


Telstra Superannuation Scheme - Group Salary Continuance Policy Document

Policy Number G3633-GSC
Policy Name Telstra Superannuation Scheme Group Salary Continuance Policy
Policy Owner Telstra Super Pty Ltd as trustee for the Telstra Superannuation Scheme (Fund) ABN 86 007 422 522
Policy Commencement Date 1 July 2020
Endorsement number 3

This is the third endorsement to the *policy* and takes effect from 12.00 am on 1 July 2023.

AGREEMENT

Policy G3633-GSC is varied by deleting all of the terms, conditions and schedules of the *policy* in their entirety and replacing them with the terms, conditions and schedules attached to this endorsement.

<p>For and on behalf of MLC Limited Sign name:</p>  <p>Name & title: Alison Bodinnar Head of Group Product & Proposition, MLC Limited</p> <p>Date: 5 July 2023</p>	<p>For and on behalf of the Policy Owner Sign name:</p>  <p>Name & title: Chris Davies Chief Executive Officer TelstraSuper Pty Ltd</p> <p>Date: 12 July 2023</p>
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Policy G3633-GSC

Group Salary Continuance Policy Document

MLC Limited (**MLCL**)

Telstra Super Pty Ltd (**Trustee**)

Group Salary Continuance Policy

Policy Number G3633-GSC

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DETAILS

Date 1 July 2023

Parties

Name **MLC Limited**
ABN 90 000 000 402
Short form name **MLCL**
Notice details Level 6, 177 Pacific Highway, North Sydney NSW 2060

Name **Telstra Super Pty Ltd** as trustee for the Telstra Superannuation Scheme
(Fund)
ABN 86 007 422 522
Short form name Trustee
Notice details PO Box 14309, Melbourne, VIC 8001

Background

- A. MLCL is a registered life company pursuant to the *Life Insurance Act 1995* (Cth).
- B. The Trustee is the trustee of the *fund*.
- C. The Trustee is the policy holder and holds the *policy* in its capacity as trustee of the *Fund*.
- D. This GROUP SALARY CONTINUANCE POLICY G3633-GSC ("*policy*") is issued by MLCL and agreed between the parties.

PART I.

THE POLICY

1. THE POLICY

- 1.1 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 premiums by *you*. It consists of this PART I, and the following:
- a) PART II – which sets out the definitions;
 - b) PART III – which sets out general terms and conditions applicable to income protection 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 and Division 5*;
 - e) PART VI – which sets out the specific terms and conditions for *insured members of Division 4 (Personal Plus)*;
 - f) PART VII – Appendix A;
 - g) PART VIII – Appendix B; and
 - h) 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
30 day waiting period:	bears the meaning ascribed to it in paragraph 1)D) within the definition of <i>waiting period</i> .
60 day waiting period:	bears the meaning ascribed to it in paragraph 1)D) within the definition of <i>waiting period</i> .
90 day waiting period:	bears the meaning ascribed to it in paragraph 1)D) within the definition of <i>waiting period</i> .
120 day waiting period:	bears the meaning ascribed to it in paragraph 1)D) within the definition of <i>waiting period</i> .
accident:	means the occasioning of an injury caused directly and solely by some violent, external and visible means and which is capable of direct proof.
account balance:	means the balance of the <i>member's</i> account in the <i>fund</i> which may include superannuation guarantee contributions, employer contributions, Australian Tax Office rollovers, member rollovers, personal contributions and investment earnings.
annual review date:	means 1 July every year.
application date:	means the date <i>you</i> receive a valid <i>application for cover</i> available under this <i>policy</i> or a valid application for an increase in cover under conditions 16.2.1, 17.1.2, 21.1.1, 21.1.2 or 22.2.1.
application for cover:	means an application for cover under this <i>policy</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> .
application for membership:	means an application for membership of the <i>fund</i> on a form issued by <i>you</i> that is current at the time of the receipt of the application by <i>you</i> .
application for opt in default cover form:	means the form which includes <i>risk control questions</i> an <i>eligible member</i> is required to complete to obtain insurance cover under condition 13.2.3 as agreed between <i>you</i> and <i>us</i> .
approved rehabilitation program:	means an occupational or vocational rehabilitation program, device preapproved by <i>us</i> and a <i>medical practitioner</i> that will assist the <i>insured member's</i> rehabilitation and their return to performing most of the duties of their <i>regular occupation(s)</i> but excluding any program providing hospital treatment or general treatment within the meaning of the <i>Private Health Insurance Act 2007</i> (Cth) or any other program that might cause the <i>policy</i> to cease to be exempt from the <i>National Health Act 1953</i> (Cth) or <i>Health Insurance Act 1973</i> (Cth) or any similar legislation in connection

	with health insurance.												
associated employer:	means an employer who has been approved by the <i>principal employer</i> to become an associated employer of <i>Division 6</i> .												
associated employer cover:	means the cover described in condition 15.												
at work:	<p>means the person is actively performing all the primary duties of their <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>												
Australian resident:	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.												
automatic acceptance limit:	<p>means the limit as 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> the lower of: <ul style="list-style-type: none"> i) 85% of an <i>insured member's income</i> divided by 12; and ii) \$20,000 per month </td> </tr> <tr> <td><i>Division 4 (Personal Plus)</i></td> <td>Nil</td> </tr> </tbody> </table> <p>* Where the <i>fund</i> commenced being the <i>default superannuation fund</i> of an <i>associated employer</i> on or after 1 July 2023, the automatic acceptance limit for <i>insured members</i> who are employees of that <i>employer</i> will be determined in accordance with the table below:</p> <table border="1"> <thead> <tr> <th>Division / number of employees</th> <th>Automatic acceptance limit</th> </tr> </thead> <tbody> <tr> <td><i>Division 6 associated employer</i> with less than 150 <i>employees</i> for whom an <i>exception</i> does not apply</td> <td> the lower of: <ul style="list-style-type: none"> A) 85% of an <i>insured member's income</i> divided by 12; and B) the amount we agree to provide, as advised to <i>you</i> on a case-by-case basis in writing. </td> </tr> <tr> <td><i>Division 6 associated employer</i> with 151 - 200 <i>employees</i> for whom an <i>exception</i> does not apply</td> <td> the lower of: <ul style="list-style-type: none"> A) 85% of an <i>insured member's income</i> divided by 12; and B) \$9,000 per month </td> </tr> </tbody> </table>	Division	Automatic acceptance limit	<i>Division 6*</i>	the lower of: <ul style="list-style-type: none"> i) 85% of an <i>insured member's income</i> divided by 12; and ii) \$20,000 per month 	<i>Division 4 (Personal Plus)</i>	Nil	Division / number of employees	Automatic acceptance limit	<i>Division 6 associated employer</i> with less than 150 <i>employees</i> for whom an <i>exception</i> does not apply	the lower of: <ul style="list-style-type: none"> A) 85% of an <i>insured member's income</i> divided by 12; and B) the amount we agree to provide, as advised to <i>you</i> on a case-by-case basis in writing. 	<i>Division 6 associated employer</i> with 151 - 200 <i>employees</i> for whom an <i>exception</i> does not apply	the lower of: <ul style="list-style-type: none"> A) 85% of an <i>insured member's income</i> divided by 12; and B) \$9,000 per month
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<i>Division 4 (Personal Plus)</i>	Nil												
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<i>Division 6 associated employer</i> with 151 - 200 <i>employees</i> for whom an <i>exception</i> does not apply	the lower of: <ul style="list-style-type: none"> A) 85% of an <i>insured member's income</i> divided by 12; and B) \$9,000 per month 												

	<p><i>Division 6 associated employer with 201 - 5,000 employees for whom an exception does not apply</i></p>	<p>the lower of:</p> <ul style="list-style-type: none"> A) 85% of an <i>insured member's income</i> divided by 12; and B) \$15,000 per month
	<p><i>Division 6 associated employer with more than 5,001 employees for whom an exception does not apply</i></p>	<p>the lower of:</p> <ul style="list-style-type: none"> A) 85% of an <i>insured member's income</i> divided by 12; and B) \$20,000 per month
	<p><i>Division 6 associated employer with less than 50 employees for whom an exception applies</i></p>	<p>the lower of:</p> <ul style="list-style-type: none"> A) 85% of an <i>insured member's income</i> divided by 12; and B) the amount we agree to provide, as advised to <i>you</i> on a case-by-case basis in writing.
	<p><i>Division 6 associated employer with 50-100 employees for whom an exception applies</i></p>	<p>the lower of:</p> <ul style="list-style-type: none"> A) 85% of an <i>insured member's income</i> divided by 12; and B) \$9,000 per month
	<p><i>Division 6 associated employer with 101 – 2,000 employees for whom an exception applies</i></p>	<p>the lower of:</p> <ul style="list-style-type: none"> A) 85% of an <i>insured member's income</i> divided by 12; and B) \$15,000 per month
	<p><i>Division 6 associated employer with more than 2,001 employees for whom an exception applies</i></p>	<p>the lower of:</p> <ul style="list-style-type: none"> A) 85% of an <i>insured member's income</i> divided by 12; and B) \$20,000 per month
benefit payment period:	<p>means either:</p> <ul style="list-style-type: none"> A) 2 years; or B) 5 years, <p>as determined in accordance with this <i>policy</i>.</p>	
calendar month:	<p>means a period commencing at the beginning of a day of one of the 12 months of the year and ending immediately before the beginning of the corresponding day of the next month or, if there is no such corresponding day, ending at the expiration of the next month.</p>	
casual basis:	<p>means on a casual basis and receiving a loading on their hourly rate of pay in lieu of, or as advance payment for, various employment entitlements which include</p>	

	paid annual leave and paid personal leave.						
commencement date:	means the commencement of 1 July 2020.						
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 <i>work</i> under a contract; and C) entitled to have <i>superannuation contributions</i> paid for their benefit in respect of services rendered. 						
cover cessation age:	means the date the <i>insured member</i> attains 65 years of age.						
date of disablement:	means the date of the commencement of the first <i>waiting period</i> which applies with respect to an <i>accident</i> or <i>sickness</i> suffered by an <i>insured member</i> .						
deemed member:	means unless we 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:	means the cover provided to a <i>member</i> on a default basis determined by the <i>division</i> to which the <i>member</i> belongs at the time their cover commences according to condition 13 and the table below: <table border="1" data-bbox="555 1003 1439 1276"> <thead> <tr> <th>Division</th> <th>Default cover</th> </tr> </thead> <tbody> <tr> <td><i>Division 6</i></td> <td>The maximum amount a <i>member</i> can receive under <i>automatic acceptance limit</i>. This cover will be subject to a 2 year <i>benefit payment period</i> and a 90 day <i>waiting period</i>.</td> </tr> <tr> <td><i>Division 4 (Personal Plus)</i></td> <td>Nil</td> </tr> </tbody> </table>	Division	Default cover	<i>Division 6</i>	The maximum amount a <i>member</i> can receive under <i>automatic acceptance limit</i> . This cover will be subject to a 2 year <i>benefit payment period</i> and a 90 day <i>waiting period</i> .	<i>Division 4 (Personal Plus)</i>	Nil
Division	Default cover						
<i>Division 6</i>	The maximum amount a <i>member</i> can receive under <i>automatic acceptance limit</i> . This cover will be subject to a 2 year <i>benefit payment period</i> and a 90 day <i>waiting period</i> .						
<i>Division 4 (Personal Plus)</i>	Nil						
default superannuation fund	A superannuation fund nominated by an <i>employer</i> to which they will make compulsory superannuation payments in respect of their employees (in order to discharge their superannuation guarantee obligations) in circumstances where the employee has not actively nominated a fund where they want such payments to be made, or where they do not have a stapled superannuation fund.						
disabled / disability / disablement:	means <i>partially disabled</i> or <i>totally disabled</i> , as applicable.						
division/s:	means one or more of <i>Division 2</i> , <i>Division 4 (Personal Plus)</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).						

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, but which, with effect from 27.04.2021 became a closed segment.
election	means the applicable instruction provided to <i>you</i> : <ul style="list-style-type: none"> A) by an <i>insured member</i> to continue their cover if their account becomes <i>inactive</i>; B) on or after 1 July 2020 by a <i>member</i> to obtain <i>default cover</i> who does not satisfy condition 13.1 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; or C) to maintain cover if an <i>exception</i> no longer applies.
eligible member:	means a person who satisfies all of the requirements of condition 13, 17, 18 and 21.
employee/s:	means a person engaged under a contract of employment and includes a <i>contractor</i> .
employer/s:	means: <ul style="list-style-type: none"> A) the <i>principal employer</i>; B) <i>associated employers</i>; or C) <i>non-associated employers</i>, as applicable.
exception:	means: <ul style="list-style-type: none"> A) a defined benefit <i>member</i>; or B) an employer sponsored <i>member</i> 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>insured member's default cover</i>, in accordance with the Superannuation Industry (Supervision) Act 1993 (Cth).
FSC Guidance Note 11	Financial Services Council Guidance Note No. 11 Group Insurance Takeover Terms dated 9 May 2013, as amended from time to time, subject to <i>you</i> and <i>us</i> agreeing that those amendments apply in relation to this <i>policy</i> .
former policy:	means Group Salary Continuance Policy number GSC458 entered into by <i>you</i> with TAL Life Limited (ABN 70 050 109 450) dated 1 December 2019.
forward underwriting limit:	means the level applicable to an <i>insured member</i> and determined by <i>us</i> and under condition 10.1 in accordance with guidelines agreed between <i>you</i> and <i>us</i> .
Foxtel	means Foxtel Management Pty Ltd ABN 65 068 671 938.

