Life Insurance Act 1995 (Cth)),</li> <li>• engagement in (including planning or preparing for) any terrorism act in Australia or any foreign country, or</li> <li>• participation in a combat or fighting force of any country or territory or foreign or international organisation.</li> </ul> </li> <li>• Any other specific exclusions or restrictions applied by the insurer and advised to you by the trustee before your cover commences.</li> </ul>
TPD cover	<ul style="list-style-type: none"> <li>• Attempted suicide or intentional self-inflicted injury within 12 months after your cover starts, restarts or increases (in the case of an increase, only the increased portion will not be paid).<sup>1</sup></li> <li>• Any medical condition, illness or injury which is directly or indirectly caused by: <ul style="list-style-type: none"> <li>• active service in the armed forces or peacekeeping forces (whether armed or unarmed) of any country or territory or foreign or international organisation,</li> <li>• engagement in (including planning or preparing for) any terrorism act in Australia or any foreign country, or</li> <li>• participation in a combat or fighting force of any country or territory or foreign or international organisation.</li> </ul> </li> <li>• Any other specific exclusions or restrictions applied by the insurer and advised to you by the trustee before your cover commences.</li> </ul>

1 Applies only to investor selected cover and cover above the AAL.

If you have limited cover, you will not be eligible to claim for pre-existing medical conditions (see page 3).

Any additional exclusions required by the insurer due to individual underwriting will be applied to any investor selected cover and employer selected cover greater than the AAL.

No payment will be made if it would cause the insurer to be in breach of the Health Act 1973 (Cth) and/or the Private Health Insurance Act 2007 (Cth).

## How much cover can I have?

FirstChoice Employer Super offers death cover to a maximum of \$5 million and TPD cover to a maximum of \$3 million.

Your employer selected cover is based on the insurance design selected by your employer. Provided you are eligible for insurance, you will receive cover up to the plan's Automatic Acceptance Limit (AAL) without having to provide any evidence of good health. For more information on AALs, refer to page 2. Please also refer to 'When does my cover start' on page 7.

If your employer selected cover is below the minimum cover required by law, the default level of MySuper cover will apply (see below). You can also apply for additional investor selected cover, or reduce or cancel your cover at any time.

## How your death and TPD cover amounts are calculated

The cover amounts you receive are calculated as follows:

Cover	How your cover amount is calculated														
Employer selected cover	<p>Depending on your plan's employer selected insurance design and your member <b>category</b>, your death only or death and TPD cover may be calculated as:</p> <ul style="list-style-type: none"> <li>a percentage of your salary multiplied by the number of years until you turn 65<sup>2,3</sup></li> <li>a fixed amount of cover<sup>2,4</sup></li> <li>a level of cover determined by a fixed premium</li> <li>a multiple of your <b>nominated salary</b><sup>2,4</sup></li> <li>MySuper cover (see below).</li> </ul> <p>If the employer selected insurance design takes your cover above the AAL, it will be limited to the AAL amount until you provide evidence of your good health. We will get in touch with you if this happens.</p> <p><b>Note:</b> If your employer selected insurance design does not reduce with age, TPD insurance cover will reduce at 20% per year from age 61 to zero by age 65. This may not apply to certain migrated plans, and does not apply to fixed premium cover or investor selected cover.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>If your employer changes your category within the plan, or you change your occupation or working hours, this may affect the insurance you're eligible for. Your salary may also affect the amount of cover you receive.</p> <p>Please ensure that the details on your statement are correct, and advise your employer if they need to be updated.</p> </div>														
MySuper cover	<p>Eligible employee members will be provided with MySuper default death and TPD cover if the employer selected insurance design does not meet the default minimums under law or no death and TPD cover is selected.</p> <p>This default cover is offered to all eligible employee members of the plan. You can cancel or reduce cover at any time. The amount of cover you'll receive depends on your age, and we'll automatically adjust this amount throughout your life.</p> <p>The MySuper default cover amounts are shown in the table below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Age</th> <th>MySuper default death and TPD cover</th> </tr> </thead> <tbody> <tr> <td>14–34</td> <td>\$50,000</td> </tr> <tr> <td>35–39</td> <td>\$35,000</td> </tr> <tr> <td>40–44</td> <td>\$20,000</td> </tr> <tr> <td>45–49</td> <td>\$14,000</td> </tr> <tr> <td>50–55</td> <td>\$7,000</td> </tr> <tr> <td>56+</td> <td>Nil</td> </tr> </tbody> </table> <p><b>Note:</b> MySuper default cover is not offered to spouse members and there are trustee-allowable exceptions where default cover will not be provided or is limited to MySuper Death only cover – for instance, members classified as Heavy Blue Collar (Death only) will only receive the minimum level of death only cover.</p>	Age	MySuper default death and TPD cover	14–34	\$50,000	35–39	\$35,000	40–44	\$20,000	45–49	\$14,000	50–55	\$7,000	56+	Nil
Age	MySuper default death and TPD cover														
14–34	\$50,000														
35–39	\$35,000														
40–44	\$20,000														
45–49	\$14,000														
50–55	\$7,000														
56+	Nil														

## When does my cover start?

### Employer selected cover (including MySuper cover)

If you are an eligible employee member, you will automatically receive employer selected cover when you are at least 25 years old and your account balance reaches \$6,000 or more. Limited cover may apply, please refer to page 3.

If you want cover before the age of 25 or before your account balance reaches \$6,000, you have the option to opt in to get cover within 120 days of the date on the insurance pack we send you. Limited cover may apply, please refer to page 3.

### Change of category

Your employer determines the **category** of membership and insurance design, based on clearly defined criteria.

If your employer changes your category, you will receive the employer selected cover that applies to your new category, which starts on the date you change categories, or such later date we advise you in writing. However, you will not receive a type of cover in your new category if you have previously reduced or cancelled that type of cover, if you have not elected to hold that type of cover and are under the age of 25 or have an account balance of less than \$6,000, or you allowed your previous cover to lapse.

If you are not in **active employment** on the date that you change categories due to illness or injury, the portion of your new employer selected cover that exceeds your old employer selected cover will be limited cover. Full cover will automatically start once you have been in active employment for two consecutive months (as long as you do not have limited cover for other reasons).

We will notify you of any changes made by your employer and the new employer selected insurance design that will then apply to you.

### Investor selected cover

If you choose to take out investor selected cover, this cover will start as soon as the insurer accepts your application. You will be notified in writing of the insurer's assessment of your application and, if it is accepted, the date that your investor selected cover commences.

2 A variation is to use these insurance designs, less account balance.

3 Some plans may cease cover at an age other than 65.

4 Available for existing employer selected insurance design only. Not available for new employer plan's employer selected insurance design.

## When does my cover end?

Your cover will continue until one of the following events takes place:

- the day before your next premium is due, after your 75th birthday (for death cover)
- the day before your next premium is due, after your 65th birthday (for TPD cover)
- we do not receive the full premium owing within 90 days after the first missed monthly premium
- you are no longer a member of FirstChoice Employer Super
- you withdraw your whole superannuation account balance
- you ask us to cancel your cover
- you die
- you receive a **terminal illness** benefit
- you receive a TPD benefit that reduces your death benefit to nil
- your insurance cover reaches zero under your plan's employer selected insurance design based on your age
- the policy ends
- the date the law requires your cover to be cancelled.

In some circumstances cover that has been cancelled due to 16 continuous months of inactivity can either be reinstated, or may automatically restart (refer to page 4).

### What happens if I leave my employer?

If you stop working for your FirstChoice employer, you will become a **retained benefit member** and your cover continues as a fixed amount of investor selected cover.

Your cover will continue to be subject to any **occupation loading factors**, exclusions or special conditions that previously applied. Refer to pages 14 to 15 for more information on loadings. If you have not previously been eligible for insurance cover, you will be provided with MySuper cover once you reach age 25 and have an account balance of \$6,000 or more.

**📄 Find out more:** See What happens if I can't pay my premiums? on page 16.

## Inactive accounts

If we don't receive a contribution or rollover to your super account for a continuous period of 16 months (inactive account), we are required by law to cancel your insurance cover before your next premium is due, unless you tell us you would like to keep your cover. You can elect to keep your insurance cover by instructing us in writing that you would like to keep your cover in these circumstances.

## Who receives the benefit?

Generally, your death benefit will be paid to your beneficiaries or to your estate.

**Terminal illness** and TPD benefits are paid to you, provided you meet a **condition of release** under superannuation law.

Until they can be released, benefits are added to your account balance and invested in FirstChoice Employer Super's FirstRate Saver investment option.

## When is it paid?

Before any benefit is paid, the insurer and the trustee must first accept the claim.

## What happens if I go overseas?

If you are claiming a benefit and are travelling or residing outside Australia, the insurer will require you to return to Australia for assessment, at your expense (unless you are unable to return to Australia for reasons that are acceptable to the insurer).

# Salary continuance insurance: the basics

Salary continuance insurance (SCI) can provide a regular monthly payment if you're unable to work due to illness or injury, so you can focus on getting better – without worrying about how to make ends meet.

At a glance		Find out more
Am I eligible?	SCI is available to members who are: <ul style="list-style-type: none"> <li>at least 14 years of age and less than 65 years of age</li> <li><b>permanent employees</b> or <b>fixed term contractors</b> (on a contract of at least 12 months), and working at least 15 hours per week.</li> </ul> Casual employees are not eligible for SCI, regardless of the number of hours worked or their previous period of employment	See below.
When is a benefit paid?	SCI pays a monthly benefit if you're <b>totally</b> or <b>partially disabled</b> for longer than the <b>waiting period</b> that applies.	See below.
What's not covered?	There are circumstances in which we won't pay a salary continuance benefit.	See page 10.
How much cover can I have?	Up to 75% of your nominated monthly salary – plus up to 15% for super contributions to a maximum benefit of \$25,000 a month. Please ensure that the correct nominated salary is recorded on FirstNet or your investor statement. If you believe your nominated salary is incorrect, you should notify us or contact your employer.	See page 10.
What's the waiting period?	The <b>waiting period</b> can be 30, 60 or 90 days.	See page 12.
What's the benefit period?	Your <b>benefit period</b> can be two years, five years or until you turn 65.	See page 12.
When does my cover start?	Cover for eligible employee members will start once you reach age 25 and have an account balance of \$6,000 or more.  If you are under the age of 25 and have a balance of less than \$6,000, we will write to you and give you the opportunity to get cover. You can instruct us in writing within 120 days of the date on the insurance pack we send you that you want cover. Limited cover may apply, please refer to page 3.	See page 13.
When does my cover end?	Your SCI cover will usually continue until you turn 65 or leave FirstChoice Employer Super unless another end of cover event applies.	See page 13.
How are benefits paid?	Once the waiting period is over, we'll generally pay your benefit to you, monthly in arrears, until either: <ul style="list-style-type: none"> <li>you are no longer <b>disabled</b> and can return to work</li> <li>your benefit period ends, or</li> <li>you die.</li> </ul> More conditions apply.	See page 13.

## Am I eligible?

To be eligible for SCI cover in FirstChoice Employer Super, you must:

- be a FirstChoice Employer Super member
- be at least 14 years of age and less than 65 years of age
- be either a **permanent employee** working at least 15 hours per week or a **fixed term contractor** on a contract of at least 12 months, working at least 15 hours per week
- for employer selected cover:
  - be an **employee** of the participating employer
  - be receiving or be eligible to receive superannuation contributions from the participating employer into FirstChoice Employer Super.

Please also refer to 'When does my cover start' on page 13.

 **Find out more:** See Definitions starting on page 25.

## When is a benefit paid?

SCI can pay you a monthly benefit if you are **totally disabled** and unable to work due to illness or injury, for longer than the **waiting period** that applies. See page 12 for information about the waiting period.

If you are **partially disabled** from illness or injury and, on your return to work, you are not earning the same level of income as before your illness or injury, you may also be able to receive a proportion of this monthly benefit payment.

You must be totally disabled for at least 14 days out of the first 19 days of the waiting period to qualify for either total or partial disability benefits.

## SCI definitions

Term	Description
<b>Totally disabled</b>	<p>You are <b>totally disabled</b> if you suffer from illness or injury, and as a result you:</p> <ul style="list-style-type: none"> <li>cease to be employed or self-employed for reward (including where you don't receive any reward from your employer because of the illness or injury, but you remain employed)</li> <li>are unable to perform at least one income-producing duty of your <b>own occupation</b></li> <li>are not working in any occupation, whether or not for reward</li> <li>are under the regular care of a <b>medical practitioner</b>.</li> </ul> <p>An income producing duty is an activity of your own occupation immediately before you became totally disabled, that generates at least 20% of your <b>monthly income</b>.</p>
<b>Partially disabled</b>	<p>You are <b>partially disabled</b> if you suffer from illness or injury, and as a result you:</p> <ul style="list-style-type: none"> <li>have been totally disabled for at least 14 days</li> <li>are still unable to work in your own occupation at full capacity immediately after ceasing to be totally disabled due to the same illness or injury that caused your total disability</li> <li>have returned to your <b>own occupation</b> in a reduced capacity, or in another occupation</li> <li>are earning less than your <b>pre-disability income</b>, and</li> <li>are under the regular care of a medical practitioner and complying with their advice.</li> </ul>

## What if I become unemployed or go on unpaid leave?

If you suffer a disability while you're on leave without pay, the benefit payment period will start on the later of:

- the end of the **waiting period**
- the return to work date approved by your employer, or
- a date nominated by the insurer (if there is no employer approved return to work date).

If you become unemployed or go on leave without pay while a partial disability benefit is payable, then the insurer must be satisfied that you are not **totally disabled**, but because of illness or injury you meet all of the following conditions:

- you are only capable of working in your own or another occupation in a reduced capacity
- the monthly salary or other **monthly income** you are capable of earning from any occupation for which you are reasonably suited by education, training or experience would be less than your **pre-disability income**
- you are under the regular care of a **medical practitioner** and following their advice.

## What happens if I leave my employer?

If you stop working for your FirstChoice employer, you will become a **retained benefit member** and your cover continues as a fixed amount of investor selected cover.

Your cover will continue to be subject to any **occupation loading factors**, exclusions or special conditions that previously applied. Refer to pages 14 to 15 for more information on loadings.

## What's not covered?

We won't pay an SCI benefit if your illness or injury is directly or indirectly caused by:

- any intentional self-inflicted injury within 12 months of cover commencing, recommencing or increasing
- normal and uncomplicated pregnancy or childbirth** unless you are **totally disabled** continuously for 90 days after the end of the pregnancy (the 90 days start on the later of the date the pregnancy ends and the date you become totally disabled)
- active service in the armed forces or peacekeeping forces (whether armed or unarmed) of any country or territory or foreign or international organisation,
- engagement in (including planning or preparing for) any terrorism act in Australia or any foreign country,
- participation in a combat or fighting force of any country or territory or foreign or international organisation.

**Please note:** You can only receive SCI benefits for one disability at a time.

If you have limited cover, you will not be eligible to claim for pre-existing conditions (see page 3).

No payment will be made if it would cause the insurer to be in breach of the Health Act 1973 (Cth) and/or the Private Health Insurance Act 2007 (Cth).

## How much cover can I have?

FirstChoice Employer Super offers SCI cover up to a maximum of 75% of your monthly salary – plus up to a 15% allowance for super contributions – to a maximum benefit of \$25,000 a month.

**Find out more:** See **nominated salary** on page 26.

Generally, your cover is based on the employer selected insurance design that applies to you under your plan. Your employer selected cover is based on the insurance design selected by your employer. Provided you are eligible for insurance, you will receive cover up to the plan's Automatic Acceptance Limit (AAL) without having to provide any evidence of good health. For more information on AALs, refer to page 2 for further detail. The design will determine the features of your cover, including:

- the monthly benefit amount
- the **waiting period** – how long you will wait before you qualify for your first payment, see page 12
- the **benefit period** – how long we'll keep paying the monthly benefit, see page 12.

