

AMP Super Insurance Guide

Signature Protection - MetLife

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

AMP Super refers to SignatureSuper®.

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ABN 49 079 354 519.



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Acknowledgement of Country

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

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

AMP Super refers to SignatureSuper®.

The information in this document forms part of the **AMP Super** product disclosure statement (PDS) dated 19 May 2025. 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 131 267.

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

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

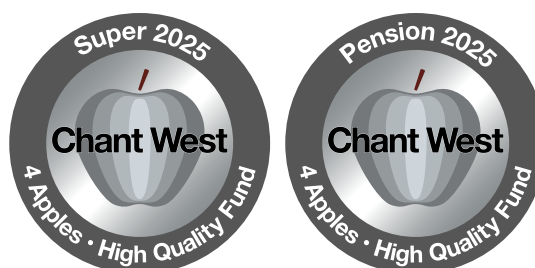
Awarded for putting you first

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

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



2025 Chant West super ratings and recognition.



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



Get a quick answer

When does my cover start? 6

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

How are my benefits calculated? 10

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

What happens if my 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**.

What does Death insurance cover? 13

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

What does Total and Permanent Disablement (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**.

Am I covered while working overseas? 20

If you are an **Australian resident**, otherwise up to 90 days from the date you leave Australia.

Am I covered during approved unpaid leave? 20

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

What happens to my cover if I close my super account? 21

Your insurance will end.

What happens if I leave my employer? 21

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

When does my cover stop? 23

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

Can I change default cover? 24

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

Can I reinstate my cover? 24

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

How can I cancel cover? 25

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

How do I claim? 26

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

When will my insurance fees be deducted from my account? 28

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

Will my insurance fees change? 29

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

What's an insurance service expense? 29

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

Can my family members take out cover? 29

Not through the **employer plan**. They can apply for personal cover.

Your AMP Super insurance




Welcome to AMP Super, designed to provide you with comprehensive super benefits for your retirement and insurance protection for your 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.

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	 TOTAL AND PERMANENT DISABLEMENT (TPD) COVER	 INCOME PROTECTION (IP) COVER
<p>Also known as life cover, which pays a lump sum to you, your beneficiaries or estate if you die or become terminally ill.</p> <p>Death cover is paid in addition to your super account balance.</p>	<p>Provides a lump sum benefit in the event that you become permanently disabled or too ill to ever work again.</p> <p>TPD cover is paid in addition to your super account balance.</p>	<p>Pays a monthly benefit if you're too injured or sick to work.</p> <p>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.</p>



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.

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**.

Cover provided by your employer	Insurance design options available	Example of insurance provided to a 50 year old, salary of \$100,000 pa, plan expiry age 70 (Death cover) and 65 (TPD cover)
Death cover only* (including Terminal Illness) <small>*The cover you receive automatically will always be greater than the levels shown in the Minimum Death cover for employee members section.</small>	1. A lump sum amount calculated using a percentage of your salary for each year (and complete months) left until the plan expiry age.	25% of salary. • Death cover sum insured will be: $(25\% \times \$100,000) \times 20 \text{ years} = \$500,000$ • TPD cover sum insured will be: $(25\% \times \$100,000) \times 15 \text{ years} = \$375,000$
OR Death and Total and Permanent Disablement (TPD) cover (including Terminal Illness)	OR 2. Multiples of salary.	3 multiples of salary. Sum insured is: $3 \times \$100,000 = \$300,000$
	3. Fixed cover (a fixed sum insured).	Employer selects a set amount of insurance, eg \$400,000.
Your welcome letter will include Income Protection cover if it applies to you.		
Income Protection cover	75% of salary.	Sum insured is a monthly payment (for the agreed benefit period) of: $(75\% \times \$100,000) \div 12 = \$6,250$ 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.
	Your employer may also choose to include the Superannuation Contribution Benefit.	
	Up to 15% of salary.	Employer selects 12%. The sum insured calculated above will be increased by: $(12\% \times \$100,000) \div 12 = \$1,000$ The total cover for Income Protection will be: $\$6,250 + \$1,000 = \$7,250$

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.

Generally, if an SG contribution has been received within 120 days of you becoming eligible, cover commences on the day you become eligible. Otherwise, cover commences on the date the first SG contribution is received after you become eligible. The SG contribution is the first contribution when you join **the fund**.

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**. 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. 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 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.