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.
G3633-GL	means policy number G3633-GL entered into by <i>you</i> with <i>us</i> , as amended from time to time.
G3633-GSC	means this <i>policy</i> , policy number G3633-GSC entered into by <i>you</i> with <i>us</i> , as amended from time to time.
G3635-GLDB	means policy number G3635-GLDB entered into by <i>you</i> with <i>us</i> , as amended from time to time.
G3635-GSCDB	means policy number G3635-GSCDB entered into by <i>you</i> with <i>us</i> , as amended from time to time.
GL451	means policy number GL451 entered into by <i>you</i> with TAL Life Limited (ABN 70 050 109 450), as amended from time to time.
GSC458	means policy number GSC458 entered into by <i>you</i> with TAL Life Limited (ABN 70 050 109 450), as amended from time to time.
GR926-GL	means policy number GR926-GL entered into by <i>you</i> with TAL Life Limited (ABN 70 050 109 450), as amended from time to time.
GR926-SC	means policy number GR926-SC entered into by <i>you</i> with TAL Life Limited (ABN 70 050 109 450), as amended from time to time.
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 <i>policy</i> in respect of <i>employees</i> of that <i>associated employer</i> will begin to be provided.
guarantee period:	means the period commencing on 1 July 2023 and ending on 30 June 2026.
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.
income:	<p>means:</p> <p>for <i>Division 6 members</i>:</p> <p>the total annual remuneration (excluding <i>superannuation contributions</i>) received from the <i>member's</i> gainful work, before the deduction of income tax, including:</p> <ul style="list-style-type: none"> • cash salary; and • the monetary value of non-cash benefits or fringe benefits provided by the <i>member's employer</i> in direct substitution of salary, <p>as advised to <i>you</i> by the <i>member's employer</i> as at:</p> <ul style="list-style-type: none"> • the date the person became a <i>Division 6 member</i> where that person's cover has not commenced at the last <i>annual review date</i>;

- the last *annual review date* where that person's cover has commenced prior to the *last annual review date*; or
- the date the person has been accepted for cover under conditions 16.1.1 or 16.2.2 where that person has applied for cover under conditions 16.1.1 or 16.2.1 since the *last annual review date*.

Income does not include commissions, bonuses, or overtime unless we agree in writing that it is included.

for Division 4 members:

the total of A), B) and C) where applicable and as advised to *us* by *you* or the *member* as at the date we last agreed to provide the *member insured cover*:

A. for an *insured member* who is employed on a *permanent basis* or works as a *contractor*:

i) the total annual remuneration (excluding *superannuation contributions*) received from the *member's* gainful work, before the deduction of income tax, including:

- cash salary; and
- the monetary value of non-cash benefits or fringe benefits provided by the *member's employer* in direct substitution of salary.

Income does not include commissions, bonuses, or overtime unless we agree in writing that it is included.

B. for an *insured member* who is employed on a *casual basis*:

i) the total remuneration (excluding *superannuation contributions*) received from the *member's* gainful work, before the deduction of income tax, including:

- cash salary; and
- the monetary value of non-cash benefits or fringe benefits provided by the *member's employer* in direct substitution of salary averaged over the lesser of:
 - the previous 12 months; and
 - the period since they commenced employment in this role.

Income does not include commissions, bonuses, or overtime unless we agree in writing that it is included.

C. for an *insured member* who directly or indirectly owns all or part of a business from which they earn their regular salary (excluding *superannuation contributions*) and before the deduction of income tax and they are an *employee* of that business:

i) the regular salary earned from the *member's* personal exertion through their gainful work after the deduction of the *member's* share of all business expenses incurred in earning the income averaged over:

- a) the previous 3 financial years; or
- b) any lesser period as agreed by *us*.

	Income does not include investment income, profit distributions or similar payments that may continue in the event of <i>disability</i> .
<i>indexation factor:</i>	means the percentage increase in the Consumer Price Index (weighted average of eight capital cities combined) as last published by the Australian Bureau of Statistics or its successors in respect of the 12 month period ending 30 September in each year. If this is not available by 15 November in each year the percentage increase shall be calculated by reference to such other similar price index as we may determine.
<i>insured cover:</i>	in reference to an <i>insured member</i> means the cover that is in force under this <i>policy</i> in relation to them at the relevant date.
<i>insured member/s:</i>	means a <i>member</i> for whom we have agreed to provide cover under this <i>policy</i> and continues to be insured under this <i>policy</i> .
<i>interim accident cover:</i>	means the cover described in condition 4.
<i>interim accident cover period:</i>	means the period described in condition 4.4.1.
<i>joining offer application:</i>	means an application for cover under condition 14 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>limited cover:</i>	means the <i>insured member</i> is only covered for: <ul style="list-style-type: none"> A) <i>sickness</i> that first becomes apparent; or B) an <i>accident</i> that first occurs; on or after the date the cover commences, recommences or increases under this <i>policy</i> for the <i>insured member</i> .
<i>maximum accident cover:</i>	means \$15,000 per month.
<i>maximum cover limit:</i>	means: <ul style="list-style-type: none"> A) \$50,000 per month for <i>insured cover</i> with a 2 year <i>benefit payment period</i>; or B) \$30,000 per month for <i>insured cover</i> with a 5 year <i>benefit payment period</i>.
<i>medical practitioner/s:</i>	means a medical practitioner who is legally qualified and registered to the equivalent Australian standards (and includes an appropriate specialist) who is not the <i>policy</i> owner or the life insured, their <i>spouse</i> , relative or business associate.
<i>member/s:</i>	means a person who: <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 <i>member</i> of the <i>fund</i>, in accordance with the <i>fund's</i> trust deed.

monthly benefit:	<p>means in respect of an <i>insured member</i>, subject to condition 3.7, the lesser of:</p> <ul style="list-style-type: none"> A) 85% of the <i>insured member's pre-disability income</i> (including 10% of the <i>insured member's pre-disability income</i> to be paid directly into the <i>insured member's</i> superannuation account in the <i>fund</i> by you, after deduction of any relevant taxes, as set out in condition 5.3.3); and B) <i>the insured member's insured cover</i> immediately prior to the <i>date of disablement</i>; and C) the <i>maximum cover limit</i>.
monthly income:	<p>means, in respect of an <i>insured member</i> who suffers <i>partial disability</i> the earnings from personal exertion received by that <i>insured member</i> during that month which was payable in respect of that month, or which, though not actually received during that month, we reasonably apportion to them for the month in respect of which we are paying a <i>partial disability benefit</i>, and any earnings from personal exertion which, in <i>our</i> opinion, the <i>insured member</i> could reasonably be expected to earn in their <i>regular occupation</i> while <i>disabled</i> during that month.</p>
non-associated employer:	<p>means an employer who has chosen the <i>fund</i> as its <i>default superannuation fund</i> who is not the <i>principal employer</i> or an <i>associated employer</i>.</p>
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> <ul style="list-style-type: none"> 1) White Collar – An <i>insured member</i> in respect of whom we have received evidence, satisfactory to us and relevant to the criteria agreed in writing between you and us by which we identify the <i>insured member's</i> status as White Collar. 2) Light Blue Collar – An <i>insured member</i> in respect of whom we have received evidence, satisfactory to us and relevant to the criteria agreed in writing between you and us by which we 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 we have received evidence, satisfactory to us and relevant to the criteria agreed in writing between you and us by which we 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 we have received evidence, satisfactory to us and relevant to the criteria agreed in writing between you and us by which we identify the <i>insured member's</i> status as Heavy Blue Collar.
other disability income:	<p>means, in respect of a month, any of the following benefits or entitlements which were received by an <i>insured member</i> during that month and were payable in respect of that month, or which, though not actually received during that month, we reasonably apportion to them for the month in question being any of the following:</p>

	<p>A) any income (other than benefits received under this <i>policy</i>), or commutation of income, paid or payable in respect of an <i>insured member</i> as a result of the <i>insured member's sickness</i> or <i>accident</i> that has given rise to the claim under this <i>policy</i> including:</p> <ul style="list-style-type: none"> i) sick leave payments; ii) any amounts payable under legislation such as workers' compensation, or other similar compensation paid under State or Federal legislation excluding social security benefits and motor accident compensation; and iii) any benefits payable under other income protection insurance policies. <p>We will not reduce the benefit by any lump sum payments unless a portion of the lump sum relates to income, in which case that income amount will reduce the benefit we pay <i>you</i>.</p> <p>Other disability income does not include Veterans Affairs disability pension payments, annual leave accrued prior to the end of the applicable <i>waiting period</i>, long service leave or redundancy entitlements.</p>
other income protection policy:	means an income protection policy under which the <i>insured member</i> is insured or has insurance cover apart from this <i>policy</i> .
partial disability benefit:	means the benefit payable under condition 3.2.
partial monthly benefit:	<p>means, subject to condition 3.7, the total of the following:</p> <ul style="list-style-type: none"> A) $\left(\frac{\text{pre-disability income} - \text{monthly income}}{\text{pre-disability income}} \right) \times \text{monthly benefit}$ B) 10% of the amount calculated under paragraph A) above to be paid directly into the <i>insured member's</i> superannuation account in the <i>fund</i> by <i>you</i>. <p>A <i>partial disability benefit</i> is only payable where the person's <i>monthly income</i> is less than 80% of the person's <i>pre-disability income</i>.</p>
partially disabled/partial disability:	<p>means the <i>insured member</i> because of <i>accident</i> or <i>sickness</i>:</p> <ul style="list-style-type: none"> A) has been <i>totally disabled</i> for at least 7 of the first 12 consecutive days of the <i>waiting period</i>; B) is <i>totally disabled</i> or meets the following requirements for the balance of the <i>waiting period</i>: <ul style="list-style-type: none"> a. has returned (or is capable of returning) to their <i>regular occupation</i>; b. is under the ongoing care of a registered <i>medical practitioner</i>; and c. as a result of the <i>accident</i> or <i>sickness</i>, the <i>insured member's</i> income for this <i>work</i> is less than the amount of their <i>pre-disability income</i>; and C) continues to meet the following requirements for the purpose of condition 3.2:

	<ul style="list-style-type: none"> a. has returned (or is capable of returning) to their <i>regular occupation</i>; b. is under the ongoing care of a registered <i>medical practitioner</i>; and c. as a result of the <i>accident</i> or <i>sickness</i>, the <i>insured member's</i> income for this <i>work</i> is less than the amount of their <i>pre-disability income</i>.
permanent basis:	<p>means:</p> <ul style="list-style-type: none"> A) other than on a <i>casual basis</i>; and B) under a single and ongoing contract of indefinite duration or duration of at least 1 month that: <ul style="list-style-type: none"> i) requires the person to perform identifiable duties; ii) requires the person to <i>work</i> a regular number of hours; and iii) the person is entitled to paid annual leave, sick leave and to accrue long service leave.
pre-disability income:	<p>means:</p> <ul style="list-style-type: none"> A) for Division 6 members employed by Foxtel or Telstra Super Pty Ltd: the <i>insured member's income</i> divided by 12 as at: <ul style="list-style-type: none"> i) the date the person became a <i>Division 6 member</i> where that person's cover has not commenced at 1 October date immediately prior to the <i>date of disablement</i>; ii) the 1 October date immediately prior to the <i>date of disablement</i> where that person's cover has commenced at that 1 October date; or iii) the date the person has been accepted for cover under conditions 16.1.1 or 16.2.2 where that person has applied for cover under conditions 16.1.1 or 16.2.1 since the 1 October date immediately prior to the date of disablement. B) for all other Division 6 members: the <i>insured member's income</i> divided by 12 as at: <ul style="list-style-type: none"> i) the date the person became a <i>Division 6 member</i> where that person's cover has not commenced at the <i>annual review date</i> immediately prior to the <i>date of disablement</i>; ii) the <i>annual review date</i> immediately prior to the <i>date of disablement</i> where that person's cover has commenced at that <i>annual review date</i>; or iii) the date the person has been accepted for cover under conditions 16.1.1 or 16.2.2 where that person has applied for cover under conditions 16.1.1 or 16.2.1 since the <i>annual review date</i> immediately prior to the <i>date of disablement</i>. C) for Division 4 members:

	<p>means the <i>insured member's income</i> divided by 12 as at the date immediately prior to the <i>date of disablement</i>.</p> <p>Pre-disability income for an <i>insured member</i> whose <i>date of disablement</i> occurs while they were on paid or unpaid leave will be the total of A), B) and C) (where applicable) earned with respect to the average of 12 months immediately prior to the commencement of the paid or unpaid leave.</p>
pregnancy:	<p>means normal and uncomplicated pregnancy or childbirth or participation in assisted fertilisation techniques including but not limited to multiple pregnancy, caesarean birth, threatened miscarriage, and normal discomforts of pregnancy such as morning sickness, backache, varicose veins, ankle swelling and bladder problems.</p>
premium due date:	<p>means the last day of the month immediately following the month in respect of which premium is payable.</p>
premium rates:	<p>means for:</p> <ul style="list-style-type: none"> A. <i>Division 6 insured members</i> - the annual premium rates per \$1,000 of <i>insured cover</i> as set out in Part VII. B. <i>Division 4 (Personal Plus) insured members</i> - the annual rates per \$1,000 of <i>insured cover</i> as set out in Part VIII. <p>All the premium rates above are based on the policy being issued on a non-participating basis.</p> <p>Premiums rates contained in the Part VII and VIII are exclusive of all government levies, stamp duty and other duties, taxes and charges.</p>
principal employer:	<p>means the principal employer as defined in the <i>fund's</i> trust deed.</p>
privacy laws:	<p>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.</p>
regular occupation/s:	<p>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.</p>
rehabilitation program:	<p>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.</p>
risk control questions:	<p>means the following questions as agreed between <i>you</i> and <i>us</i>, or as otherwise agreed from time to time:</p>

	<p>At the date of this application:</p> <ul style="list-style-type: none"> A. Have you been told by a doctor, or medical specialist, that you have less than 24 months to live? B. Regardless of the hours that you are working, do you have an illness or injury that stops you from performing all of your usual work activities at least 30 hours a week? C. Due to an illness or injury have you been unable to work for more than 4 weeks in the last 12 months? D. Has a life insurance company ever refused you cover or offered you cover subject to special terms such as an exclusion (for example not covering you for a back related condition) or an additional premium amount? E. Have you ever made a claim, or do you plan to make a claim, for an illness or injury from: <ul style="list-style-type: none"> a. Government benefits (such as sickness benefit or invalid pension) b. Motor accident scheme c. TelstraSuper or another Superannuation fund d. Workers' compensation or a Life insurance policy?
sickness:	means an illness or disease suffered by the <i>insured member</i> , and is diagnosed by an appropriately qualified <i>medical practitioner</i> .
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 with the individual on a genuine domestic basis in a relationship as a couple.
superannuation contribution:	<ul style="list-style-type: none"> A) for those <i>members</i> who currently receive their superannuation contribution in accordance with the Superannuation Guarantee (Administration) Act 1992 (Act), the amount prescribed in the Act. B) for those <i>members</i> who receive their superannuation contribution in accordance with an industrial instrument (such as an Award or Enterprise Agreement), the amount set out in that industrial instrument. C) for those <i>members</i> who receive their superannuation contribution in excess of an amount set out in A) or B) (for example, under a condition in a contract of employment), that higher amount, unless otherwise agreed between <i>you</i> and <i>us</i>.
Telstra Super Pty Ltd:	means, in respect of an <i>associated employer</i> , an employer known by <i>you</i> and <i>us</i> as "Telstra Super Pty Ltd ABN 86 007 422 522".

