

Reference guide

Insurance

Prepared: 1 June 2021

;The information in this guide is a summary of the important terms and conditions of your insurance and forms part of the Product Disclosure Statement (PDS) for smartMonday PRIME dated 1 June 2021

This information, including terms and conditions, may change from time to time. Changes to non-materially adverse information in this guide will be made available on our website at smartMonday.com.au or on request free of charge.

If your employer has nominated non-standard automatic insurance cover for you and other employees of that employer (referred to as an 'employer plan'), further details of that cover will be provided in a *Plan Outline* included your *Welcome pack*. You should read the information in this guide together with any *Plan Outline* provided to you.

Insurance cover is provided through a group insurance policy with AIA Australia Limited (ABN 79 004 837 861 AFSL 230043, 'the insurer') and held by the trustee on your behalf. Cover is subject to the terms and conditions contained in the applicable insurance policy, the interpretation of which will prevail over any information that may be inconsistent with the PDS, this reference guide, and any other related disclosure or information.

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Death and total and permanent disablement

Eligibility

You will be eligible for death and TPD cover in the fund if you are:

- aged 15 years or over;
- under age 65;
- joined to the fund by a Participating Employer ('employer') in the fund;
- an Australian Resident (meaning an Australian citizen, Australian Permanent Resident visa holder or New Zealand citizen who holds a Special Category visa while residing in Australia indefinitely), or hold a current and valid visa (which allows you to work in Australia) and currently residing in Australia.

In addition to the above, to be eligible for automatic cover the following additional eligibility requirements apply:

- your account balance has reached \$6,000*;
- you are age 25* to 64;
- you do not work in a hazardous/uninsurable occupation. For a list of occupations see the latest *Occupation ratings* guide available at smartMonday.com.au;
- you have not made a claim, been paid nor eligible to be paid a TPD or terminal illness benefit with any other super fund or insurance policy;
- you have not been previously declined or restricted death or TPD cover as a result of being underwritten by the insurer;
- you have not reduced or cancelled either component of death or TPD cover currently held, or previously held, under the fund;
- you are not a member of an 'Excluded Employer' as defined under the policy.

* Unless you have made an election to 'opt-in' to automatic cover earlier. See next page.

Automatic cover

Standard cover

Standard cover provides death and TPD insurance designed to help ensure you have enough cover to protect you and your family if something goes wrong. We've designed the standard cover to balance what we think is adequate and affordable levels of cover for the membership with the flexibility to let you tailor it to your particular needs.

Standard cover is automatically provided when you satisfy the eligibility criteria (described above). The level of cover provided for death and TPD is based on the minimum levels of cover (according to your age), unless 'Employer plan cover' applies to you. Most members are eligible for standard cover but there may be circumstances where cover won't be provided immediately on joining the fund, or you won't be eligible for the full level of cover (e.g. if we are notified by your employer that you are a casual employee).

You may also be eligible for standard income protection cover which is provided automatically when you become eligible. See the section on income protection on page 13.



Important information:

- Check your *Welcome Pack* for information about insurance cover when you join the fund. If you want to turn insurance cover on before you have met the minimum age and account balance criteria, follow the instructions in your *Welcome Pack* or contact us as soon as possible.
- Check that your **occupation factor** is appropriate for the type of work that you do. You have been defaulted to a '**Blue collar**' occupation factor if you or your employer have not notified us of your occupation category. This may result in you paying more for your insurance cover than you need to. Check your *Welcome Pack* and let us know if the factor applied does not accurately reflect the type of work you perform, or if your occupation changes. Descriptions of occupation factors are shown on page 9.
- Read the eligibility section of this guide carefully and let us know if your employment status changes (e.g. from casual to permanent, or from a factory job to an office job) because it could have a big impact on your cover. See page 23 about reclassifying your occupation.
- You can cancel any cover you have in the fund (including any automatic cover) at any time by contacting us.
- We must cancel your insurance cover if your account becomes inactive for 16 continuous months. If you wish to keep your cover notwithstanding inactivity in your account, you can make a written election or you can ensure your account doesn't become inactive by making regular contributions. Cover may cease in other circumstances including if there is insufficient money in your account to meet the cost of cover. Where we can, we will contact you before this happens and provide you with the opportunity to keep your cover. **Note:** an election to keep your cover does not mean cover continues indefinitely and cover may cease for some other reason.
- If your employer ceases to fully fund the costs of your automatic cover, it may be cancelled if you are unable to fund the cost of cover via deductions from your account. We will contact you before cover is cancelled and let you know what your options are, if any, to maintain your cover.
- Where cover is cancelled (e.g. for any of the above reasons, or otherwise under the policy terms set out in this guide), future applications for cover will be subject to acceptance by the insurer. The insurer may also decide to apply restrictions or a premium loading to your cover after assessing your application.

**Standard cover - Minimum levels of cover
(based on your age) from 1 July 2020**

Age	Death cover	TPD cover
Up to 24	\$311,052	\$442,120
25 to 42	\$442,120	\$442,120
43	\$414,486	\$414,486
44	\$386,854	\$386,854
45	\$359,223	\$359,223
46	\$331,590	\$331,590
47	\$303,956	\$303,956
48	\$276,324	\$276,324
49	\$248,692	\$248,692
50	\$221,060	\$221,060
51	\$198,953	\$198,953
52	\$176,848	\$176,848
53	\$154,742	\$154,742
54	\$132,635	\$132,635
55	\$99,476	\$99,476
56	\$88,424	\$88,424
57	\$77,371	\$77,371
58	\$66,318	\$66,318
59	\$55,264	\$55,264
60	\$44,212	\$44,212
61	\$33,158	\$33,158
62 to 69	\$22,106	\$22,106
70	\$0	\$0

Note:

- The minimum levels of cover increase on 1 July each year by the lower of inflation as measured by the increase in the Consumer Price Index (CPI) or 5%.
- Eligible casual employees receive 25% of the standard automatic death and TPD cover. Your employer will notify us if you are a casual employee.

**Employer plan cover
(non-standard automatic cover)**

Your employer may establish a tailored insurance arrangement that sets a particular level or salary-based formula for the automatic death and TPD insurance cover in your employer plan (also referred to as non-standard automatic cover).

The levels of cover will be the higher of that cover and the minimum levels provided under standard cover (shown on this page). Automatic acceptance limits (AAL) may apply to the employer’s nominated cover. We review your levels of cover annually on 1 July. We may change your level of cover during the year if there’s a change in your occupation classification or your employer advises a new salary (where a salary formula applies), provided you or your employer notify us within 120 days of the change. When you turn age 65, TPD cover will convert to the minimum level of cover for your age.

The cover nominated by your employer will be shown in a *Plan Outline* included in your *Welcome pack*. Employer plan cover is subject to eligibility, commencement of cover, the At Work requirement, and New Events limitation rules.

Opt-in to automatic cover earlier

You can opt-in to automatic cover before you have reached the age of 25, or before your account balance has reached \$6,000 (subject to meeting the other important eligibility criteria). Your *Welcome Pack* will have information on how to turn your cover on early.

Commencement of automatic cover

Automatic cover generally commences with effect from the day you meet the eligibility criteria described on the previous page, and provided you are joined to the fund (and contributions are made by the participating employer).

Cover will be limited to **New Events** (see next page) until you are At Work for 30 consecutive days, whereupon your cover will convert to Full Cover.

Employer-funded arrangements

Some employers may elect to fully pay the costs of automatic insurance cover for their employees joined to the fund. In this case, the employer plan is exempt from the minimum age (25) and balance (\$6,000) eligibility rules, which means that cover can commence from the day the member is joined to the fund.

If you are not At Work on the day you are joined to the fund, then your cover will be restricted to New Events until you are At Work for 30 consecutive days. If you are joined to the fund more than 120 days after commencing employment then your cover will be restricted to New Events for 24 continuous months. Full cover will apply once you are At Work for 30 consecutive days at the end of the 24 month period.

Plans with less than 5 members

If you are joined to the fund in an employer plan with less than 5 members, your cover will be restricted to New Events for 24 continuous months from the time you become eligible for cover to commence. Full cover will apply once you are At Work for 30 consecutive days at the end of the 24 month period.

The At Work requirement

Any New Events cover converts to Full Cover when the At Work requirement is satisfied for 30 consecutive days after the end of the New Events period.

Being 'at work' means you are:

- actively performing all of your normal duties, without limitation or restriction due to injury or sickness, and working normal hours on the day cover is to commence; and
- in the insurer's opinion, not restricted by injury or sickness from being capable of actively performing all of your normal duties on a full-time basis for at least 35 hours per week even though actual employment may be on a full-time, part-time, casual, or contract basis; and
- not in receipt of, or entitled to claim, any income support benefits from any source including but not limited to workers' compensation benefits, statutory transport accident benefits and disability income benefits.

You'll be considered to be At Work if, on the applicable date, as the context requires, you are on employer-approved leave for reasons other than injury or sickness, and not taking into account the leave, able to meet the At Work requirement.

If you're not working, but have been working previously (e.g. you're a qualified builder and currently unemployed but between jobs), the insurer will assess your At Work status by your capability of performing, for at least 35 hours per week, the duties that you normally complete in your role or previous occupation immediately prior to unemployment.

New Events cover

New Events cover means that you're only covered for an injury or sickness that occurs or becomes apparent after your cover commences or most recently recommences (whichever is the later).

Note: You can apply to remove the New Events restriction at any time by completing the *Personal statement and declaration of health* form available smartMonday.com.au. You'll need to provide health information (and such other evidence the insurer may require) to the insurer and your application will be subject to the insurer's approval.

Automatic acceptance limits (AALs)

AAL is the maximum level of automatic cover that you may be eligible for without needing to provide additional health information. The level is set according to the number of lives insured in your employer plan. If the automatic death and TPD cover otherwise applicable to you is in excess of the AAL, your automatic cover will be limited to the AAL.

