

AMP Super Insurance Guide

Signature Protection - AIA

Issued 2 April 2025 by N.M. Superannuation Proprietary Limited,
the Trustee of the AMP Super Fund.

AMP Super refers to SignatureSuper®.

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ABN 49 079 354 519.



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Acknowledgement of Country

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

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

AMP Super refers to SignatureSuper®.

The information in this document forms part of the **AMP Super** product disclosure statement (PDS) dated 30 September 2024. 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.

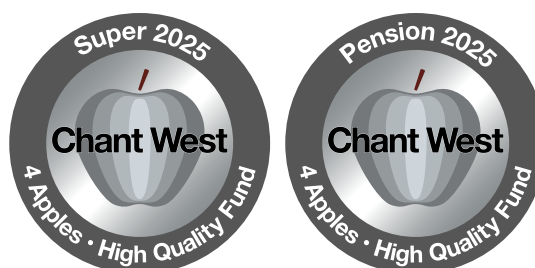
Awarded for putting you first

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

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

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

What happens if my salary changes? 11

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

Can my family members take out cover? 12

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

What does Death insurance cover? 13

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

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

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

What does Income Protection (IP) insurance cover? 16

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

Am I covered during approved unpaid leave? 21

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

Am I covered while working overseas? 21

This depends on your **plan**, see your **welcome letter**.

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? 23

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

Can I change default cover? 24

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

Can I reinstate my cover? 24

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

How can I cancel cover? 25

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

How do I claim? 26

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

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

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

What's an insurance service expense? 29

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

Will my insurance fees change? 29

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

Your AMP Super insurance




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


Types of insurance available

The type and amount of insurance we provide will depend on factors such as your membership category and employment status. **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 totally and permanently disabled and won’t 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. • 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 or fixed term contractors working at least 15 hours per week only:		
Income Protection cover	75% of salary.	Sum insured is a monthly payment (for the agreed benefit period) of: $(75\% \times \$100,000) \div 12 = \$6,250$ This payment may be offset by other income you receive at the same time you are receiving benefit payments. See your welcome letter for details.
	Your employer may also choose to include the Superannuation Contribution Benefit.	
	Up to 15% of salary.	Employer selects 12%. The sum insured calculated above will be increased by: $(12\% \times \$100,000) \div 12 = \$1,000$ The total cover for Income Protection will be: $\$6,250 + \$1,000 = \$7,250$

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

When you'll get cover

You get cover if you are at least 25 years old, 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 all other eligibility requirements and there are enough funds in your **account** to pay your insurance fees.

Your cover will start automatically if an SG contribution has been received within 120 days prior to becoming eligible, otherwise the date an SG contribution is received after you become eligible. See the **Eligibility for cover** section for more information.

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 **AIA Australia Limited** ABN 79 004 837 861 AFSL No. 230043 (the **insurer**).

Insurer consent

AIA Australia Limited:

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

Policy documents

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

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

Eligibility for cover

Who is eligible for cover

Generally you are eligible for automatic cover as an **employee member** if you meet each of the following criteria:

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

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

Income Protection (IP) cover is only available to **employee members** working on average 15 hours a week for the **AMP Super employer** as a **permanent employee**, and where agreed to, a **contractor** or **casual employee**. This is not available to **family members**.

When insurance is automatically applied⁽ⁱ⁾⁽ⁱⁱ⁾



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.

New events cover will apply until you are **at work** for 30 consecutive days.



We can't automatically give you insurance

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



If 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 set out in the **Eligibility for cover** section and if you haven't previously told us you don't want insurance.

(ii) If an SG contribution has been received within 120 days of becoming eligible, otherwise the date an SG contribution is received after you become eligible.



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**, **new events cover** applies for 24 months and until you meet the **at work** requirements. 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 does increase when it is recalculated because of a salary increase and still remains below your plan's AAL, no underwriting will be required. However, if you apply for additional cover through underwriting (even where it is below the AAL), or if your cover exceeds the AAL as a result of salary or other insurance formula changes, then you will need to be underwritten by providing information about your health and lifestyle to get cover above the AAL.

Commencing cover – Automatic Acceptance Limit (AAL)

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

- you are between the ages of 15 and 64 at date of entry (unless otherwise agreed)
- the AAL shown in the **welcome letter** is for an amount other than nil
- at least 75% of eligible **employee members** are insured under the policy
- your default insurance cover is calculated in accordance with the **plan** rules and the policy
- this is the default super fund in relation to your **AMP Super employer**, and
- the eligibility criteria ensures there is no ability for a person to choose to have a type of cover which is not consistent with the benefit design.

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

Cover will automatically change in line with the formula for your category of membership. Any automatic increases will occur up to the AAL after which underwriting will be required. For plans with less than 50 lives, any increases will be limited to a maximum of 30% in total within a given 12 month period.

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 and lifestyle. The **insurer** will consider your medical history, your likely future good health, your occupation, lifestyle and family history before deciding whether to accept your application.

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

How you can take out additional cover

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

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

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

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

How do you apply for additional cover?

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

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

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

When will your additional cover commence?

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

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

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

What if an AAL doesn't apply?

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

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

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

The underwriting process



Personal statement

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



Assessment

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



Further information

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



Decision

The **insurer** will either:

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

We'll communicate the decision to you.

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

How family cover works

If offered, **family members** can apply for insurance cover in an **AMP Super plan** (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 Insurance?