<i>totally disabled/total disability:</i>	<p>means the <i>insured member</i> has been absent from employment with the <i>employer</i> through <i>accident</i> or <i>sickness</i> for the applicable <i>waiting period</i> and;</p> <ul style="list-style-type: none"> A) has in <i>our</i> opinion, after consideration of medical evidence satisfactory to <i>us</i>, been rendered unable for the time being to perform the regular duties of their <i>regular occupation</i>; B) is not working in any occupation; and C) is under the ongoing care of a <i>medical practitioner</i>.
<i>total disability benefit:</i>	<p>means the benefit payable under condition 3.1.</p>
<i>underwriting requirements:</i>	<p>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 <i>policy</i> including the provision of any evidence satisfactory to <i>us</i> that <i>we</i> require to support the amount of <i>income</i> to be insured.</p>
<i>voluntary cover:</i>	<p>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>default cover</i>.</p>
<i>waiting period:</i>	<p>means the period which is longer out of 1) and 2) below:</p> <p>1) the period:</p> <ul style="list-style-type: none"> A) starting on the date, whether before or after the <i>commencement date</i>, a <i>medical practitioner</i> examines the <i>insured member</i> and certifies that they satisfy the definition of <i>total disability</i> or <i>partial disability</i> as applicable; B) during which the <i>insured member</i> has been <i>totally disabled</i> for at least 7 out of the first 12 consecutive days; C) during which the <i>insured member</i> has not returned to performing all of the duties of their <i>regular occupations</i> for more than 5 consecutive days; D) the duration of which is the greater of: <ul style="list-style-type: none"> i) 30 days, 60 days, 90 days or 120 days (referred to elsewhere in this <i>policy</i> respectively as a “30 day waiting period” or a “waiting period of 30 days”; a “60 day waiting period” or a “waiting period of 60 days”; a “90 day waiting period” or a “waiting period of 90 days”; and a “120 day waiting period” or a “waiting period of 120 days”) (determined in accordance with the conditions of this <i>policy</i>); <p>plus the number of the days (if any) during that period in which the <i>insured member</i> has returned to performing all of the duties of all of their <i>regular occupations</i>;</p> <p>2) If an <i>insured member</i> has cover under any <i>other income protection policy</i>, the period:</p> <ul style="list-style-type: none"> A) starting on the date, whether before or after the <i>commencement date</i>, a <i>medical practitioner</i> examines the <i>insured member</i> and certifies that they satisfy the definition of <i>total disability</i> or <i>partial disability</i> as applicable; and B) ending on the earliest of:

	<ul style="list-style-type: none"> i) the last day in respect of which benefits are payable in respect of the <i>insured member</i> under the <i>other income protection policy</i> in respect of the relevant <i>accident</i> or <i>sickness</i>; and ii) a date notified in writing to <i>us</i> or <i>you</i> by the <i>insured member</i> that is earlier than the date referred to in paragraph i). <p>Where:</p> <ul style="list-style-type: none"> A) the <i>insured member</i> returns to <i>work</i> during the <i>waiting period</i> as part of an <i>approved rehabilitation program</i>; and B) is ultimately unsuccessful in returning to performing all of the duties of all of their <i>regular occupations</i>, <p>we may agree that:</p> <ul style="list-style-type: none"> A) the <i>waiting period</i> will not recommence; and B) the number of days the person has returned to performing all of the duties of all of their <i>regular occupation(s)</i> as part of the <i>approved rehabilitation program</i> will not be added to the <i>waiting period</i> even if they return to performing these duties for more than 5 days.
war:	means armed aggression, whether declared or not, by a country or organisation, resisted by any other country or international organisation.
we/our/us:	means MLC Limited ABN 90 000 000 402.
work:	means engagement in any business, trade, profession, vocation, calling, occupation or employment.
you/your:	means Telstra Super Pty Ltd ABN 86 007 422 522.

PART III. CONDITIONS RELATING TO COVER FOR ALL MEMBERS

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

3. BENEFITS

3.1. Total disability benefit

3.1.1. Subject to the terms and conditions of this *policy*, a *total disability benefit* will accrue from the end of the *waiting period* or when a *partial disability benefit* ceases to be payable (as applicable) if:

a) either:

- i) a person is *totally disabled*, whilst they have *insured cover*, immediately after the *waiting period* has ended; or
- ii) a person in respect of whom a *partial disability benefit* was payable is *totally disabled*, whilst they have *insured cover*, immediately after ceasing to be *partially disabled* as a result of the same or a related cause.

3.1.2. Subject to the terms and conditions of this *policy* including conditions 3.6, 5.2, and 6.4.1, the period in respect of which we will continue to pay a *total disability benefit* under condition 3.1.1 in relation to an *insured member* will end when the first of the following events happens:

- a) the person is no longer *totally disabled*;
- b) the maximum time we will pay according to condition 3.5 is reached;
- c) the person reaches the *cover cessation age*; or
- d) the person dies.

3.1.3. Subject to condition 3.1.2, the amount of the *total disability benefit* payable in respect of a month is the *monthly benefit* reduced by any *other disability income* and is payable on the day after the conclusion of that month. If a benefit is payable for a period less than the whole month, we will pay 1/30th of the benefit for each day the benefit is payable. We will only reduce the *monthly benefit* by any *other disability income* to the extent that the *total disability benefit* under this *policy* plus the payments from *other disability income* are together no more than 75% of the *insured member's pre-disability income*.

For the avoidance of doubt, if *other disability income* is equal to or more than 75% of the *insured member's pre-disability income*, we will continue to pay the component of the *monthly benefit* which is 10% of the *insured member's pre-disability income* to be paid directly into the *insured member's* superannuation account in the *fund*, as set out in condition 5.3.3.

3.2. Partial disability benefit

3.2.1. Subject to the terms and conditions of this *policy*, a *partial disability benefit* will accrue from the end of the *waiting period* or when a *total disability benefit* ceases to be payable (as applicable) if:

a) either:

- i) a person is *partially disabled*, whilst they have *insured cover*, immediately after the *waiting period* has ended; or
- ii) a person in respect of whom a *total disability benefit* was payable is *partially disabled*, whilst they have *insured cover*, immediately after ceasing to be *totally disabled* as a result of the same or a related cause.

3.2.2. Subject to the terms and conditions of this *policy* including conditions 3.6, 5.2, and 6.4.1, the period in respect of which we will continue to pay a *partial disability benefit* under condition 3.2.1 in relation to an *insured member* will end when the first of the following events happen:

- a) the person is no longer *partially disabled*;
- b) the maximum time we will pay according to condition 3.5 is reached;
- c) the person reaches the *cover cessation age*; or
- d) the person dies.

3.2.3. The amount of the *partial disability benefit* payable in respect of a month is the *partial monthly benefit* reduced by any *other disability income* and is payable on the day after the conclusion of that month. If a benefit is payable for a period less than the whole month, we will pay 1/30th of the benefit for each day the benefit is payable. We will only reduce the *partial monthly benefit* by any *other disability income* to the extent that the *partial disability benefit* under this *policy* plus the payments from *other disability income* and any *monthly income* are together no more than 75% of the *insured member's pre-disability income*. For the avoidance of doubt, if *other disability income* is equal to or more than 75% of the *insured member's pre-disability income*, we will continue to pay the component of the *monthly benefit* which is 10% of the *insured member's pre-disability income* to be paid directly into the *insured member's* superannuation account in the *fund*, as set out in condition 5.3.3.

3.3 Recurrent disability

3.3.1. If, within 6 months of returning to *work* after suffering a *disability* and while an *insured member* is covered under this *policy*, they are subsequently *disabled* from the same or related cause with respect to which they have already received a benefit payment/s under this *policy*, then:

- a) the subsequent period of *disability* will be treated as a continuation of the original claim; and
- b) the *waiting period* will not apply to the subsequent period of *disability*.

3.3.2. If, the *insured member* is *at work* for 6 months or more, in the *regular occupation* and performing a comparable number of hours of *work* that the *insured member* was performing immediately prior to suffering *disability*, and if they are subsequently *disabled* whether from the same or a related cause with respect to which they have already received a benefit payment/s under this *policy*, then:

- a) the subsequent period of *disability* will be treated as a new claim;
- b) a new *waiting period* will apply; and
- c) a new *benefit payment period* will apply.

3.4 One benefit at a time

3.4.1. We will only pay one *disablement* benefit for an *insured member* at a time under this *policy* even where an *insured member* suffers more than one *sickness* or *accident* concurrently.

3.5 Maximum benefit payment period

- 3.5.1 The maximum period in respect of which we will pay benefits for *disability* under this *policy* resulting from any one or related cause is the *benefit payment period*, unless condition 3.3.2 applies.
- 3.5.2 The maximum period referred to in condition 3.5.1 includes any period in which a benefit is paid or payable for *partial disability* or *total disability* or was payable but is calculated to be zero.

3.6 Limitations and exclusions

- 3.6.1 We will not pay a benefit in respect of an *insured member* if *total disability* or *partial disability* is directly or indirectly caused by:
- a) any *war* or act of *war*;
 - b) the *insured member's* intentional self-inflicted act or attempted suicide; or
 - c) *pregnancy* unless *disability* continues for longer than 3 months after the *pregnancy* ends in which case *disability* will be considered to have started at the date the *pregnancy* ends.
- 3.6.2 We will not make a payment under this *policy* if the payment would cause us to infringe the *Health Insurance Act 1973* (Cth), *National Health Act 1953* (Cth) or *Private Health Insurance Act 2007* (Cth) or any succeeding legislation in connection with health insurance.

3.7 Indexation of benefit payment

- 3.7.1 Subject to other conditions of the *policy*, if we have been paying you a *disability* benefit in respect of an *insured member* which is subject to a 5 year *benefit payment period* then on each 12 month anniversary of the commencement of that payment, while the payment continues (without a break), we will increase the amount of the *disability* benefit by the lesser of:
- a) 5%; and
 - b) the *indexation factor*.

For the purpose of this condition 3.7, any period in which a benefit is or was payable but is calculated to be zero does not amount to an interruption to an entitlement to a *disability* benefit.

- 3.7.2 Once we stop paying a *disability* benefit for an *insured member* whose benefit has been increased in accordance with condition 3.7.1, any future *disability* benefit payable will be based on their *pre-disability income* at the time of claim subject to the terms and conditions of the *policy*.

4 INTERIM ACCIDENT COVER

4.1. Accident cover while we consider your application

- 4.1.1. We will provide *interim accident cover* from the *application date*.

4.2. Interim accident disability cover

- 4.2.1. We will pay an interim accident benefit if the person making the application (the "applicant") becomes *totally disabled* as a result of an *accident* that happens during the *interim accident cover period* provided the applicant's *date of disablement* occurs within 120 days of the happening of the *accident*.

4.3. Amount of benefit

- 4.3.1. The benefit we will pay under condition 4.2 will be paid as if the applicant were a *member* with *insured cover* determined as follows:

- a) for a person with no existing cover, the lesser of the amount of cover requested in the application received by *you* and the *maximum accident cover*; or
 - b) for an *insured member* applying to increase their existing cover, the lesser of:
 - i) the amount of increase in cover requested in the application received by *you*; and
 - ii) *maximum accident cover* reduced by the amount payable for the same event under another condition of this *policy* to a minimum of zero,
- 4.3.2. The benefit we will pay under condition 4.2 is subject to a 2 year *benefit payment period* and:
- a) the *waiting period* being applied for in the application; or
 - b) where no *waiting period* is specified in the application and:
 - i) the person has *insured cover* – the *waiting period* applicable to the person's existing cover will apply; or
 - ii) the person does not have *insured cover* – a 90 day *waiting period* will apply.

4.4. Interim accident cover period

4.4.1. *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 any of the conditions in condition 11 occurs; and
- h) the date of termination of the *policy*.

4.5. Cessation of interim accident benefit

4.5.1. The period in respect of which we will continue to pay an interim accident benefit under condition 4.2 in relation to a person will end when the first of the following events happens:

- a) the person is no longer *totally disabled*;
- b) the interim accident benefit has been paid for 2 years;
- c) the person reaches the *cover cessation age*; or
- d) the person dies.

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

4.6.1. If we pay a benefit in respect of an applicant under this condition 4 the *application for cover* or an increase in cover will be rejected. We will not grant any further cover in respect of the applicant under this *policy*, unless we accept a new application or application to increase cover.

4.7. Interim accident cover benefit – exclusions

4.7.1. We will not pay a benefit under condition 4.2 where the *total disability* is:

- a) caused directly or indirectly by:

- i) any *war* or act of *war*;
 - ii) the *insured member's* intentional self-inflicted act or attempted suicide; or
 - iii) *pregnancy* unless disability continues for longer than 3 months after the *pregnancy* ends in which case disability will be considered to have started at the date the *pregnancy* ends;
 - b) caused by a *sickness* which first became apparent or an *accident* which first occurred prior to the commencement of the *interim accident cover*.
- 4.7.2. We will also not pay a benefit under condition 4.2 if the payment would cause *us* to infringe the *Health Insurance Act 1973 (Cth)*, *National Health Act 1953 (Cth)* or *Private Health Insurance Act 2007 (Cth)* or any succeeding legislation in connection with health insurance.

