

Insurance Handbook

Ambulance Officers

The information in this document forms part of the **Aware Super Future Saver Product Disclosure Statement (PDS)** for Ambulance Officers members, dated 1 October 2024.



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This Insurance Handbook (Handbook) has been prepared by Aware Super Pty Ltd (referred to in this document as the 'trustee', 'we', 'us' or 'our'), the trustee of Aware Super (referred to in this document as 'Aware Super' or 'the fund'). The Fund is governed by a trust deed ('Trust Deed') as amended from time to time. For a copy of the Trust Deed see aware.com.au/policies or alternatively, you can contact the Member Support Team on 1300 650 873. **If there is an inconsistency between the information in this document and the terms of the Trust Deed, the Trust Deed will prevail. This document contains general information only. It does not take into account your specific objectives, financial situation or needs. You should consider the information having regard to your personal circumstances before making a decision.** It is recommended that you consult a financial adviser if you require financial advice that takes into account your personal circumstances.

The information contained in this Handbook was accurate at the time of its preparation. However, some of the information can change from time to time and the trustee can change matters which are the subject of representations made in the Product Disclosure Statement (PDS) and this Handbook. If the change is not materially adverse, the updated information will be available on our website at aware.com.au/pdsupdates. A paper copy of this Handbook and any update will be available free of charge by contacting us on 1300 650 873.

We may change any matter in the PDS and this Handbook without member consent, but in the case of an increase in fees and charges we will notify members at least 30 days before the change occurs. This offer is only made to persons receiving this Handbook and the applicable PDS (electronically or otherwise) in Australia.

Disclaimer

Part 1 of this document contains information about insurance cover provided on both an opt-in and opt-out basis to eligible Aware Super employer sponsored members who are New South Wales (NSW) Ambulance Officers, under insurance policies issued to the trustee by TAL Life Limited ABN 70 050 109 450, AFSL 237848 ('the insurer', or 'TAL').

Part 2 of this document contains information about NSW Ambulance Officers' Insurance cover, which provides eligible NSW Ambulance Officers with compulsory death (including terminal illness) cover. Ambulance Officers' Insurance cover is provided through Aware Super under an insurance policy issued to the trustee by TAL Life Limited ABN 70 050 109 450, AFSL 237848 ('the insurer', or 'TAL').

The insurance cover provided is subject to the terms and conditions contained in the insurance policies ('policies') issued to the trustee by the insurer. The terms and conditions of the policies prevail over any inconsistent information in the PDS and this Handbook. The insurance information provided in the PDS and this Handbook is based on the

policies issued by the insurer, and information provided by the insurer about the operation of the policies. The insurer has given and not withdrawn their consent for this information to be included in the PDS and this Handbook in the form and context in which it appears. The insurer takes no responsibility for any other information contained in the PDS and this Handbook.

Insurance benefits will only become payable if the insurer accepts the relevant claim. Payment of any approved claim will be made by the insurer to the trustee and any insured benefit and any account balance can only be paid to you by the trustee when a condition of release under the *Superannuation Industry (Supervision) Act 1993 (Cth)* and under the *Superannuation Industry (Supervision) Regulations 1994 (Cth)* is met.

The duty to take reasonable care: If you apply for life insurance, you will be treated as if you are applying for cover under an individual consumer insurance contract. The insurer will conduct a process called underwriting. It's how it decides whether it can cover you, and if so on what terms and at what cost.

As part of underwriting, the insurer will ask questions it needs to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you provide in response to those questions will be vital to the insurer's decision. As such, when applying for life insurance you have a legal duty to take reasonable care not to make a misrepresentation to the insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

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

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced. Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances;
- what the insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and

in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.



Helping you stay healthy



Get confidential, fast access to professional care and support. We've teamed up with our insurer TAL to offer you access to Teladoc Health. If you're an Aware Super member with insurance, you can access this service at no extra cost. And it's not just you that can benefit – your partner and any children over 18 years old are also covered.

These health services are completely confidential.

- **Mental Health Assist** Talk to a psychiatrist or psychologist within 10 days.
- **Nutrition and Diet** Talk with an accredited dietitian and get a tailored nutrition plan.
- **Physical Fitness** Talk with an exercise physiologist and get a tailored fitness plan.
- **Grief Support** Get access to 3 sessions with a grief support health professional.
- **Directory of Support** Use TAL's online directory to find free and low-cost support services.
- **Mental Wellbeing Tool** Answer some quick questions about your mental health and be directed to useful resources.

Find out more at aware.com.au/health

When reading this *Handbook*, please note that underlined words have a particular meaning under the insurance policies. These words or terms are explained in the applicable 'What the words mean' sections for Parts 1 and 2 on pages 42 and 53 respectively.



About us

As one of Australia's largest profit-for-members superannuation funds, we always remember whose money it is and whose future we're looking after. Super returns, expert super advice and guidance are what make us super helpful.

Our insurer is TAL

As a superannuation fund we must seek insurance for our members from a life insurance company. We use our size to look for the best suitable insurance arrangements. We've chosen TAL as providing the best value, and we'll regularly review our insurance arrangements to make sure members get the best value possible.

The trustee has three group insurance policies with TAL – one for death and TPD cover and one for IP cover both under Part 1, and one for death cover under Part 2. Where you see references to 'the policy' or 'the policies', we're referring to these insurance policies.

If you have insurance, the premiums we deduct from your account go to TAL to pay for your

insurance. If you or your beneficiaries make a successful claim, TAL pays your death, terminal illness or TPD insurance benefit to us for deposit into your Future Saver account (note that IP benefits are paid directly by TAL to you). Any insurance amount can only be paid to you by the trustee when a condition of release (a legislative requirement) is met.

This *Insurance Handbook* is a summary of the current insurance arrangements we have with TAL on behalf of Aware Super members. If there is any inconsistency between this *Insurance Handbook* and the terms in the policies, the terms in the policies prevail.



Using this *Insurance Handbook*

Throughout this *Insurance Handbook* we use icons to draw your attention to certain things:

This icon... means...



this could impact the cost of your insurance



this is something you need to do within a certain time period (e.g. within 2 months)

About some of the words and terms we use

Throughout this *Insurance Handbook*, some words and terms are underlined as they each have a particular meaning in the policies. These definitions are explained in the '*What the words mean*' sections.

Please make sure you read these definitions so you understand what the terms mean. If you'd like a copy of the policies, please contact us.

Why have insurance through your super account?

Insurance is about protecting yourself and your family financially if something happens and you can't work. If you have insurance and need to make a claim due to illness or injury, any insurance benefits you receive could help you and your family cover some of life's major expenses. The money could also be used to help your family members meet their financial commitments if you die.

Insurance through your super account is convenient and affordable. The cost is paid from your super account rather than being paid as an out-of-pocket expense. And you may be entitled to automatic insurance without needing to answer any medical or personal questions.

Other advantages are:

- premiums are generally lower than if you were to take out an individual policy – our fund represents over 560,000 insured members and means we can negotiate better value for money for your insurance
- we pass a tax deduction on to you for insurance premiums paid by you.

We're here to help when you need to make a claim

We act in our members' best financial interests at all times and are always available to help you with your super and insurance in the fund. If you need to make a claim, your personal claims manager can help you complete all the paperwork and will guide you every step of the way.

Fast facts¹



550,000+

members insured

Cover 24/7

at work, home or overseas



Total cover for all members exceeds

\$225 billion

Death and TPD cover (combined)

\$615 million

IP per month



Benefits paid to members in the 2024 financial year exceeds

\$590 million

Death, Terminal Illness, TPD, and IP claims

¹ Approximate figures as at 30 June 2024.

Your cover in brief

Eligible NSW Ambulance Officers have access to two separate types of insurance through the fund: Insurance through Future Saver and its associated options (see Part 1) and Ambulance Officers' Insurance (see Part 2).

Dangerous Occupation Exception

Some occupations, like yours, are considered dangerous and people in these occupations can find it more difficult to get insurance.

We have elected to apply a 'dangerous occupation exception' for NSW Ambulance Officers. This means that you may be eligible for automatic Insurance through Future Saver (see Part 1) in addition to compulsory Ambulance Officers' Insurance (see Part 2) from the date you commence employment with the Ambulance Services of NSW.



Part 1: Insurance through Future Saver

Automatic Basic Cover

Automatic Insurance through Future Saver is called Basic Cover and includes death (including terminal illness) and Total and Permanent Disablement (TPD) cover. Basic Cover is generally provided to you subject to you satisfying eligibility conditions.

We will write to you and let you know if your automatic Basic Cover has started.

The amount of your automatic Basic Cover depends on your age (see page 8). Premiums for your automatic cover are deducted from your account monthly in arrears. Cover for part of a month is calculated on a daily basis. For the cost of automatic cover see page 8.

You can cancel or reduce your cover at any time by logging into Member Online. If you tell us to cancel your automatic Basic Cover within 60 days of the date it's activated, we'll cancel the cover from the day it started (meaning that your cover will be treated as if it never existed) and refund any premiums you've paid. However, if you decide you want cover in the future, you will have to go through the full application process such as providing evidence of your good health and lifestyle and cover will be subject to acceptance by the insurer.

You should confirm whether you are eligible for automatic Basic Cover, understand what you are covered for and what it costs, be aware of what options are available to you for changing your cover, and know when your cover may be limited or cease. Information about Aware Super's automatic Basic Cover is in Part 1 beginning on page 6.

Basic Plus Cover

Eligible members can apply for more cover. Additional premium is payable. **Basic Plus Cover** gives you death and TPD cover equal to **double** the Basic Cover amount. If you are eligible, you can apply for Basic Plus Cover at any time.

When you can apply for Basic Cover and Basic Plus Cover

You can apply for Basic Cover and Basic Plus Cover at any time, subject to meeting eligibility and other criteria. You can apply for Basic Plus Cover even if you do not have Basic Cover. When applying for cover, you will be asked several questions including about your employment, health and lifestyle.

Information about eligibility starts on page 7.

Additional cover

You can apply at any time for additional death and TPD cover, or death only cover, over and above any automatic Basic Cover or Basic Plus Cover you may have, including:

- fixed Income Protection (IP) insurance cover
- converting existing Basic Cover or Basic Plus Cover to fixed cover
- fixed death and TPD cover, or fixed death only cover.

Fixed cover does not change with your age (see page 7). Your application may be accepted or rejected by the insurer and Maximum Cover Limits apply. See page 12 for information about additional cover.



Super helpful tip: The insurance calculator on our website can help you decide how much insurance you need. You may wish to get financial advice. Go to [aware.com.au/insurancecalculator](https://www.aware.com.au/insurancecalculator).

The insurance calculator cannot be used to estimate premiums for insurance under compulsory Ambulance Officers Insurance (Part 2), as this cannot be changed.



Additional cover due to Life Events

You may also be eligible to apply to increase your death, TPD and IP cover following the occurrence of a life event, by applying online within 90 days of the date of your life event. See page 36 for more information about [life events](#) cover.

Transfer other cover to Aware Super

You can apply to transfer any existing death, TPD, and/or IP cover that you may have from another life insurance policy or another super fund to Aware Super. [Maximum Cover Limits](#) limits apply to your total cover in Aware Super and cover transfers are subject to acceptance by the insurer.

For information about transferring other cover to Aware Super see page 35.

Optional income protection cover

Unlike death and TPD cover, which provides lump sum insurance, IP is a monthly income replacement benefit. You do not automatically receive IP cover when you become a member of Aware Super. You can apply for IP cover under the policy issued to the trustee by the

insurer. Any application for cover must be assessed by the insurer before cover may be provided. Eligible members can apply for IP cover with Basic Plus Cover, with IP Express, or with full underwriting.

You don't need to have death or TPD cover to apply for IP cover.

Information about Aware Super's IP cover commences on page 27.

! Important: If you do not have an initial Superannuation Guarantee (SG) contribution sent to Aware Super (e.g. if you have chosen to have all your SG contributions sent to another super fund, or you are a State Authorities Superannuation Scheme (SASS) member), Part 1 of this *Handbook* does not apply to you. If you would like to apply for Insurance through Future Saver under Part 1, please contact us to discuss options which may be available to you. **Please note:** It's important to understand your premium deductions may erode your account balance. You should consider if your cover through Aware Super is appropriate for your financial circumstances and whether or not you would like to maintain or amend your insurance.

Part 2: Ambulance Officers' Insurance

Compulsory death and [terminal illness](#) insurance cover is provided for eligible NSW Ambulance Officers through Aware Super. While this cover is generally provided in accordance with the terms of the *NSW Ambulance Death and Income Protection Benefits (State) Reviewed Award 2022*, the cover is subject to the terms of the insurance policy issued by TAL to the trustee. If you are an eligible NSW Ambulance Officer, you cannot opt out of this compulsory cover.

When you cease to be an eligible NSW Ambulance Officer, your Ambulance Officers' Insurance will also cease.

The compulsory death (including [terminal illness](#)) insurance cover provided to you under Ambulance Officers' Insurance is separate to any cover you hold under Part 1. Information about Ambulance Officers' Insurance (including information about eligibility) is in Part 2 commencing on page 49.



Part 1: Insurance through Future Saver

Each of us has different needs. When thinking about life insurance, it’s a good idea to look at your situation and think about which types of insurance are right for you, and how much you need. Our insurance is flexible, so you can apply for the available types and amounts of insurance you want at any time.

Three types of cover

Three types of insurance cover may be available. They’re designed to protect you and your family if you become disabled and can’t work, or to help your family if you die.

This type of cover...	does this...
Death (includes <u>terminal illness</u>) cover	pays a benefit to you if you’re diagnosed with a <u>terminal illness</u> , or to your beneficiaries if you die.
<u>Total and permanent disablement</u> (TPD) cover	pays a benefit to you if you become <u>totally and permanently disabled by Illness or Injury</u> and can never work again.
Income protection (IP) cover	pays a monthly benefit to you if you suffer a loss of income and can’t work because you’re <u>totally disabled or partially disabled by Illness or Injury</u> . A monthly payment can help you focus on your recovery and return to work without draining your savings.

Eligibility criteria apply for all claims. Insurance will become payable if the insurer accepts your claim. Payment of an approved IP claim will be made by the insurer directly to you. Payment of an approved death, terminal illness or TPD claim will be made by the insurer to us for deposit into your Future Saver account. Any insurance amount can only be paid to you or your beneficiaries by the trustee when a condition of release (a legislative requirement) is met. If eligible, you can apply for any of these types of cover at any time. However, your TPD cover amount can never be more than your death cover amount.

You can apply to increase or decrease or cancel your cover at any time, subject to the terms of the policies.

Please note: It’s important to understand your insurance premium deductions may be eroding your account balance. You should consider if your cover through Aware Super is appropriate for your financial circumstances and whether or not you would like to maintain or amend your insurance.

Death and TPD cover

There are two options for death and TPD cover – **age-based cover** and **fixed cover**. Under both options you can apply for cover from age 15 and cover ends at age 70. The premium per \$1,000 of cover is also the same under both options.

Age-based cover	Fixed cover
<p>With age-based cover, your amount of cover increases each year until age 35. It stays the same until it starts decreasing from age 41 onwards. The age-based cover scale is shown on the next page.</p> <p>You can choose any multiple of the age-based cover scale in multiples of 0.5 (that is, 0.5, 1.0, 1.5, 2.0 and so on, up to the maximum amounts allowed under the policy).</p>	<p>If you want your cover amount to stay the same as you get older, you can choose fixed cover. With fixed cover, the amount of cover stays the same until it ends when you reach age 70.</p> <p>The only exception is that fixed TPD cover starts to taper (reduce) from age 61, in equal amounts down to zero at age 70 (see more details below).</p>

Basic Cover and Basic Plus Cover

Basic Cover gives you death and TPD cover equal to the age-based cover scale. If you are eligible, you can apply for this cover at any time, or you may get it automatically.

Basic Plus Cover gives you death and TPD cover equal to **double** the Basic Cover amount. If you are eligible, you can apply for Basic Plus Cover at any time. When you apply for Basic Plus Cover, your application can also include IP cover. IP cover taken up as part of Basic Plus Cover is available with a 60 or 90-day waiting period and a 2 year or 5-year benefit period.

When you get Basic Cover automatically

As you have joined the fund through an application made by your employer, you will get Basic Cover automatically, if you become eligible. For more information see 'When your insurance starts and ends' on page 10.

IP cover is not provided automatically, you must apply for it if you want it (see 'Applying for IP cover' on page 27).

Basic Cover is not compulsory. You can cancel your cover at any time by completing the (V513) *Cancel or reduce your insurance* form, or you can opt out of automatic Basic Cover before it starts by completing the (V515) *Opt out of automatic insurance* form, available on our website or by contacting us.

When you can apply for Basic Plus Cover

You can apply for Basic Plus Cover at any time, subject to meeting eligibility and other criteria. When applying for cover, you will be asked several questions including about your employment, health and lifestyle.

Full premium refund if you cancel automatic Basic Cover within 60 days

We'll let you know if your Basic Cover starts automatically. If you tell us to cancel it within 60 days of the date it's activated, we'll cancel the cover from the day it started (meaning that your cover will be treated as if it never existed) and refund any premiums you've paid. This only applies to Basic Cover you receive automatically.

The letter you receive will let you know the date by which you'll need to cancel your Basic Cover to get a full refund of the premiums.



Your cover automatically reduces from age 61

If you have fixed TPD cover before age 61, it will reduce in equal amounts each year from age 61 until it expires at age 70.

If you take up fixed TPD cover after your 61st birthday, it will reduce in equal amounts each year from your next birthday until it expires at age 70.

Example

Fixed TPD cover reducing

John takes up \$100,000 of death and TPD fixed cover when he is aged 50. When he reaches age 61, his death cover stays at \$100,000 but his TPD cover reduces to \$90,000. His TPD cover will continue to reduce by \$10,000 every year on his birthday until it ends when he turns 70.

If John had instead taken up \$100,000 of death and TPD fixed cover at age 65, his death cover would stay at \$100,000 but his TPD cover would reduce by the same amount each year on his birthday until it ends at age 70. In John's situation, his TPD cover will reduce by \$20,000 each year, starting on his 66th birthday.

The following table shows:

- the amount of death and TPD cover provided at each age under the age-based cover scale (which is the level of cover provided under Basic Cover); and
- the cost (before the tax deduction benefit) of Basic Cover at each age, which depends on your insurance category.

If you get Basic Cover automatically and you don't already have an insurance category assigned to you, you'll get the same insurance category as the one that has been assigned to your employer.

The insurance category for the employer, Ambulance Service of NSW, is High Risk.

If your job is different from other workers in the organisation where you work (e.g. you work in the head office as an accountant and don't perform paramedic duties), the insurance category assigned to you based on your employer may not align to your occupation. **In these situations, you should apply for a review of your insurance category.** See pages 15–17 for more information about insurance categories.