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?

So, if you aren't sure your insurance is right for you, call us on **131 267** to speak with a qualified financial adviser. At no extra cost, they can help you identify the right type and amount of insurance cover to hold within your AMP Super **Fund**. Our qualified financial advisers can also provide advice about contributions, investment options, accessing super and your retirement options.



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 **MetLife Insurance Limited** ABN 75 004 274 882 AFSL No. 238096 (the **insurer**).

Insurer consent

Metlife Insurance Limited:

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

Policy documents

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

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

Eligibility for cover

Who is eligible for cover

Generally you are eligible for automatic cover as an **employee member** 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 are an **Australian resident** or holder of a temporary work visa approved by the **insurer** and issued by the Australian Department of Home Affairs,
- you are aged between 15 and 64 years old, and
- you meet any other eligibility conditions determined by the insurance policy and outlined in your **welcome letter**.

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. See the box below for further details on **limited cover**.



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 you'd like to opt in to insurance

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.

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

(i) Subject to your cover is not takeover cover, and you are not already an insured person or previously been an insured person who had insurance cover that has ceased and is not eligible for reinstatement and has received an SG contribution into your **account**, and you haven't previously told **us** you don't want insurance.



Limited cover applies to your cover until you are in **active employment** for 30 consecutive days if your first SG contribution is received within 120 days of joining your **employer** and you are not in **active employment** on the date cover commences. If your first SG contribution is received outside 120 days from your date joined **employer**, **limited cover** applies for 12 months (subject to an **active employment** test at the end of this period). After this time full cover will be provided. See your **welcome letter** for the terms and conditions that apply to you.

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.

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

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.



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, **we** can provide cover without needing any health information.

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** your **welcome letter** will advise whether or not your cover will change between annual reviews due to changes in **salary**.

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:

- you are between the ages of 15 and 64 at date of entry (unless otherwise agreed)
- the AAL shown in the **welcome letter** is for an amount other than nil
- at least 75% of eligible **employee members** are insured under the policy
- your default insurance cover is calculated in accordance with the **plan** rules and the policy, and
- this is the default super **fund** in relation to your **AMP Super employer**.

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

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** 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),
- you do not meet all the eligibility conditions for obtaining AAL cover or your **plan** (or membership category) does not offer an AAL,
- you are **at work**, actively performing your normal duties and work hours, or
- you are on leave for reasons other than **illness** or **injury**.

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.

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.

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

The total amount of insured Death cover that a member can have is generally unlimited, although for some **plans**, specific limits may apply. If your **employer plan** has a maximum benefit amount this will be shown in your **welcome letter**.

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**.

How much Death cover will you be paid?

If you die, or you are certified as having **terminal illness** condition while you are insured through your **AMP Super plan**, the amount of the insurance benefit payable will be the sum insured applying on the date you die or the date the **insurer** agrees you were certified as having a **terminal illness** (as applicable).

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 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(ies).

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**).



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

The maximum cover limit applicable to you is set out in your **welcome letter**.

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 you became disabled.

Check your **welcome letter** to see the waiting period that applies to you.

How much TPD will you be paid?

If the **insurer** agrees that you are TPD while you are insured through **AMP Super** and an insurance benefit is payable, the amount of the insurance benefit payable will be the sum insured applied on your **date of disablement**.

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.

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

Key information about TPD claims

If an insured TPD benefit is payable, please note:

- your Death cover will usually cease
- for some **plans**, Death cover will not cease but will be reduced by the TPD claim (if lower).

Please see your **welcome letter** to understand the terms that apply to you.

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

Generally **we** will pay a Death benefit which includes any insured Death cover approved by the **insurer**.

Your TPD claim will be cancelled and your beneficiary(ies) will not be paid a TPD benefit. However, if your cover ends for any reason after the submission of your TPD claim date and prior to your death, then the TPD claim will continue as a posthumous TPD claim. **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?

IP cover is an income replacement amount paid to you monthly if you meet the definition of **disability** while insured.

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

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**.

30 days OR 60 days OR 90 days

You don't receive IP benefit payments during, or for, the waiting period.

Your waiting period starts from the date you are certified as **disabled** and for which you have to be **disabled** or partially disabled before a benefit is paid. Generally you must be **disabled** for at least 7 out of the first 12 consecutive days of the waiting period to qualify for a benefit.

See your **welcome letter** for your waiting period.