You can choose a different monthly benefit amount, waiting period or benefit period by applying for investor selected cover. To do this, you may need to provide additional information about your finances and health. You can also reduce or cancel your cover at any time.

## How much will I receive?

The monthly benefit which the insurer will pay if you are **totally disabled** is the lesser of:

- \$25,000 per month
- the level of cover the insurer has agreed to and for which premiums are being deducted
- the insured percentage of your **pre-disability income**.

Employment status	Pre-disability income definition
<b>Permanent employee (including fixed term contractors of 12 months or more)</b>	<p>If you are a permanent employee immediately before you become <b>disabled</b>, your pre-disability income is your average <b>monthly income</b> paid by your employer during the 12 months immediately before your most recent period of disability.</p> <p>If you are on employer-approved leave without pay when you become disabled or you become disabled within 12 months of commencing unpaid employer-approved leave, your pre-disability income is your average monthly income earned from your employer during the 12 months immediately before the unpaid leave commenced but excluding any income earned earlier than 24 months before your most recent period of disability.</p>
<b>Self-employed</b>	<p>If you are in self-employment immediately before you become disabled, your pre-disability income is your average monthly income during the 12 months before you most recently became disabled or, if you have not been in business for at least 12 months, during the period for which you have been in business, subject to a minimum averaging period of one month.</p>
<b>Non-permanent employees (including a person who is not a fixed term contractor)</b>	<p>If you are not a permanent employee or self-employed immediately before you become disabled, your pre-disability income is your average monthly income during the 12 months before you most recently became disabled or, if you have not been in a regular occupation for at least 12 months, during the period for which you have been in a regular occupation, subject to a minimum averaging period of one month. A regular occupation means any form of personal exertion you perform on a regular and recurring basis during the relevant period for the purpose of producing financial gain or reward. This does not include producing financial gain or reward through investments or other forms of passive income generation.</p>

If you are **partially disabled**, the insurer will pay a proportion of this benefit based on the reduced income you actually earn.

**Please note:** If you are unemployed, you are unable to receive a monthly benefit payment.

For SCI cover with a **benefit period** of five years or to age 65, monthly benefit payments will be indexed to the Consumer Price Index every 12 months from when we start paying the benefit (subject to a maximum of 5% annually) and up to the product maximum cover limit of \$25,000 per month.

## Do you already have SCI cover?

You may only be covered for SCI cover in one account within the fund (this includes accounts you may hold in FirstChoice Employer Super and FirstChoice Wholesale Personal Super).

If you have SCI cover in another account we will contact you to let you know. We will request that you choose which SCI cover you would like to retain. We will give you 60-days to make this decision.

If we do not hear from you, the SCI cover that we will retain and the SCI cover that we will cancel will be advised to you in the letter we sent to you at the time. We will refund you the premiums on any SCI cover that we will cancel for the period of overlapping SCI cover.

## What can reduce my benefit?

If you are **totally** or **partially disabled**, your monthly benefit payment may be reduced if you receive income from your employer or you receive other payments such as:

- a payment or benefits payable under workers' or statutory compensation schemes, or work injury damages or under government paid parental leave schemes but not including any Centrelink Disability Support Pension payments
- any employer payments including sick leave, annual leave and long service leave
- payments from any insurance that provides income benefits for illness or injury (this includes insurance cover provided under any other account within the fund, including multiple accounts within FirstChoice Employer Super)
- temporary incapacity benefits under a superannuation trust.

We may reduce your monthly benefit by the income or payments you receive from other sources as listed above. We will only do this if the sum of your monthly benefit and income or payments you receive from the other sources exceeds your insured percentage of your **pre-disability income**.

If the payment is a lump sum or is exchanged for a lump sum, its value will be calculated as 1/60th of the lump sum a month, over a period of 60 months.

## Can I claim on both TPD and SCI?

The insurer will only pay a benefit for one illness or injury at a time. However, if you have both TPD and SCI cover, you may be entitled to both benefits if you meet all the conditions.

## What's the waiting period?

The **waiting period** is 30, 60 or 90 days from the date a **medical practitioner** certifies that you are **disabled**. No benefits are payable during the waiting period.

The waiting period is determined by your employer selected insurance design, but can be changed if you apply for investor selected cover.

If the waiting period applicable to your cover is less than 90 days, and you have been totally disabled for 90 days as a result of **normal and uncomplicated pregnancy or childbirth**, benefits paid will be back-dated from the end of your waiting period (e.g. for a 30-day waiting period, after day 30).

If the waiting period starts during your period of cover but ends after your cover ends (or less than one month before), and you are eligible to receive a benefit, the insurer will pay one monthly benefit.

The length of your waiting period affects the cost of your insurance premiums.

## Returning to work during the waiting period

If you return to work at full capacity during the **waiting period**, the waiting period will start again unless the return to work happens once and it is for no more than five consecutive days. The number of days you worked will be added to the waiting period.

## Recurrent disability

If you become **totally disabled** again, from the same or a related illness or injury, within six months of the end of a payment of a disability benefit, an additional **waiting period** will not apply and the disability will be treated as a continuation of the original disability claim.

If the recurrent disability is a partial disability, this only applies if you were totally disabled immediately before you became **partially disabled**.

Your benefit will continue until you are no longer **disabled** or your original **benefit period** ends. Once your original benefit period ends, you are unable to claim again for the same or a related illness or injury.

## What's the benefit period?

The **benefit period** is the maximum period you'll receive benefit payments for if you have to make a claim – two years, five years<sup>1</sup>, or until age 65.<sup>1</sup>

For employer selected cover, this is set up as part of your plan's insurance design. If the **benefit period** for your employer selected cover is five years or until age 65, and your employer advises that your employment status has changed to a casual employee, fixed term contractor (regardless of the length of your contract or hours worked) or a permanent employee who is employed for less than 15 hours per week, the **benefit period** will be changed to two years. For investor selected cover, you can apply for the benefit period that suits your needs.

The length of your benefit period affects the cost of your insurance premiums.

If your claim is accepted the insurer will pay the monthly benefit until the first of the following occurs:

- you are no longer **totally** or **partially disabled** (as applicable)
- the benefit period ends
- your 65th birthday
- your death.

## When the benefit period will be limited to two years

If, when you become **disabled**, you are not in **regular remunerative employment**, your benefit period will be limited to two years even if you have been paying premiums for a benefit period longer than two years.

**Regular remunerative employment** means, in the six months prior to the date you became **disabled**, you have worked on average at least 15 hours per week over a three month period in any employment, business, profession or occupation, for reward or hope of reward. A person who is on employer approved leave (including leave without pay) for reasons other than illness or injury will be considered to be in regular remunerative employment for a maximum period of 24 months from the day on which their employer approved leave commenced.

## Leave without pay

If, while you are receiving a monthly benefit payment, you go on leave without pay that was approved by your employer before your disablement, we will continue to pay the benefit as long as you continue to be **disabled** and are not working because of the illness or injury.

## What happens if I go overseas?

Your SCI cover provides you with worldwide cover. However, a maximum of six months' benefits will be paid for any one claim while you are outside Australia. To continue receiving a benefit under SCI cover after this period, you must return to Australia, at your expense (unless you are unable to return to Australia for reasons that are acceptable to the insurer).

<sup>1</sup> Available for existing employer selected insurance design and investor selected cover only. Not available for new employer plan's employer selected insurance design.

## When does my cover start?

The same start dates apply as for death and TPD cover. See page 7.

## Change of category

Your employer determines the **category** of membership and insurance design, based on clearly defined criteria.

If your employer changes your category, you will receive the employer selected cover that applies to your new category, which starts on the date you change categories, or such later date we advise you in writing. However, you will not receive SCI cover in your new category if you have not reached age 25 or have an account balance of less than \$6,000 and have not elected to hold SCI cover, if you have previously reduced or cancelled SCI cover, or you allowed your previous cover to lapse.

If you are not in **active employment** on the date that you change categories, the portion of your new employer selected SCI cover that exceeds your old employer selected SCI cover will be limited cover. Full cover will automatically start once you have been in active employment for two consecutive months (as long as you do not have limited cover for other reasons).

We will notify you of any changes made by your employer and the new employer selected insurance design that will then apply to you.

If you have SCI cover as investor selected cover (and never had SCI cover as employer selected cover) and you change to a category that provides SCI cover, you will be given a 30-day opportunity to opt into SCI cover as employer selected cover in your new category. If you do not opt in, you will retain your existing SCI cover as investor selected cover.

## When does my cover end?

Your cover will continue until one of the following events takes place:

- the day before your next premium is due, after your 65th birthday
- we do not receive the full premium owing within 90 days after the first missed monthly premium
- you are no longer a member of FirstChoice Employer Super
- you withdraw your whole superannuation account balance
- you ask us to cancel your cover
- the policy ends
- you die
- the date the law requires your cover to be cancelled.

In some circumstances cover that has been cancelled due to 16 continuous months of inactivity can be reinstated.

## Inactive accounts

If we don't receive a contribution or rollover to your super account for a continuous period of 16 months (inactive account), we are required by law to cancel your insurance cover before your next premium is due, unless you tell us you would like to keep your cover. You can elect to keep your insurance cover by instructing us in writing that you would like to keep your cover in these circumstances.

## How are benefits paid?

Once your claim is approved and we receive your monthly claim form, we will start paying your benefits into your nominated bank account monthly in arrears.

### SCI benefits and tax

Salary continuance benefits are treated as income, and tax is deducted before the monthly benefit is paid to you. This includes the portion paid for your superannuation contributions, which is paid by the insurer to your superannuation fund as a personal (non-concessional) contribution. Refer to the ATO website for details on non-concessional contribution caps or speak to your financial adviser.

## Do I keep paying premiums if I make a claim?

We'll stop deducting SCI premiums from your super account while you're receiving SCI benefit payments, starting from the end of your **waiting period**.

## What happens after my benefit payments stop?

After your benefit payments come to an end, your SCI cover will continue and we'll start deducting your premiums again, provided you are less than 65 years of age.

### Additional claims

If you have reached your maximum **benefit period**, you won't be able to make another claim for the same illness or injury. Also, if you have not returned to work, you can't receive a monthly benefit payment under this policy for any other condition.

## What happens to my benefit if I die?

If you should die while you are being paid a monthly benefit, you will be entitled to a one off amount equal to three times the monthly benefit.

**Find out more:** See [Making a claim](#) on page 23.

# How much does it cost?

FirstChoice Employer Super insurance is designed to give you the protection you deserve, without costing the earth; and, with your insurance premiums paid straight from your super account, you can relax, knowing you're covered.

At a glance		Find out more
How are my premiums calculated?	Your premiums depend on the type of cover, your age, gender, occupation, amount of cover and any loadings that apply. Other factors such as your health and activities may also be considered. Your premiums will increase by a 20% loading if you are a member of a small plan or a <b>retained benefit member</b> . You can only be charged one of these loadings at a point in time.	See below.
Estimating my premium	Use our handy guide to work out how much you might pay, or use the premium rate tables on pages 28 to 32.	See page 15.
How are my premiums paid?	Your premiums are paid each month straight from your FirstChoice Employer Super account.	See page 16.
Will my premiums change?	Your premiums will generally rise each year as you age and may also change if you change occupations. If you make changes to your level of insurance, or your state, territory or country, your premiums will change.	See page 16.
What happens if I can't pay my premiums?	If we do not receive the full premium owing within 90 days after the first missed monthly premium, your cover will cease.	See page 16.

## How are my premiums calculated?

Your insurance premiums usually depend on your age, gender, occupation and the amount of cover. They may also be affected by:

- whether you are a member of a small plan or whether you are a **retained benefit member**
- your **waiting period** and **benefit period**
- your health
- any sports you play or recreational activities you're involved in.

Premiums are calculated based on your age next birthday, the type of insurance cover you hold and the applicable premium rate at the time the premium is deducted.

## How does my occupation affect the cost of my premiums?

Different types of occupations have different levels of risks, and your occupation group and **occupation loading factor** may affect the cost of your insurance premium. The following table shows how we categorise different occupations, so you can get an idea of where yours might fit. This table is a guide only, and the criteria may change at any time.

Occupation group	Description
Professional	Occupations of a professional nature. To qualify in this category, you must: <ul style="list-style-type: none"> <li>• earn a salary of \$80,000 p.a. or more, and</li> <li>• only work in an office environment in an occupation that requires no manual work.</li> </ul>
White collar	Occupations that require little or no manual work but do not otherwise meet the professional definition, for example: <ul style="list-style-type: none"> <li>• clerical or administrative roles</li> <li>• managerial roles</li> <li>• sales roles that don't involve travelling or making deliveries.</li> </ul>

Occupation group	Description
Light blue collar	Occupations that involve up to 20% manual activity. Examples include: <ul style="list-style-type: none"> <li>• retail sales representatives</li> <li>• supervisors of manual workers who do not perform any manual work themselves.</li> </ul>
Medium blue collar	Skilled occupations with a moderate amount of manual work. Workers must possess a trade certificate or appropriate licence and have no unusual accident hazard (such as working at heights above 15 metres, underground or underwater). Examples include: <ul style="list-style-type: none"> <li>• electricians</li> <li>• mechanics</li> <li>• plumbers.</li> </ul>
Heavy blue collar	Skilled occupations with a heavy amount of manual work, or where the potential for disability is high. Examples include: <ul style="list-style-type: none"> <li>• bricklayers</li> <li>• couriers.</li> </ul>
Heavy blue collar (death only)	Skilled occupations with a heavy amount of manual work, where the potential for disability is high, or the potential for rehabilitation into other forms of employment is low. The insurer will restrict the cover to death only. Examples include: <ul style="list-style-type: none"> <li>• concretors</li> <li>• plant operators</li> <li>• tree surgeons.</li> </ul>

**Find out more:** See the Premium rate tables on pages 28 to 32.

## If you are a member of a small plan

The size of your employer plan will affect the cost of your insurance premium. Smaller employer plans are those with fewer than 25 employees in FirstChoice Employer Super.

These plans have a different level of risk than larger employer plans. Therefore, members of small plans are charged a small plan loading of 20%. We will regularly review small plans to determine whether the small plan loading still applies.

If you're a member of a small plan and you leave your employer, the small plan loading will no longer apply to you. The small plan loading does not apply to spouse members.

If your employer has selected the **fixed premium insurance** design and you are in a small plan (or your plan becomes a small plan), the amount of cover you receive will be approximately 17% lower than the amount shown in the premium tables on page 29.

## If you are a retained benefit member

**Retained benefit members** have a different level of risk than employee members, as the insurer no longer knows your occupation and can't make an accurate assessment of occupation risk. For this reason, retained benefit members are charged a retained benefit loading of 20%.

While providing your occupation details to the insurer won't remove the retained benefit loading, it could mean you pay a lower premium if you're reclassified to an occupation group with a lower **occupation loading factor**.

The retained benefit loading does not apply to employee members or spouse members.

## Estimating my premium

Use the following calculations with the premium rate tables on pages 28 to 32 to estimate your insurance premiums.

The following examples should be used as a guide only – your actual premium may vary depending on other factors such as special tailored rates, any loadings that may apply or stamp duty.