Basic Cover (age-based cover)

Age last birthday	Cover	Annual premium by insurance category (death and TPD cover)			
		Professional	Low Risk	Medium Risk	High Risk
15	\$27,000	\$2.54	\$3.24	\$5.40	\$6.51
16	\$40,500	\$4.94	\$6.38	\$10.63	\$13.28
17	\$59,700	\$9.31	\$12.09	\$20.15	\$25.61
18	\$78,900	\$14.04	\$18.34	\$30.57	\$39.61
19	\$87,900	\$18.11	\$23.73	\$39.56	\$51.77
20	\$97,500	\$21.65	\$28.52	\$47.53	\$63.18
21	\$108,300	\$25.02	\$33.30	\$55.50	\$75.97
22	\$120,000	\$28.32	\$37.80	\$63.00	\$86.88
23	\$132,900	\$32.69	\$43.86	\$73.10	\$102.20
24	\$147,000	\$37.63	\$50.72	\$84.53	\$119.66
25	\$164,700	\$43.81	\$59.29	\$98.82	\$141.48
26	\$177,900	\$49.10	\$66.71	\$111.19	\$160.82
27	\$191,100	\$54.65	\$74.53	\$124.22	\$181.35
28	\$203,100	\$59.10	\$80.73	\$134.55	\$197.31
29	\$215,100	\$65.82	\$90.34	\$150.57	\$223.49
30	\$224,100	\$70.82	\$97.48	\$162.47	\$242.92
31	\$232,800	\$77.06	\$106.51	\$177.51	\$268.07
32	\$240,900	\$82.15	\$113.83	\$189.71	\$288.24
33	\$249,000	\$88.64	\$123.26	\$205.43	\$314.74
34	\$255,000	\$95.88	\$133.88	\$223.13	\$345.27
35	\$261,000	\$104.92	\$146.81	\$244.69	\$380.54
36	\$261,000	\$118.49	\$166.39	\$277.31	\$434.83
37	\$261,000	\$129.46	\$182.05	\$303.41	\$477.37
38	\$261,000	\$143.29	\$201.62	\$336.04	\$529.44
39	\$261,000	\$158.17	\$223.16	\$371.93	\$589.60
40	\$261,000	\$173.04	\$244.69	\$407.81	\$649.76
41	\$249,000	\$182.02	\$257.72	\$429.53	\$686.37
42	\$237,000	\$191.97	\$271.96	\$453.26	\$725.22

Age last birthday	Cover	Annual premium by insurance category (death and TPD cover)			
		Professional	Low Risk	Medium Risk	High Risk
43	\$225,000	\$199.80	\$283.50	\$472.50	\$758.70
44	\$207,900	\$203.33	\$288.46	\$480.77	\$771.72
45	\$191,100	\$205.05	\$290.95	\$484.92	\$778.64
46	\$167,200	\$197.80	\$280.90	\$468.16	\$753.15
47	\$143,400	\$184.70	\$262.42	\$437.37	\$704.38
48	\$124,100	\$176.84	\$251.30	\$418.84	\$674.79
49	\$108,300	\$167.97	\$238.80	\$398.00	\$641.84
50	\$93,600	\$159.49	\$226.75	\$377.91	\$609.43
51	\$78,300	\$152.69	\$217.28	\$362.14	\$585.29
52	\$63,300	\$140.97	\$200.82	\$334.70	\$542.20
53	\$54,000	\$138.08	\$196.83	\$328.05	\$532.20
54	\$45,000	\$131.76	\$187.99	\$313.31	\$509.27
55	\$36,200	\$121.92	\$174.03	\$290.05	\$471.94
56	\$31,800	\$122.72	\$175.30	\$292.16	\$476.16
57	\$27,400	\$121.03	\$173.03	\$288.39	\$470.88
58	\$24,500	\$124.22	\$177.69	\$296.14	\$484.12
59	\$19,000	\$110.39	\$158.03	\$263.39	\$431.30
60	\$16,300	\$108.64	\$155.62	\$259.37	\$425.31
61	\$13,800	\$105.34	\$151.01	\$251.68	\$413.37
62	\$12,600	\$110.41	\$158.38	\$263.97	\$434.13
63	\$12,000	\$120.50	\$172.98	\$288.30	\$474.88
64	\$10,800	\$124.24	\$178.44	\$297.41	\$490.44
65	\$10,000	\$118.22	\$169.20	\$282.00	\$461.53
66	\$10,000	\$121.16	\$172.88	\$288.13	\$468.39
67	\$10,000	\$124.28	\$176.78	\$294.63	\$475.67
68	\$10,000	\$127.76	\$181.13	\$301.88	\$483.79
69	\$10,000	\$131.60	\$185.93	\$309.88	\$492.75

Income protection cover

Income protection (IP) cover is optional and can only be **fixed** cover. When you apply for IP cover, you will be asked to nominate the amount of cover you want, subject to the maximum limits under the policy. This amount (if accepted by the insurer) won't automatically change as you get older or as your salary changes, and will end when you reach age 65. See page 27 for full details of IP cover.

Choosing the right insurance

The right insurance for you depends on your personal situation. You can talk with one of our advisers (fee may apply, for more information on our advice options go to [aware.com.au/adviceoptions](https://www.aware.com.au/adviceoptions)) about which types of insurance would be best for your situation and how much you need. Some things to consider include:

- how many people depend on your income (such as children, partners and relatives)
- if you have a home loan or other large debts to pay off
- whether you have sufficient savings to support a long period of time off work due to illness or injury, or to leave to your family if you die
- if your work, lifestyle or hobbies could lead to an illness or injury.

One way to decide is to think about all the costs your family currently has to pay. If you died or could never work again, it would be reassuring to know that your insurance could help pay these costs.

if...	this cover might suit you...	because...
you're single and have no major debts	Basic Cover and income protection	you might have minimal financial commitments that need to be met if you become unwell or die.
you and your partner have bought a property or had a child	Basic Plus Cover and income protection	it gives you twice as much death and TPD cover as Basic Cover, and others may depend on your income.
you have large debts and a lot of dependants	a combination of cover types and amounts of your choosing	you might need more than Basic Plus Cover offers for your age.

With our flexible options, you can apply for the available types and amounts of cover you want at any time. The insurance calculator on our website can help you work out how much insurance you may need and how much it could cost. Applications are subject to acceptance by the insurer.

Ask one of our advisers

We deduct insurance premiums from your Future Saver account each month. These deductions reduce your super and mean you'll have less retirement savings to live on when you retire. However, if you become ill or injured and qualify for an insurance benefit, you'll be pleased that you had insurance.

You should think carefully about the insurance that best suits your needs. You can speak with one of our Super Advisers, at no extra cost, about how much insurance you need and the costs, so you can decide what works best for you.

Go to [aware.com.au/book](https://www.aware.com.au/book) to find out more and book an appointment.

Excluded occupations

Normally you can apply for insurance through your Future Saver account, regardless of your occupation. Basic Cover is available automatically, without you making any application, or requiring any disclosures from you. For Basic Plus Cover, Fixed Cover and IP cover, the insurer will assess your application and may accept your application without restrictions, or apply exclusions or premium loadings. They may decline your application based on your health, lifestyle or responses to other questions.

If you have more than one Future Saver account

As a NSW Ambulance Officer, you may receive 2 separate accounts under Ambulance Officers: one for your Future Saver (Part 1) insurance, and one for your compulsory (Part 2) insurance.

If you have insurance through two or more Future Saver accounts (not including compulsory Part 2 insurance), the insurer will only pay death (including terminal illness) or TPD insurance benefits for one of those accounts – the one paying the largest benefit. Where the amounts are the same, the insurer will pay the amount that commenced first. The other insurance would be cancelled and any premiums paid for that insurance would be refunded.



When your insurance starts and ends

By joining the fund through your employer as a NSW Ambulance Officer, the date when your cover commences will be dependent on when we receive your first Super Guarantee (SG) contribution from the Ambulance Service of NSW.¹

When your Basic Cover starts under the Dangerous Occupation Exception (DOE) arrangements

- If the Ambulance Service of NSW pays a SG contribution (before you turn 70) into your Future Saver account on, or by no **later than 6 months** after your employment commencement date, your Basic Cover starts on your employment commencement date (or the start date of the period covered by the SG contribution, if we are not advised of your employment commencement date).
- If the Ambulance Service of NSW pays a SG contribution (before you turn 70) into your Future Saver account **more than 6 months** after your employment commencement date with that employer, your Basic Cover starts on the date we get that contribution.
- If the Ambulance Service of NSW never pays a SG contribution into your Future Saver account, your Basic Cover never starts automatically. To receive any cover you will need to contact us.

If DOE arrangements apply to you, we'll advise you within 28 days of us being notified by your employer.

Basic Cover will be provided so long as;

- you don't already hold, and have not previously held, Basic Cover, Basic Plus Cover or automatic death and TPD cover under previous insurance arrangements in the fund or other superannuation funds that have merged into the fund, including any such cover that has been altered, reduced or converted to fixed cover; and
- you've not cancelled or opted out of Basic Cover, Basic Plus Cover or automatic death and TPD cover under previous insurance arrangements in the fund or other superannuation funds that have merged into the fund.

¹ Under DOE arrangements legislation requiring members to be 25 or over, or have at least \$6,000 in their account does not apply.

Example

Basic Cover starts on date commencing employment with DOE employer

- Amy is 23 and commenced employment as an Ambulance Officer with the Ambulance Service of NSW on 17 May 2023.
- Amy joined the fund through her employer, who is paying SG contributions into her Future Saver account.
- As her employer is a DOE employer, Amy **does not need to wait until she is 25 years old and for her account to reach \$6,000 to receive Basic Cover automatically.**
- The first SG contribution after joining her DOE employer is received by us on 27 July 2023, which is less than 6 months after joining her DOE employer.

Employment commenced with DOE employer	17 May 2023
Date of first SG contribution on or after commencing employment with DOE employer	27 July 2023
Basic Cover starts	17 May 2023

Limited Cover Conditions

When you receive Basic Cover automatically, your cover is subject to Limited Cover Conditions in some situations. In other words, this means the insurer won't pay any claims for an Illness or Injury that occurred, or was apparent, before the date your cover started.

Your Basic Cover (when provided automatically) is subject to Limited Cover Conditions, as follows:

If...	<u>Limited Cover Conditions</u> apply...
we get the first SG contribution for you on, or by no later than 6 months after your <u>employment commencement date</u> and you are not <u>at work</u> on the day that your cover starts	until the day you are first <u>at work</u> on or after the day that your cover starts.
we get the first SG contribution for you more than 6 months after your <u>employment commencement date</u>	for the first 12 months after cover starts; and thereafter until the day you are first <u>at work</u> after the first 12 month period ends.
you've previously been paid a TPD or <u>terminal illness</u> insurance benefit from the fund, any other super fund or any insurance policy	for TPD and <u>terminal illness</u> cover for the duration of your cover with the fund.

You can apply for more cover

Aware Super offers eligible members the opportunity to add or increase their cover in the fund up to maximum limits, including:

- You can apply to have, or increase, age-based death only or death and TPD cover at any time, as long as the amount you choose is a multiple of the age-based cover scale equal to 0.5, 1.0, 1.5, 2.0, 2.5 and so on, within the policy's Maximum Cover Limits and subject to the insurer's acceptance.
- Basic Plus Cover – after receiving Basic Cover you may wish to increase your Basic Cover by applying for Basic Plus Cover. Basic Plus Cover gives you twice as much death and TPD cover as Basic Cover. When you apply for Basic Plus Cover, your application can also include optional IP cover. IP cover taken up as part of Basic Plus Cover can include a 60 or 90-day waiting period and a 2 year or 5-year benefit period. You cannot apply for Basic Plus Cover if you have already reduced or cancelled your Basic Cover, or have converted your Basic Cover to fixed cover, or have opted out of Basic Cover.
- If you already have Basic Cover or Basic Plus Cover, you can apply to convert it to fixed cover at any time. We'll change all your existing cover to fixed cover. Your death and TPD cover amounts will stay the same regardless of your age until it expires at age 70. The cost of fixed cover increases with your age.
- If you already have fixed death only or death and TPD cover, you can apply to convert it to age-based cover at any time. We'll change all your existing cover to age-based cover. Your death cover amount will change with your age until it expires at age 70. The cost of age-based cover will change with your age.
- Additional fixed cover – you can apply for additional fixed death only, death and TPD, or IP cover (in addition to any automatic Basic Cover, or Basic Plus Cover, or fixed cover that you may already have), which means the amount of cover is fixed regardless of your age.

- The option of applying to transfer cover from another life insurance policy or through another super fund to Aware Super.
- The option of applying for additional cover as a result of Life Events.

When applying for cover, you will be asked questions including about your employment, health and lifestyle and other information to allow the insurer to assess your application.

Your application will be subject to eligibility requirements and a health assessment, insurance policy conditions, and acceptance by the insurer, and you may not be approved for cover. While your application is being considered, you will be eligible for interim accident cover (see page 33).

The cost of Basic Plus Cover and fixed cover is the same as the age-based cost per \$1,000 of Basic Cover.

Increasing your automatic Basic Cover to Basic Plus Cover

After receiving Basic Cover automatically, you may wish to increase your cover by applying for Basic Plus Cover. You can do this at any time. When applying for Basic Plus Cover, you will be asked questions about your employment, health and lifestyle. The easiest way to do this is by logging into Member Online.

How to apply

To apply for additional cover, login to Member Online and click on the 'Insurance' tab.

Another way to apply for IP cover (if you don't already have it) is to apply through **IP Express** which allows you to apply for IP cover only.

When providing information for your application for insurance cover, you owe the insurer a duty to take reasonable care not to make a misrepresentation (see 'Your duty to take reasonable care' on page 38). When you apply for additional cover, your application will be subject to eligibility requirements and you will need to provide information including about your health, occupation, income and lifestyle. The insurer may, at its discretion, accept your application (with or without conditions) or decline it.

When your insurance starts

If the insurer agrees to give you insurance, it starts on the date they approve your application. We'll confirm this date to you in writing. Your additional cover will be at the same insurance category as your automatic cover.

Before you apply

Before you apply for cover, you must have money in your Future Saver account to pay for the cost of cover.

The only exception is if you want to transfer cover in from another fund or insurance policy. You can apply to do this as soon as you join the fund, even if you have no money in your Future Saver account at that time, but you need to have money in your account by the time we deduct the first premium (see 'Transferring in other cover' on page 35).

When your insurance ends

Your cover ends on the earliest date on which any of these things happen:

- you stop being a member of the fund (*all cover types*)
- you reach the benefit ceasing age (*70 for death and TPD cover, 65 for income protection cover*)
- you die (*all cover types*)
- you are entitled to receive a terminal illness benefit (if your death cover is higher than your terminal illness benefit, your death cover will continue at a lower amount) (*terminal illness cover*)
- you are entitled to receive a TPD benefit (if your death cover is higher than your TPD benefit, your death cover will continue at a lower amount) (*TPD cover only*)
- we get your request to cancel your cover by phone, online or in writing (*all cover types*)
- the last day of the calendar month in which there's not enough money in your Future Saver account to pay for your cover (*all cover types*)
- the date on which your Future Saver account has been inactive (received no contribution or rollover) or 16 continuous months, unless you have asked us to keep your cover going before it ends (see next page) (*all cover types*)
- the date our policy with the insurer ends (we'll tell you in advance if this is going to happen) (*all cover types*).

See 'If your account becomes inactive' on the next page for how you can re-apply for cover which has ceased because there is insufficient money in your account, or how to keep your cover before your account becomes inactive for a continuous period of 16 months or more.

Ceasing your IP cover when a TPD claim is approved

If the insurer approves your TPD claim and you also have IP cover, we will cease your IP cover (and IP premiums) effective from the day that the insurer approves your TPD claim. You will continue to be able to make an IP claim if you have a date of disablement for IP purposes prior to this date.

If you are already receiving IP benefits on the date that we cease your IP cover, you will continue to be entitled to receive those payments until you cease to qualify for them (e.g. you reach the end of the IP benefit period).

If your account becomes inactive

Your Future Saver account becomes inactive when it stops receiving any contributions or rollovers into it. Whilst this can be quite normal, particularly if you have career breaks, it does have an implication for your insurance if it lasts for a continuous period of 16 months, as explained below.

If we don't get a contribution or rollover into your Future Saver account for a continuous period of 16 months since the date of the last contribution or rollover, the law requires us to cancel your insurance unless, before that time, you ask us to keep it.

We'll write to you after 9, 12 and 15 months of inactivity to remind you that your insurance is going to end after 16 months. You can reactivate your account by making a contribution or by asking us to keep your insurance going. Alternatively, you can ask us to cancel your insurance.

If your insurance is cancelled because your account has become inactive for 16 continuous months, it cannot be reinstated. If you want cover at a later date, you will need to apply.

How to reactivate your account before cover is cancelled



If your account has become inactive, you can reactivate it before the end of the 16th month by:

- making a contribution into your Future Saver account; or
- having your employer make a contribution into your Future Saver account; or
- transferring (rolling over) super you have with another fund into your Future Saver account.

Any of these will reactivate your account for the next 16 months, so your insurance won't be cancelled during that period (unless it ends for a reason described in 'When your insurance ends' on the previous page).

You can ask us to keep your insurance going even if your account later becomes inactive



You can complete a Keep your cover election online, or a (V518) Keep your cover election form available from our website, before the end of the 16th month to ask us to keep your insurance going, even though your Future Saver account may become inactive in the future. If you make this election, your insurance will continue and we'll deduct the premiums from your Future Saver account, which means your account balance may reduce over time. To ensure cover does not cease, your account balance must be sufficient to meet insurance fees, including premiums. Insurance may end for other reasons described in the 'When your insurance ends' section on page 12.

How to cancel your insurance



You can cancel some or all of your insurance at any time by logging into Member Online and requesting the change. If you don't have online access, call us on **1300 650 873**.

Overseas

You're able to travel overseas without your insurance cover being affected. As long as you have an adequate balance to cover premiums, your cover will continue to remain active, subject to you meeting all other eligibility criteria to retain cover and as long as your account is not inactive for 16 continuous months.

In the event of a claim you may be required to return to Australia at your own expense for medical treatment or assessment. A benefit may not be payable if you do not return to Australia.



The cost of your insurance

It's important that you're aware of the cost of your insurance (your 'insurance premium'). We deduct insurance premiums from your Future Saver account every month, and they will reduce your retirement savings. Since we don't know your specific needs, we encourage you to review your insurance and its cost regularly, to decide whether the level of cover still suits your personal situation, and to make any necessary changes.

The factors that determine the cost



The cost of death and TPD insurance is based on several factors:

- your age
- your cover type and amount
- your insurance category
- any premium loadings the insurer applies.

For IP cover, your waiting period and your benefit period are also taken into account.

While you remain employed as a NSW Ambulance Officer, you will remain in the High Risk insurance category.

Your age

Your age is one factor in determining your insurance premium.

Premium rates are the same for age-based and fixed cover. The cost of cover differs for death cover, TPD cover and IP cover.

