

AMP Super Personal Insurance Guide

Essential Protection and Super Protection – TAL

Issued 19 May 2025 by N.M. Superannuation Proprietary Limited,
the Trustee of the AMP Super Fund.

AMP Super refers to SignatureSuper®.

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Acknowledgement of Country

AMP acknowledges the Traditional Custodians of the Lands where this document was produced and we recognise the strong connection to Country, waterways and sky. We pay our respects to the Burramattagal Peoples of the Dharug Nation and the Gadigal Peoples of the Eora Nation; and extend that same respect to all Elders, both past and present.

Artwork: Celebrating Sydney by Chloe Little, Yorta Yorta / Yuin.

AMP Super refers to SignatureSuper®.

The information in this document forms part of the **AMP Super** product disclosure statement (PDS) dated 19 May 2025. This insurance guide is dedicated to personal super members. To understand how **AMP Super** works, read the PDS, Member guide, Investment guide, relevant Insurance guide and your **welcome letter**.

Issued by N.M. Superannuation Proprietary Limited (NM Super) ABN 31 008 428 322, AFSL No. 234654, RSE Licence No. L0002523, the **trustee** of the AMP Super Fund ABN 78 421 957 449 (**the fund**) which is referred to as NM Super, **trustee, we, us**, or **our** in this document. **SignatureSuper** is in the AMP Super Fund.

Information in this document may change from time to time. **We** may update information which isn't materially adverse to **you** and make it available at amp.com.au/pdsupdates. A paper copy of the update can also be obtained (at no charge) by calling **us** on 131 267 or from your financial adviser.

Defined terms are found at the back of this **guide** and will be **bolded** throughout.

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What you need to know

The information in this document is general information only and doesn't take into account your personal financial situation or needs. You should obtain financial advice tailored to your personal circumstances.

If you'd like advice on your insurance cover in this super product, contributions to your account or investment options, you can call **us** on 131 267. A fee won't be charged for this one-off intrafund advice. If you'd like to obtain other financial advice, or ongoing financial advice you should seek a financial adviser.

No other company in the AMP group of companies or any of the investment managers of the investment options:

- is responsible for any statements or representations made in this document, or
- guarantees the performance of NM Super's obligations to **members**, or assumes any liability to **members** in connection to AMP Super.

Except as expressly disclosed in the PDS or guide:

- investments in the investment options aren't deposits or liabilities of NM Super, AMP Bank Limited ABN 15 081 596 009 (AMP Bank), any other member of the AMP group or any of the investment managers, and
- no person guarantees the performance of this super product or any of the investment options, any particular rate of return or the repayment of capital.

The **trustee** may enter into financial or other transactions with related bodies corporate in relation to AMP Super. That related body corporate may be entitled to earn fees, profits, reimbursements or expenses or other benefits in relation to any such appointment or transaction and to retain them for its own account.

AMP Super is managed and administered in accordance with **the fund's** trust deed, **PDS, guides** and your **welcome letter**. **We** may change the way **AMP Super** is managed and administered at any time and **we'll** notify you of any material change as soon as practicable after the change occurs, except for an increase in the fees charged by us, where **we'll** give you at least 30 days' notice of any increase in these fees. **We** may also change the **insurer** or any insurance terms and conditions if **we** form the view that it is in the best interest of **members of the fund** to do so. **We** will communicate with you if this occurs.

This offer is available only to persons receiving (including electronically) the **PDS** and **guides** within Australia.

Essential Protection and Super Protection are designed to provide insurance for **members** of AMP Super who:

- are not part of an employer plan; or
- want to apply for insurance in their super account that is not part of the corporate insurance offer.

You can join at amp.com.au/joinampsuper.

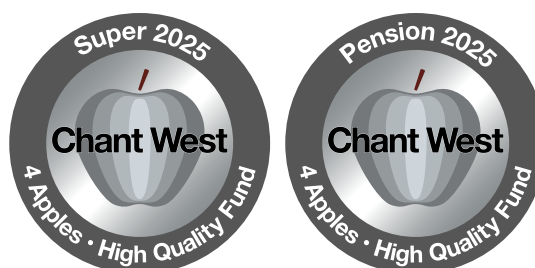
Awarded for putting you first

AMP Super has been recognised and awarded by the industry for many years.

Respected research house, SuperRatings has awarded SignatureSuper Corporate, MySuper and Pension offerings with their highest platinum rating while our Personal offering received a high rating of gold, for another year running.



2025 Chant West super ratings and recognition.



AMP Super refers to SignatureSuper®. The Platinum rating applies to SignatureSuper Corporate, MySuper and Pension offerings. The Gold rating applies to SignatureSuper Personal. Ratings issued by SuperRatings Pty Ltd a Corporate Authorised Representative (CAR No.1309956) of Lonsec Research Pty Ltd AFSL No. 421445 are general advice only. Rating is not a recommendation to purchase, sell or hold any product and subject to change without notice. SuperRatings may receive a fee for the use of its ratings and awards. Visit superratings.com.au for ratings information. The Zenith CW Pty Ltd ABN 20 639 121 403 AFSL 226872/AFS Rep No. 1280401 Chant West rating (assigned February 2024) is limited to general advice only and has been prepared without considering your objectives or financial situation, including target markets where applicable. The rating is not a recommendation to purchase, sell or hold any product and is subject to change at any time without notice. You should seek independent advice and consider the PDS or offer document before making any investment decisions. Ratings have been assigned based on third party data. Liability is not accepted, whether direct or indirect, from use of the rating. Past performance is not an indication of future performance. Refer to chantwest.com.au for full ratings information and their FSG.



Get a quick answer

What cover is available?

5

You can apply for Death, TPD and IP cover. You cannot apply for TPD cover without Death cover.

When does my cover start?

7

Cover generally starts when the **insurer** accepts your application and there is sufficient money in your account.

What does Death insurance cover?

11

A lump sum is paid if **you** die or become terminally ill.

What does Total and Permanent Disablement (TPD) insurance cover?

13

A lump sum is paid if you're unlikely to ever be **able to work** again and are **TPD**, due to illness or injury.

What does Income Protection (IP) insurance cover?

14

A monthly amount if you're temporarily **unable to work**, due to illness/injury making **you** totally (or then partially) disabled.

What happens if my salary changes?

14

If your cover is based on your salary, then change may impact your cover amounts.

When does my cover stop?

18

It can stop for several reasons, including age, or not having enough funds in your account.

Am I covered while working overseas?

18

Yes, your cover won't end because **you** move or are seconded overseas.

What happens to my cover if I close my super account?

18

Your insurance will end.

How do I get insurance cover?

19

Apply for cover as part of your AMP Super account application or by contacting **us**.

Can I change cover?

19

You can apply to reduce, add or cancel your cover on [My AMP](#) or by calling **us**.

How can I cancel cover?

19

You can cancel online in [My AMP](#), over the phone or in writing.

Can I reinstate my cover?

19

You can reinstate your cover within 60 days at [amp.com.au/reinstateyourinsurance](#), unless **you** told us to cancel your cover.

When will insurance fees be deducted from your account?

19

Insurance fees are paid in advance and are deducted from your account at the start of every month.

Will my insurance fees change?

24

Yes, they will change with your age, insurer reviews and if your ISE changes.

What's an insurance service expense (ISE)?

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This covers the cost for **us** to provide your insurance in **the fund**.

Your AMP Super insurance

Welcome to AMP Super, designed to provide you with comprehensive super benefits for your retirement and insurance protection for you and your family’s peace of mind. There are two types of personal insurance offers available through AMP Super:

- Essential Protection; and
- Super Protection.


The type and amount of insurance available to you will depend on factors such as your age, employment status and personal health. Below is an overview of the insurance options available:

 DEATH COVER	 TOTAL AND PERMANENT DISABLEMENT (TPD) COVER	 INCOME PROTECTION (IP) COVER
Also known as life cover, which pays a lump sum to you, your beneficiaries or estate if you die or become terminally ill . Death cover is paid in addition to your super account balance.	Provides a lump sum benefit in the event that you become totally and permanently disabled . TPD cover is paid in addition to your super account balance.	Pays a monthly benefit if you’re totally (or then partially) disabled .

See the **Types of insurance cover in detail** section for further information on each type of cover.

Essential Protection

When you apply to open an AMP Super personal account, you will have the option under Essential Protection to apply for a standard level of Death, TPD and IP cover by answering a short number of health and lifestyle questions.



Essential Protection Standard cover is now available, apply now at amp.com.au/ampsuper.

Essential Protection Standard cover

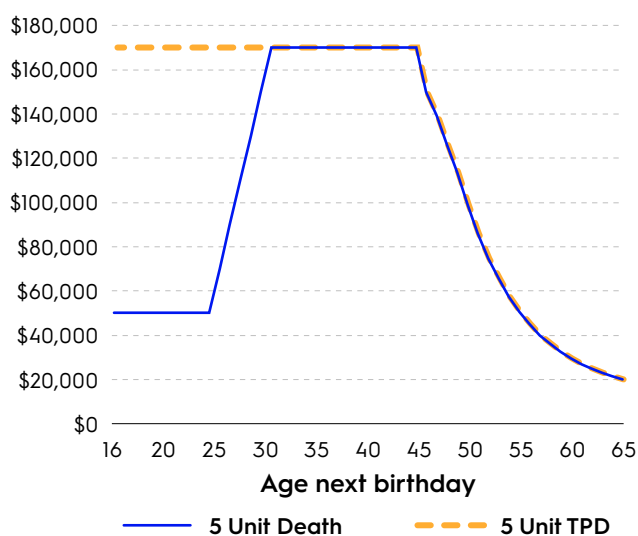
(only available on application to open a new AMP Super personal account)

Death and TPD cover:

Your cover takes a life stage approach based on your age. This means the amount and cost of your cover is generally lower when you’re younger, then increases as you get older (and your need for cover increases), then reduces again as you approach retirement and typically have less financial responsibilities. This cover is referred to as Lifestages cover.

You will be provided with 5 units of Lifestages cover for both Death and TPD. The value of the units of cover depend on your age, as shown in the following table and graph. A minimum level of \$15,000 applies. Your Death cover will include Terminal illness cover.

