

Group Life Policy



Group Life Policy Number	GL451
Group Life Policy Name	Telstra Superannuation Scheme
Group Life Policy Owner	Telstra Super Pty Ltd
Endorsement number	No. 22

This is the twenty-second (22nd) endorsement to the policy and takes effect from 12.00 am on 1 December 2019 ("changeover date").

BACKGROUND:

- A. Since 26 September 2005, TAL Life Limited ("TAL") has provided death and total and permanent disablement cover for eligible members of all divisions (except Division 8 (Sensis)) of the Telstra Superannuation Scheme ("the fund") under GL451 policy issued to Telstra Super Pty Ltd in its capacity as trustee of the fund ("Trustee"). Cover for eligible insured (accumulation) members of Division 8 (Accum) under GL451 policy commenced on 1 November 2005. On 30 November 2013, accumulation members of Division 8 (Sensis) were transferred into Division 6, including their insurance cover.
- B. TAL and the Trustee have mutually agreed that from the changeover date of this endorsement the terms and conditions of GL451 policy are varied in accordance with the operative provision below.

OPERATIVE PROVISION:

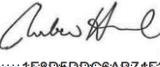
- A. Except as otherwise indicated in this policy endorsement 22, effective from the changeover date, GL451 policy is varied by deleting all of the previous terms and conditions including the Appendices and replacing them with the terms and conditions including the Appendices contained in this policy endorsement 22.

AUTHORISED SIGNATURES

Signed for TAL Life Limited ABN 70 050 109 450 by its duly appointed authorised signatories pursuant to an Authorised Signatory Deed dated 4 December 2019 who at the date hereof had no notice of revocation of such appointment as authorised signatory:

DocuSigned by:

A4B43FB689434AC...
Signature of authorised signatory

DocuSigned by:

1F8D5DDC6AB74F2...
Signature of authorised signatory

John Remedios
Name of authorised signatory

Andrew Howard
Name of authorised signatory

23-Apr-2020 | 14:48 AEST
Date signed

23-Apr-2020 | 15:23 AEST
Date signed

Signed for and on behalf of Telstra Super Pty Ltd (ABN 86 007 422 522):


Signature of authorised representative


Signature of authorised representative

Kathryn Forrest
Name of authorised representative

Chris Davies
Name of authorised representative

EGM, Operations
Title

CEO
Title

01 June 2020
Date signed

01 June 2020
Date signed

Group Life Insurance Policy

Policy Number GL451

Contents

PART I.	THE POLICY	7
1.	THE POLICY.....	7
PART II.	DEFINITIONS	8
2.	GENERAL DEFINITIONS	8
3.	MEDICAL CONDITION DEFINITIONS	30
PART III.	CONDITIONS RELATING TO COVER FOR ALL MEMBERS.....	33
4.	BENEFITS	33
4.1.	Death benefit.....	33
4.2.	Terminal illness benefit	33
4.3.	Total and permanent disablement benefit (TPD)	33
4.4.	Calculation of benefits.....	33
4.5.	Maximum benefit payable	33
5.	LIMITATIONS AND EXCLUSIONS	33
5.1.	Limitations and exclusions applicable to <i>voluntary cover</i>	33
6.	INTERIM ACCIDENT COVER	34
6.1.	Accident cover while we consider an application for cover or additional cover	34
6.2.	Accidental death and total and permanent disablement cover.....	34
6.3.	Amount of benefit.....	34
6.4.	Interim accident cover period.....	35
6.5.	Interim accident cover benefit – effect on application for cover.....	35
6.6.	Interim accident cover benefit – exclusion	35
7.	CLAIMS	36
7.1.	When to make a claim.....	36
7.2.	Claim requirements	36
7.3.	Claims assessment information	36
8.	PREMIUMS.....	36
8.1.	Time to pay premiums	36
8.2.	Premium payable.....	36
8.3.	Overdue premiums	37
8.4.	Misstatement of age.....	37
9.	VARIATION OF POLICY	37
9.1.	Variation by agreement.....	37
9.2.	Variation by us	37
10.	ADMINISTRATION & INTERPRETATION	38
10.1.	This policy	38
10.2.	Termination of this policy	38
10.3.	Notices	38
10.4.	Payments	39
10.5.	Records.....	39
10.6.	Audit.....	39
10.7.	Waiver.....	39
10.8.	Non assignment of policy.....	39
10.9.	Privacy statement	39
10.10.	Interpretation.....	40
11.	SPECIAL CONDITIONS	40

11.1.	Cover while on paid or unpaid leave	40
11.2.	Worldwide cover	40
11.3.	Medical treatment required during total and permanent disablement.....	40
12.	INSURANCE TRANSFER TERMS COVER	40
12.1.	Insurance transfer terms cover.....	40
13.	VARIATION TO COVER	41
13.1.	Forward underwriting limits	41
13.2.	Changes to occupation grouping.....	41
14.	END OF COVER	41
14.1.	End of cover.....	41
15.	EXTENDED COVER	42
15.1.	Extended cover	42
16.	INSURED COVER WHEN THE POLICY TERMINATES	42
16.1.	Insured cover when the policy terminates	42
PART IV.	CONDITIONS RELATING TO COVER FOR EMPLOYED MEMBERS IN DIVISION 6	43
17.	INSURED MEMBERS WITH COVER IMMEDIATELY PRIOR TO THE CHANGEOVER DATE	43
18.	NEW MEMBERS FROM 1 DECEMBER 2019.....	43
19.	OPTION TO INCREASE COVER ON JOINING.....	45
22.1.	Recommencement of insured cover.....	48
22.2.	Underwritten cover and increases and reductions in cover	48
PART V.	CONDITIONS RELATING TO COVER FOR EMPLOYED (DEFINED BENEFIT) MEMBERS IN DIVISION 2, DIVISION 5 AND DIVISION 8 (DB).50	
23.	INSURED MEMBERS WITH COVER IMMEDIATELY PRIOR TO THE CHANGEOVER DATE	50
23.1.	Type and amount of cover	50
23.2.	Limitations and restrictions.....	50
24.	MEMBERS FROM 1 DECEMBER 2019 TRANSFERS FROM DIVISION 2, DIVISION 5 OR DIVISION 8 (DB) INTO DIVISION 6.....	50
PART VI.	CONDITIONS RELATING TO COVER FOR PERSONAL MEMBERS IN DIVISION 4 (PERSONAL PLUS) AND DIVISION 4 (RETIREACCESS)	52
25.	INSURED MEMBERS WITH COVER IMMEDIATELY PRIOR TO THE CHANGEOVER DATE	52
25.1.	Type and amount of cover	52
25.2.	Limitations and restrictions.....	52
26.	MEMBERS AND NEW FAMILY LAW MEMBERS FROM 1 DECEMBER 2019.....	52
26.1.	Eligibility	52
26.2.	Eligibility for, and commencement of <i>default cover</i> for new members	52
26.3.	Amount of <i>default cover</i> for new members.....	53
27.	MEMBERS FROM 1 DECEMBER 2019 TRANSFER OF COVER FROM A DIVISION OF THE FUND TO DIVISION 4; TRANSFERS OF COVER WITHIN DIVISION 4.....	53
27.1.	Transfers as a result of cessation of employment for Division 2, Division 5, Division 6 and Division 8 (DB) members	53
27.2.	Transfers as a result of application to join Division 4 (RetireAccess)	54
27.3.	Amount of transferred cover.....	54
27.4.	Conditions applicable to transferred cover	54
28.	OPTION TO INCREASE COVER ON SPECIFIED LIFE EVENTS	55
28.1.	Option to increase cover on specified life events	55
28.2.	Eligibility	55
28.3.	Exercise of Option.....	56
28.4.	Our discretion to accept a life event application	56
28.5.	When cover commences as a result of life event application	56
28.6.	Nature of increased cover	56

28.7.	Premium payable as a result of increased cover.....	56
29.	GENERAL CONDITIONS	56
29.1.	Recommencement of insured cover.....	56
29.2.	Underwritten cover and increases and reductions in cover.....	56
29.3.	Members with multiple fund accounts.....	57
PART VII.	APPENDIX A	58
PART VIII.	APPENDIX B	59
PART IX.	APPENDIX C	63
PART X.	APPENDIX D	65

PART I. THE POLICY

1. THE POLICY

This policy is evidence of a contract of insurance between *us* and *you* for the payment of certain insurance benefits upon the conditions set out in this policy in consideration of the payment of premium by *you*. It consists of this PART I, and the following:

- a) PART II – which sets out definitions;
- b) PART III – which sets out general terms and conditions applicable to death, *total and permanent disablement (TPD)*, and *terminal illness* cover for all *insured members*;
- c) PART IV – which sets out the specific terms and conditions for *insured members* of *Division 6*;
- d) PART V – which sets out the specific terms and conditions for *insured members* of *Division 2, Division 5 and Division 8 (DB)*;
- e) PART VI – which sets out the specific terms and conditions for *insured members* of *Division 4 (Personal Plus)* and *Division 4 (RetireAccess)*;
- f) PART VII – Appendix A;
- g) PART VIII – Appendix B;
- h) PART IX – Appendix C;
- i) PART X – Appendix D; and
- j) any document which evidences any alteration or variation of the policy.

PART II. DEFINITIONS

2. GENERAL DEFINITIONS

The following words or expressions have the meanings set out below where they appear in this policy:

Term	Definition
<i>accident:</i>	means the occasioning of an injury caused directly and solely by some violent, external and visible means and which is capable of direct proof.
<i>account balance:</i>	means the balance of the <i>member's</i> account in the fund which may include superannuation guarantee contributions, employer contributions, Australian Tax Office rollovers, member rollovers, personal contributions and investment earnings.
<i>active employment:</i>	means either: <ul style="list-style-type: none"> A) in respect of <i>members</i> who <i>work</i> for a minimum of 15 hours per week or who perform <i>domestic duties</i> for a minimum of 15 hours per week the <i>member</i> must: <ul style="list-style-type: none"> i) be performing all of the duties of their gainful <i>work</i> or <i>domestic duties</i>; and ii) in <i>our</i> opinion, be capable of performing all of the duties of their gainful <i>work</i> or <i>domestic duties</i> on a <i>full-time basis</i> (this being at least 30 hours per week) even if they are not currently doing so. B) in respect of <i>members</i> who <i>work</i> less than 15 hours per week, who perform <i>domestic duties</i> for less than 15 hours per week or who do not <i>work</i> the <i>member</i> must: <ul style="list-style-type: none"> i) not be absent from <i>work</i> or prevented from engaging in <i>work</i> or <i>domestic duties</i> due to illness or injury; and ii) in <i>our</i> opinion, be capable of performing the duties of their gainful <i>work</i> or <i>domestic duties</i> on a <i>full-time basis</i> (this being at least 30 hours per week) even if they are not currently in <i>work</i> or performing <i>domestic duties</i>.
<i>annual review date:</i>	means 1 July every year.
<i>application date:</i>	means the date <i>you</i> receive a valid application for cover available under this policy.
<i>application for membership:</i>	means an application for membership of the <i>fund</i> on a form issued by <i>you</i> offering insurance options as agreed with <i>us</i> that is current at the time of the receipt of the application by <i>you</i> .
<i>application for opt in default cover form:</i>	means a form which includes <i>risk control questions</i> an <i>eligible member</i> is required to complete to obtain insurance cover under condition 19.3.2, as agreed between <i>you</i> and <i>us</i> .
<i>associated employer:</i>	means an employer who has been approved by the <i>principal employer</i> to become an associated employer.
<i>associated employer</i>	means the cover described in condition 21.

Term	Definition														
<i>cover:</i>															
<i>at work:</i>	<p>means the person is actively performing all the primary duties of his or her <i>regular occupation</i> and is not in receipt of and/or entitled to claim income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.</p> <p>A person who does not meet these requirements is correspondingly described as not "at work".</p>														
<i>Australian resident:</i>	means an Australian or New Zealand Citizen or a person with the unrestricted right to permanently reside in Australia. Additionally an Australian resident will include persons with the right to reside in Australia on a de facto or work type visa but only during the period the person resides in Australia.														
<i>automatic acceptance limit:</i>	<p>means in relation to death cover or death and <i>TPD</i> cover under this policy determined in accordance with the table below:</p> <table border="1"> <thead> <tr> <th>Division</th> <th>Automatic acceptance limit</th> </tr> </thead> <tbody> <tr> <td><i>Division 6</i></td> <td>An amount equal to the lower of: A) the applicable <i>default cover</i>; and B) \$2 million</td> </tr> <tr> <td><i>Division 2</i></td> <td>NIL</td> </tr> <tr> <td><i>Division 5</i></td> <td>NIL</td> </tr> <tr> <td><i>Division 8 (DB)</i></td> <td>NIL</td> </tr> <tr> <td><i>Division 4 (Personal Plus)</i></td> <td>NIL</td> </tr> <tr> <td><i>Division 4 (RetireAccess)</i></td> <td>NIL</td> </tr> </tbody> </table>	Division	Automatic acceptance limit	<i>Division 6</i>	An amount equal to the lower of: A) the applicable <i>default cover</i> ; and B) \$2 million	<i>Division 2</i>	NIL	<i>Division 5</i>	NIL	<i>Division 8 (DB)</i>	NIL	<i>Division 4 (Personal Plus)</i>	NIL	<i>Division 4 (RetireAccess)</i>	NIL
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<i>Division 4 (Personal Plus)</i>	NIL														
<i>Division 4 (RetireAccess)</i>	NIL														
<i>basic death cover:</i>	<p>means death cover in respect of an <i>insured member</i> in:</p> <ol style="list-style-type: none"> <i>Division 6</i>, who is employed on a <i>casual basis</i>; <i>Division 6</i>, who is aged between 65 and 75; <i>Division 4 (Personal Plus)</i>; or <i>Division 4 (Retire Access)</i>, <p>that is in force under this policy and is determined in accordance with the <i>insured member's</i> age as outlined in PART VII.</p>														
<i>basic death and TPD cover:</i>	<p>means death and <i>TPD</i> cover in respect of an <i>insured member</i> in:</p> <ol style="list-style-type: none"> <i>Division 6</i>, who is employed on a <i>casual basis</i>; <i>Division 6</i>, who is aged between 60 and 65; <i>Division 4 (Personal Plus)</i>, <p>that is in force under this policy and is determined in accordance with the <i>insured member's</i> age as outlined in PART VII.</p>														
<i>casual basis</i>	means employment on a casual basis and receiving a loading on hourly rate of pay in lieu of, or as advance payment for, various employment entitlements which														

