AMP Super
Insurance Guide

Signature Protection - Acenda
Issued 25 May 2026 by N.M. Superannuation Proprietary Limited, the Trustee of the AMP Super Fund.

AMP Super refers to SignatureSuper®
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ABN 49 079 354 519.

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

Acknowledgement of Country

AMP acknowledges all First Nations Peoples across Australia. We recognise the Traditional Custodians of the land and value the connection to Country, waterways and sky. We pay our respects to the Elders for their resilience, courage and wisdom; for ensuring the survival of this country's rich culture and heritage. Our hope for the future is to unite as one people, to listen and learn from each other with respect and walk the path to reconciliation together.

AMP Super refers to SignatureSuper®.

The information in this document forms part of the **AMP Super** product disclosure statement (PDS) dated 25 May 2026. To understand how **AMP Super** works, read the PDS, Member guide, Investment guides, relevant Insurance guide and your **welcome letter.**

Your **welcome letter** describes the benefits and features of your **AMP Super** membership. Some employers may have tailored MySuper arrangements, which will be in your **welcome letter** if applicable. Some benefits and features in the **guide** may not apply to you. You or your family member may also request a copy by contacting **us** on 1300 366 019.

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. You can request a paper copy of the update free of charge by calling **us** on 1300 366 019 or from your financial adviser.

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

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

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- Cancel my insurance — Page 24
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- Make a claim — Page 26
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What you need to know

This is an **insurance guide** for **AMP Super**. The **guides** and **welcome letter** are important documents. You should read them with the **PDS** to understand how **AMP Super** works.

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

If you'd like advice about your insurance, investment options or contributions in this super product, please call **us** on 1300 366 019. Intra-fund advice is provided for no extra fees. 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 or the **insurer** named in this document:

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

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, 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 this product. 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**'ll communicate with you if this occurs.

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

Awarded for putting you first

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

2026 Super Ratings Awarded Platinum, Gold and Sustainable Recognised for SignatureSuper

The sustainable recognition award is given to Australian Superannuation funds that have demonstrated a commitment to sustainability throughout their investment practices, internal behaviours, and member interactions.

Canstar
Outstanding Value Award
2026

***Money* magazine's**
Best of the Best Awards 2026
Innovation in Lifetime Income Products

Chant West 2026 ratings
AMP SignatureSuper Employer
& AMP SignatureSuper Personal

2026 Heron Partnership awards 5 Star Outstanding Quality ratings

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. Ratings are 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 2026) 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 our FSG. Chant West Awards issued May 2025 are solely statements of opinion and not a recommendation in relation to making any investment decisions. Awards are current for 12 months and subject to change at any time. Awards for previous years are for historical purposes only. Full details on Chant West Awards at chantwest.com.au/fund-awards/about-the-awards.

The Heron Partnership has awarded SignatureSuper with 5 Stars in its Quality Ratings for 2026. The award recognises SignatureSuper as an 'outstanding product with a great depth of features and flexibility'. The 5 Stars rating is based on Heron's assessment of SignatureSuper's investment arrangements, insurance, communications, contributions and ancillary benefits. It takes into account an analysis of about 120 features used to compare super funds in the Australian marketplace to assess the strengths and weaknesses of each fund. For details about The Heron Partnership's ratings methodology refer to heronpartners.com.au.

Get a quick answer

When does your cover start? 6

When you turn 25 and have a $6,000 balance. You can elect to have cover sooner.

How are your benefits calculated? 10

This depends on your **plan's** design and the cover type. Your **welcome letter** shows the design.

What happens if your salary changes? 11

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

What's the automatic acceptance limit (AAL) and how does it work? 11

It's the maximum default cover available in your **plan**. Your **plan's** AAL is in your **welcome letter**.

Can your family members take out cover? 12

If offered in your **employer plan**, contact **us** for more information.

What does Death insurance cover? 13

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

What does Total and Permanent (TPD) insurance cover? 15

A lump sum paid if you're not able to work again due to **illness** or injury.

What does Income Protection (IP) insurance cover? 16

A monthly benefit for a defined term if you're temporarily unable to work due to **illness** or injury.

Are you covered while working overseas? 20

Yes, you are covered while working overseas.

Are you covered during approved unpaid leave? 20

Yes, including maternity or paternity leave, up to 24 months.

Does your insurance end if you close your super account, it lapses, or is transferred to the ATO? 21

Yes, your insurance will end.

What happens if you leave your employer? 21

Your insurance will continue, however there may be some changes, which **we** will let you know.

When does your cover stop? 23

It can stop for a few reasons, including your age or if your **account** hasn't received any super contributions.

Can you change default cover? 24

You can apply for additional cover, reduce, or cancel your cover at any time.

How can you cancel cover? 24

You can cancel online in My AMP, over the phone or in writing.

Can you reinstate cover? 24

Yes, but only if your cover was cancelled due to inactivity (no **account** contributions for 16 months).

How do you claim? 26

You can lodge a claim online, call, email or write to **us**.

When will insurance fees be deducted from your account? 28

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

What's an insurance service expense? 29

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

Will your insurance fees change? 29

Yes, they will change with your age, **insurer** reviews and changes to the insurance service expense.

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.

Types of insurance available

The type and amount of insurance **we** provide will depend on factors such as your membership category and employment status. This means some members may not have insurance in their AMP account. Family members may be able to apply for Death and TPD cover under the **plan**.

Your AMP Super plan may offer you:

- Death cover (including a Terminal Illness benefit),
- Death and Total and Permanent Disablement (TPD) cover
- Death and Income Protection (IP) cover, or
- Death and TPD and IP cover.

DEATH 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.

TOTAL AND PERMANENT DISABLEMENT (TPD) COVER

Provides a lump sum benefit in the event that you become totally and permanently disabled and won't work again.

TPD cover is paid in addition to your super account balance.

INCOME PROTECTION (IP) COVER

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

Your **welcome letter, insurance confirmation letter, member statements** and the insurer's policy document may refer to Temporary Disability (TDI), Group salary continuance (GSC), Salary continuance insurance (SCI), Temporary salary continuance (TSC) or Group income protection (GIP). **For the purpose of this insurance guide we will refer to these as Income Protection cover.**

Please refer to your **welcome letter** (you get this when you join AMP), **insurance confirmation letter** (you get this when insurance is applied to your AMP **account**), or your latest **member statement** (you receive this every year) to confirm the insurance cover that applies to you. You can also log into My AMP and see any insurance that has been applied to your **account**.

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

Automatic cover

When you become eligible (or elect to have cover) you will automatically be provided with the insurance design your **employer** has selected for your **plan**.

You may be provided with either:

- Death cover only;
- Death and Total and Permanent Disablement (TPD) cover; or
- Death, TPD and Income Protection (IP) cover,

depending on the design chosen by your **employer**. Your sum insured (the dollar value you are insured for) will be determined by one of the methods outlined in the table below. You can see the design that applies to you in your **welcome letter**.

<table>
<tr><th>Cover provided by your employer</th><th>Insurance design options available</th><th>Example of insurance provided
to a 50 year old, salary of $100,000 pa,
plan expiry age 70 (Death cover) and 65 (TPD cover)</th></tr>
<tr><td rowspan="5">Death cover only* (including Terminal Illness)

*The cover you receive automatically will always be greater than the levels shown in the Minimum Death cover for employee members section.

OR

Death and Total and Permanent Disablement (TPD) cover (including Terminal Illness)</td><td>1. A lump sum amount calculated using a percentage of your salary for each year (and complete months) left until the plan expiry age.

OR</td><td>25% of salary.
• Death cover sum insured will be:
(25% x $100,000) x 20 years = $500,000
• TPD cover sum insured will be:
(25% x $100,000) x 15 years = $375,000</td></tr>
<tr><td>2. Multiples of salary.

OR</td><td>3 multiples of salary.
Sum insured is: 3 x $100,000 = $300,000</td></tr>
<tr><td>3. Fixed cover (a fixed sum insured).</td><td>Employer selects a set amount of insurance, eg $400,000.</td></tr>
<tr><td colspan="3">For permanent employees working at least 15 hours per week only:</td></tr>
<tr><td rowspan="3">Income Protection (IP) cover</td><td>75% of salary.</td><td>Sum insured is a monthly payment (for the agreed benefit period) of:
(75% x $100,000) ÷ 12 = $6,250
This payment may be offset by other income you receive at the same time you are receiving benefit payments. See your welcome letter for details.</td></tr>
<tr><td colspan="2">Your employer may also choose to include the Superannuation Contribution Benefit.</td></tr>
<tr><td>Up to 15% of salary.</td><td>Employer selects 12%.
The sum insured calculated above will be increased by:
(12% x 100,000) ÷ 12 = $1,000
The total cover for Income Protection will be:
$6,250 + $1,000 = $7,250</td></tr>
</table>

Please note: These are examples only. The actual amount of cover you are provided will be detailed in your **welcome letter** or **insurance confirmation letter**.

When you'll get cover

You get cover when you turn 25, you have an account balance of $6,000 and your **account** has received a contribution (or rollover) in the last 16 months. This is subject to you meeting any other eligibility requirements and there are enough funds in your **account** to pay your insurance fees.

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 for you as an **employee** and negotiated by your **employer** while also offering advantages of cover for your family. It means you can:

- ✓ have insurance fees deducted from your **AMP Super account** (if not paid for by your **AMP Super employer**) so you won't be dipping into your take-home pay
- ✓ apply for additional insurance cover to meet your personal needs
- ✓ have Interim Accident cover while you wait for any applications for cover to be assessed (where available for your **plan**).

Employee members may also have the advantage of:

- ✓ corporate insurance fees which are generally cheaper than personal insurance fees
- ✓ not having to provide evidence of health, through automatic acceptance limits (AAL) where eligible.

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 but we will also ensure insurance premiums remain sustainable if there is a high claims experience within your plan. 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're making super contributions

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

You can log into My AMP to check or make changes to your current arrangements and visit amp.com.au/whyinsurance to find out more about what insurance is right for you.