Lifestages cover



Standard amount of cover (5 Units)

Age next birthday	Death (\$)	TPD (\$)
17 to 25	50,000	170,000
26	70,000	170,000
27	90,000	170,000
28	110,000	170,000
29	130,000	170,000
30	150,000	170,000
31 to 45	170,000	170,000
46	150,000	150,000
47	139,000	139,000
48	126,500	126,500
49	113,500	113,500
50	98,500	98,500
51	86,000	86,000
52	74,500	74,500
53	65,500	65,500
54	57,500	57,500
55	50,500	50,500
56	45,000	45,000
57	40,000	40,000
58	36,000	36,000
59	32,500	32,500
60	29,500	29,500
61	27,000	27,000
62	25,000	25,000
63	23,000	23,000
64	21,500	21,500
65	20,000	20,000

Cover ends when **you** turn 65.

Income Protection cover:

You will have a set level of cover per month:

- \$2,500 sum insured; with a
- 2 year **benefit period**; and
- a 90 day **waiting period**; in addition to a
- Superannuation Contribution benefit of 11.5%.

Essential Protection tailored cover

(available after your AMP Super personal account is created)

If you choose not to apply for insurance at the time of applying to open your AMP Super personal account for Essential Protection, then you can apply for the following cover at a later stage. The **insurer** will need to assess your application and you will be required to answer questions regarding your health and lifestyle.

Death and TPD cover:

You can choose a fixed level of Death only or Death and TPD cover up to the **maximum cover limits**.

Income Protection cover:

You have the option to apply for either of the following combinations of IP cover:

- Up to 75% of salary with a two year **benefit period** and a 90 day waiting period, or
- Up to 75% of salary with a five year **benefit period** and a 90 day waiting period.

In addition to the above options, you may choose to also apply for a Superannuation Contribution benefit of 11.5%. You must apply for a minimum level of cover of \$1,250 per month. **You** can apply for IP cover only if you do not wish to also hold Death or Death and TPD cover.

General eligibility for Essential Protection

To be eligible for cover you must be aged 16 to 55.

For Standard cover:

To be eligible to apply for TPD cover you must be working in **regular remunerative work** in an occupation classified as white collar, light blue collar, medium blue collar, heavy blue collar or hazardous. Certain occupations may not be eligible for cover, or may be restricted to only a two year **benefit period**. To be eligible to apply for IP cover you cannot be employed on a casual basis, and additionally for standard cover you must have annual earnings of more than \$40,000. As part of your application to create a new AMP Super personal account or apply for cover, you will be told which cover you are eligible for.

Generally, your eligibility for Death, TPD and IP cover will not be assessed until you make a claim. Insurance fees will be deducted from your account, even if you aren't eligible. However, if **we** (or the **insurer**) determine that you're not eligible at the time of claim, your insurance fees will be refunded.

For tailored cover:

If you apply for tailored cover, your application will be assessed by the **insurer** and **we** will let you know if it has been accepted. The **insurer** may either accept, reject

or accept your cover with conditions. These conditions will be communicated to you. When **we** confirm your insurance cover, **we** will also confirm the cost of your cover. If you apply for IP cover, you must apply for a minimum cover amount of \$1,250 per month.

When your Essential Protection cover starts

If you apply for the standard cover as part of your AMP Super personal account application then, provided you have fully completed the application form for standard cover and answered the health and lifestyle questions to the **insurer's** satisfaction, cover will start from the date that your account has a minimum balance of \$1,000 or the amount of your first month's premium (whichever is higher). Your account must reach the balance of \$1,000 or the amount of your first month's premium (whichever is higher) within 60 days of the date of your application being accepted.

Super Protection

If you wish to apply for Super Protection, you will need to submit an application with your financial adviser. The insurer will need to assess your application and you will be required to answer questions regarding your health and lifestyle. To apply for Super Protection, please contact us or your financial adviser.

Death and TPD cover:

You can choose a fixed level of Death only or Death and TPD cover up to the **maximum cover limits**. Your Death cover will include Terminal illness cover. You must apply for a minimum cover amount of \$10,000 for both Death and TPD cover.

Income Protection cover:

You have the option to apply for a fixed amount of cover with any combination of **benefit periods** and **waiting periods** shown under the **Income Protection (IP) cover** section in the **Types of insurance cover** part of this guide. If you apply, you must apply for a minimum cover amount of \$1,250 per month. You may also apply for a superannuation contribution benefit of the legislative minimum up to a maximum of 15% of your salary, limited to the amount of your contributions at the time of your application for cover. **You** can apply for IP cover only if you do not wish to also hold Death or Death and TPD cover.

General eligibility for Super Protection

To be eligible for cover you must be in between the ages shown below:

- Death cover: ages 13–74
- TPD and IP cover: ages 16–60.

Your eligibility for cover will be assessed when you provide health and lifestyle evidence to the **insurer**.

Occupation rules also apply refer to the **How much your cover costs** section.

When your Super Protection cover starts

Your application will be assessed by the **insurer** and **we** will let you know if it has been accepted. The **insurer** may either accept, reject or accept your cover with conditions. These conditions will be communicated to you. When **we** confirm your insurance cover, **we** will also confirm the cost of and start date for your cover.





Insurance in super

Including insurance in your super account can be an effective way of financially protecting you and your family should you die or become disabled.

AMP Super's insurance is designed so you can:

- ✓ Have insurance fees deducted from your AMP Super account so you won't be dipping into your take-home pay.
- ✓ View your cover online at amp.com.au/myamp.
- ✓ Apply for additional insurance cover to meet your personal needs.
- ✓ Have interim cover while you wait for a cover application to be assessed (only applicable for Super Protection).
- ✓ Access your insurance on the move with the [My AMP](#) mobile app. Download this today from the Apple App Store¹ or Google Play Store.²

Insurance provides an important benefit to many **members**. Having insurance in your super means the cost of your cover will reduce your super balance over time. It's important for you to regularly review the amount and cost of your current insurance cover to make sure it's right for you, and consider discussing your insurance needs with a financial adviser.

When you or an employer is making super contributions



If you stop work, or there are no contributions coming in



You can log into [My AMP](#) to check your current arrangements and visit amp.com.au/whyinsurance to find out more about what insurance is right for you.

¹ Apple is a trademark of Apple Inc.

² Google Play and Android are trademarks of Google Inc.

Your insurance needs will change

It's a good idea to keep on top of your insurance needs. Because, as life changes (like if you purchase a home or have children) your insurance needs might too. Also, the cost of your cover may change as you age or if you change jobs. It's important to keep reviewing your cover to make sure it continues to be right for you.

Your AMP Super insurance is flexible to meet your changing needs. You can apply to increase your default cover. You can also reduce or cancel some or all of your default cover at any time. Find out more in the **Managing your cover** section. A financial adviser can help you work out your insurance needs. The calculator shown below might also be a good place to start too.



Estimate your insurance needs

Get a basic idea of how much insurance you may need with **our** insurance calculator. Access the calculator here: amp.com.au/insurance-calculator



Speak to a super coach

If you have an AMP Super account, you can learn more about your super and insurance by booking a 20-minute session with one of our super coaches, at no extra cost. Find out more and book at: amp.com.au/shc



Included advice

Did you know you have access to digital advice 24/7 in [My AMP](#) with no extra fees? So, if you aren't sure your insurance is right for you, call us on **131 267** to speak with a qualified financial adviser. At no extra cost, they can help you identify the right type and amount of insurance cover to hold within your AMP Super **Fund**. Our qualified financial advisers can also provide advice about contributions, investment options, accessing super and your retirement options.

Supporting your health and wellbeing

TAL Health for Life is here to protect and support your wellbeing at every stage of your health journey. This includes enabling you to live a healthy life before making a claim, supporting you at claim time and empowering recovery from illness or injury.

When it comes time to get your lives back on track after a claim, the **insurer** will support you through providing access to a wide range of evidence-based services to help you meet your health goals and sustainably achieve the best possible health and work outcomes.

How our TAL partnership can support you		
Before you claim Healthy living	When you claim Claims support	During your claim Empowering recovery
<p>Supporting you in improving health outcomes.</p> <ul style="list-style-type: none">✓ Engagement tools to support physical, mental and financial health engagement, and encourage preventative checks.✓ Content to help you be informed, check yourself and take action.	<p>Supporting your health and wellbeing in the event you need to make a claim.</p> <ul style="list-style-type: none">✓ Condition-focused services to manage claim conditions and support carers.✓ In-house health experts support evidence-based reviews and faster claims decisions.✓ Access to the insurer's online health directory of community-based health services.	<p>Supporting you to achieve your best possible health and work outcomes.</p> <ul style="list-style-type: none">✓ Recovery and support specialists help to develop appropriate recovery strategies.✓ Career and return-to-work coaching to explore future career paths.✓ Stories explaining how others coped with their health challenges.

Easy online access through My AMP

[My AMP](#), the easy, convenient and secure way to manage your super and insurance online. Simply register with your account number to:

- ✓ **Feel in control of your finances** – easy access to your banking, super, investments and insurance online in one place.
- ✓ **Manage your accounts** – consolidate any lost super, manage your investments, access reports and update personal information.
- ✓ **Compare investment options** – easily compare investment performance to help you stay on top of your super investment choices.
- ✓ **Set and track your goals** – make plans for your money and track how you go.



Your insurer

Insurance cover for your AMP Super plan is provided by **TAL** Life Limited (**TAL**) ABN 70 050 109 450 AFSL No. 237848.

Insurer consent

TAL Life Limited:

- has given and not withdrawn its consent in relation to being named in this document, and
- has not issued or caused the issue of this document.

Policy documents

Your cover is subject to the terms and conditions of the policies issued to the **trustee** by the **insurer**.

If there's any inconsistency between the insurance policies and this document, the **PDS** and/or your **welcome letter**, the relevant policy document prevails.

Your insurance cover is subject to superannuation laws

Insurance in super is subject to laws to ensure affordability and eligibility. To be eligible for cover, you must:

- be at least 25 years old
- have a super balance of at least \$6,000
- have had a contribution put into your account within the last 16 months,

unless **you** elect to have cover earlier.

You can let us know you'd like cover at amp.com.au/getinsurance.

We are required to cancel your insurance if **you** haven't had a contribution or rollover put into your account within the last 16 months, unless you've elected to keep your cover.

You can tell **us** you'd like to keep your insurance at any time: amp.com.au/keepmyinsurance.

Types of insurance cover in detail



DEATH COVER

Pays a lump sum to you, your beneficiaries or estate if you die or become terminally ill.

What is Death Insurance?

Also known as life cover, death cover pays a lump sum to you, your beneficiaries or estate if you die or become **terminally ill**.

Maximum amount of Death cover

There is no maximum amount for Death cover. To find out your current level of cover, go to [My AMP](#).

What happens if you die?