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

Maximum amount of Death cover

There is generally no set maximum for Death cover (including Terminal Illness), but applications are subject to the **insurer's** approval before cover can commence. The maximum amount of Death cover applicable to you is set out in your **welcome letter**.

What happens if you die?

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

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

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

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

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

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

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



Who gets my super if I die?

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

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

Or you can make a nomination in [My AMP](#).

If you don't make a nomination or you cancel your existing nomination and don't make a new one, **we** must pay your death benefit to your estate.



Differences between the insurance policy and super law

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

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



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

What is excluded in your Death cover?

Unfortunately, Death cover can't be paid in the following circumstances if your death is a result of:

- war
- active service in the armed forces of any country, territory, foreign or international organisation. For the Australian Army Reserve, this exclusion only applies where you are called up for active service
- engagement in (including planning or preparing for) any terrorism act in Australia or any foreign country (if applicable)
- in the case of voluntary cover, increase or reinstatement of cover, death by suicide within 13 months of starting or reinstating that cover, or
- any other exclusions imposed by the **insurer** on you.



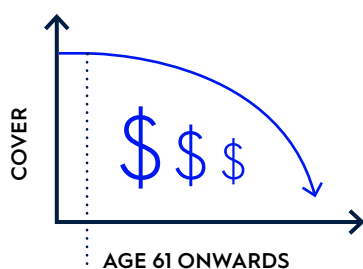
TOTAL AND PERMANENT DISABLEMENT (TPD) COVER

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

Maximum amount of TPD cover

TPD cover is limited to the lesser of your level of Death cover and the maximum cover limit. The maximum cover limit applicable to you is set out in your **welcome letter**.

Your TPD cover will automatically decrease as you get older



Employee members

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

If your TPD cover is defined as a fixed dollar amount or a fixed multiple of salary (and unless otherwise agreed with your **employer**), the TPD sum insured will automatically decrease by 10% each year from when you are 61.

This also applies to voluntary cover.

Family members

The TPD cover amount will automatically reduce from age 61 to be nil at the **cover expiry age**.

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

Other important information about TPD Cover

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

TPD cover generally has a three-month waiting period, that is, three consecutive months following the date you became disabled.

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

What is excluded in your TPD cover?

Unfortunately, TPD cover can't be paid in the following circumstances if your TPD is a result of:

- war
- active service in the armed forces of any country, territory, foreign or international organisation. For the Australian Army Reserve, this exclusion only applies where you are called up for active service
- engagement in (including planning or preparing for) any terrorism act in Australia or any foreign country (if applicable)
- in the case of voluntary cover, increase or reinstatement of cover, any deliberate self-inflicted injury/sickness or attempted suicide or self-destruction while either sane or insane within 13 months of starting or reinstating that cover, or
- any other exclusions imposed by the **insurer** on you.

What happens if you become Totally and Permanently Disabled?

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

How will your TPD claim be paid?

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

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

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

Key information about TPD claims

If an insured TPD benefit is payable, please note:

- your Death cover will be reduced by the amount of the TPD benefit paid, and
- the reduced Death cover (if any) will be frozen and subsequently payable upon your death prior to the **cover expiry age** and subject to payment of insurance fees.

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



INCOME PROTECTION (IP) COVER

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

What is IP insurance cover?

IP cover is an income replacement amount paid to you monthly if you meet the definition of **total disability** or **partial disability** while insured for Income Protection with your **AMP Super employer plan**. The definition of **total disability** varies depending on the number of hours you work per 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 consult a **medical practitioner** within seven days of stopping work due to the injury or sickness, the **waiting period** will commence from the date you ceased work.

Benefit payment period

Your **benefit period** – the timeframe you'll receive IP payments for – has been selected by your **employer**. You can find your **benefit period** and all the relevant information in your **welcome letter**.

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

If you are a contractor employed on a minimum contract period of 12 months or less, or are a casual and are covered under the **plan**, the **benefit period** will be limited to two years and your **pre-disability income** from the **employer** will be measured over the three months immediately prior to the date of disability.

Benefits are paid until the end of the benefit payment period, or the date you're no longer eligible for a payment (for example you return to work), whichever comes first.

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

What will the insurer pay?

We use the salary advised by your employer at the annual review immediately prior to the date you ceased work to calculate your insured level of income.

IP cover provides a percentage of your **pre-disability income** up to a maximum of 75% for the applicable benefit payment period should you become unable to work

because of illness or injury. The monthly amount we pay will not exceed the amount the **insurer** have agreed to insure you for.

Where applicable, it will be limited to the AAL, accepted level of cover or **forward underwriting limit**, less any benefit offsets.

The **insurer** will pay a **total or partial disability** benefit from the end of the **waiting period** until the earliest of the following events:

- the date you reach the **cover expiry age**
- the date you die
- the expiry of the **benefit period**, or two years if you are a casual or contractor with a minimum contract period of 12 months or less
- the date you no longer satisfy the **total disability** or **partial disability** definitions
- the date you, if not an **Australian Resident**, are no longer permanently in Australia, or not eligible to work in Australia, and
- the date you have permanently departed Australia.

Partial disability

The **insurer** may pay you a portion of your monthly benefit where you have met the conditions of **partial disability**. This includes the condition that you are first totally disabled for at least 7 out of 12 consecutive days during the **waiting period**.