No. of lives insured	AAL
1-4	The minimum level of cover for your age shown on page 3
5-9	\$350,000 (or the minimum level of cover for your age if your employer hasn't nominated a different benefit design.)
10-19	\$400,000 (or the minimum level of cover for your age)
20-49	\$550,000
50-99	\$750,000
100-299	\$1,000,000
300-499	\$1,050,000
500-999	\$1,250,000
1,000+	Negotiable (shown in a <i>Plan Outline</i> included in your <i>Welcome pack</i> , if applicable).

Tailoring cover to suit your needs

You can choose the type and level of cover to suit your personal circumstances. To change your cover you'll usually need to complete one of the insurance forms available at smartMonday.com.au or call us on **1300 880 588**.

Additional or 'Voluntary' cover

You can increase, fix your level of cover at a dollar amount, or transfer other cover you may have into the fund. This cover will be known as 'voluntary' cover and will be in addition to or replace any automatic cover you already have (for example, if you reduce your level of automatic cover then your reduced amount of cover will become voluntary cover. Any reduction in automatic cover, however, means you will no longer be able to obtain automatic cover again under the fund). Unless otherwise stated, for increases to your cover or fixing your cover, you may need to provide additional information about your health and lifestyle and the cover will only commence on the day your application is accepted.

Note:

- Additional costs will apply to increased amounts of cover.
- Your cover may convert to a fixed (dollar amount) of voluntary cover on cessation of employment – refer to page 24.

Fast-track your application for voluntary cover

If you're under age 55, you can complete a *shorter application* form which fast-tracks the approval process.

Forms are available at smartMonday.com.au.

Short-form applications are subject to the following limits.

Cover	Limit
Death	\$1 million
TPD	\$1 million

Insurance limits

The maximum levels of cover you can have in the fund are:

Cover	Limit	
	Aged 16 to 64	Aged 65 to 69
Death	Unlimited	\$2 million
TPD*	\$3 million	Automatic minimum level cover shown on page 3

* Any TPD cover (except automatic minimum level of cover) that does not reduce with age will reduce linearly each year from age 60 to zero at age 65.

Transferring cover into the fund

You can transfer any death and TPD cover that you have in other super funds or policies into the fund. Transferred cover will be classified as 'voluntary' cover and be in addition to any automatic cover you have in the fund.

Some additional conditions (including eligibility criteria, conditions for the commencement of cover, exclusions) and transfer limits will apply, so please see the latest *Individual Insurance Transfer* form available on the website.

Your total cover in the fund following the transfer of cover can't exceed the limits for each type of insurance benefit.

Transferred cover will only commence in the fund once the insurer accepts your application.

Interim cover (accidental injury cover)

You'll be provided with interim cover (for the same amount as your application, subject to the maximum cover levels described under 'Insurance limits') for accidental injury while your application for cover or increased cover is being assessed. (Interim cover applies to any cover that is subject to underwriting by the insurer.) Accidental injury means a physical injury that is caused solely and directly by violent, visible, external, and unexpected means that is not traceable, even indirectly, to any pre-existing mental or physical condition.

You'll be covered until:

- your application is either accepted or rejected by the insurer, or
- you cancel or withdraw your application, or
- 90 days from the date the insurer receives your completed application, or
- your cover would have otherwise ceased.

Exclusions

The following exclusions apply to interim cover:

- no accidental injury benefit will be payable if death or disability is caused directly or indirectly by you engaging in any sport or pastime where the insurer would not normally cover you on standard rates or terms, and
- any other exclusions set out in this guide.

Life stages additional cover

Big things happen in life and you might want to consider looking at your level of insurance cover when they happen to you. Personal events like starting a family or buying your first home, or business events like starting your own business may alter your insurance needs. Life stages cover gives you the opportunity to increase your cover (up to 3 times during your membership) without the need to provide additional health information.

Applying for life stages cover

You'll need to complete a *Life stages cover application* form within 60 days of the personal or business event occurring. The form is available at smartMonday.com.au and we will require evidence of the event, usually in the form of certified copies of important documents (e.g. a marriage or birth certificate).

Personal events	Cover may be increased by the lesser of:
<ul style="list-style-type: none"> > Marriage > Divorce > Turning 30 > Birth or adoption of a child > Child turning 12, or enrolling in private education 	<ul style="list-style-type: none"> > 25% of your current death/TPD insured amount, and > \$200,000
<ul style="list-style-type: none"> > Commencing a first mortgage or increasing an existing first mortgage for the purpose of building or renovating which is the principal place of residence 	<ul style="list-style-type: none"> > 50% of your current death/TPD insured amount > the amount of the primary mortgage > the amount of the increase of the primary mortgage, and > \$200,000
Business events	
<ul style="list-style-type: none"> > You are a key person* in a business and your financial interest in the business or value to the business, averaged over the last 3 years has increased 	<ul style="list-style-type: none"> > 25% of your current death/TPD insured amount > the increase in the value of your financial interest in the business or value to the business, averaged over the last 3 years, and > \$200,000

*A key person is a working partner, director or significant shareholder.

Loyalty additional cover

It can be difficult to increase your level of insurance cover especially as you get older and start to have a few health issues. That's why after 5 consecutive years of holding death and/or TPD cover in the fund and every 5th anniversary after that, you'll have the opportunity to increase your cover without needing to provide additional health information. You'll be able to increase your cover by the lesser of:

- > 25% of your current insured amount, and
- > \$100,000.

If you're eligible, just contact us within 60 days of your 5th anniversary date and we'll send you the details and application form.

Eligibility for life stages and loyalty cover

To apply you must:

- > be under 55
- > be At Work on the date of your application
- > not have been off work or restricted from carrying out your current and normal occupation for more than 10 days in the last 12 months for the same medical conditions
- > hold death or TPD cover on standard terms with no loadings, restrictions or exclusions, and
- > not have made, lodged, or be eligible to lodge a claim, or been previously declined cover, with any fund or insurer.

Any increase to your cover will commence on the day the insurer accepts your application.

Exclusions for life stages and loyalty cover

The following exclusions or restrictions apply to the amount of additional cover:

- > suicide or attempted suicide within the first 13 months from the date of the increase; and
- > any other exclusions set out in this guide.

Death cover conditions

Death cover provides for a lump sum insurance benefit to be paid if you die, usually to your beneficiaries or dependants. It also includes a terminal illness benefit, which is an advance payment of the Death benefit if you are diagnosed as suffering from a terminal illness.

When death cover ceases

Death cover ceases on the earliest date that any of the following apply:

- you turn age 70
- you die
- if we have not received an amount for you (e.g. contribution or rollover) for a continuous period of 16 months (i.e. your account becomes inactive) unless you have provided a written election to maintain your cover
- the date we receive your written request to cancel your cover
- 60 days after premium payments cease
- 60 days after you cease to be a member of the fund
- the date your TPD benefit is paid or becomes payable (except where death cover is greater than TPD cover, in which case the remaining death cover will continue until the occurrence of any other condition listed here)
- the date your terminal illness benefit is paid or becomes payable
- if you are not an Australian Resident and temporarily employed overseas, 3 months after the date you leave and remain outside of Australia
- if you're a New Zealand citizen who holds a Special Category Visa, the date 6 months after you leave and remain outside of Australia, and
- a circumstance resulting in the cessation of cover, as specified in General conditions on pages 23-24, occurs.

Exclusions

In addition to any underwriting exclusions imposed by the insurer, death cover excludes:

- death from suicide that occurs within 13 months of effecting any voluntary additional cover (inclusive of cover reinstated due to inactivity after 90 days of it ceasing), life stages cover, or loyalty cover. It is only the increased or reinstated amount that is not payable under these circumstances, and
- active service in the armed forces of any country or international organisation.

Terminal illness

If you suffer from an illness or have incurred an injury that could result in death within a 24-month period and two registered medical practitioners (one must be a specialist in the area of the illness or injury that you suffer from) certify that despite reasonable medical treatment, it is likely that you have less than 24 months to live you may be eligible to receive your insured death benefit. Simply lodge a claim while cover is still effective and the policy is still in force. You may also be eligible to receive your accumulated super savings in your account balance in the fund (if any).

TPD cover conditions

TPD cover provides for a lump sum insurance benefit to be paid if you become totally and permanently disabled.

For all cover other than any automatic cover, if you choose to have TPD which is above your level of death cover, you will pay an additional 20% on the premium rate applying to the amount of TPD cover over death cover.

When TPD cover ceases

TPD cover ceases on the earliest date that any of the following apply:

- you turn 70 for automatic cover, and 65 for any voluntary cover (including fixed cover) you have
- you die
- if we have not received an amount for you (e.g. contribution or rollover) for a continuous period of 16 months (i.e. your account becomes inactive) unless you have provided a written election to maintain your cover
- the date we receive your written request to cancel your cover
- 60 days after premium payments cease
- 60 days after you cease to be a member of the fund
- the date your TPD benefit is paid or becomes payable
- the date your terminal illness benefit is paid or becomes payable (except where TPD cover is greater than death cover, in which case the remaining TPD cover will continue until the occurrence of any other condition listed here)
- if you are not an Australian Resident and temporarily employed overseas, 3 months after the date you leave and remain outside of Australia
- if you're a New Zealand citizen who holds a *Special Category* Visa, the date 6 months after you leave and remain outside of Australia, and
- a circumstance resulting in the cessation of cover, as specified in General conditions on pages 23-24, occurs.

Exclusions

In addition to any underwriting exclusions imposed by the insurer, TPD cover excludes:

- disablement directly or indirectly, wholly or partly caused by intentional self-inflicted injury or any such attempt by you whether sane or insane
- active service in the armed forces of any country or international organisation.

Other information about your TPD benefit

- any TPD cover (except automatic minimum level cover shown on page 3) that does not reduce with age will reduce linearly each year from age 60 to zero at age 65 when cover will cease
- benefits are paid separate to any claim made under your income protection insurance cover (if you have any).

Premium rates for death and TPD

The cost of your insurance is deducted monthly in arrears from your account. Costs depend on the annual premium rate for your age and the type of cover you have, the amount of cover, and your occupation factor. If you have voluntary cover, the insurer may also apply a loading which is an additional cost built into your annual premium rate, if they determine after assessing your application for additional cover that you are in a higher risk category of health. The insurer will notify you if this happens, and cover commencing is subject to your agreement.