5. CLAIMS

5.1. How to make a claim

- 5.1.1. You must notify *us* in writing as soon as reasonably practicable after *you* become aware of the *disablement* of an *insured member*, preferably within 30 days of the *disablement* beginning.
- 5.1.2. We will provide *you* with access to any documentation which must be completed in order to initiate a claim under the policy. Where we require further information from the *insured member* in order to initiate the claim, we may contact the *insured member* directly once we have *your* consent to do so.
- 5.1.3. All documentation must be fully completed and returned to *us* as soon as possible, together with all necessary supporting information, so we can commence assessment of the claim.

5.2. Claim requirements

- 5.2.1. We will pay *you* a benefit when:
 - a) we have proof of the *insured member's* age;
 - b) the *insured member* has satisfied *our* claim requirements; and
 - c) we are satisfied that all the events have happened entitling *you* to payment of the benefit, in respect of the *insured member*.
- 5.2.2. We may ask for proof or information to be satisfied that *you* are entitled to a benefit in respect of the *insured member*.
- 5.2.3. If we reasonably request it, the *insured member* must provide *us* with:
 - a) proof of identity;
 - b) a completed claim form;
 - c) a treating *medical practitioner's* report in a form satisfactory to *us* and any other medical information; and
 - d) employment information; and
 - e) financial information which may include payslips, tax returns, profit and loss statements, financial statements and details of any payments as shown in *other disability income*.
- 5.2.4. Any proof or information that the *insured member* provides is at their cost.
- 5.2.5. We request that the *insured member* returns the completed claim form, report from their treating *medical practitioner*, financial information and any other information we request as soon as reasonably practicable, preferably within 90 days of the *disability* beginning.
- 5.2.6. We will not refuse to assess a claim but delays in providing information may impact *our* ability to assess *your* claim in respect of the *insured member* and may impact payment of the benefit.

- 5.2.7. During any period that *you* are claiming a benefit in respect of an *insured member*, we may require ongoing and regular proof that *you* remain entitled to a benefit in respect of the *insured member*, including further medical, employment and financial information.
- 5.2.8. If we reasonably request it, the *insured member* must fully participate in any:
- a) medical examinations conducted by an appropriately qualified *medical practitioner* appointed by *us*; and
 - b) examination or assessment by other professionals at such times as we require (including functional, employability or vocational assessments, psychological assessments, factual interviews or financial audits conducted by an appropriate third party appointed by *us*).
- 5.2.9. If we appoint a *medical practitioner* or other professional to conduct an examination, assessment or interview, we will pay for it.
- 5.2.10. If we request it, the *insured member* must complete any authorities including a medical authority, general authority, Centrelink authority or Medicare/Pharmaceutical Benefits Scheme authority to permit *us* to collect, use and disclose the *insured member's* personal information (including sensitive information).
- 5.2.11. Any information or authority that the *insured member* provides, and information that we obtain, may be used to:
- a) assess and manage the claim;
 - b) investigate any information or answers provided by *you* or the *insured member* when applying for insurance or changes in insurance to confirm whether there has been a failure to comply with the duty of disclosure or duty to take care not to make a misrepresentation or any misrepresentations have been made; and
 - c) manage any complaint raised by an *insured member*, or by *you* on behalf of an *insured member*, in relation to their claim.
- 5.2.12. A benefit will only be paid if cover for the *insured member* is in force when the *insured member* becomes *disabled*.
- 5.2.13. If we do not accept a claim we will provide *our* reasons to *you*.
- 5.2.14. All forms, documents and reports submitted to *us* by or on behalf of the *insured member* in support of a claim must be written in English, or if the documents originate from outside Australia and are not in English, be accompanied by a translation certified in Australia.
- 5.2.15. If a person or an *insured member* makes a claim while they are outside Australia we may require the person or *insured member* to return to Australia, at no expense to *us*, before we assess *our* liability for the claim.

5.3. Claims assessment information

- 5.3.1. 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 possible, unless we have a legal obligation to not disclose that information.
- 5.3.2. 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 including under legislation to disclose that information.
- 5.3.3. Once we have assessed a claim made by a person who became a *member*:
- a) prior to the *commencement date* for which the *date of disablement* occurred on or after the *commencement date*; or

- b) on or after the *commencement date*,
- if we admit it, we will:
- c) pay to *you* for *you* to credit to an account of the person in the *fund* after deduction of any relevant taxes:
 - i) where a *total disability benefit* is payable – 10% of the *pre-disability income* of the person; and
 - ii) where a *partial disability benefit* is payable – 10% of the *partial disability benefit*, and
 - a) pay the rest of the benefit to *you* or as *you* may direct in writing.
- If we do so, we are not responsible for how the benefit is applied.

- 5.3.4. Once we have assessed a claim made by a person who became a *member* prior to the *commencement date* for which the *date of disablement* occurred prior to the *commencement date*, if we admit it, we will pay the benefit to *you* or as *you* may direct in writing. If we do so, we are not responsible for how the benefit is applied.
- 5.3.5. Where we have paid *you* a benefit, *you* are responsible for calculating, deducting and remitting any tax payable on the benefit paid unless *you* and we agree otherwise.

6. PREMIUM

6.1. Time to pay premium

- 6.1.1. *You* must pay premiums on or before each *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.
- 6.1.2. We will advise *you* each year the date the payment of the adjustment premium is due.

6.2. Premium payable

- 6.2.1. 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 exclusive of all government levies, stamp duty and other duties, taxes and charges.
- 6.2.2. At each *annual review date* and on termination of the *policy*, we will recalculate the premium to reflect changes in *insured members* and the benefit amounts over the period since the *policy* began, or since the last *annual review date*, whichever is the later.
- 6.2.3. If, as a result of the recalculation of the premium under condition 6.2.2, *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*.
- 6.2.4. If, as a result of the recalculation of the premium under condition 6.2.2, *you* have not paid enough, we will notify *you* (in writing) of the additional premium (called the adjustment premium) *you* owe.
- 6.2.5. 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.
- 6.2.6. We may otherwise agree that *you* will calculate the premium, in which case we will confirm the terms of this arrangement in writing.
- 6.2.7. The premium for any *insured member* must always be included and remitted as part of *policy* premium described in condition 6.2.1.

6.2.8. 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*.

6.3. Overdue premium

6.3.1. Subject to 8.2.2, if the premium or adjustment premium payable under condition 6.2.1 is not paid to *us* within 30 days after the *premium due date*, *we* may give *you* a written notice and if the premium due is not paid within the time period stipulated in the written notice (being at least 30 days after the notice is given), the *policy* may be terminated by *us*.

6.4. Misstatement of age

6.4.1. If an *insured member* has wrongly stated their 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.

6.5. Waiver of premium

6.5.1. Premiums will be waived from the end of the *waiting period* for an *insured member* whilst a *disability* benefit under this *policy* for that *insured member* is paid or payable.

7. VARIATION OF POLICY

7.1. Variation by agreement

7.1.1. This *policy* may be varied by written agreement between *you* and *us* at any time. For the avoidance of doubt, this includes an agreement to reduce *premium rates* during the *guarantee period*.

7.2. Variation by us

7.2.1. Subject to condition 7.2.3, *we* may not during the *guarantee period* increase the rates of premium that apply under this *policy* or change the terms of this *policy* without *your* written agreement.

7.2.2. *We* may reduce the *premium rates* at any time by giving *you* written notice specifying the effective date of the change.

7.2.3. Subject to condition 7.4.1, *we* may at any time, including during the *guarantee period*, vary the *policy* terms and conditions including the *premium rates*, for all *insured members* or for one or more categories of *insured members*, where:

a) there is a formal declaration of *war* by the Australian government,

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 90 days prior notice in writing of the change; or

b) if:

i) the *guarantee period* has expired; or

ii) there has been a decrease of 15% or more, or an increase of 25% or more, in the number of *members* insured by *us* under policies G3633-GSC and G3635-GSCDB since the start of the *guarantee period*; or

iii) there has been a change in the nature of the *fund's* membership such as a merger or an amalgamation with another superannuation fund as a result of

which the number of *members* insured by *us* under policies G3633-GSC and G3635-GSCDB has changed by more than 10%; or

- iv) there are legislative or regulatory changes that would impact 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, provided that *we* must vary the *policy* in a way which is consistent with the changes; or
- v) without limiting condition iv), there is a change in federal, state or territory taxes or duties that changes *our* costs under the *policy*, provided that *we* must vary the *policy* in a way which is consistent with the changes,

by giving *you* at least 90 days prior notice in writing of the change.

7.3. Data integrity & other information

7.3.1. Subject to condition 7.4.1, *we* may acting reasonably at any time, including during the *guarantee period*, review and amend (including retrospective, if applicable) *policy* terms and conditions including the *premium rates*, for all *insured members* or for one or more categories of *insured members*, where:

- a) data and/or information of any kind provided to *us* by *you* or by *your* advisers on behalf of *you*, is inaccurate and/or incomplete and in *our* appointed actuary's opinion, having considered the information and representations made by *you* or by *your* advisers, necessitates a change in the *policy* terms and conditions including the *premium rates*. For clarity, this includes data and/or information provided prior to the commencement of the *policy*; or
- b) *we* are prevented from adhering to the *policy* terms and conditions or are required to change them under or by legislation, regulation, or any regulatory body with supervisory/licensing authority over *us*.

7.4. Variation limit

7.4.1. Unless *you* and *we* agree otherwise, where *we* vary premiums or *policy* terms under conditions 7.2.3 and 7.3.1, the variation will be limited to the impact of the relevant condition(s) and will not include adjustment for other factors.

8. ADMINISTRATION AND INTERPRETATION

8.1. This policy

8.1.1. 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.

8.2. Termination of this policy

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

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

- a) the situation described in condition 6.3 arises;

- b) to the extent permitted by law, we become satisfied that you have purposefully withheld information directly relevant or made fraudulently untrue statements to us in relation to this *policy*.

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

8.3. Notices

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

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

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

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

- a) the *commencement date*; or
- b) the previous *annual review date*,

whichever is the later.

8.3.5. You must supply this information in conjunction with the other information we require to calculate your premium as set out in condition 6.2.

8.4. Payments

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

8.5. Records

8.5.1. 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.

8.6. Audit

8.6.1. 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 if we propose to conduct an audit. We will only conduct an audit in normal office hours.

8.7. Waiver

8.7.1. 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.

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

8.7.3. 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.

8.8. Non assignment of policy

8.8.1. 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.

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

8.9. Privacy statement

8.9.1. 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.

8.10. Cooling off period

8.10.1. A 30 day cooling off period applies when *default cover* commences under any provision of this policy.

8.10.2. During the cooling off period *default cover* may be cancelled and premiums refunded provided that *you* receive notification of the cancellation within the 30 day period.

8.10.3. The cooling off period commences on the *insured member's* receipt of the notification of the commencement of cover or at the end of the fifth business day after *you* have issued the notification of commencement cover, whichever occurs first.

8.10.4. If *you* receive the notification of cancellation of cover within the cooling off period, *we* will cancel the cover under the policy in accordance with the notification.

8.10.5. The cooling off period terminates immediately if *you*, the *principal employer* or an *associated employer* (as applicable) or the *insured member* acts in a manner confirming an interest or rights under the policy.

8.11. Interpretation

8.11.1. The headings in this *policy* are a guide only. They are not intended to be used to interpret the *policy* conditions.

8.11.2. If the context allows, plurals can be read as the singular and the singular read as plurals.

8.11.3. This *policy* is subject to and governed by the laws of New South Wales.

8.11.4. In this *policy*, a month refers to a *calendar month* unless otherwise agreed by *you* and *us*.

8.11.5. In this *policy*, unless otherwise stated, a person's age refers to their age next birthday as at the last *annual review date*.

9. SPECIAL CONDITIONS

9.1. Cover while on paid and unpaid leave

- 9.1.1. Cover will continue in respect of an *insured member* while they are on paid leave subject to all the *policy* conditions which apply to them.
- 9.1.2. Cover will continue for a period of up to 2 years from the commencement of unpaid leave for *insured members* who are on unpaid leave subject to all the *policy* conditions which apply to them.

9.2. World wide cover

- 9.2.1 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.

10. VARIATION TO COVER

10.1. Forward underwriting limits

- 10.1.1 If cover comes into effect as a result of *our* underwriting decision under conditions 16.2.2 or 22.2.2 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 an *income* increase.

10.2. Changes to occupation grouping

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

11. END OF COVER

11.1 End of cover

- 11.1.1 Cover for an *insured member* will end on the earliest of:
 - a) the death of the *insured member*;
 - b) the date the balance of the *insured member's* account in the relevant *division* is insufficient to pay for the premium unless *we* and *you* agree otherwise;
 - c) the *insured member* reaching the *cover cessation age*;
 - d) the date the *policy* terminates subject to condition 11.3;
 - e) where notification to cancel cover is given by the person, the later of:
 - i) the date on which *you* or *we* receive the notification in written form, or any other form as agreed by *you* and *us*; and
 - ii) where applicable, the date nominated by the person in the notification referred to in paragraph i) as the date that they want their cover to cease;
 - f) the date the person ceases to be an *Australian resident*;
 - g) the date that the *insured member* ceases to be employed on *permanent basis*;
 - h) the date after the *insured member* has been on unpaid leave for 2 years;
 - i) the date the *insured member* ceases to be a *member* of the *fund*;
 - j) unless the *insured member* has made an *election* or an *exception* applies, the date their account is *inactive*;
 - k) if an *exception* ceases to apply to the person and the person has not made an *election then if*:
 - i) the person's account is *inactive*; or

- ii) the person is under 25 years of age; or
- iii) has not had an *account balance* with the *fund* of at least \$6,000 since 1 November 2019,

the date the *exception* ceases to apply; and

- l) on 1 April 2020 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.

