

AMP Super Insurance Guide

Signature Protection - Zurich Australia Limited

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

AMP Super refers to SignatureSuper®.

*Registered trademark of AMP Limited
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.

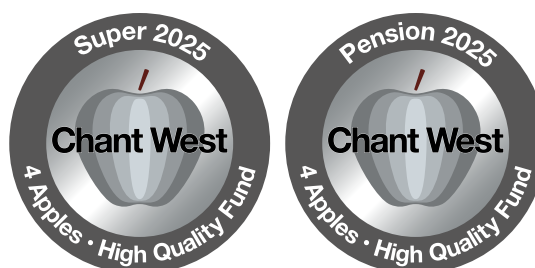
Awarded for putting you first

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 ESG.



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**.

Can my family members take out cover? 12

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

What is Death cover? 13

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

What is Total and Permanent Disablement (TPD) cover? 15

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

What is Income Protection (IP) 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're an **Australian resident** – yes. If you've a valid visa, you're covered for up to three years.

Am I covered during approved unpaid leave? 21

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? 22

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

When does my cover stop? 24

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? 25

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

Can I reinstate my cover? 25

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

How can I cancel cover? 26

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

How do I claim? 27

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

When will my insurance fees be deducted from my account? 29

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

What's an insurance service expense? 30

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

Will my insurance fees change? 30

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

Your AMP Super insurance



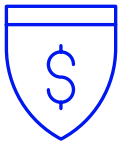
Welcome to AMP Super, designed to provide you with comprehensive super benefits for your retirement and insurance protection for you and your family’s peace of mind.


Types of insurance available

The type and amount of insurance we provide will depend on factors such as your membership category and employment status. Family members may be able to apply for Death and TPD cover under the **plan** (contact **us** for more information).

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. OR	25% of salary. <ul style="list-style-type: none"> • 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)	2. Multiples of salary. OR	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.
For permanent employees working at least 14 hours per week only:		
Income Protection (IP) 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.

Insurance in super

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

AMP Super's insurance is designed for you as an **employee** and negotiated by your **employer** while also offering advantages of cover for your family. It means you can:

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

Employee members may also have the advantage of:

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

Insurance provides an important benefit to many **members**. Having insurance in your super means the cost of your cover will reduce your super balance over time. 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 **Zurich Australia Limited (formerly OnePath Life Limited)** (Zurich) ABN 92 000 010 195 (the **insurer**).

Insurer consent

Zurich:

- 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 visa holder, and you reside in Australia (unless otherwise agreed to in writing by the **insurer**), and
- you are aged between the minimum and the maximum benefit entry age (which is generally 16 and 64 respectively in your employer **plan**).

Family members may be able to apply for Death and Total and permanent disablement cover.

Income Protection (IP) cover is only available to **employee members** working an average 14 hours a week for the **AMP Super employer** as a **permanent employee**. This is not available to family members.

When insurance is automatically applied⁽ⁱ⁾



We'll automatically give you insurance

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

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



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 eligibility criteria and if you haven't previously told **us** you don't want insurance.



New events cover applies to your cover until you are **at work** for 30 consecutive days if you joined AMP or opted into insurance within 120 days from your date joined **employer**. If you joined AMP or opted into insurance outside 120 days from your date joined **employer** and you are not **at work** in the 60 days immediately prior to commencement of cover, **new events cover** will continue until you are **at work** for 30 consecutive days on or after 12 months from the date your insurance cover starts. 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, the **insurer** 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 then updates to your salary could change your cover amounts. It will occur on your **plan's** next annual review date.

If your cover increases by 25% or more when it is recalculated because of a salary increase, underwriting may be required, even where your cover remains under your plan's AAL. 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 eligible for insurance cover and you meet the eligibility criteria for automatic acceptance cover under your **plan**
- you must not be entitled to a payment of any insurance benefit from any source for an illness or injury or be in a waiting period for such a benefit
- at least 75% of all eligible **employee members** remain insured under the policy at all times (where required by the insurance policy).

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

How do you apply for additional cover?

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

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

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

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 fees.

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

The underwriting process



Personal statement

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



Assessment

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



Further information

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



Decision

The **insurer** will either:

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

We'll communicate the decision to you.

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

How family cover works

If offered, family members can apply for insurance cover in an **AMP Super plan** (contact **us** for more information) at any time subject to underwriting and acceptance by the **insurer**.

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

How to apply for family member insurance

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

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

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

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

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

Types of insurance cover in detail



DEATH COVER

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

What is Death cover?

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

There is no limit to the amount of Death cover you may have.

What happens if you die?

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

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

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

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

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

The Terminal illness cover paid is the lesser of the insured Death cover or \$3 million.

The maximum amount the **insurer** will pay is \$3 million. If your Death cover is more than this amount, then the **insurer** will pay any further Death cover when you die.

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

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 timing for **terminal illness**, which is 12 months. If you close your **account** between the 24 and 12 month period, you will not be paid a Terminal Illness benefit, and if you subsequently die, your beneficiaries will not be able to claim against any insurance (as it's cancelled).

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



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

What is excluded in your Death cover?

Death cover can't be paid if your death is wholly, partly, directly or indirectly caused by:

- war, or an act of war occurring in Australia or New Zealand
- engaging in active war service.

Unfortunately Death cover also won't be paid in the following circumstances:

- If you are insured for **limited cover**, the **insurer** will not pay a benefit for death or **terminal illness** caused by an illness or injury which directly or indirectly caused you to not be at work on the last normal business day immediately before the transfer date.
- If the **insurer** suspects that the transaction will breach laws or regulations or involves a person who is sanctioned.
- If you are insured for **new events cover**, the **insurer** will not pay a benefit for death or **terminal illness** occurring as a result (in whole or part), directly or indirectly, by a pre-existing condition.
- Any other exclusions imposed by the **insurer** on you.

Grief support program

Grief support is available to **members** who are on claim. If you are diagnosed with a **terminal illness**, you and your immediate family members have access to a complimentary grief support program. Contact **us** for more information.

Limitations for Death cover

In the case of Life events cover, if your insured benefit has increased due to a specific life event, for the first six months following the increase, the **insurer** will only pay the increased portion of the insured benefit if your death results from an accident.