The amount is calculated in accordance with the following formula:

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

Where:

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

B = The income earned from your usual or alternative occupation during the period of **partial disability**. If you take annual leave or long service leave during the period of **partial disability**, this will include the income you would have earned had you not taken such leave.

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

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

Maximum amount of IP cover

How we work out your IP amounts

We use your income to work out your benefit amount.

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

How much your IP amounts can be

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

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

The maximum insured amount including any SCB can be:

- \$30,000 per month.

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

Benefit offsets – if you receive income from other sources

Please refer to your **welcome letter** for information on benefit offsets.



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 **partial disability** if you've had a period of **total disability** and were receiving IP before becoming **partially disabled**.
2. Your **waiting period** has expired. Generally, the **waiting period** starts when you first become unable to work due to illness or injury.

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



Factors that stop payment

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

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

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 12 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 12 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.

Concurrent disability

Where you are **totally disabled** because of more than one injury or sickness, or from both, whether related or not, only one monthly benefit will be payable for any one period of disablement.

Return to work during the waiting period

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

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

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

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

Superannuation contribution benefit

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

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

How does it work?

- Your **employer** chooses the amount of cover, which will be up to 15% of your salary – if applicable, you'll find this in your **welcome letter**.
- The total insured IP cover, including the superannuation contribution benefit, cannot exceed the maximum IP cover.
- Contribution tax will not apply (which usually applies to super contributions made by your **employer**).

Waiver of insurance fee

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

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

Exclusions for Income Protection cover

Please refer to your **welcome letter** for information on exclusions for Income Protection cover.

Death while on claim

If you die while in receipt of an IP benefit, the **insurer** will pay a lump sum amount equal to three times your monthly benefit applicable at the date of death.

The monthly benefit used to calculate this benefit will be limited to a maximum of \$30,000 per month or \$10,000 per month on or after your 65th birthday.

Rehabilitation expenses

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

Workplace modification expenses

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

INTERIM ACCIDENT COVER

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

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

When does cover start?

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

When does cover stop?

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

- the **insurer** either accepts or rejects your application for cover or increase in cover, as the case may be
- you either cancel or withdraw your application
- the number of days set out in the **welcome letter** after the start of the Interim Accident cover period, or
- the type of cover being applied for would have otherwise ceased under the policy.

When will an Interim Accident benefit be paid?

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

Are there any exclusions?

Unfortunately, the benefit will not be payable if, during the Interim Accident cover period, death or disability is caused directly or indirectly by:

- engaging in any sport or pastime that the **insurer** would not normally cover at standard rates or terms, and
- other exclusions under the policy.

How much Interim Accident cover will the insurer pay?

The maximum amount payable will be the lesser of:

- the amount of cover applied for, or
- a limit of:
 - \$2,000,000 for Death and \$1,500,000 for TPD cover, or
 - \$15,000 per month for Income Protection cover.

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



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 **new events cover**.

Full TPD or IP cover in the plan will commence once you are **at work** actively performing all the duties and work hours of your usual occupation with your **AMP Super employer** on or after the date your **AMP Super plan** commenced.

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**.

Insurance whilst working or travelling overseas

Please refer to your **welcome letter** for information on insurance whilst working or travelling overseas.

Leave without pay

Where your **AMP Super employer** approves a bona fide period of leave without pay including maternity or paternity leave, and there is a documented return to work date prior to leave without pay commencing, your cover will continue for a maximum 24 months provided insurance fees continue to be paid.

If you don't return to work by the expected return to work date, your insurance cover will automatically cease 30 days after the expected return to work date, and any subsequent reinstatement will require the provision of **evidence of insurability**. The **insurer** will determine the level of underwriting required based on individual circumstances. If you return to work within the 30 day period, cover will continue automatically subject to the continued payment of insurance fees.

You may apply to the **insurer** to extend cover beyond 24 months and cover may be granted at the discretion of the **insurer**.

For members that either die or suffer a disability during a period of leave without pay, your Income Protection cover will be based on the level of **pre-disability income** at the date immediately prior to the commencement of leave and your Death and TPD cover will be based on the level of cover immediately prior to the commencement of leave without pay. If applicable, the **waiting period** will commence from the documented return to work date, subject to you continuing to meet the applicable definition of TPD, **total or partial disability** (as applicable) at the return to work date.

The TPD or **total disability** definition used to assess your claim will be that which would have applied to you on the date immediately prior to the commencement of leave without pay.

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.

<p>If your retained plan is insured by AIA</p>	<p>Details on what happens to your insurance cover for your category of membership are in your welcome letter.</p>
<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). <p>In your retained plan, the Superannuation Contribution Benefit percentage is 11.5%</p> <p>Example of default cover SCB differing in the employer plan vs the retained plan:</p> <p>John's employer plan has 10% SCB. His salary is \$120,000 pa, which means his default IP cover is \$7,500 per month (75% of his monthly salary) plus \$1,000 SCB (10% of his monthly salary). When John leaves his employer and is moved to the standard retained plan, his salary transfers as is, but his SCB is now 11.5%. So, his new default IP cover amount becomes \$7,500 plus \$1,150 SCB.</p> <p>Please note: This is an example only. The actual amount of cover you are provided will be detailed in your welcome letter (employer plan and retained plan).</p> <p>Alternatively, if your IP cover was underwritten, then you will:</p> <ul style="list-style-type: none"> • have a fixed sum insured amount based on the amount applicable as at the date you move into your retained plan, • keep your existing waiting period and benefit period, and • keep your superannuation contribution benefit amount (if this applies to you). <p>Any existing conditions, loadings, exclusions or restrictions that applied to cover whilst in your employer plan, will continue to apply in the retained plan.</p> <p>Cover will be limited cover¹ until you are at work² for a 30 consecutive day period ending on or after the date that your cover commences in the retained plan.</p> <p>We will write to you at the time to confirm the details of your membership and to provide you with details of any differences between your employer plan and your retained plan.</p>