Premium rates are shown on pages 19 and 21.

Premium rates for all types of cover can increase as you get older. This means that your insurance premium can change every year on your birthday.



Your cover type and amount

If you have age-based death and TPD cover, such as Basic Cover and Basic Plus Cover, your cover amounts increase each year until age 35. From age 41, your cover amounts decrease until cover ends at age 70. Refer to **Table 1** for age-based cover on page 19.

If you have fixed death and TPD cover:

- Your death cover remains the same each year until it ends at age 70.
- Your TPD cover remains the same until you reach age 61. Your cover reduces in equal amounts each year from age 61 until it ends at age 70. If you take up fixed TPD cover after your 61st birthday, your TPD cover reduces in equal amounts each year from your next birthday until it ends at age 70.

Your IP cover can only be taken up as fixed cover, and it remains the same each year until it ends at age 65.

The more cover you have, the more it costs.



Premium waiver when receiving IP benefits

If you are receiving IP benefits, premiums for your IP cover will be waived from the end of the waiting period up until the date your IP benefits cease.

Your insurance category

When you apply for cover, the insurer will assign an insurance category to you, based on your occupation. There are 4 insurance categories – the **Professional** category provides the lowest premium and premiums increase through the **Low Risk**, **Medium Risk** and **High Risk** insurance categories in that order.

If you get Basic Cover automatically and you don't already have an insurance category assigned to you, you'll get the same insurance category as the one that has been assigned to your employer.

An insurance category is assigned to an employer based on their risk profile, their industry and the nature of duties of its workforce. The insurance category for the employer, Ambulance Service of NSW, is High Risk.

Any member can apply for the **Professional** insurance category. You must meet several criteria to be eligible for the Professional insurance category (see next page).

This table shows the four insurance categories that may apply to you:

Insurance category	Description
Professional	<p>When the insurance category is based on your occupation:</p> <p>Your duties are limited to professional, managerial, administrative, clerical 'white collar' duties undertaken in an office environment for at least 90% of regular working hours, or managerial duties in an educational setting; and</p> <p>You belong to a professional association, have a university degree relevant to your profession, or you are a senior manager or executive in a company with at least 10 employees; and</p> <p>You have an income of at least \$100,000 per year (excluding SG contributions), which is pro-rated in the case of permanent part-time employees.</p> <p>You must apply and be accepted by the insurer to be in this category.</p>
Low Risk	<p>When the insurance category is based on your occupation:</p> <p>Your duties are limited to professional, managerial, educational, administrative, clerical 'white collar' duties undertaken in an office or classroom environment for at least 90% of regular working hours.</p> <p>When the insurance category is based on your employer's workforce:</p> <p>The employer's workforce mainly includes employees who qualify for the Low Risk insurance category based on their occupation, with a limited proportion of employees in the Medium Risk and the High Risk insurance categories if assessed based on their individual occupation.</p> <p>The employer's workforce may comprise employees who would qualify for Professional, Low Risk, Medium Risk or High Risk if assessed individually.</p>
Medium Risk	<p>When the insurance category is based on your occupation:</p> <p>Your duties include regular light manual work (light weight-lifting, carrying or stocking only), including skilled technicians.</p> <p>You may perform low risk or professional duties outside an office or classroom environment for more than 10% of regular working hours and you do not engage in manual work.</p> <p>Your duties are not performed in a hazardous environment and there is no use of heavy machinery or heavy equipment.</p> <p>When the insurance category is based on your employer's workforce:</p> <p>The employer's workforce mainly includes employees who qualify for the Low Risk and Medium Risk insurance categories based on their occupation, with a limited proportion of employees in the High Risk insurance category if assessed based on their individual occupation.</p> <p>The employer's workforce may comprise employees who would qualify for Professional, Low Risk, Medium Risk or High Risk if assessed individually.</p>
High Risk	<p>When the insurance category is based on your occupation:</p> <p>Your duties are mainly manual or heavy manual work.</p> <p>Your duties can include the use of heavy machinery/equipment and working in hazardous environments.</p> <p>This category includes roles in Emergency Services.</p> <p>When the insurance category is based on your employer's workforce:</p> <p>The employer's workforce does not qualify for the Low Risk or Medium Risk insurance category.</p> <p>The employer's workforce may comprise employees who would qualify for Professional, Low Risk, Medium Risk or High Risk if assessed individually.</p>

The insurance category for the employer, Ambulance Service of NSW, is High Risk. You can apply to change your insurance category (see 'Changing your insurance category' on page 34). While you remain employed as a NSW Ambulance Officer, you will remain in the High Risk insurance category.

Getting the right insurance category

If you get Basic Cover automatically and you don't already have an insurance category assigned to you, you'll get the same insurance category as the one that has been assigned to the Ambulance Service of NSW, which is High Risk.

If your job is different from other workers in the organisation where you work (e.g. you work as an administrator or clinical educator and not a paramedic), the insurance category assigned to you based on your employer may not align to your occupation. In these situations, you should apply for a review of your insurance category by logging into Member Online and going to the 'Insurance' tab.

If an insurance category for your employer can't be assigned to you for any reason, you'll get the Medium Risk insurance category.

Premium loadings

A premium loading is an extra amount the insurer charges if you have health conditions or a lifestyle that increases the chance you might make a claim. Your confirmation of cover letter shows any premium loadings that apply to your cover (see 'About exclusions and loadings' on page 35).

Insurance administration fee

In addition to your insurance premiums, we deduct an insurance administration fee of \$1.85 from your Future Saver account at the end of each month, if you have any death cover, TPD cover or IP cover on the last day of that month. This helps cover the cost of managing all of our members' insurance.

This fee won't be charged for the first 60 days if you only hold Basic Cover that was issued to you automatically.

How to work out the annual cost of your cover

This section shows you how to work out the annual premium (or cost) for your insurance. You may prefer to access the insurance calculator on our website which can also help you work out how much insurance you may need and how much it could cost.

Death and TPD cover

Death and TPD cover have different costs, so if you have both types of cover, you'll need to do this calculation once for death cover and again for TPD cover, then add the two amounts together to get your total cost.

If you have Basic Cover, we have already worked out the annual premium for you – see page 8.

Step 1 – Get your numbers

1. If you have **age-based cover**:

Look up **Table 1: Age-based (death and TPD) cover scale** (page 19) to find the standard age-based cover amount for your age. If you have a multiple of age-based cover other than 1 (Basic Cover has a multiple of 1), use that multiple of the scale to calculate your cover amount.

If you have **fixed cover**:

Your cover amount is the amount of fixed cover you hold.


Some members have different multiples of age-based cover, or different levels of fixed cover, for death and TPD (although the TPD cover amount can never be higher than the death cover amount). If this applies to you, you'll need to take those differences into account by calculating your death cover amount separately from your TPD cover amount.

2. In **Table 2: Annual death and TPD premium rates** (page 19), find your age and cover type and note the premium rate for each \$1,000 of cover. If you have both death and TPD cover, you'll need to note the premium rate for each type of cover separately.
3. In **Table 3: Insurance category factors** (page 19), find your insurance category factor. If you have both death and TPD cover, you'll need to note the insurance category factor for each type of cover separately.

Step 2 – Apply the formula

1. Divide your cover amount by 1,000.
2. Multiply the result by the premium rate from **Table 2**.
3. Multiply that result by your insurance category factor from **Table 3**.
4. If the insurer has applied a premium loading to your cover, increase your result by the percentage of premium loading.

The result is the cost of your cover for a year at that age.

 **Super helpful tip:** if you have TPD as well as death cover, you need to repeat this process using the numbers for your TPD cover and add the two results to get your total cost.

Examples – Death and TPD premium calculations

Example

Ryan is aged 55 with an insurance category of High Risk. He has chosen death only fixed cover of \$250,000.

Cover type	Cover amount	\$1,000s of cover (divide cover amount by 1,000)	Annual premium per \$1,000 of cover	Insurance category factor	Annual premium
Death	\$250,000	250	x \$1.63	x 1.40	\$570.50
Total annual cost of death cover for Ryan at age 55					\$570.50

Example

Dina is aged 30 with an insurance category of Low Risk. She had default death and TPD cover in Aware Super before the new insurance arrangements started on 1 May 2023. As a result of the conversion of cover at that date, Dina now has a multiple of 1.72 times the age-based cover scale for death and TPD cover. For her age, this gives her \$385,452 of death and TPD cover.

Cover type	Cover amount	\$1,000s of cover (divide cover amount by 1,000)	Annual premium per \$1,000 of cover	Insurance category factor	Annual premium
Death	\$385,452	385.452	x \$0.26	x 0.75	\$75.16
TPD	\$385,452	385.452	x \$0.32	x 0.75	\$92.51
Total annual cost of death and TPD cover for Dina at age 30					\$167.67

Example

Hannah is aged 30 with an insurance category of Professional. She has chosen a multiple of 3 times the age-based cover for death cover and 2 times the age-based cover for TPD cover. For her age, this gives her \$672,300 of death cover and \$448,200 of TPD cover. Due to her health condition as disclosed to the insurer in her application for cover, the insurer has placed a 50% premium loading on her TPD cover.

Cover type	Cover amount	\$1,000s of cover (divide cover amount by 1,000)	Annual premium per \$1,000 of cover	Insurance category factor	Annual premium (before premium loading)	Premium loading (additional % of premium)	Annual premium
Death	\$672,300	672.3	x \$0.26	x 0.60	\$104.88	-	\$104.88
TPD	\$448,200	448.2	x \$0.32	x 0.50	\$71.71	+ \$35.86 (50%)	\$107.57
Total annual cost of death and TPD cover for Hannah at age 30							\$212.45

Table 1: Age-based (death and TPD) cover

This table shows the amount of cover at each age in the age-based cover scale. You can apply for multiples of this scale (see page 32).

Age last birthday	Cover	Age last birthday	Cover
15	\$27,000	43	\$225,000
16	\$40,500	44	\$207,900
17	\$59,700	45	\$191,100
18	\$78,900	46	\$167,200
19	\$87,900	47	\$143,400
20	\$97,500	48	\$124,100
21	\$108,300	49	\$108,300
22	\$120,000	50	\$93,600
23	\$132,900	51	\$78,300
24	\$147,000	52	\$63,300
25	\$164,700	53	\$54,000
26	\$177,900	54	\$45,000
27	\$191,100	55	\$36,200
28	\$203,100	56	\$31,800
29	\$215,100	57	\$27,400
30	\$224,100	58	\$24,500
31	\$232,800	59	\$19,000
32	\$240,900	60	\$16,300
33	\$249,000	61	\$13,800
34	\$255,000	62	\$12,600
35	\$261,000	63	\$12,000
36	\$261,000	64	\$10,800
37	\$261,000	65	\$10,000
38	\$261,000	66	\$10,000
39	\$261,000	67	\$10,000
40	\$261,000	68	\$10,000
41	\$249,000	69	\$10,000
42	\$237,000		

Table 2: Annual death and TPD premium rates

This table shows the annual cost (before the tax deduction benefit) for \$1,000 of death and TPD cover, before applying the relevant insurance category factor and any premium loading.

Age last birthday	Death	TPD	Age last birthday	Death	TPD
15	\$0.14	\$0.02	43	\$0.48	\$1.20
16	\$0.17	\$0.04	44	\$0.53	\$1.32
17	\$0.21	\$0.06	45	\$0.58	\$1.45
18	\$0.23	\$0.08	46	\$0.63	\$1.61
19	\$0.26	\$0.10	47	\$0.68	\$1.76
20	\$0.27	\$0.12	48	\$0.75	\$1.95
21	\$0.26	\$0.15	49	\$0.81	\$2.13
22	\$0.26	\$0.16	50	\$0.89	\$2.34
23	\$0.26	\$0.18	51	\$1.00	\$2.70
24	\$0.26	\$0.20	52	\$1.12	\$3.11
25	\$0.26	\$0.22	53	\$1.27	\$3.59
26	\$0.26	\$0.24	54	\$1.43	\$4.14
27	\$0.26	\$0.26	55	\$1.63	\$4.78
28	\$0.26	\$0.27	56	\$1.84	\$5.51
29	\$0.26	\$0.30	57	\$2.07	\$6.35
30	\$0.26	\$0.32	58	\$2.35	\$7.32
31	\$0.26	\$0.35	59	\$2.65	\$8.44
32	\$0.26	\$0.37	60	\$3.00	\$9.73
33	\$0.26	\$0.40	61	\$3.38	\$11.21
34	\$0.26	\$0.44	62	\$3.83	\$12.93
35	\$0.27	\$0.48	63	\$4.32	\$14.90
36	\$0.29	\$0.56	64	\$4.89	\$17.14
37	\$0.31	\$0.62	65	\$5.42	\$17.14
38	\$0.34	\$0.69	66	\$5.91	\$17.14
39	\$0.36	\$0.78	67	\$6.43	\$17.14
40	\$0.38	\$0.87	68	\$7.01	\$17.14
41	\$0.41	\$0.97	69	\$7.65	\$17.14
42	\$0.45	\$1.08			

Table 3: Insurance category factors

Insurance category	Insurance category factors	
	Death	TPD
Professional	0.60	0.50
Low Risk	0.75	0.75
Medium Risk	1.25	1.25
High Risk	1.40	2.25

Income Protection (IP) cover

Here's how to calculate the annual cost of IP cover.

Step 1 – Get your numbers

1. Find the amount of **annual** IP cover you selected when you applied for cover (if you got your cover automatically under previous fund arrangements, your cover is shown on your annual statement and in Member Online). Note that this calculation uses your **annual** IP cover, not the monthly IP cover that shows on your annual statement and in Member Online.
2. In **Table 4: Income Protection annual premium rates** (page 21), find your age and benefit period and note the premium rate.
3. In **Table 5: Income Protection insurance category factors** (page 21), find your insurance category factor.
4. In **Table 6: Income Protection waiting period factors** (page 21), find your waiting period factor.

Step 2 – Apply the formula

1. Divide your cover amount by 1,000.
 2. Multiply the result by the premium rate from **Table 4**.
 3. Multiply that result by your insurance category factor from **Table 5**.
 4. Multiple that result by your waiting period factor from **Table 6**.
 5. If the insurer has applied a premium loading to your cover, increase your result by the percentage of premium loading.
- The result is the cost of your cover for a year at that age.

Examples – Income protection premium calculations

Example 1

Ruby is a 36-year-old ambulance officer who has IP cover of \$36,000 per year or \$3,000 per month, with a 2-year benefit period and a 90-day waiting period. She has an insurance category of High Risk.

Annual cover amount	\$1,000s of cover (divide cover amount by 1,000)	Annual premium per \$1,000 of cover	Insurance category factor	Waiting period factor	Annual premium
\$36,000 (\$3,000 per month)	36	x \$1.28	x 1.50	x 1.00	\$69.12

Example 2

Amanda is a 30-year-old ambulance officer who has IP cover of \$60,000 per year or \$5,000 per month, with a 5-year benefit period and a 30-day waiting period. She has an insurance category of High Risk. Due to her health condition as disclosed to the insurer in her application for cover, the insurer has placed a 75% premium loading on her cover.

Annual cover amount	\$1,000s of cover (divide cover amount by 1,000)	Annual premium per \$1,000 of cover	Insurance category factor	Waiting period factor	Annual premium (before premium loading)	Premium loading (additional % of premium)	Annual premium
\$60,000 (\$5,000 per month)	60	x \$2.31	x 1.50	x 2.00	\$415.80	+ \$311.85 (75%)	\$727.65

Table 4: Income Protection annual premium rates (90 days waiting period)

This table shows the **annual** cost (before the tax deduction benefit) for \$1,000 of **annual** IP cover with a 90 days waiting period, before applying the relevant insurance category and waiting period factors and any premium loading.

Age last birthday	Benefit period			Age last birthday	Benefit period		
	2 years	5 years	To age 65		2 years	5 years	To age 65
15	\$0.97	\$2.29	\$4.53	40	\$1.65	\$3.90	\$11.00
16	\$0.98	\$2.31	\$4.53	41	\$1.78	\$4.20	\$11.98
17	\$1.03	\$2.43	\$4.53	42	\$1.90	\$4.48	\$13.06
18	\$1.04	\$2.44	\$4.53	43	\$2.08	\$4.91	\$14.27
19	\$1.04	\$2.44	\$4.53	44	\$2.25	\$5.30	\$15.57
20	\$1.08	\$2.56	\$4.53	45	\$2.44	\$5.78	\$16.99
21	\$1.03	\$2.43	\$4.55	46	\$2.69	\$6.36	\$18.49
22	\$1.00	\$2.35	\$4.61	47	\$2.95	\$6.96	\$20.05
23	\$0.97	\$2.29	\$4.68	48	\$3.29	\$7.77	\$21.71
24	\$0.96	\$2.28	\$4.75	49	\$3.66	\$8.65	\$23.40
25	\$0.92	\$2.19	\$4.82	50	\$4.09	\$9.65	\$25.11
26	\$0.92	\$2.19	\$5.09	51	\$4.59	\$10.84	\$26.84
27	\$0.96	\$2.28	\$5.35	52	\$5.15	\$12.17	\$28.49
28	\$0.97	\$2.29	\$5.58	53	\$5.79	\$13.68	\$30.09
29	\$0.97	\$2.29	\$5.80	54	\$6.54	\$15.45	\$31.56
30	\$0.98	\$2.31	\$6.04	55	\$7.37	\$17.42	\$32.89
31	\$1.02	\$2.41	\$6.28	56	\$8.35	\$19.71	\$33.90
32	\$1.05	\$2.48	\$6.53	57	\$9.46	\$22.35	\$34.52
33	\$1.11	\$2.62	\$6.84	58	\$10.73	\$25.36	\$34.59
34	\$1.14	\$2.69	\$7.20	59	\$12.10	\$28.20	\$33.93
35	\$1.20	\$2.84	\$7.62	60	\$13.65	\$26.92	\$32.39
36	\$1.28	\$3.03	\$8.11	61	\$15.39	\$24.63	\$29.64
37	\$1.39	\$3.27	\$8.69	62	\$17.31	\$20.94	\$25.20
38	\$1.45	\$3.42	\$9.36	63	\$15.20	\$15.86	\$19.09
39	\$1.54	\$3.63	\$10.13	64	\$5.48	\$5.72	\$6.88

Table 5: Income Protection insurance category factors

Insurance category	Insurance category factors
Professional	0.75
Low Risk	1.00
Medium Risk	1.25
High Risk	1.50

Table 6: Income Protection waiting period factors

Waiting period	Waiting period factors
14 days (2 year benefit period only)	2.50
30 days	2.00
60 days	1.50
90 days	1.00

Paying for your insurance

We deduct insurance premiums from your Future Saver account on the last day of each month. The amount we deduct each month varies slightly depending on the number of days in the month. Premiums are deducted in arrears (that is, for insurance held during the month just ended). The fund receives a tax deduction for insurance premiums paid to the insurer. We pass this tax benefit onto you at the time we deduct the premium from your Future Saver account.