For all cover other than any automatic cover, if you choose to have TPD which is above your level of death cover, you will pay an additional 20% on the premium rate applying to the amount of TPD cover over death cover.

The annual premium rates shown here:

- > represent the cost per \$1,000 of cover
- > are inclusive of stamp duty and an insurance administration fee of 10% (plus Goods and Services Tax (GST) and net of Reduced Input Tax Credits (RITC)) of the insurance premium which is payable by you to Aon for insurance administration services provided directly by Aon. The fee does not form part of the insurance premium payable to the insurer, but is a cost related to insurance that is deducted from your account. In the PDS and this guide, we refer to the total insurance cost as the premium rate.
- > do not reflect any occupation factor. If we are not notified of your occupation category by you or your employer, we will apply a 'Blue Collar' occupation factor to the calculation of your premium. See page 9 for occupation factors.

Age next birthday	Death	TPD
16	\$0.19	\$0.14
17	\$0.26	\$0.16
18	\$0.33	\$0.22
19	\$0.40	\$0.26
20	\$0.43	\$0.33
21	\$0.46	\$0.31
22	\$0.44	\$0.28
23	\$0.40	\$0.27
24	\$0.35	\$0.23
25	\$0.33	\$0.22
26	\$0.30	\$0.22
27	\$0.31	\$0.19
28	\$0.33	\$0.19
29	\$0.33	\$0.22
30	\$0.33	\$0.23
31	\$0.36	\$0.22
32	\$0.38	\$0.23
33	\$0.39	\$0.26
34	\$0.40	\$0.27

Age next birthday	Death	TPD
35	\$0.45	\$0.26
36	\$0.46	\$0.27
37	\$0.48	\$0.33
38	\$0.53	\$0.33
39	\$0.57	\$0.35
40	\$0.60	\$0.41
41	\$0.65	\$0.45
42	\$0.74	\$0.50
43	\$0.79	\$0.56
44	\$0.89	\$0.64
45	\$0.98	\$0.73
46	\$1.08	\$0.88
47	\$1.19	\$1.06
48	\$1.36	\$1.26
49	\$1.49	\$1.48
50	\$1.70	\$1.73
51	\$1.88	\$2.02
52	\$2.08	\$2.43
53	\$2.32	\$2.94
54	\$2.59	\$3.48
55	\$2.89	\$4.12
56	\$3.10	\$4.92
57	\$3.43	\$5.80
58	\$3.82	\$6.73
59	\$4.24	\$7.76
60	\$4.70	\$8.86
61	\$5.20	\$10.03
62	\$5.74	\$11.38
63	\$6.29	\$12.74
64	\$6.93	\$14.21
65	\$7.60	\$15.85
66	\$9.08	\$17.67
67	\$10.17	\$20.42
68	\$11.39	\$23.55
69	\$12.76	\$27.12
70	\$14.29	\$31.16

Occupation factors for death and TPD

Occupations are given a risk rating (or factor) according to the type of work performed. The higher risk of death or injury, the higher the risk factor the insurer will apply to the calculation of insurance costs.

See the table below for the different occupation factors. If your occupation is listed with the 'Activities of daily working' definition for TPD (see pages 11 and 12), the occupation factor associated with death cover will also apply to TPD cover.

Some occupations may not be eligible for any insurance cover in the fund because the insurer consider them too hazardous.

You should check the *Occupation ratings* guide at smartMonday.com.au.

Occupation category	Description	Factor	
		Death	TPD
Class 1 Professional	Professionals (e.g. CPA/CA accountant, lawyer, doctor, pharmacist), executives and senior management (e.g. CEO, CFO) with tertiary qualifications and high incomes.	0.90	0.85
Class 2 White collar	Office-based with no manual work, e.g. clerical roles, professional or administrative roles such as architect, accountant, computer analyst, lecturer, social worker, administrator, clerk.	1.00	1.00
Class 3 Grey collar	Primarily non-manual work but may involve light manual duties only, such as hairdresser, shop assistant, florist, cashier, tailor.	1.25	1.50
Class 4 Blue collar	Moderate degree of manual work, or recognised qualified trades such as baker, gasfitter, electrician, mechanic, signwriter, printer, greengrocer.	1.50	2.00

Occupation category	Description	Factor	
		Death	TPD
Class 5 Heavy blue collar	Heavy manual work or those with a degree of additional risk of disability, such as boilermaker, gardener, storeman, tyre fitter, welder.	2.00	3.00
Collective	A collective rating applied to all members in a particular employer plan based on the overall risk rating of the members in the plan.	Negotiated with the employer, if applicable (this will be shown in a <i>Plan Outline</i> in your <i>Welcome pack</i> if applicable)	

Default occupation category: 'Blue collar'

If we're not notified of your occupation category, we will apply a 'Blue collar' factor to the calculation of your insurance premium.

For more information on updating your occupation category see page 23. You'll need to complete and return the *Reclassify your occupation* form at smartMonday.com.au.

If at claim time the insurer assesses that you've been working in a 'hazardous' occupation (as set out in the latest *Occupation ratings* guide) and therefore normally not eligible for cover, or one that should have been given a higher risk factor, then additional premiums may be deducted from your benefits and you'll be assessed using the 'Activities of daily working' definition of TPD. On the other hand, if you've been working in a lower risk occupation than that which your premium was calculated on, any overpaid premiums may be added to your benefit payment.

Calculating the cost of your insurance

Your annual premium equals:

$$\text{Amount of cover} \times \text{annual premium rate} \times \text{occupation factor}$$

$$\$1,000$$

Example: You're turning 42 at your next birthday and working in an occupation rated as 'Blue Collar'. Your level of automatic cover for death and TPD will be \$442,120 according to the table on page 3. Your premium for the year would be calculated as:

$$\text{Death cover: } \frac{\$442,120}{\$1,000} \times \$0.74 \times 1.50 = \$490.75$$

$$\text{TPD cover: } \frac{\$442,120}{\$1,000} \times \$0.50 \times 2.00 = \$442.12$$

Total premium for 2020/21 (assuming no changes to your cover) \$932.87

Premiums will be deducted from your account monthly in arrears.

Disability definitions for TPD

If you lodge a TPD claim you will be assessed by the insurer as follows:

- Where you're under age 65 and working at least 15 hours per week immediately prior to becoming disabled, and do not have an occupation listed with the Activities of daily working (ADW) definition (see pages 11 and 12), you'll be assessed against Part A or B. If you don't satisfy these definitions, you can still be assessed against the Part C definition.
- Where you're age 65 or above or working less than 15 hours per week immediately prior to becoming disabled, you'll be assessed against Part B or C.
- If you have an occupation listed as ADW for TPD as outlined in pages 11 and 12 of this guide you will be assessed against Part C of the definition.

Part A – Standard definition

As a result of injury or sickness, you:

- have not performed any work for an uninterrupted period of at least 6 consecutive months solely due to the same injury or sickness; and
- are attending and under the regular care and following the advice of a medical practitioner and have undergone all reasonable and usual treatment including rehabilitation for the injury or sickness; and
- after consideration of all the medical evidence and such other evidence as the insurer may require, have become in the opinion of the insurer, incapacitated to such an extent as to render you unable ever again to be gainfully employed in your usual occupation and any other occupation for which you are reasonably suited by education, training or experience.

In determining whether an occupation is reasonably suitable for you, the insurer will consider the skills you may acquire through reasonable retraining taking into account your education, training or experience.

Part B – Irrecoverable loss

You have suffered the permanent loss of:

- the use of two limbs; or
- the sight in both eyes; or
- the use of one limb and sight in one eye.

Where 'limb' means the whole hand or whole foot; and, after considering all of the medical evidence and such other evidence as the insurer may require, you have become, in the opinion of the insurer, as a result of the same injury or sickness, incapacitated to such an extent as to render you unable ever again to be gainfully employed in your usual occupation and any other occupation for which you are reasonably suited by education, training or experience.

Important

This guide does not show all definitions in the policy relevant to determining your eligibility for cover or payment of an insured benefit. For information about other definitions, contact us.

Part C – Activities of daily working (ADW)

For a period of 6 consecutive months after the occurrence of the injury or sickness, you have been continuously unable to perform (with or without aids and adaptations*) at least 3 of the following activities, as certified by a medical practitioner:

Mobility: the ability to:

- bend, kneel or squat to pick something up from the floor and straighten up again, and get into and out of a standard sedan car; or
- walk more than 200 metres at a normal pace on a level surface without stopping due to breathlessness as a result of a medical condition or angina.

Vision: the ability to see, such that an ophthalmologist can certify that your visual acuity is better than 6/60 in the better eye or a visual field of greater than 10 degrees (i.e. not legally blind).

Lifting: the ability to lift (from bench height) and carry 5 kg weight a distance of 10 metres and place the item back down at bench height.

Communicating: the ability to:

- speak with sufficient clarity such you can hold a conversation with another person in a quiet room in your first language. This involves understanding a simple message and relaying that message to another person; or
- hear such that an audiologist can certify that you have a hearing ability of less than or equal to 40db in the better ear (averaged over the frequencies 0.5, 1, 2 and 3 KHz) in an audiometry test.

Manual dexterity: the ability to use:

- at least one hand to pick up and/or manipulate small objects such as picking up a coin from desk height, using cutlery or fastening buttons; or
- a pen, pencil or keyboard to write a short note that can be understood by another person in your first language.

and, after consideration of all the medical evidence and such other evidence as the insurer may require, you have become, in the opinion of the insurer, incapacitated to such an extent as to render you unlikely ever to be able to perform any 3 of the above activities;

and, the insurer, after considering all relevant evidence which is reasonably available, then determines that you will be unlikely ever to be gainfully employed in any occupation for which you are reasonably suited by education, training or experience.

Where you are unable to perform one or more of the above activities upon the date cover commenced, that activity shall not be taken into consideration during the TPD assessment.

* Aids and adaptations refers to equipment or fixtures to assist you without the assistance of another person to carry out the activities.