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If your employer paid for your cover and you haven't turned 25 and/or your super balance hasn't reached \$6,000. We're required to cancel your insurance from the date we're notified by your employer unless you tell us you'd like to keep it. If you decide to keep your insurance, the insurance fees (including any outstanding insurance fees) will be paid via your super account).

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

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

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

If your insurance continues with AIA	Details on what happens to your insurance cover for your category of membership are in your welcome letter.
If your insurance stops with AIA (For more information please see the AMP Super TAL Corporate Insurance Guide)	<p>The insurance applied will depend on your plan's design. In most cases, you will automatically receive:</p> <ul style="list-style-type: none">• 5 units of Lifestages cover for Death (if you are not yet age 70)• if your plan has TPD cover, 5 units of Lifestages cover for TPD (if you are not yet age 65). <p>Limited cover¹ will apply until you've been at work² for 30 consecutive days ending on or after the date that your cover commences in the retained plan.</p>

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 as an **employee member** stops in the plan on the earliest of the following:

- You reach the **cover expiry age** as set out in the insurance policy.
- For Death and TPD cover, a Death, Terminal Illness or TPD benefit is paid to you.³
- You die.
- The insurance policy is terminated by the **insurer**.
- You no longer meet the conditions for continuation of cover during leave without pay or continuation of cover during overseas cover.
- For **Australian Residents**, the date they are no longer permanently in Australia or not eligible to work in Australia.
- You permanently depart Australia.
- You 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 (i.e. your account balance is always nil and your employer is paying your insurance fees). If your **employer** stops paying your insurance cover and you want to keep it, you'll need to make contributions for the insurance fees. **We'll** let **you** know when paying the insurance fees becomes your responsibility.
- If no contributions or rollovers have been received into your **account** for a period of 16 months, **we** are required to cancel your insurance, unless you have told **us** in writing that you want to keep your insurance. You can make an insurance election online at amp.com.au/insurancecancellation.

- If you had insurance because your **employer** funded the full cost of insurance and notified **us** of this, but then the **employer** ceases to fully fund your insurance – if you don't meet Super law eligibility (eg you are under age 25, or have a balance below \$6,000 and you have not elected to keep your insurance) – **we** are required to cancel your insurance. You can make an election online at amp.com.au/whyinsurance.
- If your **AMP Super employer** was paying your insurance fees by making additional contributions, they will stop paying effective the date you leave employment. If you are eligible for insurance (eg you've reached \$6,000 in your **account** and are at least 25 years of age), insurance fees charged from the date you ceased employment to the date **we're** notified that you've left your **employer** will be deducted from your **account**. If you have insufficient funds to pay these insurance fees, your cover will be cancelled effective from the date that insurance fees are unpaid.
- If you had insurance because your **employer** funded the full cost of insurance and notified **us** of this, and you then left your **employer** – if you don't meet Super law eligibility (eg you're under age 25, or have a balance below \$6,000 and haven't chosen to keep your insurance), then **we're** required to cancel your insurance from the date **we're** notified by your employer. You can choose to keep your cover at amp.com.au/whyinsurance,

whichever occurs first.

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

- the claim was caused by a medical condition, injury or illness which you were first diagnosed with, which first happened or you first suffered from, or first had symptoms of, or was first treated for, after the date you first became covered for the relevant component of cover, and
- the 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:

- a. either:
 - i. performing all the duties of your normal occupation without restriction due to injury or illness or would have been capable of doing so, had the relevant day not been a public holiday or weekend day, or
 - ii. on employer approved leave (except leave caused by any injury or illness or was absent for reasons other than injury or illness) and you would be capable of attending work and performing all your duties of your normal occupation without restriction, and
- b. in the insurer's opinion, not restricted by injury or illness from being capable of performing your normal occupation on a full-time basis, for at least 30 hours per week even though actual employment may be on a full-time, part-time, casual or contract basis, and
- c. not receiving or claiming and/or entitled to claim income support benefits from any source, including but not limited to, workers' compensation benefits, statutory transport accident benefits and disability income benefits.

3 Where Death cover is held with TPD cover, payment of the TPD benefit will reduce your Death cover by the amount of the TPD payment. The reduced Death cover (if any) will be frozen and subsequently payable upon your death or Terminal Illness prior to the cover expiry age and subject to the continued payment of insurance fees for your reduced Death cover.



Managing your cover

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

Can you change my cover?

Yes, you can increase, reduce or cancel your cover. Just bear in mind TPD cover cannot be greater than your Death cover and you can't have TPD only cover. If you need to change your cover please contact **us**.