If you die while you're an insured **member** of AMP Super, and the **insurer** accepts you are eligible for a Death benefit, your Death cover will be paid (in addition to your super account balance) to either your beneficiaries or estate.

Any death benefit will consist of:

- your super account benefit, plus
- the proceeds of any insurance claim paid by the **insurer**.

When we are notified of your death, your investments in your super account will be switched into Super Cash which is a low-risk investment option and your Death cover will also be invested in Super Cash. The Death cover amount payable will be your sum insured at the time of your death. The amount paid under the Terminal illness benefit is the Death cover sum insured on the date the **insurer** agrees with the **doctor's** prognosis, subject to the **maximum cover limit**.

Who gets my super if I die?

Super is not automatically included in your estate or under your will, so it's important to let us know who you'd like to get your Death benefit. You can do this by nominating a beneficiary(ies).

Information on how you can nominate a beneficiary and how Death benefits are paid is available in the section **What is a beneficiary?** in the **member guide**. Or you can make a nomination in [My AMP Members](#) under the age of 18 are not able to nominate beneficiaries and therefore 'no nomination' provisions will apply. If you don't make a nomination or you cancel your existing nomination and don't make a new one, **we** must pay your Death benefit to your estate.

What is the Terminal Illness benefit and when is it paid?

The Terminal Illness benefit is an early payment of Death cover if **you** suffer a **terminal illness**.

The maximum amount **we'll** pay is \$5 million, and the amount paid will be the greater of your Death cover or TPD cover calculated at the **terminal illness certification date**.

Your Death cover and/or TPD cover sum insured will be reduced by the amount of Terminal Illness benefit that is paid. Your Death cover and/or TPD cover insurance fees will be refunded back to the **terminal illness certification date** for the portion of Death cover and/or TPD cover that was reduced by the terminal illness benefit amount paid. If your terminal illness cover is equal to your Death cover and/or TPD cover, then your Death and/or TPD cover will cease upon payment of the terminal illness benefit. Insurance fees for Death cover aren't charged after the **insurer** pays this benefit, except the insurance fees on any remaining Death, TPD or IP cover.

If a Terminal Illness claim is accepted, the **insurer** will pay the sum insured to **us** and **we'll** invest this benefit in Super Cash, which is a low-risk investment option.

Under superannuation law, if you are certified by two **doctors** (one who is a specialist in the field of the specific illness) as having a life expectancy of 24 months or less from the date of certification (and the 24 month certification period has not yet ended), you will be considered to have met a terminal illness condition of release, and therefore will be able to withdraw your superannuation account balance, irrespective of your age. Where you have met a condition of release and choose to withdraw your full account balance, your superannuation account will be closed and any insurance cover that you hold through that account will cease from the date of closure. Before closing your account, if you are **terminally ill** you should seek financial and tax advice to ensure that you fully understand the impact that this will have on your ability to claim against any insurance cover that you hold through your superannuation account. In particular, you should consider that where your Death cover is cancelled as a result of the closure of your superannuation account, that your beneficiaries will not be able to claim against that insurance cover in the unfortunate event that you die.



What is excluded in your Death cover?

The **insurer** won't pay the Death (or Terminal illness) benefit if your death or **terminal illness** was as a result of suicide (for Death cover) or wilful and intentional self-inflicted illness/injury (for terminal illness cover) within 13 months of the insurance being taken out, reinstated, or increased (for the amount of the increase).

Other exclusions may apply and, if applicable, the **insurer** will advise you of these at the time your application for cover is accepted.

Payment of Death benefit where you have only TPD cover or only IP cover (only for Super Protection)

TPD only cover: If you have TPD cover but do not have Death cover or any Death cover under any AMP **TAL** insured policy, your estate or beneficiaries will be paid an amount if you die. The **insurer** will pay the death benefit if you die while this account is in force. They will pay \$10,000 (or your TPD cover sum insured if it is lower than \$10,000). The **insurer** will only pay once across all accounts you hold with AMP. This feature must be claimed within 12 months of death. This benefit is not payable if you die by your own hand within 13 months of the commencement or reinstatement of TPD cover, or if you are entitled to a TPD benefit.

IP only cover: If you have IP cover but do not have Death cover, or any Death cover under any AMP **TAL** insured policy, the **insurer** will pay additional payments if you die while you are eligible to receive, and are receiving either a total disability benefit or a partial disability benefit. The **insurer** does not pay if you die during the **waiting period**. The **insurer** will pay six extra payments, with each payment equal to the amount the **insurer** would have paid each month if you were **disabled** (refer to the **Defined terms – Super Protection** section of this guide). The maximum the **insurer** will pay under the Death benefit feature under all insurance you hold with the **insurer** is \$60,000. This feature must be claimed within 12 months of death. The death benefit is only payable once under all policies held with the **trustee** that are insured by the **insurer**.

Do you pay insurance fees when claiming a Terminal illness benefit?

If you are paid a Terminal illness benefit, **we** will not charge you insurance fees that relate to that cover from the **terminal illness certification date**.



TOTAL AND PERMANENT DISABLEMENT (TPD) COVER

TPD cover is a lump sum amount paid if you become **totally and permanently disabled**.

What is TPD insurance?

TPD cover is a lump sum amount paid if you become **totally and permanently disabled**, subject to you serving the **waiting period** and for the benefit to be paid to you from **the fund**, you satisfy a condition of release.

Maximum amount of TPD cover

TPD cover is limited to a maximum of \$5 million. To find out your level of cover, go to [My AMP](#).

Other important information about TPD Cover

TPD cover is only available with Death cover and you can't apply for an amount greater than your Death cover (the exception is where you have Essential Protection – Lifestages cover).

What is excluded in your TPD cover?

The **insurer** won't pay a TPD benefit if disablement results from a wilfully and intentionally self-inflicted illness or injury.

Other exclusions may apply and, if applicable, the **insurer** will advise you of these at the time your application for cover is accepted.

What happens if you become Totally and Permanently Disabled?

The **insurer** will pay your TPD sum insured to your super account if you become **totally and permanently disabled**.

The definition of **totally and permanently disabled** can be found in the **Defined terms – Essential Protection** or **Defined terms – Super Protection** sections of this guide. Different definitions may be applicable depending on whether or not you have continuously held TPD since prior to 1 July 2014, this is reflected in the **Defined terms – Essential Protection** and **Defined terms – Super Protection** sections of this guide.

Waiver of the qualifying period (only applicable for Super Protection)

The **insurer** will waive the three month **qualifying period** if you became **totally and permanently disabled** as a result of one of the **specified conditions**.

How will your TPD claim be paid?

If your TPD claim is accepted:

1. your account balance will remain in your current superannuation investment options, and
2. your TPD benefit will be invested in Super Cash, a low risk option.

The **trustee** will confirm how the benefit is paid to you.

Key information about TPD claims

If a benefit for TPD cover is paid, your Death cover will reduce by any TPD benefit amount paid and you will only pay insurance fees for the leftover Death cover amount. Any insurance fees related to your TPD cover will be refunded back to the **date of disablement**. Any insurance fees related to the portion of Death cover that was reduced by the TPD benefit amount paid will also be refunded back to the **date of disablement**. If your TPD benefit amount paid is equal to your Death cover then your Death cover will cease upon payment of your TPD benefit.

The amount of the TPD benefit payable is the amount you're insured for at your **date of disablement**.

Do you pay insurance fees when claiming a TPD benefit?

If you are paid a TPD benefit, we will not charge you insurance fees that relate to that cover from the **date of disablement** (as your cover will end on that date).

What happens if you are claiming a TPD benefit and you die before the claim has been accepted by the insurer?

The **insurer** may consider your claim under either your Death or TPD cover. You won't ever receive both the insured Death and TPD covers from your AMP Super insurance, but you may have Death cover left over if you're paid a TPD benefit and your Death cover amount was higher than the TPD amount paid.



INCOME PROTECTION (IP) COVER

Pays a **monthly benefit** if you're too injured or sick to work.

What is IP insurance?

IP is a benefit paid monthly in arrears, as a percentage of your **salary**. It helps replace your income if you ever become **disabled**. You may be entitled to be paid a partial disability benefit if you've had a period of total disability and then become partially disabled.

Waiting periods and benefit payment periods

Waiting period		Benefit payment period	
A waiting period is the number of continuous days which must elapse before monthly benefits that will be paid to you begin to accrue.		Your benefit period is the timeframe you'll receive IP payments for.	
Essential Protection 90 days	Super Protection 30 days 60 days 90 days 180 days 720 days ¹	Essential Protection 2 years 5 years ²	Super Protection 2 years 5 years To age 65
You don't receive IP benefit payments during, or for, the waiting period .		Benefits are paid until the end of the benefit period , or the date you're no longer eligible for a payment, whichever comes first.	
Generally, the waiting period starts when you first become disabled due to illness or injury.		You may be able to claim the maximum benefit period more than once. Refer to the What happens if you suffer from a recurrent disability? section for more information.	
Benefit payments start one month after the waiting period has ended. Payments are made monthly (one month in arrears).			

¹ Only available with a **benefit period** of up to age 65.

² May not be available for certain occupation categories.

What will the insurer pay?

Other than for standard cover in Essential Protection (where you can be provided with IP cover of \$2,500), the **insurer** will use your **salary** information provided at the time you apply for cover to calculate your insured level of income. At claim time, the **insurer** using your current income at that time will assess you based on the lesser of your accepted sum insured or 75% of your **pre-disability income**, up to the **maximum cover limit**, for the applicable **benefit period** should you become **disabled** because of illness or injury. The monthly amount the **insurer** pays will not exceed the amount the **insurer** has agreed to **insure** you for, less any benefit **offsets**.

If you have a superannuation contribution benefit then this will be in paid to your super account in addition to your IP cover amount, subject to the maximum sum insured in the **Maximum amount of IP cover** section.

IP benefits paid directly to you are treated as taxable income and attract Pay As You Go withholding tax, the same as salary and wages. The **insurer** will deduct any tax that they are required to deduct before they pay you.

Do you pay insurance fees when claiming an IP benefit?

If you are being paid an IP benefit, **we** will not charge you insurance fees related to that cover for the period you are eligible to be paid that benefit, however insurance fees remain payable during the **waiting period**.

Maximum amount of IP cover

\$30,000 per month (including any Superannuation Contribution benefit) **maximum cover limit**, made up of:

- up to 75% of the first \$320,000 of your annual income, and
- up to 50% of the next \$240,000 of your annual income.