Benefit payment period

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**.

Up to 2 years OR Up to 5 years OR Up to age 65

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). Where the payment is for part of the month, it will be paid as 1/30 of your monthly benefit for each day that applies.

What will the insurer pay?

The monthly payment is calculated in accordance with your **AMP Super employer's** chosen benefit design. This is usually up to 75% of your **income** plus the Superannuation Contribution benefit where applicable. The amount payable is based on your sum insured at the date you are determined by a doctor to be **disabled**.

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.

Partial disability

If, after being unable to work, you return to work in your occupation or another occupation but earn less because of your **illness** or **injury**, you may be eligible for a partial disability benefit. This pays you a portion of your monthly benefit if you suffered a **disability** and you have met the requirements of the waiting period.

The amount is calculated in accordance with the following formula, less any **other disability income** you receive during the month:

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

Where:

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

B = Your actual monthly income earned from employment during the month of partial disability.

C = The monthly benefit that would otherwise be payable if you had suffered total disability.

No partial disability benefit is accrued or payable until the expiry of the waiting period.

Maximum amount of IP cover

How we work out your IP amounts

IP cover will be calculated based on the following factors:

- your pre-disability income
- the insured benefit percentage of your **salary** provided to you under the **plan**, and
- the actual amount of cover that you were insured for at the last annual review.

IP benefits will be the lesser of the insured percentage of your pre-disability income and the actual amount of total disability cover you were insured for, up to the policy maximum limits.

How much your IP amounts can be

Unless otherwise stated in your **welcome letter** the maximum monthly benefit amount will be \$30,000 per month inclusive of the Superannuation Contribution benefit cover (if applicable).

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

Offsets – if you receive income from other sources

If you receive income from other sources then the payment of IP benefits will be reduced by any **other payments** which you may be entitled to from other sources, whether that income was actually received or not, and may include:

Other disability income that impacts IP:

- any income received as a result of incapacity under any other insurance policy including interim cover (excluding lump sum TPD)
- any benefit under any workers' compensation, any statutory accident compensation scheme or any other similar legislation or settlement under common law,
- paid sick leave, and
- any other income received in respect of loss of income or loss of earning capacity, and includes an award for damages or settlement of a claim for damages or personal injury (whether legislated or otherwise).

The offset is only applied where the benefit payable under the insurance policy, combined with any **other disability income** exceeds 75% of your pre-disability income (or 100% for partial disability).

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

If you receive any of this income as a lump sum, or it is exchanged for a lump sum, then the monthly income amount used to determine the offset will generally be 1/60th of the lump sum so the lump sum is amortised over a period of 60 months.



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.

Superannuation Contribution benefits will generally be reduced by the amount of any **employer** super contributions paid to your super **account** and by the amount of any benefits payable under any other income protection policy but only to the extent it is designed to replace the compulsory employer super entitlements you would have had you not been **disabled**.

The **insurer** will only pay a disability benefit for an insured person for one disability at a time. If, while disability benefits are payable for a particular **illness** or **injury**, the person subsequently suffers an unrelated **illness** or **injury** which independently and concurrently renders them **disabled**:

- no separate disability benefit will be payable for the subsequent **illness** or **injury** while a disability benefit is payable for the first **illness** or **injury**, and
- if the subsequent **illness** or **injury** becomes the sole condition causing disability, then that **illness** or **injury** will be treated as being 'related' to the first **illness** or **injury** such that both periods of disability will be added together for the purposes of determining when the benefit period ends.

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 **disabled** or, you may be entitled to be paid partial disability if you've had a period of total disability and were receiving IP before becoming 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

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

- you are no longer **disabled** or partially disabled
- you die (however a Death benefit whilst on claim may be payable where it has been agreed to by the **insurer**)
- your benefit period ends
- you reach age 65 (unless otherwise stated in your **welcome letter**), or
- you are no longer an **Australian resident**, no longer residing in Australia or not eligible to work in Australia (unless otherwise stated in your **welcome letter**),

whichever occurs first.

The insurer may stop payments where you refuse to undergo or continue a return to work program, where this is reasonably required.

Recurrent disability

An additional claim is treated as a new claim when:

3. You return to your usual job for 6 months or more, and
4. The claim is for the same or related cause.

In this instance the waiting period will start again and periods of **disability** will be added together to determine when the benefit period ends.