11.1.2 For the avoidance of doubt, a person's entitlement to claim under this *policy* and their entitlement to receive ongoing benefits in respect of any *insured cover* is not affected by that person's entitlement to claim or receipt of a total and permanent disablement benefit pursuant to any other insurance policy.

11.2 Recommencement of cover that has ended under condition 11.1.1j) or 11.1.1k)

11.2.1 Despite any other condition in this *policy*, if an *insured member's* cover ended under condition 11.1.1j) or 11.1.1k) cover will recommence for that *member* without the need for underwriting subject to all of the following conditions:

- a) the *member* must request that the cover be recommenced in a manner agreed between *you* and *us*;
- b) in the request, the *member* must make an *election*,
- c) *you* must receive the request within 60 days of the date on which cover ended under condition 11.1.1j) or 11.1.1k).
- d) the cover will recommence from the date the request to recommence the cover was received by *you*, subject to backdated payment of premiums from the date cover recommences.
- e) where the *member* suffers *disability* and the *date of disablement* is after cover ceased but before they requested that cover be recommenced, the *member* will not be able to claim for that event.
- f) where a *member* requests cover be recommenced, this will be considered as an *election*.
- g) any cover that recommences under this condition 11.2.1 will be subject to any previous loadings, exclusions or special conditions that applied to the *insured member's* cover prior to ceasing.

11.2.2 For the avoidance of doubt, cover which has ended under condition 11.1.1j) and 11.1.1k) may only recommence as described in condition 11.2.1 and will not recommence automatically on receipt of any amount into the *member's* account within the *fund* or on the *member* reaching any age.

11.3 Insured cover when policy terminates

Upon termination of this *policy*, we will provide cover and determine our liability for claims made in respect of *insured members* by applying *FSC Guidance Note 11* as the "outgoing insurer".

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

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

12 INSURED MEMBERS WITH COVER UNDER THE FORMER POLICY IMMEDIATELY PRIOR TO THE COMMENCEMENT DATE

12.1 Type and amount of cover

12.1.1 Subject to condition 12.2, if an *insured member* had cover under the *former policy* on the day immediately prior to the *commencement 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 *former policy* on the day immediately prior to the *commencement date*.

12.2 Limitations and restrictions

12.2.1 The insurance cover provided to an *insured member* under condition 12.1 will be subject to:

- a) the same loadings, exclusions, restrictions and limitations that applied to the *insured member's* cover under the *former policy* on the day immediately prior to the *commencement date* until such time as they expire according to their terms or we agree in writing to remove them;
- b) we will provide cover and determine our liability for claims made in respect of existing *insured members* by applying *FSC Guidance Note 11* as the "incoming insurer" and also in accordance with letter we signed on 12 June 2020 included as Appendix D.

13 NEW MEMBERS OF DIVISION 6

13.1 Eligibility

13.1.1 To be eligible to obtain *default cover* under this Part IV of the *policy* after the *commencement 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 an *associated employer*;
- f) not be employed on a *casual basis*;
- g) join the relevant *division* within 120 days of commencement of employment;
- h) be at least 25 years of age and have an *account balance* that reaches \$6,000 unless:
 - i) the *member* has made an *election*; or
 - ii) an *exception* applies: and

- i) advise a binary gender, male or female, within 120 days of commencement of employment.

13.2 Commencement of default cover

13.2.1 *Default cover* will begin for an *eligible member* in *Division 6* for whom an *exception* applies on the later of the date:

- a) the *eligible member* most recently became an *employee* of the *principal employer* or an *associated employer*; and
- b) the date the *fund* commenced being the default superannuation fund of the *associated employer*.

13.2.2 Subject to condition 13.2.3, *default cover* will begin for an *eligible member* in *Division 6* for whom an *exception* does not apply on the later of:

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

subject to *you* receiving an *election* within 120 days of the date referred to in condition 13.2.2 a) or condition 13.2.2b) or condition 13.2.2 c) as applicable.

13.2.3 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 13.2.2a) or condition 13.2.2b) or condition 13.2.2 c), 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.

13.3 Amount of default cover

13.3.1 The amount of cover that comes into effect for a *Division 6 member* under condition 13.1 or 13.2 will be *default cover*.

13.4 Changing employment status from casual basis to permanent basis

13.4.1 Where a *member* who was employed on a *casual basis* becomes employed on a *permanent basis*, the *member* will become entitled to receive *default cover* on the date that *member* became employed on a *permanent basis* provided all the conditions in 13.1 are met. Any *default cover* a *member* receives under this condition is subject to condition 13.5.

13.5 Limitations on new cover commencing outside usual conditions

13.5.1 *Default cover* for an *insured member* will be full cover if, on the day that cover commences under condition 13:

- 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.

14 OPTION TO VARY COVER ON JOINING

14.1 Option to vary cover on joining

14.1.1 Subject to the terms of this condition 14, a *Division 6 member* who is eligible to receive, or has received, *default cover* may apply:

- a) to change their *90 day waiting period* to a *30 day waiting period* or *60 day waiting period*;
- b) to change their *2 year benefit payment period* to a *5 year benefit payment period*, upon joining the *fund* by means of a *joining offer application*.

14.2 Eligibility

14.2.1 In order for a *member* or *insured member* to be eligible to vary cover under condition 14.1.1, the following must be satisfied:

- a) at the date of the *joining offer application*, the applicant must satisfy the requirements under condition 13.1.1; and
- b) *you* must receive the applicant's *joining offer application* within 120 days of the applicant's date of commencement of cover under condition 13.2.1 or condition 13.2.2, as applicable.

14.3 When variation in cover commences as a result of a joining offer application

14.3.1 In the event *we* accept a *joining offer application*, then:

- a) where the person is *at work* on the date *we* accept the application in writing, the change in *waiting period* or *benefit payment period* will apply to claims with respect to which the *date of disablement* occurs on or after the date *we* accept the application in writing;
- b) where the person is not *at work* on the date *we* accept the application in writing, the change in *waiting period* or *benefit payment period* will only apply to claims with respect to which the *date of disablement* occurs on or after the later of:
 - i) the date *we* accept the application in writing; and
 - ii) the date the person satisfies the *at work* definition.

14.4 Premium payable for upgraded cover

14.4.1 Upon the upgrade of an *insured member's* cover under condition 14, the amount of premium payable in respect of the cover obtained under condition 14 will be determined according to the *premium rates* set out in Part VI.

15 COVER FOR MEMBERS OF A NEW ASSOCIATED EMPLOYER

15.1 Cover for members of a new associated employer

15.1.1 Subject to condition 15.1.2, 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*.

15.1.2 Cover is provided under condition 15.1.1 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 15.1.1, a person must:
 - i) meet the requirements of condition 12;
 - ii) be an *employee* of an *associated employer*; and
 - iii) satisfy any terms of the special arrangement agreed between *you* and *us*.

16 GENERAL CONDITIONS

16.1 Recommencement of insured cover

16.1.1 Where cover for a *Division 6 member* ceases under this *policy* according to condition 11, then cover for that person under Part IV of this *policy* will only recommence from the date *we* agree in writing to recommence cover .

16.2 Underwritten cover, variations and cancellations of cover

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

- a) obtain new cover;
- b) obtain cover again having previously cancelled *default cover*;
- c) have their cover increased above the *automatic acceptance limit*;
- d) change their *benefit payment period* from:
 - i) 2 years to 5 years; or
 - ii) 5 years to 2 years,

provided that where the member, at the time of application, is working in an occupation which would result in a “Heavy Blue Collar” occupation grouping being assigned to that member’s cover, then the *benefit payment period* cannot be increased to 5 years;

- e) change their *waiting period* provided that where the *member*, at the time of application, is working in an occupation which would result in a “Heavy Blue Collar” *occupation grouping* being assigned to that *insured member’s* cover, then the *waiting period* cannot be 30 days or 60 days; or
- f) obtain cover after joining the relevant *division* 120 days or more after commencement of employment,

provided they:

- g) have not reached the *cover cessation age*;
- h) are employed by the *principal employer* or an *associated employer*;
- i) are not employed on a *casual basis*; and
- j) satisfy *our underwriting requirements*.

16.2.2 Where a person applies for cover under condition 16.2.1 and meets *our underwriting requirements*, *we*, or *you* on terms approved by *us*, may:

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

16.2.3 If *we* offer to provide cover under condition 16.2.2, the change requested will take effect from the date *we* notify *you* of *our* terms of acceptance.

16.2.4 A) The amount of *default 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 cancelled in its entirety.

B) The amount of *voluntary 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 reduced or cancelled in its entirety.

16.2.5 The reduction or cancellation, per condition 16.2.4, 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 they want cover to reduce or cease.

16.3 Member Transfers as a result of cessation of employment for Division 6 members to Division 4 (Personal Plus) on or after the commencement date

16.3.1 Subject to condition 16.3.2, where a *Division 6 member* terminates employment with their *employer* (“former employer”), their cover will cease *under Division 6* and may be transferred from *Division 6* to *Division 4 (Personal Plus)* as *voluntary cover* with a “White Collar” occupation grouping, provided that:

- a) at the time of cessation of employment with their former employer, the *insured member*:
 - i) was not employed on a *casual basis* with their former employer;
 - ii) satisfied condition 21.1.1(b), (c), and (d);
- b) we receive a completed application to continue cover, including:
 - i) new annual salary including super; and
 - ii) occupation information

within 120 days of ceasing employment with their former employer. The application will be in a form agreed between *you* and *us* from time to time; and

- c) *you* receive a superannuation guarantee contribution in relation to the *insured member* from the *employer*, with whom they became employed after transfer of their cover into *Division 4 (Personal Plus)* (“new employer”), within 180 days of ceasing with their former employer.

16.3.2 Cover transferred to *Division 4 (Personal Plus)* under condition 16.3.1 will be subject to the following conditions:

- a) the cover will be considered to be validly transferred on the date the *member* transfers to *Division 4 (Personal Plus)*;
- b) the *member* was *at work* on the date they commenced employment with the new employer provided that the requirements of condition 16.3.1 are satisfied and provided condition 16.3.3 does not apply;
- c) any individual conditions, exclusions or restrictions which applied on the day before the transfer into *Division 4 (Personal Plus)* will continue to apply until such time as they expire according to their terms; and

- d) if the *insured member's* cover was *limited cover*, the conditions attaching to *limited cover* under the terms of this *policy* before the transfer into *Division 4 (Personal Plus)* will continue to apply until such time as those conditions expire according to their terms.

16.3.3 If,

- a) on the day after 120 days has passed since the *member* ceased employment with their former employer,
 - i) the requirements of condition 16.3.1 a) and 16.3.1 b) have not been satisfied; or
 - ii) the occupation with the new employer is an occupation for which no income protection cover under this *policy* would be provided if the *member* had been underwritten; or
- b) on the day after 180 days has passed since the *member* ceased employment with their former employer, the requirements of condition 16.3.1 c) have not been satisfied,

the *member's* cover under condition 16.3.1 will be deemed not to have commenced from the date cover would have otherwise commenced under *Division 4 (Personal Plus)*. Subject to condition 16.3.9, any premiums paid with respect to these 120 day or 180 day periods will be refunded.

16.3.4 Where a *member* has provided occupation information to *you* within 120 days since the *member* ceased employment with their former employer and the appropriate *occupation grouping* which should apply to the *member* is not "White Collar", the appropriate *occupation grouping* based on the occupation information provided by the *member* will apply from the date *we* confirm in writing.

16.3.5 Where a *member's* *income* from their new employer is greater than the *income* from their former employer, they may apply to increase their cover in *Division 4 (Personal Plus)* by up to 20% of the cover they had in *Division 6* provided that the *fund* receives the relevant application form including satisfactory responses to all *Risk Control Questions* within 120 days of the *member* ceasing employment with their former employer.

16.3.6 *We* may either accept, decline or defer a request for additional cover for an *insured member* who completes an application under condition 16.3.5.

16.3.7 In the event *we* accept a request for additional cover then the additional cover *we* agree to provide under condition 16.3.6 will commence from the date *we* accept such cover in writing.

16.3.8 The additional cover *we* agree to provide under condition 16.3.6 for a *insured member* will only apply to *accidents and sicknesses* where the relevant *date of disablement* occurs on or after the date cover commences under condition 16.3.7.

16.3.9 If a *member*, whose cover has been transferred into *Division 4 (Personal Plus)* under condition 16.3.1 lodges a claim under this *policy* within 120 days of them terminating their employment with the former employer, and at the *date of disablement* for the claim lodged, the *member* was employed by the new employer (but *you* had not yet received a superannuation guarantee contribution from the *member's* employer and/or the required salary and occupation information), *we* will assess the claim as though the *member* has cover under *Division 4 (Personal Plus)* provided:

- a) the *member* was *at work* on the date they commenced employment with the new employer and this is confirmed by a statement from the new employer or other evidence satisfactory to *us*; and
- b) the *member* has nominated the *fund* as the *fund* to which they would like their superannuation guarantee contributions to be made prior to suffering the *sickness* or *accident* which is the subject of the claim.

Any premium paid or payable prior to the assessment of the claim will not be refunded or will still need to be paid.

- 16.3.10 If a *member* whose cover has been transferred into *Division 4 (Personal Plus)* under condition 16.3.1 lodges a claim within 120 days of them terminating their employment with the former employer, and at the *date of disablement* for the claim lodged, the *member* was unemployed, no benefit will be payable under this policy and any premiums paid with respect to the period from the *member's* termination of employment with their former employer to the end of the 120 day period will be refunded.
- 16.3.11 The amount of any benefit payable under condition 16.3.9 is the *total disability benefit* or *partial disability benefit* applicable to a *Division 4 (Personal)* insured member.
- 16.3.12 Where the amount of benefit payable under condition 16.3.11 is less than the benefit which would have been payable while the *insured member* was a *Division 6 member* as a result of a reduction in the *insured member's income*, any premiums paid with respect to the period from the *member's* termination of employment with their former employer to the end of the 120 day period, will be refunded to the reflect the lower benefit amount paid or payable to the *insured member*.