Term	Definition																											
	include paid annual leave and paid personal leave.																											
changeover date:	means 1 December 2019.																											
commencement date:	means the commencement of 1 July 2014.																											
contractor:	means a natural person who is: <ul style="list-style-type: none"> A) not employed by an <i>employer</i>; B) engaged by an <i>employer</i> to perform duties, services or work under a contract; and C) entitled to have superannuation contributions paid for his or her benefit in respect of services rendered. 																											
cover cessation age:	<p>means in relation to total death cover or total <i>TPD</i> cover under this policy the relevant <i>annual review date</i> on which cover ceases as determined in accordance with the table below:</p> <p>Cessation age for death and <i>terminal illness</i> cover:</p> <table border="1"> <thead> <tr> <th>Division</th> <th>Cessation date for default death and <i>terminal illness</i> cover</th> <th>Cessation date for voluntary death and <i>terminal illness</i> cover</th> </tr> </thead> <tbody> <tr> <td><i>Division 6</i></td> <td>The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday</td> <td>The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday</td> </tr> <tr> <td><i>Division 2</i></td> <td>No <i>default cover</i></td> <td>The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday</td> </tr> <tr> <td><i>Division 5</i></td> <td>No <i>default cover</i>.</td> <td>The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday</td> </tr> <tr> <td><i>Division 8 (DB)</i></td> <td>No <i>default cover</i></td> <td>The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday</td> </tr> <tr> <td><i>Division 4 (Personal Plus)</i></td> <td>The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday</td> <td>The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday</td> </tr> <tr> <td><i>Division 4 (RetireAccess)</i></td> <td>The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday</td> <td>The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday</td> </tr> </tbody> </table> <p>Cessation age for <i>TPD</i> cover:</p> <table border="1"> <thead> <tr> <th>Division</th> <th>Cessation date for default <i>TPD</i> cover</th> <th>Cessation date for voluntary <i>TPD</i> cover</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Division	Cessation date for default death and <i>terminal illness</i> cover	Cessation date for voluntary death and <i>terminal illness</i> cover	<i>Division 6</i>	The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday	The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday	<i>Division 2</i>	No <i>default cover</i>	The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday	<i>Division 5</i>	No <i>default cover</i> .	The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday	<i>Division 8 (DB)</i>	No <i>default cover</i>	The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday	<i>Division 4 (Personal Plus)</i>	The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday	The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday	<i>Division 4 (RetireAccess)</i>	The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday	The commencement of the <i>annual review date</i> on which the member's age is 76 age next birthday	Division	Cessation date for default <i>TPD</i> cover	Cessation date for voluntary <i>TPD</i> cover			
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date of disablement:	<i>Division 6</i>	The commencement of the <i>annual review date</i> on which the member's age is 66 age next birthday	The commencement of the <i>annual review date</i> on which the member's age is 66 age next birthday				
	<i>Division 2</i>	No <i>default cover</i>	The commencement of the <i>annual review date</i> on which the member's age is 66 age next birthday				
	<i>Division 5</i>	No <i>default cover</i>	The commencement of the <i>annual review date</i> on which the member's age is 66 age next birthday				
	<i>Division 8 (DB)</i>	No <i>default cover</i>	The commencement of the <i>annual review date</i> on which the member's age is 66 age next birthday				
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	<i>Division 4 (RetireAccess)</i>	Not applicable	Not applicable				
		<p>means the date the person:</p> <ul style="list-style-type: none"> a) being employed – ceases all gainful <i>work</i> ; or b) being unemployed and not performing any unpaid <i>domestic duties</i> – ceases to be able to perform any gainful <i>work</i>; or c) whose sole occupation is to perform unpaid <i>domestic duties</i> – ceases to be able to perform his or her unpaid <i>domestic duties</i> on a <i>full time basis</i>; <p>as a result of <i>sickness</i> or <i>accident</i> that is the principal cause of the <i>TPD</i> for which a claim is made.</p>					
deemed member:	means unless <i>we</i> otherwise agree in writing, a person who has been admitted into membership of the <i>fund</i> without having to complete an <i>application for membership</i> .						
default cover:	<p>means in relation to an <i>insured member</i> the amount of cover that applies to them determined by:</p> <ul style="list-style-type: none"> (i) the <i>division</i> to which they belong; (ii) their employment status; and (iii) their age, <p>at the time <i>default cover</i> (according to conditions 18.3, 26.3 or 24A.1.2.a)) commences as set out in the following table:</p> <table border="1" data-bbox="481 1906 1406 1991"> <thead> <tr> <th data-bbox="481 1906 951 1991">Division</th> <th data-bbox="951 1906 1406 1991">Level of <i>Default Cover</i> – Death and TPD (if applicable)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>			Division	Level of <i>Default Cover</i> – Death and TPD (if applicable)		
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Term	Definition																																																																													
	Division 4 (Personal Plus) and Division 4 (RetireAccess)	basic death cover or basic death and TPD cover as determined by condition 26.3.																																																																												
	Division 6 – employed on a casual basis	basic death and TPD cover																																																																												
	Division 6 – employed on a permanent basis and aged 16 to 60	Cover calculated according to the following formula: for insured members employed by Foxtel or Telstra Super Pty Ltd: multiple * (based on age next birthday as at the last 1 July as set out below) x your salary (as at the last 1 October). for all other insured members: multiple* (based on age next birthday as at the last 1 July as set out below) X your salary (as at the last 1 July).																																																																												
	Division 6 - members aged 61 to 65	basic death and TPD cover																																																																												
	Division 6 – members aged 66 to 75	basic death cover																																																																												
	* The Multiple is as follows:																																																																													
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	means one or more of <i>Division 2</i> , <i>Division 4 (Personal Plus)</i> , <i>Division 4 (RetireAccess)</i> , <i>Division 5</i> , <i>Division 6</i> , or <i>Division 8 (DB)</i> , being division/s of the <i>fund</i> pursuant to the trust deed of the <i>fund</i> as at the <i>commencement date</i> .																				
Division 2	means the segment of the <i>fund</i> that pursuant to the trust deed of the <i>fund</i> has been designated by <i>you</i> to be the <i>division</i> to be known as Division 2.																				
Division 4 (Personal Plus):	means the segment of the <i>fund</i> that pursuant to the trust deed of the <i>fund</i> has been designated by <i>you</i> to be the <i>division</i> to be known as Division 4 (Personal Plus) including <i>family law members</i> .																				
Division 4 (RetireAccess):	means the segment of the <i>fund</i> that pursuant to the trust deed of the <i>fund</i> has been designated by <i>you</i> to be the <i>division</i> to be known as Division 4 (RetireAccess).																				
Division 5:	means the segment of the <i>fund</i> that pursuant to the trust deed of the <i>fund</i> has been designated by <i>you</i> to be the <i>division</i> to be known as Division 5.																				
Division 6:	means the segment of the <i>fund</i> that pursuant to the trust deed of the <i>fund</i> has been designated by <i>you</i> to be the <i>division</i> to be known as Division 6.																				
Division 8 (DB):	means the segment of the <i>fund</i> that pursuant to the trust deed of the <i>fund</i> has been designated by <i>you</i> to be the <i>division</i> to be known as Division 8 Defined Benefit.																				
domestic duties:	<p>means the performance of all of the following unpaid tasks by an <i>insured member</i>:</p> <ul style="list-style-type: none"> A) cooking meals for themselves or their family; B) cleaning the home; C) shopping for food; D) doing laundry; and E) where applicable, taking care of dependent children; <p>but excludes any of the above tasks performed for salary, reward or profit.</p>																				
election:	<p>means the applicable instruction provided to <i>you</i>:</p> <ul style="list-style-type: none"> A) by an <i>insured member</i> to continue their cover if their account becomes <i>inactive</i>; or B) by an <i>insured member</i> to continue their cover if their account has a balance less than \$6,000 as at 1 December 2019; or C) on or after 1 December 2019 by a <i>member</i> to obtain <i>default cover</i> who does not satisfy condition 18.1.1 because they are aged less than 25 years or their account in the <i>fund</i> has not reached a balance of \$6,000 at least once. 																				

Term	Definition
eligible member:	means a person who satisfies all of the requirements of condition 18.1.
employee/s:	means a person engaged under a contract of employment and includes a <i>contractor</i> .
employer:	means the: <ul style="list-style-type: none"> A) <i>principal employer</i>; B) <i>associated employer</i> accepted by <i>us</i> under this policy pursuant to condition 21; or C) <i>non-associated employer</i> as applicable.
exception	means: <ul style="list-style-type: none"> A) a defined benefit member; or B) an employer sponsored member whose <i>employer</i> makes contributions to the <i>fund</i> in addition to its superannuation guarantee obligations and covers the full cost of the <i>member's default cover</i>, in accordance with the <i>Superannuation Industry (Supervision) Act 1993 (Cth)</i> .
extended cover period:	means the period starting from the date after a person ceases to be a <i>member</i> of the <i>fund</i> and ending 60 days after this date.
family law member:	means a <i>member</i> of <i>Division 4 (Personal Plus)</i> who has joined the <i>fund</i> as a family law <i>member</i> in accordance with the <i>fund's</i> trust deed.
final average salary (FAS):	means in relation to condition 24B.1.2b)1) the average of the <i>member's</i> annual rate of <i>salary</i> for the three (3) years, ending 1 October 2011, 1 October 2012 & 1 October 2013. However, for members who have a birthday between 1 October 2014 and 6 November 2014 (inclusive), the relevant dates when calculating a <i>member's</i> FAS are 1 October 2012, 1 October 2013 and 1 October 2014.
forward underwriting limit:	means the level applicable to a <i>member</i> and determined by <i>us</i> and under condition 13.1 in accordance with guidelines agreed between <i>you</i> and <i>us</i> .
Foxtel:	means Foxtel Management Pty Ltd ABN 65 068 671 938.
full time basis:	means at least 30 hours per week.
fund:	means the Telstra Superannuation Scheme, which was constituted and is governed by a declaration of trust pursuant to the trust deed dated 13 June 1990 as amended from time to time.
generally healthy:	means the person has not previously claimed, is currently claiming or is entitled to claim a total and permanent disablement benefit from <i>you</i> or <i>us</i> or pursuant to a <i>life policy</i> with another life insurer or through another superannuation trustee.

Term	Definition
group start date:	means where <i>we</i> have agreed in writing for <i>associated employer cover</i> to apply in relation to an <i>associated employer</i> the date from which <i>we</i> have agreed that cover under this policy in respect of <i>employees</i> of that <i>associated employer</i> will begin to be provided.
guarantee period:	means 1 July 2017 to 30 June 2020.
inactive	means <i>you</i> have not received an amount in respect of the <i>insured member's</i> account in a continuous period of 16 months.
insurance transfer terms:	<p>means the terms which will apply to an <i>insured member</i> if all of the following requirements are satisfied:</p> <ul style="list-style-type: none"> A) the <i>member</i> has agreed: <ul style="list-style-type: none"> i) to cancel the cover under the <i>previous policy</i> upon <i>our</i> acceptance of the insurance transfer application (“the application”); ii) not to exercise any right or entitlement to continue their cover under the <i>previous policy</i>, whether pursuant to a continuation option under the <i>previous policy</i> or otherwise; iii) not to transfer the cover under the <i>previous policy</i> that they are applying to transfer into this policy to another fund or life insurer; and iv) to comply with any other requirements that <i>we</i> may specify in writing. B) at the date of the application, the <i>member</i>: <ul style="list-style-type: none"> i) has not received; ii) has not been admitted for; and iii) has not satisfied the requirements for a total and permanent disablement benefit from: <ul style="list-style-type: none"> 1. any superannuation fund or <i>life policy</i> issued to such fund; or 2. a life insurer; C) at the date of the application, the <i>member</i> has not been diagnosed by a <i>medical practitioner</i> as suffering from an illness that reduces their life expectancy to less than 12 months; D) the <i>member</i> must satisfy the definition of <i>active employment</i> on the date cover commences; E) <i>we</i> have been provided with evidence satisfactory to <i>us</i> of the type and amount of cover which applied to the <i>member</i> under the <i>previous policy</i> on the day before their cover commenced under this policy; and F) the <i>member</i> has completed to <i>our</i> satisfaction the application or provided other documents <i>we</i> request for this purpose.

Term	Definition						
<i>insured cover:</i>	in reference to an <i>insured member</i> means the cover that is in force under this policy in relation to them.						
<i>insured member:</i>	means a <i>member</i> for whom <i>we</i> have agreed to provide cover under this policy and continues to be insured under this policy.						
<i>interim accident cover:</i>	means the cover described in condition 6.						
<i>interim accident cover period:</i>	means the period described in condition 6.4.						
<i>joining offer application</i>	means the form approved by <i>us</i> for the making of an application for <i>voluntary cover</i> in the circumstances described in condition 19.1.1.						
<i>life event:</i>	<p>means one of the following in respect of an <i>insured member</i>:</p> <ul style="list-style-type: none"> A) the birth of a child/children (multiple births are counted as a single <i>life event</i>); B) the adoption of a child (adoption of multiple children simultaneously is counted as a single <i>life event</i>); C) marriage or commencement of a <i>recognised relationship</i> of the applicant; D) divorce or the cessation of a <i>recognised relationship</i>; E) death of a <i>spouse</i>; F) effecting a new mortgage for the purchase or construction of a place of primary residence or investment property in Australia (either alone or jointly with another person); G) financing renovation/improvement to a place of primary residence or investment property in Australia, where the cost of the renovation/improvement is at least \$30,000; H) dependent child starting primary or secondary school; I) buying a business with a business loan greater than \$100,000; or J) the <i>insured member's</i> 30th, 35th, 40th and 45th birthday 						
<i>life event application:</i>	means the form approved by <i>us</i> for the making of an application for cover or additional cover in the circumstances described in conditions 20.1 or 29.1.						
<i>life event documentation:</i>	<p>means the certified copies of documentation identified in the table below corresponding to the applicable <i>life event</i>:</p> <table border="1"> <thead> <tr> <th>Life event</th> <th>Evidence required</th> </tr> </thead> <tbody> <tr> <td>Birth of a child/ren</td> <td>Birth certificate</td> </tr> <tr> <td>Adoption of a child/ren</td> <td> <ul style="list-style-type: none"> • Order effecting an adoption; or • An entry in a public official record of the adoption of a child </td> </tr> </tbody> </table>	Life event	Evidence required	Birth of a child/ren	Birth certificate	Adoption of a child/ren	<ul style="list-style-type: none"> • Order effecting an adoption; or • An entry in a public official record of the adoption of a child
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Term	Definition	
	Marriage	Australian marriage certificate or an equivalent overseas marriage recognised in Australia
	Commencement of <i>recognised relationship</i>	Evidence of registration/ partnership
	Divorce	Decree absolute
	Cessation of <i>recognised relationship</i>	Evidence of revocation
	New mortgage for purchase or construction of primary residence or investment property in Australia	<p>All of the following:</p> <ol style="list-style-type: none"> 1. Mortgage statement/official statement from the lender stating: <ul style="list-style-type: none"> • Name of borrower; • Date & amount of drawdown; • Address of security; and 2. One of the following: <ol style="list-style-type: none"> a) Stamped front page of the contract of sale stating: <ul style="list-style-type: none"> • Name of purchaser; • Date of settlement; and • Purchase price; b) Receipt from State Revenue Office that the Transfer of Land has been stamped; c) Land title search after the transaction has been completed, showing that the member is the new owner of the property;and d) Letter from the member's solicitor, real estate agent or bank that the transaction has been completed; or e) Other satisfactory evidence that the stamp duty on the property has been paid by the member.
	Financing renovation/ improvement to primary residence or investment property in Australia (minimum cost \$30,000)	<p>All of the following:</p> <ol style="list-style-type: none"> 1. Mortgage statement/official statement from the lender relating to the renovation finance stating: <ul style="list-style-type: none"> • Name of borrower;

Term	Definition	
<p><i>life event time limit:</i></p>		<ul style="list-style-type: none"> • Date & amount of drawdown; and • Address of security (if applicable) <p>2. Quotation for renovation/improvement</p>
	<p>Death of a <i>spouse</i></p>	<p>All of the following:</p> <ol style="list-style-type: none"> 1. Evidence of relationship, i.e. Australian marriage certificate or an equivalent overseas marriage recognised in Australia, or evidence of registration/partnership; and 2. Evidence of death, e.g. certified copy of death certificate or probate, police report or hospital certification.
	<p>Dependent child starting primary school or secondary school</p>	<p>All of the following:</p> <ol style="list-style-type: none"> 1. Evidence of relationship of child to applicant i.e. birth certificate, order effecting an adoption, or an entry in a public official record of the adoption of a child; and 2. Letter on school letterhead confirming: <ul style="list-style-type: none"> • Start date; • Name of student; and • Whether student is starting primary or secondary school.
	<p>Buying a business with a business loan greater than \$100,000</p>	<p>Official statement from the lender stating:</p> <ul style="list-style-type: none"> • Name of borrower/purchaser of the business; • Name of seller of the business; • Name of business; and • Date & amount of loan.
	<p>30th, 35th, 40th and 45th birthdays</p>	<p>Date of birth information provided upon joining the <i>fund</i>.</p>
	<p>means the time limit identified in the table below corresponding to the applicable <i>life event</i>.</p>	
<p>Life event</p>	<p>Time limit</p>	
<p>Birth of child/ren</p>	<p>90 days* after the date of birth/s</p>	

Term	Definition	
life policy:	Adoption of child/ren	90 days* after the earlier of the date of: <ul style="list-style-type: none"> ▪ the order effecting adoption; and ▪ entry in a public official record of the adoption of a child.
	Marriage	90 days* after the effective date of the marriage.
	Commencement of a <i>recognised relationship</i>	90 days* after the effective date of the registration of a <i>recognised relationship</i> .
	Divorce	90 days* after the date of the decree absolute.
	Cessation of a <i>recognised relationship</i>	90 days* after the effective date of the revocation of a <i>recognised relationship</i> .
	New mortgage for the purchase or construction of a primary residence or investment property in Australia	90 days* after the date of settlement/drawdown.
	Financing renovation / improvement to primary residence or investment property in Australia (minimum cost \$30,000)	90 days* after receipt of confirmation of financing.
	Death of a <i>spouse</i>	90 days* after the death of a <i>spouse</i> .
	Dependent child starting primary school or secondary school	90 days* after commencement at primary or secondary school.
	Buying a business with a business loan greater than \$100,000	90 days after receipt of confirmation of financing
30 th , 35 th , 40 th , and 45 th birthdays	90 days after the relevant birthday	
	<p>*For avoidance of doubt the day on which the <i>life event</i> occurs is excluded.</p> <p>means a “life policy” as defined under the <i>Life Insurance Act 1995</i> (Cth):</p> <ul style="list-style-type: none"> A) providing death cover or death and total and permanent disablement cover; and B) that was in force on the day before the relevant <i>insured member’s</i> cover commenced under this policy; and C) that we agree to treat as a life policy for the purposes of this policy. 	