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

Reinstating cover cancelled due to inactivity

If your insurance is cancelled as a result of inactivity, no contributions or rollovers being received into your **account** for a continuous period of 16 months, you can generally reinstate your cover without the need for further underwriting if you apply within 60 days of cover being cancelled. Your cover will not resume until **we** confirm acceptance in writing. Contact **us** for further information.

Additional cover

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

Life stages flexibility

Please refer to your **welcome letter** for information on life stages flexibility.

When will my insurance fees be deducted from my account?

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

What is Protecting Your Super (PYS)?

PYS is super legislation that is designed to make sure super fund members are not paying for insurance cover they don't know about, or don't need. PYS means that **we** cancel your insurance if you haven't had a contribution or rollover put into your **account** within the last 16 months, unless you've elected to keep your cover.

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

What does my insurance look like on my statement?

Your insurance

Your total benefit at 1 October 2023 is:

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

This amount includes:

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

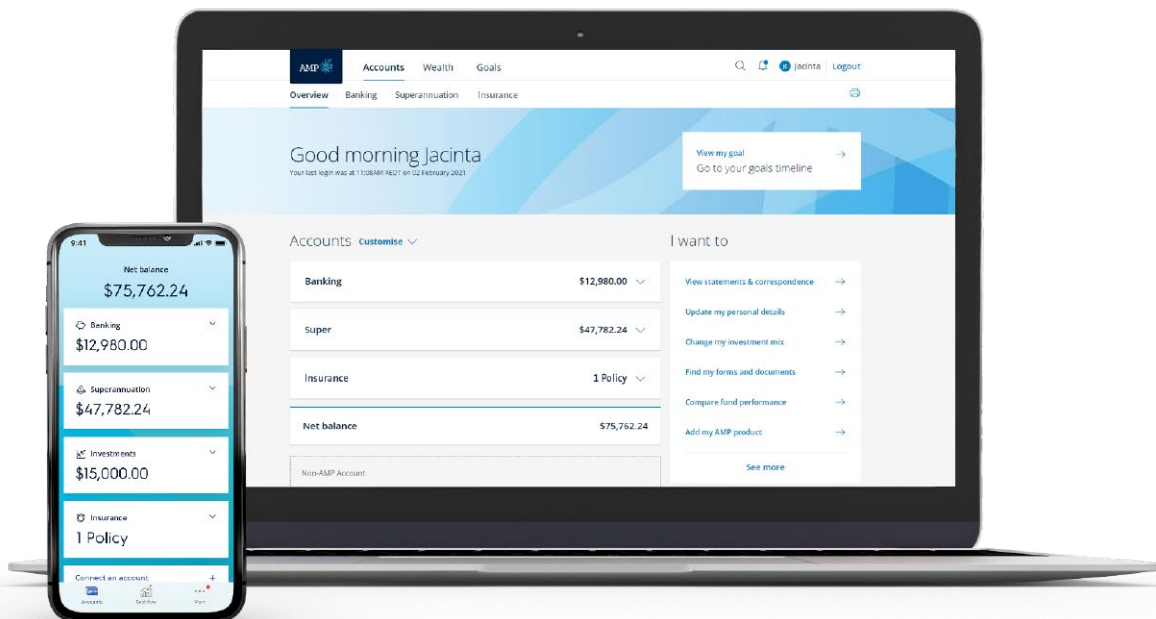
Insurance cover and charges

As at 1 October 2023

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

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

What does my insurance look like on My AMP?



If you don't want cover

You can cancel your cover at any time online by logging into [My AMP](#), or by contacting **us**. If you cancel your cover:

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

- your ability to restart your cover may be subject to health assessment and acceptance by the **insurer**, and you may not be able to get cover.

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

How to make a claim

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

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

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

The claims process



We'll send a claim pack

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



Your AMP claim administrator will be in touch

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



The insurer will assess your claim

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

The **insurer** maintains the right to:

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

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



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

If your claim is:

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



Develop a recovery plan (for IP cover only)

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

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

Your feedback is welcome

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

Making a complaint

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

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

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

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

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

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

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

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

Australian Financial Complaints Authority

Postal address: GPO Box 3, Melbourne VIC 3001

Australia phone: 1800 931 678

Email: info@afca.org.au

Website: afca.org.au

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

Getting help to make a complaint

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

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

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



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



How much does insurance cover cost?

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

Lower cost premiums

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

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

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

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

How are your insurance fees paid?

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

Insurance fees are then paid in advance and are deducted from your super **account** at the start of every month (unless your **AMP Super employer** has agreed to pay your insurance fees).

We will deduct your insurance fees in the following order:

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

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

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

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

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

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



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

Will your insurance fees change?

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

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

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

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

If there is an invasion or war in which Australia, New Zealand or your country of residence is involved, the **insurer** may change the premium rates. If your **AMP Super employer** engages in business activity (such as mergers or acquisitions) that results in unusual changes in the number of members insured in the **plan**, the **insurer** may change the premiums rates. **We** will tell you if this happens. Unless the increased insurance fee is paid, the **insurer** may not pay any claims that are directly or indirectly caused by the war or invasion.