## Death and TPD premium calculation

$$\text{Annual premium} = \frac{\text{sum insured}}{\$1,000} \times \text{annual premium rate} \times \text{occupation loading factor}$$

### Example: Calculating Death and TPD insurance premiums

A female, light blue collar member of a large employer plan is turning 30 next birthday. Her annual premium for \$250,000 insurance cover for death and TPD would be:

$$\text{Annual premium} = \frac{\$250,000}{\$1,000} \times 0.37 \times 1.50 = \$138.75$$

## Fixed level of premium calculation

Annual premium = Number of units × \$1.52 per week × 52 (weeks per year)

### Example: Calculating Death and TPD insurance premiums – sum insured based on a fixed level of premium

An employee is a member of a plan with 15 insured employees and therefore able to receive up to four units of cover. They are a light blue collar member and turning 37 next birthday. Their annual premium would be:

$$\text{Annual premium} = 4 \times \$1.52 \times 52 = \$316.16$$

## SCI premium calculation

$$\text{Annual premium} = \frac{75\% \text{ of annual nominated salary}}{\$100 \times 12} \times \text{annual premium rate} \times \text{occupation loading factor}$$

### Example: Calculating SCI premiums

A male, medium blue collar member of a large employer plan, with an estimated annual **nominated salary** of \$50,000 is turning 40 next birthday. His annual premium for insuring 75% of his salary, with a 90-day **waiting period** and a two-year **benefit period** would be:

$$\text{Annual premium} = \frac{75\% \times \$50,000}{\$100 \times 12} \times 0.90 \times 2.00 = \$56.25$$

## How are my premiums paid?

We deduct your monthly insurance premiums directly from your FirstChoice Employer Super account at the beginning of each month, in advance. If the monthly insurance premiums aren't regularly offset by regular super contributions or rollovers, it will reduce your account balance.

### What is a default order?

Insurance premiums are deducted from your account based on a default order we determine – drawing firstly from Lifestage, then from your most conservative Select options.

**Find out more:** Call Employer Services on 1300 654 666.

## Will my premiums change?

Your premiums will generally increase each year in line with your age. They will also change if you change your occupation or your member **category**, or if your **nominated salary** changes.

Once you're covered, the insurer won't increase your premiums because of any changes to your health or lifestyle. However, if you apply to increase your cover, the insurer will take these kinds of changes into account. If your application is accepted, the insurer may apply a premium loading, exclusion or special condition to the increased portion of your cover.

If the insurer increases its standard premium rates for any reason, we'll notify you in advance.

## What happens if I can't pay my premiums?

You must always make sure you have enough money in your account to cover your monthly premiums.

If we do not receive the full premium owing within 90 days after the first missed monthly premium, your cover will end. You can prevent that happening by keeping track of your super and contributing extra to your super account.

For **retained benefit members** and spouse members, if your balance is less than \$1,500, we may transfer your account to our Eligible Rollover Fund. This means that you will no longer have insurance cover in FirstChoice Employer Super.

**Find out more:** You can track your super online using FirstNet. To find out more about tracking your super and making extra contributions, call Employer Services on 1300 654 666.

# Your FirstChoice Employer Super insurance

Here's some additional information that will help you apply for and manage your FirstChoice Employer Super insurance.

At a glance		Find out more
Can I cancel or change my cover?	Yes, by applying in writing. You can also reduce or cancel your cover over the phone.	See below.
How do I apply for additional cover?	Simply complete the insurance application form, and provide any extra information we ask for, if needed.	See below.
Interim cover for accidents	When you apply for insurance, you may receive interim accident cover while your application is being assessed.	See page 18.
What is the 'life events' option?	You can apply to increase your existing life insurance cover if your life changes – for example, if you get married or have a child.	See page 19.
Transferring cover	You can transfer your cover from another super fund or <b>life insurance policy</b> to FirstChoice Employer Super, but the details of the cover may change.	See page 20.

## Can I cancel or change my cover?

You can reduce or cancel your cover over the phone by calling Employer Services on 1300 654 666, emailing us at [employer@cfs.com.au](mailto:employer@cfs.com.au) or in writing to:

Colonial First State  
Reply Paid 27, Sydney NSW 2001.

If we cancel your insurance cover, you'll no longer have insurance premiums deducted from your super. You'll only be able to make an insurance claim for events that occurred before your cover was cancelled.

If you wish to apply for additional cover or reapply for cover after canceling or reducing cover, you will need to complete the insurance application form on page 39.

We recommend that you review your insurance arrangements regularly, and speak to your financial adviser before you apply to change your cover. For more information on cancelling your cover, please see [cfs.com.au/cancelinsurance](http://cfs.com.au/cancelinsurance) or call 1300 654 666.

## How do I apply for additional cover?

As an employee member of FirstChoice Employer Super, you are already covered by any employer selected or MySuper default cover, provided that you meet the eligibility criteria.

If you would like additional investor selected cover, you can apply by completing the insurance application form on page 39.

Depending on your age, occupation, health, medical history and the level of cover you apply for, you may also have to provide further medical or financial evidence or meet other requirements.

Once your application is approved, we'll write to you confirming the amount of cover the insurer has agreed to give you. The insurer may accept your application for new cover or a change in your cover subject to premium loadings, exclusions or non-standard terms. If this is the case, we'll notify you in writing.

## Interim cover for accidents

When you apply for new cover or apply for an increase in your cover, the insurer may provide interim accident cover while your application is being processed. Interim accident cover is not available for cover you are applying to have transferred into FirstChoice Employer Super. A benefit may be payable if you have an accident within 120 days of the insurer receiving your application for cover.

### Life insurance cover (death and TPD cover)

This interim accident cover is provided from the date the insurer receives your application until:

- your application is accepted or declined
- you withdraw your application
- 120 days have passed from the date your application is received by the insurer
- the insurer cancels the cover
- a benefit becomes payable,

whichever happens first.

If you make a claim, the value of the benefit will depend on the level of cover you've applied for, up to a maximum of \$1 million.

The benefit is payable only once, for either accidental death or accidental TPD, but not both. In the case of accidental TPD, we will use the same TPD definition as if you'd already been approved for TPD cover.

The exclusions that apply to standard death and TPD cover will also apply to this interim accident cover.

### Salary continuance cover

This interim accident cover is provided from the date the insurer receives your application until:

- your application is accepted or declined
- your application is withdrawn
- 120 days have passed from the date your application is received by the insurer
- the insurer cancels the cover
- an **interim accident** benefit becomes payable
- you die
- you turn 65
- the policy terminates
- you stop being a member of FirstChoice Employer Super, whichever happens first.

Your monthly benefit payment entitlement will be based on the level of new or increased cover you've applied for, up to a maximum of \$15,000 per month. Your monthly benefit payment cannot exceed 75% of your salary, with an allowance of up to 15% for super.

This benefit is payable if you suffer an accidental total disability that continues beyond the length of the **waiting period** you have nominated on your application.

The benefit will be paid until one of the following occurs:

- you are no longer totally disabled
- the end of the applicable **benefit period**
- you die
- you turn 65.

If you are eligible for an interim accident benefit under this interim cover, your application for standard cover may still be accepted. However, your change in health may be taken into account. As a result, the insurer may decline your application or otherwise accept it with a premium loading or non-standard terms.

The exclusions and benefit offsets that apply to standard SCI cover will also apply to this interim accident cover.

## What is the 'life events' option?

If you undergo one of the life events listed below, you can apply to increase your existing life insurance cover (death and TPD cover). You won't need to send us any extra medical evidence, although we will need to see certified copies of the following documents:

Event	What documents do I need to provide?
Marriage	<ul style="list-style-type: none"><li>Marriage certificate.</li></ul>
Birth or legal adoption of a child <sup>1</sup>	<ul style="list-style-type: none"><li>Birth certificate or adoption documentation.</li></ul>
Mortgage of your primary residence in order to purchase the residence	<ul style="list-style-type: none"><li>Stamped page of the contract of sale showing buyer's (your) details, and</li><li>A letter on your bank's letterhead detailing the loan arrangement.</li></ul>
Child's first day at primary or secondary school	<ul style="list-style-type: none"><li>A copy of a letter on school letterhead confirming:<ul style="list-style-type: none"><li>the name of the student</li><li>the school start date, and</li><li>whether your child is starting primary school or secondary school.</li></ul></li></ul>
Divorce	<ul style="list-style-type: none"><li><b>Decree nisi/decreed absolute</b> or Certificate of Divorce.</li></ul>
Death of a spouse	<ul style="list-style-type: none"><li>Death certificate.</li></ul>

<sup>1</sup> Excludes assuming parental responsibilities for a stepchild or becoming a legal guardian.

For you to be eligible for an increase in your existing life insurance cover under the life events option, we must receive your application and supporting documentation within 120 days of the event.

You will not be eligible for the life events option if:

- your FirstChoice Employer Super cover ends
- you die, become terminally ill or totally and permanently disabled
- you do not live and are not in **active employment** in Australia
- you have previously had life cover declined under this policy or any other life insurance policy
- you are eligible to make a claim under this policy.

**i Find out more:** Download the life events cover form from the Colonial First State forms library at [www.cfs.com.au](http://www.cfs.com.au)

## By how much can I increase my cover under the life events option?

Under the life events option, you can apply to increase your existing life insurance cover by the lesser of:

- \$250,000
- 100% of your existing cover.

If you have combined death and TPD cover, you must apply to increase both components of the cover in the same proportion. Your approved cover increase will be provided as a fixed dollar amount, on top of your existing level of cover. The increase will come into effect from the date we receive your written notification and supporting documentation, provided it is subsequently accepted by the insurer.

Any exclusions, loadings or other restrictions that apply to any part of your existing cover will also apply to the increased portion of cover. Your monthly premium will change based on your new level of cover, once the insurer accepts the cover.

You cannot increase your SCI cover under the life events option.

## How often can I increase my cover under the life events option?

You can apply for multiple increases under the life events option, provided there is at least a 12-month gap between your applications. The only exclusion is the mortgage option, which you can only use once as the basis for a cover increase.

# Transferring cover

We've made transferring your cover from your previous fund or life insurance policy simple and straightforward, so you can make sure you're covered, no matter what happens.

At a glance		Find out more
Cover transfers	You may be able to transfer death, TPD and SCI cover you have in another super fund or under a <b>life insurance policy</b> as investor selected cover in your FirstChoice Employer Super plan. If your employer has transferred their existing group policy into FirstChoice Employer Super, you may not need to provide evidence of health for your old cover to continue. However, some conditions apply. Takeover and transfers of cover are subject to acceptance by the insurer.	See below.
Am I eligible to transfer my cover?	Insurance cover held in super (including self-managed super) or a life insurance policy can be transferred. You must be less than 55. Other conditions apply.	See page 21.
Is there a limit to the amount of cover that can be transferred?	Death cover only or death and TPD cover: your existing cover and transferred cover cannot exceed \$1.5 million. SCI cover: the cover you transfer cannot exceed a \$10,000 monthly benefit. These limits do not apply when transferring cover from other FirstChoice super products or Commonwealth Essential Super.	See page 21.
What will change and what will stay the same?	The type of cover and amount of cover that you had previously, subject to the transfer of cover maximums set out on page 21 and any individual exclusions that applied under the previous fund or life insurance policy will be transferred across to FirstChoice Employer Super. Any formulas used to calculate your insurance (which will convert to a fixed dollar amount), your premium rates, the terms and conditions of your policy and the occupation group will change.	See page 21.
How do I transfer my cover?	Complete the transfer of insurance cover form on page 33 and attach a statement of existing cover.	See page 22.

## Cover transfers

There are two main methods of transferring cover:

- through a takeover of cover initiated by your employer
- by transferring insurance cover you have with another super fund (including self-managed super) or cover held under a **life insurance policy**.

## Takeover of cover

FirstChoice Employer Super enables your employer to conveniently transfer their existing group insurance cover under **takeover terms** for all employees without requiring further evidence of health from their employees.

You will be advised if takeover of cover terms apply to you.

## About cover transfers

You can apply to transfer your existing death, death and TPD and/or SCI cover (income protection) from another super fund (including self-managed super) or cover held under a **life insurance policy** to FirstChoice Employer Super.

To do this, you will need to complete the transfer of insurance cover form on page 33. Transfer of cover is subject to the insurer's acceptance, and the insurer may accept only one or all of death, TPD and/or SCI cover.

Transferring cover gives you the ability to consolidate your super without losing the type of cover and amount of cover that you had in your previous super fund, subject to the transfer of cover maximums set out on page 21.

## Transferring cover: how it works

### Death and TPD cover

If you have FirstChoice Employer Super cover of \$150,000 death only, and your former fund cover is \$100,000 death and TPD, your new FirstChoice Employer Super cover will provide \$250,000 death and \$100,000 TPD cover.

### SCI cover

If your FirstChoice Employer Super cover is \$4,000 per month (30-day **waiting period** and to age 65 **benefit period**) and your former fund cover is \$7,500 per month (60-day waiting period and two-year benefit period), your new FirstChoice Employer Super cover will be \$7,500 per month (60-day waiting period and two-year benefit period).

If the insurer accepts your application for the transfer of cover, the insurance terms and premium rates applying to FirstChoice Employer Super will apply to your transferred cover. Therefore, you should compare the terms of your existing cover with the terms of insurance available through FirstChoice Employer Super before deciding whether transferring your existing cover is right for you.

## Am I eligible to transfer my cover?

To be eligible to apply for the transfer of cover, the following conditions apply up until the transfer date:

- You must be less than 55 years of age. This age restriction does not apply when transferring cover between FirstChoice products.
- Insurance cover is held within super (including self-managed super) or under a **life insurance policy**.
- Insurance cover held within super (including self-managed super) can only be transferred if:
  - you transfer the entire account balance from your previous super fund to FirstChoice Employer Super
  - the cover is not from a defined benefit arrangement.
- Insurance cover can only be transferred if:
  - the cover to be transferred has been in place for at least 12 months
  - for TPD cover you are working at least 15 hours per week, and
  - for SCI cover you are employed under a contract of permanent employment or a fixed term contractor.
- The cover to be transferred must not have an individual premium loading.
- For SCI cover, the cover to be transferred cannot have a waiting period greater than 90 days.
- You cannot have previously had an application for death, TPD or income protection/SCI cover declined.
- You must not have been diagnosed with an illness that reduces your life expectancy to less than 24 months.
- No amount can have been paid or be payable by, and no claim can have been lodged with, an insurer, super fund or government body because you have suffered a disability.
- In the last 12 months, you must not have been advised to undergo treatment or to take medication prescribed by a **medical practitioner** that was intended to last for three months or longer (excluding the contraceptive pill, hormone replacements, inhaled asthma medication or cold, flu or hayfever medication).
- You can't transfer cover if, due to injury, illness or impairment:
  - you are unable to work 35 hours per week
  - you have had your duties or workplace modified in the last two years and you have not resumed your pre-modified duties, or
  - you are working in a role or occupation that has been designed or chosen to suit your needs.

If you are in a high-risk occupation, you may not be eligible to transfer TPD and SCI cover.

## Is there a limit to the amount of cover that can be transferred?

For death only cover or death and TPD cover – your existing cover in FirstChoice Employer Super plus the amount of cover you transfer to FirstChoice Employer Super cannot exceed \$1.5 million.

For SCI cover – the cover you transfer to FirstChoice Employer Super cannot exceed a \$10,000 monthly benefit. The transferred cover will replace any existing SCI cover that is employer selected cover.

This means that the **waiting period** and **benefit period** attached to your existing SCI cover in FirstChoice Employer Super will no longer apply to your SCI cover after the transfer.

These limits do not apply when transferring cover from other FirstChoice super products or Commonwealth Essential Super.

Please refer to 'How much cover can I have?' on page 7 and 10.

## What will change and what will stay the same?

When you transfer your death, death and TPD and/or SCI cover to FirstChoice Employer Super, some things about your old cover will change, while some will stay the same.

### What stays the same?

Things that won't change about the cover you are transferring to FirstChoice Employer Super are:

- the type of cover (eg death cover)
- your sum insured/monthly benefit (as applicable), subject to the maximum transfer cover amounts (although you can select a lesser amount)
- any individual exclusions (as opposed to standard policy exclusions), but the exclusion wording will be on FirstChoice Employer Super insurance terms
- for SCI cover:
  - the **benefit period** (if available – see page 22)
  - the **waiting period** (if available – see below).