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

1. A claim is made within 6 months of when your claim stopped, and
2. The claim is for the same or related cause.

In this instance, the **insurer** will waive the waiting period and the benefit period will not restart.

Superannuation contribution benefit

Put simply 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 you are on claim and receiving benefit payments your insurance fees for IP cover will be waived however, you will need to commence paying insurance fees again from the date benefits cease due to you either returning to work, or your benefit period expiring.

Death benefit whilst on claim

If agreed as part of your **plan**, a death benefit whilst on claim may be payable in the event you die while receiving benefits from your IP cover. The amount payable is a lump sum equal to three times the monthly benefit you were receiving at the time. Where your cover expiry age is above age 65, and you die after your 65th birthday, the Death benefit cannot exceed \$30,000. Refer to your **welcome letter** to determine if this benefit is available for you.

Rehabilitation expenses

Please refer to your **welcome letter** for information on **rehabilitation expenses**.

Exclusions

The following exclusions apply unless otherwise indicated in your **welcome letter**.

No benefit will be payable where the payment of such benefit would expose us, the **insurer** or you to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Australia or United States of America.

No Death (including Terminal Illness) or TPD claim will be payable due to:

- any intentional self-inflicted **injury** or **illness** or suicide or attempted suicide on underwritten cover, increased cover due to life events, or interim accident cover, and cover that is subject to at least 12 months **limited cover** conditions. This exclusion lasts for 13 months from the date that cover starts, increases or recommences, or
- **illness, injury** or death as a result of an act of **war**.

No benefit is payable for Terminal Illness or Death if the person has previously been paid, or is eligible to be paid a Terminal Illness benefit or similar benefit from your former super arrangement by another insurer.

No IP benefit claim will be payable for an insured member if the **injury** or **illness** resulting in their disability or partial disability is directly or indirectly caused by:

- any intentional self-inflicted **injury** or any attempt to commit suicide
- **war**, or
- normal and uncomplicated pregnancy, caesarean birth, threatened miscarriage, participation in in-vitro fertilisation or other medically assisted fertilisation techniques and normal discomforts of pregnancy, such as morning sickness, back ache, varicose veins, ankle swelling and bladder problems.

No IP benefit will be paid for if the payment would contravene any provision of the *Private Health Insurance (Prudential Supervision) Act 2015* (Cth), *Private Health Insurance Act 2007* (Cth), *Health Insurance Act 1973* (Cth) or the *National Health Act 1953* (Cth) or any other related Australian legislation as amended or replaced or any preceding health insurance legislation.

An IP benefit is only payable for one disability at a time.

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.

If there are any variations to the interim accident cover provided in your plan, these will be shown in your **welcome letter**.

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 the **insurer** receives your fully completed application
- the type of cover being applied for would have otherwise ceased under the policy, or
- when a benefit becomes payable under Interim Accident cover.

If an Interim Accident benefit is paid, your application for underwritten cover will be cancelled and you will be unable to apply for any further cover under your **plan**.

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 IP as a result of an accidental injury, while you are covered by this Interim Accident cover, depending on the type of cover proposed.

Accident means: Bodily injury caused solely and directly by accidental, external and visible means, independent of any other cause. Death, TPD or total or partial disability must occur within 90 days of the **insurer** receiving your fully completed application.

How much Interim Accident cover will the insurer pay?

The maximum amount payable will be the lesser of:

- the amount of cover applied for, or
- a limit of:
 - \$2,000,000 for Death and TPD cover, or
 - \$20,000 per month for Income Protection cover.

If there are any variations to the maximum amount payable this will be detailed in your **welcome letter**.

Are there any exclusions?

Unfortunately, the benefit will not be payable if, during the Interim Accident cover period, death or disability is caused directly or indirectly by the exclusions detailed on page 18 of this guide, or in your **welcome letter**.



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.

If takeover terms apply to you, you will be advised of them at the time that your takeover cover commences.

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

Unless otherwise stated in your **welcome letter**, you are provided with insurance cover 24 hours a day anywhere in the world subject to any terms and conditions set out by the **insurer**.

If you are not an **Australian resident** and are temporarily **employed** overseas, the **insurer** may provide cover whilst overseas for a period of up to 90 days from any date you leave Australia, whilst insurance fees continue to be paid in respect of your policy.