Total Disability

The **insurer** will pay your monthly sum insured, subject to a maximum of 75% of your **pre-disability income**, if you are **disabled** after satisfying the **waiting period**. For the definition of **disabled**, refer to the **Defined Terms – Essential Protection** and **Defined Terms – Super Protection** sections in this guide.

Partial disability

The **insurer** will pay you the partial disability benefit when you return to work after a period of **disability**, if:

- an illness or injury which made you **disabled** causes you to earn less than you did before the period of **disability**;
- the period of **disability** lasted for at least the first two weeks during the **waiting period**;
- you have the approval of your **doctor** to return to work and the **insurer** agrees; and
- you remain under the **ongoing care** and advice of your **doctor**.

The **insurer** will pay the amount you would have received under the total disability benefit, reduced by a proportion to reflect what you are earning. The **insurer** will calculate your partial disability benefit using the following calculation:

$$\frac{(A - B)}{A} \times C$$

Where:

A = Your **pre-disability income** (monthly).

B = The current monthly amount you earn from working.

C = The monthly maximum **monthly benefit** amount.

If you were already being paid a total disability benefit, the **insurer** will keep paying the partial disability benefit and the **waiting period** will not apply again. You will only be paid a partial disability benefit if you previously had a total disability.

If the **insurer** is not already paying a total disability benefit, then the **insurer** will start to pay the partial disability benefit when the **waiting period ends**. If you are **able to work** during the **waiting period**, the rules set out in the section **Returning to work during the waiting period** apply.

How does income from other sources impact the amount of IP you receive?

If you receive income from other sources (excluding the current monthly amount you earn from working) while the **insurer** pays you a total disability or partial disability benefit, the **insurer** will reduce IP payments by the amount you receive from all other sources. The **insurer** refers to these other sources of income as '**offsets**'.

Your IP benefit will only be reduced by these sources when the amount of income from other sources (including the current monthly amount you earn from working for those

partially disabled) combined with your monthly amount of IP benefit is greater than:

- your **monthly benefit** while you are **totally disabled**, or
- 100% of your **pre-disability income** whilst **partially disabled**.

If you are entitled to a superannuation contribution benefit and your IP payments are reduced by **offsets**, the superannuation contribution benefit will not be affected (that is only your IP payments are **offset**, not your superannuation contribution benefit).

If **you're** not working, this might impact your eligibility to claim IP if you are unable to work due to illness or injury. If **you're** working part time or reduced hours, this might impact the amount you're eligible to receive if you are unable to work due to illness or injury.

Other sources of income that impact IP benefits (offsets)

Payments that the **insurer** takes into account as other sources include payments from:

- any sick leave;
- any workers' compensation, **accident** compensation or public liability scheme; or
- any insurance that you obtained after you applied for IP cover, if your total income protection benefits from all insurance exceeds 75% of your **pre-disability income**.

If any of these regular payments are paid other than monthly, the **insurer** will convert them to monthly payments for their calculation. If the payment is a lump sum, then only that part of the payment that relates to compensation for loss of wages or earning capacity will be taken into consideration.

The **insurer** does not take investment income or other forms of unearned income into account.

See the definition of **offset** for further information. Receiving IP payments can have tax implications. You can find out more at ato.gov.au or by contacting a financial adviser.



Your IP benefit may be adjusted/reduced (including to zero) by any amount you receive (or are entitled to receive) from another IP or similar insurance policy.

What happens if you suffer from a recurrent disability?

An additional claim is treated as a new claim if:

- where the **insurer** stopped paying and you have returned to work and worked in your usual occupation for six months or more, for at least your usual income, and you suffer a **relapse** for the same cause or a related cause; or
- the claim is for a different or unrelated cause.

In this instance, both the **waiting period** and **benefit period** will start again.

An relapse is treated as a continuation of the previous claim when:

- a claim is made within six months of when the **insurer** stopped paying your claim, and
- the claim is for the same or related cause.

In this instance, the **insurer** will waive the **waiting period** and the **benefit period** will not restart. The **insurer** will add up all the periods paid for that claim and treat them as one **benefit period**.

Returning to work during the waiting period

If you are **disabled** and have started the **waiting period**, and then you cease to be **disabled** but then later become **disabled** again, and if you are **able to work** for five days or less in a row before being **disabled** again, then the **waiting period** will not restart. The total disability benefit only becomes payable when the total number of days you have been **disabled** equals the total number of days in the **waiting period**. If you are able to return to work for more than five days in a row then the **waiting period** will restart.

How the superannuation contribution benefit works

If you become ill or injured, and are unable to earn an income, your employer may also stop making super guarantee contributions on your behalf. The superannuation contribution benefit allows you to insure these contributions, subject to the **maximum cover limit**. The superannuation contribution benefit for Essential Protection is 11.5% and for Super Protection is a nominated percentage above the legislated default superannuation guarantee minimum contribution, but not more than 15%.

The **insurer** will pay a superannuation contribution benefit to your super account if they're paying you a total disability benefit or partial disability benefit. Where a partial disability benefit is payable, the amount of the superannuation contribution benefit will be proportioned based on the partial disability benefit amount.

If your IP cover has a superannuation contribution benefit, your regular employer super contributions can't be included as income when determining the maximum sum insured available to you but 'salary sacrifice' employer super contributions can be included. For Super Protection, any employer super contributions exceeding 15% of your annual income can be included as income for the purpose of this calculation.

The final amount paid into your super account will be the superannuation contribution benefit amount, reduced by any fees and taxes.

The contribution to your super account will only be made if it is allowed under current Government regulation. You should consider providing your Tax File Number (TFN) to the **trustee**. If you do not, additional tax may apply. See the **member guide** for more details on providing your TFN.

The **insurer** will make any payments due under the superannuation contribution benefit until:

- the **insurer** stops paying you a total disability benefit or partial disability benefit; or
- your IP cover ends.

What exclusions apply to your IP cover?

The **insurer** won't pay an IP benefit if your disablement results from intentionally self-inflicted illness or injury, or if your illness or injury was caused by war (whether declared or not, and whether the cause is direct or indirect).

The **insurer** doesn't pay for normal and uncomplicated pregnancy or childbirth. However, they will pay if you become **disabled** because you experienced complications during pregnancy or while giving birth.

Other exclusions may apply, if applicable, the **insurer** will advise you of these at the time your application is accepted.

When will IP payments stop?

The **insurer** will stop paying if any of the following occur:

- in the **insurer's** opinion, you are **able to work**, meaning you're no longer **disabled** or partially disabled;
- you do any **remunerative work**, except where a partial disability benefit applies;
- all the periods for which the **insurer** has paid under the one claim add up to the **benefit period**;
- for partial disability claims, you are able to earn your full income again;
- for partial disability claims, you are no longer under the **ongoing care** of your **doctor** for the illness or injury that caused you to be **disabled** or have their approval to work;
- the IP cover ends;
- you turn 65; or
- you die.

When your payments stop, the **insurer** will also stop:

- waiving the insurance fees associated with your IP cover; and
- paying the superannuation contribution benefit (if applicable).

For more information as to whether you pay insurance fees whilst on claim, refer to the **Do you pay insurance fees when claiming a TPD or IP benefit?** sections.

What happens if I stop working – not because of illness or injury?

If you cease to be employed for reasons other than injury or illness, then the **insurer** will not pay any IP benefit if you claim.

If you permanently leave employment (eg retirement), you must tell **us** to stop your cover, otherwise **we** will continue to charge the full insurance fee for a benefit you may no longer be eligible to claim. If you stop working temporarily, you may continue to pay the insurance fees to ensure your cover is maintained for a point in the future when you do return to work.

INTERIM COVER (only applicable for Super Protection)

You'll have interim cover when the **insurer** receives a fully complete and accurate application for Super Protection insurance, and while the **insurer** is considering your application, subject to the below conditions.

When the insurer will pay	Payment amount
<p>If you have applied for Death cover and you pass away within 90 days of the end of the interim cover period (as a result of an injury that occurs, or an illness that you first suffer during the interim cover period).</p> <p>OR</p> <p>If you have applied for TPD cover, and solely as a result of an accident and within six months of the end of the interim cover period, you become totally and permanently disabled.</p> <p>OR</p> <p>If you have applied for IP cover and you become disabled as a result of either:</p> <ul style="list-style-type: none"> an injury occurring during the interim cover period; or an illness occurring within 30 days from the commencement of the interim cover period, <p>and your waiting period commences during the interim cover period or within 90 days of the end of the interim cover period.</p> <p>The benefit is paid monthly while you are disabled, starting from the end of the waiting period selected, for a maximum of 12 months.</p> <p>No partial disability benefit is payable under interim cover.</p>	<p>The lower of:</p> <ul style="list-style-type: none"> the Death cover amount you have applied for, or \$1,000,000. <p>OR</p> <p>The lower of:</p> <ul style="list-style-type: none"> the TPD cover amount you have applied for, or \$600,000. <p>OR</p> <p>The lesser of:</p> <ul style="list-style-type: none"> \$10,000 per month, or the maximum monthly benefit you applied for.

The interim cover period refers to a period of no more than 90 days commencing on the date that the **insurer** has received a completed application for cover and where **we** have received a contribution from you.

When the insurer won't pay

The **insurer** will not pay:

- if your application is one which the **insurer** would not normally accept under their standard underwriting rules and exclusions (although the **insurer** will pay any part of the benefit it would have accepted);
- when death or disablement is caused by intentional self-inflicted injury or suicide;
- when death or disablement is caused by a pre-existing condition you were aware of at the time of applying for this cover; or
- when death or disablement is caused by you engaging in any sport, pastime or occupation, which would not normally be covered under the **insurer's** standard underwriting rules.

A pre-existing condition means an injury or illness that you have been diagnosed with, have any symptoms of, or were treated for, prior to the commencement of the interim cover, unless it's an illness or injury that you were not aware of and a reasonable person in the circumstances could not be expected to have been aware of, at the time the interim cover commenced.

The **insurer** will only pay interim cover once.

When this cover stops

Interim cover will stop on the earliest of:

- 90 days from the date the **insurer** receives a completed application and premiums have been received for Death, TPD or IP cover;
- the date the application is approved, declined or withdrawn; or
- the date **we** advise of cancellation of the interim cover or Super Protection insurance application.

If the **insurer** changes the insurance offered while considering your application, your interim cover may change accordingly.

When this cover is not available

Interim cover will not be available if you:

- have ever withdrawn an application for insurance (including through a super fund);
- have ever applied for similar insurance and the application was declined or deferred;
- are applying for, or have obtained, similar insurance with another **insurer**; or
- are applying for insurance to replace existing cover.