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.

Our Intra-fund Advice Team or 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-needs

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?
If you aren't sure your insurance is right for you, call us on **1300 366 019** 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.

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 Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402, AFSL No. 230694, trading as Acenda (the **insurer**). Acenda is a member of the Nippon Life Group.

Insurer consent

Acenda:

- 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** or your **welcome letter**, the policies prevail.

Eligibility for cover

Who is eligible for cover

Generally you are eligible for automatic cover if you meet each of the following criteria:

- you are employed by an **AMP Super employer** or are a member of the **AMP Super plan**,
- you join the **AMP Super plan** within 120 days of joining your **employer**,
- you are an **Australian resident** at the time you are accepted for cover (unless otherwise agreed to in writing by the **insurer**), and
- you meet any other eligibility conditions determined by the insurance policy and outlined in your **welcome letter**.

Family members can apply for Death and TPD cover.

IP cover is only available to **employee members** working for the **AMP Super employer** at least 15 hours a week as a **permanent employee**. This is not available to **family members**.

When insurance is automatically applied(i)

We'll automatically give you insurance

If:
- you're aged 25 or over
- you have a balance of $6,000+
- your **account** has received a contribution (or rollover) in the last 16 months, and
- you have enough funds in your **account** to pay your insurance fees.

We'll also automatically give you insurance if your **employer** funds the full cost of insurance and notifies **us** of this.

Limited cover will apply until you have been in **active employment** for 30 consecutive days.

We can't automatically give you insurance

If:
- you're under the age of 25
- you have a balance under $6,000, or
- your **account** has not received a contribution (or rollover) in 16 months.

If there aren't enough funds in your **account**, insurance will not start.

If you'd like to opt in to insurance

If you opt in within the first 120 days of joining your **employer**, you won't need to answer health or lifestyle questions. Default insurance cover will be automatically applied once you've completed the application at amp.com.au/getinsurance and you have enough funds in your **account** to pay your insurance fees.

If you opt in outside 120 days of joining your **employer**, you will need to apply for insurance and answer health and lifestyle questions. Insurance will be provided to you if your application is approved.

Otherwise you can wait until you're eligible to receive insurance automatically.

(i) You will not be eligible if you have previously told us you don't want insurance.

Limited cover will apply until you have been in **active employment** for 30 consecutive days. After this time full cover will be provided. See your **welcome letter** for the terms and conditions that apply to you.

Please note: If cover in your **AMP Super employer plan** has transferred from another insurer, then you should read the **Takeover terms for insurance** section.

What is Putting Members' Interests First (PMIF)?

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, and
- have had a contribution put into your **account** within the last 16 months,

unless you elect to have cover earlier, or your employer pays for full cost of insurance and notifies **us** of this.

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

Your insurance cover

How employee cover works

Standard cover

Standard cover refers to the way Death and TPD cover amounts are calculated and usually consists of a formula. Your **AMP Super employer** has decided on the standard cover formula that applies to your membership category and this is shown in your **welcome letter**.

The value of your standard cover is calculated:

- when you join your **employer plan**
- at your most recent annual review
- when you change your multiple of the standard cover
- on your death, or
- on the last day of work if you are making a TPD claim.

Default cover

Where the **insurer** has agreed to provide default insurance to members of your **AMP Super employer plan**, you'll be automatically provided with cover, subject to meeting the necessary criteria.

When you turn 25 and have an account balance of $6,000, your default insurance will be applied automatically, assuming all other eligibility criteria are met.

If you are not eligible for default cover under super law but you tell **us** that you'd like insurance within 120 days of joining your **employer**, the insurer can provide cover without needing any health information. If you tell us after 120 days of joining your **employer**, you will need to answer health and lifestyle questions.

The default cover will be provided up to the **automatic acceptance limit (AAL)**. Where the amount of cover exceeds the AAL, acceptance by the **insurer** will be required. The default cover you are eligible for is shown in your **welcome letter**.

How standard cover and default cover are calculated

Example

John is an employee member of the XYZ plan. John has a salary of $50,000 pa. The standard cover formula selected by the **AMP Super employer** for the XYZ plan is three times salary. The default cover multiple selected by the **AMP Super employer** for the XYZ plan is two times the standard cover.

Standard cover = $150,000 (ie 3 x $50,000)
Default cover = $300,000 (ie 2 x $150,000)

John's insurance cover will be equal to the default cover of $300,000.

Please note: The above example is an illustration only and is based on the factors given. The example should not be taken as the actual amount of standard and default cover you will receive.

Minimum Death cover for employee members

We'll monitor your default Death cover to make sure it doesn't fall below minimum Government requirements for **employee members**, depending on your age.

The minimum doesn't apply if you've cancelled or reduced your cover. Any change to your cover may also affect your fees. The amount of your insurance cover is shown on your **insurance confirmation letter** or your latest **member statement**.

Age range	Minimum ($)
20–34	50,000
35–39	35,000
40–44	20,000
45–49	14,000
50–55	7,000
56 and over	Nil

What happens if your salary changes?

If your cover is based on your salary then updates to your salary could change your cover amounts. Your **welcome letter** will state when these updates will take effect. It will occur either on your **plan's** next annual review date, or at intervals between annual reviews. If your cover is not recalculated at intervals between annual reviews, then your cover will not change (even if your salary changes) until the next annual review.

If your cover does increase when it is recalculated because of a salary increase and still remains below your **plan's** AAL, no underwriting will be required. However, if you apply for additional cover through underwriting (even where it is below the AAL), or if your cover exceeds the AAL as a result of salary or other insurance formula changes, then you will need to be underwritten by providing information about your health and lifestyle to get cover above the AAL.

Commencing cover – Automatic Acceptance Limit (AAL)

The **insurer** will generally provide automatic acceptance cover, without evidence of health, up to the AAL, if the following applies:

- your **plan** (or relevant membership category) must have been accepted for an AAL
- you must be an **employee** of the **AMP Super employer**, and
- you must join the **plan** (or category) when first meeting General eligibility requirements (see **Eligibility for cover** section).

Your **AMP Super employer** must certify these things when they tell **us** you are joining the **plan** (or category). If this certification is incorrect, the **insurer** may have the right to void the insurance cover and refuse to pay any insured amount.

The AAL is the maximum amount of insurance cover the **insurer** will provide you without the need for you to provide evidence of health to the satisfaction of the **insurer**.

If you don't meet the above criteria, you'll be asked for information about your health before cover can be provided.

Your cover may require underwriting where your salary/sum insured increases by more than 30% in any 12 month period. Any increase in excess of 30% may be subject to underwriting terms determined by the **insurer**.

Will you need to provide details of health and circumstances?

If you may not otherwise be eligible to have default cover under super laws but you tell **us** within 120 of joining your **employer** that you'd like insurance, **we** can provide cover on your **account** without you needing to provide information about your health.

You will not need to provide information about your health and circumstances if:

- an AAL applies to your **AMP Super plan** (or membership category)
- the total cover required does not exceed the AAL for your **plan** (or membership category), and
- you meet all the eligibility conditions for obtaining AAL cover.

If you do not meet these conditions, you'll need to apply for cover and provide details of your health. The **insurer** will consider your medical history, your likely future good health, your occupation, lifestyle and family history before deciding whether to accept your application.

The insurer may reject or accept your application subject to conditions, special limits or higher rates.

How you can take out additional cover

You may be able to apply for cover or apply for an increase to your cover if:

- the cover required by you exceeds either the default cover amounts, or the AAL for your **plan** (or membership category), or
- you do not meet all the eligibility conditions for obtaining AAL cover or your **plan** (or membership category) does not offer an AAL.

We will let you know in writing if you are required to provide evidence of health and circumstances.

If the **insurer** approves additional cover, they may apply conditions, special limits or higher rates to that additional cover.

How do you apply for additional cover?

We can send you an additional insurance cover form to complete. You need to be either:

- **at work**, actively performing your normal duties and work hours, or
- on leave for reasons other than **illness** or injury.

We will let you know in writing if you need to provide evidence of health and circumstances.

When will your additional cover commence?

If your application is accepted, **we** will write to you to confirm the increase in cover, the fees that will apply and the date it will commence from. Until then your current level of cover will apply.

While your completed application is being assessed you may have Interim Accident cover if it has been agreed for your **plan**.

To see the cover that is available to you, check your **welcome letter**, your **member statement** or call **us**.

What if an AAL doesn't apply?

If your **plan** doesn't have an AAL, or you do not qualify for the AAL, you'll need to apply for cover and provide **evidence of insurability** including details of your health and circumstances.

Depending on the evidence supplied, cover may be refused, accepted with special limits, or increased rates.

While you are waiting for your application to be assessed, you may have Interim Accident cover.

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.

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.

How family cover works

If offered, **family members** can apply for insurance cover in an **AMP Super plan** at any time subject to underwriting and acceptance by the **insurer**. In some instances family cover is limited to a spouse only. To find out more about **family member insurance** in your **plan**, contact **us**.

All terms, conditions and definitions relating to **family member** insurance cover are subject to the insurance policy for your **AMP Super employer plan**.

How to apply for family member insurance

If you are part of an **employee member's** family, and eligible for cover, you can apply for insurance at the time the **employee member** joins the **plan** or later. Contact **us** and **we**'ll send you the application form.

You'll need to provide evidence of your health, as outlined on the application form, so the **insurer** can assess your application. While your application is being assessed you'll have Interim Accident cover.

As part of your application, you'll be asked to elect to have and keep insurance in your super account, even if you may otherwise be ineligible for insurance under super laws. You can find out more information at amp.com.au/whyinsurance.

Depending on the evidence supplied, the **insurer** may reject your application or accept it subject to conditions, special limits or higher rates.

If your application is accepted, **we**'ll write to you to confirm your cover and the fees that apply. Your cover commences from the date that the **insurer** accepts your application.

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?