TOTAL AND PERMANENT DISABLEMENT (TPD) COVER

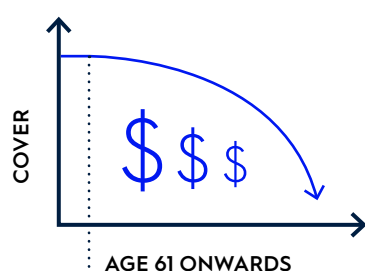
TPD cover is a lump sum amount paid if you become **totally and permanently disabled**.

Your **welcome letter** outlines the TPD definition that applies to you.

Maximum amount of TPD cover

TPD cover is generally limited to a maximum of \$5 million.

Your TPD cover will automatically decrease as you get older



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

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

Other important information about TPD Cover

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

For the AFL players category, the number of multiples for TPD cover cannot be greater than your Death cover.

What happens if you become Totally and Permanently Disabled?

If you have TPD cover and 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.

For the AFL Players category, please see your **welcome letter** for the TPD definition that applies to you.

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

Noting, you will also need to meet the permanent incapacity condition of release for super.

Key information about TPD claims

If an insured TPD benefit is payable, please note:

- the insurance benefit payable will be the sum insured that applies on your **date of claim**,
- the IP benefits that are being paid at the time do not cease on payment of TPD, and
- your Death and TPD cover will cease.

Limitations for TPD cover

In the case of Life events cover, if your insured benefit has increased due to a specific life event, for the first six months following the increase, the **insurer** will only pay the increased portion of the insured benefit if your **total and permanent disablement** results from an accident.

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

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

What is excluded in your TPD cover?

TPD cover can't be paid if your TPD is wholly, partly, directly or indirectly caused by:

- war, or an act of war occurring in Australia or New Zealand
- engaging in active war service.

Unfortunately, TPD cover also won't be paid in the following circumstances:

- If you are insured for **limited cover**, the **insurer** will not pay a benefit for TPD caused by an illness or injury which directly or indirectly caused you to not be **at work** on the last normal business day immediately before the transfer date.
- If the **insurer** suspects that the transaction will breach laws or regulations or involves a person who is sanctioned.
- If you are insured for **new events** cover, the **insurer** will not pay a TPD benefit occurring as a result (in whole or part), directly or indirectly, by a **pre-existing condition**.
- Any other exclusions imposed by the **insurer** on you.



INCOME PROTECTION (IP) COVER

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

Key facts about IP eligibility

You're eligible for cover if:

- your **employer** has selected IP for your membership category,
- you're an **employee member**,
- you're a permanent employee, and
- you work at least 14 hours of regular work a week.

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

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

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

Waiting periods and benefit payment periods

Waiting period

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.

The waiting period commences from the later of the date you are first examined and certified by a medical practitioner as **totally disabled** in relation to an injury or sickness; and the date you ceased work due to that injury or sickness.

If you return to work during the waiting period for more than five consecutive days, the waiting period will restart.

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 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.

IP claim payments are limited to 12 months from the date of your disability, unless you are continually residing in Australia.

Benefit payments start one month after the waiting period has ended. Payments are made monthly (one month in arrears).¹

¹ For part of the month, the **insurer** will pay you 1/30th of the monthly benefit for each day you are entitled to be paid.

What will the insurer pay?

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

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

Where the **insurer** is required by law to deduct any tax, duty impost or the like from the benefit payment, they will deduct this and pass it to the relevant authority.

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

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

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

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

- **totally disabled** for at least seven days out of the first 12 consecutive days of the waiting period,
- disabled for the balance of the waiting period, and
- continuously disabled since the end of the waiting period.

The formula used for the calculation of the partial disability benefit is:

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

Where:

A = Your monthly salary prior to becoming **totally disabled**.

B = Is the monthly income you receive, or are capable of earning, for the month in which you are **partially disabled**. If you are not working to your assessed capacity then 'B' will be the amount you could expect to earn if you were. When the **insurer** assesses capacity, consideration will be given to medical evidence, and other factors related to your condition. 'B' must be less than the amount of 'A'. If 'B' is negative in a month, the **insurer** will treat 'B' as zero.

C = Is the total Income Protection cover monthly benefit.

Example

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

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

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

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

Maximum amount of IP cover

How we work out your IP amounts

We use your income to work out your benefit amount.

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

How much your IP amounts can be

Your IP amounts are up to 75% of salary earned.

The maximum insured amount available, including any superannuation contribution benefit is \$30,000.

Benefit offsets – if you receive income from other sources

If you receive income from other sources your 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.

Other payments that impact monthly payments:

- workers' compensation, motor accident compensation, social security (or similar legislation) in relation to your injury or illness
- any payments or amounts payable for loss of income, earning capacity, or any other economic loss, in relation to your injury or illness, including damages under common law for loss of income or earning capacity
- paid parental leave, where you suffer a disability when you are on parental leave
- payments for the purposes of income or expense replacement, or covering financial obligations to third parties, under any disability, injury or sickness insurance type policy (other than a lump sum TPD, trauma or terminal illness benefit).

It does not include amounts for, or calculated by reference to:

- disability support pension payable by Centrelink or its successors
- sick leave, annual leave, redundancy payments
- long service leave entitlements
- income earned from investments.

If any of the above payments are paid as a lump sum which does not relate to specific months, that amount will be converted to income equivalent to 1% of the lump sum for each month a disability benefit is paid, for a maximum of eight years. The balance of the lump sum, if any, will not be offset.



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.

When will IP be paid to you?



Factors must be met

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

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

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



Factors that stop payment

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

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

Claims escalation benefit

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

The claims escalation benefit means, where applicable, that in the event of a claim, your monthly benefit paid to you will be indexed by the lesser of CPI and 5% annually each year. Escalation will apply following 12 continuous payments of disability benefits, measured from the date which benefits first commenced and each subsequent 12 months that you are paid a benefit. The claims escalation benefit does not apply to the 2 year **benefit period**, unless otherwise stated in the **welcome letter**.

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

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, we will waive the waiting period and the **benefit period** will not restart.

Death benefit (with your IP)

The Death benefit, which is payable on death or **terminal illness** whilst the person has IP cover (ie the **insured member** doesn't need to be on claim to receive the benefit).

If an **insured member** dies or is diagnosed with a **terminal illness** while covered under the policy, the **insurer** will pay three times the monthly benefit amount as a lump sum, subject to a maximum of \$60,000.