Insurance while working overseas

If you are an **Australian resident** and seconded overseas, insurance fees may continue to be paid to the **insurer** on your behalf and you may keep your Death and TPD and IP cover. See your **welcome letter** for the terms that apply to you.

If you are not an **Australian resident** and you are temporarily **employed** overseas, cover whilst overseas will be limited to 90 days from the date you leave Australia and insurance fees continue to be paid. Please refer to your **welcome letter** for further details.

Benefits payable under IP cover whilst overseas are subject to limits on periods of payment as follows:

- if you become **disabled** while outside Australia, benefits are payable for a maximum period of 12 months, and
- if you are receiving benefits when you leave Australia, any ongoing entitlement to benefits is limited to a maximum of 12 months from the date you leave Australia.

The **insurer** may require you to return to Australia at your expense for assessment in the case of an income protection, total and permanent disablement or terminal illness claim.

If you return to Australia and are still **disabled**, benefits may be reinstated from the date of return subject to the terms of your policy.

Insurance cover during unpaid leave

If you take a **leave of absence** without pay, you may be able to retain your Death and TPD and in some cases, IP cover for up to two years (or other alternative time agreed by the **insurer**, which may be less) from the commencement of your leave, provided:

- your **AMP Super employer** approves the period of leave in writing before you go on leave
- if the leave exceeds 24 months (or other alternative time agreed by the **insurer**), the **insurer** provides written approval for the cover to continue prior to the expiry of the initial 24 months (or other alternative time agreed by the **insurer**, which may be less and unless otherwise agreed to with your **insurer**, refer to your **welcome letter**),
- the insurance fees in respect of your cover continue to be paid, and
- your insurance cover would not have otherwise ceased under the policy.

If you don't satisfy the above criteria your cover will cease on the commencement of your **leave of absence**.

Your cover will also cease if you don't return to work or your **leave of absence** ceases, or if your **leave of absence** extends beyond two years without written agreement from the **insurer**.

Any variation to this will be included in your **welcome letter**.

Where you are on a **leave of absence** and submit a claim for TPD or IP, the definition applicable at the time of claim will apply. For some **plans**, for IP, if you suffer an **illness** or **injury** while on **leave of absence** a benefit will not be paid until the later of, the date your **leave of absence** is to cease in accordance with your **employer's** written notification or the expiry of the waiting period.

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

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 MetLife	Details on what happens to your insurance cover for your category of membership are in your welcome letter .
<p>If your retained plan is insured by TAL</p> <p>(For more information please see the AMP Super TAL Corporate Insurance Guide)</p>	<p>Where you have cover at the time you leave your employer and transfer to the TAL retained plan, then you will have:</p> <ul style="list-style-type: none"> • 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. <p>If you had automatic IP cover (you weren't underwritten for your IP cover), you will have a:</p> <ul style="list-style-type: none"> • 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%. <p>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.</p> <p>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).</p> <p>Alternatively, if your IP cover was underwritten, then you will:</p> <ul style="list-style-type: none"> • 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). <p>Any existing conditions, loadings, exclusions or restrictions that applied to cover whilst in your employer plan, will continue to apply in the retained plan.</p> <p>Cover will be limited cover¹ until you are at work² for a 30 consecutive day period ending on or after the date that your cover commences in the retained plan.</p> <p>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.</p>

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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 MetLife

- Death cover of \$50,000 if you are not yet 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 MetLife

(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 cover¹ will apply until you've been at work² 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.



When does cover stop

Your cover generally ceases on the earliest of the following:

- You cease to be a member of the **AMP Super employer plan**, unless you transfer to a **retained plan** where it has been agreed that insurance will continue.
- When a Death (including Terminal Illness) or TPD Benefit has been paid to the **trustee** in relation to a claim by you or on your behalf.
- The insurance policy being cancelled or terminated for any reason.
- You reaching age 65 (or such other age the **insurer** may decide as disclosed in your **welcome letter**).
- On the day you commence duty with the armed forces of any country (where agreed by the **insurer**, cover may not cease where the member has joined the Australian Armed Forces Reserve and is not on active duty outside Australia).
- Your **account** doesn't have enough money to pay insurance fees at the time they're charged, meaning your insurance will be cancelled immediately.
- Where applicable, the date you are no longer an **Australian resident**, no longer permanently in Australia or not eligible to work in Australia, or for a holder of a temporary work visa approved by the Australian Department of Home Affairs and us (the date your visa expires).
- You no longer meet the conditions for cover whilst temporarily **employed** overseas.
- You no longer meet the conditions for cover during unpaid leave.
- You die.
- You transfer your cover to another group insurance policy issued to **the fund**.
- You are paid an Interim Accident benefit under Death or TPD cover.
- Your **employer** lets **us** know in writing that they want to cancel the cover that applies to your (or membership category) – **we**'ll let you know if this happens.
- You tell **us** you want to cancel your cover.
- The date you are accepted or declined for an application for a continuation option.
- 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. **We**'ll let **you** know when paying the insurance fees becomes your responsibility.
- If no contributions or rollovers have been received into your **account** for a period of 16 months, **we** are required to cancel your insurance, unless you have told **us** in writing that you want to keep your insurance. You can make an insurance election online 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 are under age 25, or have a balance below \$6,000 and you have not elected to keep your insurance) – **we** are required to cancel your insurance. You can make an election online 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.
- If you had insurance because your **employer** funded the full cost of insurance and notified **us** of this, and you then left your **employer** – 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), then **we**'re required to cancel your insurance from the date **we**'re notified by your **employer**. You can choose to keep your cover at amp.com.au/whyinsurance, whichever occurs first.

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

- the claim was caused by a medical condition, injury or illness which you were first diagnosed with, which first happened or you first suffered from, or first had symptoms of, or was first treated for, after the date you first became covered for the relevant component of cover, and
- the claims was not caused by any medical condition, injury or illness:
 - you were reasonably aware of, and
 - a reasonable person in the circumstances could be expected to have been aware of, at the time before your cover commenced.

2 At work means you are:

- a. either:
 - i. performing all the duties of your 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 you would be capable of attending work and performing all your duties of your normal occupation without restriction, and
- b. in the insurer's opinion, not restricted by injury or illness from being capable of performing your 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.

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 my 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**.

To reduce your cover, contact **us**.

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 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.

Life events option

If a life events option is offered, **employee members** can apply to increase their existing Death or Death and TPD without providing medical evidence where one of the following events has occurred:

- your marriage or registered a relationship (including a same sex relationship) as evidenced by a certified copy of either your marriage certificate under the *Marriage Act 1961* (Cth), or certificate of registration of relationship issued by the State's Register of Births, Death and Marriages (or equivalent)
- your divorce
- you adopt or become the natural parent of a child, or
- you purchase a home as your primary place of residence with a mortgage on that residence.

The maximum amount of the increase in cover available is limited to the lesser of:

- \$200,000
- 25% of the cover you held at the date of the event which was received under automatic acceptance, or
- 25% of the amount of the mortgage.

Where your cover has a units based calculation, the amount of the increase is 1 extra unit of cover.

Under the life events option you can only increase your cover once while a member of this **plan**.

You are eligible to apply for an increase provided all of the following are met:

- you are an **employee member** with cover in force on the date the event occurred
- the application to request increase cover together with the relevant documentary proof of the event (eg marriage certificate, birth/adoption certificate, mortgage documentation) must be provided for consideration to the **insurer** within 60 days of the life event occurring, and
- your total amount of cover, with the increase, doesn't exceed the maximums.

You must be in **active employment** on the day the application to increase cover is received by the **insurer**, otherwise **limited cover** will apply to any increase in cover until the person returns to **active employment** for 30 consecutive days.

Your **welcome letter** will tell you if this option applies to you.

When will my insurance fees be deducted from my account?

Insurance fees are paid in advance and deducted from your super **account** at 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 October 2023 is:

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

This amount includes:

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

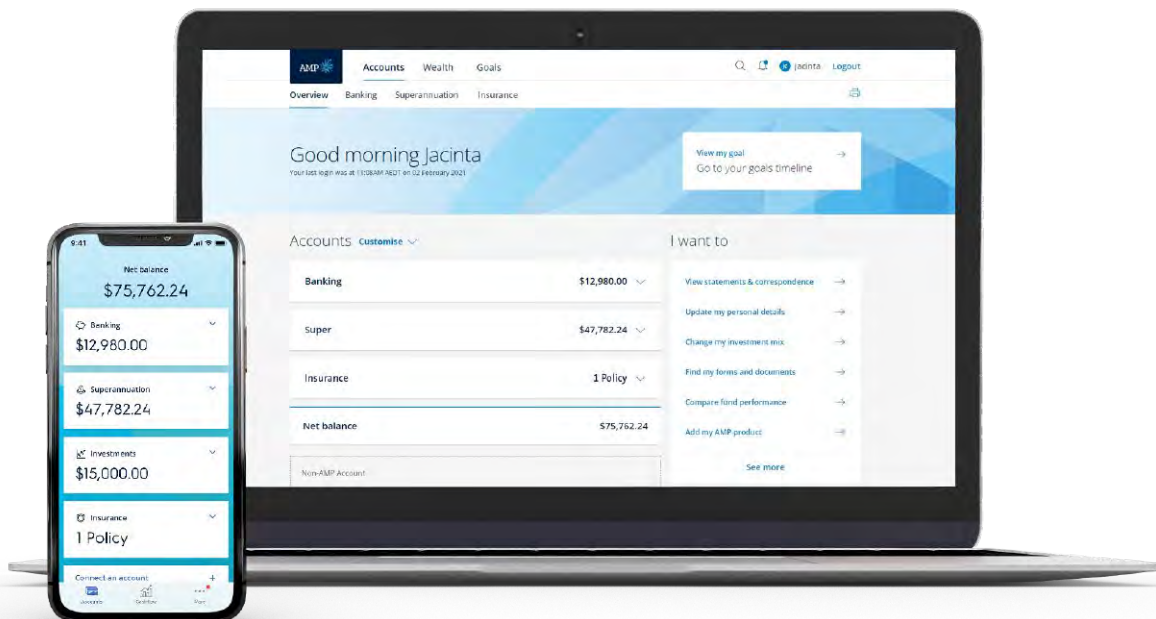
Insurance cover and charges

As at 1 October 2023

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

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

What does my insurance look like on My AMP?



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.

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

If you delay telling the **insurer** and that prejudices the **insurer's** interests, they may reduce the benefit or not pay the claim. The **insurer's** interests include the ability to obtain the evidence they require or would have obtained for the **illness or injury**.

Any claim for benefits will be subject to acceptance by the **insurer**. The **insurer** may not pay a benefit where they are not provided with evidence that they may reasonably require to substantiate a claim. If you are not an **Australian resident** or are temporarily **employed** overseas, the **insurer** may require that you to return to Australia at your own expense for the assessment of your claim and the payment of any benefit will be conditional upon you returning to Australia for such assessment.

The claims process



We'll send a claim pack

Fill in the information the **insurer** needs to start your claim, and return to **us** by email or post.



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

We'll pass your completed documents onto the **insurer** within five business days, to be assessed. **We** (or the **insurer**) will keep you (or your representative) informed of your claim's progress at least every 20 business days. You may contact **us** or the **insurer** directly with any questions about your claim. The **insurer** may contact you (or your representative) to request more information relevant to your claim, like medical or occupational details.



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.

Your feedback is welcome

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

Making a complaint

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

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

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

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

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

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

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

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

Australian Financial Complaints Authority

Postal address: GPO Box 3, Melbourne VIC 3001

Australia phone: 1800 931 678

Email: info@afca.org.au

Website: afca.org.au

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

Getting help to make a complaint

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

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

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



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



How much 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** at 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 fees when **we** conduct your **AMP Super plan's** annual review. Premiums are based on your age and generally increase as you get older.

The premium rates are not guaranteed, except to the extent specified in the **AMP Super plan's** policy. When **we** increase your insurance fees, at least 30 days' notice will be given to you. Generally new premium rates will apply from the next annual review date.

If the **insurer** changes the premium rates, **we** will advise of any premium rate change by providing one month's prior notice.

Other reasons that my result in the insurer changing premiums or policy terms:

- changes in the number of insured persons
- changes in the business activity of your employer
- changes to the law or its interpretation (including changes to government charges, taxes or levies, or if the policy terms become inconsistent with the law).

Change in the event of war

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

Any variation to this will be included in your **welcome letter**.

Insurance fees quote

You can obtain a quotation 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 your insurance.

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

When you apply for life insurance, the **insurer** will ask you a number of questions.

These questions will be clear and specific. They will be about things such as your health and medical history, **occupation**, income, lifestyle, pastimes, and other insurance.

The answers given in response to the **insurer** questions are very important. The **insurer** uses them to decide if they can provide cover to you and, if they can, the terms of the cover and the insurance fees they will charge.