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*.

17 TRANSFERS FROM DIVISION 2 INTO DIVISION 6 or DIVISION 4

17.1 Transfer from Division 2 into Division 6 or Division 4

17.1.1 A *Division 2 member* who:

- a) transfers into *Division 6*; or
- b) terminates employment with their *employer* and transfers into *Division 4*, is eligible to receive cover under this *policy* as described in this condition 17 if they satisfy all of the conditions set out in condition 17.1.2 immediately prior to the date cover commences under condition 17.1.4.

17.1.2 The conditions a transferring *Division 2 member* under condition 17.1.1 must satisfy are:

- 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 15;
- e) not be employed on a *casual basis* (for *Division 6 members* only); and
- f) must have satisfactorily completed the *application for cover* for *Division 6* or *Division 4* as applicable and satisfied *our underwriting requirements* and made an *election*.

17.1.3 Where a transferring *Division 2 member* applies for cover under condition 17.1.1 and meets all eligibility conditions under condition 17.1.1 *we, or you* on terms approved by *us*, may:

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

17.1.4 Cover for a *member* under condition 17.1.1 will begin in *Division 6* or *Division 4* as applicable on the later of:

- a) the date *we* agree in writing to provide cover; and
- b) the date the *member* has sufficient *account balance* for the payment of applicable premiums with respect to their cover.

17.1.5 Where *we* accept the person's request under condition 17.1.1, the amount of cover that comes into effect for that *member* will be the lesser of:

- a) the amount of cover selected by the *member* in their application form;
- b) 85% of the *insured member's income* divided by 12; and
- c) the *maximum cover limit*.

18 TRANSFERS FROM DIVISION 5 OR DIVISION 8 (DB) INTO DIVISION 6

18.1 Transfers from Division 5 or Division 8 (DB) into Division 6

18.1.1 A *Division 5 or Division 8 (DB) member* who transfers into *Division 6* is eligible to receive cover under this *policy* in *Division 6* as described in this condition 18 if they satisfy all of the following conditions immediately prior to the date cover commences under condition 18.1.3.:

- 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 15;
 - e) not be employed on a *casual basis*;
 - f) submitted an application to *you* to transfer into *Division 6*; and
 - g) have made an *election*.
- 18.1.2 Cover for a *member* under condition 18.1.1. will begin on the date *you* transfer the cover from *Division 5* or *Division 8 (DB)* as applicable into *Division 6*.
- 18.1.3 The amount of cover that comes into effect for that *member* under condition 18.1.2 will be *default cover*.
- 18.1.4 Cover under condition 18.1.3 is subject to the following condition:
- a) if on the effective date under condition 18.1.2., the *member* is:
 - a) *at work*; or
 - b) 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.
- 18.1.5 Unless condition 3.3.2 applies, where a *member* receives cover in *Division 6* under this condition 18, the maximum period in respect of which *we* will pay benefits under this *policy* resulting from any one or related cause for a particular *member* is the *benefit payment period* reduced by the total number of months for which the *member* has received or is entitled to receive insured income protection benefits under the *fund's* trust deed, or any other prior or current policy under which insurance is provided to *you* with respect to the same *member*.

19 CONTINUATION OF COVER IN DIVISION 4 (PERSONAL PLUS) FOR DIVISION 5 OR DIVISION 8 (DB) MEMBERS

19.1 Continuation of cover in Division 4 (Personal Plus) for Division 5 or Division 8 (DB) members

- 19.1.1 Subject to conditions 19.1.2 and 19.1.3 where a *Division 5* or *Division 8 (DB) member* terminates employment with their *employer* ("former employer"), their cover will cease under *Division 5* or *Division 8 (DB)* as applicable and be transferred from *Division 5* or *Division 8 (DB)* as applicable to *Division 4 (Personal Plus)* as *voluntary cover* with a "White Collar" *occupation grouping*, provided that:
- a) at the time of cessation of employment with their former employer, the *insured member*:
 - i) was not employed on a *casual basis* with their former employer;
 - ii) satisfied condition 21.1.1(b), (c), and (d);
 - b) *we* receive a completed application to continue cover, including:
 - i) new annual salary including super; and
 - ii) occupation information
 within 120 days of ceasing employment with their former employer. The application will be in a form agreed between *you* and *us* from time to time; and

- c) *you* receive a superannuation guarantee contribution in relation to the *insured member* from the *employer*, with whom they became employed after transfer of their cover into *Division 4 (Personal Plus)* (“new employer”), within 180 days of ceasing with their former employer.
- 19.1.2 Cover transferred to *Division 4 (Personal Plus)* under condition 19.1.1. will be subject to the following condition:
- a) the cover will be considered to be validly transferred on the date the *member* transfers to *Division 4 (Personal Plus)*; and
 - b) the *member* was *at work* on the date they commenced employment with the new employer provided that the requirements of condition 19.1.1 are satisfied and provided condition 19.1.3 does not apply.
- 19.1.3 If,
- a) on the day after 120 days has passed since the *member* ceased employment with their former employer;
 - i) the requirements of condition 19.1.1 a) and 19.1.1 b) have not been satisfied; or
 - ii) the occupation with the new employer is an occupation for which no income protection cover under this *policy* would be provided if the *member* had been underwritten; or
 - b) on the day after 180 days has passed since the *member* ceased employment with their former employer, the requirements of condition 19.1.1 c) have not been satisfied; the *member’s* cover under condition 19.1.1 will be deemed not to have commenced from the date cover would have otherwise commenced under *Division 4 (Personal Plus)*. Subject to condition 19.1.15, any premiums paid with respect to these 120 day or 180 day periods will be refunded.
- 19.1.4 Where a *member* has provided occupation information to *you* within 120 days since the *member* ceased employment with their former employer and the appropriate *occupation grouping* which should apply to the *member* is not “White Collar”, the appropriate *occupation grouping* based on the occupation information provided by the *insured member* will apply from the date *we* confirm in writing.
- 19.1.5 Where a *member’s* *income* from their new employer is greater than the *income* from their former employer, they may apply to increase their cover in *Division 4 (Personal Plus)* by up to 20% of the cover they had in *Division 5* or *Division 8 (DB)* as applicable provided that the *fund* receives the relevant application form including satisfactory responses to all *Risk Control Questions* within 120 days of the *member* ceasing employment with their former employer.
- 19.1.6 *We* may either accept, decline or defer a request for additional cover for an *insured member* who completes an application under condition 19.1.5.
- 19.1.7 In the event *we* accept a request for additional cover then the additional cover *we* agree to provide under condition 19.1.6 will commence from the date *we* accept such cover in writing.
- 19.1.8 The additional cover *we* agree to provide under condition 19.1.6 for a *member* will only apply to *accidents* and *sicknesses* where the relevant *date of disablement* occurs on or after the date cover commences under condition 19.1.7.

19.1.9 If a *member* whose cover has been transferred into *Division 4 (Personal Plus)* under condition 19.1.1. lodges a claim under this *policy* within 120 days of them terminating their employment with the former employer, and at the *date of disablement* for the claim lodged, the *member* was employed by the new employer (but *you* had not yet received a superannuation guarantee contribution from the *member's employer* and/or the required salary and occupation information), we will assess the claim as though the *member* has cover under *Division 4 (Personal Plus)* provided:

- a) the *member* was *at work* on the date they commenced employment with the new employer and this is confirmed by a statement from the new employer or other evidence satisfactory to *us*; and
- b) the *member* has nominated the *fund* as the fund to which they would like their superannuation guarantee contributions to be made prior to suffering the *sickness or accident* which is the subject of the claim.

Any premium paid or payable prior to the assessment of the claim will not be refunded or will still need to be paid.

19.1.10 If a *member* whose cover has been transferred into *Division 4 (Personal Plus)* under condition 19.1.1 lodges a claim within 120 days of them terminating their employment with the former employer, and at the *date of disablement* for the claim lodged, the *member* was unemployed, no benefit will be payable under this *policy* and any premiums paid with respect to the period from the *member's* termination of employment with their former employer to the end of the 120 day period will be refunded.

19.1.11 The amount of any benefit payable under condition 19.1.9 is the *total disability benefit* or *partial disability benefit* applicable to a *Division 4 (Personal)* member.

19.1.12 Where the amount of benefit payable under condition 19.1.11 is less than the benefit which would have been payable while the *insured member* was a *Division 5* or *Division 8 (DB) member* as a result of a reduction in the *member's income*, any premiums paid with respect to the period from the *member's* termination of employment with their former employer to the end of the 120 day period, will be refunded to reflect the lower benefit amount paid or payable to the *member*.

19.1.13 Unless condition 3.3.2 applies, where a *member* receives cover in *Division 4* under this condition 19, the maximum period in respect of which we will pay benefits under this *policy* resulting from any one or related cause for a particular *member* is the *benefit payment period* reduced by the total number of months for which the *member* has received or is entitled to receive insured income protection benefits under the *fund's* trust deed, or any other prior or current policy under which insurance is provided to *you* with respect to the same *member*.

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

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

20 INSURED MEMBERS WITH COVER IMMEDIATELY PRIOR TO THE COMMENCEMENT DATE

20.1 Type and amount of cover

20.1.1 Subject to condition 20.2, if an *insured member* had cover under the *former policy* on the day immediately prior to the *commencement 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 *former policy* on the day immediately prior to the *commencement date*.

20.2 Limitations and restrictions

20.2.1 The insurance cover provided to an *insured member* under condition 20.1 will be subject to:

- a) the same loadings, exclusions, restrictions and limitations that applied to the *insured member's* cover under the *former policy* on the day immediately prior to the *commencement date* until such time as they expire according to their terms or we agree in writing to remove them; and
- b) we will provide cover and determine *our* liability for claims made in respect of *existing insured members* by applying *FSC Guidance Note 11* as the "incoming insurer" and also in accordance with letter we signed on 12 June 2020 included as Appendix D.

21 NEW MEMBERS

21.1 Eligibility

21.1.1 Subject to condition 21.1.2, unless we otherwise agree, to be eligible to obtain *insured cover* under this Part VI of the *policy* after the *commencement 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* other than in the circumstances set out in condition 21.1.2; or
 - ii) in any other circumstances permitted by the *fund's* trust deed, have become a *member*,
of Division 4 (Personal Plus);
- b) be at least 15 years old;
- c) be an *Australian resident*;
- d) not have reached the *cover cessation age*;
- e) must have satisfactorily completed the *application for cover* for *Division 4 (Personal Plus)* and satisfied *our underwriting requirements*;
- f) be an *employee* of an *employer*; and
- g) advise a binary gender, male or female.

- 21.1.2 Unless we otherwise agree, providing the *fund* has commenced being the *default superannuation fund* of a *non-associated employer* on or after 1 July 2023, to be eligible to obtain *insured cover* under this Part VI of the *policy* a person must:
- (a) have become a *member of Division 4 (Personal Plus)* of the *fund* because they are employed by the same *non-associated employer* who has made a superannuation guarantee contribution on their behalf;
 - (b) be at least 15 years old;
 - (c) be an *Australian resident*;
 - (d) not have reached the *cover cessation age*;
 - (e) must have satisfactorily completed the *application for cover for Division 4 (Personal Plus)* and satisfied *our underwriting requirements*;
 - (f) be an *employee* of the same *non-associated employer*; and
 - (g) advise a binary gender, male or female.
- 21.1.3 Any cover which comes into force under Part VI will be *voluntary cover*.

21.2 Commencement of cover

Cover for a *member* under Part VI will begin on the later of:

- a) the date we agree in writing to provide cover; and
- b) the date the *member* has sufficient *account balance* for the payment of applicable premiums with respect to their cover.

21.3 Amount of cover

21.3.1 The amount of cover that comes into effect for a *member of Division 4 (Personal Plus)* under Part VI will be the lesser of:

- a) the amount of cover selected by the *member* in their *application for cover*;
- b) 85% of the *insured member's income* divided by 12; and
- c) the *maximum cover limit*.

21.3.2 Subject to approval by us, the cover that comes into effect for a *member of Division 4 (Personal Plus)* under Part VI will be subject to the *benefit payment period* and the *waiting period* which the person has chosen in the *application for cover*. Where the *member* does not choose a particular *waiting period* and/or *benefit payment period*, a 90 day *waiting period* and/or a 2 year *benefit payment period* will apply to that *member's* cover.

22 GENERAL CONDITIONS

22.1 Recommencement of insured cover

22.1.1 Where cover for a *Division 4 (Personal Plus) member* ceases under this *policy* according to condition 11, then cover for that *members* under Part VI of this *policy* will only recommence from the date we agree in writing to recommence cover.

22.2 Increases, reductions and variations in cover

22.2.1 A *Division 4 (Personal Plus) member* can in the manner agreed between you and us apply to:

- a) have their cover increased;
- b) extend their *benefit payment period* from 2 years to 5 years if the *member*, at the time of application, is not working in an occupation which would result in a

“Heavy Blue Collar” *occupation grouping* being assigned to that *insured member’s* cover; or

- c) change their *waiting period*, provided that where the *member* is working in an occupation which would result in a “Heavy Blue Collar” *occupation grouping* being assigned to that *insured member’s* cover, then the *waiting period* cannot be 30 days or 60 days.

provided they:

- d) have not reached the *cover cessation age*;
- e) are employed by an *employer*; and
- f) satisfy *our underwriting requirements*.

22.2.2 Where a person applies for increases in 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; or
- b) apply exclusions or other special conditions to any increases in cover which is accepted in writing.

22.2.3 Where a person has been accepted for increases in cover under condition 22.2.2, the *waiting period* and *benefit payment period* which applies to the increase in cover will be the same as the *waiting period* and *benefit payment period* which applies to the person’s existing cover unless the person has chosen a different *waiting period* and/or *benefit payment period* on their application in which case the chosen *waiting period* and/or *benefit payment period* will apply to all of that person’s cover from the date set out in condition 22.2.5 and premiums will be adjusted accordingly from the date set out in condition 22.2.5.