Occupations listed with the 'Activities of daily working' (ADW) definition for TPD

If an occupation is listed with an ADW definition for TPD, the occupation factor associated with the death cover component will also apply to the TPD cover. For example, the occupation factor used to calculate TPD insurance premiums for an Abattoir Worker would be Heavy Blue (HB) and the occupation factor for an Air Traffic Controller would be White Collar (W).

Occupation	Death	TPD
Abattoir Worker	HB	ADW
Air Traffic Controller	W	ADW

Occupation category	Code
Professional	P
White Collar	W
Grey Collar	G
Blue Collar	B
Heavy Blue Collar	HB

The following occupations are listed with an ADW definition for TPD. This list is taken from the Occupation ratings guide current at the time of preparation of this guide. The guide is available on our website at smartMonday.com.au.

Occupation	Death	TPD
Abattoir Worker	HB	ADW
Actor	W	ADW
Air Traffic Controller	W	ADW
Airline Industry [pilot/crew]	W	ADW
Ambulance Officer	HB	ADW
Antenna Erector [up to 10m]	HB	ADW
Armed Services/Force [Not Pilots & Special Forces]	HB	ADW
Asphalt Layer	HB	ADW
Assembly Line Worker	HB	ADW
Author	W	ADW
Backhoe Operator	HB	ADW
Beach Patrol Lifeguard	HB	ADW
Blacksmith	HB	ADW
Bob Cat Operator	HB	ADW
Bookmaker	W	ADW
Brewery Worker	HB	ADW
Brick Cleaner	HB	ADW
Builder's Labourer	HB	ADW
Car Park Attendant	G	ADW
Carpet/Floor Covering Layer	HB	ADW

Occupation	Death	TPD
Cement renderer	HB	ADW
Cleaner [Factory/Defence Base]	HB	ADW
Concrete Layer/Labourer	HB	ADW
Courier [Bicycle]	HB	ADW
Courier [Motor Cycle]	HB	ADW
Crane Driver	HB	ADW
Cray Fisherman	HB	ADW
Deckhand	HB	ADW
Detention Centre Worker [includes manager/officer]	HB	ADW
Disc Jockey	HB	ADW
Docker/Stevedore/ Waterside Worker	HB	ADW
Drillers [Water/Oil/Mineral]	HB	ADW
Driver [Armoured car]	HB	ADW
Driver [Coach/Truck – long distance, >500km radius]	HB	ADW
Driver [Construction equipment]	HB	ADW
Driver [Crane]	HB	ADW
Driver [Earthmoving equipment]	HB	ADW
Driver [Tow truck]	HB	ADW
Driver [Train]	B	ADW
Electrical Linesman/Power Lines [up to 10m]	HB	ADW
Entertainer	W	ADW
Factory Hand/Worker	HB	ADW
Farrier	HB	ADW
Fireman	HB	ADW
Floor Sander	HB	ADW
Foundry Worker	HB	ADW
Fruit Picker	HB	ADW
Garbage Collector	HB	ADW
Golf Professional	G	ADW
Grave Digger	HB	ADW
Gym [Instructor]	G	ADW
Handyman	HB	ADW
Home Duties [full time]	G	ADW
Horse Breeder	G	ADW
Horse Riding Instructor	HB	ADW
Horse Trainer	G	ADW
Insulation Contractor/Installer [not asbestos]	HB	ADW

Occupation	Death	TPD
Jackeroo	HB	ADW
Jockey [Horse Racing/Trotting]	HB	ADW
Journalist [Freelance]	W	ADW
Machine Operator [factory]	HB	ADW
Marine/Shipping – Crew	HB	ADW
Marine/Shipping – Dockworkers	HB	ADW
Massage Therapist/Masseur	G	ADW
Meat Packer	HB	ADW
Merchant Seamen	HB	ADW
Military Personnel [All ranks – not Pilots & Special Forces]	HB	ADW
Mining [Surface Worker – no explosives]	HB	ADW
Model	W	ADW
Musician	G	ADW
Nurse [Royal Flying Doctor Service]	HB	ADW
Oil and Gas Industry Worker [Onshore – not office]	G	ADW
Painter [Over 10m]	HB	ADW
Parking Attendant	G	ADW
Paver	HB	ADW
Photographer [Hazardous e.g. Aerial, War, News, etc.]	G	ADW
Pilot [Commercial]	W	ADW
Plant Operator	HB	ADW
Police	G	ADW
Porter	HB	ADW
Powder Controller	HB	ADW
Presenter [Television & Radio]	W	ADW
Prison Officer/Warden	HB	ADW
Process Worker/Operator	HB	ADW
Property Developer [no manual work]	W	ADW
Quarry Worker	HB	ADW
Radio Announcer/Disc Jockey	W	ADW
Railway Maintenance/Track Laying Worker	HB	ADW
Removalist	HB	ADW
Re-stumper	HB	ADW
Rigger	HB	ADW
Roadie/Stage Hand [bands]	HB	ADW
Roof Plumber/Tiler/Worker	HB	ADW

Occupation	Death	TPD
Sandblaster	HB	ADW
Sawmill Worker	HB	ADW
Scaffolder [up to 10m]	HB	ADW
Scrap Metal Dealer	HB	ADW
Seasonal Worker	HB	ADW
Security Guard	HB	ADW
Shearer/Shearing Contractor	HB	ADW
Shunters [Railway]	HB	ADW
Slaughterman	HB	ADW
Sports Coach [Professional]	G	ADW
Sportsperson [Professional]	G	ADW
Stable Hand	HB	ADW
Station Hand	HB	ADW
Steel Erector/Fixer	HB	ADW
Stockman	HB	ADW
Stone Mason	HB	ADW
Strapper [Horse Racing/Trotting]	HB	ADW
Street Cleaner	HB	ADW
Student	W	ADW
Tanner	HB	ADW
Teacher [Dance]	G	ADW
Tennis Coach	G	ADW
Tiler/Slater [Roof]	HB	ADW
Traffic Controller	HB	ADW
Tree Feller/Surgeon	HB	ADW
Wrecker [Building]	HB	ADW

Income protection

If you're temporarily unable to work because of an injury or sickness, income protection insurance cover (if you are eligible for it) is there to help you cope financially and support you in your return to work.

A monthly benefit is paid if you meet the definition of totally disabled (or partially disabled, after a period of total disability). You'll receive up to 75% of your pre-disability income or the amount insured, whichever is the lesser, subject to the maximum monthly benefit, applicable waiting period and benefit period on your cover. Terms and conditions apply.

Eligibility

You will be eligible for income protection cover in the fund if you are:

- aged 15 years or over;
- under age 65 for Employer plan cover or under age 50 for Standard cover;
- permanently and gainfully employed for at least 15 hours per week (excluding casual employees) in each and every normal working week at the commencement date of your insurance cover;
- joined to the fund by a Participating Employer (that has at least 5 eligible employees in the employer plan);
- an Australian Resident (meaning an Australian citizen, Australian Permanent Resident visa holder or New Zealand citizen who holds a Special Category visa while residing in Australia indefinitely), or hold a current and valid visa (which allows you to work in Australia) and currently residing in Australia.

In addition to the above, automatic cover generally commences with effect from the day you meet the eligibility criteria described below.

If eligible, automatic cover for income protection will commence in your smartMonday account if:

- your account balance has reached \$6,000;
- you are age 25 to 49;
- you are not a casual employee;
- you do not work in a hazardous/uninsurable occupation. See the *Occupation ratings* guide at smartMonday.com.au;
- you are an Australian Resident (meaning an Australian citizen, Australian Permanent Resident visa holder, or New Zealand citizen who holds a Special Category visa while residing in Australia indefinitely), or hold a current and valid visa which allows you to work in Australia;
- you have not made an income protection claim with the fund;
- you have not made a claim, been paid nor are eligible to be paid a TPD or terminal illness benefit with any super fund or insurance policy;
- you have not been declined or restricted income protection cover as a result of being underwritten by the insurer;
- you have not cancelled income protection cover previously held under the fund;
- you are not a member of an 'Excluded Employer' as defined under the policy.

Even if you're not eligible for automatic cover, you may still be able to apply for income protection as 'voluntary' cover. See the page 15 for information on how to apply.

Automatic cover

Standard cover

Cover is automatically provided when you satisfy the eligibility criteria. This is also referred to as standard cover, as follows:

- up to 75% of pre-disability income (or \$4,000 per month where your employer hasn't provided us with your salary information)
- waiting period – 90 days
- benefit period – 2 years.

Your benefit is also subject to the maximum of \$30,000 per month, or \$10,000 per month if you're age 65 or older, and is subject to any offsets that may apply (see page 18).

Employer plan cover

Your employer may nominate a different waiting period and/or benefit period, for the automatic income protection insurance in your employer plan. If this applicable to you, details of your automatic cover in the fund will be included in a *Plan Outline* in your *Welcome pack*.

Unless specified otherwise below or in your *Plan Outline*, Employer plan cover is subject to the same terms and conditions, including eligibility, commencement of cover, At Work requirement, New Events limitation and Automatic acceptance limits (see next page) applicable to standard cover.

Alternatively, your employer may nominate that automatic cover not be available to your employer plan and elect to hold income protection cover outside of the fund for their employees via an external insurance policy. You'll be notified by your employer if this is the case.

Commencement of cover

Automatic cover generally commences with effect from the day you meet the eligibility criteria described on this page.

Cover will be limited to New Events until you are At Work for 30 consecutive days, whereupon your cover will convert to Full Cover. The At Work requirement is described on page 4.

Employer-funded arrangements

Some employers may elect to fully pay the costs of automatic insurance cover for their employees joined to the fund. In this case, the employer plan is exempted from the minimum age (25) and balance (\$6,000) rules, which means that cover can commence from the day the member is joined to the fund.

If you are not At Work on the day you are joined to the fund, then your cover will be restricted to New Events until you are At Work for 30 consecutive days. If you are joined to the fund more than 120 days after commencing employment then your cover will be restricted to New Events for 24 continuous months. Full cover will apply once you are At Work for 30 consecutive days at the end of the 24 month period.

Plans with less than 5 members

If you are joined to the fund in an employer plan with less than 5 members, you will not be eligible for standard income protection cover.