Death cover is a lump sum amount, paid in addition to your super account balance if you die, while an **insured member**, and includes the terminal illness benefit.

Maximum amount of Death cover

Death cover is limited to a maximum of $10 million.

What happens if you die?

If you die while you're an **insured member** of the **AMP Super plan**, your Death cover will be paid (in addition to your super account balance) as part of your death benefit.

When **we** are notified of your death, your account balance will be switched into Super Cash which is a low-risk investment option. The proceeds of any insurance claim paid by the **insurer** to **us** will also be invested in Super Cash. Any death benefit will consist of:

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

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 Terminal Illness cover paid is the lesser of the insured Death cover or $3 million. So the maximum amount the **insurer** will pay is $3 million. If your Death cover is more than this, then the **insurer** will pay any further Death cover when you die.

We reduce the Death cover and TPD cover by the amount of any Terminal Illness cover that is paid.

The benefit amount paid to you will be calculated on the date you are last certified as suffering from a **terminal illness**.

If a Terminal Illness claim is accepted, the **insurer** will pay the insured amount to **us** and **we**'ll invest this benefit in Super Cash, which is a low-risk investment option. Then, subject to you having satisfied a condition of release under super law, **we**'ll make the proceeds available to you as a lump sum.

Who gets my super if I die?

Super is not automatically included in 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 or beneficiaries.

You can find more information about the types of beneficiaries, and how to make a nomination in the **What is a beneficiary?** section in the **member guide**.

Or you can make a nomination in My AMP.

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.

Differences between the insurance policy and super law

Under super law, a **member** who is certified by two **doctors** (one who is a specialist in the field of the **insured member's illness**) as having a life expectancy of 24 months or less from the date of certification, will be considered to have met a Terminal Medical condition of release. However, a Terminal Illness benefit may not be payable under the policy until your life expectancy is 12 months or less. Therefore, if you have met a condition of release and choose to withdraw your full balance, your super **account** will be closed and any insurance you held through your **account** will be cancelled. Your insurance policy has a different certification period for **terminal illness**, which is 12 months. If you close your **account** between the 24 and 12 month period, you will not be paid a Terminal Illness benefit and if you subsequently die, your **beneficiaries** will not be able to claim against any insurance (as it's cancelled).

Before closing your **account**, you should seek financial and tax advice to ensure you fully understand the impact on your ability to claim. If you leave your super **account** open with sufficient funds to pay your ongoing insurance fees, your cover will continue. If you subsequently meet the definition of **terminal illness** (your life expectancy is 12 months or less) under the insurance policy, you will be able to claim against your insurance policy.

If your Death cover commenced prior to 1 July 2014 and you have continuously held Death cover since, you should note that the **trustee** can only pay the Terminal Illness benefit in accordance with the super rules. These rules mean there may be some instances where the **trustee** will not be able to pay a Terminal Illness benefit directly to you. The **insurer** will pay it to your super **account** if you do not satisfy a terminal medical condition of release (see **Accessing your super** section in the **member guide**).

What is excluded in your Death cover?

Unfortunately, there are specific circumstances in which a benefit will not be payable.

Please refer to your **welcome letter** for the specific exclusions which apply to your **employer plan**.

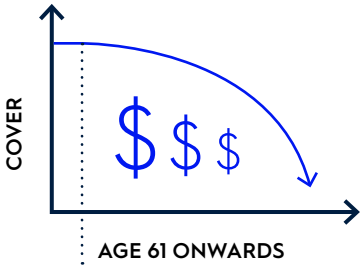
TOTAL AND PERMANENT DISABLEMENT (TPD) COVER

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

Maximum amount of TPD cover

TPD cover is generally limited to a maximum of $3 million. The maximum cover limit applicable to you is set out in your **welcome letter**.

Your TPD cover will automatically decrease as you get older



In most cases, TPD cover for your **plan** will automatically reduce as you get older.

If your TPD cover is defined as a fixed dollar amount or a fixed multiple of salary (and unless otherwise agreed with your **employer**), the TPD sum insured will automatically decrease by 20% each year from when you are 61.

See your **welcome letter** for the details that apply to you.

Other important information about TPD Cover

TPD cover is only available with Death cover and cannot be for an amount greater than your Death cover.

TPD cover generally has a six-month waiting period, that is, six consecutive months following the **date of claim**.

What is excluded in your TPD cover?

Unfortunately there are specific circumstances in which a TPD benefit will not be payable.

Please refer to your **welcome letter** for the specific exclusions which apply to your **employer plan**.

What happens if you become Totally and Permanently Disabled?

If you have TPD cover, you become **totally and permanently disabled**, the **insurer** will pay a lump sum amount to your **AMP Super account** which is paid to you in addition to your super balance.

How will your TPD claim be paid?

If your TPD claim is accepted the **insurer** will pay the TPD insured amount to the **trustee** who will then deposit it in your account.

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.

If you're a defined benefit member, your TPD cover may form part of an overall formula benefit and not be paid as an additional amount.

Key information about TPD claims

If an insured TPD benefit is payable, please note:

- payments of any IP benefit will generally stop (however, some **plans** may allow IP benefits to continue to be paid after a benefit is paid), your **welcome letter** will confirm if this is the case, and
- your Death cover will cease.

Please see the **How to make a claim** section for further information.

What happens if you are claiming a TPD benefit and you die?

We will pay your insured Death cover. Your TPD claim will be cancelled and your beneficiary(ies) will not be paid a TPD benefit. You will not receive both the insured TPD benefit and the insured death benefit from your **AMP Super** insurance cover.

INCOME PROTECTION (IP) COVER

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

What is IP insurance?

You're eligible for cover if:

- you're an employee-joined member
- your **employer** has selected IP for your membership category, and
- you're a permanent employee, or
- you work at least 15 hours of regular work a week.

Your **AMP Super employer** has selected whether IP cover applies to your membership category. If IP cover applies to you, your **AMP Super employer** has also selected:

- the percentage of your income payable as IP cover
- the **waiting period**, and
- the **benefit period**.

See your **welcome letter** for any details of IP cover that may apply to you.

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. See your **welcome letter**.	Your **benefit period** – the timeframe you'll receive IP payments for – has been selected by your **employer**. You can find your **benefit period** and all the relevant information in your **welcome letter**.
30 days OR **60 days** OR **90 days**	**Up to 2 years** OR **Up to 5 years** OR **Up to age 65**
You don't receive IP benefit payments during, or for, the **waiting period**.	
The **waiting period** commences from the later of the date you are first examined and certified by a **medical practitioner** as **totally disabled** in relation to an injury or sickness; and the date you ceased work due to that injury or sickness.	Benefits are paid until the end of the benefit payment period, or the date you're no longer eligible for a payment (for example you return to work), whichever comes first.

Benefit payments start one month after the waiting period has ended. Payments are made monthly (one month in arrears).

What will the insurer pay?

IP cover provides a percentage of your income up to a maximum of 75% (excluding the superannuation contribution benefit) for the applicable benefit payment period should you become unable to work because of **illness** or injury. The benefit paid is based on your insured level of income on the last day you were at **work** prior to becoming **totally disabled**.

The **insurer** will limit your payment of disability benefits to the applicable maximum monthly benefit as agreed in the policy.

The **insurer** will pay you the relevant benefit at the end of each month in which you are entitled to be paid a benefit. For part of the month, the **insurer** will pay you 1/30th of the monthly benefit for each day you are entitled to be paid under the policy.

You may not be able to claim a full IP benefit for the same (or a related) illness or injury, where you have more than one IP policy.

Where the **insurer** is required by law to deduct any tax, duty impost or the like in connection with the payment of a benefit, they will deduct the required amount from the payment and forward it to the relevant authority.

Partial disability

The partial disability benefit provides you with a portion of the IP benefit if:

- after a period of been **totally disabled** you're **partially disabled**, and
- you returned to work but earn less because of your **illness** or injury.

The insurer will pay a partial disability benefit from the end of the **waiting period** for as long as the circumstances set out below exist, subject to the policy terms and conditions and the maximum **benefit period** applicable to you if:

- you have resumed employment after a period of at least 14 consecutive days of **total disability**
- you continue to receive a reduced monthly income, and
- the reduction in monthly income is as a result of being unable to perform the **important duties** of your **occupation**.

The amount is calculated in accordance with the following formula:

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

Where:

A = Your **restricted monthly income** prior to becoming **totally disabled**.

B = Your current monthly earnings while **partially disabled**.

C = The IP cover monthly benefit.

Example 1

John is an employee member of the XYZ plan and his insured income is $100,000 pa. The AAL for the XYZ Plan is $10,000 per month.

This is the amount **we** base his IP payments on. He's covered for two years, or 24 months. He has no superannuation contribution cover. He becomes temporarily disabled and claims IP.

Over 24 months, he receives from IP:
75% of $100,000 pa of salary = $75,000 or $6,250 / month
= $6,250 / month over two years

Example 2

Brad is an employee member of the ABC plan and his insured income is $400,000 pa. The AAL for the ABC Plan is $25,000 per month.

This is the amount **we** base his IP payments on. He's covered for two years, or 24 months. He has no superannuation contribution cover. He becomes temporarily disabled and claims IP.

Over 24 months, he receives from IP:
75% of first $320,000 pa of salary = $240,000 or $20,000 / month + 50% of salary above $320,000 pa = $40,000 or $3,333 / month
= $23,333 / month over two years

Please note: The above example are provided by the way of illustration only and are based on the factors given. They shouldn't be taken as the actual amount of IP benefits you'll receive, as it may be reduced by offsets you receive.

Maximum amount of IP cover

How we work out your IP amounts

We use your income to work out your benefit amount.

Your **employer** provides **us** your salary at an annual review. The last salary provided before the date you stopped work will be used to calculate your income.