### What changes?

Here's a summary of the changes to your transferred cover:

What changes	How
Formulas used to calculate insurance	Any formula to calculate your cover in your previous super fund or <b>life insurance policy</b> no longer applies – instead, your cover will convert to a fixed dollar amount of investor selected cover.
Premium rates	Your premiums will be calculated based on FirstChoice Employer Super's rates – see pages 28 to 32.
Terms and conditions	The FirstChoice Employer Super insurance terms and conditions will now apply to your transferred cover.  This includes FirstChoice Employer Super exclusions and disability definitions, so carefully check both policies to make sure you understand the differences and how they may affect you.
The occupation classification and loading factor	Your occupation classification and loading factor will change to the applicable FirstChoice Employer Super occupation classification and loading factor – see page 14.
SCI cover	Any SCI cover you have in FirstChoice Employer Super will be replaced with the transferred cover (subject to the above changes) and will be investor selected cover.

## SCI cover

The new **waiting period** for your SCI cover will be:

Waiting period in former fund or previous life insurance policy	New waiting period
30 days or less	30 days
31–60 days	60 days
61–90 days	90 days

**Find out more:** See **What's the waiting period?** on page 12.

## SCI benefit period

The new **benefit period** applying to your SCI cover is:

Benefit period in former fund or previous life insurance policy	New benefit period
2 years	2 years
5 years and up to age 65	5 years
To age 65 or more	To age 65

**Find out more:** See **What's the benefit period?** on page 12.

## Other things you should know

You can transfer like-for-like cover, depending on the product restrictions and eligibility rules. For example, if you have death and TPD cover with your former fund, you must transfer both types of cover into FirstChoice Employer Super. However, if we decline the TPD cover, the transfer of cover for death only cover may still be accepted.

You can also transfer partial cover, as long as the cover is like-for-like.

## How do I transfer my cover?

To transfer cover you already have with another super fund (including self-managed super) or under a **life insurance policy**, you will need to complete the transfer of insurance cover form on page 33.

### Cancelling your previous cover

It is important that you receive an acceptance confirmation from FirstChoice Employer Super before you cancel your previous cover or transfer your superannuation account balance. This will allow for the transferred cover to commence in FirstChoice Employer Super. Otherwise, you may be left without any insurance cover. Once you have received an acceptance confirmation, if you do not cancel your transferred cover, you will not be entitled to claim on the portion of cover transferred to FirstChoice Employer Super.

## Providing proof of cover

You will need to provide proof of existing cover by providing **ONE** of the following:

- a valid statement from your former super fund or **life insurance company** (issued within the last 12 months)
- a Certificate of Currency on company letterhead (issued within the last 60 days)
- an adviser-generated portfolio report (issued within the last 60 days)
- an email directly from your former super fund or life insurance company (issued within the last 60 days).

The proof of cover must state your name and needs to clearly outline the existing insurance cover held and the acceptance terms of the cover including any loadings, exclusions or special conditions.

## When does my transferred cover start?

Your transferred cover starts on the transfer date, which is the later of:

- the date the insurer accepts the transfer, and
- the date that your cover ends in the previous super fund or under the **life insurance policy**.

If you are not in **active employment** on the last working day immediately before the transfer date, your transferred cover will exclude cover for any disability arising from an illness or injury which prevented you from being in active employment. This exclusion will apply until you are in active employment again.

# Making a claim

If you ever need to make a claim, we're here to help. Here's what you need to do and what we'll do to support you at a difficult time.

We understand that a life or salary continuance claim always comes at a difficult time, so we'll do everything we can to make the process easy and stress free. You can help us by getting in touch with us as soon as possible and providing all the information we need.

## When should I make a claim?

You must let us know as soon as you need to make a claim. And remember that a **waiting period** may apply. If you delay in notifying us, the insurer may reduce any benefits if your delay has affected its ability to assess your claim.

## How will I be paid?

If your claim for a death, **terminal illness** or TPD benefit is accepted, the trustee will pay the amount to the FirstRate Saver option within FirstChoice Employer Super. This will also cancel any auto-rebalancing you may have requested on your account. You can only be paid a TPD or terminal illness benefit if you meet a **condition of release** as set out under superannuation law.

The insurer will only pay you a death, terminal illness or TPD benefit once. This also applies to interim **accident** cover. If you are paid a TPD benefit, your death cover will be reduced by this amount.

For SCI claims that are accepted by the insurer, your benefit will be paid directly to your nominated bank account monthly, in arrears, once the **waiting period** has elapsed. SCI benefits will be treated as income, and tax and superannuation contributions will be deducted before the monthly amount is paid to you.

## Do I keep paying premiums if I make a claim?

If your claim for death, **terminal illness** or TPD is accepted, we'll refund premiums that are charged for that cover type from the date of the event. If your SCI claim is accepted, we'll refund premiums charged from the end of your waiting period, or from the date you first become eligible to receive benefits.

## What information do I need to provide?

You must provide the insurer with any documents or information it needs to properly assess your claim. This may mean that you will need to undertake a medical or other examination. For SCI claims, you will need to provide progress certificates and other medical documents on request to continue to be eligible to receive the benefit.

## Are there any other conditions for terminal illness, TPD and SCI claims?

If you make a claim, you will need to provide evidence of your medical condition. You will be responsible for the costs of the initial medical test and reports.

If the insurer needs further medical tests or reports to support your claim, the insurer will usually cover these costs. However, you will need to cover any extra costs such as:

- travel costs to and from appointments, including the cost to return to Australia if you are overseas
- cancellation fees for any appointments you miss.

You must also comply with any reasonable medical treatment or rehabilitation program recommended by a **medical practitioner**.

## What happens if I go overseas and I am receiving an SCI benefit?

Your SCI cover provides you with worldwide cover. However, a maximum of six months' benefits will be paid for any one claim while you are outside Australia. To continue receiving a benefit under SCI cover after this period, you must return to Australia, at your expense (unless you are unable to return to Australia for reasons that are acceptable to the insurer).

If you meet the conditions for both a TPD and an SCI benefit, you may be entitled to receive both.

## Other important information

Your cooling-off rights, reapplying if your policy lapses, and other important information.

### Cooling-off period

You have a 28-day cooling-off period to review your cover, where you can choose to cancel your cover in writing, and any premiums paid will be refunded.

The 28 calendar days start on the earlier of:

- the day you receive our written confirmation of cover, or
- the end of the fifth day after the day on which our confirmation is issued.

If your application was for additional cover, the cooling-off period applies to the increased portion of insurance cover only. There is no cooling-off period for cover transferred from another super fund or **life insurance policy**.

**Preserved** or **restricted non-preserved** amounts cannot be refunded directly to you if you take advantage of the 28-day cooling-off period (unless you satisfy a **condition of release**).

### What happens if my cover lapses?

If your cover lapses because you haven't paid your premiums, you'll need to complete a new insurance application form and provide health evidence to the insurer.

The insurer will either accept, with or without special terms, or decline your application and if accepted, your cover will start the date it is approved by the insurer in writing.

### Special offers

Occasionally, we may agree with the insurer to make special offers available for existing or prospective members. These could include reduced premium rates or changes to the underwriting rules, and may apply only to a limited range of members.

### Worldwide cover

Cover applies outside Australia subject to the other conditions of your policy. The insurer may, however, require you to return to Australia at your own expense for assessment in the case of a **terminal illness** or TPD claim, or in relation to an assessment of a claim for SCI.

### Contributions received after a full withdrawal

If your cover has ended because you withdrew the full balance of your account and we subsequently receive a contribution, your cover will not be automatically reinstated.

# Definitions

Use these definitions to understand key terms used throughout this booklet.

The following terms are in **bold** text where they first occur in each section of this booklet.

Term	Definition
accident	An unforeseen, violent, external and visible event.
active employment	This is where, on the applicable date, the person is: <ul style="list-style-type: none"> <li><b>a</b> engaged in his or her usual occupation, without limitation or restriction due to illness or injury; and</li> <li><b>b</b> not restricted by illness or injury from being capable of performing their usual occupation on a full-time basis (even if the person is not working or is not working on a full-time basis); and</li> <li><b>c</b> not accruing or entitled to accrue any income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.</li> </ul> The person will be considered to be in active employment if, on the applicable date, the person is on employer approved leave or reduced hours for reasons other than illness or injury and, not taking into account the leave or reduced hours, is able to meet the active employment definition. 'Full-time basis' means at least 35 hours per week.
benefit period	The maximum period for which you'll receive benefit payments under SCI cover if you have to make a claim.
category	Your employment category, as defined by your employer. This determines the employer selected insurance design you are eligible for, based on clearly defined criteria; for example, <b>permanent employees</b> , casuals, managers etc.
condition of release	A circumstance in which you may access your super; for example, you reach a certain age or you become terminally ill.
contract of permanent employment	A single contract of employment, not being self-employment, the terms of which specify that: <ul style="list-style-type: none"> <li><b>a</b> the contract is of indefinite duration or is for a fixed term of no less than 12 months</li> <li><b>b</b> the person is required to perform identifiable duties</li> <li><b>c</b> the person is required to work a regular number of hours each week and for at least 15 hours per week, and</li> <li><b>d</b> the person is entitled to be paid annual leave and sick leave.</li> </ul>
decree absolute	The final court decree in divorce proceedings.
decree nisi	A court order stating the date when a marriage will be legally terminated.
disabled	Means you are <b>partially disabled</b> or <b>totally disabled</b> .
employee	An employee includes a person who satisfies both of the following paragraphs: <ul style="list-style-type: none"> <li>• the person is an employee under the expanded meaning of that term in the Superannuation Guarantee (Administration) Act 1992 (SG Act), and</li> <li>• the person is a person for whom the employer is required to pay superannuation contributions to avoid or reduce the superannuation charge payable pursuant to the SG Act.</li> </ul>
fixed premium insurance	Employer selected cover where the amount of insurance provided is based on a fixed premium, rather than a <b>category</b> formula; for example, an employee may be entitled to a level of cover that attracts a premium of \$25 per month.
fixed term contractor	An employee engaged under a written contract for personal services, the terms of which clearly specify that: <ul style="list-style-type: none"> <li>• the person engaged under the contract is contracted for a fixed term of 12 months or more;</li> <li>• the person is required to perform identifiable duties, and the person is required to work a regular number of hours each week and for at least 15 hours per week.</li> </ul>
interim accident benefit	Means a benefit payable if you become totally disabled during the interim accident period.
life insurance policy	Means an insurance policy: <ul style="list-style-type: none"> <li>• issued by a life company registered under the Life Insurance Act 1995 (Cth),</li> <li>• under which you are both the policy owner and life insured,</li> <li>• which was arranged through a licensed or authorised financial adviser, and</li> <li>• which you were required to apply for and provide the insurer with information about your health.</li> </ul>
medical practitioner	A person, acceptable to the insurer, who is registered and practising as a medical practitioner in Australia other than: <ul style="list-style-type: none"> <li>• the insured member</li> <li>• the insured member's direct family member, including a spouse or partner, parent, sibling or child (including adult, step or adopted)</li> <li>• the insured member's business partner, associate, employer or employee, or</li> <li>• a person who practises in the same medical centre or clinic as the insured member.</li> </ul>

Term	Definition
monthly income	<p>The amount (excluding super) that you earn each month from your employer before deduction of income tax. If you're self-employed, your income is limited to the earnings generated by your business as a direct result of your personal exertion (i.e. the reduction in business earnings if you could not work due to illness or injury) less the share of business expenses incurred in generating the earnings, before deduction of income tax of the business for the relevant period.</p> <p>If you work for an employer, your monthly income is your salary including any bonuses, allowances, regular overtime and shift allowance. If you're neither self-employed nor a <b>permanent employee</b>, your monthly income is limited to salary earned from your regular occupation.</p> <p>Where bonuses and allowances count towards your income, these are averaged over the lesser of:</p> <ul style="list-style-type: none"> <li>• three years, or</li> <li>• the number of complete years for which you have been employed by your employer.</li> </ul> <p>If you have been employed for less than one full year, bonuses and allowances will be pro-rated based on the number of months out of 12 you were employed by the employer.</p> <p><b>Please note:</b> Monthly income excludes compulsory employer super contributions, investment income, profit distribution and any packaged entitlements not received directly as taxable earnings.</p>
nominated salary	<p>When you become a member of FirstChoice Employer Super, your employer tells us your nominated salary amount. We then use this figure to work out how much insurance cover you will receive.</p> <p>Your nominated salary generally includes:</p> <ul style="list-style-type: none"> <li>• your wages and salary</li> <li>• commissions and bonus payments</li> <li>• other regular payments or benefits paid by your employer.</li> </ul> <p>It excludes:</p> <ul style="list-style-type: none"> <li>• super guarantee (SG) contributions</li> <li>• investment income</li> <li>• profit distribution</li> <li>• bonuses and allowances (not included above)</li> <li>• any packaged elements not received directly by you as taxable earnings.</li> </ul> <p>Your employer may also choose to nominate an amount less than this for insurance purposes only.</p> <p>If your insurance cover is calculated based on your nominated salary, please ensure that the correct amount is recorded on FirstNet or your investor statement. If you believe your nominated salary is incorrect, contact your employer.</p>
normal and uncomplicated pregnancy or childbirth	<p>Normal and uncomplicated pregnancy or childbirth, including multiple pregnancy, caesarean birth, threatened miscarriage, post-natal depression, participation in in-vitro fertilisation or other medically assisted fertilisation techniques and normal discomforts of pregnancy, such as morning sickness, backache, varicose veins, ankle swelling and bladder problems.</p>
occupation loading factor	<p>A number that is attributed to a group of occupations which is used to calculate a person's insurance premium based on the level of risk they are likely to be exposed to in their work.</p>
own occupation	<p>For SCI cover, the normal occupation or work carried out by the insured member before becoming <b>disabled</b>.</p>
partially disabled	<p>Refer to page 10 for further details.</p>
permanent employee	<p>An employee employed under a single contract of employment, the terms of which specify that:</p> <ul style="list-style-type: none"> <li>• the contract is of indefinite duration or is a fixed term of no less than 12 months</li> <li>• the person is required to perform identifiable duties</li> <li>• the person is required to work a regular number of hours each week</li> <li>• for SCI cover, the person is required to work for at least 15 hours per week, and</li> <li>• the person is entitled to paid annual leave and sick leave.</li> </ul>
pre-disability income	<p>Refer to 'How much will I receive?' on page 11.</p>
preserved	<p>Super contributions that you can only access once you meet a <b>condition of release</b>.</p>
regular occupation	<p>Any form of personal exertion performed by the person on a regular and recurring basis during the relevant period for the purpose of producing financial gain or reward. This does not include producing financial gain or reward through investments or other forms of passive income generation.</p>
restricted non-preserved	<p>Super contributions that you can only access once you meet a <b>condition of release</b> that is specific to those contributions, such as the termination of your employment with a particular employer.</p>

Term	Definition
retained benefit member	<p>A person who was an employee member and has subsequently been notified by us that they are a retained benefit member because one of the following events has happened:</p> <ul style="list-style-type: none"> <li>• the person's employer has told us that they are no longer an employee</li> <li>• the person's employer has not made a super contribution to their FirstChoice Employer Super account for at least two years</li> <li>• the person's employer plan was terminated.</li> </ul>
self-employment	Performing a regular occupation in a business of which the person is, in whole or part, the direct or indirect owner.
takeover terms	<p>Takeover terms may be offered at the discretion of the insurer (where agreed by the trustee) for groups transferring from other insurers, providing the previous group insurance policy is similar in scope of cover.</p> <p>The acceptance of takeover terms will be subject to the receipt and acceptance of all required takeover information by the insurer within such timeframe as required by the insurer. The insurer will generally follow Financial Services Council Guidance Note No. 11 'Group Insurance Takeover Terms' unless otherwise agreed.</p> <p>Cover provided under takeover terms will commence on the date your FirstChoice Employer Super account commences unless the insurer advises otherwise. You will not be covered for disability which arises from an illness or injury which causes you to not be in <b>active employment</b> on the last working day immediately before the takeover of cover date. Full cover in the plan will commence once you are in active employment.</p>
terminal illness	<p>Terminal illness means all of the following happens:</p> <ol style="list-style-type: none"> <li>two medical practitioners each certify in writing that the insured member has an illness or injury that, despite reasonable medical treatment, is likely to result in their death within a period (the certification period) that ends not more than 24 months after the date of the certification;</li> <li>at least one of the medical practitioners is a specialist practising in an area related to the insured member's illness or injury;</li> <li>based on such medical or other evidence the insurer reasonably requires to be provided, the insurer is satisfied with the prognosis reached in each of the certifications;</li> <li>the date of certification occurs while the insured member is covered under this policy; and</li> <li>for each of the certificates, the certification period has not ended.</li> </ol>
total and permanent disablement	Refer to page 6 for further details.
totally disabled	Refer to page 10 for further details.
waiting period	The continuous period for which you must be disabled before your salary continuance benefit starts to accrue.