Term	Definition														
limited cover:	<p>means the <i>insured member</i> is only covered for:</p> <ul style="list-style-type: none"> • <i>sickness</i> that first becomes apparent; or • an <i>accident</i> that first occurs; <p>on or after the date the cover commences, recommences or increases under this policy for the <i>insured member</i>.</p>														
maximum accident cover:	means \$1,500,000.														
maximum additional joining offer insurance	<p>means the maximum amount of cover an <i>insured member</i> can apply for by means of a <i>joining offer application</i> as determined by the table below in accordance with the amount of existing cover the <i>insured member</i> has:</p> <table border="1"> <thead> <tr> <th>Existing Total Sum Insured</th> <th>Maximum Additional Insurance</th> </tr> </thead> <tbody> <tr> <td>(\$0 - \$100,000)</td> <td>\$25,000</td> </tr> <tr> <td>(\$100,001 - \$200,000)</td> <td>\$75,000</td> </tr> <tr> <td>(\$200,001 - \$300,000)</td> <td>\$100,000</td> </tr> <tr> <td>(\$300,001 - \$400,000)</td> <td>\$125,000</td> </tr> <tr> <td>(\$400,001 - \$500,000)</td> <td>\$150,000</td> </tr> <tr> <td>(\$500,001 - and above)</td> <td>\$250,000</td> </tr> </tbody> </table>	Existing Total Sum Insured	Maximum Additional Insurance	(\$0 - \$100,000)	\$25,000	(\$100,001 - \$200,000)	\$75,000	(\$200,001 - \$300,000)	\$100,000	(\$300,001 - \$400,000)	\$125,000	(\$400,001 - \$500,000)	\$150,000	(\$500,001 - and above)	\$250,000
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maximum additional life events insurance	<p>means the maximum amount of cover an <i>insured member</i> can apply for by means of a <i>life event application</i> should a <i>life event</i> occur as determined by the table below in accordance with the amount of existing cover the <i>insured member</i> has:</p> <table border="1"> <thead> <tr> <th>Existing Total Sum Insured</th> <th>Maximum Additional Insurance</th> </tr> </thead> <tbody> <tr> <td>(\$0 - \$100,000)</td> <td>\$25,000</td> </tr> <tr> <td>(\$100,001 - \$200,000)</td> <td>\$75,000</td> </tr> <tr> <td>(\$200,001 - \$300,000)</td> <td>\$100,000</td> </tr> <tr> <td>(\$300,001 - \$400,000)</td> <td>\$125,000</td> </tr> <tr> <td>(\$400,001 - \$500,000)</td> <td>\$150,000</td> </tr> <tr> <td>(\$500,001 - and above)</td> <td>\$250,000</td> </tr> </tbody> </table>	Existing Total Sum Insured	Maximum Additional Insurance	(\$0 - \$100,000)	\$25,000	(\$100,001 - \$200,000)	\$75,000	(\$200,001 - \$300,000)	\$100,000	(\$300,001 - \$400,000)	\$125,000	(\$400,001 - \$500,000)	\$150,000	(\$500,001 - and above)	\$250,000
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maximum cover limit:	<p>means:</p> <ol style="list-style-type: none"> in respect of death cover – unlimited; in respect of <i>terminal illness</i> cover - \$5,000,000; and in respect of <i>TPD</i> cover – \$5,000,000. 														
medical practitioner:	means a medical practitioner who is legally qualified and registered to the equivalent Australian standards (and includes an appropriate specialist) who is not the policy owner or the life insured, their <i>spouse</i> , relative or business associate.														

Term	Definition										
member:	<p>means a person who:</p> <ul style="list-style-type: none"> A) was admitted into membership of the <i>fund</i>; and B) who has not ceased to be a member of the <i>fund</i>; <p>in accordance with the <i>fund's</i> trust deed.</p>										
non-associated employer:	<p>means an employer who is not;</p> <ul style="list-style-type: none"> A) the <i>principal employer</i>, or B) an <i>associated employer</i> accepted by <i>us</i> under this policy pursuant to condition 21 										
occupation grouping:	<p>means in relation to <i>voluntary cover</i> any of the following occupation groupings and in relation to an <i>insured member</i> means the occupation grouping which applies at the time cover commences or recommences in respect of them or the time their application to alter their occupation grouping is accepted:</p> <ol style="list-style-type: none"> 1) White Collar – An <i>insured member</i> in respect of whom <i>we</i> have received evidence, satisfactory to <i>us</i> and relevant to the criteria agreed in writing between <i>you</i> and <i>us</i> by which <i>we</i> identify the <i>insured member's</i> status as White Collar. An <i>insured member</i> performing <i>domestic duties</i> at the relevant time is considered to have a White Collar occupation grouping. 2) Light Blue Collar – An <i>insured member</i> in respect of whom <i>we</i> have received evidence, satisfactory to <i>us</i> and relevant to the criteria agreed in writing between <i>you</i> and <i>us</i> by which <i>we</i> identify the <i>insured member's</i> status as Light Blue Collar. 3) Medium Blue Collar – An <i>insured member</i> in respect of whom <i>we</i> have received evidence, satisfactory to <i>us</i> and relevant to the criteria agreed in writing between <i>you</i> and <i>us</i> by which <i>we</i> identify the <i>insured member's</i> status as Medium Blue Collar. 4) Heavy Blue Collar – An <i>insured member</i> in respect of whom <i>we</i> have received evidence, satisfactory to <i>us</i> and relevant to the criteria agreed in writing between <i>you</i> and <i>us</i> by which <i>we</i> identify the <i>insured member's</i> status as Heavy Blue Collar. 										
premium due date: premium rates:	<p>means the last day of the month immediately following the month in respect of which premium is payable.</p> <p>means for:</p> <p>A. Default cover – the weekly premium rates determined by the <i>insured member's</i> <i>division</i> and set out in the table below:</p> <table border="1" data-bbox="518 1771 1337 1986"> <thead> <tr> <th data-bbox="518 1771 730 1823">Division</th> <th data-bbox="730 1771 1337 1823">Premium rate</th> </tr> </thead> <tbody> <tr> <td data-bbox="518 1823 730 1874">Division 4</td> <td data-bbox="730 1823 1337 1874">\$1.23 per week for <i>basic death cover</i></td> </tr> <tr> <td data-bbox="518 1874 730 1912"><i>(Personal Plus)</i></td> <td data-bbox="730 1874 1337 1912">\$2.36 per week for <i>basic death and TPD cover</i></td> </tr> <tr> <td data-bbox="518 1912 730 1951">and</td> <td data-bbox="730 1912 1337 1951">as set out in PART VII. APPENDIX A.</td> </tr> <tr> <td data-bbox="518 1951 730 1986">Division 4</td> <td data-bbox="730 1951 1337 1986"></td> </tr> </tbody> </table>	Division	Premium rate	Division 4	\$1.23 per week for <i>basic death cover</i>	<i>(Personal Plus)</i>	\$2.36 per week for <i>basic death and TPD cover</i>	and	as set out in PART VII. APPENDIX A.	Division 4	
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and	as set out in PART VII. APPENDIX A.										
Division 4											

Term	Definition																	
	<p>(RetireAccess)</p> <p>Division 6 <u>For insured members employed on a casual basis:</u> \$1.23 per week for <i>basic death cover</i> \$2.36 per week for <i>basic death and TPD cover</i> as set out in PART VII. APPENDIX A.</p> <p>Division 6 <u>For insured members employed on a permanent basis:</u></p> <p>i) <u>For members aged 16 to 60:</u> The annual premium rates per \$1,000 of cover. Premium rates table as set out in PART IX. APPENDIX C.</p> <p>ii) <u>For members aged 61 to 65:</u> \$1.23 per week for <i>basic death cover</i> \$2.35 per week for <i>basic death and TPD cover</i> as set out in PART VII. APPENDIX A.</p> <p>iii) <u>For members aged 66 to 75:</u> \$1.23 per week for <i>basic death cover</i> as set out in PART VII. APPENDIX A.</p>																	
	<p>B. For cover that is:</p> <p>a. <i>voluntary cover</i>;</p> <p>b. <i>top-up cover</i>; and/or</p> <p>c. obtained under condition 24A.1.2b) or condition 27.1, the annual premium rates per \$1,000 <i>voluntary cover</i> as set out in PART VIII, subject to the following occupational premium loadings determined by the <i>insured member's occupation grouping</i>:</p> <table border="1" data-bbox="518 1507 1283 1818"> <thead> <tr> <th colspan="3">Occupation premium loading</th> </tr> <tr> <th>Occupation grouping</th> <th>Death only</th> <th>Death and TPD</th> </tr> </thead> <tbody> <tr> <td>White Collar</td> <td>1.00</td> <td>1.00</td> </tr> <tr> <td>Light Blue Collar</td> <td>1.25</td> <td>1.40</td> </tr> <tr> <td>Medium Blue Collar</td> <td>1.50</td> <td>2.00</td> </tr> <tr> <td>Heavy Blue Collar</td> <td>1.75</td> <td>2.50</td> </tr> </tbody> </table> <p>All of the premium rates above are based on the policy being issued on a non-participating basis.</p>	Occupation premium loading			Occupation grouping	Death only	Death and TPD	White Collar	1.00	1.00	Light Blue Collar	1.25	1.40	Medium Blue Collar	1.50	2.00	Heavy Blue Collar	1.75
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Medium Blue Collar	1.50	2.00																
Heavy Blue Collar	1.75	2.50																
<i>previous policy:</i>	means a <i>life policy</i> under the <i>Life Insurance Act 1995</i> (Cth) which:																	

Term	Definition
	<p>A) provided death cover and/or <i>total and permanent disablement</i> cover under:</p> <ul style="list-style-type: none"> (i) a group policy through another superannuation fund; (ii) an insurance policy held under a superannuation fund arrangement; or (iii) a policy held outside of superannuation from a life insurer; and <p>B) was in force on the day before the relevant <i>insured member's</i> cover commenced under this policy; and</p> <p>C) is not subject to more than two exclusions and/or a premium loading of more than 100%; or</p> <p>D) is a policy that we agree to treat as a previous policy for the purposes of condition 12 of this policy.</p>
<i>principal employer:</i>	means Telstra Corporation Limited ABN 33 051 775 556.
<i>privacy laws:</i>	means the <i>Privacy Act 1988</i> (Cth) as amended by the <i>Privacy Amendment (Enhancing Privacy Protections) Act 2012</i> (Cth) including the Australian Privacy Principles and any other present or future law of the Commonwealth of Australia or any State or Territory of Australia regarding the collection, use and disclosure of personal information.
<i>recognised relationship:</i>	<p>means a relationship which satisfies any one of the following:</p> <ul style="list-style-type: none"> A) is a significant relationship for which deeds of relationship have been registered under the <i>Relationships Act 2003</i> (Tas); B) is a registered domestic relationship within the meaning of the <i>Relationships Act 2008</i> (Vic); C) is a civil partnership under the <i>Civil Partnerships Act 2008</i> (ACT); D) is a registered relationship within the meaning of the <i>Relationships Register Act 2010</i> (NSW); or E) is a registered relationship under any other State based registration scheme that <i>you</i> and <i>we</i> agree is similar.
<i>rehabilitation program</i>	means a rehabilitation or retraining program which an <i>employer</i> maintains or in which an <i>employer</i> participates for or in respect of sick, injured or infirm <i>employees</i> of the <i>employer</i> as part of or in connection with its human resources policies or practices.
<i>regular occupation:</i>	means any form of personal exertion for the purpose of payment or profit performed by the <i>insured member</i> on a regular and recurring basis. Where the expression <i>regular occupation</i> is used in connection with a specified period of time it means any such occupation performed by the <i>insured member</i> on a regular and recurring basis during that period.
<i>risk control</i>	means the following questions as agreed between <i>you</i> and <i>us</i> :

Term	Definition
questions:	<p>At the date of this application:</p> <ul style="list-style-type: none"> A) Are you currently, due to an illness or injury, restricted or unable to carry out all the duties of your usual occupation for at least 30 hours per week, even if you are not employed to work 30 hours per week? B) Have you been diagnosed with an illness or injury that is likely to reduce your life expectancy to less than 12 months? C) Have you ever made a claim and are you currently intending to make a claim for an illness or injury from the following: <ul style="list-style-type: none"> (i) Workers' Compensation; (ii) Government benefits (such as sickness benefit, invalid pension); (iii) Motor accident scheme; (iv) Superannuation fund; or (v) life insurance policies? D) Have you been absent from your usual occupation (employed or unemployed) for more than four weeks in the last 12 months due to an illness or injury? E) Have you ever had any application for Life, Terminal Illness & Total and Permanent Disablement or Income Protection cover, declined, or offered to you on non-standard terms (e.g. premium loading and/or exclusion) whether accepted by you or not?
salary:	<p>means:</p> <p>for Division 6 members:</p> <p>the total annual remuneration (including superannuation contributions) received from the <i>insured member's</i> gainful work , before the deduction of income tax, including:</p> <ul style="list-style-type: none"> a) cash salary; and b) the monetary value of non-cash benefits or fringe benefits provided by the <i>member's employer</i> in direct substitution of salary, as advised to <i>you</i> by the <i>member's employer</i> from time to time. <p>Salary does not include commissions, bonuses, or overtime unless <i>we</i> agree in writing that it is included.</p>
sickness:	<p>means an illness or disease suffered by the <i>insured member</i>, and is diagnosed by an appropriately qualified <i>medical practitioner</i>.</p>
spouse:	<p>includes, with respect to an individual:</p> <ul style="list-style-type: none"> A) another individual (whether of the same sex or a different sex) with whom the individual is in a relationship that is registered under a State law or Territory law prescribed for the purposes of section 22B of the <i>Acts Interpretation Act 1901</i> (Cth) as a kind of relationship prescribed for the purposes of that section; and B) another individual who, although not legally married to the individual, lives

Term	Definition				
	with the individual on a genuine domestic basis in a relationship as a couple.				
Telstra Super Pty Ltd:	means Telstra Super Pty Ltd ABN 86 007 422 522.				
terminal illness (or terminally ill):	<p>an <i>insured member</i> is terminally ill if all of the following circumstances exist:</p> <ul style="list-style-type: none"> A) two registered <i>medical practitioners</i> have certified, jointly or separately, that the <i>insured member</i> suffers from a <i>sickness</i> or has an <i>accident</i>, that is likely to result in the death of the <i>insured member</i> within 12 months of the date of certification (“certification period”); B) at least one of the registered <i>medical practitioners</i> is a specialist practicing in an area related to the <i>sickness</i> or <i>accident</i> suffered by the <i>insured member</i>; C) for each of the certificates, the certification period has not ended at the time any claim is lodged; and D) we are satisfied, on medical or other evidence that despite reasonable medical treatment the <i>sickness</i> or <i>accident</i> will lead to the death of the <i>insured member</i> within the certification period. <p>Cover must be current on the date of the certification.</p>				
<p>top-up cover:</p> <p>total and permanent disablement (or totally and permanently disabled) (TPD):</p>	<p>means an amount of cover provided in addition to <i>default cover</i> to <i>members</i> transferring into <i>Division 4 (Personal Plus)</i>.</p> <p>The amount of top-up cover is equal to the death or death and <i>TPD</i> cover required to provide the <i>insured member</i> with the same level of <i>default cover</i> as that held in the previous <i>division</i> of the <i>fund</i> immediately prior to their transfer to <i>Division 4 (Personal Plus)</i>.</p> <p>An <i>insured member</i> is totally and permanently disabled if they satisfy the definition of TPD which applies to them while they are insured for TPD under the policy. The definition of TPD that applies to an <i>insured member</i> is determined by reference to their status as at the <i>date of disablement</i> in accordance with the following table:</p> <table border="1" data-bbox="497 1460 1385 1977"> <thead> <tr> <th data-bbox="497 1460 940 1592">Status of <i>insured member</i> immediately prior to the date of disablement</th> <th data-bbox="940 1460 1385 1592">Applicable total and permanent disablement definition</th> </tr> </thead> <tbody> <tr> <td data-bbox="497 1592 940 1977"> 1. Working for a minimum of 15 hours per week averaged over the shorter of: <ul style="list-style-type: none"> a) 6 months; and b) the period of time the person has been employed prior to the <i>date of disablement</i>. </td> <td data-bbox="940 1592 1385 1977"> Part 1 Unable to work Part 2: Day one </td> </tr> </tbody> </table>	Status of <i>insured member</i> immediately prior to the date of disablement	Applicable total and permanent disablement definition	1. Working for a minimum of 15 hours per week averaged over the shorter of: <ul style="list-style-type: none"> a) 6 months; and b) the period of time the person has been employed prior to the <i>date of disablement</i> .	Part 1 Unable to work Part 2: Day one
Status of <i>insured member</i> immediately prior to the date of disablement	Applicable total and permanent disablement definition				
1. Working for a minimum of 15 hours per week averaged over the shorter of: <ul style="list-style-type: none"> a) 6 months; and b) the period of time the person has been employed prior to the <i>date of disablement</i> .	Part 1 Unable to work Part 2: Day one				