How much your IP amounts can be

Your **welcome letter** will tell you what percentage of your income your policy provides cover for. The maximum provided is as a percentage of your salary (this amount is inclusive of any superannuation contribution benefit (SCB) if applicable):

- Up to 75% of the first $480,000 pa of salary earned. Where the monthly benefit is payable on or after your 65th birthday, the monthly benefit will generally be limited to the lesser of up to 75% of your pre-disability income plus SCB if applicable, your sum insured and $10,000 per month.

The maximum insured amount including any SCB can be:

- $30,000 per month.

Please refer to your **welcome letter** for the maximum IP benefits payable for your **plan**.

Benefit offsets – if you receive income from other sources

Payment of IP benefits will be reduced by any **other disability income** which you may be entitled to from other sources, whether that income was actually received or not.

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.

Income from other sources that impact income protection benefits:

- any disability, injury or sickness benefits from other insurance policies (other than a lump sum total and permanent disability benefit)
- any disability benefits under Workers' Compensation or similar legislation, or common law (excluding payments for medical treatment, rehabilitation, permanent impairment or permanent loss of use of a body part)
- sick leave payments
- any payments for loss of income, earning capacity, or any other economic loss, in relation to your injury or **illness**

but will exclude:

- income earned from investments, and
- any lump sum total and permanent disablement benefit.

If any of the above payments are paid as a lump sum, the **insurer** will convert these to a monthly payment of one sixtieth (1/60) of the lump sum payment and reduce benefit entitlements by this amount.

See your **welcome letter** for the specific offsets which apply to your **employer plan**.

When your entitlement to workers' compensation payments is in dispute, the **insurer** will pay the full amount due on a conditional basis until the dispute is resolved. If it turns out you are entitled to workers' compensation payments you must repay that part of representing the compensation proceeds.

The reduction will be sufficient to ensure that the amount the **insurer** pays, together with the aggregate of other payments or entitlements, will not exceed the insured monthly percentage of your monthly income prior to the occurrence of the disability. This does not affect the operation of the escalation benefit option paid and will not be taken into account for the purposes of reducing disability benefits.

When will IP be paid to you?

Factors must be met

These two factors **must be met** for IP to be paid:

1. You become **totally disabled** or, you may be entitled to be paid a partial disability benefit if you've had a period of total disability and you've become **partially disabled**.
2. Your **waiting period** has expired. Generally, the **waiting period** starts when you first become unable to work due to illness or injury.

Payment of IP benefits are made in arrears starting one month after your **waiting period** expires.

Factors that stop payment

These factors will result in IP **not being paid**:

1. If you stop working or go on unpaid leave for reasons other than injury or illness.
2. You'll not be eligible to claim if, during the **waiting period,** you reach age 65 or the final nominated date for your **plan** (if earlier than 65).
3. If you return to work during the **waiting period** for more than 5 consecutive days, the **waiting period** will restart.
4. If an exclusion applies.

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

Escalation/indexation benefit

This is an optional benefit that can be selected by the **AMP Super employer**. Your **welcome letter** will confirm if this benefit applies to you.

If the **insurer** has been continuously paying you a monthly benefit for you for 12 months because you are suffering a disability, the **insurer** will then increase the monthly benefit payable by the lower of the annual percentage increase in the Consumer Price Index, and 5% or 7.5% (as selected by your **AMP Super employer**). The **insurer** will increase the amount by the same method again after each 12 month period as long as the **insurer** is still continuously paying a monthly benefit because you are suffering a disability.

When the **insurer** stops payment to you, the monthly benefit will revert to the monthly benefit determined by the original formula or as otherwise varied from time to time.

Recurrent disability

If your disability recurs within six months of your going back to work full-time, the **insurer** will treat the disability as a continuation of the original disability. There is no new **waiting period** so you can claim as soon as the disability recurs. The cause of the disability must be the same or related to the cause for the original claimable disability.

The policy must be in force when the disability recurs. The maximum **benefit period** will apply to the original disability and each continuation of the original disability combined.

Bereavement benefit

If you die while in receipt of total disability or partial disability benefits, the **insurer** may pay a lump sum amount equal to three times your monthly benefit from the date of your death.

Return to work during the waiting period

You are permitted to return to work once, performing your usual duties for up to:

- ten consecutive days during the **waiting period**, where the **waiting period** is 60 days or more, or
- five consecutive days during the **waiting period**, where the **waiting period** is less than 60 days.

Where you return to work during the **waiting period** for up to five or ten consecutive days, the **waiting period** will be extended by the total number of days you have attempted to return to work.

Where you return to work during the **waiting period** for more than five or ten consecutive days, the **waiting period** starts again.

Superannuation contribution benefit

This is an additional cover that your employer may provide under your plan.

What this additional cover provides is **continued contributions into your super** – up to 15% of your salary, which is paid only if you are either **totally or partially disabled**.

How does it work?

- Your employer chooses the amount of cover, which will be up to 15% of your salary – if applicable, you'll find this in your **welcome letter**.
- The total insured IP cover, including SCB, cannot exceed the maximum IP cover.
- Contribution tax will not apply.

Waiver of insurance fee

While IP benefits are being paid in respect of your disability under IP cover, the **insurer** will not charge any IP premium for you. Insurance fees will still be payable for any other insurance cover you may have under the **AMP Super plan**.

As soon as the IP benefit stops for you, IP insurance fees will start being charged again for your insurance cover, unless the policy has ceased.

Rehabilitation expenses

While you are receiving total disability or partial disability benefits, the **insurer** may reimburse rehabilitation expenses, such as the cost of a rehabilitation course or special equipment, to help you return to work.

The **insurer** must approve these rehabilitation expenses in writing before they are incurred. The rehabilitation must be approved by your **doctor**.

Generally the **insurer** will pay rehabilitation expenses up to a maximum amount equal to 24 times your monthly benefit, less any amount that can be claimed from other sources for those expenses (unless otherwise agreed in writing).

When will Income Protection payments stop?

The **insurer** will generally stop paying IP benefits if:

- you are no longer **totally or partially disabled**
- you are receiving partial disability benefits and are able to earn your full income again
- you die
- you become TPD (if applicable)
- you are no longer under the care of a **doctor**
- your **AMP Super employer** or you fail to provide the **insurer** with requested information or other evidence reasonably required to assess your claim
- you reach age 65 (or the communicated end date or your **plan**), or
- the **insurer** has paid up to the maximum **benefit period**.

Income Protection claim payments are limited to 12 months from the date of your disability, unless you are continually residing in Australia, Belgium, Canada, Denmark, France, Germany, Hong Kong, Italy, Japan, Netherlands, New Zealand, Singapore, Sweden, Switzerland, the United Kingdom, the United States of America or any other country agreed to in writing with the **insurer**.

After the 12 months limitation period you will cease to be paid any benefits until you return to Australia or any of the approved countries, notwithstanding you are otherwise eligible to claim such benefits.

Exclusions for Income Protection cover

Unfortunately, the **insurer** will not pay an Income Protection benefit when disablement is directly or indirectly caused by:

- any intentional self-inflicted injury or attempted suicide (whether you were sane or insane)
- normal and uncomplicated pregnancy or childbirth
- war or warlike operations
- service in the armed forces (excluding Australian Army Reservists not deployed overseas), or
- any other event or matter agreed between the trustee and the **insurer**.

Please refer to your **welcome letter** for the specific exclusions which apply to your **employer plan**.

INTERIM ACCIDENT COVER

If **you** apply to add or increase your cover, the **insurer** will provide you with Interim Accident cover while considering your application.

For employee members only who qualify for automatic acceptance and your default insurance cover exceeds your **plan's** AAL, you'll need to apply for that part of your cover. While your application is being assessed, the **insurer** will provide Interim Accident cover for that part of the cover which exceeds your AAL.

When does cover start?

The Interim Accident cover period will start when the **insurer** receives an application for the applicable cover.

When does cover stop?

The Interim Accident cover period will end on the earliest of:

- the **insurer** either accepts or rejects your application for cover or increase in cover, as the case may be
- you either cancel or withdraw your application
- 90 days after your Interim Accident cover starts, or
- the date you cease to satisfy the eligibility terms for cover.

When will an Interim Accident benefit be paid?

The **insurer** will pay a benefit if, when applying to increase the amount of cover, you die, suffer TPD or **total disability** as a result of an accidental injury, while you are covered by this Interim Accident cover, depending on the type of cover proposed.

Are there any exclusions?

Unfortunately no Interim Accident benefit will be payable for:

- injury to a **member** caused by engaging in hazardous pastimes or sports that would not be covered under the **insurer's** normal assessment guidelines
- injury occurring prior to the date of becoming an **eligible person**
- the cover applied for would have been declined under the **insurer's** normal assessment guidelines, or
- you lodge a claim for an event or condition that would have been excluded under the **insurer's** normal underwriting process.

The **insurer** will not pay more than one benefit under Interim Accident insurance for any one **accident** to any person.

How much Interim Accident cover will the insurer pay?

The amount payable will be subject to:

- the relevant terms and conditions of the insurance policy for your **AMP Super plan**
- the level of cover for your category of membership
- a maximum limit of $1 million (or such other amount the **insurer** agrees) for death and TPD benefits, and
- a maximum limit of $15,000 per month for IP cover.

General terms that apply to your cover

Insurance and Choice of Fund

If Choice of Fund applies to you, you should consider your insurance arrangements carefully before choosing to direct Superannuation Guarantee (SG) contributions away from **AMP Super** to another fund. **AMP Super**, with group insurance arrangements, may provide more potential advantages than a personal insurance policy, including lower rates and obtaining insurance cover without having to provide medical evidence.

Your insurance could be affected if you decide to direct future SG contributions away from **AMP Super** to another fund, depending on the terms and conditions of your cover. If this is the case, **we**'ll let you know in writing.

You should talk to your financial adviser before making any decisions that could affect your insurance cover.

Takeover terms for insurance

Takeover terms for insurance may apply when your **plan** commences in **AMP Super** and the **insurer** agrees to take over the cover previously provided to your former super arrangement by another **insurer**.

The **insurer** will accept takeover terms if it receives and accepts all required information.