# Premium rate tables

Please note: Some employer plans have tailored premium rates. Actual premiums may vary due to rounding. Please call us on 1300 654 666 to confirm which premium rates apply to you.

## Premium rates – age-based

### Death and TPD – Annual premium per \$1,000 sum insured<sup>1</sup>

Age next birthday	Male		Female		Age next birthday	Male		Female	
	Death only	Death and TPD	Death only	Death and TPD		Death only	Death and TPD	Death only	Death and TPD
15	0.62	0.79	0.27	0.34	46	0.98	2.28	0.61	1.93
16	0.62	0.79	0.27	0.34	47	1.07	2.56	0.63	2.06
17	0.62	0.79	0.27	0.34	48	1.14	2.84	0.68	2.29
18	0.76	0.97	0.29	0.38	49	1.27	3.19	0.72	2.55
19	0.86	1.14	0.32	0.44	50	1.36	3.53	0.78	2.88
20	0.86	1.16	0.32	0.44	51	1.46	3.92	0.83	3.22
21	0.81	1.12	0.29	0.41	52	1.59	4.33	0.92	3.64
22	0.76	1.07	0.29	0.42	53	1.71	4.79	1.02	4.11
23	0.72	1.02	0.27	0.40	54	1.83	5.29	1.11	4.54
24	0.68	0.98	0.24	0.37	55	1.97	5.86	1.22	5.04
25	0.62	0.94	0.22	0.35	56	2.12	6.49	1.32	5.56
26	0.60	0.90	0.21	0.33	57	2.30	7.00	1.43	5.94
27	0.54	0.83	0.21	0.33	58	2.50	7.68	1.53	6.42
28	0.52	0.82	0.21	0.33	59	2.67	8.46	1.67	6.95
29	0.51	0.82	0.21	0.37	60	2.93	9.37	1.80	7.46
30	0.50	0.82	0.21	0.37	61	3.20	10.39	1.93	8.01
31	0.50	0.83	0.21	0.40	62	3.48	11.51	2.09	8.70
32	0.48	0.81	0.22	0.42	63	3.76	12.68	2.29	9.50
33	0.48	0.84	0.22	0.45	64	4.04	13.93	2.53	10.53
34	0.50	0.88	0.27	0.55	65	4.34	15.26	2.82	11.72
35	0.51	0.92	0.28	0.59	66	4.68	N/A	3.14	N/A
36	0.52	0.95	0.29	0.65	67	5.02	N/A	3.51	N/A
37	0.52	1.01	0.32	0.73	68	5.38	N/A	3.94	N/A
38	0.54	1.05	0.38	0.86	69	5.73	N/A	4.46	N/A
39	0.59	1.16	0.42	0.99	70	6.09	N/A	5.06	N/A
40	0.62	1.29	0.43	1.10	71	6.69	N/A	5.48	N/A
41	0.68	1.40	0.47	1.23	72	7.36	N/A	6.03	N/A
42	0.72	1.54	0.52	1.39	73	8.18	N/A	6.62	N/A
43	0.78	1.67	0.57	1.55	74	9.08	N/A	7.36	N/A
44	0.83	1.85	0.59	1.67	75	10.17	N/A	8.17	N/A
45	0.92	2.09	0.60	1.82					

Please note: The following **occupation loading factors** apply to the above rates:

Death and TPD occupation loading factors	Death only	Death and TPD
Professionals	0.90	0.90
White collar	1.00	1.00
Light blue collar	1.00	1.50
Medium blue collar	1.50	2.00
Heavy blue collar/Heavy blue collar (death only)	1.50	2.50

Please note: If you are a member of a small plan or a **retained benefit member**, a loading of 20% will apply. See page 15 for more information.

<sup>1</sup> Premiums shown allow for a AIL insurance administration fee of 10% (including the net effect of GST). Unless otherwise advised, these rates will apply to all insured plan members. Since 1 February 2018, smoker status will no longer impact premium rates. For all new members and existing members (excluding those on non-smoker insurance arrangements) generic premium rates will apply. Existing members on non-smoker insurance arrangements prior to 1 February 2018, will continue to be charged the lower non-smoker rates. Some plans may have tailored rates. Premium rates include stamp duty.

## Fixed premium insurance

### Death only – Age-based sum insured per \$1.52 per week premium<sup>1</sup>

Age next birthday	Professional	White collar	Light blue collar	Medium blue collar	Heavy blue collar
	Sum insured \$	Sum insured \$	Sum insured \$	Sum insured \$	Sum insured \$
15–35	146,111	131,500	131,500	87,667	87,667
36–40	127,778	115,000	115,000	76,667	76,667
41–45	83,333	75,000	75,000	50,000	50,000
46–50	55,556	50,000	50,000	33,333	33,333
51–55	36,667	33,000	33,000	22,000	22,000
56–60	23,333	21,000	21,000	14,000	14,000
61–65	15,278	13,750	13,750	9,167	9,167
66–75	7,833	7,050	7,050	4,700	4,700

### Death and TPD – Age-based sum insured per \$1.52 per week premium<sup>1</sup>

Age next birthday	Professional	White collar	Light blue collar	Medium blue collar	Heavy blue collar
	Sum insured \$	Sum insured \$	Sum insured \$	Sum insured \$	Sum insured \$
15–35	111,111	100,000	66,667	50,000	40,000
36–40	66,667	60,000	40,000	30,000	24,000
41–45	42,222	38,000	25,333	19,000	15,200
46–50	25,000	22,500	15,000	11,250	9,000
51–55	14,889	13,400	8,933	6,700	5,360
56–60	9,222	8,300	5,533	4,150	3,320
61–65	5,889	5,300	3,533	2,650	2,120
66–75 <sup>2</sup> (death only)	7,833	7,050	7,050	4,700	4,700

**Please note:** If you have joined the plan as part of your employer’s default fund and the amount of your death and TPD cover under the age-based sum insured table (shown above) is less than the MySuper default death and TPD amounts, you will receive the higher MySuper default level of cover.

**Please note:** If you are a member of a small plan, your sum insured will be reduced by approximately 17%. See page 15 for more information.

<sup>1</sup> Cover shown allows for a AIL insurance administration fee of 10% (including the net effect of GST). Unless otherwise advised, these rates will apply to all insured plan members. Since 1 February 2018, smoker status will no longer impact premium rates. For all new members and existing members (excluding those on non-smoker insurance arrangements) generic premium rates will apply. Existing members on non-smoker insurance arrangements prior to 1 February 2018, will continue to be charged the lower non-smoker rates. However, some plans may have tailored rates. Members joining plans established prior to October 2006 may be on different sum insured tables. Premium rates include stamp duty. Any reduction in the insurance administration fee, adviser commission or premium discounts provided by the insurer for the plan will increase the sum insured. The premium amount will remain unchanged.

<sup>2</sup> Cover is for death only after age 65.

## Premium rates

### SCI – Two-year benefit period Annual premium per \$100 of monthly benefit<sup>1</sup>

Age next birthday	Male			Female		
	30-day wait	60-day wait	90-day wait	30-day wait	60-day wait	90-day wait
15	1.93	1.56	0.71	2.54	2.04	0.74
16	1.93	1.56	0.71	2.54	2.04	0.74
17	1.93	1.56	0.71	2.54	2.04	0.74
18	2.00	1.60	0.73	2.63	2.11	0.77
19	2.03	1.63	0.73	2.66	2.12	0.79
20	2.06	1.66	0.73	2.69	2.16	0.79
21	2.10	1.68	0.74	2.71	2.18	0.80
22	2.04	1.63	0.71	2.77	2.20	0.82
23	1.99	1.60	0.67	2.80	2.23	0.82
24	1.96	1.57	0.61	2.81	2.26	0.82
25	1.91	1.52	0.58	2.87	2.29	0.83
26	1.90	1.51	0.56	2.89	2.31	0.84
27	1.91	1.51	0.54	2.97	2.37	0.90
28	1.93	1.53	0.52	3.08	2.46	0.92
29	1.97	1.58	0.52	3.20	2.54	0.98
30	2.03	1.63	0.52	3.36	2.69	0.99
31	2.10	1.68	0.54	3.53	2.82	1.06
32	2.20	1.74	0.56	3.73	2.98	1.08
33	2.29	1.83	0.58	3.96	3.16	1.10
34	2.40	1.91	0.59	4.21	3.37	1.17
35	2.52	2.02	0.64	4.48	3.57	1.21
36	2.68	2.13	0.66	4.77	3.82	1.27
37	2.82	2.27	0.71	5.08	4.07	1.38
38	2.99	2.39	0.77	5.40	4.33	1.47
39	3.18	2.54	0.82	5.74	4.60	1.59
40	3.38	2.71	0.90	6.12	4.89	1.72

Age next birthday	Male			Female		
	30-day wait	60-day wait	90-day wait	30-day wait	60-day wait	90-day wait
41	3.61	2.89	0.98	6.51	5.21	1.89
42	3.83	3.08	1.06	6.92	5.53	2.07
43	4.09	3.29	1.17	7.38	5.89	2.29
44	4.37	3.49	1.30	7.83	6.27	2.52
45	4.69	3.74	1.43	8.31	6.67	2.80
46	5.00	3.98	1.60	8.81	7.07	3.09
47	5.34	4.28	1.78	9.36	7.48	3.41
48	5.73	4.58	1.99	9.91	7.93	3.77
49	6.14	4.92	2.23	10.52	8.42	4.18
50	6.60	5.29	2.49	11.14	8.92	4.60
51	7.10	5.68	2.80	11.84	9.47	5.06
52	7.66	6.11	3.14	12.56	10.04	5.53
53	8.26	6.60	3.54	13.33	10.68	6.06
54	8.92	7.14	3.98	14.16	11.33	6.61
55	9.67	7.72	4.49	15.06	12.06	7.19
56	10.47	8.38	5.03	16.04	12.86	7.80
57	11.37	9.09	5.67	17.10	13.67	8.46
58	12.38	9.90	6.34	18.27	14.60	9.12
59	13.50	10.80	7.11	19.53	15.63	9.82
60	14.74	11.80	7.98	20.93	16.74	10.53
61	16.14	12.92	8.92	22.49	17.99	11.28
62	17.72	14.18	10.00	24.21	19.38	12.02
63	19.51	15.60	11.16	26.14	20.92	12.79
64	17.68	14.14	9.28	23.48	18.78	10.28
65	8.64	6.91	2.96	11.62	9.29	3.23

Please note: The following **occupation loading factors** apply to the above rates:

SCI occupation loading factors	
Professionals	0.90
White collar	1.00
Light blue collar	1.75
Medium blue collar	2.00
Heavy blue collar/Heavy blue collar (death only)	2.50

Please note: If you are a member of a small plan or a **retained benefit member**, a loading of 20% will apply. See page 15 for more information.

<sup>1</sup> Premiums shown allow for a AIL insurance administration fee of 10% (including the net effect of GST). Unless otherwise advised, these rates will apply to all insured plan members. Since 1 February 2018, smoker status will no longer impact premium rates. For all new members and existing members (excluding those on non-smoker insurance arrangements) generic premium rates will apply. Existing members on non-smoker insurance arrangements prior to 1 February 2018, will continue to be charged the lower non-smoker rates. Some plans may have tailored rates. Premium rates exclude stamp duty, which is dependent on your state, territory or country, and will be added to any premiums. The insurer reserves the right to increase premium rates in the event of a hostile act of foreign enemies within the Commonwealth of Australia, the invasion of the Commonwealth of Australia or the declaration of war involving the Commonwealth of Australia.

## Premium rates

### SCI – Five-year benefit period Annual premium per \$100 of monthly benefit<sup>2</sup>

Age next birthday	Male			Female		
	30-day wait	60-day wait	90-day wait	30-day wait	60-day wait	90-day wait
15	3.14	2.36	1.06	3.89	2.93	1.11
16	3.14	2.36	1.06	3.89	2.93	1.11
17	3.22	2.40	1.08	4.01	2.98	1.16
18	3.39	2.51	1.17	4.26	3.16	1.22
19	3.56	2.67	1.20	4.50	3.37	1.31
20	3.74	2.79	1.26	4.74	3.56	1.38
21	3.94	2.93	1.31	5.09	3.79	1.51
22	3.98	2.98	1.32	5.29	3.94	1.63
23	4.10	3.06	1.34	5.56	4.13	1.73
24	4.19	3.14	1.36	5.76	4.32	1.94
25	4.27	3.22	1.36	6.03	4.51	2.14
26	4.22	3.14	1.27	6.17	4.61	2.22
27	4.21	3.14	1.24	6.33	4.73	2.33
28	4.22	3.14	1.22	6.51	4.87	2.41
29	4.29	3.20	1.20	6.67	4.96	2.46
30	4.41	3.30	1.20	6.90	5.17	2.50
31	4.56	3.41	1.20	7.27	5.43	2.50
32	4.73	3.52	1.27	7.64	5.73	2.58
33	4.94	3.69	1.28	7.99	5.97	2.66
34	5.18	3.88	1.37	8.53	6.38	2.78
35	5.43	4.07	1.46	8.96	6.69	2.93
36	5.72	4.26	1.54	9.42	7.06	3.09
37	6.02	4.50	1.67	10.04	7.49	3.30
38	6.36	4.74	1.83	10.43	7.81	3.56
39	6.68	5.00	1.99	10.98	8.19	3.78
40	7.06	5.27	2.18	11.62	8.67	4.10

Age next birthday	Male			Female		
	30-day wait	60-day wait	90-day wait	30-day wait	60-day wait	90-day wait
41	7.43	5.56	2.39	12.21	9.13	4.51
42	7.86	5.86	2.63	12.81	9.58	4.97
43	8.31	6.19	2.93	13.34	9.97	5.53
44	8.78	6.56	3.23	14.06	10.49	6.03
45	9.31	6.93	3.61	14.87	11.09	6.60
46	10.08	7.53	4.02	15.96	11.93	7.17
47	10.93	8.16	4.51	17.10	12.77	7.86
48	11.86	8.87	5.07	18.24	13.61	8.57
49	12.96	9.66	5.67	19.57	14.62	9.42
50	14.17	10.57	6.40	21.16	15.79	10.31
51	15.51	11.58	7.21	23.26	17.33	11.60
52	17.07	12.72	8.14	25.71	19.20	12.97
53	18.81	14.06	9.26	28.31	21.13	14.50
54	20.73	15.49	10.54	31.23	23.31	16.33
55	22.90	17.09	12.04	34.63	25.84	18.28
56	25.34	18.90	13.77	37.60	28.04	20.83
57	28.09	20.94	15.69	40.97	30.54	23.86
58	31.23	23.31	17.94	44.90	33.51	27.29
59	34.88	26.02	20.59	49.31	36.78	31.12
60	42.48	32.92	25.61	62.87	48.80	36.81
61	50.07	39.82	30.64	76.41	60.82	42.52
62	51.22	40.74	31.23	76.29	60.70	41.01
63	29.91	22.50	21.09	38.96	27.92	24.91
64	19.24	15.40	10.10	25.56	20.44	11.19
65	9.41	7.52	3.22	12.64	10.11	3.52

Please note: The following **occupation loading factors** apply to the above rates:

SCI occupation loading factors	
Professionals	0.90
White collar	1.00
Light blue collar	1.75
Medium blue collar	2.00
Heavy blue collar/Heavy blue collar (death only)	2.50

Please note: If you are a member of a small plan or a **retained benefit member**, a loading of 20% will apply. See page 15 for more information.