Superannuation contribution benefit (SCB)

Put simply this is an additional cover that your employer may provide under your plan.

It's **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** or **annual statement**.
- The total insured IP cover, including SCB, cannot exceed the maximum IP cover.
- Contribution tax will not apply.

Rehabilitation expenses

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

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

Workplace modification expenses

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

When will IP payments cease?

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

- you are no longer **totally or partially disabled**
- you are receiving partial disability benefits and are able to earn your full salary again
- you die
- you are no longer under the care of a Doctor
- your **AMP Super employer** or you fail to provide the **insurer** with requested information or other evidence reasonably required to assess your claim
- for an **insured member** on a visa, the date the visa expires or is otherwise terminated, or the date the **insured member** permanently departs Australia
- you attain the maximum insurable age for your **plan**, or
- the **insurer** has paid up to the maximum **benefit period**.

What exclusions apply to my IP cover?

The **insurer** will not pay a benefit under the policy if the event giving rise to the claim is caused directly or indirectly, wholly or partially:

- by war, or an act of war, occurring in Australia or New Zealand
- by illicit drug use
- by an **insured member** engaging in war service
- by an **insured member's** intentional self-inflicted act, or
- any event giving rise to a claim that is caused directly or indirectly, wholly or partially by **uncomplicated pregnancy or childbirth**.

The **insurer** may reduce or refuse to pay any benefits:

- while the **insured member** is imprisoned or on remand in a correctional or rehabilitation facility
- that arise directly or indirectly from the **insured member** participating in criminal activity
- for unreasonably refusing to undergo medical treatment (including rehabilitation) to treat the **member's** condition as recommended by a **medical practitioner**
- where reduced income or inability to work is caused by anything other than sickness or injury
- if the **trustee** or the **insured member** do not comply with the **insurer's** claim requirements, and
- if the **insured member** unreasonably refuses to actively participating in a **rehabilitation program** they have the capacity to undertake as approved by their **medical practitioner**.

The **insurer** cannot reimburse any expenses which:

- they are not permitted by law to reimburse, or
- are regulated by the *National Health Act 1953* (Cth) or the *Private Health Insurance Act 2007* (Cth).

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.

Interim Accident cover does not apply for Life events cover or transferred cover.

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

When does cover start?

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

When does cover stop?

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

- the date of the **insurer's** acceptance of your cover or increase in cover
- 90 days after Interim Accident cover starts
- the date the **insurer** advises that a **member's** application for cover or an **insured member's** application for an increase in cover, has not been accepted
- the date the application is cancelled or otherwise withdrawn, or
- the date the **member** ceases to satisfy the eligibility or cover otherwise ends in accordance with the policy terms.

When will an Interim Accident benefit be paid?

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

How much Interim Accident cover will the insurer pay?

The amount payable will be the lesser of:

- the benefit amount applied for in the application for cover
- the difference between the level of increased cover applied for and the current level of cover
- the maximum benefit level for Death and TPD or maximum monthly benefit for IP.

General terms that apply to your cover

Insurance and Choice of Fund

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

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

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

Takeover terms for insurance

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

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

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

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

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

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

However, this limitation will cease if you:

- return to work and are actively performing all the duties and work hours of your usual occupation with your **AMP Super employer**, free of any limitation due to injury or illness, and
- are not entitled to or receiving income or benefits from any other source.

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

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

Transfer your insurance to AMP

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

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

Or please contact **us**.

Worldwide cover

The **insurer** will provide worldwide, 24 hour cover for an **insured member** regardless of whether they are away on business or holiday subject to the requirements for their insurance cover continuing during their paid or unpaid leave and while working outside Australia.

Cover while working outside Australia

If you're an **Australian resident** and working overseas, you'll be covered under this policy whilst you are working overseas. Prior notification to the **insurer** is not required.

If you're not an **Australian resident** and hold a valid visa, you'll be covered under this policy for up to three years whilst you're working overseas. If cover is required after three years, you'll need to submit an application in writing prior to the three year expiration for an extension. The **insurer** may accept or decline your application at their discretion.

This cover is subject to the following conditions:

- Your insurance fees must continue to be paid during the period you're working overseas.
- The **insurer** reserves the right to impose conditions on your cover, and review your cover, at the end of the premium rate guarantee (or review date). If this occurs you will receive notification in writing.
- Any details regarding the location of **insured members** residing overseas must be provided to the **insurer** upon request and at least annually with the member information at the review date.

We, and your **employer** must keep records of:

- the length of time you (and other **employees**) are working overseas
- the number of **employees** working overseas
- the location of each **employee** is working overseas.

If you're travelling overseas during periods of paid or unpaid leave, cover continues.

Insurance during paid or unpaid leave

You are covered for Death, TPD and IP cover (if applicable) for up to 24 months whilst on paid or unpaid leave (including parental leave) if:

- insurance fees are still paid during the period of leave
- your **employer** approves the period the leave prior to commencing
- the details and numbers of all **members** on paid or unpaid leave are provided to the **insurer** when requested and at least annually

- your **employer** holds appropriate records that includes the date paid or unpaid leave is to commence, and the date you are expected to return to work. These details must be provided to the **insurer** upon request.

We will continue to deduct insurance fees from your account during any period of leave of absence or parental leave. If you do not want your insurance to continue during any period of leave of absence or parental leave you can cancel your cover by contacting **us**.



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

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

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



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

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

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

If your retained plan is insured by Zurich	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 applicable). <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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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 claim 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:

- either:
 - 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
 - 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
- 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
- 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.

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**).

Extended cover

For Death, TPD and IP cover if you leave your **AMP Super employer** the insurer will extend your cover for maximum of 60 days after you no longer meet eligibility conditions because you cease to be employed by the **AMP Super employer** subject to the following conditions:

- as at the date the you ceased to meet the eligibility criteria, you had not received, nor were entitled to receive, a benefit under the policy, nor were you in a waiting period for such a benefit, and
- the Extended cover will cease on the earlier of:
 - the date you reach the benefit expiry age
 - 60 days after the date you ceases to meet the eligibility criteria
 - the date cover for you commences under a retail policy of insurance issued by the insurer under continuation option
 - the date you are gainfully working.

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 Zurich

- Death cover of \$50,000 if you are not yet age 65. Cover ceases when you turn age 70, and
- TPD cover of \$25,000. Cover ceases when you turn age 60.