For transferring members, your Death cover in the **plan** will commence on the date your **AMP Super plan** commences.

Your TPD or IP (if it applies) cover in the **plan** will also commence on the date your **AMP Super plan** commences if you were:

- **at work** actively performing all the duties and work hours of your usual **occupation** with your **AMP Super employer** on your last normal working day immediately before the date your **AMP Super plan** commenced, or
- on approved leave for reasons other than **illness** or injury on your last normal working day immediately before the date your **AMP Super plan** commenced and you were:
  - **at work** actively performing all the duties and work hours of your usual **occupation** with your **AMP Super employer** on the day before your first day of leave, and
  - not disabled due to an event (eg **illness** or injury) occurring before the date your **AMP Super plan** commenced while on paid or unpaid leave.

Otherwise, your TPD or IP cover in the **plan** will commence on the date your **AMP Super plan** commenced but will only be **limited cover**.

Full TPD or IP cover in the **plan** will commence once you are **at work** actively performing all the duties and work hours of your usual **occupation** with your **AMP Super employer** free of any limitations due to injury or **illness**, and you are not entitled to or receiving income or benefits from any other source.

For transferring **family members**, if the above takeover terms are provided for a group of **family members** who already have cover within a corporate super fund, it will be agreed among the **insurer**, **trustee** and **AMP Super employer**.

These terms for commencement of insurance cover are in accordance with the industry standard, referred to as the Financial Services Council Guidance Note No. 11.00 Group Insurance Takeover Terms. A full copy of this document is available from **our** customer service centre.

Transfer your insurance to AMP

If you have more than one super account, you may already have insurance with another super fund. Before you roll all your super accounts into one, you may want to consider if you still need the insurance. You can apply to replace insurance from your other fund, so that it's all in the one place with AMP.

Your financial adviser can assist you with determining your insurance needs or you can learn more at amp.com.au/employer-insurance.

Or please contact **us**.

Worldwide cover

Worldwide cover of your insurance is available through **AMP Super** 24 hours per day, seven days per week.

Insurance cover during unpaid leave

If you are an **employee member** and your **AMP Super employer** approves a leave of absence or parental leave, the **insurer** may continue to provide Death, TPD and IP cover (if it applies) for up to two years, providing:

- you do not join the armed forces, (excluding Australian Army Reservists not deployed overseas)
- you remain a **member** of the **plan**, and
- for IP cover, immediately prior to the commencement of the period of leave you were **at work** (unless otherwise agreed to with your **insurer**).

We'll continue to deduct insurance fees from your **account** during any period of leave of absence or parental leave. If you don't want your cover to continue during any period of leave of absence or parental leave contact **us** so **we** can arrange this.

Please refer to your **welcome letter** for the cover period and specific terms which applies to your **employer plan**.

If you cancel your insurance cover due to leave of absence or parental leave, or if your period of leave continues for more than two years, you will need to provide evidence of health to the **insurer**. If the insured amount is reduced to nil for a period of time, and subsequently reinstated then underwriting terms apply in respect of the total amount of cover and any subsequent increases in cover.

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.

What happens to your insurance cover when you leave the AMP Super employer?

When you leave your **AMP Super employer we** will generally transfer you to a **retained plan** with continuation of your insurance (if any). The specifics depend on the **insurer** for your **retained plan**.

Your **welcome letter** will include details of your **retained plan's** insurer.

If your **retained plan** is insured by Acenda	Details on what happens to your insurance cover for your category of membership are in your **welcome letter**.
If your **retained plan** is insured by TAL (For more information please see the AMP Super TAL Corporate Insurance Guide)	Where you have cover at the time you leave your **employer** and transfer to the TAL **retained plan**, then you will have: • a fixed dollar amount of Death cover to which tapering may apply, • if TPD cover is applicable, a fixed dollar amount of TPD cover to which tapering may apply. If you had automatic IP cover (you weren't underwritten for your IP cover), you will have a: • benefit period of 2 years, • waiting period of 90 days, and • fixed sum insured amount based on the amount applicable as at the date you move into your **retained plan** (including any Superannuation Contribution Benefit amount). In your **retained plan**, the Superannuation Contribution Benefit percentage is 11.5%. **Example of default cover SCB differing in the employer plan vs the retained plan:** John's employer plan has 10% SCB. His salary is $120,000 pa, which means his default IP cover is $7,500 per month (75% of his monthly salary) plus $1,000 SCB (10% of his monthly salary). When John leaves his employer and is moved to the standard retained plan, his salary transfers as is, but his SCB is now 11.5%. So, his new default IP cover amount becomes $7,500 plus $1,150 SCB. **Please note:** This is an example only. The actual amount of cover you are provided will be detailed in your **welcome letter** (**employer plan** and **retained plan**). Alternatively, if your IP cover was underwritten, then you will: • have a fixed sum insured amount based on the amount applicable as at the date you move into your **retained plan**, • keep your existing waiting period and benefit period, and • keep your superannuation contribution benefit amount (if this applies to you). Any existing conditions, loadings, exclusions or restrictions that applied to cover whilst in your **employer plan**, will continue to apply in the **retained plan**. Cover will be limited cover[1] until you are at work[2] for a 30 consecutive day period ending on or after the date that your cover commences in the **retained plan**. **We** will write to you at the time to confirm the details of your membership and to provide you with details of any differences between your **employer plan** and your **retained plan**.

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If your employer paid for your cover and you haven't turned 25 and/or your super balance hasn't reached $6,000. **We**'re required to cancel your insurance from the date **we**'re notified by your **employer** unless you tell **us** you'd like to keep it.

If you decide to keep your insurance, the insurance fees (including any outstanding insurance fees) will be paid via your super **account**).

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

If you didn't have insurance in your employer plan because you're not yet 25 and/or your super balance hasn't reached $6,000, and you're a MySuper member. You may still be eligible for insurance after leaving your **AMP Super employer**.

MySuper members who leave their **AMP Super employer** and transfer to a **retained plan**, and then become eligible for insurance (turn 25 and have a balance of at least $6,000 (and meet all other eligibility criteria)) will have insurance automatically applied. If you have previously told **us** you don't want your insurance, then this cover will not be applied.

If your insurance continues with Acenda	• Death cover of $50,000 if you are not yet age 65. Cover ceases when you turn age 65, and • TPD cover of $25,000. Cover ceases when you turn age 65. **Limited cover** will apply until you have been in **active employment** for 30 consecutive days. Cover will not apply if you have opted to reduce or cancel your insurance. Any change to the amount of your insured cover may also affect your insurance fees.
If your insurance stops with Acenda (For more information please see the AMP Super TAL Corporate Insurance Guide)	The insurance applied will depend on your **plan's** design. In most cases, you will automatically receive: • 5 units of Lifestages cover for Death (if you are not yet age 70), and • if your **plan** has TPD cover, 5 units of Lifestages cover for TPD (if you are not yet age 65). Limited cover[1] will apply until you've been at work[2] for 30 consecutive days ending on or after the date that your cover commences in the **retained plan**.

If insurance is applied to your **account** you will be notified, including the amount and cost, in your **insurance confirmation letter**. And you will also be able to see the amount of insurance in My AMP and your **member statements** going forward from that point.

1 Limited cover means that a person insured will only be paid a benefit if:

a. the claim was caused by a medical condition, injury or sickness the person insured was first diagnosed with, which first happened or first suffered from, or first had symptoms of, or was first treated for, after the date the person insured first became covered under this policy, and

b. the claim was not caused by any medical condition, injury or sickness:
   - the person insured was reasonably aware of, and
   - a reasonable person in the circumstances could be expected to have been aware of, at the time before cover commenced under this policy.

2 At work means the person was:

a. either:
   i. performing all their duties of their normal occupation without restriction due to injury or illness or would have been capable of doing so, had the relevant day not been a public holiday or weekend day, or
   ii. on employer approved leave (except leave caused by any injury or illness or was absent for reasons other than injury or illness) and the person would be capable of attending work and performing all their duties of their normal occupation without restriction, and

b. in the insurer's opinion, not restricted by injury or illness from being capable of performing their normal occupation on a full-time basis, for at least 30 hours per week even though actual employment may be on a full-time, part-time, casual or contract basis, and

c. not receiving or claiming and/or entitled to claim income support benefits from any source, including but not limited to, workers' compensation benefits, statutory transport accident benefits and disability income benefits.

When does cover stop

Your cover generally stops when:

- You cease to be a **member** of the **AMP Super employer plan**.
- You reach the maximum benefit expiry age for your **AMP Super employer plan**.
- You reach the expiry age under the insurance policy:
  - age 65 for Death and TPD insurance cover, and
  - age 65 for Income Protection cover.
- You die.
- You have been paid a TPD claim.
- The date you have been paid a Terminal Illness benefit equal to the insured death or TPD amount.
- You tell **us** you want to cancel your cover.
- The day before you commence service with the armed forces of any country (excluding Australian Army Reserves not deployed overseas).
- You are on unpaid leave (including parental leave) for more than a written agreed period and the **insurer** has not agreed to provide insurance cover beyond that period.
- 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.
- For **employee members**, your membership in **AMP Super** is for insurance purposes only (ie your account balance is always nil and your employer is paying your insurance fees). If your **employer** stops paying your insurance cover and you want to keep it, you'll need to make contributions for the insurance fees.
- Your **AMP Super employer** lets **us** know in writing that they want to cancel the cover that applies to your **plan** (or membership category).
- If no contributions or rollovers have been received into your **account** for a period of 16 months, **we're** required to cancel your insurance, unless you have told **us** in writing that you want to keep your insurance. You can do this at amp.com.au/insurancecancellation.
- If you had insurance because your **employer** funded the full cost of insurance and notified **us** of this, but then the **employer** ceases to fully fund your insurance – if you don't meet Super law eligibility (eg you're under age 25, or have a balance below $6,000 and haven't chosen to keep your insurance) – **we're** required to cancel your insurance. You can choose to keep your cover at amp.com.au/whyinsurance.
- If your **AMP Super employer** was paying your insurance fees by making additional contributions, they will stop paying effective the date you leave employment. If you are eligible for insurance (eg you've reached $6,000 in your **account** and are at least 25 years of age), insurance fees charged from the date you ceased employment to the date **we're** notified that you've left your **employer** will be deducted from your **account**. If you have insufficient funds to pay these insurance fees, your cover will be cancelled effective from the date that insurance fees are unpaid.
- The date the **AMP Super employer plan** terminates or the insurance policy is terminated or cancelled,

whichever occurs first.