The duty to take reasonable care

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that doesn't fairly reflect the truth. This means when answering the **insurer** questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer the **insurer** questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You're responsible for all answers given, even if someone assists you with your application.

The **insurer** may later investigate the answers given in your application, including at the time of a claim.

Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided	This means your cover will be treated as if it never existed.	Any claim that has been made won't be payable.
The amount of your cover being changed	Your cover level could be reduced.	If a claim has been made, a lower benefit may be payable.
The terms of your cover being changed	The insurer could, for example, add an exclusion to your cover meaning claims for certain events will not be payable.	If a claim has been made for an event that is now excluded, it won't be payable.

If the **insurer** believes there has been a breach of the duty to take reasonable care not to make a misrepresentation, they will let you know the reasons and the information they rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, the **insurer** will consider all relevant circumstances.

The rights the **insurer** has if there's been a failure to comply with the duty will depend on factors such as what the **insurer** would've done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If the **insurer** decides to take some action on your cover, they will advise you of their decision and the process to have this reviewed or make a complaint if you disagree with their decision.

Guidance for answering our questions

When answering the **insurer** questions, please:

- Think carefully about each question before you answer. If you're unsure of the meaning of any question, please ask AMP before you respond.
- Answer every question that the **insurer** asks you.
- Don't assume that they will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you're unsure about whether you should include information, please include it or check with AMP.

- Review your application carefully. If someone else helped prepare your application (eg your adviser), please check every answer (and make corrections if needed) before the application is submitted.
- Before your cover starts, the **insurer** may ask about any changes that means 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, after the cover starts, you think you may not have met your duty, please contact AMP immediately and **we**’ll let you know whether it has any impact on the cover.
- Your application for cover will be treated as if you are applying for an individual ‘consumer insurance contract’. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

If you do not tell the insurer something

In exercising the following rights, the **insurer** may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the **insurer** may apply the following rights separately to each type of cover.

If you do not tell the **insurer** anything you are required to, and the **insurer** would not have insured you if you had told the **insurer**, the **insurer** may avoid the cover within three years of providing it.

If the **insurer** chooses not to avoid the contract, it may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the insurance fees that would have been payable if you had told the **insurer** everything you should have. However, for death cover, the **insurer** may only exercise this right within three years of providing the cover.

If the **insurer** chooses not to avoid the cover or reduce the amount you have been insured for, the **insurer** may, at any time vary the cover in a way that places it in the same position it would have been in if you had told the **insurer** everything you should have. However, this right does not apply for death cover.

If your failure to tell the **insurer** is fraudulent, the **insurer** may refuse to pay a claim and treat the contract as if it never existed.

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.



Defined terms

Defined term	Meaning
Account or AMP Super account	A record of your individual super holding in your AMP Super plan .
Active employment	Please see your welcome letter .
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	Please see your welcome letter .
Australian resident	Please see your welcome letter .
Casual employee	Please see your welcome letter .
Covered person	Please see your welcome letter .
Date of disablement	Please see your welcome letter .
Disabled or disability	Please see your welcome letter .
Employed or employment	Please see your welcome letter .
Employee	Employed by the AMP Super employer under a contract of employment .
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 .
Fund or the fund	AMP Super Fund ABN 78 421 957 449, RSE Registration No. R1056433.
Illness	Please see your welcome letter .
Injury	Please see your welcome letter .
Income or salary	Please see your welcome letter .
Income producing duty	Please see your welcome letter .
Insurer	MetLife Insurance Limited ABN 75 004 274 882 AFSL No. 238096 (the insurer) provides insurance cover for your AMP Super plan .
Leave of absence	Please see your welcome letter .
New events or limited cover	Please see your welcome letter .
Occupation	Please see your welcome letter .
Other disability income	Please see your welcome letter .
Permanent employment	Please see your welcome letter .

Defined term	Meaning
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 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.
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.
Special category visa	Please see your welcome letter .
Terminal illness	Please see your welcome letter .
Temporary disability cover	Please see your welcome letter .
Totally and permanently disabled (TPD)	Please see your welcome letter .
War	Please see your welcome letter .
We, us, our, NM Super, issuer 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 this means you as a member of the fund. As an employer , this means a member.

Contact us

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

web amp.com.au/employersuper

email ampsuper@amp.com.au

mail AMP Super
PO Box 6346
Wetherill Park NSW 1851
Dharug Country