22.2.4 Any cover which comes into force under condition 22.2.2 will be *voluntary cover*.

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

22.2.6 The amount of *insured cover* which applies to a *Division 4 (Personal Plus) insured member*, as provided for under Part VI, can at any time, by notification to *us* by *you*, or by notification to *you* by an *insured member* on terms approved by *you* and *us* in writing, or any other form as agreed by *you* and *us*, be reduced or cancelled in its entirety.

22.2.7 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 an *insured member* in the notification referred to in paragraph a) as the date that they want cover to reduce or cease.

22.3 Obtaining cover in Division 6

22.3.1 Where an *insured member* who has cover in *Division 4 (Personal Plus)* becomes entitled to cover under conditions 13, 15 and 16, the cover the *insured member* has in *Division 4 (Personal Plus)* will cease and be replaced with cover in *Division 6* from the date this cover commences under conditions 13.2, 15.1.1 or 16.2.3.

22.3.2 *Members* with a *Division 4 (Personal Plus)* account who subsequently become a *Division 6 insured member*, may apply to consolidate the insurance held in their accounts and replace the cover held in their *Division 6* account by transferring any *voluntary cover* which is held in their *Division 4* account. The *member* will need to provide an *election* if

applicable. Any exclusions, special conditions or premium loadings applying to the *insured member's voluntary cover* will continue to apply until they expire according to their terms.

PART VII. APPENDIX A

PREMIUM RATES FOR DIVISION 6

PREMIUM RATES FOR DIVISION 6																
Annual Premium Rates per \$1,000 <i>insured cover</i>																
Benefit Period	2 Years								5 Years							
Waiting Period	30 Days		60 Days		90 Days*		120 Days		30 Days		60 Days		90 Days		120 Days	
Age Next Birthday†	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
16	\$3.17	\$4.11	\$2.05	\$2.48	\$1.13	\$1.28	\$1.07	\$1.22	\$3.74	\$5.31	\$2.42	\$3.22	\$1.76	\$2.19	\$1.51	\$1.92
17	\$3.17	\$4.19	\$2.05	\$2.53	\$1.13	\$1.30	\$1.07	\$1.24	\$3.74	\$5.41	\$2.42	\$3.28	\$1.76	\$2.22	\$1.51	\$1.95
18	\$3.26	\$4.23	\$2.11	\$2.56	\$1.17	\$1.31	\$1.12	\$1.25	\$3.85	\$5.46	\$2.49	\$3.31	\$1.81	\$2.24	\$1.57	\$1.97
19	\$3.28	\$4.28	\$2.11	\$2.59	\$1.17	\$1.33	\$1.12	\$1.26	\$3.85	\$5.52	\$2.49	\$3.35	\$1.81	\$2.25	\$1.57	\$1.98
20	\$3.28	\$4.28	\$2.11	\$2.59	\$1.17	\$1.33	\$1.12	\$1.26	\$3.85	\$5.53	\$2.49	\$3.35	\$1.81	\$2.26	\$1.57	\$1.98
21	\$3.30	\$4.33	\$2.12	\$2.60	\$1.18	\$1.35	\$1.12	\$1.27	\$3.90	\$5.59	\$2.51	\$3.38	\$1.84	\$2.28	\$1.58	\$2.00
22	\$3.13	\$4.36	\$2.00	\$2.62	\$1.12	\$1.35	\$1.05	\$1.26	\$3.72	\$5.68	\$2.41	\$3.44	\$1.74	\$2.34	\$1.50	\$2.05
23	\$2.97	\$4.40	\$1.91	\$2.64	\$1.05	\$1.36	\$1.00	\$1.20	\$3.57	\$5.78	\$2.31	\$3.51	\$1.66	\$2.36	\$1.43	\$2.09
24	\$2.90	\$4.44	\$1.86	\$2.66	\$1.02	\$1.37	\$0.97	\$1.16	\$3.51	\$5.87	\$2.25	\$3.56	\$1.63	\$2.41	\$1.41	\$2.12
25	\$2.79	\$4.48	\$1.78	\$2.68	\$0.98	\$1.38	\$0.93	\$1.12	\$3.40	\$5.98	\$2.18	\$3.63	\$1.58	\$2.44	\$1.36	\$2.17
26	\$2.70	\$4.40	\$1.70	\$2.67	\$0.93	\$1.39	\$0.89	\$1.06	\$3.32	\$5.95	\$2.12	\$3.65	\$1.51	\$2.49	\$1.31	\$2.21
27	\$2.62	\$4.76	\$1.66	\$2.87	\$0.91	\$1.47	\$0.87	\$1.04	\$3.25	\$6.48	\$2.09	\$3.93	\$1.50	\$2.66	\$1.29	\$2.36
28	\$2.61	\$5.04	\$1.66	\$2.99	\$0.91	\$1.53	\$0.87	\$1.04	\$3.28	\$6.94	\$2.10	\$4.17	\$1.50	\$2.80	\$1.30	\$2.48
29	\$2.59	\$5.28	\$1.64	\$3.13	\$0.89	\$1.58	\$0.86	\$1.04	\$3.28	\$7.33	\$2.10	\$4.36	\$1.50	\$2.90	\$1.30	\$2.60
30	\$2.64	\$5.53	\$1.66	\$3.25	\$0.91	\$1.63	\$0.87	\$1.04	\$3.37	\$7.76	\$2.15	\$4.60	\$1.54	\$3.05	\$1.35	\$2.72
31	\$2.69	\$5.72	\$1.69	\$3.36	\$0.92	\$1.67	\$0.88	\$1.05	\$3.49	\$8.11	\$2.21	\$4.81	\$1.58	\$3.16	\$1.38	\$2.82
32	\$2.79	\$5.90	\$1.75	\$3.44	\$0.95	\$1.72	\$0.89	\$1.10	\$3.66	\$8.44	\$2.31	\$4.99	\$1.63	\$3.28	\$1.43	\$2.93
33	\$2.90	\$6.11	\$1.80	\$3.59	\$0.97	\$1.79	\$0.92	\$1.12	\$3.82	\$8.84	\$2.40	\$5.24	\$1.68	\$3.43	\$1.49	\$3.10

PREMIUM RATES FOR DIVISION 6

Annual Premium Rates per \$1,000 insured cover

Benefit Period	2 Years								5 Years							
	30 Days		60 Days		90 Days*		120 Days		30 Days		60 Days		90 Days		120 Days	
Age Next Birthday†	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
34	\$3.03	\$6.29	\$1.88	\$3.71	\$1.00	\$1.86	\$0.96	\$1.16	\$4.04	\$9.18	\$2.51	\$5.46	\$1.76	\$3.59	\$1.55	\$3.23
35	\$3.19	\$6.52	\$1.97	\$3.85	\$1.04	\$1.94	\$0.99	\$1.22	\$4.29	\$9.63	\$2.67	\$5.75	\$1.86	\$3.82	\$1.64	\$3.43
36	\$3.37	\$6.76	\$2.09	\$4.03	\$1.11	\$2.05	\$1.04	\$1.28	\$4.59	\$10.13	\$2.86	\$6.08	\$1.97	\$4.06	\$1.75	\$3.67
37	\$3.54	\$7.04	\$2.18	\$4.23	\$1.16	\$2.17	\$1.11	\$1.35	\$4.87	\$10.71	\$3.03	\$6.47	\$2.11	\$4.36	\$1.87	\$3.97
38	\$3.72	\$7.41	\$2.31	\$4.48	\$1.23	\$2.32	\$1.17	\$1.43	\$5.18	\$11.38	\$3.22	\$6.95	\$2.24	\$4.74	\$1.99	\$4.30
39	\$3.91	\$7.82	\$2.43	\$4.76	\$1.30	\$2.48	\$1.24	\$1.53	\$5.53	\$12.18	\$3.44	\$7.50	\$2.42	\$5.14	\$2.16	\$4.68
40	\$4.14	\$8.30	\$2.60	\$5.09	\$1.41	\$2.68	\$1.35	\$1.64	\$5.92	\$13.14	\$3.74	\$8.14	\$2.64	\$5.66	\$2.36	\$5.15
41	\$4.36	\$8.85	\$2.78	\$5.49	\$1.51	\$2.92	\$1.43	\$1.77	\$6.34	\$14.20	\$4.04	\$8.88	\$2.89	\$6.23	\$2.60	\$5.70
42	\$4.58	\$9.46	\$2.93	\$5.90	\$1.63	\$3.17	\$1.55	\$1.90	\$6.72	\$15.36	\$4.34	\$9.70	\$3.13	\$6.89	\$2.82	\$6.30
43	\$4.89	\$10.13	\$3.18	\$6.39	\$1.79	\$3.48	\$1.69	\$2.08	\$7.27	\$16.67	\$4.76	\$10.63	\$3.50	\$7.62	\$3.15	\$6.98
44	\$5.17	\$10.89	\$3.41	\$6.93	\$1.94	\$3.81	\$1.85	\$2.27	\$7.78	\$18.16	\$5.15	\$11.67	\$3.85	\$8.46	\$3.49	\$7.77
45	\$5.54	\$11.74	\$3.71	\$7.55	\$2.15	\$4.20	\$2.04	\$2.49	\$8.46	\$19.76	\$5.70	\$12.85	\$4.31	\$9.40	\$3.91	\$8.66
46	\$5.87	\$12.64	\$3.99	\$8.21	\$2.35	\$4.62	\$2.23	\$2.72	\$9.09	\$21.54	\$6.22	\$14.13	\$4.79	\$10.46	\$4.35	\$9.64
47	\$6.32	\$13.60	\$4.36	\$8.92	\$2.61	\$5.07	\$2.47	\$3.02	\$9.90	\$23.42	\$6.90	\$15.50	\$5.39	\$11.58	\$4.90	\$10.71
48	\$6.83	\$14.67	\$4.80	\$9.71	\$2.91	\$5.56	\$2.76	\$3.35	\$10.82	\$25.52	\$7.67	\$17.05	\$6.09	\$12.83	\$5.55	\$11.90
49	\$7.39	\$15.88	\$5.28	\$10.60	\$3.25	\$6.13	\$3.10	\$3.73	\$11.82	\$27.88	\$8.52	\$18.78	\$6.88	\$14.26	\$6.27	\$13.24
50	\$7.99	\$17.09	\$5.80	\$11.52	\$3.61	\$6.71	\$3.43	\$4.16	\$12.92	\$30.31	\$9.45	\$20.56	\$7.72	\$15.73	\$7.06	\$14.63
51	\$8.69	\$18.16	\$6.41	\$12.31	\$4.05	\$7.24	\$3.84	\$4.56	\$14.18	\$32.49	\$10.53	\$22.19	\$8.71	\$17.10	\$8.00	\$15.93
52	\$9.46	\$19.27	\$7.06	\$13.15	\$4.52	\$7.78	\$4.29	\$5.01	\$15.60	\$34.76	\$11.75	\$23.90	\$9.83	\$18.52	\$9.04	\$17.29
53	\$10.41	\$20.41	\$7.86	\$14.03	\$5.07	\$8.34	\$4.81	\$5.51	\$17.30	\$37.08	\$13.18	\$25.64	\$11.12	\$19.98	\$10.25	\$18.68

PREMIUM RATES FOR DIVISION 6																
Annual Premium Rates per \$1,000 insured cover																
Benefit Period	2 Years								5 Years							
Waiting Period	30 Days		60 Days		90 Days*		120 Days		30 Days		60 Days		90 Days		120 Days	
Age Next Birthday†	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
54	\$11.49	\$21.58	\$8.76	\$14.91	\$5.68	\$8.93	\$5.41	\$6.07	\$19.26	\$39.47	\$14.81	\$27.45	\$12.60	\$21.48	\$11.61	\$20.13
55	\$12.73	\$22.76	\$9.78	\$15.82	\$6.40	\$9.52	\$6.08	\$6.69	\$21.53	\$41.90	\$16.71	\$29.26	\$14.30	\$23.02	\$13.20	\$21.59
56	\$14.14	\$23.96	\$10.94	\$16.74	\$7.19	\$10.11	\$6.82	\$7.37	\$24.08	\$44.37	\$18.79	\$31.10	\$16.16	\$24.55	\$14.96	\$23.06
57	\$15.68	\$25.23	\$12.20	\$17.69	\$8.05	\$10.72	\$7.64	\$8.09	\$26.89	\$46.96	\$21.10	\$33.02	\$18.21	\$26.11	\$16.87	\$24.58
58	\$17.48	\$26.50	\$13.66	\$18.63	\$9.04	\$11.32	\$8.59	\$8.89	\$30.09	\$49.56	\$23.69	\$34.92	\$20.50	\$27.68	\$19.03	\$26.08
59	\$19.47	\$27.77	\$15.27	\$19.57	\$10.13	\$11.91	\$9.62	\$9.74	\$33.63	\$52.16	\$26.53	\$36.79	\$23.01	\$29.21	\$21.40	\$27.55
60	\$21.72	\$29.75	\$17.08	\$21.00	\$11.34	\$12.80	\$10.78	\$10.96	\$37.62	\$56.09	\$29.70	\$39.59	\$25.75	\$31.45	\$24.00	\$29.69
61	\$24.33	\$31.84	\$19.13	\$22.48	\$12.72	\$13.73	\$12.08	\$12.29	\$41.69	\$59.48	\$32.48	\$41.44	\$27.92	\$32.55	\$25.67	\$30.23
62	\$27.21	\$33.96	\$21.40	\$24.00	\$14.23	\$14.66	\$13.51	\$13.76	\$40.72	\$54.24	\$31.52	\$37.65	\$26.97	\$29.47	\$24.69	\$27.20
63	\$30.53	\$36.17	\$23.96	\$25.59	\$15.91	\$15.64	\$15.11	\$14.85	\$38.12	\$46.96	\$29.27	\$32.42	\$24.87	\$25.23	\$22.58	\$23.05
64	\$27.81	\$32.02	\$21.10	\$21.88	\$13.66	\$12.97	\$12.96	\$12.33	\$27.81	\$32.02	\$21.10	\$21.88	\$13.66	\$12.97	\$12.96	\$12.33
65	\$10.53	\$12.13	\$7.79	\$8.06	\$4.96	\$4.66	\$4.72	\$4.28	\$10.53	\$12.13	\$7.79	\$8.06	\$4.96	\$4.66	\$4.72	\$4.28

* Default cover is 2-year Benefit Period and 90-day Waiting Period.