General terms that apply to your cover

Worldwide cover

Your insurance through AMP Super provides worldwide cover 24 hours a day, seven days a week, giving you peace of mind.

Insurance whilst overseas

If you're overseas, **we**'ll continue to deduct insurance fees from your account and any Death, TPD and IP cover will continue.

If you're **disabled** while you're outside Australia or New Zealand and you qualify for an IP claim, the **insurer** may pay you for a maximum period of three months in total. The **insurer** will start paying you again when you return to Australia or New Zealand (if you're still entitled to be paid). If the **insurer** decides to pay benefits while you're outside Australia or New Zealand for longer than three months, they may set conditions and suspend payments if you don't comply.

What happens to your insurance cover if you withdraw money from your account?

If you choose to withdraw some or all of your account balance and there are insufficient funds to pay your insurance fees, all cover will cease. If you close your **AMP Super account**, all cover will cease.

When does cover stop

Your cover as a **member** stops in the plan on the earliest of the following:

- You have Essential Protection insurance and turn age 65.
- You have Super Protection insurance and you turn age 99 (for Death and TPD cover) or 65 (for IP cover).
- You cancel your cover.
- **We** (or the **insurer**) pays a claim for which you are eligible and, as a result of the claim benefit paid, your cover reduces to zero.
- You stop being a **member**.
- No contributions or rollovers have been received into your account for a period of 16 months. In this circumstance, we may be required to cancel your insurance (unless you've told us in writing that you want to keep your insurance – you can do this online at amp.com.au/insurancecancellation).
- Your account doesn't have enough money to pay insurance fees at the time that they are charged, meaning your insurance will be cancelled immediately. You'll have 60 days to ask for your cover to be reinstated (see the **Reinstatement of insurance cover** section).
- Your cover is cancelled.
- You pass away.

If you would like to cancel any insurance cover, simply contact **us** or log on to [My AMP](#). The effective date for cancellation of cover is the date **we** receive a request from you. If you cancel your cover:

- you will not be able to make a claim for insurance benefits for events or conditions that arise after your cover has been cancelled; and
- **we** will no longer deduct insurance fees from your account.

If you are cancelling your cover because you intend to apply for alternative cover elsewhere, you should consider not cancelling your cover until the alternative cover is in place. You can get independent financial advice to help you make a decision on cancellation.

Managing your cover

As life changes, your insurance needs may change too. The level of cover you need will depend upon your own personal circumstances and your need to provide for your family and/or other beneficiaries. It's important to keep reviewing your cover to make sure it continues to be right for you.

How to change or cancel your cover

You can reduce, cancel, or apply to increase your cover. Just bear in mind TPD cover cannot be greater than your Death cover, other than where you have Lifestages cover. In order to apply for TPD cover you must also apply for (or already have) Death cover.

If you need to change your cover please contact us or you may be able to change your cover online at [My AMP](#).

Reinstatement of insurance cover

You can apply to reinstate your cover within 60 days of the date your cover lapsed at amp.com.au/reinstatemyinsurance.

If you've cancelled your cover voluntarily, then you'll need to complete an application form with health and lifestyle evidence. Contact us for a copy of the form or go to [My AMP](#).

If your cover is reinstated, the cover will be reinstated to the cover you previously had, back to the date it lapsed (and insurance fees will be payable for that period) and will retain any conditions, exclusions or restrictions that applied prior to it lapsing. If you wish to reinstate only some of your cover, then your cover will still be reinstated back to date it lapsed, and any reductions will be effective from the date of your request.

Insurance cannot be reinstated where it was cancelled as a result of the **insurer** paying you a claim.

When will your insurance fees be deducted from your account?

Insurance fees are paid in advance and are deducted from your super account at the start of every month. For more information see the **How are your insurance fees paid?** section of this guide.



Additional cover

You can apply for additional cover by calling **us** or you may be able to apply online via [My AMP](#). You will be required to provide evidence about your health and lifestyle unless your application is for life events cover – refer to the **Life events cover** section for more information. Information about what insurance is available to you can be found in the **Your AMP Super insurance** section.

Refer below for information about the process that occurs if you are required to provide health and lifestyle evidence (this is called the underwriting process). Acceptance of additional cover is subject to the **insurer's** discretion and underwriting guidelines.

If your insurance has exclusions or loadings applied you can always ask for the decision to be reviewed at any time, subject to provision of updated information. Upon receipt of your request, the **insurer** will advise what information is required at the time of review.

The underwriting process



Personal statement

Apply for cover, or to increase your existing cover, by completing a personal statement.



Assessment

The **insurer** will assess your application and will consider factors like your age, gender, occupation, health and lifestyle.



Further information

To complete their assessment, the **insurer** may ask for more information. This may include medical reports and/or exams.



Decision

The **insurer** will either:

- accept
- accept with special terms (such as additional costs or cover exclusions), or
- decline your application.

We'll communicate the decision to you.

Life events cover

If you've experienced a significant change in your life which you need to be covered for, you may be able to apply to increase your cover by answering a short number of health and lifestyle questions. Life events cover is only available for Death cover and TPD cover.

What events are covered?

- Taking out a new or increasing an existing mortgage for your principal place of residence alone or with your **spouse**.
- You or your **spouse** gives birth to or adopts a child.
- You get married or commence a de facto relationship.
- You get divorced or end a de facto relationship.
- Your **spouse** passes away.
- You have a dependent child who starts primary or secondary school.

Am I eligible to apply for life events cover?

You can submit an application for life events cover if:

- For Essential Protection insurance you are age 55 or younger and older than age 16.
- For Super Protection insurance you are:
 - age 74 or younger and older than age 13 for Death cover, and
 - age 60 or younger and older than age 16 for TPD cover.
- You submit your accurately completed application within 90 days of the life event occurring.
- You have not applied for life events cover in the last 12 months.
- For TPD cover:
 - your total cover amount will be less than \$5 million, and
 - you have not previously been declined for cover under the policy.

You will be required to answer a short set of questions.

If the **insurer** accepts your application, any loadings, exclusions, restrictions and limitations applicable to your cover will apply to your increase in cover. A life events application can't be used to reinstate or recommence cover that was previously ceased. If you are accepted for life events cover then all Lifestages cover will be converted to a fixed amount of cover equivalent to your existing cover amount plus the new life events cover amount, subject to the **maximum cover limit**.

What is the maximum amount of cover you can apply for under life events cover?

Per application:

- Death: \$250,000
- TPD: \$250,000.

Across all applications:

- Death: \$500,000
- TPD: \$500,000.

When does cover start?

When you answer the short set of questions to the **insurer's** satisfaction and they accept your application and there are sufficient funds in your account.

Your insurance fees will change to reflect any increases in cover as a result of the **insurer's** approval of your life events cover application.

What does my insurance look like on my statement?

Your insurance

Your total benefit at 1 October 2023 is:

Total Death benefit	Total and Permanent Disablement benefit
\$441,820.12	\$41,820.12

This amount includes:

– Total cover of \$400,000.00	– Total cover of \$0.00
– Super balance of \$41,820.12	– Super balance of \$41,820.12

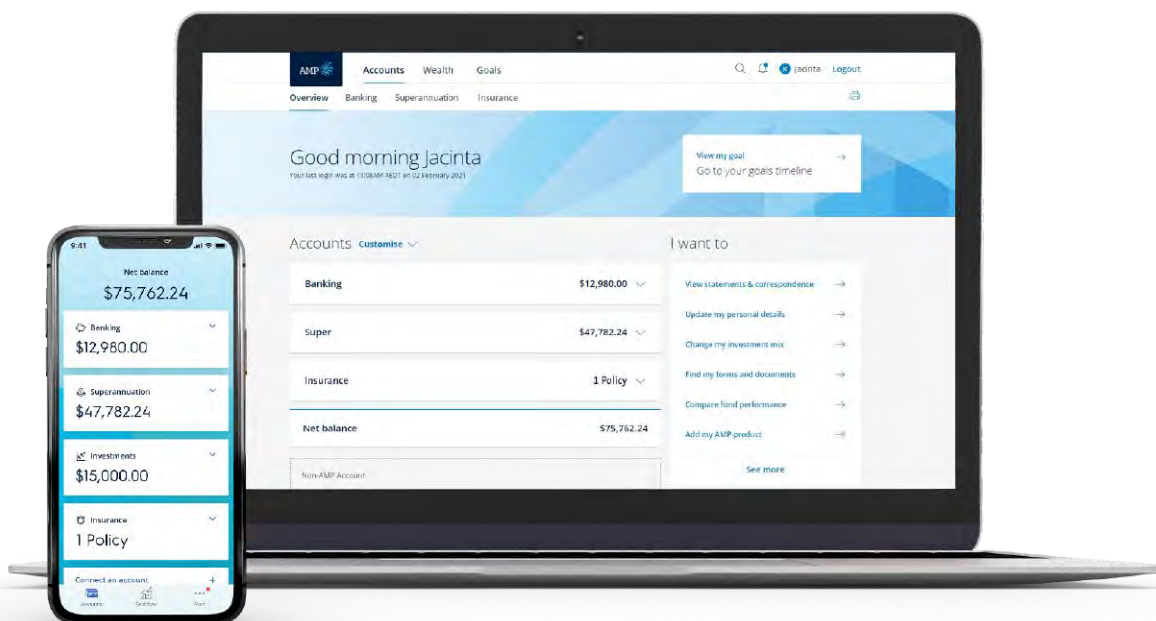
Insurance cover and charges

As at 1 October 2023

Insurance type	Your cover \$	Total monthly charge \$
Simple Protection - Death Benefit - default	400,000.00	172.15
Total monthly charge		\$172.15

Your insurance cover may have minimum and/or maximum limits, subject to your plan's rules or any government legislation.
Your insurance cover may be restricted to lower levels of cover due to automatic acceptance limits and/or any underwriting assessments by the insurer.
Your monthly charge for your insurance cover is made up of your premium and any insurance service fee and stamp duty that applies. The insurance service fee is up to 5.4% of your premium, capped at \$25 per month. The insurance service fee is charged by us and covers the cost to administer your insurance. For more details see your FDS and insurance guide available at amp.com.au/signaturesuper.

What does my insurance look like on My AMP?



How to make a claim

When you or your representative become aware of a potential claim, we need to be told as soon as reasonably possible.

If the **insurer** is not notified of a claim within a reasonable amount of time and can show they were prejudiced by this delay, the **insurer** may reduce your benefit amount.