If you start, end, increase or decrease your insurance during a month, we'll charge a pro-rata premium based on the number of days you were covered in that month. If you withdraw all your money from your Future Saver account, we deduct any unpaid premiums and fees before paying you the balance.

If insurance premiums are refunded to your Future Saver account, the amount will be net of the tax benefit rebate previously provided.

If your account does not have enough money

If there isn't enough money in your Future Saver account on the last day of a month to pay your insurance premiums for that month, we deduct the remaining account balance (so your account is reduced to zero) and your insurance ceases on the last day of that month. We'll write to you to let you know your insurance is going to end.

How to keep your insurance going



We will write to inform that you will have two months ("reinstatement period") from the date your cover ceases to reinstate your cover.

To reinstate ceased cover, we'll use any contribution or rollover paid into your Future Saver account during the reinstatement period to pay your unpaid insurance premiums. Reinstatement of cover will happen automatically once there is enough money in your Future Saver account to pay your unpaid premiums. We'll check this twice:

- once at the end of the first month after your cover ceases: if you have enough money in your Future Saver account at that time to pay all your unpaid premiums up to the end of that month, your cover will be reinstated from the date it ceased; if not
- we'll check your Future Saver account again at the end of the next month (which would be at the end of the two months' reinstatement period): if you have enough money in your Future Saver account at that time to pay all your unpaid premiums up to the end of that month, your cover will be reinstated from the date it ceased.

If your insurance is not reinstated within the two months' reinstatement period, cover will cease effective from the last day of the month where only a part premium (that is, not the full month's premium) was paid. If you later want insurance again, you'll have to apply and answer several questions, including some about your employment, health and lifestyle. If this happens there's no guarantee that the insurer will accept your application.



Types of cover

About death and terminal illness cover

Death cover

If you die, we pay your death benefit to your beneficiary or beneficiaries. Your death benefit comprises any amount of insured death benefit we receive for you from the insurer, along with your Future Saver account balance. If you have a valid binding death benefit nomination, we pay the death benefit in accordance with your nomination.

A binding death benefit nominated beneficiary must be either a dependant or your legal personal representative of your estate. If you haven't nominated any eligible beneficiaries, we decide who will be paid the death benefit. You can nominate binding death benefit beneficiaries at any time by logging into Member Online and going to the 'Profile' tab, or downloading the relevant form from our website. See 'Death claims' on page 39 for information about claims and beneficiaries. For more information about beneficiaries and how to nominate beneficiaries, see the *Super Handbook* on our website at aware.com.au/pds.

Example

Death claim

Jeremy is a 52-year-old ambulance officer, married to Ninetta. They have one child, Ricardo, who is 18. Jeremy has \$63,300 of death cover and a super balance of \$536,700, meaning he has a total death benefit of \$600,000. He's made a valid binding death benefit nomination naming Ninetta and Ricardo as beneficiaries to get 50% each.

If Jeremy dies, we'll pay Ninetta and Ricardo \$300,000 each, less any tax (where \$300,000 is half of the \$63,300 insurance benefit plus half of the \$536,700 super account balance).

If you're diagnosed with a terminal illness

If you're diagnosed with a terminal illness, we pay the death benefit amount on your date of terminal illness to you (a maximum of \$5 million applies, even if your death cover is higher). The insurer considers you to have a terminal illness if two medical practitioners (one who is a specialist practicing in the area of your Illness or Injury) certify that you have an Illness or Injury that is likely to cause your death within 24 months of the date of certification, despite reasonable medical treatment.

Example

Terminal illness claim

James is a 45 year-old ambulance officer who is married with three children. He has automatic Basic Cover of \$191,100, plus \$408,900 additional death (including terminal illness) and TPD cover, totalling \$600,000. When his doctor diagnoses that he has colon cancer, James consults an oncologist and starts chemotherapy. Following unsuccessful treatment, James' doctor and his oncologist certify to us that he's unlikely to live more than 24 months.

Based on the medical evidence, the insurer approves the claim and pays the total death cover of \$600,000 to us for deposit into James' Future Saver account. Now he has enough money to pay off his home and get his finances in order to support his wife and children before he dies.

Loyalty Bonus

If you keep your death cover in the fund continuously for at least eight years¹, we'll increase your death (and terminal illness) cover by the lesser of 5% of the sum insured or \$25,000 at the time of claim, provided that you have not previously received an insured terminal illness benefit from the fund. This is a one-off increase to your cover, at no additional cost to you.

When the insurer won't pay a death or terminal illness benefit

The insurer will not pay a death or terminal illness benefit if death or terminal illness is a direct or indirect result of:

- your participation in terrorism; or
- an act of war while you're actively participating in that war; or
- suicide or intentional self-inflicted illness or injury, if your cover started or increased due to a life event – this only applies for the first 13 months after your cover starts, increases or is reinstated; or
- an individual exclusion that applies to your cover.

¹ The 8 year continuous cover period does not include insured periods where cover was held under different funds or insurance policies. For cover transferred to Aware Super under successor fund transfers the 8 year continuous cover period starts:

- for former VicSuper members, no earlier than 1 July 2020;
- for former WA Super members, no earlier than 4 December 2020;
- for former VISSF members, no earlier than 1 December 2021.



About total and permanent disablement (TPD) cover

The term total and permanent disablement (TPD) has a specific meaning in the policy. The description here is only an overview of the key features of the TPD definition.

If you submit a TPD claim, the insurer will apply the full policy definition.

What factors are considered when assessing someone for TPD?

The full definition of TPD can be found in 'What the words mean' on page 42.

The following is a guide to some of the key factors that are considered if you are being assessed for TPD.

If there is any inconsistency between the following guide and the full definition in the policy, the full definition in the policy prevails.

Some of the key factors (**but not all the factors**) that will be considered by the insurer are outlined below.

1. Employment

- If you were in gainful employment when you became disabled, you must have ceased all work-related duties due to Illness or Injury, as certified by a medical practitioner or
- If you were not in gainful employment when you became disabled, you must have ceased to be able to engage in gainful employment due to Illness or Injury, as certified by a medical practitioner.

2. Your medical condition and how long you have been unable to work

- If you haven't been able to work because of a specific medical condition, you must have been continuously unable to work from the date you were disabled until the date the insurer makes a decision or
- If it's not a specific medical condition that's preventing you from working, you must have been unable to work from the date you were disabled for a continuous period of 3 months and continuously since then, until the date the insurer makes a decision.

(For the continuous period of 3 months, the insurer will ignore up to two unsuccessful attempts of less than 30 days each to return to work.)

3. Your treatment

- You must be under the care of a health professional whose educational qualifications and specialty are appropriate for your Illness or Injury, at a frequency that is appropriate for your medical condition, and you are following their advice.
- You must have tried all reasonable and appropriate treatment options, including rehabilitation and interventions for your Illness or Injury.

4. Your future ability to work

The insurer must consider whether, due to your Illness or Injury, you're unlikely ever to engage in any work for which you're reasonably qualified by your education, training or experience.

The insurer will also consider:

- if your cover was subject to any limitations or exclusions;
- any evidence that they consider is reasonably necessary to form their opinion and is reasonably available to them up until the date they form their opinion;
- medical advice, the advice of a specialist medical practitioner appointed by them, the advice of other experts (medical or otherwise) and any other information that they consider to be appropriate and relevant at the date when they form their opinion;
- any retraining, work, voluntary work or rehabilitation that you could reasonably undertake or have already undertaken, as well as any further reasonable treatments (medical or otherwise) or medication reasonably available that could enable you to return to work in the future;
- your capacity to work, and without limiting the concept of work to work that is available in your local area.

Example

TPD claim

Emily is a 43-year-old ambulance officer who has \$450,000 of fixed death and TPD cover. She has a car accident and is severely injured and paralysed. She's hospitalised and goes into full medical treatment and rehabilitation, but with no improvement in her condition after 3 months of treatment, Emily makes a TPD claim.

Emily's situation is assessed as follows:

1. She had to stop working because of her injury.
2. She wasn't able to work for a continuous period of three months because of her injury.
3. She had ongoing medical treatment and tried all reasonable rehabilitation and intervention.
4. Her doctors and the insurer concluded that she's unlikely ever again to do any job she's suited to by her education, training or experience.

After reviewing all the evidence and consulting their own specialists, the insurer decides that Emily meets the TPD definition and pays \$450,000 to the trustee for deposit into her Future Saver account, enabling her to re-fit her home to suit a wheelchair, pay towards assistance support and make investments to provide an income.

When the insurer won't pay a TPD benefit

The insurer will not pay a TPD benefit if TPD is a direct or indirect result of:

- your participation in terrorism; or
- an act of war while you're actively participating in that war; or
- suicide or intentional self-inflicted illness or injury, if your cover started or increased due to a life event – this only applies for the first 13 months after your cover starts, increases or is reinstated; or
- an individual exclusion that applies to your cover.

About income protection (IP) cover

Income protection (IP) makes monthly payments to you if you can't work because you're totally disabled or partially disabled by illness or injury.

You do not automatically receive IP cover when you become a member of Aware Super. If you apply for IP cover, you must make some choices:

- how much you would like the insurer to pay you if you become disabled (cover amount)
- when payments should start after you become disabled (waiting period)
- how long payments should continue while you're disabled (benefit period).

Who can have IP cover?

You can apply for IP cover if you have money in your Future Saver account and you are:

- an Australian Resident
- at least 15 years old but less than 65
- gainfully employed for at least 15 hours per week, and
- at work on the date you apply.

You don't need to have death or TPD cover to apply for IP cover. Any application for IP cover must be assessed and approved by the insurer before cover is provided.

How much IP cover can you have?

You should consider how much IP cover you need and whether it is appropriate to your financial circumstances. You can apply to change your IP cover at any time (see 'Changing your insurance' on page 32). Your monthly IP cover can be any amount between 15% and 87% of your normal monthly income, subject to the policy maximum limit.

Note that if you make a successful IP claim, the insurer will need to accept that you are totally disabled and will only pay up to 75% of your pre-disability income to you as income, and subject to a maximum of your IP cover. If you choose an amount of cover higher than 75% (up to a maximum monthly benefit of 87%) the insurer pays the amount above 75% to us for deposit into your Future Saver account as a superannuation contribution.

IP benefit payments will never be more than your IP cover amount. Payments are taxed as income, so tax may be deducted from your IP benefit before it is paid to you.

If you are receiving Other Disability Income because of your Illness or Injury, such as workers' compensation payments or disability income benefits from the

government, your IP benefit may be reduced as a result of those payments. See 'Offsetting other payments' on page 29.

Applying for IP cover

You can apply for IP cover at any time. It can be obtained in a few different ways:

- as part of an application for Basic Plus Cover
- through IP Express
- with full underwriting.

You can log into Member Online, select the 'Insurance' tab and complete the online application at any time.

IP as part of Basic Plus Cover or IP Express Cover

If you don't already have IP cover, you can apply for it as part of an application for Basic Plus Cover or IP Express Cover.

When you apply, you will need to answer several questions, including some about your employment, health and lifestyle. You will be asked for your current occupation so that the most relevant insurance category can be assigned to you. If you apply online, you'll be told immediately if your application has been accepted.

IP cover taken up as part of Basic Plus Cover or IP Express is available with a 60 or 90-day waiting period and a 2 or 5-year benefit period. You can nominate the level of cover you want, up to 87% of your normal monthly income, subject to limits based on your insurance category, as follows:

Insurance category (based on your occupation)	Maximum IP Cover under Basic Plus or IP Express (per month)
Professional	\$20,000
Low Risk	\$15,000
Medium Risk	\$10,000
High Risk	\$7,000

IP with full underwriting

If you want to apply for more cover than Basic Plus Cover or IP Express offers, or you want to choose a different waiting period or benefit period, you can complete a full online application, which the insurer will assess before deciding whether they can cover you, and if so on what terms and at what cost.

When IP benefit payments start (waiting period)

The waiting period is the number of days that must pass after your date of disablement before benefit payments can start. You must be continuously disabled during the period (and totally disabled for at least 7 out of 12 consecutive days during the waiting period).

The insurer doesn't make any payments during the waiting period. If the insurer approves your claim, they start paying your IP benefit payments after the waiting period ends.

Waiting period options

When applying for IP cover, you must choose one of the following waiting periods:

- 14 days (only available for a 2-year benefit period option)
- 30 days
- 60 days
- 90 days.

Full underwriting will be required to apply for IP cover with a 14 or 30 day waiting period (see 'IP with full underwriting').

The shorter the waiting period, the more your cover costs.



Total or partial disability?

For the insurer to approve your IP claim, they'll need to determine whether you're totally disabled or partially disabled during and after the waiting period.

If the insurer has concluded that you are totally disabled, benefit payments start if the insurer determines:

- the waiting period has ended;
- during the waiting period, you were totally disabled for at least 7 out of 12 consecutive days; and
- you are not earning any income due to your total disability.

If the insurer has concluded that you are partially disabled, benefit payments start if the insurer determines:

- the waiting period has ended;
- during the waiting period you were totally disabled for at least 7 out of 12 consecutive days; and
- you are earning less than your pre-disability income due to your partial disability.

How long the insurer keeps paying you (benefit period)

When applying for IP cover, you must choose a benefit period of either **2 years, 5 years or to age 65**. This is the maximum length of time during which the insurer may pay you a monthly benefit while you're disabled. Full underwriting will be required to apply for IP cover with an age 65 benefit period, or a 14 or 30 day waiting period (see 'IP with full underwriting').

Benefit period	Waiting period options			
	14 days	30 days	60 days	90 days
2 years	✓	✓	✓	✓
5 years	Not available	✓	✓	✓
To age 65	Not available	✓	✓	✓

The longer the benefit period, the more your cover costs.



Indexation of IP benefits

If your benefit period is 5 years or to age 65, and you have been paid IP benefits for a continuous period of 12 months or more, the insurer will increase your benefit on each anniversary date by the lesser of 5% and the increase in the CPI (minimum 0%), subject to the Maximum Cover Limit.

When IP benefit payments end

If your claim for IP benefits is accepted, monthly payments are paid to you by the insurer.

The insurer will stop payments to you on the date that the first of any of these events happen:

- you're no longer totally disabled or partially disabled
- the end of your chosen benefit period
- you reach age 65
- the insurer believes that you have made a fraudulent claim
- you refuse to undertake treatment or rehabilitation which, in the insurer's opinion, could help you return to work in an increased capacity
- you refuse to return to Australia after the insurer has asked you to return from overseas for ongoing assessment of your claim
- you die.

Suspending payments

The insurer will suspend benefit payments if:

- you go to prison for committing a criminal act, or
- you refuse to go to a medical examination or provide any evidence such as medical, financial or other evidence as requested by the insurer.

Your benefit period continues while payments are suspended (as if payments are still being made), and the insurer won't make back-payments for payments you miss during a suspension.

Calculating partial disability benefits

If you are partially disabled, you will be earning some income from employment, but not as much as normal because you are not back to your normal working hours. In this case, the insurer will only pay you a reduced amount of IP benefit, taking account of the income that you are earning.

Your partial disability benefit (before applying any offsets) is calculated using this formula:

$$\frac{\text{Pre-disability income} - \text{Return to employment income}}{\text{Pre-disability income}} \times \text{Partial Monthly Benefit}$$

See Example 4 on the next page for how this works.

Offsetting other payments

If you become disabled, you might be entitled to Other Disability Income which includes payments from other sources such as workers' compensation and motor accident insurance. The insurer needs to take those other payments into account before deciding how much to pay you, as there are maximum limits on how much you can be paid due to your Illness or Injury.

If you are totally disabled and the total of all the payments you get during a month (including our IP payments) is more than 87% of your pre-disability income, the insurer will reduce your monthly payment until the total from all sources is no more than 87% of your pre-disability income.

If you are partially disabled and the total of all the payments you get during a month (including our IP payments and your return to employment income) is more than 95% of your pre-disability income, the insurer will reduce your partial disability payment until

the total from all sources is no more than 95% of your pre-disability income.

If you are entitled to a partial disability benefit, it will be paid to you as follows:

- 90% of the partial disability benefit will be paid to you as income
- 10% of the partial disability benefit will be paid into your Future Saver account as a superannuation contribution.

IP benefit payments are always subject to a maximum of the amount of IP cover you have.

Income protection benefit examples

Example 1

Total disability, no other income, benefit is all income, no superannuation

Jack has an annual salary of \$60,000 (excluding SG contributions) and \$3,000 per month of IP cover in the fund. He becomes totally disabled due to illness and is not receiving any other income as a result of his disability.

The maximum benefit the insurer will pay is the **lesser of** his IP cover and 87% of his salary – that is, the lesser of \$36,000 per annum (or \$3,000 per month) and \$52,200 per annum (or \$4,350 per month). So his benefit will be \$3,000 per month.

The maximum benefit as income is the **lesser of** his IP cover and 75% of his salary – that is, the lesser of \$36,000 per annum (or \$3,000 per month) and \$45,000 per annum (or \$3,750 per month). So his maximum benefit as income will be \$3,000 per month.

Result: Jack will get \$3,000 per month income (less any tax). No superannuation contribution will apply.

Example 2

Total disability, other income, benefit is income plus superannuation

Lisbeth has an annual salary of \$100,000 (excluding SG contributions) and \$3,000 per month of IP cover in the fund. She becomes totally disabled in a work accident and is receiving \$4,000 per month in workers compensation. She is not receiving any other income as a result of her disability. The maximum benefit from all income sources is 87% of her salary – that is, \$87,000 per annum (or \$7,250 per month) and the maximum allowable benefit as income is 75% of her salary – that is, \$75,000 per annum (or \$6,250 per month).

Her monthly IP cover in the fund (\$3,000) plus her monthly workers compensation payments (\$4,000) equals \$7,000 which is under the maximum limit of \$7,250, so Lisbeth will be entitled to the full \$3,000 per month benefit from the insurer. However she cannot get it all as income, as otherwise her total income from all sources (\$7,000) would exceed the income limit allowed (\$6,250 per month) by \$750. Therefore, the insurer will reduce their payment to her by \$750 and pay that amount to us for deposit into her Future Saver account as a superannuation contribution.

Result: Lisbeth will get her full monthly IP cover amount (\$3,000) but it will be paid as \$2,250 income (less any tax) plus \$750 superannuation contribution.

Example 3

Total disability, other income, total benefits exceed maximum allowed

Jane has an annual salary of \$120,000 (excluding SG contributions) and \$8,700 per month of IP cover in the fund. She becomes totally disabled in a car accident and is receiving \$4,000 per month in transport accident benefits. She is also receiving \$2,000 per month from another income protection policy outside of the fund. The maximum benefit from all income sources is 87% of her salary – that is, \$104,400 per annum (or \$8,700 per month) and the maximum allowable benefit as income is 75% of her salary – that is, \$90,000 per annum (or \$7,500 per month).