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.

Can you change your cover?

Yes, you can increase, reduce or cancel your cover. Just bear in mind TPD cover cannot be greater than your Death cover and you can't have TPD only cover.

If you need to change your cover please contact **us**.

If you don't want cover

You can cancel your cover at any time online by logging into My AMP, or by contacting **us**. 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 cancelled
- **we**'ll no longer deduct insurance fees from your **account**, and
- your ability to restart your cover may be subject to health assessment and acceptance by the **insurer**, and you may not be able to get cover.

If you're cancelling your cover because you intend to apply for insurance elsewhere, you should wait until the alternative cover is in place. You can get independent financial advice to help you to make a decision.

Reinstating cover cancelled due to inactivity

If your insurance is cancelled as a result of inactivity, no contributions or rollovers being received into your **account** for a continuous period of 16 months, you can generally reinstate your cover without the need for further underwriting if you apply within 60 days of cover being cancelled. Your insurance cover will be reinstated with any exclusions, loadings or restrictions backdated to the date of cancellation and any outstanding insurance fees will be payable. Your cover will not resume until **we** confirm acceptance in writing. Contact **us** for further information.

Additional cover

You can apply for additional cover. Find out more in the **Your insurance cover** section.

When will my insurance fees be deducted from my account?

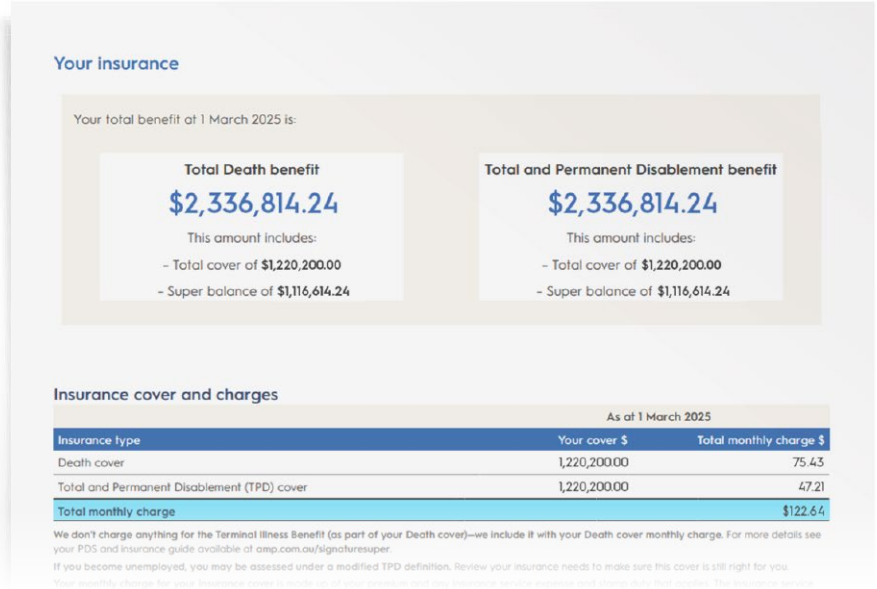
Insurance fees are paid in advance and deducted from your super **account** effective from the start of every month.

What is Protecting Your Super (PYS)?

PYS is super legislation that is designed to make sure super fund members are not paying for insurance cover they don't know about, or don't need. PYS means that **we** 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.

What does my insurance look like on my statement?



Your insurance

Your total benefit at 1 March 2025 is:

Total Death benefit	Total and Permanent Disablement benefit
$2,336,814.24	$2,336,814.24
This amount includes:	This amount includes:
- Total cover of **$1,220,200.00**	- Total cover of **$1,220,200.00**
- Super balance of **$1,116,614.24**	- Super balance of **$1,116,614.24**

Insurance cover and charges

As at 1 March 2025

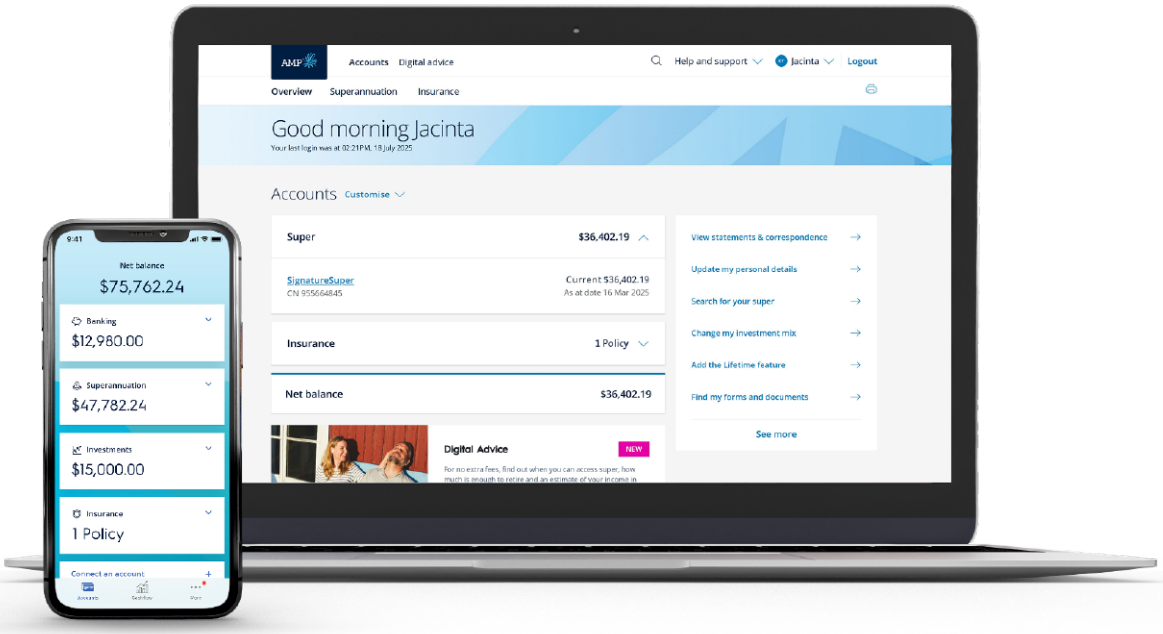
Insurance type	Your cover $	Total monthly charge $
Death cover	1,220,200.00	75.43
Total and Permanent Disablement (TPD) cover	1,220,200.00	47.21
Total monthly charge		$122.64

We don't charge anything for the Terminal Illness Benefit (as part of your Death cover)—we include it with your Death cover monthly charge. For more details see your PDS and insurance guide available at amp.com.au/signaturesuper.

If you become unemployed, you may be assessed under a modified TPD definition. Review your insurance needs to make sure this cover is still right for you.

Your monthly charge for your insurance cover is made up of your premium and may include service expense and stamp duty that applies. The insurance service

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.

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	**Online Claims form**
	For Life (also known as Death) insurance claim	**Online Claims form**
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	

The insurer's online claims portal:

- ✓ **Makes it easier to make and track your claim**
  The secure online claim experience is available to most members and is easy to access via smartphone, tablet or computer. It guides you or your representative through the process from start to finish; whether it's uploading documents, answering questions, explaining next steps, or accessing the complimentary wellness and recovery support programs.
- ✓ **Answer questions relevant to your claim only**
  Avoid the paperwork – you or your representative will only need to answer questions essential to your claim.
- ✓ **Save and come back later**
  Complete your claim application at your or your representative's own pace.
- ✓ **Know where your claim is up to**
  Keep up to date with the progress of your claim.

The claims process

We'll send a claim pack

Fill in the online form and **we**'ll lodge your claim with the **insurer**. You'll get a link to their online claims portal.

Your AMP claim administrator will be in touch

Within five business days of when **we** receive your initial claim form, if **we** need more information. This team member is your AMP contact for your claim. If you (or your representative) contact **us** with any questions, **we**'ll get back to you within 10 business days.

The insurer will assess your claim

- Once **we** receive completed documents, **we**'ll pass your claim onto the **insurer** within five business days, so it can be assessed.
- Either the **insurer** or AMP will keep you or your representative informed about the progress of your claim at least every 20 business days, and will respond within 10 business days about any questions raised.
- You or your representative can also contact the **insurer** directly with any questions during this time.
- The **insurer** may also contact you or your representative to request more information that's relevant to your claim, like specific medical or occupational details.

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 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.

Make a complaint

We want all 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.

Tell us about your concerns

To let **us** know what happened you can call, email or write to **us**. You can also tell **us** through the app or website. **Our** contact details are to the right.

Help to make a complaint

If you need support to make a complaint, please let **us** know. **We** can help if you want to speak to **us** in another language. The National Relay Service and other support options can also help you through **our** complaint process.

You can find out more about these services at amp.com.au/help-and-support/complaints.

What you can expect from us

Our team is here to listen and respond with care. We'll work with you to address your concerns fairly, and as quickly as possible.

If **we** can't resolve your concerns straight away, the person looking after your complaint will keep you updated, and let you know the outcome.

You can find out more about how we'll look after your complaint on **our** website amp.com.au/help-and-support/complaints/complaints-process.

If you're not satisfied with the outcome

If you're not satisfied with the outcome, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). They provide fair and independent complaint resolution that's free to consumers.

You can contact AFCA by calling 1800 931 678, email to info@afca.org.au, or on their website afca.org.au/make-a-complaint. You can also write to them at GPO Box 3, Melbourne VIC 3001.