Term	Definition	
	<ol style="list-style-type: none"> 1. Working for less than 15 hours per week averaged over the shorter of: <ol style="list-style-type: none"> a) 6 months; and b) the period of time the person has been employed, prior to the <i>date of disablement</i>, or 2. Not working and performing <i>domestic duties</i> for less than 15 hours per week averaged over the shorter of: <ol style="list-style-type: none"> a) 6 months; and b) the period of time the person has been performing the <i>domestic duties</i>, prior to the <i>date of disablement</i>. 	Part 4: Activities of daily working
	<ol style="list-style-type: none"> 1. Not working and performing <i>domestic duties</i> for a minimum of 15 hours per week averaged over the shorter of: <ol style="list-style-type: none"> a) 6 months; and b) the period of time the person has been performing the domestic duties; prior to the <i>date of disablement</i>. 	Part 3: Domestic duties Part 4: Activities of daily working
	<p>Part 1: Unable to work</p> <p>Due to <i>accident</i> or <i>sickness</i>, a person:</p> <ol style="list-style-type: none"> A) has been continuously absent from all active <i>work</i> for a period of at least three consecutive months and has been required by his or her <i>employer</i> to participate in a <i>rehabilitation program</i>; and B) In <i>our</i> opinion, after consideration of any information, evidence and advice provided to <i>us</i> by the <i>fund</i> and his or her <i>employer</i> and any other information <i>we</i> may consider relevant, is unlikely ever to engage in any gainful <i>work</i> for which he or she is for the time being reasonably qualified by education, training or experience. <p>When an <i>insured member</i> ceases <i>work</i> due to an <i>accident</i> or <i>sickness</i>, <i>we</i> may exercise <i>our</i> discretion and waive the requirement for him or her to be absent from all active <i>work</i> for at least three consecutive months, to a lesser period, where the evidence concludes that he or she is disabled to such an extent as to render him or her unlikely to ever again engage in any gainful <i>work</i> for which he or she is reasonably suited by education, training or experience.</p>	

Term	Definition
	<p>Part 2: Day one</p> <p>A) following the <i>date of disablement</i>, the person has been continuously absent from all active work, or, in the case of the unemployed, been continuously unable to accept employment, as a result of suffering from any of the following: <i>cardiomyopathy, primary pulmonary hypertension, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, paraplegia, quadriplegia, hemiplegia, diplegia, tetraplegia, dementia and Alzheimer's disease, Parkinson's disease, blindness, loss of speech, loss of hearing, chronic lung disease, severe rheumatoid arthritis, or severe burns</i> (each as defined in condition 3 – Medical Condition Definitions). If the method for diagnosing a Medical Condition Definition has been superseded or otherwise revised, we will consider the relevant revised clinical protocol as recognised by the appropriate Australian medical body to verify the Medical Condition Definition is conclusively diagnosed and to at least the same severity. If the <i>insured member</i> would, in <i>our</i> opinion, be disadvantaged in any way by application of the updated Medical Condition Definition, the Medical Condition Definition that applied immediately prior to the update will apply; and</p> <p>B) we have determined, after consideration of medical and other evidence, that it is unlikely that the person will ever be able to engage in any gainful <i>work</i> for which they are reasonably suited by education, training or experience and that they are likely to be disabled for life.</p> <p>Part 3: Domestic duties</p> <p>A) the person, as a result of an <i>accident</i> or <i>sickness</i>, is under the ongoing care of a <i>medical practitioner</i> and is unable to perform any <i>domestic duties</i>, or be engaged in any active <i>work</i> for a period of 3 consecutive months; and</p> <p>B) at the end of the period of 3 consecutive months, is disabled to such an extent as to render him or her likely to require ongoing care from a <i>medical practitioner</i> and never again be able to perform <i>domestic duties</i> or engage in any gainful <i>work</i> for which he or she is reasonably qualified by education, training or experience.</p> <p>Part 4: Activities of daily working</p> <p>A) the person is, as a result of <i>accident</i> or <i>sickness</i>, permanently unable to perform at least two of the five <i>everyday working activities</i> without the physical assistance of another person, despite the use of appropriate assistive aids and that permanent inability has lasted for a continuous period of six months or more following the <i>date of disablement</i>; and</p> <p>B) is unlikely ever to engage in any gainful <i>work</i> for which he or she is reasonably qualified by education, training or experience;</p> <p>where <i>everyday working activities</i> means Mobility, Communicating, Vision, Lifting and Manual Dexterity and:</p> <ul style="list-style-type: none"> • unable to perform Mobility means :

Term	Definition
	<ul style="list-style-type: none"> a) the person cannot walk more than 200m on a level surface without stopping due to breathlessness or severe discomfort; and/or b) the person cannot bend, kneel or squat to pick something up from the floor and straighten up again after bending, kneeling or squatting; nor can the person get in and out of a standard sedan car. <ul style="list-style-type: none"> • unable to perform Communicating means : <ul style="list-style-type: none"> a) the person cannot speak in their first language so that they are understood in a quiet room; nor can the person hear (with or without a hearing aid or other aid) an instruction given in a normal voice in their first language in a quiet room; and/or b) the person cannot understand a simple message in their first language, and relay that message to another person. • unable to perform Vision means the person cannot, with or without glasses or contact lenses read ordinary newsprint, nor can they pass the standard eyesight test for a car license. • unable to perform Lifting means the person cannot lift, carry or move objects weighing up to 5kg using either or both hands. • unable to perform Manual Dexterity means the person cannot use either or both hands or fingers to manipulate small objects with precision (such as picking up a coin or fastening shoelaces or buttons, using cutlery, or using a pen or keyboard to write a short note). <p>When an <i>insured member</i> ceases <i>work</i> due to <i>accident</i> or <i>sickness</i>, we may exercise <i>our</i> discretion and waive the requirement for him or her to be absent from all active <i>work</i> for at least six consecutive months, to a lesser period, where the evidence concludes that he or she is disabled to such an extent as to render him or her unlikely to ever again engage in any gainful <i>work</i> for which he or she is reasonably suited by education, training or experience.</p> <p>In the event that any of part of this TPD definition is inconsistent with the regulatory condition of release of permanent incapacity, that part of the TPD definition shall be read down to the extent of any inconsistency but only for the purpose of compliance with the requirements of Regulation 4.07D of <i>Superannuation Industry (Supervision) Regulations 1994</i> (Cth).</p>
<i>underwriting requirements:</i>	means <i>our</i> requirements, as agreed in writing between <i>you</i> and <i>us</i> , to be supplied to <i>us</i> , in order to assess a person for cover under this policy.
<i>voluntary cover:</i>	means cover in respect of an <i>insured member</i> that is obtained by satisfying <i>our underwriting requirements</i> and which is not <i>top-up cover</i> or <i>default cover</i> .
<i>war:</i>	means armed aggression, whether declared or not, by a country or organisation,

Term	Definition
	resisted by any other country or international organisation.
<i>we/our/us:</i>	TAL Life Limited ABN 70 050 109 450.
<i>work:</i>	means engagement in any business, trade, profession, vocation, calling, occupation or employment.
<i>you/your:</i>	Telstra Super Pty Ltd ABN 86 007 422 522.

3. MEDICAL CONDITION DEFINITIONS

The following words or expressions used in the definition of *TPD* have the meanings set out below.

Medical Condition	Definition
Blindness (permanent)	means the total and irrecoverable loss of sight (whether aided or unaided) in both eyes as a result of Sickness or Injury to the extent that visual acuity in both eyes, on a Snellen Scale after correction by suitable lens is less than 6/60, or to the extent that the visual field is reduced to 20 degrees or less of arc.
Cardiomyopathy (permanent)	means a disease of heart muscle causing the heart muscle to enlarge and become weaker, resulting in significant permanent cardiac impairment to the degree of at least Class 3 of the New York Heart Association functional classification system.
Chronic Lung Failure (requiring permanent oxygen therapy)	means end-stage lung disease with a consistent pulmonary function test result of: <ul style="list-style-type: none"> • FEV1 less than 40% predicted; or • a DLCO less than 40% predicted; and • requiring permanent oxygen therapy.
Dementia including Alzheimer's disease (permanent)	means the unequivocal diagnosis of dementia by a consultant neurologist or geriatrician. The diagnosis must confirm dementia or Alzheimer's Disease due to permanent failure of brain function with associated cognitive impairment. A Mini-Mental State Examination score of 24 or less out of 30 or evidence from another neuropsychometric test that is acceptable to us is required.
Loss of hearing in One Ear (permanent)	means the irrecoverable profound loss of hearing below 91 decibels, both natural and assisted, as a result of Sickness or Injury.
Loss of speech (permanent)	means the total and irrecoverable loss of the ability to produce intelligible speech, as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, due to Sickness or Injury.
Major head trauma	means accidental head injury resulting in neurological deficit causing: <ul style="list-style-type: none"> • at least a permanent 25% impairment of Whole Person Function; or • the Insured Person being totally and permanently unable to perform any one of the Activities of Daily Living: <ul style="list-style-type: none"> - dressing – the ability to put on and take off clothing; - toileting – the ability to use the toilet, including getting on and off;

	<ul style="list-style-type: none"> - mobility – the ability to get in and out of bed and a chair; - continence – the ability to control bowel and bladder function; - feeding – the ability to get food from a plate into the mouth; <p>as certified by a consultant neurologist who is a medical practitioner.</p>
Multiple sclerosis (with multiple episodes of neurological deficit and persisting neurological abnormalities)	means a disease characterised by demyelination in the brain and/or spinal cord. Multiple Sclerosis must be unequivocally diagnosed. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities. Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging), evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses are required to confirm diagnosis.
<i>Muscular dystrophy</i>	the unequivocal diagnosis of muscular dystrophy, confirmed by genetic test results and supportive investigations including electromyography.
Paralysis (permanent)	means the total and permanent loss of function of two or more limbs through sickness or injury causing permanent damage to the nervous system. This includes, but is not limited to quadriplegia, paraplegia, diplegia and hemiplegia.
Parkinson's disease (permanent)	<p>means the unequivocal diagnosis of degenerative idiopathic Parkinson's Disease caused by degeneration of the nigrostriatal system and as characterised by the clinical manifestation of one or more of the following:</p> <ul style="list-style-type: none"> • rigidity; • tremor; and • akinesia <p>All other types of Parkinsonism are excluded (e.g. secondary to medication).</p>
<i>Primary pulmonary hypertension</i>	means the unequivocal diagnosis of Primary Pulmonary Hypertension with right ventricular enlargement established by investigations including cardiac catheterisation, resulting in significant permanent cardiac impairment to the degree of at least Class 3 of the New York Heart Association functional classification system.
Progressive and Debilitating Motor Neurone Disease	<p>means the unequivocal diagnosis of a progressive form of debilitating Motor Neurone Disease.</p> <p>The diagnosis must be confirmed by a neurologist and supported by ancillary testing (e.g. clinical neurophysiology) and exclusion of other causes by structural imaging and appropriate investigations.</p>
<i>Severe burns</i>	Burns (covering at least 20% of the body's surface area)

	<p>means tissue Injury caused by thermal, electrical or chemical agents causing third degree or full thickness burns to at least:</p> <ul style="list-style-type: none">• 20% of the body surface area as measured by the Lund and Browder Body Surface Chart;• 50% of both hands, requiring surgical debridement and/or grafting; or• 50% of the face, requiring surgical debridement and/or grafting.
<p>Severe rheumatoid arthritis (with significant impairment)</p>	<p>means diagnosis of severe rheumatoid arthritis causing permanent Whole Person Impairment of at least 25% or have evidence of all the following:</p> <ul style="list-style-type: none">• typical rheumatoid joint deformity;• simultaneous bilateral and symmetrical soft tissue joint swelling or fluid (not bony overgrowth alone) in the upper and lower limbs; and• erosions seen on x-ray imaging in two or more joints or the presence of either a positive rheumatoid factor or anti-citrullinated protein antibodies. <p>The diagnosis must be confirmed by appropriate radiology and blood tests and the condition must have failed to respond to all treatment regimens including, but not limited to conventional and targeted synthetic disease modifying drugs and biological agents.</p>

PART III. CONDITIONS RELATING TO COVER FOR ALL MEMBERS

This PART III sets out conditions relating to all *insured members* of the *fund*.

4. BENEFITS

4.1. Death benefit

- 4.1.1. If a person dies whilst they have death cover, *we will pay you* a death benefit equal to their death cover as at the date of the death of the person.
- 4.1.2. When *we* become liable to pay a death benefit in respect of a person, all cover for that person under this policy ceases.

4.2. Terminal illness benefit

- 4.2.1. If a person becomes *terminally ill* whilst they have death and/or death and *TPD* cover *we will pay you* a *terminal illness* benefit at the date the person was first certified by a *medical practitioner* in accordance with the definition of *terminal illness*.
- 4.2.2. If the *terminal illness* benefit *we* pay in respect of a person is equal to that person's death cover then death and any *TPD* cover for that person ceases.
- 4.2.3. If the *terminal illness* benefit *we* pay is less than the person's death cover, *terminal illness* cover ceases but death cover in the amount equal to the difference between the *terminal illness* benefit paid and the previous death cover will continue subject to the terms of this policy.

4.3. Total and permanent disablement benefit (TPD)

- 4.3.1. If a person suffers *TPD* whilst they have *TPD* cover, *we will pay you* a *TPD* benefit equal to their *TPD* cover as at their *date of disablement*.
- 4.3.2. If the *TPD* benefit *we* pay in respect of a person is equal to the person's cover in respect of death then cover for the person ceases. If the *TPD* benefit *we* pay is less than the person's death cover, *TPD* cover ceases but death and *terminal illness* cover in the amount equal to the difference between the *TPD* benefit paid and the previous death cover will continue subject to the terms of this policy.

4.4. Calculation of benefits

- 4.4.1. In this policy, unless otherwise stated, the amount of the benefit payable with respect to a person is calculated as at their age next birthday as at the last *annual review date*.

4.5. Maximum benefit payable

- 4.5.1. The total benefit that *we* will pay under all parts of this policy in respect of a person will not exceed the *maximum cover limit*.

5. LIMITATIONS AND EXCLUSIONS

5.1. Limitations and exclusions applicable to *voluntary cover*

- 5.1.1. Except for cover which comes into effect under condition 12, *we* will not pay a benefit in respect of *voluntary cover* if death or *TPD* is directly or indirectly caused by suicide or attempted suicide within thirteen months of:
 - a) the date *voluntary cover* for benefits commences in respect of that person; or
 - b) the date from which *we* accept any increase to *voluntary cover*, but only in respect of the increased amount.

6. INTERIM ACCIDENT COVER

6.1. Accident cover while we consider an application for cover or additional cover

6.1.1. We will provide *interim accident cover* from the date (the “application date”) *you* receive an application for cover under any of conditions 12, 19, 20, 22.2.1, 1, 29 and 30.2.1.

6.2. Accidental death and total and permanent disablement cover

6.2.1. If the person making the application for cover or increased cover under conditions 19, 20, 22.2.1, 1, 29, or 30.2.1 (the “applicant”) applies for:

- a) death cover and dies as a result of an *accident* that happens during the *interim accident cover period*, we will pay an interim accident benefit provided the death occurs within 120 days of the happening of the *accident*; or
- b) *TPD* cover and becomes *TPD* as a result of an *accident* that happens during the *interim accident cover period*, we will pay an *interim accident* benefit provided the *date of disablement* occurs within 120 days of the happening of the *accident*.

6.2.2. If the person making the application for cover or increased cover under condition 12 (the “applicant”) applies for:

- a) death cover and dies as a result of an *accident* that happens during the *interim accident cover period*, we will pay an interim accident benefit provided the death occurs within 120 days of the happening of the *accident*; or
- b) *TPD* cover and becomes *TPD* as a result of an *accident* that happens during the *interim accident cover period*, we will pay an *interim accident* benefit provided the *date of disablement* occurs within 120 days of the happening of the *accident*.

6.3. Amount of benefit

6.3.1. The death benefit payable under condition 6.2.1.a) will be:

- a) for a person with no existing cover, the lesser of the amount of death cover requested in the application received by *you* and the *maximum accident cover*;
- b) for a person applying to increase their existing cover, the lesser of:
 - i) the amount of the increase in death cover requested in the application received by *you*; and
 - ii) the *maximum accident cover* reduced by the amount payable for the same event under another clause of this policy (to a minimum of zero).