Insurance fees quote

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

Government duties

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

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

Any additional stamp duty on insurance premiums will be:

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

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

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

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

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

Insurance service expense

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

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

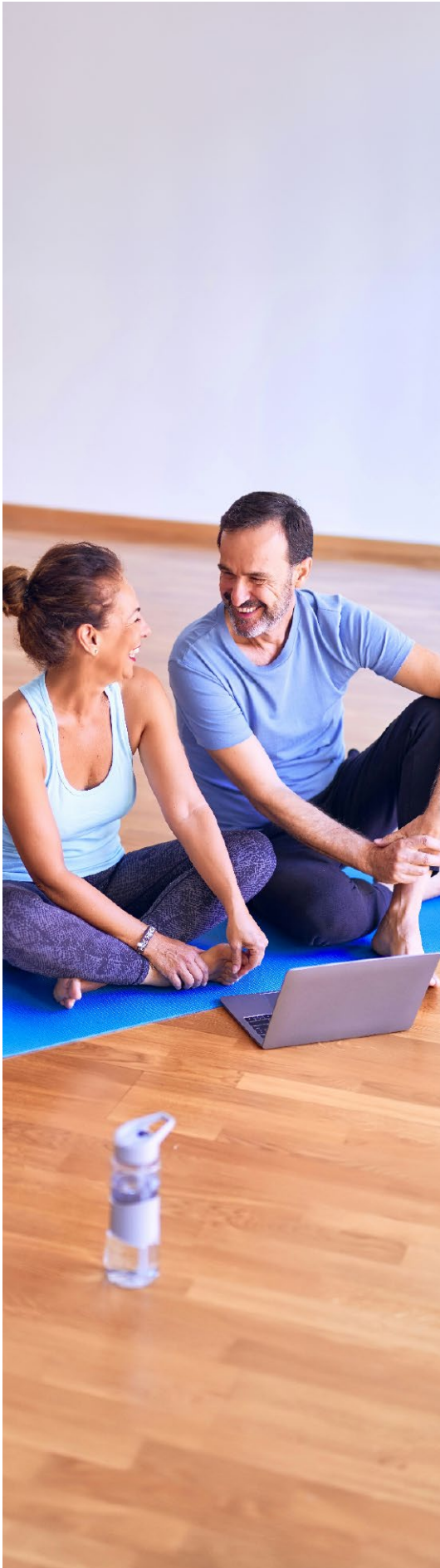
How premiums are calculated for Employee members

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

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

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

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



Other things you need to know

Insurance Contracts Act

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

The duty to take reasonable care

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the **insurer** before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which doesn't fairly reflect the truth.

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

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

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

If you don't meet your duty

If you don't meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to the **insurer**. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put the **insurer** in the position they would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. 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.

Before the **insurer** exercises any of these remedies, they will explain their reasons and what you can do if you disagree.

Guidance for answering our questions

You're responsible for the information provided to **us** and the **insurer**. When answering the **insurer's** questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask **us** or the **insurer** before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

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

If you need help

It's important that you understand this information and the questions the **insurer** asks. Ask **us**, the **insurer** or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering **our** questions.

If you're having difficulty due to a disability, understanding English or for any other reason, **we're** here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

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

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.

Privacy

Your privacy is also important to the **insurer**. Personal and sensitive information provided will be handled in the manner described in the **insurer's** Privacy Policy as updated from time to time, accessible by visiting the **insurer's** website at aia.com.au, or by contacting the **insurer** on 1800 333 613 to request a copy.

The **insurer** handles and collects personal and sensitive information for purposes which include the administration of your policy or claim, the provision of products and services, their business operations and other purposes set out in their Privacy Policy.

By providing information to **us**, the **insurer** or your adviser (and the licensed dealer or broker they represent), or any other representative or intermediary, or by continuing your relationship and otherwise interacting with the **insurer**, you confirm that you have been notified of the matters and consent to the collection, use, disclosure and handling of personal and sensitive information as described in the **insurer's** Privacy Policy as updated from time to time on the **insurer's** website.

Where you provide the **insurer** with personal and sensitive information about someone else, you must have that person's consent to provide their information to the **insurer** in the manner described in the **insurer's** Privacy Policy.

Defined terms

Defined term	Meaning
Accident or accidental injury	The definition(s) applicable to your category of membership are set out in your welcome letter .
Account or AMP Super account	A record of your individual superannuation holding in your AMP Super plan .
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	<p>The person is:</p> <ul style="list-style-type: none"> engaged in his or her normal duties, without limitation or restriction due to injury or sickness, and is working normal hours on the day cover is to commence not restricted by sickness or injury from being capable of performing their full and normal duties on a full time basis (for at least 30 hours per week) even though actual employment can be on a full-time, part-time, contract or casual basis, and not in receipt of and/or entitled to claim income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits. <p>The person will be considered to be at work if on the applicable date, as the context requires, the person is on employer approved leave for reasons other than injury or sickness, and not taking into account the leave, is able to meet the at work definition.</p> <p>A person who does not meet these requirements is considered to be not at work.</p>
Australian resident	<p>A person:</p> <ul style="list-style-type: none"> who resides in Australia and is either an Australian citizen or a holder of an Australian Permanent Resident visa, or who is a New Zealand citizen and is the holder of a Special Category Visa (SCV) while residing in Australia indefinitely.
Automatic Acceptance Limit (AAL)	The amount of cover that applies to you without having to provide evidence of insurability . The AAL includes new events cover which applies when you are not at work when first eligible to join the policy. The AAL is as set out in your welcome letter .
Benefit period	Maximum period as set out in the welcome letter for which the monthly benefit will be paid in respect of an insured member for any one period of Disability.
Casual employee	A person who is not a permanent employee and is employed with an employer on a casual basis and whose employer is making superannuation guarantee contributions in respect of the casual employee .
Contractor employee	<p>A person who is employed under a written contract for at least six months and who is:</p> <ul style="list-style-type: none"> required to perform identifiable duties for a regular number of hours each week provided with annual leave and sick leave entitlements, and receiving superannuation guarantee contributions.
Cover expiry age	The age at which cover ceases.
Employee	Employee of an AMP Super employer .
Employee member	An employee who has been nominated by an AMP Super employer for membership and has been admitted by the trustee to membership of the fund .
Employer	Includes both an AMP Super employer and an other employer .
Evidence of insurability	Such evidence of health and such other particulars of a person as the insurer may require and which is supplied or caused to be supplied in respect of that person to enable the insurer to determine whether the person is to be accepted for insurance and the terms of such acceptance.
Family member insurance	Insurance cover provided to a family member who has applied and been accepted by the insurer for either Death Only insurance cover or Death and TPD insurance cover.