Her monthly cover in the fund (\$8,700) plus her transport accident payments (\$4,000) plus her non-Aware Super IP policy benefit (\$2,000) equals \$14,700 which is \$6,000 over the maximum limit of \$8,700. Therefore Jane will not be entitled to get a benefit from Aware Super equal to her full IP cover amount. It must be reduced by \$6,000 and the insurer will only pay her a benefit of \$2,700.

Jane cannot get it all as income because otherwise her total income from all sources (\$8,700) would exceed the income limit allowed (\$7,500) by \$1,200. Therefore the insurer will reduce the payment it makes directly to her by \$1,200 and pay that amount to us for deposit into her Future Saver account as a superannuation contribution. Jane may be over insured and should carefully consider whether she needs to keep both her Aware Super IP cover and her non-Aware Super IP cover, as she may be paying premiums for cover that she cannot claim full benefits from.

Result: Jane will not get her IP cover amount in full, because her other income is too high. Her benefit of \$2,700 will be paid to her as \$1,500 income (less any tax) plus \$1,200 superannuation contribution. However it should be noted that her total monthly income from all sources will be \$4,000 + \$2,000 + \$1,500 = \$7,500 which is the maximum allowed across all income sources. When you add the \$1,200 that the insurer pays as a superannuation contribution, her total benefit from all sources is \$8,700, which is the overall total benefit allowed under the Aware Super policy.

Note: In this example, Jane's cover in Aware Super was reduced partly because she had another IP policy outside of the fund. Based on her current salary, Jane may be over insured and should carefully consider whether she needs to keep both her Aware Super IP cover and her non-Aware Super IP cover, as she may be paying premiums for cover that she cannot claim full benefits from.

Example 4

Partial disability, other income from employment

Lucy has an annual salary of \$150,000 or \$12,500 per month (excluding SG contributions) and \$9,000 per month of IP cover in the fund. She has been receiving an IP benefit of \$9,000 per month after being totally disabled but she is now back at work 2 days a week, on a rehabilitation program, having previously been working 5 days a week. So she is now earning \$60,000 per annum (or \$5,000 per month) from working.

Provided that the insurer assesses her as being partially disabled, the insurer will only pay her a reduced amount of IP benefit, due to the income that she is now earning from being back at work in a reduced capacity. The reduced monthly benefit will be: $((\$12,500 - \$5,000) / \$12,500) \times \$9,000 = \$5,400$.

Her monthly benefit from the fund (\$5,400) plus her monthly income from working (\$5,000) equals \$10,400 which is under the maximum limit of 95% of her pre-disability income (95% of \$12,500 = \$11,875).

Result: Lucy will be entitled to \$5,400 per month benefit from the fund, which will be paid to her as follows:

- 90% or \$4,860 per month will be paid to her as income (in addition to the \$5,000 per month she is earning from working 2 days a week)
- 10% or \$540 per month will be paid into her Future Saver account as a superannuation contribution.

If you take leave without pay

If you take employer approved leave without pay, your cover continues while you're on leave, if you have enough money in your account to pay for the premiums each month.

Occupation and income while you're on leave without pay

While you're on leave without pay, your occupation is deemed to be the occupation you were doing before you went on leave.

The insurer will calculate your pre-disability income over the 12 months before you went on leave, if:

- your employer approved the leave in writing before you went on leave or, if you're self-employed, you made arrangements for your business to continue and you don't earn any income from it while you're on leave; and
- you plan to return to work within 24 months (maximum period of cover during leave without pay).

If you don't meet the above conditions, the insurer will calculate your pre-disability income over the 12 months immediately before you became disabled.

Payments if you're totally disabled while you're on leave without pay

If you become totally disabled while you're on leave without pay and the insurer approves your claim, payments won't start until the last of these events happens:

- the end of the waiting period
- if you're employed, the date you agreed with your employer that you would return to work
- if you're self-employed, the end of the leave period you arranged with whoever is running your business while you're on leave.

If you're disabled again

If you return to gainful employment and later have a recurring disability (a disability that keeps happening for the same or a related reason when you are still covered for IP), the insurer may consider this to be a continuation of your previous disability and claim.

- If your disability is deemed by the insurer to be a continuation of an earlier period of disability, the original period of disability and each recurrent period of disability will be treated as a continuous period in determining the benefit period, and

- if the period of recurrent disability starts within 6 months of the date that your last IP benefit payment ceased, the waiting period will be waived (that is, there will be no further waiting period to receive an IP benefit during that period of recurrent disability); or
- if the period of recurrent disability starts 6 or more months after the date that your last IP benefit payment ceased, a new waiting period will apply before any IP benefit is payable.

If, after the expiry of the benefit period, you return to gainful employment for a minimum of 15 hours per week, for a continuous period of at least 6 months and you subsequently become disabled again as a result of the same or a related illness or injury, a new waiting period and benefit period will apply.

When the insurer won't pay an IP benefit

The insurer will not pay an IP benefit if your disability is a direct or indirect result of:

- suicide or intentional self-inflicted illness or injury; or
- your participation in terrorism; or
- an act of war; or
- service in the armed forces of any country.

If you die while receiving IP payments

If you die while receiving monthly IP payments, a one-off lump sum payment will be paid into your Future Saver account equal to three times your monthly IP benefit. This amount is reduced by the total of any IP payments made after you died.

Example

IP death benefit

Benzir is receiving a monthly IP payment of \$2,000 when he dies. His lump sum death benefit is three times his monthly IP benefit, or \$6,000. However his relatives only notify us of his death two months later, and by then two monthly payments have been made to him for the period after his death (not being aware that he'd died). This reduces the lump sum by \$4,000 for the two payments made after his death.



Changing your insurance

You can apply for new cover or change your existing cover at any time. We'll send you written confirmation when any changes take effect.

The quickest way to change your cover is to log into your account and request the change online. If you don't have online access, call us on **1300 650 873**.

For example, if you have Basic Cover you could:

- upgrade to Basic Plus Cover
- apply for IP cover
- change your Basic Cover to fixed cover, or choose any multiple of the age-based death and TPD cover scale.

If you have fixed death only cover, or fixed death and TPD cover, you can apply to convert it to age-based cover at any time (IP cover can only be fixed cover and cannot be converted to age-based cover).

There is plenty of flexibility to apply for the level of cover that best suits your needs.

Applying for age-based death and TPD cover

You can apply for age-based death and TPD cover, or death only cover, at any time as long as the amount you choose is a multiple of the age-based cover scale equal to 0.5, 1.0, 1.5, 2.0, 2.5 and so on, within the policy's

Maximum Cover Limits and subject to the insurer's acceptance.

You might consider increasing your cover if your financial circumstances change and you have more debts or dependants (e.g. you take out a home loan or have a child).

If you have Basic Cover, you can upgrade to Basic Plus Cover to double your death and TPD cover amounts. Basic Plus Cover gives you an additional 1 times the automatic age-based scale for death and TPD cover, on top of your Basic Cover. You cannot apply for Basic Plus Cover if you have already reduced your Basic Cover, or have converted your Basic Cover to fixed cover. You can also apply for Basic Plus Cover if you have no cover.

When you apply, the insurer asks you several questions, including some about your employment, health and lifestyle. On the basis of your answers, the insurer decides whether or not to accept your application and may apply exclusions or loadings (see 'About exclusions and loadings' on page 35).

The maximum amounts of cover you can have are:

Cover type	Maximum Cover Limits
Death	unlimited
Terminal illness	\$5 million
TPD	\$5 million

The more you increase your cover, the more your cover costs.



Example

Increasing your cover

Sarah is a 30-year-old ambulance officer with Basic Cover (\$224,100 at her age). After having twins, Sarah decides she needs more death and TPD cover and considers upgrading to Basic Plus Cover, which would increase her original Basic Cover to double the amount (to \$448,200). Wanting more than Basic Plus Cover, Sarah applies to increase to three times her original Basic Cover amount (to \$672,300). Sarah answers employment, health and lifestyle questions in her application and the insurer approves the increased amount. This also increases the cost of Sarah's cover.

Applying for fixed cover

You can apply for fixed death only cover, or fixed death and TPD cover, at any time. You can do this online.

If you already have Basic Cover, Basic Plus Cover or any multiple of age-based death and TPD cover, you can convert it to fixed cover at any time. When you apply for fixed cover online, we'll change all your existing cover to fixed cover. Your death cover amount will stay the same regardless of your age until it expires at age 70, and your TPD cover will remain the same until it starts tapering (reducing) in equal amounts from your 61st birthday (see 'Your cover automatically reduces from age 61' on page 7).

The cost of fixed cover increases with your age.



Changing your IP cover

You can apply for IP cover, or change the following aspects of your existing IP cover, at any time. You can do all this online:

- cover amount – this must be between 15% and 87% of your normal monthly income (a Maximum Cover Limit of \$40,000 per month applies)
- waiting period
- benefit period.

Increasing your cover amount, choosing a shorter waiting period or a longer benefit period increases the cost of your cover.



Interim accident cover

If you are required to complete a full personal statement when applying for cover (that is, you are asked questions about your employment, health and lifestyle and the insurer does not make a decision immediately), you'll have interim accident cover while your application is being assessed by the insurer.

Interim accident cover starts when the insurer receives your fully completed personal statement and application for cover and ends on the earliest date on which any of these things happen:

- you stop being a member of the fund or eligible for insurance in the fund
- you withdraw your application for cover
- the insurer accepts or declines your application for cover, or advises you that your interim accident cover has ended
- 90 days after the insurer has received your fully completed personal statement.

Interim accident cover does not apply when a full personal statement is not completed (such as when transferring cover to the fund or you apply for Basic Cover, Basic Plus Cover, life events cover or IP cover through IP Express, or you convert age-based cover to or from fixed cover).

Interim accident cover is:

- **for death cover**, the lesser of the following amounts when death is caused solely, directly and independently of any other cause, by an accident, as long as death occurs within 365 days of the accident:
 - the amount of cover applied for; and
 - \$2 million

- **for TPD cover**, the lesser of the following amounts when TPD is caused solely, directly and independently of any other cause, by an accident, as long as TPD occurs within 365 days of the accident:
 - the amount of cover applied for; and
 - \$1 million less any existing TPD cover
- **for IP cover**, the lesser of the following amounts when total disability or partial disability is caused solely, directly and independently of any other cause, by an accident, and you remain totally disabled or partially disabled after the waiting period for which you have applied:
 - the amount of cover applied for, less any benefit you are entitled to receive from existing IP cover in the fund; and
 - \$10,000 per month.

If you make a claim for interim accident cover for IP, the amount payable to you will be calculated for Total Disability or Partial Disability (see page 28) taking into account your interim accident cover amount insured.

Your insurance category for additional cover

If an application for additional cover is accepted by the insurer, you will be given an occupationally rated insurance category, and this insurance category (rather than the insurance category given to your participating employer) will then apply for all your insurance cover (other than Ambulance Officers Insurance under Part 2) and will only change if you later become occupationally re-rated.

Changing your insurance category

While you remain employed as a NSW Ambulance Officer, you will remain in the High Risk insurance category.

If you change employers, or your occupation with the same employer, your insurance category will not automatically change.

You can apply to be occupationally rated for all cover, other than the compulsory Ambulance Officers Insurance (see Part 2). Your application will need to be assessed and accepted by the insurer. If you are occupationally rated, you will be given an insurance category based on your occupation (rather than the employer insurance category given to your participating employer).

Your occupationally rated insurance category will then apply for all your insurance cover (other than Ambulance Officers Insurance) and will only change

if you later become occupationally re-rated. An insurance category other than High Risk will mean a reduction in the cost of your insurance. You can apply to change your insurance category by logging in to Member Online and going to the 'Insurance' tab.

Whenever you apply to change your insurance, you'll be asked for details of your occupation so that your insurance category can be reviewed and updated to best match your occupation. You will be notified if your insurance category is updated.

You can also apply to have your insurance category reviewed at any time. When you do this, the insurer will assign you an insurance category based on your occupation (rather than the insurance category given to your employer, if that is the category currently assigned to you).

Your insurance category is important, because if you're in a higher risk category than your work requires, you might be paying more for your cover than you should.

If your insurance category is changed, it applies across all types of cover you may have (e.g. death, TPD, IP). We'll adjust the cost of your cover from the date the insurer approves the change.

If you apply for a change of insurance category there are three possible outcomes. The insurer may decide that:

- your existing insurance category is correct and shouldn't change
- you should have a lower risk insurance category (which would decrease the cost of your cover)
- you should have a higher risk insurance category (which would increase the cost of your cover).

Example

Changing your insurance category

Frank is a 30-year-old ambulance officer with the Ambulance Service of NSW. When Frank gets Basic Cover automatically, he gets a High Risk insurance category, so he submits a request to have his insurance category reviewed based on his occupation. After Frank confirms that he spends 90% of his time doing administrative work in the office, the insurer changes his insurance category to Low Risk. This reduces the cost of his cover.

Any change to your insurance category applies from the date that the insurer approves the change (that is, it is not applied retrospectively).

The easiest way to apply to change your insurance category is through Member Online.





About exclusions and loadings

Exclusions

Exclusions are medical conditions or activities that the insurer won't cover because the risk involved and cost of cover would be far too high. This is why it's important to answer truthfully when you apply for cover, because if you later claim for something the insurer would have excluded if they'd known about it, they may be entitled to refuse to pay your claim.

For example, if you're a dirt bike rider, they might not offer you additional death (including terminal illness) or TPD cover from injuries caused in a dirt bike accident. If you have diabetes, they may decide not to offer you additional death or terminal illness cover for medical conditions caused by diabetes.

If the insurer excludes any conditions or activities from your additional cover, your confirmation of cover letter will show these exclusions.

Loadings

If the insurer decides that a condition you have, or activity you take part in, has high risk, but they're still prepared to cover it, they may apply a premium loading. This is an increase in the cost of your cover that compensates the insurer for the increased chance you might make a claim.

For example, if you're an office worker during the week and an abseiling enthusiast during the weekend, the

insurer might agree to give you additional death (including terminal illness) and TPD cover that does cover you for injuries received in an abseiling accident, but they might apply a 30% premium loading, increasing the cost of that additional cover by 30%.

Your confirmation of cover letter shows any exclusions and/or premium loadings that apply to your additional cover.



When does additional cover cease?

Your additional cover will cease under the same circumstances as your automatic cover (see 'When your insurance ends' on page 12).

Transferring in other cover

If you have insurance somewhere else and you'd rather have it with your Future Saver account in Aware Super, you can apply to transfer it to us.

You can apply to transfer any existing death, TPD or IP cover to your Future Saver account in Aware Super from another life insurance policy or another super fund. Your cover starts on the date the insurer accepts your transfer application, provided that you cancel your other cover (you cannot transfer cover to Aware Super then decide to keep the other cover going as well).

How much you can transfer

We'll match the level of cover you transfer in within these limits:

For this cover type...	you can transfer in up to...
Death	\$10 million (only \$5 million for <u>terminal illness</u>)
TPD	\$5 million
Income Protection	\$40,000 per month

Your death and TPD cover will be transferred as fixed cover amounts and added to any existing cover, subject to the above maximums, and for terminal illness and TPD cover the maximums will be reduced by your existing cover amounts. If you transfer in TPD cover, the TPD cover amount cannot be higher than your total death cover amount in the fund.

Any existing IP cover you have in the fund will be replaced with your transferred IP cover, up to the maximum amount above. If the insurer cannot match your transferred waiting period and benefit period, they will offer you the next longest waiting period and next shortest benefit period available under the fund).

Eligibility conditions

To transfer cover you must:

- be at least age 15 and under age 70 for death and TPD cover or under age 65 for IP cover
- provide satisfactory evidence of any conditions or restrictions that applied under the previous insurance policy with your application, as they will continue to apply with us
- not have been diagnosed by a medical practitioner as having a life expectancy of less than 24 months due to illness or injury
- not be entitled to receive, do not intend to receive, or have never lodged a claim for an illness or injury through workers' compensation, any superannuation fund, government benefits or any insurance policy providing total and permanent disablement, terminal illness or income protection type cover and/or accident or sickness cover
- not previously had any application for life, TPD, trauma or IP insurance declined
- be employed or self-employed when you submit your application
- have agreed not to exercise any continuation option (the ability to continue cover under a different policy with the same insurer) or reinstate cover under the previous insurance policy
- agree to cancel your cover under the other policy when we confirm that your cover has started with us
- satisfactorily answer the health, lifestyle and occupation questions in the application.

The insurer will decide whether or not to accept your transfer application. If they accept it:

- any restrictions, exclusions or loadings you have on your existing cover will continue on the transferred cover in Aware Super
- when we confirm that your cover has started you must cancel your cover under the other policy
- the insurer won't apply any restrictions if you work in a hazardous occupation, unless these restrictions already apply to the cover you're transferring.

Limited Cover Conditions may apply to transferred cover

If you are not at work on the day immediately before the day that your transferred cover starts in the fund, your cover will be subject to Limited Cover Conditions.

How to transfer cover

You can apply to transfer cover by completing the (V517) *Transfer your insurance* form on our website. The form includes several questions, including some about your employment, health and lifestyle and evidence of the cover you're transferring. Based on this information, the insurer will decide whether or not to accept the transferred cover.

Cancelling your other cover

Once we've given you written confirmation that the transfer has been approved, you must cancel the other insurance policy. If you don't do this you will not be able to claim with Aware Super.

It's important that you don't cancel the other policy until **after** we've confirmed that your cover has been transferred to Aware Super.



Increasing your cover after Life Events

If you experience a life event while you are a member of the fund, such as getting married, having a child or buying a house, you can apply to increase your death, TPD or IP cover by answering a few questions within 90 days of the life event occurring, including about your employment, health and lifestyle. We call this applying for cover due to a life event.

You can apply for cover by logging in to Member Online and clicking the 'Insurance' tab.

Life Events include

You can apply to increase your cover if:

- you get married, or on your first wedding anniversary with the same person; or
- you start a de facto relationship (documented), or on the first anniversary of this relationship; or

- you get divorced (or separate from a de facto relationship), or on the first anniversary of such event; or
- you or your partner gives birth to your child; or
- you adopt a child; or
- your spouse or de facto partner dies; or
- you take out a home loan to buy the property you live in, or increase the loan on your home you live in to do renovations or extensions; or
- any of your children turn 12 or start secondary school for the first time; or
- you get an increase in salary from your employer (this only applies to IP cover and isn't available if you're self-employed); or
- you reach 30, 40 and 50 years of age.

Eligibility conditions

To be eligible to apply for cover under life events you must be under age 60 at the date of the occurrence of the life event and, at the date of your application:

- have a Future Saver account balance greater than zero
- be employed or self-employed and at work
- not have increased your cover through a life event in the previous 12 months
- not have been diagnosed by a medical practitioner as having a life expectancy of less than 24 months due to illness or injury
- not previously had any application for life, TPD, trauma or IP insurance declined
- not have ever had any loadings, limitations, alternative terms or exclusions applied to any death, TPD or IP cover (including accident or sickness insurance)
- not have ever made a claim, be entitled to claim or be planning to claim for an illness or injury through workers' compensation, any superannuation fund or government benefits or any insurance policy providing total and permanent disablement, terminal illness or an income protection type cover and/or accident or sickness cover
- (if applying for increased IP cover) already be insured with us for IP cover
- satisfactorily complete the short form underwriting questions in the application.