You or your representative can lodge an insurance claim through your AMP Super account using any one of these options:

Online	For Illness or injury claims	<u>Online Claims form</u>
	For Life (also known as Death) insurance claim	<u>Online Claims form</u>
Call	For Illness or injury claims	1300 366 214 Monday to Friday 8.30am – 5pm (Sydney time)
	For Life (also known as Death) insurance claim	1300 373 654 Monday to Friday 8.30am – 5pm (Sydney time)
Write	AMP Claims, PO Box 6346, Wetherill Park NSW 1851 Dharug Country	
Email	amp_claims_admin@amp.com.au	

Medical examinations and reporting for claims

When you submit a disability claim, the **insurer** will require you to provide information about your health and any other information that it reasonably requires to assess your claim. The **insurer** may require you to be examined by a **medical practitioner** of their choosing. In this case, the **insurer** will pay for this examination including any ensuring reporting from the **medical practitioner**. If you fail to attend any pre-arranged examinations or don't provide enough notice of your inability to attend, you may be liable for any fees incurred by the **insurer**.

The **insurer** will not pay for any fees incurred for the cost of having the standard initial claim reports completed or ongoing claims reporting for IP claims.

The claims process



We'll provide details on the claims process

You may have the option to choose between online, paper or tele-claim lodgement with the **insurer**.



Your TAL claim consultant will be in touch

Within two business days of receiving the minimum claim requirements, the **insurer** will confirm receipt of the required information and then your claim will move to assessment. You (or your representative) can contact the AMP claims team with any questions and we'll get back to you within 10 business days.



The insurer will assess your claim

We (or the **insurer**) will keep you (or your representative) informed of your claim's progress at least every 20 business days (or as otherwise agreed). You may contact us or the **insurer** directly with any questions about your claim.

The **insurer** may contact you (or your representative) to request more information relevant to your claim, like medical or occupational details.

The **insurer** maintains the right to:

- fully investigate and assess any claims to its satisfaction prior to claim settlement, and
- require assessment or any medical examination to be conducted in Australia as part of its consideration of your claim, should a TPD or IP claim arise while you're overseas. You will be responsible to pay any costs associated with you returning to Australia for assessment.

Benefit payments are subject to the **insurer's** acceptance of your claim.



We'll let you or your representative know the outcome of the claim

If your claim is:

- **accepted**, you (or your representative) will be asked to confirm how to pay the benefits to **you** or your estate/any beneficiaries (depending on the type of claim); or
- **declined**, we'll review the **insurer's** decision within 15 business days and advise the reason why, and what options **you** have.



Develop a recovery plan (for IP cover only)

If your IP claim is accepted, the **insurer** may:

- ask for additional requirements they need, to start and/or continue your payments; and
- work with you to set up a recovery or support plan specific to your situation.

Your feedback is welcome

We take complaints seriously and we want all of our members to have a great experience, so if you're ever unhappy we want to hear about it so we can resolve this for you as quickly as possible.

Making a complaint

Our Complaints Handling Guide is on our website. Our complaints process can be found by visiting amp.com.au/support/complaints/complaints-process.

If you wish to make a complaint you can contact us by phone, in writing (email or send us a letter) or via our website.

- Call us on: **131 267**
- Email us at: **ampsuper@amp.com.au**
- Notify us through [My AMP](#)
- Website: amp.com.au/ampsuper
- Write to us at: **AMP Super Customer Service
PO Box 6346
Wetherill Park NSW 1851
Dharug Country**

If your complaint is resolved within five business days **we'll** not provide you with a written response, unless you request it. However, if your complaint is about hardship, a declined insurance claim, the value of an insurance claim or a decision of the **trustee**, **we'll** provide you with a written response even if your complaint is resolved within five business days.

If your complaint can't be resolved within five business days, **we'll** resolve it through our complaint resolution process. **We'll** provide you with:

- a name and contact information of the Customer Resolution team responsible for handling your complaint,
- regular progress updates, and
- specify when the investigation into the complaint is likely to be resolved.

When we complete our investigation, **we'll** contact you to discuss our decision and then provide you with a written response including the outcome of the investigation and the reasons for our decision. Depending on the type of complaint lodged, different timeframes apply for the resolution of the complaint. You can find out more information by reading our Complaints Policy on our website.

If you aren't satisfied with the outcome of the complaint, you can refer it to the Australian Financial Complaints Authority (AFCA). AFCA is an independent body that provides a free complaint resolution service for complaints made to financial firms. The contact details for AFCA are:

Australian Financial Complaints Authority

Postal address: GPO Box 3, Melbourne VIC 3001

Australia phone: 1800 931 678

Email: info@afca.org.au

Website: afca.org.au

There may be a time limit for referring your complaint to AFCA. You should contact AFCA or visit the AFCA website for more details.

Getting help to make a complaint

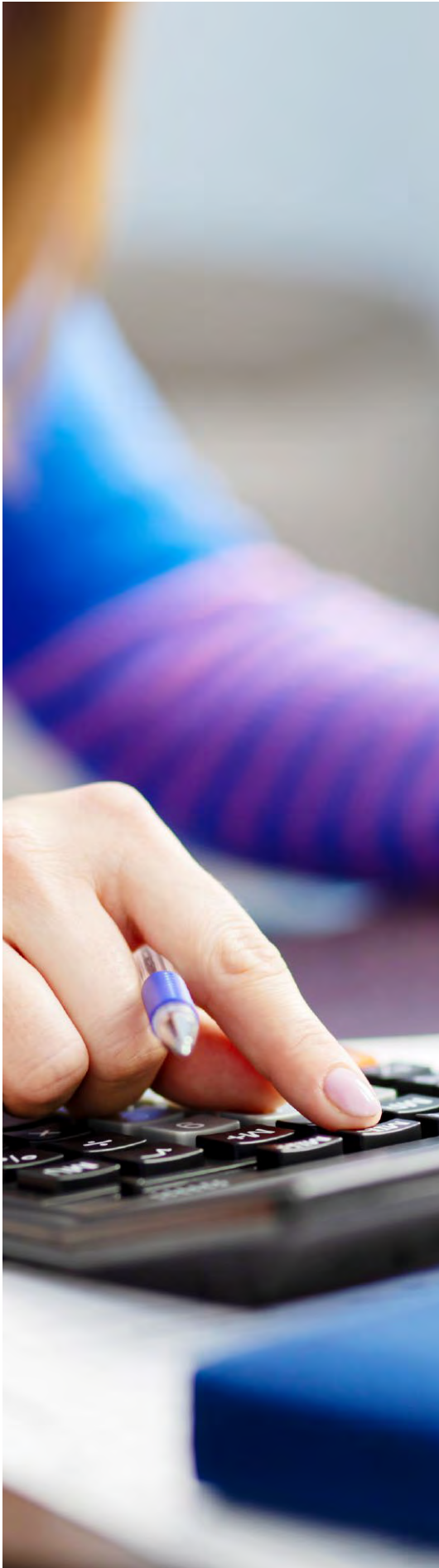
If you need support or help to make a complaint you can ask an authorised representative, family member or friend to contact us on your behalf. We need your permission to speak with anyone else about your complaint, and this can be provided verbally or in writing. If you have a hearing or speech impairment you can use the National Relay Service as per the following:

- TTY (Text Telephone) users –
phone 133 677 then ask to contact 131 267
- Speak and Listen (speech to speech relay) users –
phone 1300 555 727 then ask to contact 131 267
- Internet relay users – visit the
[National Relay Service website](#).

The Translating and Interpreting Service (TIS National) provides interpreting services to people who do not speak English and to agencies and businesses that need to communicate with their non-English speaking clients. TIS National can be contacted on 131 450.



Please note: Time limits apply to certain complaints to the Australian Financial Complaints Authority. If you have a complaint you should contact them immediately to find out if a time limit applies.



How much your cover costs

Your insurance fees are made up of your premiums and any insurance service expense and stamp duty that apply.

How are your insurance fees paid?

Where your insurance benefit starts part way through the month, your insurance fees will only be payable from when your insurance starts.

Insurance fees are then paid in advance and are deducted from your super account at the start of every month. **We**'ll deduct your insurance fees in the following order:

- first, from any money in Choice investment options, excluding any term deposits;
- if there's not enough money in Choice investment options, or if your only investment is in the MySuper investment option, **we**'ll deduct from the MySuper investment option.



If there isn't enough money in your account to pay for your insurance fees, your cover will stop.

Will your insurance fees change?

The **insurer** has the right to vary premium rates in the future. When we increase your insurance fees, at least 30 days' notice will be given to you unless the increase is due to:

- age or Consumer Price Index (**CPI**) based recalculations each year (only if **CPI** changes are applicable to your cover);
- you changing your insurance; or
- a stamp duty change or new government charge.

If you make a change to your cover, your insurance fees will be adjusted to reflect this change. Your new insurance fees will apply from the date that the **insurer** accepts the proposed changes to your cover.

Your insurance cover and fees will be recalculated as you age. If indexation is applicable to your cover then your insurance cover and fees will also be recalculated as at 1 July each year. Note that indexation is not available to **members** that join on and after 1 April 2024.

Change in the event of war

If there's a war, whether declared or not, impacting Australian civilians, the **insurer** may change insurance fees. **We**'ll tell you if this happens.

Government duties

Stamp duty is incorporated into your insurance fees. The **insurer** may change the way they recover stamp duty in the future, from incorporating it into the insurance fees to making it an additional charge. If a state or territory government stamp duty or tax applies, it will be based on the address **we** have on record. As stamp duty and tax differs between states/territories, it's important you let **us** know of any changes to your address. Stamp duty charges can change without notice (up and down), as governments introduce a new stamp duty or revise an existing one or as **we** change our address records.

Insurance service expense

The insurance service expense is currently up to 11.5% of your premium, capped at \$30 per month. The insurance service expense is charged by **us** and covers the cost of providing insurance.

For details refer to the **Fees and costs** section of the **PDS, member guide** or your **welcome letter**.

How are your insurance fees calculated?

Your insurance fees are the cost you pay for your insurance cover and depend on many factors.

Factors that can affect the calculation of your insurance fees include:

- the applicable insurance offer – Essential Protection or Super Protection
- premiums set by the **insurer**
- type of cover chosen
- your age and gender
- amount of insurance cover (your sum insured)
- your occupation (your insurance fees will reflect a loading based on the occupation category that is applicable to you)
- your health and lifestyle
- **waiting period** and **benefit period** selected
- sports/recreational activities
- insurance service expense (see the **Insurance service expense** section), and
- stamp duty.