Defined term	Meaning
Family member	A person who is at least 13 years of age and who has an existing family relationship with an employee member or former employee member .
Family relationship	A person is in a family relationship with an employee member if that person is: <ul style="list-style-type: none"> • The employee member's spouse (including a de facto spouse), child, parent, sibling, grandparent, stepchild, father/mother-in-law, brother/sister-in-law, son/daughter-in-law. • A person in an interdependency relationship with the employee member. Eligibility for family membership is subject to a minimum age of 13 years.
Former employee member or retained member	A member who was previously an employee who was admitted by the trustee to membership of the fund , and has since left the employment of the AMP Super employer . A former employee member will only be permitted to continue membership in the plan where the plan rules for your plan allow.
Fund or the fund	AMP Super Fund ABN 78 421 957 449, RSE Registration No. RI056433.
Income	Components of insurable income agreed to by the insurer in relation to the plan .
Insurer	AIA Australia Limited ABN 79 004 837 861, AFSL No. 230043.
Forward underwriting limit	The level determined by the insurer which may be provided under certain circumstances after the assessment of evidence of insurability of a person, whereby future increases in amounts of benefit formula cover (in line with the employer's benefit design) up to this level may be provided without further evidence of insurability .
Important duty	A duty that involves 20% or more of the insured member's overall occupational tasks.
Monthly benefit (for Income Protection cover)	The amount of insured benefit calculated in accordance with the employer's benefit design and subject to the maximum monthly benefit which will become payable by the insurer in the event of an insured member satisfying the applicable total disability or partial disability definition.
Medical practitioner	A legally qualified and registered doctor of medicine. It does not include the employer , you , an employee of the employer or your immediate family or business partner(s).
MySuper member	A member who has any retained account balance in a default MySuper investment option from the inception of their superannuation account .
New events cover	You are only covered for claims arising from a sickness which became apparent or an injury which occurred on or after the date your cover commenced or most recently commenced under the plan .
Other employer	An employer who has no agreement with the trustee to participate in AMP Super but may make contributions to AMP Super on behalf of an employee anyway.
Partial disability	Due to injury or sickness, the insured member: <ul style="list-style-type: none"> • is unable to perform at least one important duty of your usual occupation but have returned to work in your usual or an alternative occupation • is earning an income from your usual or alternative occupation which is less than your pre-disability income, and • remains under the regular care and attendance of a medical practitioner and are following the advice of that medical practitioner in relation to that injury or sickness, including following all recommended courses of treatment.
Participant	Either an employer or an association who has no agreement with the trustee to participate in AMP Super but may make contributions to AMP Super on behalf of an employee anyway.
Permanent employee	A person who is employed by the AMP Super employer on a permanent basis to undertake identifiable duties and is paid sick leave and annual leave entitlement's.
Permanent Incapacity	In the insurer's opinion the insured member has become incapacitated due to ill-health (whether physical or mental) and as a result of this ill-health is unlikely he or she will ever engage in or work for reward in any occupation for which he or she is reasonably qualified by education, training or experience.
Personal member	An individual who has been nominated by an association for membership and has been admitted by the trustee to membership of the fund . A personal member will only be permitted membership in the plan where the plan rules allow.