6.3.2. The death benefit payable under condition 6.2.2.a) will be the lesser of:

- a) the amount of death cover requested in the application for cover under *insurance transfer terms* received by *you*; and
 - b) the *maximum accident cover* reduced by the amount payable for the same event under the *previous policy* (to a minimum of zero)
- reduced by any death amount payable (as applicable) in respect of the same event under the *previous policy*.

6.3.3. The *TPD* benefit payable under condition 6.2.1.b) will be:

- a) for a person with no existing cover, the lesser of the amount of *TPD* cover requested in the application received by *you* and the *maximum accident cover*;
- b) for a person applying to increase their existing cover, the lesser of:
 - i) the amount of the increase in *TPD* cover requested in the application received by *you*; and
 - ii) the *maximum accident cover* reduced by the amount payable for the same event under another clause of this policy (to a minimum of zero).

6.3.4. The *TPD* benefit payable under condition 6.2.2.b) will be the lesser of:

- a) the amount of *TPD* cover requested in the application for cover under *insurance transfer terms* received by *you*; and
- b) the *maximum accident cover* reduced by the amount payable for the same event under the *previous policy* (to a minimum of zero)

reduced by any *TPD* amount payable (as applicable) in respect of the same event under the *previous policy*.

6.3.5. A single benefit is payable for an *applicant* and is only ever payable once.

6.4. Interim accident cover period

6.4.1. *Interim accident cover* will start on the *application date* and will end on the earliest of the following dates:

- a) the date the application is withdrawn;
- b) the date *we* accept the application on standard or special terms;
- c) the date *we* reject the application;
- d) the date *we* cancel the *interim accident cover* pursuant to *our* legal rights in the event of fraud by the applicant;
- e) 120 days from the *application date*;
- f) the date the applicant reaches the *cover cessation age*;
- g) the date the person ceases to be an *insured member* under condition 14.1.1;
- h) for *interim accident cover* for *TPD* – the death of the applicant; and
- i) the termination of this policy.

6.5. Interim accident cover benefit – effect on application for cover

6.5.1. If *we* pay a benefit in respect of an applicant under this condition 6 the application for cover or an increase in cover will be rejected and *we* will not grant that cover in respect of the applicant under this policy.

6.6. Interim accident cover benefit – exclusion

6.6.1. *We* will not pay a benefit under condition 6.2 where the death or *TPD* is:

- a) caused directly or indirectly by suicide or self-inflicted *sickness* or injury caused by the applicant; or
- b) caused by a *sickness* which first became apparent or an injury which first occurred prior to the commencement of the *interim accident cover*.

7. CLAIMS

7.1. When to make a claim

- 7.1.1. You must notify us in writing as soon as reasonably practicable after you become aware of any claim or potential claim.

7.2. Claim requirements

- 7.2.1. You must provide us with any requirements we reasonably consider are necessary to properly assess a claim.
- 7.2.2. Payment of any *terminal illness* or *TPD* benefit under conditions 4.2.1 or 4.3.1 is conditional on the person undergoing any medical or other examination which we reasonably require.
- 7.2.3. Subject to condition 7.2.4 we will pay the costs of any medical or other examination we require under condition 7.2.2 other than the initial medical examination and report that is required to be undertaken to make a claim. However, unless we agree otherwise, we will not pay costs incurred for travelling to an appointment or fees for non-attendance at an appointment arranged under condition 7.2.2.
- 7.2.4. If a person makes a claim while they are outside Australia we may require the person to return to Australia, at no expense to us, before we assess our liability for the claim.

7.3. Claims assessment information

- 7.3.1. We will provide you with a copy of any part of the claims assessment information that you ask us to provide, as soon as reasonably practicable, unless we have a legal obligation to not disclose that information.
- 7.3.2. The claims assessment information we provide to you must at all times remain confidential to you and any representative or service provider you appoint to assist with the assessment of claims unless we agree with you in writing otherwise or you have a legal obligation under legislation to disclose that information.

8. PREMIUMS

8.1. Time to pay premiums

- 8.1.1. You must pay premiums on or before the *premium due date*. If for any reason premium is payable for less than a whole month, the premium payable shall be calculated on a pro rata basis by reference to the number of days that cover has been in force during the month.
- 8.1.2. We will advise you each year the date the payment of the adjustment premium is due.

8.2. Premium payable

- 8.2.1. The amount of premium payable is the total cost of cover for all *insured members* under this policy during the period in respect of which premium is calculated according to the *premium rates* for that period, which are inclusive of all government levies, stamp duty and other duties, taxes and charges.
- 8.2.2. At each *annual review date* and on termination of the policy, we will recalculate the premium to reflect changes in the number of *insured members* and the benefit amounts over the period since the policy began, or since the last *annual review date*, whichever is the later.

- 8.2.3. If, as a result of the recalculation of the premium under condition 8.2.2, *you* have paid too much, *we* will pay *you* the over-payment or use it to offset the next premium due as requested by *you*.
- 8.2.4. If, as a result of the recalculation of the premium under condition 8.2.2, *you* have not paid enough, *we* will notify *you* (in writing) of the additional premium (called the adjustment premium) *you* owe.
- 8.2.5. At each *annual review date* of the policy *you* must give *us* the information *we* need to adjust *your* premium and to recalculate *your* annual premium. *We* will advise *you* what information *we* need and when *we* need it.
- 8.2.6. *We* may otherwise agree that *you* will calculate the premium, in which case *we* will confirm the terms of this arrangement in writing.
- 8.2.7. The premium for any *insured member* must always be included and remitted as part of policy premium described in condition 8.2.2.
- 8.2.8. The premium in respect of any *insured member* must be continued during any period employed overseas or any period of absence including, but not limited to, any period where cover continues during leave without pay where that cover is provided under the terms of this policy.

8.3. Overdue premiums

- 8.3.1. If the premium or adjustment premium payable under condition 8.2 is not paid to *us* within 30 days after the *premium due date*, *we* may give *you* a notice and if the premium due is not paid within the time period stipulated in the notice (being at least 30 days after the notice is given), the policy may be terminated by *us*.

8.4. Misstatement of age

- 8.4.1. If an *insured member* has wrongly stated his or her age, *we* will adjust the *insured cover*, and any benefit payable, in respect of the *insured member* based on the amount of premium already paid and what that premium would have purchased if it had been calculated using the correct age.

9. VARIATION OF POLICY

9.1. Variation by agreement

- 9.1.1. This policy may be varied by written agreement between *you* and *us* at any time.

9.2. Variation by us

- 9.2.1. Subject to condition 9.2.3, *we* may not during the *guarantee period* increase the *premium rates* that apply under this policy or change the terms of this policy without *your* written agreement.
- 9.2.2. *We* may reduce the *premium rates* at any time by giving *you* written notice specifying the effective date of the change.
- 9.2.3. *We* may at any time including during the *guarantee period* vary the policy terms and conditions including the *premium rates* where:
 - a) Australia is involved in *war*, whether declared or not, or in the event of the armed invasion of Australia;

by giving *you* prior notice of *our* intention to vary the *premium rates* as soon as is reasonably practicable but in any event at least 60 days prior notice in writing of the change; or

- b) if:
- i) the *guarantee period* has expired;
 - ii) there has been a change of 25% or more in the number of *insured members* or a particular *division* during the last 12 month period or since the start of the policy or since the last date the premiums were changed;
 - iii) there are legislative changes that would impact on the degree of risk of the insurance arrangements of the *fund* or the insurance offered under this policy or the terms and conditions would otherwise become inconsistent with the law;
 - iv) the basis of taxation of *us* or the policy is changed;
 - v) there are less than 10 *insured members* under the policy; or
 - vi) the annual premium falls below \$5,000,

by giving *you* at least 60 days prior notice in writing of the change.

10. ADMINISTRATION & INTERPRETATION

10.1. This policy

10.1.1. This policy:

- a) is issued from *our* No.1 Statutory Fund;
- b) does not participate in *our* profits; and
- c) does not acquire a surrender value.

10.2. Termination of this policy

10.2.1. *You* can terminate this policy by giving *us* three month's written notice, or *we* can agree in writing on an earlier termination date with *you*.

10.2.2. *We* can terminate this policy by giving *you* one month's written notice, as soon as any of the following happens:

- a) the situation described in condition 8.3 arises;
- b) *we* become satisfied that *you* have purposefully withheld information directly relevant or made fraudulently untrue statements to *us* in relation to this policy.

10.2.3. This policy will also terminate on the date cover under the policy has ended for all *insured members*.

10.3. Notices

10.3.1. Notices, medical evidence or other communications must be in writing and in English or in otherwise agreed formats as approved by *us* and *you*.

10.3.2. *We* will send notices to *you* at the address *you* last gave to *us*.

10.3.3. *You* will send notices to *us* at the address *we* last gave to *you*.

10.3.4. You must notify *us* no later than 60 days after each *annual review date* of any terminations since:

- a) the *commencement date*; or
 - b) the previous *annual review date*,
- whichever is the later.

10.3.5. You must supply this information in conjunction with the other information we require to calculate *your* premium as set out in condition 8.2.

10.4. Payments

10.4.1. All payments made in connection with this policy, whether to *us* or by *us*, must be made in Australia and in Australian currency.

10.5. Records

10.5.1. You must keep accurate records necessary for the effective operation of this policy. These records must be maintained in a format that is agreed by *you* and *us*. We agree with *you* that we do not require any different type or format of record than *you* keep at the *commencement date* but we may review this with *you* if the type or format becomes unsuitable to either *you* or *us*.

10.6. Audit

10.6.1. We may conduct an audit from time to time of any records *you* (or any person on *your* behalf) have which are connected with this policy. We will give *you* reasonable notice in writing if we propose to conduct an audit. We will only conduct an audit during normal office hours.

10.7. Waiver

10.7.1. *Your* or *our* failure or delay to exercise a power or right *you* or *we* have under or in connection with this policy does not operate as a waiver of that power or right.

10.7.2. A waiver of *your* or *our* power or right is not effective unless *you* or *we* waive that power or right in writing.

10.7.3. Waiver of a power or right by *you* or *us* is limited to the specific matter in respect of which *you* or *we* grant it and applies only to the extent and for the period notified in writing by *you* or *us*. It does not preclude either the exercise of that power or right in the future or the exercise of any other power or right.

10.8. Non assignment of policy

10.8.1. You may not assign this policy without *our* written agreement except in the event of a merger or successor fund transfer within the meaning of the applicable law, in which case *you* may assign this policy to the entity with which *you* merge or to which *members'* benefits are transferred pursuant to the successor fund transfer.

10.8.2. We may not assign this policy without *your* written agreement.

10.9. Privacy statement

10.9.1. Both *we* and *you* agree to comply with the *privacy laws* in respect of any personal information collected in relation to this policy about *us*, *you*, an *insured member*, a *member*, a person, the *fund*, an *employer* or any potential beneficiaries.

10.10. Interpretation

- 10.10.1. The headings in this policy are a guide only. They are not intended to be used to interpret the policy conditions.
- 10.10.2. If the context allows, plurals can be read as the singular and the singular read as plurals.
- 10.10.3. This policy is subject to and governed by the laws of the Commonwealth of Australia.
- 10.10.4. In this policy, a month refers to a calendar month unless otherwise agreed by *you* and *us*.
- 10.10.5. In this policy, unless otherwise stated, a person's age refers to their age next birthday as at the last *annual review date*.

11. SPECIAL CONDITIONS

11.1. Cover while on paid or unpaid leave

- 11.1.1. For avoidance of doubt, subject to abiding by all policy conditions which apply to them, cover will continue in respect of an *insured member* while they are on paid or unpaid leave.
- 11.1.2. In the event of an *insured member* becoming eligible to claim a benefit for *TPD* where that *TPD* occurred during a period of paid or unpaid leave and where the *insured member* had cover under this policy, the applicable waiting period in respect of that benefit will be deemed to commence from the date a registered *medical practitioner* certifies the *date of disablement* in respect of an *insured member* due to an *accident or sickness*.

11.2. Worldwide cover

- 11.2.1. Subject to abiding by all the policy conditions which apply to them cover shall be provided 24 hours a day for all *insured members* who are *Australian residents* while in Australia or overseas.

11.3. Medical treatment required during total and permanent disablement

- 11.3.1. Where a *medical practitioner* has recommended that a person, who has made a *TPD* claim, commence medical treatment, then this treatment must have started within the later of 30 days of the recommendation being made or the recommended date for commencement of treatment.
- 11.3.2. If the treatment has not started within the period required by this condition 11.3, we may refuse to assess the claim if we believe that not starting the treatment has prejudiced *our* interests including *our* ability to assess the person's entitlement to claim.

12. INSURANCE TRANSFER TERMS COVER

12.1. Insurance transfer terms cover

- 12.1.1. Cover for a *member* provided under *insurance transfer terms* comes into effect on:
 - a) the date we accept the application to transfer cover pursuant to *insurance transfer terms* in respect of the *member*; and
 - b) subject to cancellation of the *member's* existing cover under the *previous policy*.
- 12.1.2. The type and amount of cover that comes into effect for a member under *insurance transfer terms*:

- a) is provided as *voluntary cover*, and is in addition to any existing cover in respect of the *member* under this policy; and
 - b) will be of the same type of cover (if that cover is available under this policy) as that was provided under the *previous policy*; and
 - c) will be, subject to conditions 12.1.2d) and 12.1.3, of an amount no less than, but closest to, the amount of cover under the *previous policy*; and
 - d) cannot cause the total cover for death or death and *TPD* for the *member* to exceed the applicable *maximum cover limit*.
- 12.1.3. The maximum amount of cover that can apply as a result of all applications for *insurance transfer terms* by a *member* or *insured member* is \$2,000,000 for death or death and *TPD* cover.
- 12.1.4. Where a *member* is subject to *insurance transfer terms* then any exclusion(s) or special condition(s) which:
- a) applied to the *member* under the *previous policy*; and
 - b) we apply as a condition of *our* acceptance;
- will apply to that part of their cover to which the *insurance transfer terms* relate.

13. VARIATION TO COVER

13.1. Forward underwriting limits

- 13.1.1. If cover comes into effect as a result of *our* underwriting decision under condition 22.2, or 29.2 and the terms of *our* acceptance include a *forward underwriting limit*, the accepted cover may increase up to the *forward underwriting limit* without further underwriting as a consequence of a *salary* increase.

13.2. Changes to occupation grouping

- 13.2.1. An *insured member* can in the manner prescribed by *us* apply to change his or her *occupation grouping*. If accepted by *us*, the *occupation grouping* applied for by the *insured member* will commence from the date of acceptance.

14. END OF COVER

14.1. End of cover

- 14.1.1. Cover for an *insured member* will end on the earliest of:
- a) the date any death benefit becomes payable for the *insured member* under this policy;
 - b) the date any *terminal illness* benefit becomes payable for the *insured member* under this policy where the amount of benefit payable equals the whole amount of death *insured cover* in respect of *insured member*;
 - c) the date any *TPD* benefit becomes payable for the *insured member* under this policy where the amount of benefit payable equals the whole amount of *insured cover* in respect of *insured member*;
 - d) the date the balance of the *insured member's* account in the relevant *division* from which premiums in respect of that cover are to be reimbursed to *you* by that *insured member*, is insufficient to pay for the premium unless *we* and *you* agree otherwise;

- e) the *insured member* reaching the *cover cessation age*;
- f) the date the policy terminates subject to conditions 16.1.1 to 16.1.5;
- g) where applicable, the date *you* receive written advice or the date nominated by the *insured member* (whichever is the later) on the form agreed in writing between *you* and *us* from the *insured member* that they want their cover to cease;
- h) subject to condition 15 the date the person ceases to be a *member* of the *fund*;
- i) unless the *insured member* has made an *election*, the date their account is *inactive*; and
- j) on 1 December 2019 if the *insured member's account balance* has not reached \$6,000 since 1 November 2019, unless the *insured member* has made an *election* or an *exception* applies.

15. EXTENDED COVER

15.1. Extended cover

15.1.1. If all of a person's cover ends under condition 14.1.1.h) and during the *extended cover period*, the person:

- a) dies;
- b) becomes *terminally ill*; or
- c) becomes *TPD* (if the person had *TPD* cover under this policy on the day cover ended),

we will pay a benefit on the account of the person's death, *terminal illness* or *TPD* (as applicable), provided that at the date of death, *terminal illness* or *TPD* the person has not reached the *cover cessation age*. No premiums are payable in respect of the *extended cover period*.

15.1.2. The death, *terminal illness* or *TPD* benefit we pay in respect of a person under condition 15.1.1 will be equal to that person's death, *terminal illness* or *TPD* cover (as applicable) in force immediately prior to such cover ceasing under condition 14.1.1.h).

16. INSURED COVER WHEN THE POLICY TERMINATES

16.1. Insured cover when the policy terminates

16.1.1. The terms with respect to cover under this policy after the termination of the policy are in accordance with the takeover terms contained within "FSC Guidance Note 11 – Group Insurance Takeover Terms" dated 9 May 2013.