Depending on your circumstances, each of these factors may affect the amount you need to pay.

Insurance fees quote

You can obtain a quotation by contacting AMP Super Customer Service, alternatively you may be able to log on to [My AMP](#), or visit amp.com.au/insurance-calculator.

Updating your occupation

If you change occupations in the future, you may be able to update your occupation by calling **us**. Changing your occupation may result in a change to your insurance fees. Your new insurance fees will be advised to you at the time you change your occupation.



Other things you need to know

The duty to take reasonable care not to make a misrepresentation

Your legal duty

When you apply for insurance with the **insurer**, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the **insurer** before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which doesn't 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

If **you** don't meet your legal duty, this can have a serious impact on your insurance. Under the *Insurance Contracts Act 1984* (Cth), there are a number of different remedies that may be available to the **insurer**. They are intended to put the **insurer** in the position it would have been in if the duty had been met. For example, the **insurer** may:

- avoid the cover (treat it as if it never existed),
- vary the amount of the cover, or
- vary the terms of the cover.

Whether the **insurer** can exercise one of these remedies depends on a number of factors, including:

- Whether the person who answered the questions took reasonable care 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 the **insurer** would have offered cover, and if so, on what terms.
- Whether the misrepresentation was fraudulent.
- 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.

Guidance for answering the insurer's questions

You are responsible for the information provided to the **insurer**. When answering questions, please:

- Think carefully about each question before you answer. If you're not sure of the meaning of any question, please ask **us** before you respond.
- Answer every question that the **insurer** asks you.
- Answer truthfully, accurately and completely. If you're not sure whether you should include information, please include it.

- Review your application carefully. If someone else helped prepare your application (eg your financial adviser), please check every answer (and make corrections if needed) before submitting it.

There may be circumstances where the **insurer** later investigates whether the information given to it was true. For example, they may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the **insurer** may ask whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. It could save time if you let **us** or the **insurer** know about any changes when they happen as they might require further assessment or investigation.

If you need help

It's important that you understand your obligations and the questions that are being asked. Contact **us** for help if you have difficulty understanding the process of obtaining insurance or answering any questions, or you're having difficulty due to a disability, understanding English or for any other reason.

Your privacy with us and TAL Life Limited

We are authorised under superannuation law to collect your personal and sensitive information for the purpose of administering your superannuation, including insurance held through super. The personal and sensitive information **you** provide is collected and held by **us** to administer your insurance within your AMP Super account. If you do not provide the requested information, **we** may be unable to process your insurance application, assess a claim or properly administer your insurance. Your personal and sensitive information will only be disclosed to our staff as required, **TAL Life Limited** (as the **insurer**) and/or our legal or other professional advisors if reasonably necessary.

You can access our privacy policy at amp.com.au/privacy, or **we** can send you a copy upon request or you can contact **us** for further information. Our privacy policy contains detailed information about how **we** manage your personal and sensitive information. It also contains information about how to make a complaint in relation to how **we** have managed your personal and sensitive information.

TAL and its related entities are committed to ensuring that your information is handled responsibly in accordance with the privacy laws, including the *Privacy Act 1988* (Cth) and the Australian Privacy Principles. The way in which **TAL** collects, uses, secures and discloses information relating to their customers is set out in their privacy policy available at tal.com.au/privacy-policy or available on request.

Defined terms

Defined terms – Essential Protection and Super Protection

Defined term	Meaning
Accident	Means bodily injury caused directly or solely by violent, external and visible means and independent of all other causes.
Activities of daily living	Means: <ul style="list-style-type: none"> • Washing: you can wash yourself by some means. • Dressing: you can put clothing on or take clothing off. • Feeding: you can get food from a plate into your mouth. • Continence: you can control both your bowel and bladder function. • Mobility: you can: <ul style="list-style-type: none"> • get in and out of bed; • get on or off a chair/toilet; and • move from place to place without using a wheelchair.
Fund or the fund	Means the AMP Super Fund ABN 78 421 957 449, RSE Registration No. R1056433.
Cognitive impairment	Means you suffer a significant and permanent cognitive impairment with a loss of intellectual capacity and as a result you're required to be under the continuous care and supervision of someone else.
CPI	Means the All Groups Consumer Price Index number for the weighted average of the eight capital cities published by the Australian Bureau of Statistics or, if that Index is discontinued or varied substantially, any other index the insurer selects and the trustee agrees.
Doctor	Means a legally qualified medical practitioner registered to practice in Australia, New Zealand, the United Kingdom, the United States of America, or Canada. That person may not be you, your business partner, or a member of your immediate family.
Insurer, the insurer, TAL	Means TAL Life Limited ABN 70 050 109 450 AFSL 237848 located at Level 16, 363 George Street, Sydney NSW 2000.
Limb	Means the whole hand below the wrist or the whole foot below the ankle.
Maximum cover limit	<ul style="list-style-type: none"> • Death: unlimited • Terminal illness: \$5,000,000 • TPD: \$5,000,000 • IP: \$30,000 per month (including any superannuation contribution benefit), subject to: <ul style="list-style-type: none"> • up to 75% of the first \$320,000 of your annual income, and • up to 50% of your annual income after \$320,000.
Member, you	Means a member of the AMP Super Fund whose life is insured under Essential Protection or Super Protection.
Ongoing care	<p>You're under ongoing care if you:</p> <ul style="list-style-type: none"> • have sought advice, care and associated treatment that was reasonably necessary and appropriate, from an appropriate doctor or consultant medical specialist who personally assessed you, and was provided with full clinical details in relation to your illness or injury and you have continued to do so at reasonable intervals in the circumstances; • followed the advice, care and associated treatment of the appropriate doctor or consultant medical specialist; and • have taken all other reasonable measures to minimise or avoid further illness or injury.

Defined term	Meaning
Net earnings	<p>Means your total income package from employment, including commissions, regular bonuses, fringe benefits, employer superannuation contributions and any other items relating to your own efforts. It does not include investment income. It includes superannuation contributions made by your employer that are part of a salary sacrifice arrangement between you and your employer.</p> <p>When you own (directly or indirectly) all or part of the business or practice, net earnings means income earned by the business or practice as a result of your personal exertion or activities less your share of the business expenses incurred in earning that income. It does not include investment income.</p> <p>However, and notwithstanding the above, if the superannuation contribution benefit has been selected, net earnings will not include any amount insured under that benefit.</p>
Regular remunerative work	You're engaged in regular remunerative work if you're doing work in any employment or business. You must be doing this work for reward or hope of reward of any type.
Relapse	You suffer a relapse if you've earlier suffered an illness or injury, and you again suffer the same illness or injury or one that arises from the same cause or a related cause.
Remunerative work	Means you're doing work in any employment, business or occupation. You must be doing it for reward – or the hope of reward – of any type.
Specified conditions	<p>Means one or more of the following:</p> <ul style="list-style-type: none"> • Dementia • Blindness • Advanced heart failure • Paralysis – permanent loss of use of two or more limbs • Deafness • Loss of speech • Advanced lung failure • Loss of independence – inability to perform the activities of daily living • Motor neurone disease • Advanced multiple sclerosis • Muscular dystrophy
Spouse	Means as defined in the <i>Superannuation Industry (Supervision) Act 1993</i> (Cth). This includes married, de facto and same sex spouses.
Terminal illness/terminally ill	<p>Means the insurer being satisfied that there is a life expectancy of 24 months or less, certified by your attending doctor and diagnosed on the basis of clinical findings and reports acceptable to the insurer;</p> <ul style="list-style-type: none"> • a second doctor certifying that the injury or illness has caused a reduction in life expectancy to 24 months or less; • at least one of the doctors is a specialist practicing in an area related to the injury or illness you suffered; and • for each of the certificates, 24 months has not elapsed from the date the certification was provided. <p>The insurer may also require you to give information from medical advisers of their choosing. You will not be considered to have a terminal illness on a date prior to the terminal illness certification date.</p>
Terminal illness certification date	Means the date (or if there are two different dates, the later of the two dates) that two doctors sign a medical statement in a form acceptable to the insurer in which they certify that you have a life expectancy of 24 months or less.
Trustee, we, us	Means N. M. Superannuation Proprietary Limited ABN 31 008 428 322 or such other trustee as may become trustee of the AMP Super Fund from time to time.
Waiting period	Means the period before the insurer begins paying a benefit and means the waiting period that applies to you. Your waiting period may be reduced in circumstances agreed between the insurer and the trustee and your insurance fees may be adjusted accordingly.
Welcome letter	Means the communication the trustee sends to you when you join AMP Super .

Defined terms – Essential Protection

The following terms only apply if you have Essential Protection. For terms that apply to Super Protection, refer to the **Defined terms – Super Protection** section of this guide.

Defined term	Meaning
Able to work	You're able to work if you do not meet the definition of disabled .
Benefit period	Means the maximum period during which benefits will be paid under this benefit for any one or related illness or injury.
Date of disablement	<p>Date of disablement is used only for the purpose of calculating the amount of the TPD cover benefit and means the earlier of:</p> <ul style="list-style-type: none"> the date on which the insurer admits liability to pay a claim for this insurance benefit; the date the three month period (from the date you cease regular remunerative work or home duties) referred to in the definition of total and permanent disablement expires; and the date the 14 day period referred to in any of paragraphs (i), (ii) or (iii) of the definition of totally and permanently disabled expires.
Disabled/disability (for IP cover)	<p>Means:</p> <ul style="list-style-type: none"> you're unable to do your usual occupation because you're ill or injured; you're under ongoing care of a doctor for that illness or injury; and you are not in gainful employment or have ceased temporarily to receive any gain or reward under a continuing arrangement of gainful employment. <p>The insurer's assessment of your ability to do your usual occupation is based on your capacity to carry out any one duty, or combination of duties, which are critical to the proper performance of your usual occupation. This assessment is based on the occupation in which you're regularly engaged at the time of suffering the illness or injury causing inability to work.</p>
Gainful employment	Means you're employed or self-employed for gain or reward in any business, trade, profession, vocation, occupation or employment.
Home duties	<p>Means you're doing at least four of the following duties related to running the family home:</p> <ul style="list-style-type: none"> cleaning the family home; shopping for food and household items; meal preparation; laundry services; or caring for a child or dependant.
Monthly benefit	Means the amount the insurer actually pays each month.
Offset/offsets	<p>Means</p> <p>when determining the monthly benefit to be paid, the insurer takes into account the following amounts:</p> <ul style="list-style-type: none"> regular payments to you in respect of sick leave; regular payments to you from a workers' compensation, accident compensation or public liability scheme; or regular payments to you from any income protection insurance obtained by you after applying for IP Cover, if your total income protection benefits from such cover together with this IP Cover exceeds 75% of your pre-disability income. <p>If any of these regular payments are paid other than monthly, the insurer will convert them to monthly payments for the insurer's calculation of the monthly benefit. If the relevant payment is paid or payable as a lump sum then only that part of the payment that relates to compensation for loss of wages or earning capacity will be taken into consideration.</p> <p>For the purposes of calculating the monthly benefit, the insurer will ignore any other income or regular payments, including:</p> <ul style="list-style-type: none"> investment income; and other forms of unearned income. <p>The insurer can recalculate the monthly benefit it must pay, or should have paid, if it did not take into account income that it was entitled to consider in determining your monthly benefit. The insurer may reduce amounts it pays in the future to recover past overpayments. If the insurer has underpaid the monthly benefit, it will pay any amount it owes.</p>