New events cover will apply until you have been **at work** 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 Zurich

(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 period 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 stops in the **plan** when:

- You cease to be a member of the **AMP Super employer plan**.
- You reach the maximum benefit expiry age for your **AMP Super employer plan**.
- If you are not in a retained or family category, you reach the expiry age under the insurance policy (retained members, refer to additional insurance information in your **transfer letter** and family members, refer to additional insurance information in your **welcome letter** for details on the expiry age):
 - age 65 for Death and TPD insurance cover, and
 - age 65 for Income Protection cover.
- The date you've been paid a Terminal Illness benefit equal to the insured death or TPD amount.
- You die.
- The day before you commence service with the armed forces of any country (excluding Australian Army Reserves not deployed overseas).
- The date you are no longer eligible to work in Australia if you are not an **Australian resident** because you no longer hold a visa or for any other reason.
- You are on unpaid leave (including parental leave) for more than a written agreed period and the **insurer** has not agreed to provide insurance cover beyond that period.
- The date you are working outside of Australia for more than the period agreed.
- You tell **us** you want to cancel your cover.
- Your **account** doesn't have enough money to pay insurance fees at the time that they are charged, meaning your insurance will be cancelled immediately.
- Your **AMP Super employer** or participant terminates the **plan's** cover (**we**'ll let you know if this happens).
- 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.
- Your **employer** lets **us** know in writing that they want to cancel the cover that applies to your **plan** (or membership category) – **we**'ll let you know if this happens.
- 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.
- **Employer plan** terminates or the insurance policy is terminated or cancelled, or
 - the date you cease to meet the eligibility criteria, or
 - where you are provided with Extended cover as set out in **Extended cover** section, the date that Extended cover ends,which ever occurs first.

Managing your cover

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

Can you change 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**.

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 30 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 cover

There are specific life events where you may increase your cover without supplying medical evidence. If a Life events cover is offered, information about this cover will be provided in your **welcome letter**.

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

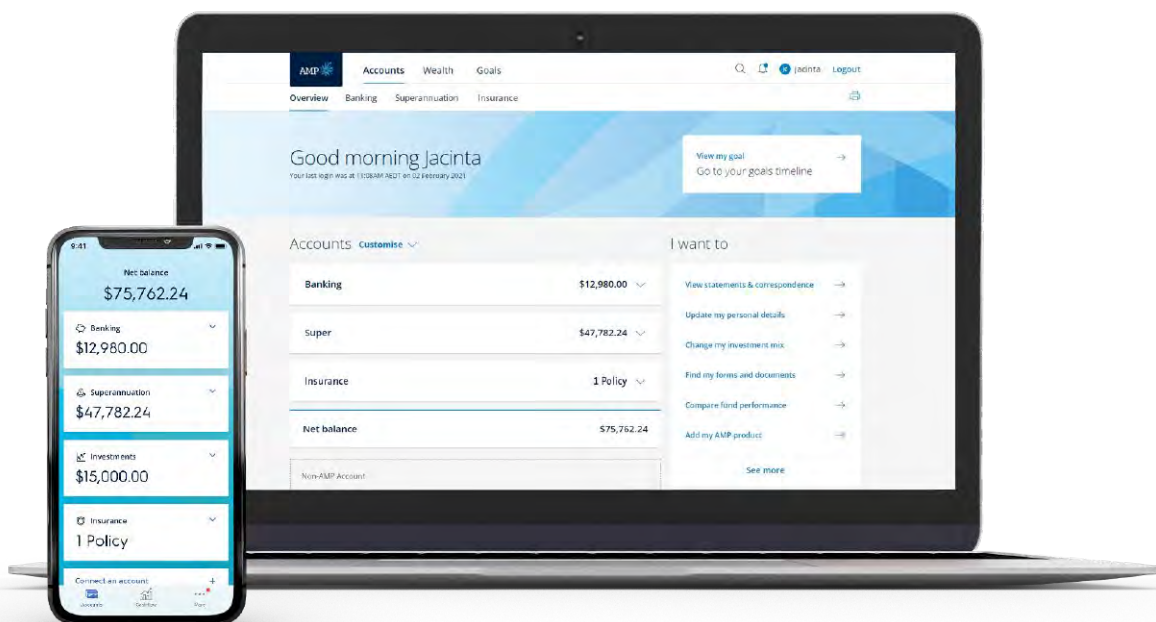
Insurance cover and charges

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



If an **insured member** travels or resides overseas for a period in excess of 12 consecutive months while on claim, payment of any benefits by the **insurer** will cease. If the **insured member** returns to permanently reside in Australia and provides the **insurer** with satisfactory evidence of their continuous disablement, the **insurer** may at their discretion, recommence benefits payments. If the **insurer** recommences benefit payments, they will not make any payment in respect of a period where the **insured member** was not entitled to benefits in accordance with this paragraph.

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...

If **we** need more information within five business days of when **we** receive your initial claim form. 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. **We** will respond to any questions you have within 10 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 rehabilitation program (for IP cover only)

If your IP claim is accepted, the **insurer** may work with you to set up a **rehabilitation program** that's specific to your situation. The **insurer** will also inform you if there are any additional requirements they need to continue your payments.

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.