PART IV. CONDITIONS RELATING TO COVER FOR EMPLOYED MEMBERS IN DIVISION 6

This Part IV sets out additional conditions relating *Division 6 members*.

17. INSURED MEMBERS WITH COVER IMMEDIATELY PRIOR TO THE CHANGEOVER DATE

17.1 Type and amount of cover

17.1.1 Subject to clause 17.2, if an *insured member* had cover under this policy on the day immediately prior to the *changeover date* which does not cease at the end of that day, we will provide the same type and amount of *default cover* and *voluntary cover*, as applicable, that the *insured member* held under the policy on the day immediately prior to the *changeover date*.

17.2 Limitations and restrictions

17.2.1 The insurance cover provided to an *insured member* under clause 17.1 will be subject to the same loadings, exclusions, restrictions and limitations that applied to the *insured member's* cover under this policy on the day immediately prior to the *changeover date* until such time as they expire according to their terms or we agree in writing to remove them.

18. NEW MEMBERS FROM 1 DECEMBER 2019

18.1 Eligibility

18.1.1 Unless we otherwise agree, to be eligible to obtain *default cover* under this Part IV of the policy on or after the *changeover date* a person must:

- a) either:
 - i) have joined as a *deemed member of*; or
 - ii) in any other circumstances permitted by the *fund's* trust deed, have become a *member of*,
Division 6;
- b) be at least 15 years old;
- c) be an *Australian resident*;
- d) be under 65 years old;
- e) be employed by the *principal employer* or by an *associated employer* accepted by *us* under this policy pursuant to condition 21;
- f) join the relevant *division* within 120 days of commencement of employment; and
- g) be at least 25 years of age and have an *account balance* that reaches \$6,000 on or after 1 December 2019, unless:
 - i) the *member* has made an *election*; or
 - ii) an *exception* applies.

18.2 Commencement of *default cover*

18.2.1 *Default cover* will begin for an *eligible member* in *Division 6* for whom an *exception* applies on the date the *eligible member* most recently became an *employee* of the *principal employer* or an *associated employer*.

18.2.2 Subject to condition 18.2.3, *default cover* will begin for an *eligible member* in Division 6 for whom an *exception* does not apply:

- a) on the date the *eligible member* most recently became an *employee of the principal employer* or an *associated employer*, or
- b) the date the *eligible member* is at least 25 years of age and has an *account balance* that reaches \$6,000,

subject to *you* receiving an *election* within 120 days of the date referred to in condition 18.2.2. a) or condition 18.2.2. b) as applicable.

18.2.3 If you receive an *election* in respect of an *eligible member* in *Division 6* more than 120 days after the date referred to in condition 18.2.2.a) or condition 18.2.2.b), as applicable, *default cover* will only begin for the *eligible member* on the date *we* accept the *eligible member's application for opt in default cover form* in writing.

18.3 Amount of default cover

18.3.1 The amount of *default cover* that comes into effect for a *Division 6 member* under condition 18.1 or 18.2 will be an amount equal to *default cover*.

18.4 Changing employment status

18.4.1 Where an *insured member* who was employed on a *casual basis* becomes employed on a permanent basis, the *default cover* and premium rates which apply will be that applicable to a member employed on a permanent basis on the date that *insured member* became employed on a permanent basis. The difference in the amount of the *default cover* an *insured member* had when they were employed on a *casual basis* and the amount of *default cover* an *insured member* receives when they become employed on a permanent basis is subject to condition 18.5.

18.4.2 Where an *insured member* who was employed on a permanent basis becomes employed on a *casual basis*, the *default cover* and premium rates which apply will be that applicable to a member employed on a *casual basis* on the date that *insured member* became employed on a *casual basis*.

18.4.3 An *insured member* who has changed their employment status will retain any *voluntary cover* they had prior to changing their employment status.

18.5 Limitations applying to members commencing outside of usual conditions

18.5.1 *Default cover* provided to an *eligible member* under condition 18 will be full cover if, on the day cover commences:

- a) the person is *at work* on that date; or
- b) the person is not *at work* but is, in *our* opinion, not restricted from being capable of performing all of the duties of the occupation for which they have been employed due to an *accident* or *sickness*,

otherwise, cover will be *limited cover* until the person is *at work*, at which time full cover will commence.

19. OPTION TO INCREASE COVER ON JOINING

19.1 Option to increase cover on joining

19.1.1 Subject to the terms of this condition 19, a *Division 6* member who is eligible to receive, or has received, *default cover* under condition 18.2.1 or condition 18.2.2 may apply to increase their death or death and TPD cover by means of a *joining offer application*.

19.2 Eligibility

19.2.1 To be eligible to obtain additional death or additional death and TPD cover under condition 19.1.1, the following must be satisfied:

- a) at the date of the *joining offer application*, the *member* or *insured member* must be a *Division 6 member* and not be employed on a *casual basis*;
- b) at the date of the *joining offer application* the *insured member* must be less than 65 years of age; and
- c) *you* must receive the *insured member's joining offer application* within 120 days of the date the *insured member's default cover* commenced under condition 18.2.1 or condition 18.2.2, as applicable.

19.3 When cover commences as a result of a joining offer application

19.3.1 In the event we accept a request for additional cover then the additional cover we agree to provide under this condition 19 will commence on the date the *insured member's default cover* commenced under condition 18.2.1 or condition 18.2.2, as applicable.

19.4 Nature of increased cover

19.4.1 Any cover which comes into force under this condition 19 ("additional joining cover") will be *voluntary cover*.

19.4.2 The additional joining cover we will provide cannot:

- a) exceed the *maximum additional joining offer insurance* which applies to an *insured member*;
- b) cause the total amount of either death or death and *TPD* cover which applies to an *insured member* under this policy to exceed \$2 million.

19.4.3 No benefit will be payable in respect of the additional joining cover if the death or TPD is a result of an intentional self-inflicted injury within 13 months of the *insured member* being accepted for additional cover under this condition 19.

19.5 Premium payable as a result of increased cover

19.5.1 Upon the increase of an *insured member's* cover under this condition 19, the amount of premium payable in respect of the additional joining cover obtained will be determined according to the premium rates set out in PART VIII.

19.6 Limitations applying to members commencing outside of usual conditions

19.6.1 Additional joining cover provided to an *eligible member* under condition 19 will be full cover if, on the day cover commences:

- a) the person is *at work* on that date; or
- b) the person is not *at work* but is, in *our* opinion, not restricted from being capable of performing all of the duties of the occupation for which they have been employed due to an *accident* or *sickness*,

otherwise, cover will be *limited cover* until the person is *at work*, at which time full cover will commence.

20 OPTION TO INCREASE COVER ON OCCURRENCE OF SPECIFIED LIFE EVENTS

20.1 Option to increase cover on specified life events

20.1.1. Subject to the terms of this condition 20 an *insured member* of Division 6 may apply to increase their death or death and TPD cover should a life event occur by means of a life event application.

20.2 Eligibility

20.2.1. To be eligible to obtain additional death or additional death and *TPD* cover under condition 20, the following must be satisfied:

- a) at the date of the *life event application* the *insured member* must be a *member of Division 6*;
- b) after the acceptance of a *life event application*, the *insured member* cannot submit another *life event application* (whether for the same type of *life event* or not) until 12 months have elapsed from the date of commencement of the additional cover;
- c) at the date of the *life event application* the person must be less than 65 years of age;
- d) we must receive copies certified in the manner we determine of the requisite *life event documentation* establishing that a *life event* has occurred;
- e) we must receive the requisite *life event documentation* before the earlier of the *insured member's* death or *TPD* and the end of the *insured member's* cover under the policy; and
- f) the *insured member's life event application* must be received by the *fund* within either:
 - i) the *life event time limit* applicable to the particular *life event*; or
 - ii) 1 July to 30 September each year for the occurrence of particular *life event/s* during the previous financial year.

20.3 Exercise of Option

20.3.1. Cover will not come into force under this condition 20 where we receive the requisite *life event documentation* after the earlier of:

- a) the *insured member's* death or *terminal illness* or, if *TPD* cover applies to the *insured member*, their *date of disablement*; or
- b) the cessation of the *insured member's insured cover* under condition 14.

20.4 Our discretion to accept a life event application

20.4.1. We may either accept, decline or defer a request for additional cover for an *insured member* who completes a *life event application*.

20.5 When cover commences as a result of life event application

20.5.1. In the event we accept a request for additional cover then the additional cover we agree to provide under this condition 20 will commence on the date we accept such cover in writing.

20.6 Nature of increased cover

20.6.1. Any cover which comes into force under this condition 20 will be *voluntary cover*.

20.6.2. The additional cover we will provide as a result of a *life event* cannot:

- a) exceed the *maximum additional life events insurance* which applies to an *insured member*;
- b) cause the total amount of either death or death and *TPD* cover which applies to an *insured member* under this policy to exceed the *maximum cover limit* for death or death and *TPD* cover.

20.6.3. No benefit will be payable in respect of the additional cover received by an *insured member* under this condition 20 if the death or *TPD* is a result of an intentional self inflicted injury within 13 months of the *insured member* being accepted for additional cover under this condition 20.

20.6.4. Any cover which comes into force under this condition 20 will be subject to the same exclusions and other special conditions as apply to the *insured member's* existing cover.

20.7 Premium payable as a result of increased cover

20.7.1. Upon the increase of an *insured member's* cover under condition 20, the amount of premium payable in respect of the additional cover obtained will be determined according to the premium rates set out in PART VIII.

21 COVER FOR MEMBERS OF A NEW ASSOCIATED EMPLOYER

21.1.1. Subject to conditions 21.1.2, when we have agreed in writing to provide *insured cover on special terms* to the *employees* of an *associated employer*, the cover of its *employees* who become *members* on or after the *group start date* will be determined according to the terms of the special arrangement agreed between *you* and *us*.

21.1.2. Cover is provided under condition 21.1.1 subject to the following conditions:

- a) if there is an inconsistency between that special arrangement and the terms and conditions of this policy, the special arrangement applies to the extent of the inconsistency.
- b) *you* must provide *us* with such information and documentation we reasonably require and satisfy such other requirements as we agree with *you*; and
- c) to be eligible for cover under condition 21.1.1, a person must:
 - i) meet the requirements of condition 17;
 - ii) be an employee of an associated employer; and
 - iii) satisfy any terms of the special arrangement agreed between *you* and *us*.

22 GENERAL CONDITIONS

22.1. Recommencement of insured cover

22.1.1. Where cover for a *Division 6* member ceases under this policy according to condition 14, then cover under Part IV of this policy will only recommence from the date we agree in writing to recommence cover.

22.2. Underwritten cover and increases and reductions in cover

22.2.1. A *Division 6 member* can in the manner agreed between *you* and *us* apply to:

- a) obtain new cover;
- b) obtain *default cover*, having previously cancelled *default cover*;
- c) have his or her cover increased above the *automatic acceptance limit*; or
- d) obtain *default cover* after joining the relevant division 120 days or more after commencement of employment,

provided he or she:

- i) has not reached the *cover cessation age*;
- ii) is employed by the *principal employer*;
- iii) is employed by an *associated employer* accepted by *us* under this policy pursuant to condition 21; and
- iv) satisfies our underwriting requirements.

22.2.2. Where a person applies for cover under condition 22.2.1 and meets *our underwriting requirements*, *we*, or *you* on terms approved by *us*, may:

- a) accept or decline that person's request for cover; or
- b) apply exclusions or other special conditions to any cover which is accepted in writing.

22.2.3. Any cover which comes into force under condition 22.2.2 as a result of an application under conditions 22.2.1a) or 22.2.1c) will be *voluntary cover*.

22.2.4. Any cover which *we* have accepted without applying exclusions or other special conditions under condition 22.2.2 as a result of an application under condition 22.2.1b) will be *default cover*.

22.2.5. Any cover which *we* have accepted and have applied exclusions or other special conditions under condition 22.2.2 as a result of an application under condition 22.2.1b) will be *voluntary cover*.

22.2.6. Any cover which *we* have accepted under condition 22.2.2 as a result of an application under condition 22.2.1.d)

- a) without applying a premium loading regardless of whether *we* have applied exclusions or other special conditions will be *default cover*; or
- b) subject to premium loading regardless of whether *we* have applied exclusions or other special conditions will be *voluntary cover*.

22.2.7. If *we* offer to provide cover under condition 22.2.2, the increase under condition 22.2.2 will be effective from the date *we* notify *you* of *our* terms of acceptance.

22.2.8. The amount of *insured cover* which applies to a *Division 6 member*, as provided for under Part IV, can at any time, by notification to *us* by *you*, or by notification to *you* by the *member* on terms approved by *you* and *us* in writing, or any other form as agreed by *you* and *us*, be:

- a) reduced or cancelled in its entirety; or
- b) reduced or cancelled to the extent it provides for death or *TPD* cover (provided *TPD* cover is always equal to or less than death cover).

22.2.9. The reduction or cancellation will take effect from the later of the following:

- a) the date on which *we* or *you* receive the notification in written form, or any other form as agreed by *you* and *us*; and
- b) where applicable, the date nominated by the *insured member* in the notification referred to in paragraph a) as the date that that he or she wants cover to reduce or cease.

PART V. CONDITIONS RELATING TO COVER FOR EMPLOYED (DEFINED BENEFIT) MEMBERS IN DIVISION 2, DIVISION 5 AND DIVISION 8 (DB)

This Part V sets out additional conditions relating to *Division 2, Division 5* and *Division 8 (DB) members*.

23. INSURED MEMBERS WITH COVER IMMEDIATELY PRIOR TO THE CHANGEOVER DATE

23.1. Type and amount of cover

- 23.1.1. Subject to clause 23.2, if an *insured member* had cover under this policy on the day immediately prior to the *changeover date* which does not cease at the end of that day, we will provide the same type and amount of *default cover* and *voluntary cover*, as applicable, that the *insured member* held under the policy on the day immediately prior to the *changeover date*.

23.2. Limitations and restrictions

- 23.2.1. The insurance cover provided to an *insured member* under clause 23.1 will be subject to the same loadings, exclusions, restrictions and limitations that applied to the *insured member's* cover under this policy on the day immediately prior to the *changeover date* until such time as they expire according to their terms or we agree in writing to remove them.

24. MEMBERS FROM 1 DECEMBER 2019 TRANSFERS FROM DIVISION 2, DIVISION 5 OR DIVISION 8 (DB) INTO DIVISION 6

- 24.1.1. A *Division 2, Division 5* or *Division 8 (DB) member* who transfers into *Division 6* is eligible to receive cover under this Policy as described in this condition 24 if he or she satisfies all of the following conditions on the date specified in condition 24.1.5:
- a) must be at least 15 years old;
 - b) must be an *Australian resident*;
 - c) must not have reached the *cover cessation age*;
 - d) be employed by the *principal employer* or be employed by an *associated employer* accepted by *us* under this policy pursuant to condition 21; and
 - e) must be at least 25 years of age and have an *account balance* that reaches \$6,000 on or after 1 December 2019, unless:
 - i) the *member* has made an *election*; or
 - ii) an *exception* applies.
- 24.1.2. Subject to condition 24A.1.6., if a *Division 2, Division 5* or *Division 8 (DB) member* who transfers into *Division 6* satisfies all the eligibility conditions under condition 24.1.1, they will receive:
- a) *default cover* applicable to *Division 6 members*; and
 - b) an amount of cover equal to the death or death and *TPD* cover required to provide the *insured member* with the same level of cover (being cover that was automatically accepted without underwriting) as that held in *Division 2, Division 5* or *Division 8 (DB)* as applicable immediately prior to their transfer to *Division 6*.
- 24.1.3. The *occupation grouping* which applies to the cover under condition 24.1.2.b) is White Collar unless a different *occupation grouping* applies to any *voluntary cover* the *member* has as a *Division 2, Division 5* or *Division 8 (DB) member* prior to the transfer,

in which case that *occupation grouping* will apply to the cover under condition 24.1.2.b).