Defined term	Meaning
Permanent incapacity	Means the insurer is reasonably satisfied that your ill-health (whether physical or mental) makes it unlikely that you'll engage in gainful employment for which you're reasonably fitted by education, training or experience.
Pre-disability income	Means your net earnings prior to being disabled . The insurer uses your income during the 12 months immediately before you became unable to work , and divides that amount by 12 to determine the monthly amount. However, if you're taking maternity leave, paternity leave or leave without pay, or you've returned to work after taking maternity leave, paternity leave or leave without pay, the insurer uses your net earnings during the 12 months immediately before you went on maternity leave, paternity leave or leave without pay, and divides that amount by 12 to determine the monthly amount.
Total and permanent disablement/ Totally and permanently disabled	<p>Means disablement which commences on or after the date your insurance started and before your 65th birthday.</p> <p>You're totally and permanently disabled if you:</p> <ol style="list-style-type: none"> suffer an injury or illness and are unable to work; or suffer an illness or injury that in the insurer's opinion deems you to have suffered permanent incapacity; and <ol style="list-style-type: none"> results in the total and irrecoverable loss of the use of two limbs or the sight of both eyes, or the use of one limb and the sight of one eye (and survive for 14 days after the loss); you're unable to perform two or more activities of daily living without assistance from someone else (and survive for 14 days); or you suffer a significant and permanent cognitive impairment (and survive for 14 days).
Unable to work	<p>Means you suffer an illness or injury while engaged in regular remunerative work (or within six months after ceasing regular remunerative work) and:</p> <ul style="list-style-type: none"> your illness or injury wholly prevents you from engaging in regular remunerative work for at least three months in a row; since you became ill or injured, you've been under ongoing care for that illness or injury; and in the insurer's opinion, the illness or injury means that you're unlikely to ever return to gainful employment for which you're reasonably qualified by education, training or experience. <p>You must survive for three months from the date you cease regular remunerative work.</p>

If your TPD cover commenced prior to 1 July 2014 and you have continuously held TPD cover since, then the definitions above are deleted and replaced with the following. The trustee will pay you once you satisfy a superannuation condition of release.

Defined term	Meaning
Date of disablement	<p>Date of disablement is used only for the purpose of calculating the amount of the total and permanent disablement benefit and means the earlier of:</p> <ul style="list-style-type: none"> the date on which the insurer admits liability to pay a claim for this insurance benefit; the date the three month period (from the date you cease regular remunerative work or home duties) referred to in the definition of total and permanent disablement expires; and the date the 14 day period referred to in any of paragraphs (c), (d) or (e) of the definition of totally and permanently disabled expires.
Total and permanent disablement/ Totally and permanently disabled	<p>Means disablement which commences on or after the start date of your insurance and before your 65th birthday.</p> <p>You're totally and permanently disabled if you satisfy any of the following sub-paragraphs 'a' to 'e':</p> <ol style="list-style-type: none"> suffer an injury or illness and are unable to work; suffer an injury or illness and are unable to engage in home duties; suffer an injury or illness that results in the total and irrecoverable loss of the use of two limbs or the sight of both eyes, or the use of one limb and the sight of one eye (and survive for 14 days after the loss); become totally and permanently unable to perform two or more activities of daily living without assistance from someone else (and survive for 14 days from the date you were unable to perform two or more activities of daily living); or suffer a significant and permanent cognitive impairment (and survive for 14 days from the cognitive impairment).
Unable to engage in home duties	<p>Means you suffer an illness or injury while engaged in home duties (or within six months after ceasing home duties) and:</p> <ul style="list-style-type: none"> the illness or injury wholly prevents you from engaging in any home duties for at least three months in a row; since you became ill or injured you've been under the regular care and attention of a doctor for that illness or injury; and in the insurer's opinion, the illness or injury means that you're unlikely to ever engage in all home duties or any occupation for which you're reasonably fitted by education, training or experience. <p>You must survive for three months from the date you cease home duties.</p>
Unable to work	<p>Means you suffer an illness or injury while engaged in regular remunerative work (or within six months after ceasing regular remunerative work) and:</p> <ul style="list-style-type: none"> your illness or injury wholly prevents you from engaging in regular remunerative work for at least three months in a row; since you became ill or injured, you've been under the regular care and attention of a doctor for that illness or injury; and in the insurer's opinion, the illness or injury means that you're unlikely to ever work in or attend to regular remunerative work for which you're reasonably fitted by education, training or experience. <p>You must survive for three months from the date you cease regular remunerative work.</p>

Defined terms – Super Protection

The following terms only apply if you have Super Protection. For terms that apply to Essential Protection, refer to the **Defined terms – Essential Protection** section of this guide.

Defined term	Meaning
Able to work	Means you do not meet the definition of disabled .
Benefit period	Means the maximum period during which benefits will be paid under this benefit for any one or related illness or injury.
Date of disablement	Is used only for the purpose of calculating the amount of the TPD benefit and means the earlier of: <ul style="list-style-type: none"> the date on which the insurer admits liability to pay a claim for this insurance benefit; and the end of the qualifying period.
Disabled/disability (for IP cover)	Means: <ul style="list-style-type: none"> you're unable to do your usual occupation because you're ill or injured; you're under ongoing care of a doctor for that illness or injury; and you are not in gainful employment or have ceased temporarily to receive any gain or reward under a continuing arrangement of gainful employment. <p>The insurer's assessment of your ability to do your usual occupation is based on your capacity to carry out any one duty, or combination of duties, which are critical to the proper performance of your usual occupation. This assessment is based on the occupation in which you're regularly engaged at the time of suffering the illness or injury causing inability to work.</p>
Gainful employment	Means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or reward.
Home duties	Means the following duties related to running the family home: <ul style="list-style-type: none"> cleaning the family home; shopping for food and household items; meal preparation; laundry services; and caring for a child or dependant.
Monthly benefit	Means the amount the insurer actually pays each month.
Offset/offsets	When determining the monthly benefit to be paid, the insurer takes into account the following amounts: <ul style="list-style-type: none"> regular payments to you in respect of sick leave; regular payments to you from a workers' compensation, accident compensation or public liability scheme; or regular payments from any insurance plans you obtained after applying for insured benefits relating to IP cover, if your total income protection benefits from all insurance plans exceed 75% of your pre-disability income. <p>If any of these regular payments are paid other than monthly, the insurer will convert them to monthly payments for the insurer's calculation. If the payment is from a lump sum then only that part of the payment that relates to compensation for loss of wages or earning capacity will be taken into consideration.</p> <p>The insurer will ignore any other income or regular payments, including:</p> <ul style="list-style-type: none"> investment income; and other forms of unearned income. <p>The insurer can recalculate the monthly benefit it must pay, or should have paid, if it did not take into account income that it was entitled to consider in determining your monthly benefit. The insurer may reduce amounts it pays in the future to recover past overpayments. If the insurer has underpaid the monthly benefit, it will pay any amount it owes.</p>
Pre-disability income	Means your income prior to being disabled . The insurer uses your income during the 12 months immediately before you became unable to work , and divides that amount by 12 to determine the monthly amount. However, if you're taking maternity leave, paternity leave or leave without pay, or have returned to work after taking maternity leave, paternity leave or leave without pay, the insurer uses your income during the 12 months immediately before you went on maternity leave, paternity leave or leave without pay, and divides that amount by 12 to determine the monthly amount.

Defined term	Meaning
Qualifying period	<p>Means:</p> <ul style="list-style-type: none"> the date three months from the date you cease regular remunerative work; and (if you become permanently incapacitated as a result of a specified condition), the date eight days from the date of the event giving rise to the claim.
Total and permanent disablement/Totally and permanently disabled	<p>Means, as a direct result of illness or injury, while engaged in regular remunerative work (or within six months of ceasing regular remunerative work), you:</p> <ul style="list-style-type: none"> become totally and permanently disabled (as defined below); remain under ongoing care of a doctor for the illness or injury; are wholly prevented from engaging in regular remunerative work for at least the qualifying period; and survive for eight days from the occurrence of the illness or injury, and fulfil one of the below conditions. <p>If, at the time you suffer an illness or injury, you:</p> <ul style="list-style-type: none"> are aged 65 years or older; have not engaged in regular remunerative work in the last six months; or have been solely performing home duties for the last six months, <p>Totally and permanently disabled means an injury or illness which commences on or after the start date of your insurance, and:</p> <ul style="list-style-type: none"> the insurer is reasonably satisfied that your ill-health (whether physical or mental) makes it unlikely that you'll engage in gainful employment for which you're reasonably fitted by education, training or experience; and your incapacity was caused by one of the following: <ul style="list-style-type: none"> total and irrecoverable loss of: <ul style="list-style-type: none"> the use of two limbs; the sight of both eyes; or the use of one limb and the sight of one eye; or total and permanent inability to perform at least two of the activities of daily living without assistance from someone else; or significant and permanent cognitive impairment with a loss of intellectual capacity, and you're required to be under the continuous care and supervision of someone else; or if you're under the age of 65 years old and have been solely performing home duties for the last six months, total and permanent inability to perform home duties. <p>In all other cases: Totally and permanently disabled means an injury or illness which commences on or after the start date of your insurance, and the insurer is reasonably satisfied that your ill-health (whether physical or mental) makes it unlikely that you will engage in gainful employment for which you're reasonably fitted by education, training or experience.</p>

Contact us

phone 131 267
8.30am to 7.00pm Sydney time
Monday to Friday

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