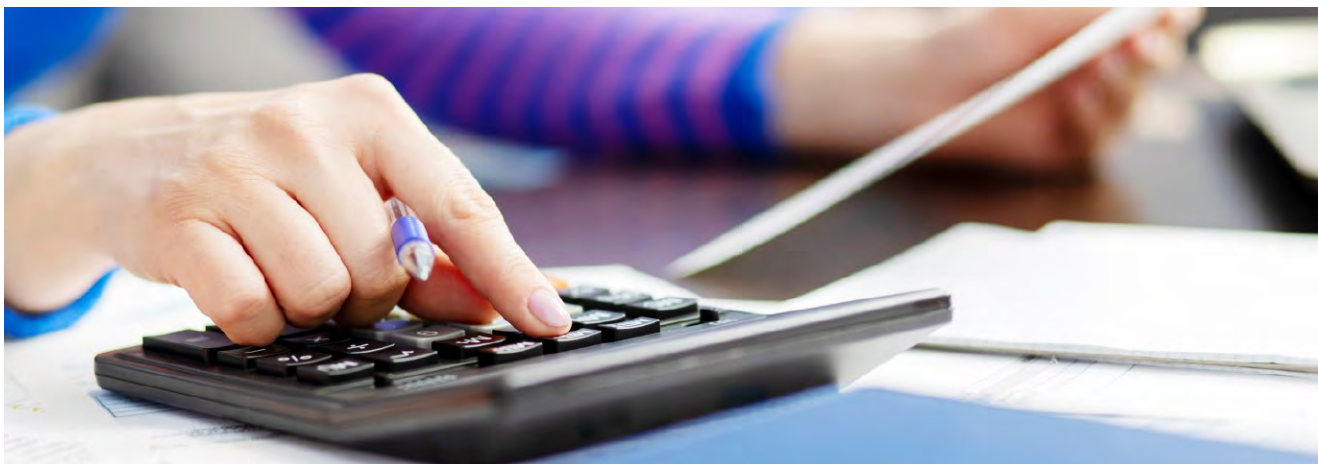
If your **AMP Super employer** has agreed to pay your insurance fees by making additional contributions and notifies **us** of this, but then they stop paying your insurance fees:

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

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

The **insurer** has the right to:

- vary premium rates
- vary or remove the AAL
- vary the automatic acceptance terms
- stop accepting new **insured members**.

The **insurer** has the right to vary premiums by giving us three months' notice in writing. When we increase your insurance fees, we'll give you at least 30 days' notice. When we decrease them we'll let you know within 90 days. Generally, for **employee members**, the new rates will apply from your **plan's** next annual review.

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

Change in the event of war

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

Government duties

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

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

Any additional stamp duty on insurance premiums will be:

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

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

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

Additional stamp duty currently varies between 1% and 11% of the cost of premiums (excluding any insurance service expense), depending on the insurance benefits and your home state or territory. Additional stamp duty charges can change without notice (up and down), as governments introduce a new stamp duty or revise an existing one or as we change our address records.

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

Insurance service expense

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

How premiums are calculated for employee members

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

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

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

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

Insurance fees quote

You can obtain a quotation by contacting **AMP Super** Customer Service.

Obtaining a premium quote for family members

You can obtain a quotation by contacting your financial adviser or us. We'll need to know details about the proposed family member including:

- date of birth
- gender
- amount of cover desired
- type of cover (Death or Death and TPD)
- smoking status, and
- occupation.

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 applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the **insurer**. To meet this duty, you must also take reasonable care not to make such a misrepresentation.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

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

If you don't meet your duty

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

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

About the application

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

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

When you apply for insurance benefits through a super fund or ask to extend or make changes to existing insurance, **the fund** trustee may pass on to the **insurer** personal information you provide to them. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to **the fund** trustee.

Guidance for answering the insurer's questions

You are responsible for the information you provide to the **insurer**. When answering their questions, you should:

- Think carefully about each question before answering. If you're unsure of the meaning of any question, please ask the **insurer** or **us** before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you're unsure about whether you should include information, please include it. Please don't assume the **insurer** will ask others such as your doctor.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

Changes before your cover starts

Before your cover starts, please tell the **insurer** about any changes that mean you would now answer the **insurer's** questions differently. It could save time if you let the **insurer** know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

After your cover starts

If, after the cover starts, you think you may not have met your duty, please tell the **insurer** immediately and **we'll** let you know whether it has any impact on the cover.

Telephone contact

After you submit your application, the **insurer** may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the **insurer** before the contract of insurance is entered into also applies during any phone contact with the **insurer**.

If you need help

It's important that you understand this information and the questions the **insurer** asks. Ask the **insurer** for help if you have difficulty answering their questions or understanding the application process.

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

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

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

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

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

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

- Whether you took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific the **insurer's** questions were and how clear the information the **insurer** provided on the duty was
- What the **insurer** would have done if the duty had been met – for example, whether the insurer would have offered cover, and if so, on what terms.
- Whether the misrepresentation was fraudulent.
- In some cases, how long it has been since the cover started.

Before the **insurer** exercises any of these remedies, the **insurer** will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

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 the trustee does not tell the **insurer** anything the trustee is required to, and the **insurer** would not have provided the insurance or entered into the same contract with the trustee if the trustee had told the **insurer**, the **insurer** may avoid the contract within three years of entering into it.

If the **insurer** chooses not to avoid the contract, the **insurer** may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the insurance fees that would have been payable if the trustee had told the **insurer** everything it should have. However, if the contract provides cover on death, the **insurer** may only exercise this right within 3 years of entering into the contract.

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

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

Disclosure and representations by employers and members

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

What the employer needs to tell us

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

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

Defined terms

Defined term	Meaning
Accident	Means an external event which was unexpected and unintended causing death or injury. The following situations are not accidents , and any claims arising from these situations are excluded: <ul style="list-style-type: none"> • one of the contributing causes of death or injury was any of the following conditions: <ul style="list-style-type: none"> • illness • disease • allergy • any gradual onset of a physical or mental infirmity. • the injury or death, which was unintended and unexpected, was the result of an intentional act or omission, or • the insured member was injured or died as a result of an activity in respect of which they assumed the risk or courted disaster, irrespective of whether the insured member intended injury or death.
Account or AMP Super account	A record of your individual superannuation holding in your AMP Super plan .
Active employment	Means the insured member is gainfully working and, in the insurer's opinion, is: <ul style="list-style-type: none"> • actively performing all the duties of their occupation, free from any limitation due to illness or injury or on leave taken for reasons unrelated to injury or illness, and • is capable of actively performing all the duties of their occupation free from any limitation due to illness or injury on a full-time basis (even if not employed full-time).
Active service	Refers to an insured member's occupation as part of a military force (including without limitation the defence force, including the army, the navy, the air force or like). Reserve duty is excluded.
Activities of daily work	<ul style="list-style-type: none"> • Bending – the ability to bend, kneel or squat to pick something up from the floor and straighten up again. • Communicating – the ability to: <ul style="list-style-type: none"> • clearly hear with or without a hearing aid or alternative aid if required • comprehend and express oneself by spoken or written language with clarity, and • interact with others by listening, comprehending and speaking on a day-to-day basis and in a work environment. • Vision (reading) – the ability to read, with or without correction with suitable lenses, to the extent that an ophthalmologist can certify that: <ul style="list-style-type: none"> • visual acuity is equal to, or better than, 6/48 in both eyes, or • constriction is within or greater than 20 degrees of fixation in the eye with the better vision. • Walking – the ability to walk more than 200m on a level surface without stopping due to breathlessness, angina or severe pain elsewhere in the body. • Lifting – the ability to lift, carry or otherwise move objects weighing up to 5kg using one or both hands. • Manual dexterity – the ability, with reasonable precision and success, to: <ul style="list-style-type: none"> • use at least one hand, its thumb and fingers, including the ability to pick up and manipulate small objects, and • use a keyboard.
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	Means the insured member is: <ul style="list-style-type: none"> • Actively performing all the duties of their occupation free from any limitation due to illness or injury. • Working their usual hours free from any limitation due to illness or injury, and • Is not in receipt of and/or entitled to claim income support benefits from any source including workers' compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits). <p>An insured member who does not meet these requirements is correspondingly described as not at work.</p>