Defined term	Meaning
Plan	<ul style="list-style-type: none"> As a participant, this means your particular plan in the fund which comprises of AMP Super. Accounts relating to all employee members, former employee members, personal members and family/spouse members attached to that plan account. If you are an employee member, this means your AMP Super employer's plan in the fund. If you are a former employee member, this means your former AMP Super employer's plan in the fund. If you are a personal member or a family/spouse member, this means your participant's plan in the fund.
Plan account	A record of money not allocated to accounts within a plan .
Pre-disability income	<p>The gross monthly income earned by you immediately prior to becoming disabled.</p> <p>For casuals and contractors with a minimum contract period of 12 months or less, it means the average gross monthly income earned by you in the three months immediately prior to becoming disabled.</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.
Special category visa (SCV)	<p>As per the guidelines provided under the Department of Home Affairs, a Special Category visa (subclass 444) is a temporary visa that allows a person to stay and work in Australia as long as that person remains a New Zealand citizen.</p> <p>For avoidance of doubt, a New Zealand citizen who holds a SCV while residing in Australia and departs temporarily overseas will be treated the same as an Australian Resident. They will be entitled to the same provisions, cover terms and conditions as an Australian Resident under this Policy.</p>
Spouse	<p>Spouse of a person includes:</p> <ul style="list-style-type: none"> The person's husband or wife. Another person (whether of the same sex or a different sex) registered on the relationship registers of a state or territory. Another person who, although not legally married to the person, lives with the person on a genuine domestic basis in a relationship as a couple.
Terminal illness	<p>For members with Death cover commencing on or after 1 July 2014, the following definition will apply:</p> <ul style="list-style-type: none"> two registered medical practitioners have certified, jointly or separately, and approved by the insurer, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a period (the certification period) that ends not more than 12 months after the date of the certification at least one of the registered medical practitioners is a specialist practicing in an area related to the illness or injury suffered by the person, and for each of the certificates, the certification period has not ended. <p>For members with Death cover commencing pre 1 July 2014, the following definition will apply:</p> <ul style="list-style-type: none"> The diagnosis of the insured member with an illness which in the opinion of an appropriate medical specialist(s), approved by the insurer, will result in the death of the insured member within 12 months of the diagnosis regardless of any treatment that may be undertaken. <p>Where an insured member is diagnosed with a terminal illness the maximum amount the insurer will pay is equal to the Death Sum insured.</p>
Terminal Illness benefit	Where an insured member is diagnosed with a terminal illness , the maximum amount the insurer will pay is equal to the death benefit.
Totally and Permanently Disabled	The definition(s) applicable to your category of membership are set out in your welcome letter .
Total disability or totally disabled (for Income Protection cover)	<p>Standard definition</p> <p>Means disablement which occurs while the policy is in force resulting solely from injury or sickness and as a result of which the insured member:</p> <ul style="list-style-type: none"> is unable to perform at least one important duty of his or her usual occupation necessary to producing income remains under the regular care and attendance, and following the advice, of a medical practitioner in relation to that injury or sickness including following all recommended courses of treatment, and is not engaged in any occupation, whether paid or unpaid. <p>The standard definition applies to insured members who are permanent employees, contractors or casual employees working on average 15 hours or more per week in the three months immediately prior to disablement or, where the insured member has been employed for less than three months, over the insured member's period of employment.</p>

Defined term	Meaning
Total disability or totally disabled (for Income Protection cover) continued	<p>Alternative definition</p> <p>Means disablement which occurs while the policy is in force resulting solely from injury or sickness and as a result of which the insured member:</p> <ul style="list-style-type: none"> remains under the regular care and attendance and are following the advice of a medical practitioner in relation to that injury or sickness is not engaged in any occupation, whether paid or unpaid, and in the insurer's opinion, after considering all medical evidence, is continuously and totally unable to perform (with or without aids or adaptations) at least two of the following activities of daily working: <ul style="list-style-type: none"> Mobility: The ability to: <ul style="list-style-type: none"> bend, kneel or squat to pick something up from the floor and straighten up again, and get into and out of a standard sedan or car, or walk more than 200 metres at a normal pace on a level surface without stopping due to breathlessness as a result of a medical condition or angina. Hearing: The ability to hear such that an audiologist can certify that the insured member has a hearing ability of less than or equal to 40db in the better ear (averaged over the frequencies 0.5, 1, 2 and 3 KHz) in an audiometry test. Communicating through speech: The ability to speak with sufficient clarity to be able to hold a conversation in a quiet room in the insured member's first language. This involves understanding a simple message and relaying that message to another person. Seeing: The ability to see even when tested with visual aids, such that an ophthalmologist can certify that the insured member's visual acuity is better than 6/60 in the better eye or a visual field of greater than 10 degrees (ie not legally blind). Manual dexterity: The ability to use: <ul style="list-style-type: none"> at least one hand to pick up and/or manipulate small objects such as picking up a coin from a desk, using cutlery or fastening buttons, or a pen or pencil or keyboard to write a short note that can be understood by another person. <p>The alternative definition applies to insured members who are permanent employees, contractors or casual employees working on average less than 15 hours in each and every normal working week in the three months immediately prior to disablement, or where the insured member has been employed for less than three months, over the insured member's period of employment.</p>
Visa	A current and valid visa issued in accordance with the <i>Migration Act 1958</i> (Cth) or any amending or replacing Act which enables you to work in Australia.
Waiting period	<p>TPD</p> <p>Means for TPD three consecutive months unless otherwise stated in the welcome letter.</p> <p>TSC</p> <p>Means for TSC the number of continuous days, which must elapse before monthly benefits begin to accrue. The waiting period commences from the later of the following:</p> <ul style="list-style-type: none"> the date you are first examined and certified by a medical practitioner as totally disabled in relation to an injury or sickness that gave rise to the claim, and the date you ceased work due to that injury or sickness. <p>If you consult a medical practitioner within seven days of ceasing work due to the injury or sickness, then the waiting period will commence from the date you ceased work.</p>
War	Includes but is not limited to war (declared or undeclared) or war related activities, revolution, invasion or rebellion or civil unrest.
We, us, our, NM Super, issuer or trustee	N.M. Superannuation Proprietary Limited, ABN 31 008 428 322, AFSL No. 234654.
Welcome letter	Means the communication the trustee sends to you when you join AMP Super .
You or your	<ul style="list-style-type: none"> If you're an employee member, former member or family/spouse member, this means a member. As an employer, this means a member.

Contact us

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

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