New Events cover

This means you're only covered for an injury or sickness that occurs or becomes apparent after your cover commences or most recently recommences (whichever is the later).

Note: You can apply to remove the New Events restriction at any time by completing the *Personal statement and declaration of health* form available at smartMonday.com.au. You'll need to provide health information (and such other evidence the insurer may require) to the insurer and your application will be subject to the insurer's approval.

Automatic acceptance limits (AALs)

AAL is the maximum level of automatic income protection cover that you may be eligible for without needing to provide additional health information. The level is set according to the number of lives insured in your employer plan. To be eligible for the AAL your employer needs to let us know that you have joined the employer plan and you must be under age 65. If the automatic cover otherwise applicable to you is in excess of the AAL, your automatic cover will be limited to the AAL.

No. of lives insured	AAL (per month)
5–9	\$5,000
10–19	\$6,000
20–49	\$8,000
50–99	\$10,000
100–199	\$11,000
200–299	\$12,000
300–499	\$13,000
500–999	\$15,000
1,000+	Negotiable (shown in a <i>Plan Outline</i> included in your <i>Welcome pack</i> , if applicable)

Important information about insurance cover

Check your *Welcome Pack* for information about insurance cover when you join the fund. If you want to turn insurance cover on before you have met the minimum age and account balance criteria, follow the instructions in your *Welcome Pack* or contact us as soon as possible.

Check that the **occupation factor** is appropriate for the type of work that you do. You have been defaulted to a **'Blue collar'** occupation factor if you or your employer have not notified us of your occupation category. This may result in you paying more for your insurance cover than you need to. Check your *Welcome Pack* and let us know if the factor applied does not accurately reflect the type of work you perform, or if your occupation changes. Descriptions of occupation factors are shown on page 22.

Read the eligibility carefully and let us know if your employment status changes. See page 23 on reclassifying your occupation.

The cost of insurance and cancelling your automatic cover

- The cost of your cover depends on the premium rates for your age and gender, the amount of cover, your waiting period and benefit period, and your occupation factor. Costs for automatic cover will usually be deducted from your account from the time cover commences.
- You can cancel any cover you have in the fund (including any automatic cover) by contacting us.
- We must cancel your insurance cover if your account becomes inactive for 16 continuous months. If you wish to keep your cover notwithstanding inactivity in your account, you can make a written election or you can ensure your account doesn't become inactive by making regular contributions. Cover may cease in other circumstances including if there is insufficient money in your account to meet the cost of cover. Where we can, we will contact you before this happens and provide you with the opportunity to keep your cover. **Note:** an election to keep your cover does not mean cover continues indefinitely and cover may cease for some other reason.
- If your employer ceases to fully fund the costs of your automatic cover, it may be cancelled if you are unable to fund the cost of cover via deductions from your account. We will contact you before cover is cancelled and let you know what your options are, if any, to maintain your cover.
- Where cover is cancelled (e.g. for any of the above reasons, or otherwise under the policy terms set out in this guide), future applications for cover will be subject to acceptance by the insurer. The insurer may also decide to apply restrictions or a premium loading to your cover after assessing your application.

Tailoring cover to suit your needs

If you want to apply for income protection cover or make changes you'll usually need to complete one of the forms available at smartMonday.com.au, or call us.

Depending on the nature of the change, you may need to provide additional information about your health and lifestyle and cover (or changed cover) will only commence on the day your application is accepted by the insurer.

In choosing your waiting period, you may want to consider your paid leave entitlements with your employer (e.g. sick leave, annual leave, long service leave). You may wish to seek advice or call us on **1300 880 588**. Choosing a longer waiting period can lower the cost of your cover, but may leave you short on income during this period if you don't have any other income to support you.

You can choose from the following waiting periods:

- > 30 days
- > 60 days
- > 90 days

You can choose from the following maximum benefit periods:

- > 2 years
- > 5 years
- > to age 65

Choosing a shorter benefit period can lower the cost of your cover, but may leave you short on income once the benefit period runs out.

See page 17 for more information on the waiting period and benefit period. Additional insurance costs may apply.

Applying for cover

You may want to apply for income protection cover if you're not eligible for automatic income protection cover in the fund. You can apply for cover if you're under the age of 65. Your cover will be classified as 'voluntary' cover to distinguish it from automatic cover.

If you're under 55, you can complete a *Short-form application* form which will fast-track the process. The maximum monthly income protection benefit that can be applied for with a short-form application is \$8,000. Cover will only commence on the day your application is accepted.

Transferring cover into the fund

You can apply to transfer income protection cover that you have with other super funds or insurers into the fund.

Transfer of cover is subject to acceptance by the insurer. Some conditions and transfer limits may apply so please see the latest *Individual insurance transfer* form available on our website.

Your total cover in the fund following the transfer of cover can't exceed the maximum monthly benefit payable.

Interim cover (accidental injury cover)

While your application for cover is being assessed you'll be provided with accidental injury cover of up to \$15,000 per month. Accidental injury means a physical injury (which occurs while your policy is in force) that is caused solely and directly by violent, visible, external, and unexpected means that is not traceable, even indirectly, to any pre-existing mental or physical condition.

You'll be covered until:

- > your application is either accepted or rejected by the insurer, or
- > you cancel or withdraw your application, or
- > 90 days from the date the insurer receives your completed application, or
- > your cover would have otherwise ceased.

The waiting period and maximum benefit period and for accidental injury cover will be the same as those being applied for.

Exclusions

The following exclusions apply to interim cover:

- > no accidental injury benefit will be payable if disability is caused directly or indirectly by you engaging in any sport or pastime where the insurer would not normally cover you, and
- > any other exclusions set out in this guide.

Disability definitions for income protection

These are the definitions the insurer applies to assess whether you are eligible to receive the income protection benefit.

Total disability - Standard Definition

Applies where you've been working 15 hours or more on average per week in the 3 months (or less if you've been employed for less) immediately prior to disablement.

You are totally disabled if you've been off work due to injury or sickness for at least 7 out of 12 consecutive days during the waiting period and that, solely due to the injury or sickness, you are:

- › unable to perform at least one Important Duty* of your usual occupation,
- › not engaged in any occupation (whether paid or unpaid),
- › under the regular care, attendance, and following the advice of a registered medical practitioner.

Total disability - Alternative Definition

Applies where you've been working less than 15 hours on average per week in the 3 months (or less if you've been employed for less) immediately prior to disablement.

You are totally disabled if you've been off work due to injury or sickness for at least 7 out of 12 consecutive days during the waiting period and, solely by sickness or injury in the insurer's opinion after considering all medical evidence, you are continuously and totally unable to perform (with or without aids and adaptations†) at least 3 of the following activities of daily working as certified by a medical practitioner:

Mobility: the ability to:

- › bend, kneel or squat to pick something up from the floor and straighten up again, and get into and out of a standard sedan car; or
- › the ability to walk more than 200 metres at a normal pace on a level surface without stopping due to breathlessness as a result of a medical condition or angina.

Vision: the ability to see, such that an ophthalmologist can certify that your visual acuity is better than 6/60 in the better eye or a visual field of greater than 10 degrees (i.e. not legally blind).

Lifting: the ability to lift (from bench height) and carry a 5kg weight a distance of 10 metres and place the item back down at bench height.

Communicating: the ability to:

- › speak with sufficient clarity such that you can hold a conversation with another person in a quiet room in your first language. This involves understanding a simple message and relaying that message to another person; or
- › hear such that an audiologist can certify that you have a hearing ability of less than or equal to 40db in the better ear (averaged over the frequencies 0.5, 1, 2 and 3 KHz) in an audiometry test.

Manual dexterity: the ability to use:

- › at least one hand to pick up and/or manipulate small objects such as picking up a coin from desk height, using cutlery or fastening buttons; or
- › a pen, pencil or keyboard to write a short note that can be understood by another person in your first language.

Where you are unable to perform one or more of the listed activities on the commencement date of your cover that activity won't be taken into consideration during the assessment.

Where the Alternative Definition is no longer satisfied, however medical evidence, in the insurer's opinion, confirms that you are still unable to perform at least one Important Duty* of your usual occupation necessary to produce Income, benefit payments will continue where you attend a rehabilitation program with a goal of returning to work. Benefit payments will continue until the earlier of the date that you:

- › return to work in a partial capacity;
- › return to full-time work;
- › refuse to continue to participate in the rehabilitation program; or
- › the rehabilitation program ceases.

Partial disability

The insurance benefit will be paid if, after being assessed as totally disabled, you continue to be partially disabled beyond the waiting period (because of the same injury or sickness). Partially disabled means, solely because of the injury or sickness which directly caused the Total Disability, you are:

- › unable to perform at least one Important Duty* of your usual occupation, but have returned to work in your usual occupation or another occupation;
- › earning an income from your usual occupation or another occupation which is less than 75% of your monthly pre-disability income; and
- › under the regular care, attendance, and following the advice of a registered medical practitioner.

* 'Important Duty' means a duty involving at least 20% of overall occupational tasks responsible for generating at least 20% of your pre-disability income.

† Aids and adaptations refers to equipment or fixtures to assist you without the assistance of another person to carry out the activities.

Important

This guide does not show all definitions in the policy relevant to determining your eligibility for cover or payment of an insured benefit. For information about other definitions, contact us.

How does the income protection benefit work?

If your claim is approved, income protection benefits will be paid monthly in arrears, after the waiting period ends. Your benefit payments cease on the earliest date that you:

- reach age 65 (or 70, where approved – see the next page)
- die
- no longer satisfy the definitions of total disability or partial disability, or
- reach your maximum benefit period.

Calculating your monthly benefit

You'll receive up to 75% of your pre-disability income or the amount insured, whichever is the lesser. Your benefit is also subject to the maximum of \$30,000 per month, or \$10,000 per month if you're age 65 or older and is subject to any offsets that may apply (see page 18).

Income is defined as the annual salary or wage paid by your employer, and reported to us, immediately before the disability (total or partial). In certain circumstances any regular fees, regular commission, regular bonuses, regular overtime and fringe benefits averaged over the last 12 months immediately before the disability may be included in your income, and only if your employer has elected to report these components to us.