Defined term	Meaning
Australian resident	Means an Australian citizen, a New Zealand citizen or a permanent resident within the meaning of the <i>Migration Act 1958</i> (Cth).
Benefit period	Is the maximum period of time that a benefit will be paid for any one illness or injury while the insured member is totally disabled or partially disabled . Your AMP Super employer in agreement with the trustee may choose a maximum benefit period of two years or up to age 65.
Date of disablement	Means: For TPD: <ul style="list-style-type: none"> for Part 1c of the TPD definition, the first day after the expiry of the waiting period, for all other parts of the TPD definition, the first day that all of the elements of the definition are satisfied. For IP: <ul style="list-style-type: none"> in relation to disability, the first date, after ceasing working in their usual occupation, the insured member attends a medical consultation with a medical practitioner and is certified as having no capacity to perform one or more duties of their usual occupation necessary to produce salary.
DSM	Means: The latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA). If the Diagnostic and Statistical Manual of Mental Disorders is no longer used or published, the insurer will use another manual similar to it for the determination as determined by the Royal Australian and New Zealand College of Psychiatrists.
Eligible person	A person who meets the AMP Super plan's eligibility conditions set out in the welcome letter .
Employee	Employee of an AMP Super employer .
Employee member	An employee who has been nominated by an AMP Super employer for membership in its plan and has been admitted by the trustee to membership of the fund .
Employer	Includes both an AMP Super employer and a non- AMP Super employer .
Employer approved leave	Means a person is: <ul style="list-style-type: none"> a. employed or self-employed for reward or financial benefit, or the hope of reward or financial benefit, in any business, trade, profession, vocation, calling, occupation or employment, and b. on leave that has been approved by the person's employer prior to the commencement of that leave (except for approved sick leave or leave taken for reasons related to injury or illness).
Event date	Means: <ul style="list-style-type: none"> a. for Part 1c of the TPD definition, the first day of the waiting period during which the insured member, solely because of injury or illness, has not worked b. for Part 3 of the TPD definition, the first day that the insured member, solely because of injury or illness, is totally unable to perform at least three activities of daily work, and c. for Part 5 of the TPD definition, the first day of the 12-month period during which the insured member, solely because of a mental health condition, has not worked.
Full-time	Working at least 30 hours per week.
Fund or the fund	AMP Super Fund ABN 78 421 957 449, RSE Registration No. R1056433.
Gainfully working	Means a person is: <ul style="list-style-type: none"> a. employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment, or b. on employer approved leave.

Defined term	Meaning
Illicit drug use	Means: <ul style="list-style-type: none"> the use of an illegal drug, which is a drug that is prohibited from manufacture, sale or possession in Australia. For example, cannabis, cocaine, heroin and amphetamine-type stimulants the use, other than as prescribed by a medical practitioner, of a pharmaceutical, which is a drug that is available from a pharmacy, over the counter or by prescription. For example, opioid based pain relief medications, opioid substitution therapies, benzodiazepines, over-the-counter codeine and steroids the use, other than as prescribed by a medical practitioner, of any psychoactive substances which are legal or illegal. For example, kava, synthetic cannabis and other synthetic drugs, or inhalants such as petrol, paint or glue.
Insured member	Refers to a person who is covered by your policy and is either an employee or contractor of an employer or partner in a partnership where your policy is employer owned, or a member of a superannuation fund where your policy is owned by a trustee of a superannuation fund.
Insurer	Zurich Australia Limited ABN 92 000 010 195 (Zurich, the insurer) provides insurance cover for your AMP Super plan . Zurich is a company within the Zurich Insurance Group.
IP waiting period	Is the number of consecutive days for which an insured member must be totally disabled or partially disabled , as the case may be, before the total or partial disability benefit is payable.
Limited cover	Means cover other than cover for an illness or injury which directly or indirectly caused the transferring member to be not at work on the last normal business day immediately before the transfer date .
Medical practitioner	Means one of the following: <ul style="list-style-type: none"> a medical practitioner legally registered to practise in Australia, a medical practitioner legally registered to practise in another country who has equivalent qualification to a medical practitioner legally registered to practise in Australia.
Member	Includes both an employee member , retained member and a family member.
New events cover	Means: <p>Cover where the insured member will not be covered for any pre-existing condition. The insured member will only be covered for an illness which became apparent to the insured member, or any injury which occurred to the insured member, on or after the date that cover commenced, recommenced or increased (as applicable) under the policy.</p>
Normal business day	Means any day which is not a weekend or a public holiday on which an insured member's employer normally operates.
Other factors	In determining if the insured member satisfies TPD definitions Parts 1c, 2 and 3, the insurer may have regard to all relevant information available to the insurer . This includes, but is not limited to: <ol style="list-style-type: none"> information relevant to the insured member's future capability to return to work, the entirety of an insured member's previous gainful or non-gainful work, their past education, training or experience, and the insured member's transferrable skills, irrespective of the date that the work, skill, training, education and/or the experience was undertaken or obtained. <p>We will not take into account an insured member's previous status or level of seniority.</p>
Partially disabled (for Income Protection)	In the insurer's opinion based on medical or other evidence satisfactory to the insurer , solely as a result of illness or injury, the insured member is: <ul style="list-style-type: none"> capable of performing their usual occupation in a reduced capacity, and only has capacity to earn a monthly income that is less than their monthly salary, or incapable of performing one or more duties of their usual occupation necessary to produce salary, gainfully working and receiving monthly income that is less than their monthly salary, and following the advice of a medical practitioner in relation to their illness or injury for which they are claiming. <p>The insured member will be considered capable of performing their usual occupation in a reduced capacity even if such work is not made available to the insured member.</p>