The insurer assesses your application and decides whether to accept it; they may also apply exclusions or loadings. The increase takes effect on the date that the insurer accepts your application.

Example

Life Events cover

Kamnan is a 38-year-old ambulance officer who has \$500,000 of death and TPD cover and \$3,000 per month of IP cover. When he marries his fiancé Phaibun, he applies for a life event increase to his cover. He increases his death and TPD cover to \$600,000 and his IP to \$4,000 per month.

When Phaibun gives birth to a daughter 10 months later, Kamnan applies for another increase, but he's ineligible because he is only allowed one life event increase every 12 months. Two months later it's their first wedding anniversary, so he applies again and increases his death and TPD by another \$100,000 to \$700,000.

Cover limits under Life Events

Death and/or TPD

You can apply for up to \$200,000 death and TPD cover for each event. The increase can be either a fixed amount or a multiple of the age-based cover scale. Total death and TPD cover cannot exceed \$3 million after receiving life events cover.

Income protection

You can apply to increase your existing IP cover by up to \$2,500 per month for each event, provided this does not cause your total IP cover amount to exceed \$25,000 per month or 87% of your income (if lower). Your existing waiting period and benefit period don't change.

Decreasing your cover

You might consider reducing your cover if your circumstances change and you have less financial risk (e.g. you pay off your home loan, or your children leave home), or you simply want to reduce your insurance premium. Remember that if you have age-based cover such as Basic Cover or Basic Plus Cover, your death and TPD cover amounts automatically start decreasing from age 41.

If you have Basic Cover, Basic Plus Cover or any other multiple of the age-based cover scale, you can reduce your cover to a new 0.5 multiple of the age-based cover scale (e.g. 0.5, 1.0, 1.5, 2.0, 2.5, etc).

You can ask us to reduce your TPD cover amount to a lower value than your death cover, which reduces the cost of your cover, but your TPD cover can never be higher than your death cover.

If you have IP cover you can reduce your cover amount at any time.

If you have income protection you can reduce your cover amount at any time.

Decreasing your cover amounts reduces the cost of your cover.



How to change your cover

You can cancel or decrease some or all of your cover at any time by logging into Member Online and requesting the change online. If you don't have online access, call us on **1300 650 873**.

You can cancel some parts of your cover while keeping others, however you cannot have TPD cover without, or greater than, death cover.

When you are given Basic Cover automatically, you have the option to cancel it within 60 days of us activating your cover. If you do this we refund any premiums you've paid. This means that your cover never started, so you can't make a claim for any event that happened during the period before you cancelled your cover. In all other circumstances, if you cancel your cover it ends on the date we get your cancellation request. We send you a notice confirming the date your cover ended. You can't make any claims for events that happen on or after this date.

If you're thinking about cancelling your insurance, bear in mind that you may not be able to get the same cover again in the future.

Applying for cover after cancelling or decreasing your cover

If you choose to cancel or decrease your cover, you can apply for new cover at any time. The insurer will ask you several questions, including some about your employment, health and lifestyle, and on the basis of your answers the insurer will decide whether or not to accept your application, or apply exclusions or loadings.

Opting out of receiving cover automatically

Opting out is different from cancelling. You can cancel Basic Cover you got automatically even if you've only held it for one day, whereas opting out means telling us you don't want to receive Basic Cover automatically, *before* you get it.

If you opt out of automatically receiving Basic Cover, we won't offer it to you again under your existing

Future Saver account. This means you will not be able to apply for Basic Cover or Basic Plus Cover in the future. If you decide later that you would like insurance, you will have to apply for underwritten cover and the insurer will decide whether or not to offer you cover.

The questions asked when you apply for insurance

When you apply for life insurance you're treated as if you're applying under an individual consumer insurance contract. The insurer will ask you several questions, including some about your employment, health and lifestyle, medical history, pastimes and current and past insurance (this is called 'underwriting'). It's how the insurer decides whether they can cover you, and if so, on what terms and at what cost.

The information you provide in response to those questions will be vital to the insurer's decision.

Your duty to take reasonable care

When answering these questions, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

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

If you don't meet your legal duty, this can have serious impacts on your insurance. The insurer can avoid your cover (treat it as if it never existed) or change its terms. This could also mean they decline a claim or reduce a benefit payment.

Whether the insurer can do this depends on a number of factors, including:

- whether you took reasonable care not to make a misrepresentation
- what the insurer would have done if you'd met your duty (for example, whether they would have still offered you cover and on what terms)
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

If the insurer decides to do any of these things they will explain the reasons for their decision, how to respond and what you can do if you disagree.



Making a claim

An insurance payment can help during tough times. If you or your beneficiaries must make a claim, we're here to support you and we aim to make the claims process as simple as possible.

Death claims

In the unfortunate circumstance of your death, your beneficiary or legal representative can make a claim for your death benefit and superannuation account balance.

For more information about beneficiaries and how to nominate beneficiaries, see our *Super Handbook* on our website.

What we pay

The payment is the total of the deceased person's:

- death cover, based on the sum insured on the date they died; plus their
- Future Saver account balance, less any unpaid insurance premiums, taxes and fees.

If there's more than one beneficiary, each beneficiary may get different parts of this total.

How to claim

Your beneficiary or beneficiaries should contact us so we can send the claims pack to them.

We recommend they first download the *How to claim a death benefit* factsheet available on our website.

This factsheet explains the claim process and the information they'll need to provide.

Terminal illness claims

For the purposes of your cover, terminal illness means that two medical practitioners (one a specialist in the area of your Illness or Injury) have certified that as a result of your Illness or Injury you're unlikely to live more than 24 months.

What we pay

If your terminal illness claim is accepted, the death cover amount on your date of terminal illness (maximum \$5 million applies, even if you have higher death cover) is paid into your Future Saver account, then it is up to you whether you want to withdraw some or all of it, including any of your Future Saver account balance. There is no requirement to withdraw any of the terminal illness benefit, you can leave it all in your Future Saver account until you wish to withdraw some or all of it.

If you're unsure what to do with your benefit you can speak with one of our advisers (fees may apply, for more information on our advice options go to [aware.com.au/adviceoptions](https://www.aware.com.au/adviceoptions)).



How to claim

You should contact us on **1300 650 873** so we can send you the claim form. We recommend you first download the *How to claim a terminal illness benefit* factsheet available on our website.

This factsheet explains the claim process and the information you'll need to provide.

TPD and IP claims

When you make a TPD or IP claim, the insurer will assess your claim to determine whether you're disabled and to what extent. This can be a complex process involving consultations with medical specialists and attending rehabilitation programs and can take a long time.

The sooner you tell us about your illness or injury the better, because any delay can complicate things and make it harder for the insurer to assess your claim.

What is paid

If your TPD claim is accepted, the TPD cover amount is paid into your Future Saver account, then it is up to you whether you want to withdraw some or all of it, including any of your Future Saver account balance. There is no requirement to withdraw any of the TPD benefit, you can leave it all in your Future Saver account until you wish to withdraw some or all of it. You may wish to get financial advice.

If you have IP cover when your TPD claim is approved by the insurer, your IP cover ceases effective from that date (see 'Ceasing your IP cover when a TPD claim is approved' on page 13).

Your IP benefit may not be your full IP cover. It may be less if your IP cover is greater than 87% of your pre-disability income, or if offsets apply. It will also be impacted by whether you are considered to be totally disabled or partially disabled. If your IP claim is accepted, the income component is paid directly to you by the insurer and the superannuation component (if any) is paid into your Future Saver account.

How to claim

You can claim online or over the phone, but first we recommend you download the factsheets on *How to claim a permanent disability benefit* and *How to claim an income protection benefit* available on our website.

These factsheets explain the claim process and the information you'll need to provide. If you have any questions, call us on **1300 650 873**.

To claim online

To claim online, log into Member Online, and select *Make a Claim*. We'll ask you to confirm:

- the type of claim you're making
- the date of your last day at work
- whether or not your doctor has certified you unfit for work.

We may ask you to complete some more details online or we may call you.

To claim over the phone

To claim over the phone, gather these details then call us:

- your member number
- the date you last worked before your illness or injury
- the name of your last employer
- a description of your illness or injury.

Once we have all the information, we pass your claim to the insurer.

Premium refunds for approved claims

When a death or TPD claim is approved, any premiums (in respect of the amount of the approved claim) that have been deducted from your Future Saver account after the effective date of the claim will be refunded to your account. For premium refund purposes only, the effective date of the claim is:

- death claims: the date of death
- TPD claims: the later of 1 April 2020 or the date of disablement (see page 42).

When an IP claim is approved, the insurer waives your IP premiums for the period from the end of the waiting period to the date that your IP benefits cease. Any premiums already deducted from your Future Saver account in respect of this period will be refunded to your account.



Our role in the claims process

When you make a claim, we pass your information to the insurer so they can assess your claim.

As trustee of the fund, we're required to take reasonable steps to safeguard the interests of all our members. If we disagree with the insurer's decision about your claim, we'll ask them to review their decision and we may ask you for more information.

How we invest your benefit

If you die, your Future Saver account balance will be moved to the Cash investment option when we are notified of your death.

If the insurer approves a death, terminal illness or TPD claim, the insurance payment is paid into your Future Saver account and invested in the Cash investment option.

For terminal illness and TPD benefit claims, your pre-existing account balance stays invested in your existing investment option(s). You can switch your insurance payment out of the Cash option into other investment options at any time.

Tax on benefit payments

When you get an insurance benefit, the Australian Taxation Office (ATO) may tax it, depending on the type of benefit and who gets the benefit.

Death and TPD benefits

We deduct any applicable tax from death and TPD benefits before we pay them.

To enable us to pay a benefit to you:

- the insurer must pay your claim; and
- the trustee must be satisfied that you meet a condition of release under superannuation law.

The conditions of release under superannuation law are described in our *Super Handbook* which is available on our website or by contacting us.

The tax treatment of lump sum death and TPD payments depends on your (or your beneficiaries) circumstances, and the tax rules can change frequently, so please see our *Super Handbook* at [aware.com.au/pds](https://www.aware.com.au/pds) or ask one of our financial advisers for advice.

You can also go to the ATO website at [ato.gov.au](https://www.ato.gov.au)

Income protection payments

IP payments are taxed as income.

What the words mean for Part 1

Term	Meaning
Accident	Means an unforeseen violent, external and visible event that occurs accidentally during the period of cover.
Approved Rehabilitation Program	Means a program, device or course of treatment approved by the insurer and agreed between you, the insurer, a <u>Medical Practitioner</u> and an employer (where authorised by you), that will assist your rehabilitation and return to <u>Gainful Employment</u> .
At work	<p>A person is considered to be 'at work' on a day if the person was not receiving or claiming and/or entitled to claim income support benefits from any source in respect of that day, including but not limited to, workers' compensation benefits, statutory transport accident benefits and disability income benefits, and the person was:</p> <p>(a) in paid employment on that day, and either:</p> <ul style="list-style-type: none"> (i) performing all of their normal and usual duties of paid employment without restriction, or (ii) would have been capable of performing all of their normal and usual duties of paid employment without restriction had the day not been: <ul style="list-style-type: none"> – a public holiday, or – a weekend day, or – a day on which the person was on employer approved leave that wasn't related to the person's <u>Illness</u> or <u>Injury</u>; <p>or</p> <p>(b) not in paid employment on that day and was not restricted by <u>Illness</u> or <u>Injury</u> from otherwise being able to carry out the duties of their usual occupation for at least 35 hours per week.</p> <p>A person who does not meet this definition is correspondingly described as being 'not At Work'.</p>
Australian Resident	Means a person who is legally permitted to reside and work for reward in Australia.
Benefit Period	Means the maximum period for which the insurer will pay a benefit for a claim in relation to the same or related <u>Illness</u> or <u>Injury</u> . The benefit period is that nominated by you and accepted by the insurer.
Certification Period	Means in respect of Terminal Illness cover, a period of not more than 24 months, which commences from the date a <u>Medical Practitioner</u> certifies in writing that you are <u>Terminally Ill</u> .
CPI	Means the Consumer Price Index (all groups weighted average for eight capital cities) issued by the Australian Bureau of Statistics for the 12 months to the end of the most recently completed quarter before the date of calculation.
Date of Disablement (for income protection cover)	Means the first date that you were totally unable to work in your <u>Own Occupation</u> due to the <u>Illness</u> or <u>Injury</u> that is the subject of your claim for benefits. In the case of a member who ceases to be <u>Disabled</u> (whether before or after their <u>Waiting Period</u> has been satisfied), the <u>Date of Disablement</u> will mean the next earliest date that they are totally unable to work in their <u>Own Occupation</u> due to <u>Illness</u> or <u>Injury</u> . The <u>Date of Disablement</u> must always be certified by a <u>Medical Practitioner</u> .
Date of Disablement (for TPD cover)	<p>In respect of <u>Total and Permanent Disablement</u> cover, means:</p> <p>(a) where you were engaged in <u>Gainful Employment</u> – the date you cease all work-related duties due to <u>Illness</u> or <u>Injury</u>; or</p> <p>(b) where you were not engaged in <u>Gainful Employment</u> – the date you cease to be able to engage in <u>Gainful Employment</u> due to <u>Illness</u> or <u>Injury</u>, as certified by a <u>Medical Practitioner</u>.</p> <p>For the purposes of paragraph (a), up to two unsuccessful attempts by you to return to <u>Gainful Employment</u> for less than 30 consecutive days each attempt will be disregarded.</p>
Date of Terminal Illness	In respect of Terminal Illness cover, means the earlier of the dates on which two <u>Medical Practitioners</u> have certified in writing that you are <u>Terminally Ill</u> , regardless of whether cover is in force on the date of the second certification.
Disability / Disabled (for income protection cover)	Means either <u>Total Disability</u> or <u>Partial Disability</u> .
Election	Means a written election provided to the Fund that is made by you in accordance with the <i>Superannuation Industry (Supervision) Act 1993</i> (Cth) to take out or maintain insurance.
Employed / Employment	Means being employed for remuneration or reward.
Gainful Employment / Gainfully Employed	Means performance or work for actual or expected remuneration, reward or other economic benefit to you or a person or entity connected with you. <u>Gainful Employment</u> includes being <u>Employed</u> or <u>Self-Employed</u> .

Term	Meaning
Illness	Means sickness, disease or disorder.
Important Duties	One or more duties which are important and essential in producing income.
Inactive	Means the Fund has not received a contribution or rollover in respect of your account.
Injury	Means bodily injury which is caused solely and directly by external, violent and accidental means and is independent of any other cause.
Leave without pay (LWOP)	Means a period of leave taken by you during which you earn no income from an employer. It does not include any period of part time leave without pay where you are working for that employer in any capacity.
Life Events	<p>Means one of the following events that occurs to you for which the insurer may provide cover to you:</p> <ul style="list-style-type: none"> (a) your marriage or documented commencement of a de facto relationship; (b) your divorce (including separation from de facto partner; (c) the first anniversary of the events in (a) or (b) above with the same person; (d) birth of your child; (e) adoption of a child by you; (f) the death of your spouse or de facto partner; (g) you taking out a new mortgage to purchase your primary residence, or increasing an existing mortgage to renovate or extend your primary residence; (h) your child turns 12 years of age or commences secondary school for the first time; or (i) (for IP only) your increase in salary when employed by an employer; or (j) you reach 30, 40 and 50 years of age.
Limited Cover Conditions	<p>Means cover is restricted to claims arising from an <u>Illness</u> or <u>Injury</u> that first becomes Apparent on or after the date that the cover started or, if the cover recommenced or was reinstated, on or after the date that the cover recommenced or was reinstated.</p> <p>Apparent means that you were aware of, or a reasonable person in the circumstances could be expected to have been aware of, the <u>Illness</u> or <u>Injury</u>.</p>
Maximum Cover Limit	<p>Means the maximum amount of cover available for you under the policy as follows:</p> <ul style="list-style-type: none"> • death cover: Unlimited • <u>Terminal Illness</u> cover: \$5,000,000 • <u>Total and Permanent Disablement</u> cover: \$5,000,000 • income protection cover: \$40,000 per month.
Medical Care	Means you are receiving and following treatment or advice recommended by a <u>Medical Practitioner</u> who has personally assessed you and has been provided with full clinical details of your case, and you will continue to be reviewed in these circumstances on at least a monthly basis unless otherwise agreed by the insurer.
Medical Practitioner	<p>Means, unless the insurer agrees otherwise, a medical practitioner legally qualified and registered to practice in Australia, but shall not include chiropractors, physiotherapists, psychologists and alternative health providers.</p> <p>The <u>Medical Practitioner</u> cannot be:</p> <ul style="list-style-type: none"> (a) you; (b) your spouse or partner in a de facto relationship, parent, child, sibling or close family relative; (c) your business partner, associate, employer or employee; or (d) a fellow shareholder or unit holder of you in a company or trust that is not a publicly listed company or trust.
Monthly Income	<p>Means your gross monthly income earned from personal exertion from your main occupation, or occupations, averaged over the 12 months immediately prior to applying for income protection cover, aside from bonuses which are to be averaged over the 3 years prior to applying for income protection cover.</p> <p>If you have been <u>Employed</u> or <u>Self-employed</u> for less than 12 months before applying for income protection cover, your gross monthly income will be averaged over the period since you last started <u>Employment</u> or <u>Self-employment</u>.</p> <p>Note: For the purpose of calculating your <u>Monthly Income</u>:</p> <ul style="list-style-type: none"> (a) Superannuation Guarantee contributions are not included; and (b) if you are <u>Self-employed</u>, your share of business expenses are to be deducted.