There may be a time limit for lodging your complaint with AFCA. You should contact them or visit their website for more details.

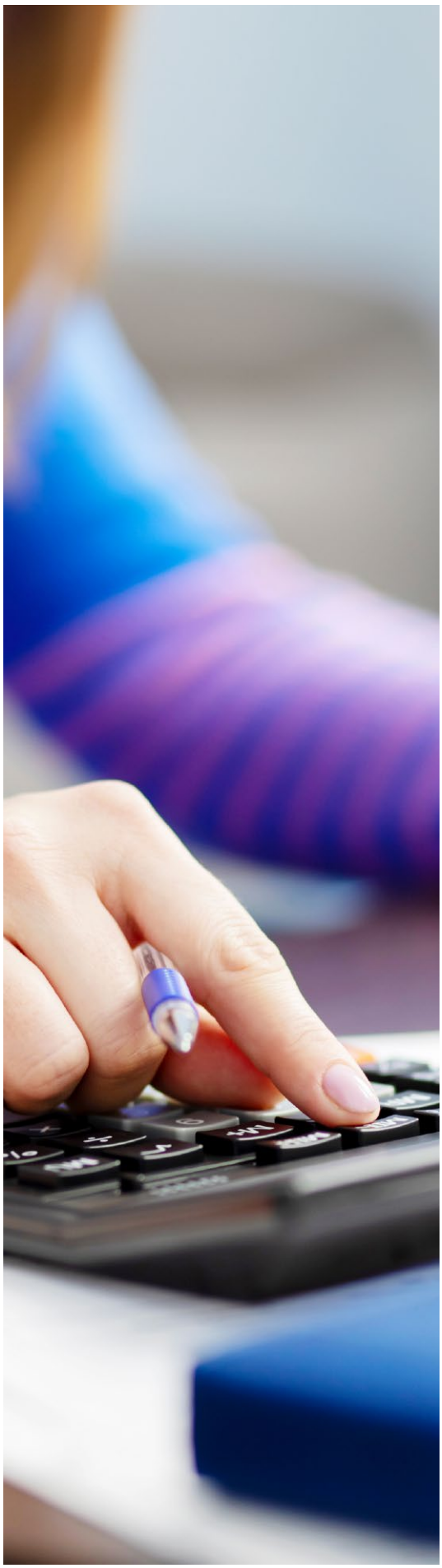
Contact us

phone	1300 366 019
email	ampsuper@amp.com.au
app	My AMP
web	amp.com.au/help-and-support/complaints
mail	AMP Super Customer Service PO Box 6346 Wetherill Park NSW 1851 Dharug Country

Extra care

We know sometimes you might need support in different ways at different times in life. When you need it, we'll take extra care to make sure you're supported when you contact **us**.

You can find out more about **our** customer care at amp.com.au/help-and-support/financial-support/inclusion-diversity.



How much does insurance cover cost?

Your insurance fee is made up of your premiums and any insurance service expense and stamp duty that applies.

Lower cost premiums

For **employee members**, group premiums are generally less expensive than a personal insurance policy.

Your insurance fees are calculated at the start of each month. They may also be recalculated when the amount of your cover changes (eg following a salary increase).

The cost of your cover depends on the amount and type of cover, your age, premium rates, stamp duty (if any) and insurance service expense (if any) applying to your category of the **plan**. Your health and lifestyle can also influence your insurance fees if you needed to provide those details to get cover.

Your **insurance confirmation letter** or latest **member statement** sets out your premium and stamp duty (if applicable).

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** effective from the start of every month (unless your **AMP Super employer** has agreed to pay your insurance fees).

We will deduct your insurance fees in the following order:

- first, from any money held in Choice investment options, excluding any amount held in term deposits, and
- if there is insufficient money in Choice investment options, or if your only investment is in the MySuper investment option, **we** will then deduct from the MySuper investment option.

If your **AMP Super employer** has agreed to pay your insurance fees by making additional contributions and notifies **us** of this, but then they stop paying your insurance fees:

- **If you're eligible to have insurance**
  We'll deduct any unpaid insurance fees and all future insurance fees from your **account**. **We**'ll confirm this change with an interim statement.
- **If you're not eligible to have insurance**
  For example, you have not reached $6,000 in your **account** or you're under age 25 – **we** may be required to cancel your insurance back to the last time that your **employer** paid your insurance fees and notifies **us** of this. However, you'll have 30 days from when **we** notify you of this change, for you to tell **us** if you want to keep your insurance – if you do this, your cover will continue and you'll be paying for the insurance fees from your super **account**, including any outstanding insurance fees.

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

If you decide to keep your insurance, the insurance fees (including any outstanding insurance fees) will be paid via your super **account**. This will be the case if:

- you leave your **employer**
- your **employer** doesn't pay on time, or
- your **employer** doesn't notify **us** that they are paying your insurance fees.

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

Will your insurance fees change?

We recalculate your insurance fee when **we** complete your **AMP Super plan's** annual review. Insurance fees are based on your age and generally increase as you get older.

The insurance fees for all **employee members** of your **AMP Super plan** will be reviewed at your **plan's** annual review, to reflect the profile of the **insured members** in your **AMP Super plan** and your **plan's** claims experience.

The **insurer** has the right to vary premium rates in the future. When **we** increase your insurance fees, at least a 30 days' notice will be given to you. Generally, the new rates will apply from your **plan's** next annual review.

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

Change in the event of war

If there's an event of war in Australia or New Zealand the **insurer** may change premiums. **We**'ll tell you if this happens.

Unless the increased insurance fee is paid, the **insurer** may not pay any claims that are directly or indirectly caused by the war or invasion.

Insurance fees estimate

You can obtain an estimation by contacting AMP Super Customer Service.

Government duties

In addition to the premiums for any cover, government stamp duty or a similar tax may also be payable.

Stamp duty is either incorporated into the base premium rates or is an additional charge.

Any additional stamp duty on insurance premiums will be:

- deducted from your **account** when your insurance premium is deducted, or
- paid by your **employer** if your **employer** is paying your insurance premium.

Your **member statement** will show the amount of any additional stamp duty or tax deducted.

If a state or territory government stamp duty or tax applies, it will be based on the address **we** have on records.

Additional stamp duty currently varies between 1% and 11% of the cost of premiums (excluding any insurance service expense), depending on the insurance benefits and your home state or territory. Additional 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.

The **insurer** may also change the way they recover stamp duty, from incorporating it into the base premium rates to making it an additional charge.

Insurance service expense

The insurance service expense is 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 in **the fund**.

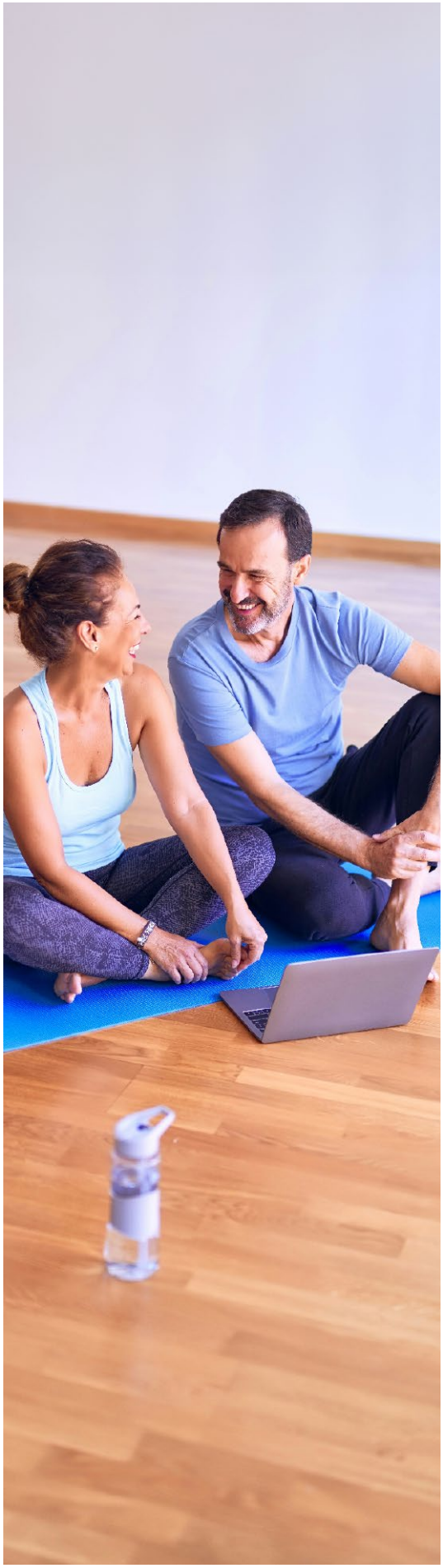
How premiums are calculated for employee members

Your insurance premiums may be calculated annually at your **AMP Super employer plan's** annual review or at any time there is a substantial change in the **plan** to reflect the profile of **insured members**. It may also be recalculated when the amount of your cover changes (eg following a salary increase).

The premium for your **plan** may depend on many factors including:

- your **plan** or category's occupation mix
- your **plan** or category's gender mix
- your **plan** or category's age profile
- the number of **insured members** in your **plan**, and
- your **plan's** past claims experience.

Your individual premiums may depend on factors including your age, gender and occupation, as well as any health and lifestyle details you've needed to provide.



Other things you need to know

Insurance Contracts Act

The *Insurance Contracts Act 1984* requires an **insurer** to clearly advise an insured of their duty to take reasonable care before entering into an insurance contract and the consequences of any non-disclosure.

The duty to take reasonable care not to make a misrepresentation

About this application and your duty

When you apply for life insurance, the **insurer** conducts a process called underwriting. It's how the **insurer** decides whether they can cover you, and if so on what terms and at what cost.

The **insurer** asks questions they need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give in response to their questions is vital to their decision.

The duty to take reasonable care

When applying for insurance, there is 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 does not fairly reflect the truth.

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

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where the **insurer** later investigates whether the information given was true. For example, the **insurer** may do this when a claim is made.