Defined term	Meaning
Plan	<ul style="list-style-type: none"> As an AMP Super employer, this means the particular AMP Super employer's plan in the fund which comprises all the AMP Super accounts relating to all employee members and spouse members attached to that AMP Super employer and the plan account. If you are an employee member, this means your AMP Super employer's plan in the fund. If you are a family member, this means the employee member's (to whom you are related) AMP Super employer's plan in the fund.
Plan account	A record of money not allocated to accounts within a plan .
Pre-existing condition	Means an injury that first occurred, or an illness which first became apparent, to the insured member , or any directly or indirectly related condition, before the date cover in respect of that insured member commenced, recommenced or increased.
Reasonable retraining or rehabilitation	<p>Means:</p> <ul style="list-style-type: none"> a. any further education, training, experience or rehabilitation the insured member has undertaken since the event date, or b. any further education, training, experience or rehabilitation the insured member has capacity to undertake and can be reasonably expected to do based on their previous education, training or experience.
Rehabilitation program	<p>Means a program that is:</p> <ul style="list-style-type: none"> developed by an accredited and appropriately qualified health professional, likely to result in a return to remunerative work in your previous occupation not considered treatment that is eligible for a Medicare benefit or pharmaceutical benefit for any part of the service provided, and not considered part of treatment provided in, or associated with, a hospital. <p>The insurer cannot reimburse any expenses that the insurer is not permitted by law to reimburse, or are regulated by the <i>National Health Act 1953</i> (Cth) or the <i>Private Health Insurance Act 2007</i> (Cth). General medical consultations and medical therapy consultations, including physiotherapy, psychotherapy and hydrotherapy are excluded.</p>
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.
Salary	If applicable please refer to your welcome letter for the salary definition in your employer plan .
Specialist medical practitioner	<p>Means:</p> <p>A medical practitioner who is a specialist practising in the relevant medical field of the insured member's illness or injury.</p>
Terminal illness or medical condition	<p>Means an illness or injury where all of the following are satisfied in respect of an insured member:</p> <ul style="list-style-type: none"> two medical practitioners certify in writing (written certification) that the insured member suffers from an illness or has incurred an injury that, despite reasonable medical treatment, is likely to result in the insured member's death within 12 months from the date of written certification (certification period) the insurer is satisfied from medical or other evidence that the insured member will likely, despite reasonable medical treatment, die from the illness or injury within the certification period at least one of the medical practitioners is a specialist medical practitioner, and one which may be appointed by the insurer for each written certification, the certification period has not ended, and the written certification by both medical practitioners must be dated during the period the insured member is insured for Death Cover under the policy.

Defined term	Meaning
<p>Totally and permanently disabled (TPD)</p> <p>AFL Plan, Players category: Please refer to your welcome letter for your TPD definition.</p>	<p>You are Totally and Permanently Disabled if you meet any of the tests set out in the parts noted below.</p> <p>Part 1c – Any Occupation</p> <p>An insured member satisfies all of the following a, b, c and d:</p> <ul style="list-style-type: none"> a. is aged 64 years or less on the event date, b. is gainfully working in the 16 months immediately prior to: <ul style="list-style-type: none"> i. the event date, or ii. the date the period of employer approved leave begins if the event date occurs during the period of employer approved leave, c. is following the advice of a medical practitioner in relation to their illness or injury for which they are claiming. The insured member must be at a stage where, despite any further treatment, their injury or illness is not expected to improve or recover sufficiently to enable a return to gainful employment, and d. based on medical or other evidence satisfactory to the insurer and after taking into consideration other factors, solely because of injury or illness, the insured member: <ul style="list-style-type: none"> i. has not worked at any time during the waiting period, and ii. as at the date of disablement is unlikely ever to be able to work in any gainful employment for which they: <ul style="list-style-type: none"> a. are reasonably suited by education, training or experience, or b. may become reasonably suited due to reasonable retraining or rehabilitation. <p>Part 3 – Activities of daily work</p> <p>An insured member satisfies all of the following a, b and c:</p> <ul style="list-style-type: none"> a. solely because of injury or illness, the insured member is totally and irreversibly unable to perform at least three activities of daily work b. is following the advice of a medical practitioner in relation to their illness or injury for which they are claiming. The insured member must be at a stage where, despite any further treatment, their injury or illness is not expected to improve or recover sufficiently to enable a return to gainful employment, and c. based on medical or other evidence satisfactory to the insurer and after taking into consideration other factors, solely because of injury or illness, the insured member as at the date of disablement is incapable of ever working in any gainful employment for which they: <ul style="list-style-type: none"> i. are reasonably suited by education, training or experience, or ii. may become reasonably suited due to reasonable retraining or rehabilitation. <p>Part 5 – Mental health</p> <p>An insured member satisfies all of the following a, b, c, d and e:</p> <ul style="list-style-type: none"> a. the insured member's mental health condition has been diagnosed by a Psychiatrist using criteria outlined in the DSM (The Diagnostic and Statistical Manual of Mental Disorders) b. has not worked any time for 12 consecutive months (this 12 months does not apply where the insured member is suffering one or more of the specific medical conditions) from the event date due to the mental health condition c. has been under the regular ongoing and appropriate care of a Psychiatrist for at least 12 months (unless the insurer agrees a shorter period) who considers that the insured member has exhausted all reasonable and appropriate treatment options d. has been assessed by a Psychiatrist approved by the insurer under the Psychiatric Impairment Rating Scale as having an impairment of 19% or above, and e. based on medical or other evidence satisfactory to the insurer and after taking into consideration other factors solely because of the mental health condition, the insured member is incapable of ever working in any gainful employment for which they: <ul style="list-style-type: none"> i. are reasonably suited by education, training or experience, or ii. may become reasonably suited due to reasonable retraining or rehabilitation. <p>We may waive the waiting period and provide immediate assessment where an insured member is suffering specific medical conditions and all claim requirements have been received by us.</p>