- 24.1.4. In addition to the cover a *Division 2, Division 5 or Division 8 (DB) member* who transfers into *Division 6* will receive under condition 24.1.2. or 24.1.3, any *voluntary cover* they had as a member of *Division 2, Division 5 or Division 8 (DB)* will be cancelled under *Division 2, Division 5 or Division 8 (DB)* as applicable and commence in *Division 6* on the effective date applicable to the *member* under condition 24.1.5.
- 24.1.5. The date cover will commence in *Division 6* under conditions 24.1.2. and 24.1.4. ("effective date") is the date *you* transfer the cover from *Division 2, Division 5 or Division 8 (DB)* as applicable into *Division 6*.
- 24.1.6. Cover under condition 24.1.4. is subject to the following conditions:
- a) any individual conditions, exclusions or restrictions which applied to their *voluntary cover* in *Division 2, Division 5 or Division 8 (DB)* will continue to apply until such time as they expire according to their terms;
 - b) if the *insured member's voluntary cover* in *Division 2, Division 5 or Division 8 (DB)* was limited cover, this cover will also be limited cover until such time as those conditions expire according to their terms; and
 - c) if on the effective date referred to in condition 24.1.5, the *member* is:
 - i) *at work*; or
 - ii) not *at work* but is, in *our* opinion, not restricted from being capable of performing all of the duties of the occupation for which they have been employed due to an *accident* or *sickness*;
- the cover they will receive will be full cover. Otherwise, cover will be *limited cover* until the person is *at work*, at which time full cover will commence, unless a longer period arises out of condition 24.1.6 a) or b), in which case the longer period under condition 24.1.6 a) or b) applies.
- 24.1.7. The *premium rates* which apply to a *member's* cover under condition 24.1.2.a) are 123% of the *premium rates* applicable to *Division 6 default cover*.
- 24.1.8. If a *member* who obtained cover under condition 24.1.2 changed their employment from *permanent basis* to *casual basis* after their transfer into *Division 6*, their cover under condition 24.1.2.a) will be converted to *default cover* applicable to a *member* employed on a *casual basis* on the date that *insured member* became employed on a *casual basis*. The *premium rates* which apply will be 123% of the *premium rates* applicable to *Division 6 default cover* for members employed on a *casual basis*.
- 24.1.9. The *premium rates* which apply to a *member's* cover under 24.1.4. are the *premium rates* that apply to *voluntary cover*.
- 24.1.10. Despite any other provision where a *member* receives cover in *Division 6* under this condition 24, a benefit under *Division 6* under condition 24.1.2. will not be payable where a death or total and permanent disablement/invalidity benefit is payable under the *fund's* trust deed, policy GR926-GL or policy GR927-GL with respect to the same *member*."

PART VI. CONDITIONS RELATING TO COVER FOR PERSONAL MEMBERS IN DIVISION 4 (PERSONAL PLUS) AND DIVISION 4 (RETIREACCESS)

This Part VI sets out additional conditions relating to *Division 4 (Personal Plus)* and *Division 4 (RetireAccess)* members.

25. INSURED MEMBERS WITH COVER IMMEDIATELY PRIOR TO THE CHANGEOVER DATE

25.1. Type and amount of cover

25.1.1. Subject to clause 26.2, if an *insured member* had cover under this policy on the day immediately prior to the *changeover date* which does not cease at the end of that day, we will provide the same type and amount of *default cover* and *voluntary cover*, as applicable, that the *insured member* held under the policy on the day immediately prior to the *changeover date*.

25.2. Limitations and restrictions

25.2.1. The insurance cover provided to an *insured member* under clause 26.1 will be subject to the same loadings, exclusions, restrictions and limitations that applied to the *insured member's* cover under this policy on the day immediately prior to the *changeover date* until such time as they expire according to their terms or we agree in writing to remove them.

26. MEMBERS AND NEW FAMILY LAW MEMBERS FROM 1 DECEMBER 2019

26.1. Eligibility

26.1.1. Unless we otherwise agree, to be eligible to obtain *insured cover* under this Part VI of the policy after the *changeover date* a person must:

- a) either:
 - i) have signed and lodged an *application for membership* with you to become a *member* or have joined as a *deemed member*; or
 - ii) become a *family law member* in accordance with the *fund's* trust deed and has signed and lodged an application for membership with you to become a *member*; or
 - iii) in any other circumstances permitted by the *fund's* trust deed, have become a member,

of *Division 4 (Personal Plus)* or *Division 4 (RetireAccess)*;

- b) be at least 15 years old;
- c) be an *Australian resident*;
- d) not have reached the *cover cessation age*; and
- e) has made an *election*.

26.2. Eligibility for, and commencement of *default cover* for new members

26.2.1. In addition to satisfying condition 26.1 to be eligible to obtain *default cover* as a new *Division 4 (Personal Plus)* or new *Division 4 (RetireAccess)* member on or after the *changeover date* a person on the date their cover is due to commence, must have satisfactorily completed the relevant questions on the *application for membership* for *Division 4 (Personal Plus)* or *Division 4 (RetireAccess)*.

26.2.2. *Default cover for a member of Division 4 (Personal Plus) or Division 4 (RetireAccess) will begin for a person that is eligible to obtain it under conditions 26 and 27.2.1 from the date both of the following are satisfied:*

- a) *the completed application for membership is received by you; and*
- b) *the date the member has sufficient account balance for the payment of applicable premiums with respect to their cover.*

26.3. Amount of default cover for new members

26.3.1. *The amount of default cover that comes into effect for a new Division 4 (Personal Plus) member under condition 26 after the changeover date will be:*

- a) *an amount of cover equal to the basic death cover where the member has completed the relevant questions on the application for membership for Division 4 (Personal Plus) for death only cover;*
- b) *an amount of cover equal to the basic death and TPD cover where the member has completed the relevant questions on the application for membership for Division 4 (Personal Plus) for death and TPD cover.*

26.3.2. *The amount of default cover that comes into effect for a new Division 4 (RetireAccess) member under condition 27.2.1 after the changeover date will be an amount of cover equal to the basic death cover.*

27. MEMBERS FROM 1 DECEMBER 2019 TRANSFER OF COVER FROM A DIVISION OF THE FUND TO DIVISION 4; TRANSFERS OF COVER WITHIN DIVISION 4

27.1. Transfers as a result of cessation of employment for Division 2, Division 5, Division 6 and Division 8 (DB) members

27.1.1. *Subject to conditions 27.1 and 28.2 where a member's cover as a member of Division 2, Division 5, Division 6 or Division 8 (DB) ("former cover") ceases under that division as a result of terminating employment with the relevant employer, we will transfer the member's former cover to Division 4 (Personal Plus) ("transferred cover") provided that they satisfy all of the following conditions immediately prior to the transfer:*

- a) *must be at least 15 years old;*
- b) *must be an Australian resident;*
- c) *must not have reached the cover cessation age; and*
- d) *must be at least 25 years of age and have an account balance of at least \$6,000, unless the member has made an election no later than 120 days after the date the member terminated employment with the relevant employer.*

27.1.2. *A member will not receive cover under condition 28.1 where they have notified you prior to their cover being transferred that they do not wish to have cover under Part VI of this policy.*

27.1.3. *The transferred cover a person receives under condition 28.1 will come into effect on the date you transfer the cover into Division 4 (Personal Plus).*

27.1.4. *If transferred cover under condition 28.1.3 did not include top-up cover, referred to in condition 28.3, on the date that you transferred that cover into Division 4 (Personal Plus), it will be deemed by us to have included top-up cover from that date if:*

- a) *the date you transferred that cover into Division 4 (Personal Plus) was between 1 November 2013 and 21 May 2015; and*

- b) *premiums in relation to the top-up cover are paid from the date referred to under condition 28.1.4(a).*

27.1.5. Any *top-up cover* received under condition 28.1.4 is subject to the following conditions:

- a) *any individual conditions, exclusions or restrictions which applied to the transferred cover will also be deemed to apply to the top-up cover received under condition 28.1.4 as they applied or still apply to the transferred cover; and*
- b) *if the insured member's transferred cover was limited cover, the top-up cover received under condition 28.1.4 will also be limited cover until such time as those conditions expire with respect to the transferred cover.*

27.1.6. If the requirements under condition 28.1.4 are not satisfied, top-up cover will not be deemed to have been transferred from the date *you* transferred cover into *Division 4 (Personal Plus)*.

27.1.7. A Division 4 (Personal Plus) member who is not eligible to receive *default cover* under conditions 27.1.1 may apply for cover in accordance with condition 29.2.

27.2. Transfers as a result of application to join Division 4 (RetireAccess)

27.2.1. Where a *member* applies to join *Division 4 (RetireAccess)*, either before or after we transfer the *member's former cover* to *Division 4 (Personal Plus)* under condition 28:

- a) *we will transfer the member's death cover to Division 4 (RetireAccess); and*
- b) *the member's TPD cover will cease.*

27.2.2. The *transferred cover* a person receives under condition 28.2.1.a) will come into effect on the date *you* transfer the death cover into *Division 4 (RetireAccess)*.

27.3. Amount of transferred cover

27.3.1. The cover an *insured member* has after a transfer under condition 28.1 will be the total of all of the following:

- a) *basic death and TPD cover; and*
- b) *an additional amount of top-up cover,*

required to provide cover in an amount that is no less than but closest to the amount of default cover that applied prior to the transfer to Division 4 (Personal Plus); plus

- c) *if the insured member had voluntary cover, voluntary cover equal to the amount of voluntary cover that applied prior to the transfer to Division 4 (Personal Plus).*

27.3.2. The cover an *insured member* has after a transfer under condition 28.2.1.a) will be:

- a) *basic death cover; and*
- b) *an additional amount of top-up cover for death only,*

required to provide cover in an amount that is no less than but closest to the amount of default cover that applied prior to the transfer to Division 4 (Personal Plus); plus

- c) *voluntary cover for death only equal to the amount of voluntary cover (whether that cover was for death only or for death and TPD) that applied prior to the transfer to Division 4 (Personal Plus).*

27.4. Conditions applicable to transferred cover

27.4.1. Cover under condition 28.1 or 28.2.1 is subject to the following conditions:

- a) any individual conditions, exclusions or restrictions which applied to their *former cover* will continue to apply until such time as they expire according to their terms;
 - b) if the *insured member's former cover* was *limited cover*, the *transferred cover* will also be *limited cover* until such time as those conditions expire according to their terms; and
 - c) if on the date *you* transfer the cover into *Division 4* under condition 28.1.3., the *member* satisfies the definition of *active employment*, the cover they will receive will be full cover. Otherwise, cover will be *limited cover* until the person is in *active employment*, at which time full cover will commence, unless a longer period arises out of condition 28.4.1 a) or b), in which case the longer period under condition 28.4.1 a) or b) applies.
- 27.4.2. Despite any other provision where a *member* receives cover in *Division 4* under condition 28.1, a benefit under *Division 4* under conditions 28.3.1. or 28.3.2. will not be payable where a death or total and permanent disablement/invalidity benefit is payable under the *fund's* trust deed, policy GR926-GL or policy GR927-GL with respect to the same *member*.

28. OPTION TO INCREASE COVER ON SPECIFIED LIFE EVENTS

28.1. Option to increase cover on specified life events

- 28.1.1. Subject to the terms of this condition 29 an *insured member of Division 4 (Personal Plus)* may apply to increase their death or death and *TPD* cover should a *life event* occur by means of a *life event application*.

28.2. Eligibility

- 28.2.1. To be eligible to obtain additional death or additional death and *TPD* cover under condition 29, the following must be satisfied:
- a) at the date of the *life event application* the *insured member must be a member of Division 4 (Personal Plus)*;
 - b) after the acceptance of a *life event application*, the *insured member* cannot submit another *life event application* (whether for the same type of *life event* or not) until 12 months have elapsed from the date of commencement of the additional cover;
 - c) at the date of the *life event application* the person must be less than 65 years of age;
 - d) we must receive copies certified in the manner we determine of the requisite *life event documentation* establishing that a *life event* has occurred;
 - e) we must receive the requisite *life event documentation* before the earlier of the *insured member's* death or *TPD* and the end of the *insured member's* cover under the policy;
 - f) the *insured member's life event application* must be received by the *fund* within either:
 - i) the *life event time limit* applicable to the particular *life event*; or
 - ii) 1 July to 30 September each year for the occurrence of particular *life event/s* during the previous financial year.

28.3. Exercise of Option

28.3.1. Cover will not come into force under this condition 29 where we receive the requisite *life event documentation* after the earlier of:

- a) the *insured member's* death or *terminal illness* or, if *TPD* cover applies to the *insured member*, their *date of disablement*, or
- b) the cessation of the *insured member's insured cover* under condition 14.

28.4. Our discretion to accept a life event application

28.4.1. We may either accept, decline or defer a request for additional cover for an *insured member* who *completes a life event application*.

28.5. When cover commences as a result of life event application

28.5.1. In the event we accept a request for additional cover then the additional cover we agree to provide under this condition 29 will commence on the date we accept such cover in writing.

28.6. Nature of increased cover

28.6.1. Any cover which comes into force under this condition 29 will be *voluntary cover*.

28.6.2. The additional cover we will provide as a result of a *life event* cannot:

- a) exceed the *maximum additional life events insurance* which applies to an *insured member*;
- b) cause the total amount of either death or death and *TPD* cover which applies to an *insured member* under this policy to exceed the *maximum cover limit* for death or death and *TPD* cover.

28.6.3. No benefit will be payable in respect of the additional cover received by an *insured member* under this condition 29 if the death or *TPD* is a result of an intentional self inflicted injury within 13 months of the *insured member* being accepted for additional cover under this condition 29.

28.6.4. Any cover which comes into force under this condition 29 will be subject to the same exclusions and other special conditions as apply to the *insured member's* existing cover.

28.7. Premium payable as a result of increased cover

28.7.1. Upon the increase of *insured member's* cover under condition 29, the amount of premium payable in respect of the additional cover obtained will be determined according to the premium rates set out in Appendix B.

29. GENERAL CONDITIONS

29.1. Recommencement of insured cover

29.1.1. Where cover for a *Division 4 (Personal Plus)* or *Division 4 (RetireAccess)* member ceases under this policy according to condition 14, then cover under Part VI of this policy will only recommence from the date we agree in writing to recommence cover.

29.2. Underwritten cover and increases and reductions in cover

29.2.1. A *Division 4 (Personal Plus)* or *Division 4 (RetireAccess)* member can in the manner agreed between *you* and *us* apply to have his or her cover increased provided he or she:

- a) has not reached the *cover cessation age*; and

- b) satisfies *our underwriting requirements*.
- 29.2.2. Where a person applies for cover under condition 30.2.1 and meets *our underwriting requirements*, *we*, or *you* on terms approved by *us*, may:
- a) accept or decline that person's request for cover; or
 - b) apply exclusions or other special conditions to any cover which is accepted in writing.
- 29.2.3. If *we* offer to provide cover under condition 30.2.1, the increase under condition 30.2.1 will be effective from the date *we* notify *you* of *our* terms of acceptance.
- 29.2.4. The amount of *insured cover* which applies to a *Division 4 (Personal Plus)* or *Division 4 (RetireAccess) member*, as provided for under Part VI of this policy, can at any time, by notification to *us* by *you*, or by notification to *you* by the *member* on terms approved by *you* and *us* in writing, or any other form as agreed by *you* and *us*, be:
- a) reduced or cancelled in its entirety; or
 - b) reduced or cancelled to the extent it provides for death or *TPD* cover for *Division 4 (Personal Plus) members*.
- 29.2.5. The reduction or cancellation will take effect from the later of the following:
- a) the date on which *we* or *you* receive the notification in written form, or any other form as agreed by *you* and *us*; and
 - b) where applicable, the date nominated by the *insured member* in the notification referred to in paragraph a) as the date that he or she wants cover to reduce or cease.

29.3. Members with multiple fund accounts

- 29.3.1. Members with multiple accounts, in the same or different *divisions*, are only eligible for one instance of *default cover* in the *fund*. Where members are or will become entitled to receive more than one instance of *default cover* in the fund, they will need to select which cover they wish to retain.