<sup>2</sup> Premiums shown allow for a AIL insurance administration fee of 10% (including the net effect of GST). Unless otherwise advised, these rates will apply to all insured plan members. Since 1 February 2018, smoker status will no longer impact premium rates. For all new members and existing members (excluding those on non-smoker insurance arrangements) generic premium rates will apply. Existing members on non-smoker insurance arrangements prior to 1 February 2018, will continue to be charged the lower non-smoker rates. Some plans may have tailored rates. Premium rates exclude stamp duty, which is dependent on your state, territory or country, and will be added to any premiums. The insurer reserves the right to increase premium rates in the event of a hostile act of foreign enemies within the Commonwealth of Australia, the invasion of the Commonwealth of Australia or the declaration of war involving the Commonwealth of Australia.

## Premium rates

### SCI – Benefit period to age 65 Annual premium per \$100 of monthly benefit<sup>1</sup>

Age next birthday	Male			Female		
	30-day wait	60-day wait	90-day wait	30-day wait	60-day wait	90-day wait
15	7.58	6.03	3.21	12.00	9.58	4.26
16	7.58	6.03	3.21	12.00	9.58	4.26
17	7.58	6.03	3.21	12.00	9.58	4.26
18	7.81	6.21	3.37	12.40	9.88	4.40
19	8.02	6.40	3.42	12.71	10.12	4.52
20	8.27	6.57	3.51	13.06	10.39	4.63
21	8.52	6.78	3.61	13.41	10.67	4.77
22	8.40	6.69	3.42	13.77	10.93	4.92
23	8.40	6.69	3.28	14.12	11.24	5.03
24	8.36	6.62	3.16	14.52	11.56	5.18
25	8.36	6.69	3.00	14.92	11.87	5.34
26	8.40	6.69	2.96	15.31	12.21	5.44
27	8.58	6.82	2.91	15.98	12.69	5.90
28	8.83	7.01	2.91	16.77	13.36	6.28
29	9.17	7.30	2.96	17.77	14.12	6.61
30	9.58	7.63	3.00	18.89	15.03	6.96
31	10.07	8.01	3.11	20.17	16.06	7.29
32	10.67	8.47	3.28	21.66	17.22	7.64
33	11.33	8.99	3.40	23.24	18.51	8.04
34	12.04	9.59	3.61	25.02	19.93	8.49
35	12.87	10.22	3.83	26.97	21.47	9.02
36	13.77	10.93	4.14	29.04	23.14	9.64
37	14.73	11.74	4.42	31.30	24.91	10.39
38	15.80	12.59	4.83	33.67	26.80	11.26
39	16.99	13.53	5.23	36.21	28.79	12.24
40	18.26	14.51	5.76	38.88	30.96	13.43

Age next birthday	Male			Female		
	30-day wait	60-day wait	90-day wait	30-day wait	60-day wait	90-day wait
41	19.60	15.60	6.33	41.68	33.20	14.88
42	21.07	16.76	7.00	44.67	35.51	16.39
43	22.64	18.02	7.79	47.73	37.97	18.17
44	24.34	19.37	8.64	50.94	40.50	20.20
45	26.14	20.82	9.64	54.28	43.21	22.40
46	28.09	22.39	10.78	57.70	45.92	24.78
47	30.17	24.03	12.03	61.27	48.76	27.44
48	32.41	25.81	13.49	64.92	51.68	30.23
49	34.80	27.69	15.09	68.70	54.67	33.29
50	37.33	29.70	16.89	72.54	57.73	36.42
51	40.03	31.88	18.87	76.48	60.86	39.71
52	42.91	34.16	21.06	80.42	64.00	43.03
53	45.96	36.56	23.42	84.44	67.20	46.39
54	49.11	39.09	25.93	88.46	70.42	49.71
55	52.43	41.73	28.68	92.44	73.56	52.78
56	55.89	44.49	31.48	96.28	76.61	55.70
57	59.38	47.26	34.34	99.96	79.54	58.19
58	62.87	50.01	37.17	103.31	82.22	60.13
59	66.22	52.69	39.84	106.18	84.52	61.39
60	69.24	55.11	42.14	108.41	86.22	61.74
61	57.42	45.69	35.13	87.66	69.77	48.77
62	58.76	46.74	35.82	87.51	69.63	47.04
63	34.31	25.81	24.19	44.68	32.02	28.58
64	22.09	17.67	11.59	29.32	23.44	12.81
65	10.80	8.63	3.70	14.51	11.60	4.04

Please note: The following **occupation loading factors** apply to the above rates:

SCI occupation loading factors	
Professionals	0.90
White collar	1.00
Light blue collar	1.75
Medium blue collar	2.00
Heavy blue collar/Heavy blue collar (death only)	2.50

Please note: If you are a member of a small plan or a **retained benefit member**, a loading of 20% will apply. See page 15 for more information.

<sup>1</sup> Premiums shown allow for a AIL insurance administration fee of 10% (including the net effect of GST). Unless otherwise advised, these rates will apply to all insured plan members. Since 1 February 2018, smoker status will no longer impact premium rates. For all new members and existing members (excluding those on non-smoker insurance arrangements) generic premium rates will apply. Existing members on non-smoker insurance arrangements prior to 1 February 2018, will continue to be charged the lower non-smoker rates. Some plans may have tailored rates. Premium rates exclude stamp duty, which is dependent on your state, territory or country, and will be added to any premiums. The insurer reserves the right to increase premium rates in the event of a hostile act of foreign enemies within the Commonwealth of Australia, the invasion of the Commonwealth of Australia or the declaration of war involving the Commonwealth of Australia.



**PART A – PERSONAL DETAILS (CONTINUED) (ALL QUESTIONS ARE MANDATORY)**

**1 INSURED DETAILS (CONTINUED)**

**1 What occupation do you currently work in?**

Please note: If you are employed for less than 15 hours per week, or unemployed, you will only be eligible to transfer death cover into FirstChoice Employer Super.

Main occupation	Industry	Self-employed?	Hours per week?
<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>

Permanent full-time  Permanent part-time  Casual<sup>1</sup>  Unemployed<sup>1</sup>  Contractor  Contract end date

Annual salary (including average bonus for last three years) \$

Please select the income producing duties of your main occupation and the approximate percentage of time spent on each duty per week. Note: The list below represents the physical nature of duties only. Do not write or add to these descriptions.

Nature of duty	% time
Administrative/Clerical (eg filing, computer work, office duties, etc)	<input type="text"/> %
Light manual work only (eg driving with deliveries, lifting under 5kg, etc)	<input type="text"/> %
Supervisor of manual work (not actual performance)	<input type="text"/> %
Caring for dependants (only for TPD and if occupation is 'home duties')	<input type="text"/> %
Manual work (eg cleaning, lifting over 5kg, carpentry, plumbing, etc)	<input type="text"/> %
Flying (other than as a fare-paying passenger) or fly-in fly-out rotation on job site	<input type="text"/> %
Truck driving greater than a distance of 800km from base; working above 15 metres; working underground; working at sea or handling explosives	<input type="text"/> %
<b>Total</b>	<b>100%</b>

**PART B – PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS (ALL QUESTIONS ARE MANDATORY)**

In order to apply for a transfer of insurance cover, you must be able to answer 'Yes' to question 1.

**1 Do you confirm that the following statements are true and correct and agree to abide by these requirements?**

- a I confirm that my existing cover is not arranged through a defined benefit fund.
- b I will cancel my existing insurance cover under my former fund or previous policy when I receive confirmation from FirstChoice Employer Super of my successful application.
- c I will not be transferring the cover under my former fund to any other division or section of the former fund, or to any other fund or insurance policy.
- d I will not effect a continuation option, or subsequently reinstate cover within the former fund, previous policy or any other division, section or category of the former fund or previous life insurance company, or within any fund or insurance policy where such reinstatement of cover is available to me. No  Yes

If you answered 'No' to question 1, you will not be eligible for a transfer of insurance in FirstChoice Employer Super and will not be eligible to make a claim for this portion of cover.

The following question only needs to be answered if you're applying to transfer cover from a different superannuation fund.

**2 If you are transferring insurance cover from an existing superannuation fund ('former fund'), do you have an account balance in the superannuation fund providing the cover to be transferred?** No  Yes

If you answered 'Yes' to question 2, you need to transfer your entire balance; otherwise, you will not be eligible for a transfer of insurance in FirstChoice Employer Super and will not be eligible to make a claim for this portion of cover.

**PART B – PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS (CONTINUED) (ALL QUESTIONS ARE MANDATORY)**

3 I confirm that my current level and type of cover under the former fund or previous policy which I wish to transfer is as follows:

Type of cover	Amount	Has this cover been in place for at least 12 months <sup>3</sup> ?	Date cover started (dd/mm/yyyy)
a Death cover <sup>2</sup>	\$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
b TPD cover <sup>1,2</sup>	\$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
c SCI cover <sup>1,2</sup>	\$ <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>

SCI waiting period, eg 30 days, 60 days, 90 days

SCI benefit period, eg two years, five years, to age 60, to age 65

**Please note:** TPD cover amount cannot exceed the death cover amount and SCI cover cannot be greater than 90% (inclusive of up to 15% allowance for super contributions) of your total income.

I understand that my cover, once accepted, will be subject to the terms and conditions of FirstChoice Employer Super insurance arrangements.

4 Due to injury, illness or impairment:

a Are you unable to work 35 hours per week? No  Yes

b Have you had your duties or workplace modified in the last two years and have you not resumed your pre-modified duties? No  Yes

c Are you working in a role or occupation that has been designed or chosen to suit your needs? No  Yes

5 Have you been paid, or are you eligible to be paid, or have you lodged or are you going to lodge a claim for terminal illness or disability from a superannuation fund, life insurance company or any State or Federal Government body, such as Workers' Compensation, Social Security, Veterans' Affairs or a motor accident scheme? No  Yes

6 In the last 12 months, have you been advised to undergo treatment or to take medication prescribed by a medical practitioner that was intended to last for three months or longer (excluding the contraceptive pill, hormone replacements, inhaled asthma medication or cold, flu or hayfever medication)? No  Yes

7 Have you had any application for death, TPD or SCI cover declined? No  Yes

**If you answered 'Yes' to any of the questions 4 through to 7, you will not be eligible for a transfer of insurance in FirstChoice Employer Super.**

8 Is your cover under the former fund or previous policy subject to any premium loadings and/or exclusions, including but not limited to pre-existing condition exclusions, or restrictions in regard to medical or other conditions? No  Yes

If 'Yes', please provide details of the premium loadings, exclusions or restrictions, including a copy of the advice you received from the insurer, former fund or previous policy advising you of the acceptance of your cover subject to these additional terms.

**9 Additional requirements**

The telephone underwriting facility may reduce the need for follow-up information and medical reports, resulting in faster completion. I permit the insurer (AIA Australia) to call me (the life to be insured) to clarify or gain further information regarding any matter pertaining to the assessment and processing of this application. I understand that the call will form part of my Duty to take reasonable care as described in Part D.

No  Yes  If 'Yes', I am contactable on (phone)  between the hours of  (note they must be usual business hours).

**PART C – PRIVACY**

In completing this form you may be providing AIA Australia Limited with personal and sensitive information. The collection and management of this information must be handled, collected, used and disclosed in accordance with the Privacy Act 1988 (Cth) and the AIA Australia Group Privacy Policy as updated from time to time (AIA Australia Privacy Policy). For more information about the AIA Australia Privacy Policy (including notification) please refer to aia.com.au or contact 1800 333 613 to request a copy.

1 You will not be eligible to transfer TPD cover to FirstChoice Employer Super if you are employed for less than 15 hours per week or unemployed. You will not be eligible to transfer SCI cover to FirstChoice Employer Super if you are a casual employee or unemployed.  
 2 **Please note:** Total cover that may be rolled over is limited to \$1.5 million for death and TPD (includes existing cover) and \$10,000 per month for SCI.  
 3 If your current cover has not been in place for at least 12 months, you will not be eligible to transfer insurance cover into FirstChoice Employer Super.

## ACKNOWLEDGEMENT

I acknowledge that:

- if I do not fully complete, sign and date this application, I will not be eligible to transfer my existing cover to FirstChoice Employer Super, and
- if the insurer accepts my application, my existing amount of cover as at the transfer date under my former fund or previous policy will be replaced by the equivalent amount of agreed fixed cover, and
- if the insurer has accepted my application, my cover will generally commence in FirstChoice Employer Super on the date my transfer of superannuation benefits is completed by the former fund or cover under my previous policy is cancelled, subject to cancellation of my existing cover as outlined in Part B, and
- FirstChoice Employer Super and the insurer may undertake appropriate enquiry and investigation to verify the answers I have provided, and
- FirstChoice Employer Super and the insurer may investigate whether any restrictions that may have applied within the terms of the policy document were applicable to the type and/or level of cover stated on the up-to-date statement from the former fund or previous policy, and
- I agree to provide FirstChoice Employer Super or the insurer with access to the health evidence I provided to my previous insurer in my application for cover, and any non-disclosure to the previous insurer may be acted upon by FirstChoice Employer Super or the insurer, and
- should it become apparent to FirstChoice Employer Super or the insurer that I have not undertaken the requirements that I confirmed in Part B above, then any insured benefit that may be payable to me or my estate or my beneficiaries from FirstChoice Employer Super may be reduced by the insured amount paid or payable from my former fund or previous policy, an associated section or division of the former fund, or other fund, or any policy issued under any option I exercised, as a consequence of my failure to abide by these conditions; this reduction in benefit will, however, be limited to the extent that my benefit from FirstChoice Employer Super is no less than I would have been eligible to receive under the terms of the policy between FirstChoice Employer Super and the insurer had I not applied for a transfer of cover, and
- I understand that my cover, if accepted, will be subject to the terms and conditions and premiums of FirstChoice Employer Super insurance arrangements, as described in the current PDS, and
- I have received and read the current PDS explaining the terms and conditions and premiums that will apply to me under the FirstChoice Employer Super insurance arrangements, and
- I acknowledge Part C and that AIA will handle, collect, use and disclose my personal and sensitive information provided in this form in accordance with the privacy law, and
- I elect to hold insurance cover (as specified in this form) through my superannuation account even if I am under the age of 25 or my account balance is less than \$6,000.

## Duty to take reasonable care

## About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the *Insurance Contracts Act 1984* (Cth). When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

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

## The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

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

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

## If you do not meet your duty

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

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

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

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

## Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

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

**PART D – DUTY TO TAKE REASONABLE CARE (CONTINUED)**

**Changes before your cover starts**

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

**If you need help**

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

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

**Notifying the insurer**

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

**Original signature of the person to be insured**

**Print name**

  

**Date signed**

 (dd/mm/yyyy)

Please send the completed form to: Colonial First State, Reply Paid 27, Sydney NSW 2001

Please ensure that you attach a copy of the most recent statement from your former fund or life insurance company (as outlined on page 22). Do not cancel your existing insurance cover or transfer any funds until you have received confirmation in writing that your request has been accepted by FirstChoice Employer Super.

**ADVISER USE ONLY**

Are you submitting any life insurance applications for this customer through AIA Australia? No  Yes

**Product name**

**Proposal/Policy number**

**Adviser name**

**Contact number**

**Dealer ID**

**Adviser ID**

**Dealer/Adviser stamp (please use black ink only)**

An address listed here may be used for adviser correspondence relating to the assessment of this application.

This page has been left blank intentionally.