If you are self-employed, a working director, or a partner in a partnership, income is defined as the income generated by the business or practice due to your personal exertion or activities, less your share of necessarily incurred business expenses (before tax) for the 12 months immediately before the disability (total or partial).



Check your salary

- Your sum insured and, therefore the premiums we deduct from your account, will usually be based on whatever salary amount is reported to us by your employer.
- You should check the salary we have recorded for you in your smartMonday online account and going to *Member details* or checking your *Welcome pack* or *Annual benefit statement*.

Waiting period

The waiting period is the number of days which must elapse before your income protection benefit starts to accrue. It commences when you're first examined and certified by a medical practitioner as totally disabled in relation to a condition that gave rise to your claim and you've ceased work due to that condition.

Returning to work during the waiting period

You can return to work performing your usual duties during the waiting period for up to:

- 10 days where the waiting period is 60 or 90 days
- 5 days where the waiting period is 30 days

without recommencing the waiting period. Where this happens, the waiting period will be extended by the number of days you're at work.

Benefit period

The benefit period is the maximum period during which your income protection benefits will be paid. Your benefits for partial disability during the period will generally be proportionately less than your benefits for total disability.

See page 18 for information on offsets that may apply which would reduce your insured benefit.

Claims escalation benefit

Where you have a maximum benefit period of 5 years or to age 65, your benefit will increase annually with inflation by the lower of 5% or the increase in the Consumer Price Index (CPI) subject to the maximum monthly benefit payable. This will occur one year after your benefit payments commence and annually thereafter while you remain on claim. Additional insurance costs may apply.

Rehabilitation expense benefit

If during your benefit period you attend a rehabilitation program which includes a 'return to work' plan approved by the insurer, the cost of that program will be paid by the insurer to the program provider.

Expenses will relate to rehabilitation programs with the aim of rehabilitating you to return to your pre-disability occupation or to retrain you into another occupation.

Recurrent disability benefit

If, within the first 12 months of returning to work in your normal pre-disability capacity following a claim, you suffer a recurrence of the same or related disability which caused the claim, it will be treated as the same claim. This means that no further waiting period will apply, and the benefit period will be reduced by however long the first claim period was. For example, if you received benefits for 6 months (on a 2 year benefit period) and then you have a recurrence of the same injury 3 months after returning to work, then your remaining benefit period on that claim will be 18 months.

If, after 12 months of returning to work you suffer a recurrence of the same or related disability that caused a previous claim, then that claim will be treated as a new and separate claim, and a new waiting period and benefit period will apply.

Where a claim has been paid for the maximum 2 or 5 year benefit period, no further payments will be made and no further claims will be accepted for the same or related disability unless you return to full time work and have been fully undertaking all of the important income producing duties of your occupation for at least 12 months following the previous claim.

Death while on claim

If you die while you're receiving a monthly benefit, an additional lump sum equal to 3 total disability monthly benefit payments will be paid.

Income protection conditions

Benefit offsets

If any other benefits are payable to you for loss of income, your income protection benefit payments may be reduced so that the total

of benefits paid from all sources does not exceed 75% of your pre-disability income. Income from other sources includes:

- workers' compensation
- motor accident compensation
- social security benefits
- any payments received in respect of any other legislation relating to loss of income due to injury or sickness
- income protection insurance benefits from other policies
- any paid sick leave entitlements
- other ongoing income generated from ownership in a business or practice, and
- ongoing payments from an employer (e.g. annual leave, long service leave).

Cover to age 70

(Only available to white collar and professional occupation categories)

You can apply to extend your cover to age 70 without needing to provide additional health information if you're 63 and still gainfully employed for at least 15 hours per week in each and every normal working week.

Your benefit period will be a maximum of 2 years, provided you are gainfully employed for at least 15 hours per week at the incident date giving rise to the claim, and payments will cease on the earlier of 2 years or age 70. The maximum monthly benefit from age 65 is \$10,000.

The cost of your cover will be based on the rates shown in the supplementary premium rates table on the next page.

You won't be eligible for this continuation of cover if you're:

- self-employed, a contractor, or a casual worker, or
- entitled to receive or have previously received income protection benefits through the fund.

When cover ceases

Your income protection cover will cease on the earliest date that any of the following apply:

- you turn age 65 (age 70, where approved)
- you die
- if we have not received an amount for you (e.g. contribution or rollover) for a continuous period of 16 months (i.e. your account becomes inactive) unless you have provided a written election to maintain your cover
- the date we receive your written request to cancel your cover
- 60 days after premium payments cease
- the date you cease employment with your employer unless you successfully apply for the continuation of the cover (see page 24)
- you cease to be a member of the fund
- if you are not an Australian Resident and temporarily employed overseas, 3 months after the date you leave and remain outside of Australia
- if you're a New Zealand citizen who holds a *Special Category Visa*, the date 6 months after you leave and remain outside of Australia
- you retire from the workforce, and
- any other circumstance resulting in the cessation of cover, as specified in *General conditions* on pages 23-24, occurs.

Exclusions

Income protection insurance does not cover any injury or sickness arising from:

- intentionally self-inflicted injury, sickness, or attempted suicide or self-destruction whether sane or insane
- uncomplicated or normal pregnancy, childbirth or miscarriage
- declared or undeclared act of war or military action
- active service in the armed forces of any country or international organisation
- any underwriting exclusions imposed by the insurer.

Premium rates (Benefit period - 2 years)

The cost of your insurance is deducted monthly in arrears from your account. Costs depend on the annual premium rate for your age, the amount of the benefit, the benefit period and waiting period you have chosen, your gender, and your occupation factor. If you have voluntary cover, the insurer may also apply a loading which is an additional cost built into your annual premium rate, if they determine after assessing your application for additional cover that you are in a higher risk category of health. The insurer will notify you if this happens, and cover commencing is subject to your agreement. The annual premium rates shown here:

- represent the cost of your insurance (per \$100 of monthly benefit)
- are inclusive of stamp duty and an insurance administration fee of 10% (plus GST & net of RITC) of the insurance premium which is payable by you to Aon for insurance administration services provided directly by Aon. The fee does not form part of the insurance premium payable to the insurer, but is a cost related to insurance that is deducted from your account. In the PDS and this guide, we refer to the total insurance cost as the premium rate.
- do not reflect any occupation factor. If we are not notified of your occupation category by you or your employer, we will apply a 'Blue Collar' occupation factor to the calculation of your premium. See page 22 for occupation factors.

Premium rates (\$)—benefit period — 2 years

Age next birthday	Waiting period					
	30 days	60 days	90 days	30 days	60 days	90 days
	Male (\$)			Female (\$)		
16	2.91	1.96	1.04	4.36	2.93	1.55
17	2.91	1.96	1.04	4.36	2.93	1.55
18	2.91	1.96	1.04	4.36	2.93	1.55
19	2.91	1.96	1.04	4.36	2.93	1.55
20	2.91	1.96	1.04	4.36	2.93	1.55
21	2.91	1.96	1.04	4.36	2.93	1.55
22	2.95	1.97	1.04	4.42	2.95	1.55
23	2.98	1.99	1.05	4.48	3.00	1.58
24	3.04	2.02	1.07	4.55	3.05	1.60
25	3.07	2.06	1.07	4.61	3.07	1.60
26	3.10	2.06	1.05	4.65	3.09	1.58
27	3.05	2.07	1.02	4.59	3.12	1.52
28	3.05	1.99	0.99	4.59	3.00	1.47
29	3.06	1.98	0.95	4.60	2.97	1.42
30	3.09	1.99	0.93	4.62	3.00	1.41
31	3.15	2.01	0.93	4.71	3.01	1.41
32	3.21	2.05	0.93	4.81	3.09	1.41
33	3.32	2.12	0.97	4.95	3.18	1.45
34	3.44	2.20	0.99	5.16	3.29	1.49
35	3.59	2.29	1.04	5.39	3.44	1.56

Age next birthday	Waiting period					
	30 days	60 days	90 days	30 days	60 days	90 days
	Male (\$)			Female (\$)		
36	3.77	2.41	1.11	5.67	3.61	1.65
37	3.91	2.51	1.17	5.88	3.77	1.74
38	4.14	2.67	1.24	6.21	4.00	1.87
39	4.37	2.82	1.35	6.55	4.24	2.03
40	4.61	3.00	1.45	6.90	4.48	2.17
41	4.88	3.20	1.59	7.30	4.78	2.36
42	5.20	3.43	1.74	7.80	5.16	2.60
43	5.54	3.68	1.92	8.31	5.54	2.87
44	5.91	3.96	2.13	8.85	5.96	3.20
45	6.31	4.28	2.36	9.46	6.41	3.54
46	6.77	4.65	2.64	10.16	6.97	3.95
47	7.24	5.03	2.95	10.85	7.54	4.42
48	7.76	5.45	3.29	11.63	8.18	4.93
49	8.33	5.93	3.68	12.49	8.90	5.54
50	8.95	6.45	4.13	13.44	9.67	6.20
51	9.51	6.96	4.59	14.28	10.43	6.88
52	10.26	7.58	5.14	15.41	11.37	7.72
53	11.06	8.28	5.79	16.60	12.42	8.66
54	11.94	9.06	6.47	17.91	13.58	9.69
55	12.89	9.92	7.27	19.36	14.89	10.89
56	14.10	10.97	8.22	21.15	16.45	12.32
57	15.12	12.03	9.22	22.67	18.06	13.83
58	16.56	13.21	10.31	24.85	19.82	15.47
59	18.00	14.52	11.53	26.99	21.78	17.31
60	19.56	15.97	12.91	29.35	23.94	19.35
61	21.02	17.31	14.24	31.51	25.96	21.35
62	22.90	19.05	15.89	34.33	28.57	23.82
63	22.90	18.49	14.99	34.33	27.74	22.47
64*	14.40	12.26	8.69	21.59	18.37	13.04
65*	5.64	3.82	2.11	8.46	5.74	3.16

* See page 18 'Cover to age 70'.