Defined term	Meaning
<p>Totally and permanently disabled (TPD)</p> <p>AFL Plan, Players category: Please refer to your welcome letter for your TPD definition.</p> <p>continued</p>	<p>Specific medical conditions means any of the following conditions:</p> <ol style="list-style-type: none"> 1. Cardiomyopathy (permanent and irreversible) means impaired ventricular function resulting in significant impairment. The degree of permanent and irreversible impairment must be at least Class 3 of the New York Heart Association classification of cardiac impairment. 2. Cognitive loss (permanent) means a total and permanent deterioration or loss of intellectual capacity due to the loss of or damage to neurons in the brain (or through acquired brain injuries or progressive neurodegenerative disease) that has required the insured member to be under continuous care and supervision by another adult person for at least six consecutive months; that has been clinically observed and evidenced by accepted standardised testing, and that at the end of the six-month period they are likely to require ongoing continuous care and assistance by another adult person to perform any of the activities of daily living in addition to a score of 15 or less out of 30 in a Mini Mental State Examination or equivalent evidence from an alternative neuro-psychometric test. 3. Dementia including Alzheimer's disease (diagnosed) means both of the following: <ul style="list-style-type: none"> • unequivocal diagnosis of permanent and irreversible dementia or Alzheimer's disease confirmed by a consultant neurologist or geriatrician, • the insured member requires continual supervisory care as the result of cognitive impairment. The impairment must be evidenced by a Mini Mental State Examination score of 24 or less out of 30 or the results of another equivalent neuro-psychometric test. 4. Head trauma (permanent and irreversible) means cerebral injury resulting in permanent neurological deficit, as confirmed by a medical practitioner who is a consultant neurologist and/or an occupational physician, causing either: <ol style="list-style-type: none"> a. a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 5th edition, or an equivalent guide to impairment approved by us, or b. a total and irreversible inability to perform at least one activity of daily living without the assistance of another adult person. 5. Loss or paralysis of limb (permanent) means the total and permanent loss of use of a whole hand or a whole foot as a result of illness or injury, or the total and permanent loss of the use of one arm or one leg as a result of paralysis. 6. Motor neurone disease (diagnosed) means the unequivocal diagnosis of a progressive form of debilitating motor neurone disease, as confirmed by a medical practitioner who is a consultant neurologist. 7. Multiple sclerosis (with impairment level) means a disease characterised by demyelination in the brain and spinal cord. Multiple Sclerosis must be unequivocally diagnosed. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities. Diagnosis must be confirmed by neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses. Multiple sclerosis must be certified by a appropriate specialist medical practitioner. 8. Muscular dystrophy (with impairment level) means the unequivocal diagnosis of muscular dystrophy supported by both of the following: <ul style="list-style-type: none"> • evidence of permanent neurological deficit confirmed by a specialist physician as a definite result of the diagnosis of muscular dystrophy, and • a permanent and irreversible inability to perform at least one of the activities of daily living. 9. Parkinson's disease (diagnosed) means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease as characterised by the clinical manifestation of one or more of: <ul style="list-style-type: none"> • rigidity • tremor, and or • akinesia from degeneration of the nigrostriatal system. <p>All other types of parkinsonism, including secondary parkinsonism due to medication, are excluded.</p> 10. Primary pulmonary hypertension (Idiopathic pulmonary arterial hypertension with permanent impairment) means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation and resulting in significant physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment. If the above test results are inconclusive, not undertaken or the tests are superseded due to technical advances, we will consider other appropriate and medically recognised tests that unequivocally diagnose Idiopathic pulmonary arterial hypertension of the same degree of severity, or greater, as outlined above.

Defined term	Meaning
Totally and permanently disabled (TPD) AFL Plan, Players category: Please refer to your welcome letter for your TPD definition. continued	11. Specific Loss – Loss of either sight, hearing or speech Loss of sight means permanent and irrecoverable loss of sight due to injury or illness, to the extent that one of the following applies: <ul style="list-style-type: none"> • even when aided, eyesight is reduced in both eyes to 6/60 or worse of central visual acuity on the Snellen test chart, or • the degree of vision is less than or equal to 20 degrees of arc. Loss of speech means the total loss of natural and assisted speech due to illness or injury. Loss of speech must have existed continuously for a period of at least three months and be permanent and irreversible. Loss of speech doesn't include loss of speech related to any psychological cause. Hearing loss (permanent in both ears) means, due to illness or injury, the total and permanent loss of hearing in both ears to the extent that the loss is greater than 90 decibels across all frequencies. Deafness (permanent in both ears) does not cover the situation where an insured member can hear, either partially or fully, with the assistance of an aid (apart from a Cochlear implant).
Totally disabled (for Income Protection)	Solely as a result of illness or injury, the insured member is: <ul style="list-style-type: none"> • medically certified as being incapable of performing one or more duties of their usual occupation necessary to produce salary • not engaged in any occupation, and • following the advice of a medical practitioner in relation to their illness or injury for which they are claiming. The insured member won't be considered unable to perform a duty of their usual occupation if the insured member refuses to accept: <ul style="list-style-type: none"> • any reasonable omission, modification or substitution of that duty, or the use of any appropriate assistive aids that would enable the insured member to perform that duty.
TPD waiting period	Your TPD waiting period is three months.
Transfer date	Means the date your policy commenced with the insurer .
Uncomplicated pregnancy or childbirth	Means: <ul style="list-style-type: none"> • Pregnancy, childbirth or termination which doesn't result in any serious medical complication. Included are participation in an IVF or similar program, normal discomforts such as morning sickness, backache, ankle swelling or bladder problems, giving birth, miscarriage, or a termination. • Uncomplicated pregnancy also includes conditions which first appear during pregnancy and are recognised as pregnancy-related, temporary conditions. These include carpal tunnel syndrome, varicose veins and high blood pressure.
War service	War service includes, but is not limited to, participation in an action to defend a country or region from civil disturbance or insurrection, or in an effort to maintain peace in a country or region.
We, us, our, NM Super or Trustee	N.M. Superannuation Proprietary Limited, ABN 31 008 428 322, AFSL No. 234654.
Welcome letter	Means the communication the trustee sends to you when you join AMP Super .
You or your	<ul style="list-style-type: none"> • If you're an employee member or family member, this means you as a member of the fund. • As an employer, this means a member.

Contact us

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