# FirstChoice Employer Super Insurance Application Form



18 November 2023

Please complete this application form if you are applying for insurance. Please ensure that all relevant sections of the form are completed. Please complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Start at the left of each answer space and leave a gap between words.

## SECTION A – YOUR DETAILS

### INSURED DETAILS

Existing account number (if known)

0 6 5

Date of birth

(dd/mm/yyyy)

Title

Mr  Mrs  Miss  Ms  Other

Gender

Male  Female

Given name(s)

Surname

Postal address

Unit number  Street number  PO Box  Street name

Suburb  State  Postcode

Country

Residential address (if different from above)

Unit number  Street number  Street name

Suburb  State  Postcode

Country  Email

Please provide the following details:

Height  cm OR  feet/inches

Weight  kg OR  stone/pounds

**1 Have you smoked tobacco, cigarettes, e-cigarettes or any other substance at any time in the last 12 months?**

No  Yes  If 'Yes', please indicate what you smoke

Please include, on average, how much you smoke per week

**2 Do you drink alcohol?**

No  Yes  If 'Yes', please provide the average number of units consumed per week

**3 Are you a permanent resident of Australia or New Zealand?**

No  Yes  If 'No', please provide details below, including visa type and length of time you have lived in Australia

**4 Do you plan to travel, live or work in another country within the next two years?**

No  Yes  If 'Yes', please answer below

a Please provide the date(s) and countries/cities you intend to travel to:

b Duration of your trip(s)?

c Reasons for travel? (Please tick appropriate box.)

Holidays  Business  Residing/Migrating

## OCCUPATION AND INCOME DETAILS

**1 What is the main occupation you are currently working in?**

Main occupation	Industry	Self-employed?	Hours per week?
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input style="width: 95%;" type="text"/>

**2 Do you have any recognised trade, professional or tertiary qualifications relevant to your current occupation?**

No  Yes  Please provide details below

**3 Please select the income producing duties of your main occupation and the approximate percentage of time spent on each duty per week. Note: The list below represents the physical nature of duties only. Do not write or add to these descriptions.**

Nature of duty	% time
Administrative/Clerical (eg filing, computer work, office duties, etc)	<input style="width: 80%;" type="text"/> %
Light manual work only (eg driving with deliveries, lifting under 5kg, etc)	<input style="width: 80%;" type="text"/> %
Supervisor of manual work (not actual performance)	<input style="width: 80%;" type="text"/> %
Caring for dependants (only for TPD and if occupation is 'home duties')	<input style="width: 80%;" type="text"/> %
Manual work (eg cleaning, lifting over 5kg, carpentry, plumbing, etc)	<input style="width: 80%;" type="text"/> %
Flying (other than as a fare-paying passenger) or fly-in fly-out rotation on job site	<input style="width: 80%;" type="text"/> %
Truck driving greater than a distance of 800km from base; working above 15 metres; working underground; working at sea or handling explosives	<input style="width: 80%;" type="text"/> %
<b>Total</b>	<b>100%</b>

**4 What is your current annual income from your main occupation only (less all business expenses and superannuation, but before tax)?**

Base annual salary (inclusive of any salary sacrifice arrangements)	\$ <input style="width: 95%;" type="text"/>
Commissions/Bonus (average of last three years)	\$ <input style="width: 95%;" type="text"/>
<b>Total income</b>	\$ <input style="width: 95%;" type="text"/>

## PROPOSED INSURANCE COVER

Please read the 'Duty to take reasonable care' in Section E before completing this form. Please refer to pages 7 and 10 for limits/maximums.

Type of insurance cover being applied for (in addition to any existing cover):

**Death and Total and Permanent Disablement (TPD)**  Amount of death cover \$  Amount of TPD cover \$   
 (amount nominated will be added to any existing cover)

**Note:** When applying for death and TPD, the investor selected TPD cover amount cannot exceed the investor selected death cover amount.

**OR**  **Full employer selected death and TPD cover** (where your current employer selected cover is restricted to the AAL)

**Salary Continuance**  Percentage of your total income   % per month Super contribution component   % (max 15%)  
 (amount nominated will be added to any existing cover)  
 (The total of these two figures cannot be greater than 90% of your total income.)

Waiting period	30 days	<input type="checkbox"/>	Benefit period	2 years	<input type="checkbox"/>
	60 days	<input type="checkbox"/>		5 years	<input type="checkbox"/>
	90 days	<input type="checkbox"/>		to age 65	<input type="checkbox"/>

**OR**  **Full employer selected salary continuance cover** (where your current employer selected cover is restricted to the AAL)

## SECTION B – PERSONAL STATEMENT

If you answer 'yes' to any of the following questions, please also complete a corresponding questionnaire in Section C.

Questionnaire

- |   |   |                             |                              |           |
|---|---|-----------------------------|------------------------------|-----------|
| 1 | Do you engage in any hazardous pastimes or pursuits such as, but not limited to, football (other than touch or Oztag), motorised sports, parachuting, hang-gliding, abseiling, mountaineering activities, aviation (other than as a fare-paying passenger), scuba diving or any sport(s) in a professional capacity?            | No <input type="checkbox"/> | Yes <input type="checkbox"/> | A         |
| 2 | Have you:   |                             |                              |           |
| a | Recently applied for or do you have a policy for life, total and permanent disability, trauma or salary continuance (excluding this application)?   | No <input type="checkbox"/> | Yes <input type="checkbox"/> | B         |
| b | Ever had an application for life, disability, trauma, accident or sickness insurance on your life declined, deferred or accepted with a loading, exclusion or special terms?  | No <input type="checkbox"/> | Yes <input type="checkbox"/> | B         |
| c | Ever claimed a lump sum or accident or sickness benefit from any insurance policy, including but not limited to superannuation, Workers' Compensation, disability pension or Veterans' Affairs?   | No <input type="checkbox"/> | Yes <input type="checkbox"/> | B         |
| 3 | Have you ever experienced symptoms, received medical advice, or been treated for or diagnosed with any back, neck, hip, shoulder, knee or elbow complaints, sciatica, disc or spine complaints, or an injury, complaint or disorder of any joint, bones or muscle, including arthritis, gout or repetitive strain injury (RSI)? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | C         |
| 4 | Have you ever experienced symptoms of, or had, or been told you have, or received any advice, investigation or treatment for depression, anxiety/stress state, fatigue (including chronic fatigue syndrome), panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder?                              | No <input type="checkbox"/> | Yes <input type="checkbox"/> | D         |
| 5 | Have you received medical advice, or undergone any treatment, investigation or operation for, or had:   |                             |                              |           |
| a | High blood pressure or raised cholesterol?  | No <input type="checkbox"/> | Yes <input type="checkbox"/> | E         |
| b | Cysts, moles, sunspots, skin lesions, skin cancer or melanoma?  | No <input type="checkbox"/> | Yes <input type="checkbox"/> | F         |
| c | Asthma, chronic lung disease, sleep apnoea, COVID-19 (do not include a negative test result, or if never diagnosed) or other respiratory disorder?  | No <input type="checkbox"/> | Yes <input type="checkbox"/> | G, I      |
| d | Chest pain, heart complaint, cardiomyopathy, stroke, neurological disorder, multiple sclerosis, muscular dystrophy or blood disorder?   | No <input type="checkbox"/> | Yes <input type="checkbox"/> | G, I      |
| e | Cancer, leukaemia, diabetes or chronic kidney complaint?  | No <input type="checkbox"/> | Yes <input type="checkbox"/> | G, I      |
| 6 | Have you:   |                             |                              |           |
| a | Taken any illegal or non-prescribed drugs in the last 10 years?   | No <input type="checkbox"/> | Yes <input type="checkbox"/> |           |
| b | Ever been advised to cease drinking alcohol or received counselling or treatment for alcohol or substance use?  | No <input type="checkbox"/> | Yes <input type="checkbox"/> | See below |
| c | Ever been tested positive for Hepatitis B or C (including carrier), Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS), or are you awaiting the results of tests for these?   | No <input type="checkbox"/> | Yes <input type="checkbox"/> |           |
| 7 | Apart from anything already stated:   |                             |                              |           |
| a | Are you considering seeking medical advice, treatment, tests or surgery in the future?  | No <input type="checkbox"/> | Yes <input type="checkbox"/> | G, I      |
| b | Have you in the last five years received any medical advice, any medical treatment or investigation or had any operation not mentioned above (apart from colds, flu, contraceptive advice)?   | No <input type="checkbox"/> | Yes <input type="checkbox"/> | G, I      |
| 8 | This question is about your family's medical history. As far as you know, has your mother, father, sisters or brothers, prior to age 60 (alive or deceased) had any of the following?   |                             |                              |           |
|   | • Heart disease or stroke   |                             |                              |           |
|   | • Breast cancer, ovarian cancer, prostate cancer or colon (bowel) cancer  |                             |                              |           |
|   | • Polycystic kidney disease or diabetes   |                             |                              |           |
|   | • Huntington's chorea, Alzheimer's disease, Dementia, Motor neurone disease, Multiple sclerosis, Muscular dystrophy or Parkinson's disease  |                             |                              |           |
|   | • Any other hereditary disease  | No <input type="checkbox"/> | Yes <input type="checkbox"/> | H, I      |

**SECTION B – PERSONAL STATEMENT (CONTINUED)**

If you answer 'yes' to any of the following questions, please also complete a corresponding questionnaire in Section C.

**Questionnaire**

- 9 In the last 5 years, have you:
- a Had sexual intercourse **without** a condom with the following persons?
    - i Someone who might have exposed you to the Human Immunodeficiency Virus (HIV) infection (*this may include unprotected sexual intercourse with someone other than your regular partner whose HIV status is unknown to you*) No  Yes
    - ii Someone who injects non-prescribed drugs No  Yes
    - iii Someone who is a sex worker No  Yes
    - iv Someone who is infected with Human Immunodeficiency Virus (HIV) infection No  Yes
    - v Someone who is infected with Hepatitis B (*you may answer 'No' if you are vaccinated and have immunity for Hepatitis B*) No  Yes
    - vi Someone who is infected with Hepatitis C No  Yes
  - b Been diagnosed with or experienced symptoms of Sexually Transmitted Infection(s) (STIs) (e.g. chlamydia, gonorrhoea, syphilis)? No  Yes

**Have you answered 'Yes' to any Questions (1 to 5) or (7 to 9) in Section B?**

No  Go straight to Section E on page 52. Do not complete Sections C or D.

Yes  For each 'Yes' answer (except Question 6) you must complete a corresponding questionnaire, as noted in the column beside your 'Yes' answer above. Proceed to the relevant questionnaire in Section C.

**If you have answered 'yes' to Question 6 and/or Question 9, a confidential questionnaire will be sent to you.**

## SECTION C – QUESTIONNAIRES

### QUESTIONNAIRE A – PASTIME QUESTIONNAIRE

Only complete if you answered 'Yes' to Question 1 of Section B – Personal Statement.

1 Do you currently engage in any of the following hazardous pastimes or pursuits?

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| a Flying (other than as a fare-paying passenger on a commercial airline)   | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| b Underwater diving  | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| If 'Yes', i do you dive more than 40 metres in depth or in caves, wrecks or potholes?  | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| ii do you dive alone?  | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| c Football of any code (other than Touch or Oztag)   | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| d Motorised sports of any kind, eg motor cross, rally driving, ocean racing, car or bike racing  | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| e Trail bike or quad bike riding (including off road and dirt bike)  | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| f Any other sport or hazardous activities, eg parachuting, hang gliding, body contact sports, paragliding, competitive water sports, horse riding or recreations involving heights | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

If you answered 'Yes' to any of the above, please provide further details below.

What is/are the activity(ies) you engage in?

At what level do you participate?

Recreational only (non-competition)  Recreational with competition  Semi-professional/Professional

Number of times you participate in this/these activity(ies) per annum  
(eg hours flown, number of dives, events, etc)

Do you receive any income from participating in this/these activity(ies)?

No  Yes

### QUESTIONNAIRE B – INSURANCE HISTORY QUESTIONNAIRE

Only complete if you answered 'Yes' to Question 2 of Section B – Personal Statement.

1 Other than this application, do you have or have you recently applied for life, total and permanent disability, trauma, or salary continuance insurance on your life with Avanteos Investments Limited, AIA Australia or any other insurance company?

No  Yes  Please provide details below

Insurance company name	Type of cover	Insurance benefit	To be replaced?	Date policy commenced
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>

2 Has an application for life, total and permanent disability, trauma, or salary continuance insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms?

No  Yes  Please provide details below

Insurance company name	Date	Terms offered and reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Are you claiming or have you ever claimed a benefit from any source, eg TPD benefit from any superannuation fund, Workers' Compensation, disability pension, Veterans' Affairs or any other insurance policy providing accident or sickness benefits?

No  Yes  Please provide details below

Benefit type/source/reason for claim	Date commenced	Claim amount	Date finalised
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

**QUESTIONNAIRE C – JOINT/MUSCULOSKELETAL QUESTIONNAIRE**

Only complete if you answered 'Yes' to Question 3 of Section B – Personal Statement.

1 Nature of complaint (doctor's diagnosis), eg sciatica, back pain, broken bone

2 Location of complaint, eg lower back, right knee, sciatic nerve

3 When did symptoms first begin?

4 Cause of condition, eg lifting, car accident, fall in workplace, unknown

5 Was an x-ray or scan taken?  
No  Yes  If 'Yes', please complete the details below  
Date of most recent test   
Details of results of tests taken

6 Is the nature of the condition degenerative or a disc problem?  
No  Yes

7 Are you still undergoing treatment or experiencing symptoms?  
No  Yes   
If 'No', please complete the details below  
Date symptoms ceased  Date treatment ceased

8 Have you been off work as a result of this complaint or been unable to perform your normal day-to-day activities?  
No  Yes  If 'Yes', please indicate period(s) off work

9 Do you have any residual, ongoing effects or restrictions as a result of this condition?  
No  Yes  If 'Yes', please provide dates and details

10 Is your treating doctor different from your usual doctor?  
No  Yes  If 'Yes', please complete the details below  
Name of doctor  
  
Doctor's address  State  Postcode   
Phone number  Fax number

**QUESTIONNAIRE D – MENTAL HEALTH QUESTIONNAIRE**

Only complete if you answered 'Yes' to Question 4 of Section B – Personal Statement.

1 Please indicate the condition(s) you have had or received treatment for.

- |  |  |
|--|--|
| <input type="checkbox"/> Anxiety including generalised anxiety, panic or phobic disorder | <input type="checkbox"/> Post traumatic stress                         |
| <input type="checkbox"/> Eating disorder including anorexia nervosa, bulimia             | <input type="checkbox"/> Schizophrenic or any other psychotic disorder |
| <input type="checkbox"/> Depression including major depression or mild depression        | <input type="checkbox"/> Stress, sleeplessness, chronic fatigue        |
| <input type="checkbox"/> Manic depressive illness, bi-polar disorder                     | <input type="checkbox"/> Other (please specify)                        |
| <input type="checkbox"/> Alcohol or other substance abuse or addiction                   | <input type="text"/>   |

2 Describe your symptoms including the date they first started and how long they lasted.

Symptoms	Date from	Date to
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Have you had any recurrences? No  Yes  If 'Yes', please provide details.

Symptoms	Date from	Date to
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4 a Has any reason for your condition been identified or are there any factors which trigger your condition?

b Have you ever had any suicidal thoughts, attempted suicide, threatened to self-harm or engaged in self-harm?

No  Yes  If 'Yes', please provide details.

5 a Please advise all treatments you have received and/or are receiving, including counselling, name(s) of medications, hospitalisation etc.

Type of treatment	Date commenced	Date ceased
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

b Are you currently receiving treatment? No  Yes  If 'Yes', please provide details.

6 Please provide details of doctors or health professionals, including psychiatrists and psychologists, consulted for your condition.

Name and address	Date first consulted	Date last consulted
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7 Have you ever been off work or your normal daily activities restricted in any way due to your condition?