Guidance for answering questions

We, as the **trustee**, are the policy owner. You are the life insured. A misrepresentation by you, as the life insured, has the effect as though it is a misrepresentation by **us** as the policy owner.

As the insurance is inside super **we** obtain this insurance from the **insurer** in relation to you. In this circumstance, the **insurer** will rely on the representations made by **us** and you.

Both you and **us**, as the **trustee** of **the fund**, are responsible for the information provided to the **insurer**. When answering the questions, the **insurer** requests that you:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask **us** or the **insurer** before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted.
- If someone else helped prepare your application (eg your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.
- You must not assume that the **insurer** will contact your **doctor** for any medical information. If you are unsure about whether you should include information or not, please include it.

Changes before your cover starts

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts.

Before your cover starts, the **insurer** may ask about any changes that mean you would now answer the questions differently. As any changes might require further assessment or investigation, it could save time if you let the **insurer** know about any changes when they happen.

If you need help

It's important that you understand this information and the questions the **insurer** asks. You can ask **us**, the **insurer** or an adviser for help if you have difficulty understanding the process of applying for insurance or answering the questions.

If you're having difficulty due to a disability, understanding English or for any other reason, **we** or the **insurer** are available to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you.

What can the insurer do if the duty is not met?

If the person who answers the questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to the **insurer**. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put the **insurer** in the position they would have been in if the duty had been met.

For example, the **insurer** may do one of the following:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- 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, and
- in some cases, how long it has been since the cover started.

Before the **insurer** can exercise any of these remedies, they will explain their reasons, how to respond and provide further information, including what you can do if you disagree. The **insurer** is required to notify **us**, as the **trustee** and policy owner, of these matters.

Disclosure and representations by employers and members

As **trustee**, **we** rely on the information provided by you and the **AMP Super employer**. If the **insurer** refuses to pay an insured benefit to **us** as a result of non-disclosure or misrepresentation, **we** will not be able to pay the insured benefit to you.

What the employer needs to tell us

The **employer** should tell **us** if they are aware of anything affecting their **employees** as a group (other than the information about their ages, occupations and claims experience that they have already given us) that is relevant to the **insurer's** decision whether to accept the risk of the insurance and, if so, on what terms.

The **employer** does not need to tell **us** about the health of individual **employees**. If **employees** do not qualify for automatic acceptance or their cover exceeds the AAL, **we** will advise **employees** of their duty to take reasonable care when **we** collect information about their health from them.

Your privacy with Acenda

The way in which Acenda collects, uses, secures and discloses information relating to their customers is set out in their privacy policy available at acenda.com.au/about-us/privacy-policy or available on request.

Defined terms

Defined term	Meaning
Accident	An event where bodily injury is caused directly and solely by external and visible means, independent of all other causes.
Account or AMP Super account	A record of your individual superannuation holding in your **AMP Super plan**.
Active employment	• Actively performing, or is capable of actively performing, all of the duties of their normal **occupation** with their **employer** without modification for at least 35 hours per week, and is performing, or capable of performing, their duties free from any limitation due to **illness** or injury, and • not in receipt of, or entitled to claim, income support benefits from any source.
AMP Super	The AMP Super superannuation product forming part of **the fund**.
AMP Super employer	The **employer** who has agreed with the **trustee** to participate in **AMP Super** and any associated **employers** who make contributions to **AMP Super**.
At work	The person is at work for the normal daily hours of work and is actively performing the full, unrestricted or unmodified duties of their normal **occupation** for which they were **employed** or would have been had the day not been a day of leave (other than due to **illness** or injury), public holiday or weekend day.
Australian resident	You have always lived in Australia or have come to Australia to live, and are eligible to work in Australia. If you go overseas temporarily and do not set up a permanent home in another country, the person may continue to be treated as an **Australian resident**.
Benefit period	The maximum period for which total disability benefits and partial disability benefits combined will be paid in respect of an **insured member's** disability. Your **AMP Super employer** in agreement with the **trustee** may choose a maximum **benefit period** of two years or up to age 65.
Date of claim	**Death – date of death** **Terminal illness** is the date the **insurer** receives satisfactory medical information supporting the view the life expectancy of the **insured member** is reduced to less than 12 months. **TPD – the later of:** • the date the **insured member** ceases all work solely as a result of injury or **illness**, or • the date on which the **doctor** certifies that the **insured member** suffers from an injury or **illness** that is the cause of TPD. **Income Protection – the later of:** • the date the **insured member** ceases all work solely as a result of injury or **illness**, or • the date on which the **doctor** certifies that the **insured member** suffers from an injury or **illness** that is the cause of the total disability.
Doctor or Medical practitioner	**Doctor** or **medical practitioner** means, unless **we** agree otherwise: 1. if the claimed condition is a psychological condition a person who is legally qualified and registered in Australia as a practicing psychiatrist by the relevant medical registration authority, 2. otherwise, a medical practitioner(s) legally qualified and registered to practice in Australia with specialisation in the relevant medical condition(s), but shall not include: 1. chiropractors, physiotherapists, psychologists or alternative health providers 2. the Insured Person 3. the Insured Person's spouse or partner in a de facto relationship, parent, child, sibling or close family relative 4. the Insured Person's business partner, associate, **employer** or **employee**, or 5. a fellow shareholder or unit holder of the Insured Person in a company or trust that is not a publicly listed company or trust.

Defined term	Meaning
Eligible person	A person who meets the **AMP Super plan's** eligibility conditions set out in your **welcome letter**.
Employed or employment	A person being engaged in regular permanent employment for at least 15 hours per week but does not include any person engaged on a casual, seasonal or contract employment basis.
Employee	Employee of an **AMP Super employer**.
Employee member	An **employee** who has been nominated by an **AMP Super employer** for membership in its **plan** and has been admitted by the **trustee** to membership of **the fund**.
Employer	Includes both an **AMP Super employer** and a non-**AMP Super employer**.
Evidence of insurability	A completed personal statement or request for insurance form and any other evidence of health or insurability that the **insurer** may require, such as medical examinations and reports, medical tests and health and activity statements.
Family member	A person who is at least 13 years of age and who has an existing family relationship with an **employee member**.
Family member insurance	Insurance cover provided to a **family member** who is aged 15 years or older and has applied and been accepted by the **insurer** for either Death Only insurance cover or Death and TPD insurance cover.
Fixed term employment	The **insured member** is employed for a fixed period of employment determined at the commencement of their employment and where they are in receipt of leave, sick leave, superannuation and other entitlements normally associated with full-time employment.
Fund or the fund	AMP Super Fund ABN 78 421 957 449, RSE Registration No. R1056433.
Illness	A sickness, disease or medical disorder.
Important duties	The duties of your **occupation** which are essential in producing a salary.
Insurer	Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402, AFSL No. 230694, trading as Acenda.
Insured member	A person who has been nominated by the **trustee**, where insurance fees have been or are agreed to be paid and the **insurer** has accepted cover.
Limited cover	The **insured member** is covered only for claims arising from: • an **illness** which first became apparent, or • an injury which first occurred, on or after the date the **insured member** first became eligible for cover.
Member	Includes both an **employee member** and a **family member**.
Occupation	The employment or activity in which you are principally employed.
Partially disabled (for total disability)	That immediately following a period of at least 14 consecutive days of total disability and as a direct result of injury or **illness** which caused the total disability, the **insured member** has returned to work in his or her own or another **occupation** and is: • continuously unable to perform the **important duties** of his or her own **occupation**; and • earning less than his or her monthly income prior to total disability; and • under the continuous care and following the advice for treatment of a **doctor** in relation to that **illness** or injury.
Plan	As an **AMP Super employer**, this means the particular **AMP Super employer's plan** in **the fund** which comprises all the **AMP Super** accounts relating to all **employee members** and spouse members attached to that **AMP Super employer** and the plan account. If you are an **employee member**, this means your **AMP Super employer's plan** in **the fund**. If you are a **family member**, this means the **employee member's** (to whom you are related) **AMP Super employer's plan** in **the fund**.
Restricted monthly income	The monthly income that would result in a monthly benefit equivalent to the AAL and applies where the **insured member's** monthly benefit is restricted to the AAL.
Retained plan	When you leave your **AMP Super employer** your membership in the **AMP Super employer plan** generally ceases and you transfer into your **retained plan**.

Defined term	Meaning
Terminal illness	The **insured member** suffers an **illness** or has incurred an injury, that two **medical practitioners** (at least one of whom is a specialist practicing in an area related to the **illness** or injury suffered by the **insured member**) have certified, jointly or separately, is likely to result in the death of the person within a period that ends not more than 12 months after the date of the certification and the 12 month period has not yet expired in relation to the certificates.
Total and Permanently Disabled (TPD)	The definition(s) applicable to your category of membership are set out in your **welcome letter**.
Totally disabled (for income protection)	That solely as a result of injury or **illness** you are continuously: • unable to perform at least one of the **important duties** of your **occupation**; • under the care of and following the regular and continuous advice for treatment from a **doctor** in relation to that **illness** or injury; and • not otherwise gainfully employed or engaged in gainful business activity, paid or unpaid.
Waiting period	The period of continuous disability commencing from the first day of temporary disability of the **insured member** during which no total or partial disability benefits are payable. The **waiting period** is stated in your **welcome letter** and starts on the date that the **insured member** first gets medical advice and is confirmed to have a total disability by a **doctor**. The **AMP Super employer** in agreement with the **trustee** can choose a period of 30 days, 60 days, 90 days or 180 days. The **waiting period** of continuous disability commences with the first day of a member's total disability.
We, us, our, NM Super or trustee	N.M. Superannuation Proprietary Limited, ABN 31 008 428 322, AFSL No. 234654.
Welcome letter	Means the communication the **trustee** sends to you when you join **AMP Super**.
You or your	If you're an **employee member** or **family member**, this means you as a **member** of **the fund**. As an **employer**, this means a **member**.

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