Supplementary Premium rates (\$)—professional and white collar only — benefit period — 2 years

64	24.91	20.44	16.73	36.65	29.62	24.02
65	27.11	22.58	18.70	39.10	31.65	25.68
66	29.53	24.97	20.87	41.76	33.77	27.37
67	32.22	27.60	23.24	44.71	35.98	29.11
68	35.24	30.38	25.68	47.95	38.17	30.62
69	30.97	25.38	20.77	41.66	31.12	23.84
70	13.64	9.42	6.74	18.41	11.57	7.58

Premium rates

Benefit period — 5 years

The cost of your insurance is deducted monthly in arrears from your account. Costs depend on the annual premium rate for your age, the amount of the benefit, the benefit period and waiting period you have chosen, your gender and your occupation factor. If you have voluntary cover, the insurer may also apply a loading which is an additional cost built into your annual premium rate, if they determine after assessing your application for additional cover that you are in a higher risk category of health. The insurer will notify you if this happens, and cover commencing is subject to your agreement.

The annual premium rates shown here:

- represent the cost of your insurance (per \$100 of monthly benefit)
- are inclusive of stamp duty and an insurance administration fee of 10% (plus GST & net of RITC) of the insurance premium which is payable by you to Aon for insurance administration services provided directly by Aon. The fee does not form part of the insurance premium payable to the insurer, but is a cost related to insurance that is deducted from your account. In the PDS and this guide, we refer to the total insurance cost as the premium rate.
- do not reflect any occupation factor. If we are not notified of your occupation category by you or your employer, we will apply a 'Blue Collar' occupation factor to the calculation of your premium. See page 22 for occupation factors.

Premium rates (\$)—benefit period — 5 years

Age next birthday	Waiting period					
	30 days	60 days	90 days	30 days	60 days	90 days
	Male (\$)			Female (\$)		
16	6.09	4.20	2.73	9.15	6.29	4.11
17	6.09	4.20	2.73	9.15	6.29	4.11
18	6.09	4.20	2.73	9.15	6.29	4.11
19	6.09	4.20	2.73	9.15	6.29	4.11
20	6.09	4.20	2.73	9.15	6.29	4.11
21	6.09	4.20	2.73	9.15	6.29	4.11
22	6.01	4.07	2.78	8.98	6.09	4.15
23	5.92	3.94	2.80	8.85	5.92	4.20
24	5.83	3.85	2.82	8.74	5.77	4.22
25	5.79	3.77	2.86	8.65	5.64	4.31
26	5.75	3.68	2.82	8.61	5.53	4.22
27	5.79	3.68	2.78	8.65	5.51	4.18
28	5.90	3.68	2.76	8.80	5.55	4.13
29	6.03	3.75	2.78	9.04	5.62	4.15
30	6.22	3.81	2.80	9.34	5.75	4.20
31	6.48	3.94	2.84	9.71	5.90	4.26
32	6.78	4.07	2.91	10.14	6.09	4.37
33	7.13	4.24	3.01	10.68	6.35	4.50
34	7.51	4.43	3.12	11.28	6.65	4.67

Age next birthday	Waiting period					
	30 days	60 days	90 days	30 days	60 days	90 days
	Male (\$)			Female (\$)		
35	7.96	4.67	3.27	11.95	7.02	4.86
36	8.48	4.93	3.42	12.70	7.41	5.12
37	9.04	5.25	3.62	13.56	7.88	5.45
38	9.67	5.60	3.85	14.49	8.42	5.79
39	10.35	6.01	4.13	15.52	9.00	6.20
40	11.13	6.46	4.48	16.66	9.69	6.69
41	11.95	6.97	4.84	17.93	10.46	7.28
42	12.85	7.53	5.27	19.29	11.32	7.92
43	13.86	8.20	5.81	20.77	12.31	8.68
44	14.94	8.96	6.39	22.41	13.43	9.58
45	16.12	9.79	7.08	24.20	14.68	10.61
46	17.44	10.74	7.88	26.13	16.10	11.80
47	18.86	11.80	8.78	28.26	17.69	13.17
48	20.41	12.98	9.86	30.59	19.48	14.77
49	22.09	14.34	11.04	33.13	21.50	16.58
50	23.94	15.84	12.44	35.93	23.79	18.64
51	25.98	17.57	13.99	38.98	26.33	20.99
52	28.22	19.46	15.76	42.32	29.19	23.64
53	30.68	21.61	17.82	46.00	32.40	26.71
54	33.39	24.00	20.08	50.07	35.99	30.12
55	36.38	26.67	22.65	54.57	40.00	33.97
56	39.69	29.66	26.80	59.54	44.50	40.21
57	43.38	32.98	30.33	65.07	49.49	45.53
58	47.49	36.70	34.01	71.25	55.06	51.04
59	52.12	40.86	38.21	78.16	61.31	57.35
60	57.30	45.51	41.74	85.96	68.28	62.60
61	59.63	47.12	40.90	89.44	70.67	61.37
62	58.21	45.81	37.65	87.31	68.69	56.46
63	54.18	42.02	32.40	81.31	63.05	48.61
64*	38.98	28.18	24.69	58.47	42.23	37.05
65*	20.56	12.08	8.78	30.80	18.10	13.20

* See page 18 'Cover to age 70'.

Premium rates

Benefit period — to age 65

The cost of your insurance is deducted monthly in arrears from your account. Costs depend on the annual premium rate for your age, the amount of the benefit, the benefit period and waiting period you have chosen, your gender and your occupation factor. If you have voluntary cover, the insurer may also apply a loading which is an additional cost built into your annual premium rate, if they determine after assessing your application for additional cover that you are in a higher risk category of health. The insurer will notify you if this happens, and cover commencing is subject to your agreement.

The annual premium rates shown here:

- represent the cost of your insurance (per \$100 of monthly benefit)
- are inclusive of stamp duty and an insurance administration fee of 10% (plus GST & net of RITC) of the insurance premium which is payable by you to Aon for insurance administration services provided directly by Aon. The fee does not form part of the insurance premium payable to the insurer, but is a cost related to insurance that is deducted from your account. In the PDS and this guide, we refer to the total insurance cost as the premium rate.
- do not reflect any occupation factor. If we are not notified of your occupation category by you or your employer, we will apply a 'Blue Collar' occupation factor to the calculation of your premium. See page 22 for occupation factors.

Premium rates (\$)—benefit period —to age 65

Age next birthday	Waiting period					
	30 days	60 days	90 days	30 days	60 days	90 days
	Male (\$)			Female (\$)		
16	9.62	7.49	5.98	14.44	11.28	8.98
17	9.62	7.49	5.98	14.44	11.28	8.98
18	9.62	7.49	5.98	14.44	11.28	8.98
19	9.62	7.49	5.98	14.44	11.28	8.98
20	9.62	7.49	5.98	14.44	11.28	8.98
21	9.62	7.49	5.98	14.44	11.28	8.98
22	9.56	7.32	5.77	14.32	11.00	8.65
23	9.49	7.17	5.58	14.23	10.76	8.35
24	9.47	7.04	5.40	14.19	10.57	8.09
25	9.47	6.95	5.25	14.19	10.42	7.88
26	9.49	6.89	5.14	14.23	10.31	7.71
27	9.67	6.91	5.10	14.51	10.38	7.66
28	9.97	7.04	5.12	14.92	10.53	7.68
29	10.33	7.21	5.19	15.48	10.81	7.79
30	10.83	7.45	5.32	16.23	11.19	7.96
31	11.41	7.77	5.49	17.11	11.65	8.22
32	12.38	8.98	6.26	18.56	13.48	9.41
33	13.22	9.51	6.57	19.80	14.25	9.86

Age next birthday	Waiting period					
	30 days	60 days	90 days	30 days	60 days	90 days
	Male (\$)			Female (\$)		
34	14.16	10.12	6.93	21.27	15.20	10.40
35	15.28	10.85	7.36	22.93	16.27	11.06
36	16.53	11.67	7.90	24.78	17.50	11.84
37	17.91	12.61	8.52	26.84	18.92	12.74
38	19.61	13.07	8.80	29.43	19.59	13.20
39	21.31	14.21	9.60	31.99	21.33	14.40
40	22.97	15.52	10.53	34.44	23.29	15.78
41	25.21	16.96	11.47	37.82	25.47	17.22
42	27.14	18.43	12.68	40.71	27.64	19.03
43	29.77	20.23	14.08	44.65	30.33	21.12
44	31.67	21.81	15.35	47.51	32.68	23.05
45	33.67	23.01	16.77	50.48	34.51	25.19
46	36.06	25.29	18.73	54.05	37.95	28.11
47	38.94	27.79	20.90	58.40	41.68	31.36
48	41.98	30.50	23.12	62.96	45.77	34.68
49	45.16	33.43	25.79	67.72	50.16	38.66
50	48.48	36.62	28.67	72.69	54.91	43.03
51	51.36	39.97	31.51	77.04	59.97	47.32
52	54.87	43.12	34.89	82.32	64.67	52.35
53	58.47	46.84	38.49	87.72	70.26	57.73
54	62.15	50.74	42.26	93.23	76.10	63.40
55	65.91	54.74	44.78	98.85	82.12	67.21
56	69.68	58.85	47.66	104.51	88.26	71.49
57	71.75	61.18	50.85	107.63	91.77	76.27
58	73.36	62.99	54.20	110.04	94.48	81.33
59	75.11	65.10	57.00	112.65	97.67	85.52
60	72.93	61.39	52.74	109.42	92.09	79.13
61	59.63	54.14	47.98	89.44	81.22	71.96
62	56.68	52.09	46.37	85.03	78.12	69.55
63	54.18	46.97	42.17	81.31	70.43	63.27
64*	38.94	32.40	27.10	58.40	48.61	40.64
65*	20.43	13.50	9.75	30.61	20.26	14.62

* See page 18 'Cover to age 70'.

Occupation factors for income protection

Occupations are given a risk rating (or factor) by the insurer according to the type of work performed. The higher risk of death or injury, the higher the risk factor the insurer will apply to the calculation of insurance costs. See the table below for the different occupation categories.

Some occupations may not be eligible for any insurance cover in the fund because the insurer consider them too hazardous.