No  Yes  If 'Yes', when and how long?

  


8 Have you any ongoing effects or restriction to your activities of any kind due to your condition?

No  Yes  If 'Yes', please provide details.

**QUESTIONNAIRE E – HIGH BLOOD PRESSURE/RAISED CHOLESTEROL QUESTIONNAIRE**

Only complete if you answered 'Yes' to Question 5a of Section B – Personal Statement.

1 Name of condition

High blood pressure       Raised cholesterol

2 When were you first diagnosed with this condition?

3 Do you have any problems or complications resulting from this condition, eg heart disease, chest pain?

No  Yes  If 'Yes', please provide details.

4 Are you taking regular medication for this condition?

No  Yes  If 'Yes', please provide details, including dosage

5 **For blood pressure**

When was your last blood pressure reading?

Was it considered to be well controlled, eg less than 140/90?

No  Yes  Don't know

**For raised cholesterol**

When was your last cholesterol reading?

What was the result of your last cholesterol reading?

2.0 to 5.9 mmol       6.0 to 6.9 mmol       7.0 or above       Don't know

6 Is your treating doctor different from your usual doctor?

No  Yes  If 'Yes', please provide details below

Name of doctor

Doctor's address

State

Postcode

Phone number

Fax number

**QUESTIONNAIRE F – CYSTS, MOLES, SUNSPOTS OR SKIN LESIONS QUESTIONNAIRE**

Only complete if you answered 'Yes' to Question 5b of Section B – Personal Statement.

1 Please provide type:

Cyst  Mole  Sunspot  Skin lesion  Melanoma  Basal cell carcinoma   
Other  Please specify:

2 Location of growth(s)

Face/head  Back/shoulder  Chest/front  Arm/leg

3 When was this?

4 Was/were the growth(s) removed?

No  Yes  If 'Yes', please complete below

When was it/were they removed?

**Numbers of growths removed:**

One  Two  Three  More

**Method of removal:**

Frozen/burnt off  Surgical/cut out

5 Was/were the growth(s) reported as cancerous (malignant)?

No  Yes

If 'Yes', were any further tests, investigations, treatments, follow-up or re-excision required?

No  Yes

If 'Yes', please provide dates and details of further tests, investigations, treatments, follow-up or re-excision

6 Is your treating doctor different from your usual doctor?

No  Yes  If 'Yes', please provide details below

Name of doctor

Doctor's address

State

Postcode

Phone number

Fax number

**QUESTIONNAIRE G – PERSONAL AND MEDICAL DETAILS QUESTIONNAIRE**

Only complete if you answered 'Yes' to Question 5 (c to e) and/or 7 of Section B – Personal Statement.

**1** When did you last consult a doctor?

Within the last month  1 to 3 months ago  3 to 6 months ago   
6 to 12 months ago  12 months to 2 years ago  Over 2 years ago

**a** Reason for last consultation

**b** What was the result/outcome from your last consultation (please cross (X) the appropriate box)?

Referral to specialist/health professional  Tests conducted – results pending  Not fully recovered yet  
 Ongoing treatment (eg Ventolin inhaler)  Routine tests conducted – results all clear/normal  
 All clear/normal/full recovery – no tests or prescribed treatment required (other than contraceptive and cold/flu medication)

**c** Is the doctor/medical centre mentioned above your usual doctor/medical centre? No  Yes

If you have been a patient of this doctor for less than 12 months, please provide details of your previous doctor/medical centres.

Name of doctor

Doctor's address

State

Postcode

Phone number

Fax number

**2** This question is for females only

**a** Are you currently pregnant?

No  Yes  If 'Yes', what is the due date for your baby?

Will you be returning to work in the same capacity as your current occupation, eg back to the same or greater hours within or at the end of your 12-month maternity leave? No  Yes

**b** Have you ever had any complications with pregnancy or childbirth (eg diabetes, ectopic pregnancy, pre-eclampsia and excluding elective caesarean or miscarriage in the first 15 weeks)?

No  Yes  If 'Yes', please provide details including dates and results of treatment(s) and follow-up tests

**c** Have you ever had an abnormal result for any of the following tests?

i Pap smear No  Yes   
ii Breast ultrasound No  Yes   
iii Mammogram No  Yes

If 'Yes', please provide details and dates below

**d** Have you ever had a breast lump or breast cyst or any other type of breast abnormality (even if you have not consulted a doctor)?

No  Yes  If 'Yes', please provide details including dates and results of treatments and follow-up tests

**e** Have you ever sought treatment for any condition of the ovary, uterus, endometrium or perineum? No  Yes

If 'Yes', please provide details including dates and results of treatments

**QUESTIONNAIRE G – PERSONAL AND MEDICAL DETAILS QUESTIONNAIRE (CONTINUED)**

- 3 Have you ever had, or sought advice or treatment for, experienced symptoms of or suffered from any of the following:
- a Asthma (other than childhood), chronic bronchitis, emphysema, recurrent pneumonia or any other lung complaint? No  Yes
  - b Chest pains, heart complaint, cardiomyopathy, heart murmur, palpitations or rheumatic fever? No  Yes
  - c Stroke, paralysis, neurological disorder, multiple sclerosis, muscular dystrophy or blood vessel disorder? No  Yes
  - d Alzheimer's, Parkinson's, dementia or any other disorder of the brain? No  Yes
  - e Cancer, tumour or melanoma? No  Yes
  - f Thyroid, glandular, pituitary or pancreatic disorder? No  Yes
  - g Gastric or duodenal ulcer, persistent indigestion, gastro oesophageal reflux disease, Barrett's oesophagitis, irritable bowel or other bowel disorder (eg polyps, ulcerative colitis and Crohn's disease)? No  Yes
  - h Diabetes, gestational diabetes, insulin resistance or abnormal blood sugar? No  Yes
  - i Any disorder of the gall bladder or liver, including hepatitis B or C, or fatty liver/raised liver function? No  Yes
  - j Varicose veins, haemorrhoids or hernia? No  Yes
  - k Disorder of the kidney, bladder or prostate (including raised PSA), blood in urine or kidney stones? No  Yes
  - l Epilepsy, fits of any kind, fainting episodes, dizziness or vertigo or recurring headaches or migraines? No  Yes
  - m Chronic fatigue syndrome, lethargy, sleep apnoea or any sleeping disorder including insomnia? No  Yes
  - n Arthritis, gout, osteoporosis, fibromyalgia, repetitive strain injury (RSI) or any chronic pain syndrome? No  Yes
  - o Eczema, dermatitis, psoriasis or any other skin disorder? No  Yes
  - p Anaemia, leukaemia, haemophilia, haemochromatosis or any other blood disorder, embolism, thrombosis (DVT), or Factor V Leiden? No  Yes
  - q Any impairment of sight (other than corrected by glasses or lenses) or blurred vision? No  Yes
  - r Any impairment of hearing (including tinnitus, deafness, high frequency hearing loss) or speech? No  Yes
  - s Any other illness, injury, disease or disorder not mentioned above? No  Yes
  - t Other than for those conditions mentioned above, are you taking any regular prescribed medication? No  Yes
  - u Have you undergone screening for diseases or conditions such as, but not limited to, bowel cancer? No  Yes
  - v Within the last three years, have you had an ECG, x-ray (excluding broken bones or joint strains), any abnormal blood test results, or an ultrasound (other than for pregnancy)? No  Yes
  - w Are you considering seeking medical advice, treatment, tests or surgery in the future? No  Yes

If you have answered 'Yes' to any Question a to w above, please provide full details of each 'Yes' answer in Section D – General health questionnaire on page 51.

## QUESTIONNAIRE H – FAMILY HISTORY QUESTIONNAIRE

Only complete if you answered 'Yes' to Question 8 of Section B – Personal Statement.

1 Please complete the table below

Family member	Condition – if cancer, please state type (e.g. breast or colon cancer)	Age diagnosed
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** If you have a favourable genetic test result, for example, to show that you are not carrying a gene pattern associated with developing an illness that runs in your family, you may choose to disclose the result.

## QUESTIONNAIRE I – ADDITIONAL MEDICAL DETAILS

Only complete if you answered 'Yes' to any part of Questions 5c, 5d, 5e, Questions 7 or 8 in Section B – Personal Statement.

1 Do you have total cover (applied for including any cover with another insurer or superannuation fund) of more than

- \$500,000 of lump sum death cover, or
- \$500,000 of total and permanent disablement (TPD) cover, or
- \$200,000 of trauma and/or critical illness cover, or
- \$4,000 a month in total of any combination of income protection, salary continuance and business overheads cover?

No  If 'No', go to Section E      Yes  If 'Yes', continue to Question 2

**Note:** If you have a favourable genetic test result, for example, to show that you are not carrying a gene pattern associated with developing an illness that runs in your family, you may choose to disclose the result.

2 Have you had or do you in the next 12 months intend to have a genetic test?

No  If 'No', go to Section E      Yes  If 'Yes', please complete below

**Note:** If you have had a genetic test as part of a medical research study conducted by an accredited university or medical research institution where your individual test result has not been and will not be provided to you, or you have specifically asked not to receive the test results, then you may answer 'No'.

a What is/was the reason for your genetic test?

b What was the result of your genetic test?

or  test has not been done yet.

**SECTION D – GENERAL HEALTH QUESTIONNAIRE**

If you have answered 'Yes' to any part of Question 3a to w in Questionnaire G, please complete the table below.

	Question <input type="text"/>	Question <input type="text"/>	Question <input type="text"/>
1	Name of injury, illness, condition or tests	<input type="text"/>	<input type="text"/>
2	Date symptoms first started	<input type="text"/>	<input type="text"/>
3	Date symptoms ceased (if applicable)	<input type="text"/>	<input type="text"/>
4	Are these symptoms singular, recurrent or ongoing?	<input type="text"/>	<input type="text"/>
5	How often do/did you have symptoms? Please choose one of the following: <b>daily, weekly, monthly, quarterly, half-yearly, one-off, other (please specify)</b>	<input type="text"/>	<input type="text"/>
6	Severity of symptoms? Please choose one of the following: <b>mild, moderate, severe, never had symptoms, symptoms ceased</b>	<input type="text"/>	<input type="text"/>
7	Did you take medication or have any other treatment for this condition?  If 'Yes', please give details of the medication/treatment	No <input type="checkbox"/> Yes <input type="checkbox"/>  Details	No <input type="checkbox"/> Yes <input type="checkbox"/>  Details
8	Are you still on treatment, including medication?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
9	Have you ever been off work as a result of this condition?  If 'Yes', please state the total time off work in days, months and years	No <input type="checkbox"/> Yes <input type="checkbox"/>  Days Months Years	No <input type="checkbox"/> Yes <input type="checkbox"/>  Days Months Years
10	Do you or have you had any residual, ongoing effects or restrictions as a result of this condition?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
11	Have you ever had an x-ray, scan or blood test for this condition?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
12	Is your treating doctor different from your usual doctor?  If 'Yes', please provide the doctor's name, address and phone number	No <input type="checkbox"/> Yes <input type="checkbox"/>  Details	No <input type="checkbox"/> Yes <input type="checkbox"/>  Details

**Duty to take reasonable care****About this application**

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the *Insurance Contracts Act 1984* (Cth). When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

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

**The duty to take reasonable care**

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

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

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

**If you do not meet your duty**

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

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

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

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

**Guidance for answering our questions**

You are responsible for the information provided to us. When answering our questions, please:

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

**Changes before your cover starts**

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

**If you need help**

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

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

**Notifying the insurer**

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

**These sections must be completed in all circumstances.**

## SECTION F – ADDITIONAL REQUIREMENTS

The telephone underwriting facility may reduce the need for follow-up information and medical reports, resulting in faster completion. I permit the insurer (AIA Australia) to call me (the life to be insured) to clarify or gain further information regarding any matter pertaining to the assessment and processing of this application. I understand that the call will form part of my Duty to take reasonable care as described in Section E.

No  Yes

Should a blood test or a medical examination be required, please indicate whether you would like us to organise for a nurse to visit you:

No  Yes

If 'Yes' is selected for one or both of the above statements,

I am contactable on (phone)  between the hours of   
(note they must be usual business hours).

## SECTION G – DOCTOR'S DETAILS

In the event that we require further medical information, we require the contact details of your usual GP/doctor.

Name of doctor

Doctor's address

Phone number

Fax number

## SECTION H – PRIVACY

In completing this form you may be providing AIA Australia Limited with personal and sensitive information. The collection and management of this information must be handled, collected, used and disclosed in accordance with the Privacy Act 1988 (Cth) and the AIA Australia Group Privacy Policy as updated from time to time (AIA Australia Privacy Policy). For more information about the AIA Australia Privacy Policy (including notification) please refer to [aia.com.au](http://aia.com.au) or contact 1800 333 613 to request a copy.

## SECTION I – MEDICAL CONSENT

### Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia) collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Even if we collect information from health providers (such as your General Practitioner), before the insurance starts you must still tell us every matter (including about your health) that is relevant to our decision about whether to offer you insurance, and if so, on what terms. This is your Duty to take reasonable care under the *Insurance Contracts Act 1984* (Cth).

Please read each Authority carefully and the explanatory notes below.

**Authority 1 explanatory notes** – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health

provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

**Authority 2 explanatory notes** – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within four weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

**If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.**

### Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to AIA Australia, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form AIA Australia asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- AIA Australia can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while AIA Australia is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

#### Signature

Print name

Date signed

(dd/mm/yyyy)

### Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to AIA Australia, or to third parties they engage, only if AIA Australia has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks, or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- AIA Australia can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while AIA Australia is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

#### Signature

Print name

Date signed

(dd/mm/yyyy)

**SECTION J – DECLARATION**

This section must be completed in all circumstances.

I have read the Duty to take reasonable care in Section E and I am aware of the consequences of non-disclosure.

I understand that the Duty to take reasonable care continues after I have completed this statement until my application for cover has been accepted by AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia) in writing.

**I have read and understood the privacy section of the PDS. I acknowledge and consent to the use and disclosures of my personal information as detailed in that section.**

I authorise:

- AIA Australia to refer any statements that have been made in connection with my application for cover and any medical reports to other entities involved in providing or administering the insurance (for example, reinsurers, medical consultants, legal advisers)
- AIA Australia and any person appointed by the insurer to obtain information on my medical claims and financial history from the Insurance Reference Association and any other body holding information on me.

I declare that:

- the answers to all the questions and the declarations on this Personal Statement are true and correct (including those not in my own handwriting)
- I have not withheld any information which may affect AIA Australia's decision to provide insurance
- I understand that interim cover may apply while my application is being assessed in accordance with the terms set out on page 18.

I acknowledge Section H and that AIA will handle, collect, use and disclose my personal and sensitive information provided in this form in accordance with the privacy law.

I acknowledge that the answers I have provided, together with any special conditions, will form the basis of the contract of insurance.

I elect to hold insurance cover (as specified in this form) through my superannuation account even if I am under the age of 25 or my account balance is less than \$6,000.

A photocopy of this authorisation is as valid as the original. I agree to provide further medical authorities if requested.

**Please be aware that AIA Australia may request further medical evidence as a result of the answers given in this Personal Statement.**

Original signature of the person to be insured

Print name

  

Date signed

 (dd/mm/yyyy)

Please return the completed form, with attachments, to:

Colonial First State, Reply Paid 27, Sydney NSW 2001

If you have any questions or require assistance, please call 1300 654 666

**ADVISER USE ONLY**

Are you submitting any life insurance applications for this customer through AIA Australia? No  Yes

Product name

Proposal/Policy number

Should a blood test or a medical examination be required, please indicate whether you would like us to organise for a nurse to visit your client:

No  Yes

Adviser name

  

Contact number

Dealer ID

Adviser ID

Dealer/Adviser stamp (please use black ink only)

An address listed here may be used for adviser correspondence relating to the assessment of this application.

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