PART VII. APPENDIX A**BASIC COVER SCALE**

Age next birthday	Death cover	TPD cover
16	155,194	155,194
17	155,194	155,194
18	155,194	155,194
19	155,194	155,194
20	155,194	155,194
21	155,194	155,194
22	155,194	155,194
23	155,194	155,194
24	155,194	155,194
25	155,194	155,194
26	134,681	134,681
27	134,681	134,681
28	134,681	134,681
29	134,681	134,681
30	134,681	134,681
31	134,681	134,681
32	134,681	134,681
33	134,681	134,681
34	134,681	134,681
35	134,681	134,681
36	115,560	115,560
37	112,500	112,500
38	109,260	109,260
39	101,520	101,520
40	96,415	96,415
41	90,686	90,686
42	84,484	84,484
43	78,696	78,696
44	73,898	73,898
45	68,134	68,134
46	61,511	61,511
47	56,524	56,524
48	52,109	52,109
49	48,413	48,413
50	44,718	44,718
51	41,204	41,204
52	37,868	37,868
53	34,533	34,533
54	31,376	31,376
55	29,095	29,095
56	25,335	25,335
57	22,451	22,451
58	19,980	19,980
59	18,000	18,000
60	16,585	16,585
61	14,760	14,760
62	13,964	13,964
63	13,244	13,244
64	12,794	12,794
65	12,254	12,254
66	11,353	0
67	10,519	0
68	9,734	0
69	9,016	0
70	8,349	0
71	7,733	0
72	7,158	0
73	6,624	0
74	6,133	0
75	5,676	0

PART VIII. APPENDIX B**i) PREMIUM RATES FOR VOLUNTARY COVER – DIVISION 4**

PREMIUM RATES FOR VOLUNTARY COVER – DIVISION 4				
Rates per annum per \$1,000 of cover				
Age next birthday	Death only		Death and Total and Permanent Disablement	
	Male	Female	Male	Female
16	0.69	0.38	0.70	0.39
17	0.81	0.38	0.82	0.39
18	0.88	0.36	0.94	0.38
19	0.95	0.36	1.03	0.38
20	0.96	0.35	1.04	0.36
21	0.96	0.35	1.06	0.36
22	0.95	0.31	1.07	0.33
23	0.89	0.29	1.03	0.32
24	0.87	0.28	1.03	0.31
25	0.81	0.27	0.99	0.29
26	0.79	0.23	0.95	0.29
27	0.75	0.22	0.91	0.28
28	0.69	0.22	0.86	0.29
29	0.66	0.21	0.83	0.31
30	0.60	0.21	0.81	0.33
31	0.59	0.22	0.79	0.34
32	0.58	0.22	0.77	0.39
33	0.58	0.23	0.77	0.43
34	0.58	0.28	0.79	0.50
35	0.58	0.29	0.81	0.58
36	0.59	0.32	0.86	0.62
37	0.60	0.36	0.90	0.74
38	0.67	0.40	1.03	0.83
39	0.72	0.46	1.10	0.96
40	0.79	0.52	1.25	1.08
41	0.82	0.58	1.40	1.24
42	0.90	0.61	1.57	1.36
43	1.01	0.72	1.77	1.54
44	1.09	0.79	1.98	1.75
45	1.21	0.86	2.25	1.95

PREMIUM RATES FOR VOLUNTARY COVER – DIVISION 4				
Rates per annum per \$1,000 of cover				
Age next birthday	Death only		Death and Total and Permanent Disablement	
	Male	Female	Male	Female
46	1.31	0.95	2.52	2.16
47	1.47	1.04	2.85	2.39
48	1.57	1.10	3.17	2.65
49	1.75	1.21	3.54	2.92
50	1.87	1.30	3.93	3.27
51	2.04	1.40	4.39	3.59
52	2.18	1.49	4.82	4.01
53	2.37	1.61	5.32	4.42
54	2.56	1.75	5.89	4.92
55	2.76	1.84	6.43	5.41
56	2.96	1.97	7.06	6.03
57	3.18	2.06	7.70	6.66
58	3.45	2.18	8.45	7.37
59	3.71	2.33	9.21	8.11
60	4.00	2.44	10.02	8.83
61	4.30	2.59	10.92	9.55
62	4.65	2.72	11.86	10.30
63	5.02	2.87	12.86	11.04
64	5.43	3.04	13.97	11.81
65	5.89	3.22	15.13	12.57
66	6.35	3.41	n/a	n/a
67	6.85	3.63	n/a	n/a
68	7.40	3.85	n/a	n/a
69	8.00	4.08	n/a	n/a
70	8.63	4.33	n/a	n/a
71	9.33	4.59	n/a	n/a
72	10.08	4.86	n/a	n/a
73	10.89	5.15	n/a	n/a
74	11.76	5.46	n/a	n/a
75	12.71	5.78	n/a	n/a

ii) PREMIUM RATES FOR VOLUNTARY COVER – DIVISIONS 2, 5, 6 and 8 (DB)

PREMIUM RATES FOR VOLUNTARY COVER – DIVISIONS 2, 5, 6 and 8 (DB)				
Rates per annum per \$1,000 of cover				
Age next birthday	Death only		Death and Total and Permanent Disablement	
	Male	Female	Male	Female
16	0.69	0.37	0.70	0.39
17	0.81	0.37	0.82	0.39
18	0.88	0.36	0.94	0.37
19	0.95	0.36	1.03	0.37
20	0.96	0.35	1.04	0.36
21	0.96	0.35	1.05	0.36
22	0.95	0.30	1.06	0.33
23	0.89	0.29	1.03	0.32
24	0.87	0.28	1.03	0.30
25	0.81	0.27	0.98	0.29
26	0.78	0.23	0.95	0.29
27	0.75	0.22	0.91	0.28
28	0.69	0.22	0.85	0.29
29	0.64	0.21	0.82	0.30
30	0.60	0.21	0.81	0.33
31	0.58	0.22	0.78	0.34
32	0.57	0.22	0.77	0.38
33	0.57	0.23	0.77	0.43
34	0.57	0.28	0.78	0.50
35	0.57	0.29	0.81	0.57
36	0.58	0.32	0.85	0.62
37	0.60	0.36	0.90	0.74
38	0.67	0.40	1.03	0.83
39	0.71	0.46	1.11	0.96
40	0.78	0.51	1.25	1.08
41	0.82	0.57	1.39	1.24
42	0.90	0.61	1.57	1.36
43	1.00	0.71	1.76	1.53
44	1.09	0.78	1.98	1.74
45	1.20	0.85	2.24	1.94

PREMIUM RATES FOR VOLUNTARY COVER – DIVISIONS 2, 5, 6 and 8 (DB)				
Rates per annum per \$1,000 of cover				
Age next birthday	Death only		Death and Total and Permanent Disablement	
	Male	Female	Male	Female
46	1.31	0.95	2.51	2.15
47	1.46	1.04	2.84	2.38
48	1.57	1.10	3.16	2.64
49	1.74	1.20	3.53	2.91
50	1.86	1.30	3.91	3.26
51	2.03	1.39	4.37	3.58
52	2.17	1.48	4.80	3.99
53	2.36	1.60	5.29	4.40
54	2.55	1.74	5.86	4.90
55	2.75	1.83	6.40	5.39
56	2.95	1.96	7.03	6.00
57	3.17	2.06	7.67	6.64
58	3.44	2.17	8.41	7.34
59	3.69	2.33	9.17	8.07
60	3.98	2.43	9.98	8.79
61	4.28	2.58	10.87	9.51
62	4.63	2.71	11.81	10.26
63	5.00	2.86	12.81	11.00
64	5.41	3.03	13.92	11.76
65	5.86	3.20	15.06	12.51
66	6.32	3.40	n/a	n/a
67	6.82	3.61	n/a	n/a
68	7.37	3.83	n/a	n/a
69	7.97	4.07	n/a	n/a
70	8.60	4.31	n/a	n/a
71	9.29	4.57	n/a	n/a
72	10.04	4.84	n/a	n/a
73	10.84	5.13	n/a	n/a
74	11.71	5.43	n/a	n/a
75	12.65	5.76	n/a	n/a

PART IX. APPENDIX C**PREMIUM RATES FOR DEFAULT COVER****(DIVISION 6 members excluding employees employed on a casual basis)**

PREMIUM RATES FOR DEFAULT COVER		
(DIVISION 6 members excluding employees employed on a casual basis)		
Rates per annum per \$1,000 of cover		
Age next birthday	Death only	Death and Total and Permanent Disablement
16	0.67	0.68
17	0.83	0.84
18	0.92	0.97
19	0.93	1.01
20	0.97	1.05
21	0.95	1.04
22	0.88	0.99
23	0.82	0.96
24	0.78	0.92
25	0.72	0.88
26	0.75	0.89
27	0.70	0.85
28	0.67	0.82
29	0.60	0.79
30	0.56	0.75
31	0.55	0.74
32	0.51	0.68
33	0.53	0.69
34	0.51	0.70
35	0.50	0.71
36	0.49	0.71
37	0.48	0.74
38	0.51	0.78
39	0.54	0.84
40	0.58	0.92
41	0.60	1.03
42	0.70	1.19
43	0.75	1.32
44	0.81	1.49

PREMIUM RATES FOR DEFAULT COVER		
(DIVISION 6 members excluding employees employed on a casual basis)		
Rates per annum per \$1,000 of cover		
Age next birthday	Death only	Death and Total and Permanent Disablement
45	0.92	1.69
46	1.00	1.92
47	1.13	2.22
48	1.29	2.58
49	1.46	2.97
50	1.57	3.30
51	1.75	3.76
52	1.97	4.34
53	2.30	5.14
54	2.58	5.95
55	2.87	6.71
56	3.13	7.45
57	3.45	8.35
58	3.84	9.40
59	4.21	10.47
60	4.73	11.85

PART X. APPENDIX D

Special Offer Conditions for Telstra Store Licensees and Employees from 26 March 2015

Employer name	Applicable policy condition(s)
Telstra Store	<p>1. Definitions:</p> <p><i>licensee</i> means a natural person, partnership or corporation that holds a current license from Telstra Corporation Limited to use the “Telstra Store” brand.</p> <p><i>licensee employee</i> means an <i>employee</i> of a <i>licensee</i>.</p> <p><i>Telstra Store application form</i> means an <i>application for membership</i> offering insurance options for <i>licensees</i> and <i>licensee employees</i>.</p> <p><i>Telstra Store offer</i> means <i>your</i> special offer to <i>licensees</i> for their <i>licensee employees</i> dated 26 March 2015.</p> <p>2. Part I, Part II, Part III, Part VI, Part VII and Part VIII apply in respect of <i>Division 4 (Personal Plus) members</i> who are either <i>licensees</i> or <i>licensee employees</i> except that:</p> <p>a) the definition of “<i>default cover</i>” shall be read as though all references to condition “27.3” were replaced with references to condition “27.4”.</p> <p>b) condition 27 shall be read as though they were replaced with:</p> <p>“27 TELSTRA STORES SPECIAL OFFER</p> <p>27.1 Eligibility conditions for existing employees for Telstra Stores which have at least 10 employees</p> <p>27.1.1 If:</p> <p>a) a <i>licensee</i> accepted the <i>Telstra Store offer</i> on a date (Accepted Date) during the period from 26 March 2015 to 23 July 2015; and</p> <p>b) the <i>licensee</i> had at least 10 <i>licensee employees</i> as at 26 March 2015,</p> <p>the <i>licensee</i> and any <i>licensee employees</i> on the Accepted Date are eligible to receive <i>default cover</i> in <i>Division 4 (Personal Plus)</i> provided that all of the required conditions in condition 27.1.2. are satisfied.</p> <p>27.1.2 A person who was a <i>licensee</i> or <i>licensee employee</i> on the Accepted Date, as described in condition 27.1.1., is eligible to receive <i>default cover</i> provided the following conditions are met:</p> <p>a) on the Accepted Date, the <i>licensee employee</i> or <i>licensee</i> was a member of the <i>licensee’s</i> default fund;</p> <p>b) the <i>licensee employee</i> or <i>licensee</i> has signed and submitted a Choice of Fund form with the <i>licensee</i> and, as applicable, the <i>Telstra Store application form</i> to <i>you</i> to become a <i>member</i> of <i>Division 4 (Personal Plus)</i>, on or before 16 November 2015; and</p> <p>c) on the date <i>default cover</i> which would otherwise commence under condition 27.4.1, the <i>licensee employee</i> or <i>licensee</i>:</p> <p>i. was at least 15 years old;</p> <p>ii. was an <i>Australian resident</i>;</p> <p>iii. had not reached the <i>cover cessation age</i>; and</p> <p>iv. had not previously been paid or be entitled to a total and permanent disablement benefit or terminal illness benefit from <i>you</i> or <i>us</i> pursuant to a</p>

Employer name	Applicable policy condition(s)
	<p style="text-align: center;"><i>life policy</i> with another life insurer or through another superannuation trustee.</p> <p>27.2 Eligibility conditions for existing employees of Telstra Stores which have less than 10 employees</p> <p>27.2.1. If:</p> <p>a) a <i>licensee</i> accepted the <i>Telstra Store offer</i> on a date (Accepted Date) during the period from 26 March 2015 to 23 July 2015; and</p> <p>b) the <i>licensee</i> had less than 10 <i>employees</i> as at 26 March 2015,</p> <p>the <i>licensee and any licensee employees</i> on the Accepted Date are eligible to receive <i>default cover</i> in <i>Division 4 (Personal Plus)</i> provided that all of the required conditions in condition 27.2.2. are satisfied.</p> <p>27.2.2. A person who was a <i>licensee</i> or a <i>licensee employee</i> on the Accepted Date, as described in condition 27.2.1., is eligible to receive <i>default cover</i> provided the following conditions are met:</p> <p>a) the <i>licensee employee</i> or <i>licensee</i> has signed and submitted a Choice of Fund form with the <i>licensee</i> and, as applicable, the <i>Telstra Store application form to you</i> to become a <i>member of Division 4 (Personal Plus)</i>, on or before 16 November 2015;</p> <p>b) the <i>licensee employee</i> or <i>licensee</i> has fully completed the relevant questions on the <i>Telstra Store application form</i>;</p> <p>c) on the date <i>default cover</i> which would otherwise commence under condition 27.4.1, the <i>licensee employee</i> or <i>licensee</i>:</p> <p>i. was at least 15 years old;</p> <p>ii. was an <i>Australian resident</i>; and</p> <p>iii. had not reached the <i>cover cessation age</i>.</p> <p>27.3 Eligibility conditions for new employees of Telstra Stores</p> <p>27.3.1 A <i>licensee</i> or <i>licensee employee</i> is eligible to receive <i>default cover</i> provided the following conditions are met:</p> <p>a) the <i>licensee</i> either:</p> <p>i. accepted the <i>Telstra Store offer</i> during the period from 26 March 2015 to 23 July 2015; or</p> <p>ii. notified <i>you</i> in the form prescribed by <i>you</i> that it wished for its <i>licensee employees</i> to receive <i>default cover</i> if they are eligible under this condition 27.3.1;</p> <p>b) the <i>licensee employee</i> commences employment with the <i>licensee</i> on or after the date of the acceptance or notification under paragraph a);</p> <p>c) the <i>licensee employee</i> has signed and submitted a Choice of Fund form to the <i>licensee</i> to become a <i>member of Division 4 (Personal Plus)</i> within 120 days after commencement of employment;</p> <p>d) on the date <i>default cover</i> commences under condition 27.1.3., the <i>licensee employee</i>:</p> <p>i. was at least 15 years old;</p> <p>ii. was an <i>Australian resident</i>;</p> <p>iii. had not reached the <i>cover cessation age</i>;</p>

Employer name	Applicable policy condition(s)
	<p>iv. be at least 25 years of age and have an <i>account balance</i> that reaches \$6,000 on or after 1 December 2019, unless:</p> <p>a) the <i>member</i> has made an <i>election</i>; or</p> <p>b) an <i>exception</i> applies.</p> <p>27.4 Commencement and amount of default cover</p> <p>27.4.1 <i>Default cover</i> for a <i>member</i> under condition 27.1, 27.2 or 27.3 will commence from the date: all of the following are satisfied:</p> <p>a) the completed Choice of Fund form is received by the <i>licensee</i>;</p> <p>b) as applicable, the <i>Telstra Store application form</i> is received by <i>you</i>; and</p> <p>27.4.2 <i>Default cover</i> for a <i>member</i> under condition 27.1.2, 27.2.2. and 27.3.1. will be full cover if, on the day cover commences under condition 27.4.1:</p> <p>a) the person is <i>at work</i>; or</p> <p>b) the person is not <i>at work</i> but is, in <i>our</i> opinion, not restricted from being capable of performing all of the duties of the occupation for which they have been employed due to an <i>accident</i> or <i>sickness</i>, otherwise, cover will be <i>limited cover</i> until the person is <i>at work</i>, at which time full cover will commence.</p> <p>27.4.3 The amount of <i>default cover</i> that comes into effect under condition 27.1, 27.2 or 27.3 will be <i>basic death cover</i> or <i>basic death and TPD cover</i> as determined by the <i>member's</i> age on the date <i>default cover</i> commences.</p> <p>27.5 Underwritten cover</p> <p>27.5.1. A <i>Division 4 (Personal Plus) member</i> who is a <i>licensee</i> or <i>licensee employee</i> but who is not eligible to receive <i>default cover</i> under conditions 27.1, 27.2, or 27.3 may apply for cover in accordance with condition 30.2.</p> <p>27.6 Reporting requirements</p> <p>27.6.1. <i>You</i> agree to provide a report containing details of:</p> <p>a) <i>licensees</i> which have accepted the <i>Telstra Store offer</i> during the period from 26 March 2015 and 23 July 2015;</p> <p>b) <i>licensee employees</i> and <i>licensees</i> who have obtained <i>default cover</i> under condition 27.1, 27.2. or 27.3; and</p> <p>c) the Accepted Date.</p> <p>27.6.2. <i>You</i> agree to identify the <i>licensees</i> described in condition 27.1.1a) separately from other <i>employers</i> in the membership data <i>you</i> provide to <i>us</i>.</p>