See the *Occupation ratings* guide available at smartMonday.com.au.

Occupation category	Description	Factor
Class 1 Professional	Professionals (e.g. CPA/CA accountant, lawyer, doctor, pharmacist), executives and senior management (e.g. CEO, CFO) with tertiary qualifications and high incomes.	0.90
Class 2 White collar	Office-based with no manual work, e.g. clerical roles, professional or administrative roles such as architect, accountant, computer analyst, lecturer, social worker, administrator, clerk	1.00
Class 3 Grey collar	Primarily non-manual but may involve light manual duties only, such as hairdresser, shop assistant, florist, cashier, tailor	1.35
Class 4 Blue collar	Moderate degree of manual work, or recognised qualified trades, such as baker, gasfitter, electrician, mechanic, printer, signwriter, greengrocer	1.75
Class 5 Heavy blue collar	Heavy manual work or those with a degree of additional risk of disability, such as boilermaker, gardener, storeman, tyre fitter, welder.	3.00
Collective	A collective rating applied to all members in a particular employer plan based on the overall risk rating of the members in the plan.	Negotiated with the employer, if applicable (this will be shown in a <i>Plan Outline</i> in your <i>Welcome pack</i> if applicable)

Default occupation category: 'Blue collar'

If we're not notified of your occupation category, we will apply a 'Blue collar' factor to the calculation of your insurance premium.

For more information on updating your occupation category see page 23. You'll need to complete and return the *Reclassify your occupation* form at smartMonday.com.au.

If at claim time the insurer assesses that you have been working in a 'hazardous' or 'uninsurable' occupation (as set out in the latest *Occupation ratings* guide) you will not be eligible for automatic cover. If you have received cover in error, cover will be cancelled from commencement and premiums will be refunded to you. On the other hand, if you've been working in a lower risk occupation than what your premium was calculated on, any overpaid premiums may be added to your benefit payment.

Calculating the cost of your insurance

Your annual premium equals:

$$\frac{\text{Monthly benefit} \times \text{annual premium rate} \times \text{occupation factor}}{\$100}$$

Example: You're a female turning 40 next birthday and working in an occupation rated as 'Grey Collar'. You have chosen income protection cover with a waiting period of 30 days and a benefit period of 5 years. If you're injured and unable to work, you want to receive a monthly benefit payment of \$1,800 (which is 75% of your normal monthly income).

Your annual premium would be calculated:

$$\frac{\$1,800 \times \$16.66 \times 1.35}{\$100} = \mathbf{\$404.84}$$

Premiums will be deducted monthly in arrears from your account. The actual monthly benefit payable to you in the event of total disability will be the lesser of 75% of your pre-disability income or the amount insured. Other limits may apply.

General conditions

Reclassifying your occupation status

From time to time your employment circumstances may change. For example, you could change from casual to permanent full-time work. Or you might change roles from a labour-intensive factory role to an office-based management role.

It's important that you or your employer notify us of any change within 120 days so that we can update your cover. Speak to your employer's HR department in the first instance or call us if you need help.

Any increase in cover will be subject to being At Work on the date of reclassification. If you're not At Work, New Events cover will apply until such time as you are At Work for 30 consecutive days, from which time the New Events cover restriction will no longer apply.

If we're not notified of your change within 120 days, any increase or other change in your cover will not apply until the following 1 July.

Worldwide cover

You are covered if you travel overseas, provided you haven't moved overseas permanently and cover doesn't cease for some other reason.

If you're not an Australian Resident (e.g. an Australian citizen or Australian Permanent Resident visa holder) then you're only covered for a maximum of 3 months while overseas.

If you're a New Zealand citizen who holds a *Special Category Visa* while residing in Australia indefinitely, then you're only covered for a maximum of 6 months while overseas.

The insurer may require you to return to Australia (at your own expense) for the assessment of a claim.

Duty of disclosure

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell the insurer anything that he or she knows, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms. The person entering into the contract has this duty until the insurer agrees to provide the insurance. The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk the insurer insures you for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives your duty to tell us about.

If you do not tell the insurer something that you know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell the insurer something that he or she must tell the insurer.

If the person entering the contract does not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell the insurer anything he or she is required to, and the insurer would not have provided the insurance if he or she had told the insurer, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if he or she had told the insurer everything he or she should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, the insurer may, at any time vary the contract in a way that places the insurer in the same position the insurer would have been in if he or she had told the insurer everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Economic or trade sanctions

If you have a trade or economic sanction placed against you then you will not be eligible for insurance cover and would not be paid out on any claim received on or after that date. The insurer could be exposed to penalties or restrictions if cover was provided to a sanctioned person.

Privacy

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

Insurance when you cease employment

Retaining your account in the fund

We will attempt to write to you (if we hold current contact details) as soon as we've been informed that your employment has terminated and provide you with information about the changes to your account and anything further that you need to do if you want to change or cancel your insurance cover.

You'll be able to retain your membership in smartMonday PRIME depending on whether, if you have insurance cover, your account balance at the time meets our minimum balance requirements, is sufficient to support the monthly deduction of insurance premiums, and your account doesn't become inactive.

Subject to some conditions, your death and TPD cover at the date of cessation of employment will continue (unless it ceases for some other reason), and applicable premiums will be calculated using the same occupation factor. (See below for insurance-only members, where insurance will cease).

Your cover will only continue if you remain an Australian Resident or are staying or working in Australia on a valid visa.

You will be responsible for meeting the costs of your cover.

If your former employer was making additional contributions to cover some or all of insurance costs deducted from your account while you remain employed by that employer, this will cease. You must advise us if your occupation category changes in your new job.*

Your account will be transferred to the retained category of the fund and we will make the following changes to your insurance:

- any death cover will be fixed at the level of cover on the day you ceased employment
- any TPD cover will be fixed at the level of cover on the day you ceased employment, and will reduce linearly to zero between the ages of 60 and 65, when it will cease
- any income protection cover will cease effective the date you cease employment. You can apply to continue your cover if you notify us within 60 days of leaving your employer, and the insurer approves your request. Let us know by calling **1300 880 588** or completing the *Continuation of income protection insurance* form at smartMonday.com.au.

Insurance-only members

Please note, if you are an insurance-only member, any insurance cover you have will cease upon leaving your employer. Any residual balance in your account will be transferred to the retained category of the fund, or transferred to the ATO. Before transferring your account balance, we will attempt to write to you (if we hold your current contact details).

Duplicated cover

If you do happen to commence employment with another participating employer in smartMonday PRIME, you'll only be eligible for a single amount of automatic cover. We'll contact you if this situation occurs.

* If a higher-risk or hazardous occupation applies at the time a claim is made, the insurer may decline your claim or reduce your benefit. Alternatively, additional premiums may be deducted from any benefit paid.

Leave without pay

Death and TPD cover continues while you're on approved leave without pay as long as the premium continues to be paid and the cover does not cease for some reason (for example, where your account becomes inactive for 16 continuous months and you have not made a written election to keep cover notwithstanding this inactivity). Where the disability occurs after 24 months of approved leave without pay, your TPD claim will be assessed against the 'Activities of daily working' definition of TPD.

If you have income protection, you're covered during periods of leave without pay (including maternity/paternity leave) for periods of up to 24 months, as long as the premium continues to be paid and the cover does not cease for some reason. There must be documented evidence of an agreed return to work date and you must return to work within 30 days of the agreed date, or cover will cease. You can apply to extend cover beyond 24 months subject to approval by the insurer.

If you become totally disabled or partially disabled during a period of leave without pay, your monthly benefit will be based on your pre-disability income at the date immediately prior to your commencement of leave. A total disability or partial disability benefit will commence on the later of the date after the expiry of the waiting period and your documented return to work date.

Reinstatement of insurance cover if it is cancelled due to inactivity

Your cover will cease if your account has not received an amount (e.g. a contribution or rollover) for a continuous period of 16 months (i.e. your account becomes inactive) **unless you have provided a written election to maintain your insurance**. Where we can, we will contact you before this happens and provide you with the opportunity to keep your cover. Note: an election to keep your cover does not mean cover continues indefinitely and cover may cease for some other reason.

Where your insurance cover has been cancelled due to your account becoming inactive, and you notify us that you want to continue your cover **within 90 days** of cancellation, then your cover will be automatically reinstated back to the date it was cancelled. However, this is subject to backdated premiums also being paid.

If you notify us that you want to continue your cover **after 90 days** of cancellation, you must apply for cover, subject to approval by the insurer. Any cover and payment of premiums will restart on the date the insurer accepts your application.

Call us on **1300 880 588** for more information about reinstating your cover.

For MySuper members employed by a Participating Employer

If you are joined to the fund by a Participating Employer (i.e. they have elected smartMonday PRIME as their 'default' fund) and you are classified as a MySuper member, and we receive a contribution into your account after your insurance cover has been cancelled due to your account becoming inactive, you may be eligible for reinstatement of any automatic cover you hold. We will contact you if this occurs. Conditions may apply.

Making a claim

Our claims process

If you need to make a claim, it's likely to be a difficult and emotional time for you. We're there to help you through this period, so the best thing to do is call us on **1300 880 588** and we'll get the ball rolling. We'll do our best to ensure you've got the support you need and your claim is processed as quickly and efficiently as possible.

The insurer AIA Australia has a simple claims philosophy – *"Helping people when they need it most"*

AIA Australia assesses each case individually and looks for ways to pay the claim promptly, not avoid it. They understand that when it comes to claims processing, timeliness and accuracy are critical to getting the experience right for you.

Rehabilitation

A safe and speedy return to work is usually the best outcome for your physical and mental wellbeing.

During the early stages of your income protection claim, we'll work with the insurer to assess your suitability for their range of rehabilitation options which includes things like physical conditioning or workplace retraining programs, counselling, and short courses to develop new skills.

It's completely up to you if you want to participate in rehabilitation. AIA Australia's rehabilitation program is provided in addition to any monthly income protection benefit you receive.

If you want to make your own arrangements (subject to approval by the insurer), the costs will be paid by the insurer to the provider of the program. See the rehabilitation expense benefit on page 17.



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