Term	Meaning
Other Disability Income	<p>Means, subject to paragraph (d) and (e) of this definition, any amount which you receive, or are entitled to receive, in connection with, or arising out of, the Injury or Illness causing your Total Disability or Partial Disability, which you may receive or be entitled to receive during a month a Benefit is payable (whereby lump sum, periodic payment or otherwise) whether that amount was actually received or not, including:</p> <ul style="list-style-type: none"> (a) any amount paid or payable, including any superannuation components: <ul style="list-style-type: none"> (i) under another income protection insurance policy, salary continuance insurance policy, loan protection insurance policy, or similar policy, in any jurisdiction; (ii) under any workers' compensation, motor accident compensation, statutory compensation or similar scheme, however named, in any jurisdiction or other similar state, federal, territory or extraterritorial legislation; (iii) under common law or under state, federal, territory or extraterritorial legislation unless excluded under (d) or (e) below; (iv) as employer-funded sick leave (paid amount only), personal leave or any other employer-paid leave in any jurisdiction; (b) any out of court settlement sum, or any award of money sum by a court, tribunal, arbitrator or government body in any jurisdiction; (c) whether an amount under paragraph (a) of this definition is: <ul style="list-style-type: none"> (i) a lump sum, a periodic payment, a combination of a lump sum and a periodic payment, or otherwise; or (ii) in the nature of a capital payment or income payment (as those terms are understood having regard to normal accounting standard and practice), has no bearing on whether that amount is Other Disability Income or otherwise; (d) note that Other Disability Income does not include: <ul style="list-style-type: none"> (i) an amount paid or payable under this Policy or Return to Employment Income; (ii) Centrelink, Department of Veterans Affairs, or any equivalent or replacement agencies benefits; (iii) any amount paid under an insurance policy providing total and permanent disablement benefits or a terminal illness or critical illness benefits; (iv) annual leave or long service leave; or (v) a pension or annuity paid from a superannuation fund other than a disability pension, whether a lump sum, a periodic payment, a combination of a lump sum and a periodic payment, or otherwise; (e) in addition to the amounts, benefits and payments excluded under paragraph (d), we will not consider any portion of an amount paid or payable to you to be Other Disability Income, if you establish to the insurers reasonable satisfaction, that it represents or covers compensation for or payment in respect of: <ul style="list-style-type: none"> (i) pain and suffering; (ii) the loss of a part, or the use of a part of the body to the extent that such compensation is not income or capital (as those terms are understood having regard to normal accounting standards and practice); (iii) medical expenses; or (iv) reasonable legal expenses, and, for clarity, to the extent that you cannot establish to the Insurers satisfaction, acting reasonably, that any portion of an amount paid or payable to you represents compensation for or payment in respect of those items set out in (i) to (iv) above, the entirety of that amount will be deemed to be Other Disability Income; and (f) where Other Disability Income is in the form of a lump sum or is commuted to a lump sum, the monthly Benefit will be reduced by an amount equal to one sixtieth (1/60) of the lump sum over a period of sixty months or the remainder of the Benefit Period, whichever is the less.
Own Occupation	<p>Means the occupation or regular duties in which you have spent the most amount of the time engaged in during the 12 months prior to the <u>Date of Disablement</u>.</p> <p>In the event that you suffer an Illness or Injury while on employer approved <u>Leave Without Pay</u>, the occupation you performed before commencing the leave will be the occupation used for the purposes of determining <u>Total Disability</u>.</p>
Partial Monthly Benefit	<p>Means the lesser of:</p> <ul style="list-style-type: none"> (a) your insured monthly IP benefit; and (b) 87% of your <u>Pre-disability Income</u>
Partially Disabled / Partial Disability	<p>Means that in the insurer's opinion you are no longer <u>Totally Disabled</u> and, solely as a result of an <u>Illness</u> or <u>Injury</u> that caused you to be <u>Totally Disabled</u>, you:</p> <ul style="list-style-type: none"> (a) do not have the capacity to work in your <u>Own Occupation</u> at the same level that you were working at prior to commencement of <u>Total Disability</u>; and (b) are earning <u>Return to Employment Income</u> that is less than your <u>Pre-disability Income</u>; and (c) are under <u>Medical Care</u>.

Term	Meaning
Participating Employer	Means an employer participating in the Fund in accordance with the Trust Deed.
Pre-disability Income	<p>Your gross monthly income earned from personal exertion from your main occupation, or occupations, averaged over the 12 months immediately prior to your <u>Date of Disablement</u> (aside from bonuses which are to be averaged over the 3 years prior to your <u>Date of Disablement</u>).</p> <p>If you have been <u>Employed</u> or <u>Self-employed</u> for less than 12 months before your <u>Date of Disablement</u>, your gross monthly income will be averaged over the period since you last started <u>Employment</u> or <u>Self-employment</u>.</p> <p>Note: For the purpose of calculating your <u>Pre-disability Income</u>:</p> <ul style="list-style-type: none"> (a) Superannuation Guarantee contributions are not included; and (b) if you are <u>Self-employed</u>, your share of business expenses are to be deducted; and (c) if you are on employer approved <u>Leave Without Pay</u>, special provisions apply (refer to the relevant policy).
Return to Employment Income (for income protection purposes)	<p>Means the gross income received by you during the month in respect of which a <u>Partial Disability</u> benefit is payable, and which is earned as a consequence of your personal exertion (including commissions, bonus, leave payments and other payments that the insurer reasonably considers form part of your remuneration package).</p> <p>Note: For the purpose of calculating your <u>Return to Employment Income</u>:</p> <ul style="list-style-type: none"> (a) Superannuation Guarantee contributions are not included; and (b) if you are <u>Self-employed</u>, your share of business expenses is to be deducted.
Self-employed or Self-employment	Means you are performing activities for remuneration or reward in a business of which you directly or indirectly own all or part.
Specialist Medical Practitioner	<p>Means a person who is a <u>Medical Practitioner</u> and:</p> <ul style="list-style-type: none"> (a) who, if the claimed illness is a mental health condition, is a <u>Medical Practitioner</u> legally qualified as a practicing psychiatrist and registered with the Australian Health Practitioner Regulation Agency (AHPRA) (and the insurer requires the condition to have been diagnosed by the <u>Specialist Medical Practitioner</u> in accordance with the latest edition of the Diagnostic and Statistical Manual of Mental Disorders); otherwise (b) who is a <u>Medical Practitioner</u> who is a specialist as determined by the relevant medical registration boards and registered with the Australian Health Practitioner Regulation Agency (AHPRA); and is currently practicing in a specialist area related to the <u>Illness</u> or <u>Injury</u> that the claim is for.
Specific Medical Condition	<p>Means one of the following medical conditions, certified by a <u>Medical Practitioner</u> or health professional whose educational qualifications and area of speciality are appropriate for your <u>Illness</u> or <u>Injury</u>:</p> <ul style="list-style-type: none"> (a) Blindness; (b) Cardiomyopathy; (c) Chronic Lung Disease; (d) Dementia and Alzheimer's Disease; (e) Idiopathic Pulmonary Arterial Hypertension; (f) Loss of Hearing / Deafness; (g) Loss of Speech; (h) Major Head Trauma; (i) Motor Neurone Disease; (j) Multiple Sclerosis; (k) Muscular Dystrophy; (l) Paralysis; (m) Parkinson's Disease.
Terminal Illness/ Terminally Ill	<p>Means:</p> <ul style="list-style-type: none"> (a) two Medical Practitioners have jointly or separately certified in writing that you are suffering from an <u>Illness</u>, or have incurred an <u>Injury</u>, that is likely to result in your death within the <u>Certification Period</u>; (b) at least one of the Medical Practitioners is a specialist practising in an area related to the <u>Illness</u> or <u>Injury</u> suffered by you; (c) at least one of the certifications referred to in clause (a) occurs while your death cover is in force; (d) for each of the certifications, the <u>Certification Period</u> has not ended; and (e) We are satisfied, on medical or other evidence, that despite reasonable medical treatment, the <u>Illness</u> or <u>Injury</u> will lead to your death within the <u>Certification Period</u>.
Terrorism	Means the use of force or violence (or threats of force or violence) performed in connection with political, religious, ideological or similar purposes.

Term	Meaning
Total and Permanent Disablement/ Totally and Permanently Disabled	<p>Means, in the insurer's opinion, (a), (b), (c) and (d) below are satisfied:</p> <p>(a) if you:</p> <ul style="list-style-type: none"> (i) are engaged in <u>Gainful Employment</u> immediately prior to your <u>Date of Disablement</u> – you have ceased all work-related duties due to <u>Illness or Injury</u>, as certified by a <u>Medical Practitioner</u>; (ii) are not engaged in <u>Gainful Employment</u> immediately prior to your <u>Date of Disablement</u> – you have ceased to be able to engage in any <u>Gainful Employment</u> due to <u>Illness or Injury</u>, as certified by a <u>Medical Practitioner</u>; <p>(b) where the occurrence of (a) above:</p> <ul style="list-style-type: none"> (i) is due to a <u>Specific Medical Condition</u> – you have been continuously unable to engage in any <u>Gainful Employment</u> from your <u>Date of Disablement</u> until the date the insurer forms their opinion; (ii) is not due to a <u>Specific Medical Condition</u> – you have been unable to engage in any <u>Gainful Employment</u> for a continuous period of 3 months immediately following your <u>Date of Disablement</u> and continuously since, until the date the insurer forms their opinion; <p>(c) as at the date the insurer forms their opinion, you:</p> <ul style="list-style-type: none"> (i) are under the care of a health professional whose educational qualifications and specialty are appropriate for your <u>Illness or Injury</u>, at a frequency that is appropriate for your medical condition, and you are complying with all reasonable advice and treatment given by that health professional; and (ii) have exhausted all reasonable and appropriate medical treatment options, including rehabilitation and interventions for your <u>Illness or Injury</u>; and <p>(d) due to <u>Illness or Injury</u> you are unlikely ever to engage in any <u>Gainful Employment</u> for which you are reasonably qualified by education, training or experience.</p> <p>For the purposes of paragraph (b), up to two unsuccessful attempts by you to return to <u>Gainful Employment</u> for less than 30 consecutive days each attempt will not preclude you from satisfying paragraph (b).</p> <p>In forming their opinion as to whether you are <u>Totally and Permanently Disabled</u>, the insurer will have regard to factors including but not limited to:</p> <ul style="list-style-type: none"> • any evidence that they consider is reasonably necessary to form their opinion and is reasonably available to them up until the date they form their opinion; • medical advice, the advice of a <u>Specialist Medical Practitioner</u> appointed by the insurer, the advice of other experts (medical or otherwise) and any other information that the insurer considers to be appropriate and relevant at the date when they form their opinion; • any retraining, work, voluntary work or rehabilitation that you could reasonably undertake or have already undertaken, as well as any further reasonable treatments (medical or otherwise) or medication reasonably available that could enable you to return to work in the future; • your capacity to work, and without limiting the concept of work to work that is available in your local area.
Totally Disabled/ Total Disability (for income protection purposes)	<p>Means that in the insurer's opinion, you are, because of <u>Illness or Injury</u>:</p> <p>(a) under <u>Medical Care</u>;</p> <p>(b) not working in any occupation (whether paid or unpaid);</p> <p>(c) during the first 2 years of the <u>Benefit Period</u>, not capable of doing the <u>Important Duties</u> of your <u>Own Occupation</u>; and</p> <p>(d) after the first 2 years of the <u>Benefit Period</u>, because of the same <u>Illness or Injury</u>, you are not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience.</p>
Waiting Period	<p>Means the continuous period, commencing from your <u>Date of Disablement</u>, for which you have to be continuously <u>Disabled</u> before a benefit is payable.</p> <p>If, during the <u>Waiting Period</u>, you return to <u>Gainful Employment</u> and therefore cease to be either <u>Partially Disabled</u> or <u>Totally Disabled</u>, your <u>Waiting Period</u> will be extended or restarted as follows:</p> <p>(a) if you returned to <u>Gainful Employment</u> for five days or less and you again become <u>Disabled</u> as a result of the same <u>Illness or Injury</u>, the <u>Waiting Period</u> will be regarded as continuous but it will be extended by the number of days for which you were in <u>Gainful Employment</u>;</p> <p>(b) if you returned to <u>Gainful Employment</u> for more than five days and you again become <u>Disabled</u> (whether as a result of the same or a different <u>Illness or Injury</u>), a new <u>Waiting Period</u> will commence;</p> <p>(c) notwithstanding (a) and (b) above, where you have returned to <u>Gainful Employment</u> as part of an <u>Approved Rehabilitation Program</u> and you again become <u>Disabled</u> as a result of the same <u>Illness or Injury</u> within your <u>Waiting Period</u>, the <u>Waiting Period</u> will be regarded as continuous and any days of <u>Gainful Employment</u> will not be added to the <u>Waiting Period</u>. In other cases, a new <u>Waiting Period</u> will recommence.</p>
War	<p>Means inclusive of all war and not limited to declared or undeclared war or war related activities, revolution, invasion or rebellion or civil unrest. War does not include <u>Terrorism</u>.</p>

Specific medical conditions defined

Medical condition	Meaning
Blindness	Means the permanent and irrecoverable loss of sight (whether aided or unaided) in both eyes, as a result of <u>Illness</u> or <u>Injury</u> to the extent that visual acuity in both eyes, on a Snellen Scale after correction by suitable lens is less than 6/60 or to the extent that the visual field is reduced to 20 degrees or less of arc.
Cardiomyopathy	Means a disease of the heart muscle characterised by structural, functional and/or electrophysiological dysfunction of the heart muscle resulting in significant permanent and irreversible cardiac impairment, to the degree of at least Class III on the New York Heart Association classification of cardiac impairment.
Chronic Lung Failure (requiring permanent oxygen therapy)	Means end stage lung disease with a consistent pulmonary function test result of: <ul style="list-style-type: none"> • FEV1 less than 40% predicted; or • a DLCO less than 40% predicted; and you are on permanent oxygen therapy.
Dementia and Alzheimer's Disease	Means the unequivocal diagnosis of dementia by a consultant neurologist, or geriatrician. The diagnosis must confirm dementia or Alzheimer's Disease due to permanent failure of brain function with associated cognitive impairment. A Mini-Mental State Examination score of 24 or less out of 30; or evidence from another neuropsychometric test that is acceptable to the insurer is required.
Idiopathic pulmonary arterial hypertension (of specified severity)	Means idiopathic pulmonary arterial hypertension with substantial right ventricular enlargement established by investigations including cardiac catheterisation, resulting in physical permanent impairment to the degree of at least Class III of New York Heart Association classification of cardiac impairment. The condition must be diagnosed by an appropriate <u>Specialist Medical Practitioner</u> .
Loss of Hearing/Deafness (permanent)	Means the irrecoverable profound loss of all hearing in both ears, resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500, 1000 and 3000 hertz, both natural and assisted, as a result of <u>Illness</u> or <u>Injury</u> . The condition must be diagnosed by an appropriate <u>Specialist Medical Practitioner</u> .
Loss of Speech (permanent)	Means the total and irrecoverable loss of the ability to produce intelligible speech, as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, due to <u>Illness</u> or <u>Injury</u> .
Major Head Trauma (with permanent neurological deficit)	Means accidental head injury resulting in neurological deficit causing: <ul style="list-style-type: none"> • permanent Whole Person Impairment of at least 25%; or • you are totally and permanently unable to perform any one of the 'Everyday Working Activities'. <p>Whole Person Impairment means where a payment depends on you meeting criteria based on the Whole Person Impairment, the calculation is to be based on the latest edition of the American Medical Association publication titled 'Guides to the Evaluation of Permanent Impairment' until an equivalent Australian guide, sanctioned by the Australian Medical Association, has been produced, at which time the calculation in the relevant Australian guide will apply.</p> <p>'Everyday Working Activities' means the following five activities:</p> <ol style="list-style-type: none"> Mobility: the ability to: <ol style="list-style-type: none"> bend, kneel or squat to pick something up from the floor and straighten up again, and the ability to get into and out of a standard sedan car, and the ability to sit in a chair for prolonged periods; or walk more than 200 metres on a level surface without stopping due to breathlessness or severe discomfort. Communication: the ability to speak in your first language with sufficient clarity such that they can hold a conversation in a quiet room by understanding a simple message and relaying that message to another person. Vision: the ability to read ordinary newsprint and pass the standard eye test for a car licence (with glasses or contact lenses if needed) and your vision is better than legal blindness. Legal blindness is as certified by an ophthalmologist. Lifting: the ability to lift (from floor to waist), carry and move an object weighing 10 kg with hands, including using both hands together. Manual dexterity: the ability, with reasonable precision and success, to use at least one hand, including thumbs and fingers, to manipulate small objects (such as picking up a coin, fastening shoelaces or buttons, using cutlery or using a pen or keyboard to write a short note).

Medical condition	Meaning
Motor Neurone Disease (progressive and debilitating)	Means the unequivocal diagnosis of a progressive form of debilitating Motor Neurone Disease by an appropriate <u>Specialist Medical Practitioner</u> . The diagnosis must be supported by ancillary testing (e.g. clinical neurophysiology) and exclusion of other causes by imaging and appropriate investigations.
Multiple Sclerosis (with multiple episodes of neurological deficit and persisting neurological abnormalities)	Means a disease characterised by demyelination in the brain and/or spinal cord. Multiple Sclerosis must be unequivocally diagnosed by an appropriate <u>Specialist Medical Practitioner</u> . There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities. Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses are required to confirm diagnosis.
Muscular Dystrophy	Means the unequivocal diagnosis of muscular dystrophy by an appropriate <u>Specialist Medical Practitioner</u> . The diagnosis must be supported by appropriate clinical investigations including genetic test, muscle biopsy or electromyography.
Paralysis	Means the total and permanent loss of function of two or more limbs through <u>Illness</u> or <u>Injury</u> causing permanent damage to the nervous system. This includes, but is not limited to quadriplegia, paraplegia, diplegia and hemiplegia.
Parkinson's Disease (permanent)	Means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease by an appropriate <u>Specialist Medical Practitioner</u> , caused by degeneration of the nigrostriatal system and as characterised by the clinical manifestation of one or more of the following: <ul style="list-style-type: none"> • rigidity; • tremor; and • akinesia. All other types of Parkinsonism are excluded (e.g. secondary to medication).



Part 2: Ambulance Officers' Insurance

Compulsory death (including terminal illness) insurance cover is provided for eligible NSW Ambulance Officers through Aware Super. While this compulsory death cover is generally provided in accordance with the terms of the NSW Ambulance Death and Income Protection Benefits (State) Reviewed Award 2022, the cover is subject to the terms and conditions of the life insurance policy issued to the trustee by TAL.

Ambulance Officers' Insurance cover is provided separate to the automatic death and TPD Basic Cover within the Future Saver account (see Part 1) provided to eligible NSW Ambulance Officer members in Aware Super. Please refer to Part 1 to confirm whether you are eligible for automatic Basic Cover, for details of the automatic cover provided, and when it may be limited or cease.

In describing Ambulance Officers' Insurance cover, there are a number of terms and expressions used which have a special meaning. These terms and expressions are underlined and their meaning is explained in the 'What the words mean for Part 2' section on page 53. While some of the definitions may be similar to the definitions that apply to the Insurance through Future Saver described in Part 1, they may not be identical.

Who is eligible for Ambulance Officers' Insurance?

The Ambulance Officers' Insurance cover is compulsory for all officers who are eligible. You are eligible for this insurance cover if you are an officer aged less than 70 and you are not:

- a member of the State Superannuation Scheme (SSS); or
- a member of the State Authorities Superannuation Scheme (SASS) in NSW who has additional benefit cover.

If you are eligible, you cannot opt out of Ambulance Officers' Insurance cover, however it will cease automatically when you are no longer an eligible officer.

When does Ambulance Officers' Insurance cover commence?

You do not need to apply for Ambulance Officers' Insurance cover. Unless you were ineligible because you were a member of SSS, or a member of SASS with additional benefit cover, your insurance will automatically start when the insurer is advised by Ambulance Service of NSW that you are eligible.