† As at last 1 July.

ii) OCCUPATIONAL LOADINGS

Occupational Loadings	
Occupation Grouping	IP Loading
White Collar	1.00
Light Blue Collar	1.40
Medium Blue Collar	2.50
Heavy Blue Collar	2.50

PART VIII. APPENDIX B

PREMIUM RATES FOR DIVISION 4 (PERSONAL PLUS)

PREMIUM RATES FOR DIVISION 4 (PERSONAL PLUS)																
Annual Premium Rates per \$1,000 <i>insured cover</i>																
Benefit Period	2 Years								5 Years							
Waiting Period	30 Days		60 Days		90 Days		120 Days		30 Days		60 Days		90 Days		120 Days	
Age Next Birthday†	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
16	\$5.21	\$6.94	\$3.31	\$4.13	\$2.37	\$2.74	\$2.03	\$2.38	\$6.03	\$8.78	\$3.86	\$5.28	\$2.78	\$3.53	\$2.38	\$3.11
17	\$5.29	\$7.14	\$3.36	\$4.25	\$2.41	\$2.82	\$2.05	\$2.44	\$6.11	\$9.04	\$3.91	\$5.43	\$2.82	\$3.63	\$2.42	\$3.19
18	\$5.53	\$7.33	\$3.52	\$4.36	\$2.51	\$2.90	\$2.15	\$2.51	\$6.41	\$9.29	\$4.10	\$5.58	\$2.94	\$3.74	\$2.53	\$3.28
19	\$5.62	\$7.44	\$3.59	\$4.41	\$2.57	\$2.93	\$2.18	\$2.54	\$6.52	\$9.41	\$4.17	\$5.66	\$2.99	\$3.78	\$2.59	\$3.31
20	\$5.64	\$7.56	\$3.59	\$4.50	\$2.57	\$2.97	\$2.18	\$2.59	\$6.52	\$9.59	\$4.17	\$5.74	\$2.99	\$3.84	\$2.59	\$3.37
21	\$5.72	\$7.67	\$3.65	\$4.55	\$2.60	\$3.01	\$2.21	\$2.61	\$6.64	\$9.71	\$4.24	\$5.83	\$3.05	\$3.88	\$2.61	\$3.41
22	\$5.33	\$7.88	\$3.37	\$4.67	\$2.41	\$3.10	\$2.05	\$2.68	\$6.21	\$10.07	\$3.96	\$6.02	\$2.85	\$4.03	\$2.43	\$3.53
23	\$5.09	\$7.96	\$3.22	\$4.74	\$2.30	\$3.13	\$1.95	\$2.70	\$5.98	\$10.25	\$3.81	\$6.14	\$2.73	\$4.10	\$2.35	\$3.59
24	\$4.86	\$7.97	\$3.06	\$4.74	\$2.18	\$3.13	\$1.87	\$2.72	\$5.78	\$10.34	\$3.67	\$6.20	\$2.62	\$4.13	\$2.25	\$3.65
25	\$4.60	\$8.05	\$2.91	\$4.78	\$2.06	\$3.16	\$1.75	\$2.74	\$5.52	\$10.55	\$3.51	\$6.33	\$2.49	\$4.23	\$2.15	\$3.74
26	\$4.42	\$7.97	\$2.78	\$4.79	\$1.94	\$3.20	\$1.66	\$2.80	\$5.35	\$10.55	\$3.37	\$6.40	\$2.38	\$4.33	\$2.06	\$3.82
27	\$4.22	\$8.71	\$2.64	\$5.18	\$1.87	\$3.43	\$1.60	\$2.99	\$5.13	\$11.63	\$3.25	\$6.98	\$2.31	\$4.67	\$1.98	\$4.14
28	\$4.21	\$9.30	\$2.64	\$5.47	\$1.87	\$3.59	\$1.60	\$3.13	\$5.17	\$12.54	\$3.28	\$7.46	\$2.34	\$4.95	\$2.00	\$4.37
29	\$4.23	\$9.87	\$2.66	\$5.76	\$1.87	\$3.74	\$1.61	\$3.28	\$5.25	\$13.44	\$3.31	\$7.95	\$2.35	\$5.21	\$2.05	\$4.64
30	\$4.27	\$10.38	\$2.66	\$6.03	\$1.87	\$3.88	\$1.61	\$3.42	\$5.34	\$14.28	\$3.36	\$8.39	\$2.38	\$5.48	\$2.07	\$4.87
31	\$4.48	\$10.78	\$2.79	\$6.26	\$1.94	\$4.02	\$1.67	\$3.53	\$5.67	\$15.00	\$3.56	\$8.79	\$2.50	\$5.71	\$2.18	\$5.09
32	\$4.59	\$11.08	\$2.86	\$6.43	\$1.97	\$4.11	\$1.70	\$3.63	\$5.90	\$15.57	\$3.67	\$9.12	\$2.59	\$5.92	\$2.24	\$5.29
33	\$4.84	\$11.58	\$2.97	\$6.72	\$2.06	\$4.30	\$1.79	\$3.80	\$6.27	\$16.42	\$3.88	\$9.62	\$2.70	\$6.24	\$2.37	\$5.59

PREMIUM RATES FOR DIVISION 4 (PERSONAL PLUS)

Annual Premium Rates per \$1,000 insured cover

Benefit Period	2 Years								5 Years							
	30 Days		60 Days		90 Days		120 Days		30 Days		60 Days		90 Days		120 Days	
Age Next Birthday†	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
34	\$5.19	\$11.92	\$3.18	\$6.94	\$2.18	\$4.47	\$1.90	\$3.96	\$6.78	\$17.05	\$4.19	\$10.02	\$2.90	\$6.53	\$2.54	\$5.86
35	\$5.39	\$12.49	\$3.29	\$7.29	\$2.24	\$4.74	\$1.95	\$4.21	\$7.14	\$18.08	\$4.37	\$10.68	\$3.01	\$7.01	\$2.66	\$6.29
36	\$5.80	\$13.10	\$3.53	\$7.71	\$2.41	\$5.04	\$2.11	\$4.49	\$7.75	\$19.23	\$4.76	\$11.44	\$3.26	\$7.56	\$2.88	\$6.80
37	\$6.17	\$13.76	\$3.75	\$8.15	\$2.57	\$5.37	\$2.24	\$4.80	\$8.33	\$20.49	\$5.10	\$12.27	\$3.51	\$8.20	\$3.11	\$7.40
38	\$6.54	\$14.50	\$4.02	\$8.66	\$2.74	\$5.76	\$2.41	\$5.14	\$8.95	\$21.90	\$5.52	\$13.20	\$3.79	\$8.90	\$3.36	\$8.06
39	\$7.03	\$15.37	\$4.33	\$9.25	\$2.97	\$6.21	\$2.63	\$5.56	\$9.75	\$23.53	\$6.02	\$14.31	\$4.17	\$9.74	\$3.71	\$8.84
40	\$7.52	\$16.49	\$4.67	\$10.01	\$3.25	\$6.78	\$2.88	\$6.09	\$10.56	\$25.61	\$6.59	\$15.69	\$4.60	\$10.78	\$4.11	\$9.82
41	\$8.06	\$17.75	\$5.05	\$10.85	\$3.55	\$7.44	\$3.15	\$6.68	\$11.45	\$27.94	\$7.21	\$17.27	\$5.10	\$11.99	\$4.56	\$10.92
42	\$8.60	\$19.12	\$5.45	\$11.80	\$3.88	\$8.17	\$3.46	\$7.36	\$12.39	\$30.49	\$7.89	\$19.02	\$5.66	\$13.34	\$5.07	\$12.19
43	\$9.27	\$20.57	\$5.96	\$12.81	\$4.30	\$8.97	\$3.83	\$8.07	\$13.50	\$33.20	\$8.73	\$20.93	\$6.35	\$14.84	\$5.71	\$13.57
44	\$9.89	\$22.33	\$6.45	\$14.05	\$4.74	\$9.95	\$4.23	\$8.98	\$14.62	\$36.48	\$9.59	\$23.22	\$7.07	\$16.63	\$6.38	\$15.24
45	\$10.76	\$24.17	\$7.14	\$15.36	\$5.30	\$10.99	\$4.75	\$9.95	\$16.12	\$39.96	\$10.75	\$25.67	\$8.06	\$18.59	\$7.27	\$17.08
46	\$11.57	\$26.17	\$7.77	\$16.81	\$5.87	\$12.14	\$5.27	\$11.03	\$17.56	\$43.71	\$11.89	\$28.35	\$9.07	\$20.74	\$8.17	\$19.08
47	\$12.52	\$28.24	\$8.56	\$18.31	\$6.55	\$13.37	\$5.90	\$12.19	\$19.23	\$47.71	\$13.23	\$31.25	\$10.24	\$23.07	\$9.29	\$21.27
48	\$13.74	\$30.63	\$9.55	\$20.04	\$7.45	\$14.78	\$6.69	\$13.48	\$21.35	\$52.25	\$14.94	\$34.51	\$11.75	\$25.70	\$10.66	\$23.73
49	\$14.96	\$33.26	\$10.56	\$21.96	\$8.36	\$16.33	\$7.52	\$14.93	\$23.50	\$57.30	\$16.73	\$38.15	\$13.35	\$28.66	\$12.14	\$26.50
50	\$16.30	\$35.96	\$11.69	\$23.94	\$9.38	\$17.95	\$8.47	\$16.43	\$25.85	\$62.55	\$18.71	\$41.96	\$15.12	\$31.75	\$13.78	\$29.44
51	\$17.86	\$38.35	\$13.00	\$25.72	\$10.56	\$19.43	\$9.57	\$17.83	\$28.57	\$67.29	\$21.00	\$45.47	\$17.18	\$34.63	\$15.71	\$32.15
52	\$19.64	\$40.77	\$14.49	\$27.52	\$11.90	\$20.93	\$10.80	\$19.26	\$31.72	\$72.10	\$23.62	\$49.03	\$19.54	\$37.58	\$17.89	\$34.97
53	\$21.71	\$43.37	\$16.19	\$29.48	\$13.43	\$22.54	\$12.23	\$20.79	\$35.38	\$77.28	\$26.66	\$52.86	\$22.26	\$40.74	\$20.41	\$37.97

PREMIUM RATES FOR DIVISION 4 (PERSONAL PLUS)																
Annual Premium Rates per \$1,000 insured cover																
Benefit Period	2 Years								5 Years							
Waiting Period	30 Days		60 Days		90 Days		120 Days		30 Days		60 Days		90 Days		120 Days	
Age Next Birthday†	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
54	\$24.05	\$45.93	\$18.12	\$31.41	\$15.13	\$24.17	\$13.78	\$22.33	\$39.55	\$82.43	\$30.09	\$56.68	\$25.31	\$43.90	\$23.27	\$40.98
55	\$26.84	\$48.59	\$20.39	\$33.40	\$17.12	\$25.83	\$15.63	\$23.91	\$44.51	\$87.77	\$34.14	\$60.61	\$28.90	\$47.14	\$26.60	\$44.07
56	\$29.96	\$51.35	\$22.89	\$35.45	\$19.34	\$27.53	\$17.70	\$25.55	\$50.04	\$93.25	\$38.63	\$64.64	\$32.87	\$50.45	\$30.30	\$47.24
57	\$33.39	\$54.16	\$25.69	\$37.55	\$21.78	\$29.26	\$19.95	\$27.19	\$56.16	\$98.89	\$43.56	\$68.75	\$37.20	\$53.80	\$34.37	\$50.45
58	\$37.38	\$57.00	\$28.87	\$39.63	\$24.57	\$30.97	\$22.57	\$28.85	\$63.14	\$104.60	\$49.17	\$72.88	\$42.09	\$57.15	\$38.94	\$53.66
59	\$41.78	\$59.83	\$32.38	\$41.68	\$27.61	\$32.64	\$25.44	\$30.44	\$70.78	\$110.25	\$55.22	\$76.90	\$47.34	\$60.38	\$43.91	\$56.76
60	\$46.84	\$64.30	\$36.38	\$44.85	\$31.08	\$35.17	\$28.72	\$32.86	\$79.49	\$118.90	\$62.05	\$82.98	\$53.24	\$65.20	\$49.45	\$61.36
61	\$52.62	\$68.94	\$40.91	\$48.15	\$34.99	\$37.79	\$32.40	\$35.37	\$88.47	\$126.35	\$68.19	\$87.07	\$57.96	\$67.66	\$53.10	\$62.60
62	\$59.03	\$73.69	\$45.88	\$51.50	\$39.22	\$40.45	\$36.43	\$37.93	\$86.62	\$115.47	\$66.33	\$79.28	\$56.13	\$61.38	\$51.20	\$56.46
63	\$66.45	\$78.70	\$51.56	\$55.03	\$44.02	\$43.25	\$41.00	\$40.63	\$81.38	\$100.21	\$61.78	\$68.40	\$51.90	\$52.66	\$47.01	\$47.96
64	\$61.30	\$70.57	\$45.96	\$47.69	\$38.26	\$36.34	\$34.14	\$32.41	\$61.30	\$70.57	\$45.96	\$47.69	\$38.26	\$36.34	\$34.14	\$32.41
65	\$23.14	\$26.75	\$16.96	\$17.60	\$13.85	\$13.06	\$11.83	\$10.92	\$23.14	\$26.75	\$16.96	\$17.60	\$13.85	\$13.06	\$11.83	\$10.92

† As at last 1 July.

ii) OCCUPATIONAL LOADINGS

Occupational Loadings	
Occupation Grouping	IP Loading
White Collar	1.00
Light Blue Collar	1.40
Medium Blue Collar	2.50
Heavy Blue Collar	2.50