If you were ineligible because you were a member of SSS, or a member of SASS with additional benefit cover, but you become eligible because you left SSS, or ceased to be a member of SASS with additional benefit cover, then your Ambulance Officers' Insurance cover will start subject to the following:

- if you were at work performing normal duties on the date you cease to be a member of SSS, or ceased to be a member of SASS with additional benefit cover, your Ambulance Officers' Insurance cover will start on that date; or
- if you were not at work performing normal duties on the date you cease to be a member of SSS, or ceased to be a member of SASS with additional benefit cover, your Ambulance Officers' Insurance cover will only start if you return to work and are performing normal duties for a continuous period of 30 days; and
- you are aged less than 70.

What is Ambulance Officers' Insurance cover?

The insurance policy covers you for death and terminal illness. If a terminal illness benefit is paid, death cover stops.

The level of insurance cover depends on whether you are on duty or off duty at the time that an insured event occurs.

Important: Insurance benefits are only payable under Aware Super if payable under the applicable policy issued by the insurer to the trustee.

How much is the on duty cover?

The amount of your on duty sum insured is calculated according to your age, and salary (explained below) at the time of the insured event. If the amount of your on duty sum insured equals less than the amount shown in **Table 8** below, the higher amount will apply.

Note: Maximum amounts of cover apply (see page 51).

Formula for calculating on duty cover

Salary x multiple of salary based on age (see **Table 7** below) = sum insured for Ambulance Officers' Insurance cover.

The total is reduced, if necessary, to the maximum amount of cover.

What is the salary used to calculate the benefit?

- 'Salary' for officers covered by the *Paramedics And Control Centre Officers (State) Award 2022* means the base salary prescribed by that award (including allowances regarded as part of salary for the purposes of that award) plus 20%.
- 'Salary' for officers covered by the *Operational Ambulance Managers (State) Award 2022* means the base salary prescribed by that award plus 3%.

If you commence a secondment or undertake higher grade duties, the salary that was payable immediately prior to the commencement of your secondment or to undertaking higher grade duties, and determined in accordance with the above points, will be used to calculate the benefit.

Salary for the purposes of calculating the benefit, excludes any casual or temporary loadings and is the full-time equivalent salary.

Your salary will be determined by your employer in accordance with the above and advised to us.

What is the multiple of salary based on age for on duty cover?

Table 7

Age last birthday at insured event	Multiple of salary
Less than 45 years of age	8.50
45	8.20
46	7.95
47	7.69
48	7.42
49	7.15
50	6.88
51	6.59
52	6.29
53	5.98
54	5.67
55	5.35
56	5.02
57	4.69
58	4.34
59	4.00
60	3.71
61 to 69 years of age	Fixed lump sum equivalent to the <u>off duty</u> amount
70 or over	Cover ceases

Calculating on duty death and terminal illness cover



Ann's salary is \$63,000. She was 47 years old at the time she was on duty and died in a road accident on 19 February 2023.

Salary x multiple of salary based on age
= sum insured

Ann's sum insured is \$63,000 x 7.69
= \$484,470

Note: The above example is illustrative only and based on the factors stated. It should not be taken to contain or provide an estimate of the cover available to you.

How much is the off duty cover?

The amount of off duty cover is a lump sum fixed amount that depends on your age.

These benefits will be indexed in accordance with general increases in salaries prescribed by the *Paramedics And Control Centre Officers (State) Award 2022* or the *Operational Ambulance Managers (State) Award 2022*, as amended or replaced from time to time.

Table 8

Age last birthday	Lump sum (as at 1 January 2024)
Up to and including 60 years of age	\$466,053
61 years of age	\$372,843
62 years of age	\$279,632
63 years of age	\$186,422
64 – 69 years of age	\$93,209
70 years of age	No cover

When does cover cease?

Your Ambulance Officers' Insurance cover will cease when the first of the following events occurs:

- you die; or
- you cease being an officer; or
- at midnight on the day before you reach age 70; or
- the date you have or obtain additional benefit cover under SASS; or
- when the amount of the Ambulance Officers' Insurance benefit becomes payable as a result of your death or terminal illness; or
- the day you commence duty with the armed forces of any country (this does not include duty in the Australian Defence Forces Reserve), for the period of such duty; or
- 30 days or more has passed after the due date¹ for payment of the premium for Ambulance Officers' Insurance cover if the premium has not been paid; or
- the insurance policy between the insurer and trustee is cancelled or terminated.

Cover may also be affected by travel and unpaid leave, as explained on page 52.

¹ Premiums are due each calendar month in arrears and are payable by the Ambulance Service of NSW by contributions to Aware Super. 'Due date' means 30 days after the end of the calendar month for which a premium is payable.

Maximum amounts of cover

The maximum amount of Ambulance Officers' Insurance cover is \$2 million. Your on duty cover amount is based on your salary and will be limited to the maximum benefit amount of \$2 million.

What is the cost?

Under the *NSW Ambulance Death and Income Protection Benefits (State) Reviewed Award 2022*, the Ambulance Service of NSW pays the cost of the Ambulance Officers' Insurance by making employer contributions which are credited to your Aware Super account as a concessional contribution for tax purposes, and deducted each fortnight to pay the insurance premium.

In addition to your insurance premiums, if you have any insurance cover on the last day of the month we also deduct a monthly insurance administration fee of \$1.85 from your Ambulance Officers' Insurance account. This helps cover the cost of managing all of our members' insurance. The Ambulance Service of NSW pay Aware Super the insurance administration fee as an employer contribution. The trustee and the Ambulance Service of NSW may revise these arrangements from time to time. The trustee in conjunction with the Ambulance Service of NSW will notify you if there is a change to these arrangements before they are implemented.

If the only reason you have an Aware Super account is to enable Ambulance Officers' Insurance cover to be provided, you will not have the automatic Basic Cover described in Part 1 and the fund's annual administration fee of \$52.00 will be paid as a proportional monthly amount for you by the Ambulance Service of NSW as a concessional contribution for tax purposes. For more information on concessional contributions, refer to the *Super Handbook* available on our website.

You may receive a rebate in connection with your administration fee which reflects the tax deduction received by the fund for administration expenses. The rebate is credited to your account at the time the fee is deducted.

Continued cover and overseas travel

Non-work related travel

The insurer will provide cover if you travel overseas on non-work related business, except to a country that the Department of Foreign Affairs and Trade (DFAT) has issued travel advice as published on its website dfat.gov.au under one of the following headings:

- Level 3 – Reconsider the need to travel; or
- Level 4 – Do not travel,
(a 'DFAT-listed country').

Generally, cover is not provided for travel to a DFAT-listed country from the moment of arrival in, until the moment of departure from, such country.

Overseas secondment by the Ambulance Service of NSW

If the Ambulance Service of NSW seconds you to any country for education or conferences then:

- if, at the time of the proposed travel, you will be visiting a DFAT-listed country, prior notification must be provided and approval given by the insurer in order for continued cover to be granted while you are visiting the DFAT-listed country.

If the Ambulance Service of NSW seconds you overseas for disaster relief, disaster aid or peace-keeping missions, prior notification must be provided and approval given by the insurer in order for continued cover to be granted.

Claims and overseas travel

If you make a terminal illness claim while outside Australia, the insurer may require you to return to Australia at your own expense for assessment, unless you are a resident in Canada, New Zealand, the United Kingdom, the United States of America or any other country to which the insurer may agree from time to time.

Other terms and conditions

What happens if you go on leave without pay?

If the Ambulance Service of NSW approves your leave without pay and insurance premiums continue to be paid on your behalf to Aware Super, then your Ambulance Officers' Insurance cover remains in force. If the insurance premiums are not paid during your leave without pay, cover will cease 30 days after the premium due date.

What if you are in a fund other than Aware Super?

You are required to have Ambulance Officers' Insurance cover if you are an eligible officer (see page 49). The death and terminal illness benefits are provided by the insurer through Aware Super. Accordingly, to be entitled to these benefits, you must have an Aware Super account or one will be established on your behalf.

If you have chosen to have your Ambulance Service of NSW employer contributions sent to a fund other than Aware Super, this can also continue. If you are entitled to an insured benefit from the other superannuation fund, your Ambulance Officers' Insurance benefit will not be reduced.

How do you make a claim?

If you wish to claim a terminal illness benefit, you and the Ambulance Service of NSW should notify the trustee of a possible claim as soon as possible. The trustee

will then notify the insurer and you will be advised of their requirements to commence assessment of the claim. You are responsible for the costs of providing the medical or other evidence reasonably required by the insurer to assess your claim. If the insurer requests you to undertake a medical or other assessment which it has organised, the insurer will normally meet the cost of that assessment unless you did not attend a pre-arranged medical examination and fail to provide sufficient notice.

Payment of Ambulance Officers' Insurance claims

Payment of a claim must be accepted and paid by the insurer and the trustee must be satisfied that you meet a condition of release under superannuation law before any payment is made from the fund. If you hold a Future Saver account with Aware Super, any insurance benefits received from the insurer will be invested in the Cash investment option and form part of your superannuation account balance. If you only hold an Ambulance Officers' Insurance account with Aware Super, any insurance benefits received from the insurer will be retained in the fund until you provide instructions for payment of the benefits. Any applicable tax will be deducted from a benefit prior to payment. The conditions of release under superannuation law are described in the *Super Handbook* available on our website at aware.com.au/pds or by contacting us.

Death claims

In the unfortunate circumstance of your death, your beneficiary or legal representative can make a claim for your death benefit and superannuation account balance. For more information about beneficiaries and how to nominate beneficiaries, see our *Super Handbook* on our website.

What we pay

The payment is the total of the deceased person's death cover, based on the applicable on duty or off duty sum insured on the date they died. If there's more than one beneficiary, each beneficiary may get different parts of this total.

How to claim

Your beneficiary or beneficiaries should contact us so we can send the claims pack to them.

We recommend they first download the *How to claim a death benefit* factsheet available on our website. This factsheet explains the claim process and the information they'll need to provide.

For information about making a claim, please give us a call on **1300 650 873**.



What the words mean for Part 2

Terms	Meaning
At work	Means at work or on annual or long service leave or other leave approved by the Ambulance Service of New South Wales for reasons other than illness or injury, and capable of performing all your <u>Normal Duties</u> .
Certification Period	In respect of Terminal Illness cover, means a period of not more than 24 months, which commences from the date a Medical Practitioner certifies in writing that you are <u>Terminally Ill</u> .
Insured event	<p>Means:</p> <ul style="list-style-type: none"> a) for the purposes of determining whether you are <u>On Duty</u> or <u>Off Duty</u> in respect of a claim, your illness, injury or death, as applicable, depending on which of these events gives rise to the claim; b) for the purposes of determining salary when calculating the <u>On Duty</u> sum insured for the death benefit, the date of your death; c) for the purposes of determining Salary when calculating the <u>On-Duty</u> Sum Insured for the <u>Terminal Illness</u> benefit, the <u>Date of Terminal Illness</u>. <p>An illness contracted by you in the course of employment (where “employment” means being engaged in employment for remuneration or reward as an <u>Officer</u>) is an insured event which occurred <u>On Duty</u>. If your employment as an <u>Officer</u> while insured under the policy was a substantial contributing factor to the aggravation, acceleration or exacerbation of your illness which is an insured event, the illness is deemed to be an insured event which occurred <u>On Duty</u>.</p>
Date of Terminal Illness	In respect of Terminal Illness cover, means the earlier of the dates on which two <u>Medical Practitioners</u> have certified in writing that you are <u>Terminally Ill</u> , regardless of whether cover is in force on the date of the second certification.
Insured member	Means an <u>Officer</u> who is a member of Aware Super and who is insured under the Ambulance Officers Insurance policy issued to the trustee.
Medical practitioner	Means, unless the insurer agrees otherwise, a medical practitioner legally qualified and registered to practice in Australia, but excluding chiropractors, physiotherapists, psychologists or alternative health providers. The medical practitioner cannot be you, your spouse or de facto partner, close family relative or business associate or partner.
Normal duties	Means the duties for which you are principally employed as an <u>Officer</u> .
Off duty	Means any time that an <u>Officer</u> is not <u>On Duty</u> .
Officer	<p>Means:</p> <ul style="list-style-type: none"> a) an employee of the Ambulance Service of New South Wales in a classification for which it is an essential requirement that they possess, or undertake the Diploma of Paramedical Science (or an equivalent, or its predecessor qualification). This is confined to classifications under the Paramedics and Control Centre Officers (State) Award 2022 and the Operational Ambulance Managers (State) Award 2022 (or in any amended or replacement Awards). This includes full-time, part-time, temporary and casual employees of both Awards and Ambulance Service positions designated as Health Relationship Manager. b) Employees referred to in a), who are seconded to or undertaking higher grade duties in a role that is not covered by an Award referred to in a).
On duty	Means duty in the course of employment (where “employment” means being engaged in employment for remuneration or reward as an <u>Officer</u>) and includes journeying to or from work and responding to an incident from the time of the call.
Terminal illness/ terminally ill	<p>Means:</p> <ul style="list-style-type: none"> (a) two Medical Practitioners have jointly or separately certified in writing that you are suffering from an Illness, or have incurred an Injury, that is likely to result in your death within the <u>Certification Period</u>; (b) at least one of the Medical Practitioners is a specialist practising in an area related to the Illness or Injury suffered by you; (c) at least one of the certifications referred to in clause (a) occurs while your death cover is in force; (d) for each of the certifications, the <u>Certification Period</u> has not ended; and (e) the insurer satisfied, on medical or other evidence, that despite reasonable medical treatment, the illness or injury will lead to your death within the <u>Certification Period</u>.



Complaints resolution

We can usually answer any questions you have about your account over the phone. If you're not satisfied with the response or need more help, please contact our Complaints Team:

Email: complaints_officer@aware.com.au

Online: aware.com.au/contact

Phone: 1300 650 873

International: +61 3 9131 6373

In writing: Aware Super Complaints Officer
GPO Box 89
Melbourne VIC 3001

Once we receive your complaint, we will investigate and try to resolve your concerns as soon as possible, generally within 30 days.

If you're not satisfied with the outcome, you can contact the Australian Financial Complaints Authority (AFCA). AFCA provides free and independent service to help resolve complaints and can be contacted as follows:

Online: afca.org.au

Email: info@afca.org.au

Phone: 1800 931 678 (free call)

In writing: Australian Financial
Complaints Authority
GPO Box 3
Melbourne VIC 3001

How we protect your privacy

Our privacy information (sensitive information)

This privacy information outlines how sensitive member information is collected, used and disclosed by us. Sensitive information (such as health or medical information) about fund members is always handled with extreme care and diligence.

This information includes two parts: a **Collection Notice** and a **Privacy Policy Statement**. The Collection Notice explains why we collect sensitive information and outlines possible consequences if this information is not provided to us. It also lists organisations to which we may disclose sensitive member information.

The Privacy Policy Statement explains how we are obligated to handle sensitive information and how further information about privacy can be obtained. If you would like to request access to your sensitive information held by us, you can contact us on **1300 650 873**. We reserve the right to postpone access while a claim is under consideration.

Collection Notice

We are required to obtain members' consent before we collect any sensitive information (such as health or medical information) from members. So that your consent will be informed, we advise the following:

- Aware Super Pty Ltd ABN 11 118 202 672 AFSL 293340 is the trustee of Aware Super ABN 53 226 460 365.
- You can gain access to your sensitive information held by us by contacting us on the above number. We reserve the right to postpone access while a claim is under consideration.
- We collect sensitive information about you primarily to:
 - assess eligibility for and arrange insurance cover
 - assess entitlement to and pay a death benefit to which your beneficiary/s or your estate may become entitled
 - assess entitlement to and pay a disability benefit (including any insured component) to which you may become entitled

- provide appropriate information and advice about insurance features that may be relevant to you.

In respect of the purposes listed, the types of organisations to which we usually disclose sensitive information include:

- the fund's insurer and underwriter
 - the fund's administrator who administer products on behalf of us
 - regulators and other Commonwealth Government agencies, such as the Australian Financial Complaints Authority (AFCA)
 - professional advisers
 - medical practitioners and medico-legal consultants
 - service providers including, but not limited to, internationally-based providers of internet, data
 - storage and data access services and systems which may be located in countries including Germany, the United Kingdom, United States Canada and New Zealand.
- We are required to collect information to meet our obligations under relevant law, including the *Superannuation Industry (Supervision) Act 1993* & Regulations. The main consequences of you not providing all or part of your sensitive information to us are:
 - Our insurer may be unable to assess your eligibility for insurance
 - We and/or our insurer may be unable to assess whether you (or your beneficiary/s or estate) are entitled to a death or disability benefit (including any insured benefit)
 - processing of your death or disability claim may be delayed
 - Our insurer may be unable to pay you any insured benefit to which you, your beneficiary/s or your estate may become entitled
 - We may be unable to correctly calculate any death benefit to which your beneficiary/s or your estate may become entitled
 - We may be unable to distribute a death benefit or pay a disability benefit to you.

Privacy Policy Statement

We are subject to the Australian Privacy Principles of the *Privacy Act 1988* (Cth). We, and our administrator, collect and hold personal information relating to members. The member information we hold is used for administration purposes, the provision of financial planning advice and for promotional activities.

In some cases, Aware Super engages third parties to host electronic data (including data in relation to the services we provide) on our behalf. These data warehouses may be located overseas in countries including Germany, the United Kingdom, United States and must have in place appropriate security and privacy protocols.

If we do not have all your necessary personal information, we may not be able to process an application from you or you may not receive certain benefits that you are entitled to as a member.

We take security measures to protect the personal information we hold. Your information is only accessible by fund personnel and authorised service providers of the trustee, including the administrator and insurer. The trustee may provide your personal information to an overseas fund, such as a KiwiSaver scheme in New Zealand, with your consent. Access to your details is protected, however your spouse/de facto may be entitled to obtain information about your super in certain circumstances (i.e. family law matters).

Our privacy policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed. For further information about how your personal information is handled, please phone us on **1300 650 873** or visit aware.com.au/privacy to view our privacy policy. A paper copy of the policy can be provided free of charge on request.




Your privacy with TAL Life Limited, ABN 70 050 109 450, AFSL 237848 (TAL or the insurer)

TAL is bound by current Australian Privacy Legislation including the *Privacy Act 1988* (Cth) and the 13 Australian Privacy Principles. Their information handling practices are explained in the TAL Privacy Policy which explains who they are and why they need to collect information when providing the products and services. It also describes how TAL stores information, how you can obtain access to information they hold about you and how you can update or correct information if required. In providing the products and services TAL share information with others and the TAL Privacy Policy provides details about these access rights and how you can update and correct information. TAL's Privacy Policy can be viewed on their website at tal.com.au/privacy-policy.

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Questions? We've got answers.

Contact us:

-  1300 650 873
-  aware.com.au/contact
-  GPO Box 89, Melbourne VIC 3001