

# Supplementary Product Disclosure Statement (SPDS)

InsuranceCare

## About this Document

This Supplementary Product Disclosure Statement (SPDS) is issued by N.M. Superannuation Proprietary Limited (NM Super), Australian Business Number (ABN) 31 008 428 322, Australian Financial Services (AFS) Licence No. 234654, Registrable Superannuation Entity (RSE) Licence L0002523 and contains important information for InsuranceCare.

This is a SPDS to the InsuranceCare Product Disclosure Statement (PDS) dated 20 September 2012. The information contained in this SPDS must be read in conjunction with the PDS dated 20 September 2012 and SPDS dated 31 March 2014 and is applicable to Employee Super Account members taking out a new insurance policy or new cover under an existing policy on or after 1 July 2014.

### A. CHANGES TO 'LIFE PROTECTION'

On page 6, the following section replaces the first paragraph under the 'Terminal illness benefit' section.

An Insured Member has terminal illness if:

- two (2) registered Medical Practitioners have certified, jointly or separately, and approved by the Insurer, that the Insured Member suffers from an illness, or has incurred an injury, that is likely to result in their death within a period (the certification period) that ends not more than twelve (12) months after the date of the certification, and
- at least one (1) of the Medical Practitioners is a specialist practising in an area related to the illness or injury suffered by the Insured Member, and
- for each of the certificates, the certification period has not ended.

### B. CHANGES TO 'TOTAL AND PERMANENT DISABLEMENT'

On page 8, the following section replaces the 'Standard Occupation definition' section.

Under the 'Standard Occupation' definition, TPD means the Member:

#### (A) has suffered the permanent loss of:

- the use of two (2) limbs (where 'limb' is defined as the whole hand below the wrist or whole foot below the ankle), or
- the sight in both eyes, or
- the use of one (1) limb and sight in one (1) eye, and

in the Insurer's opinion, after consideration of all relevant evidence, the Member is disabled to such an extent as to render them unlikely to ever again be engaged in any occupation for which they are reasonably suited by their education, training or experience.

OR

#### (B) solely because of illness or injury:

- has suffered at least twenty five per cent (25%) impairment of Whole Person Function,
- is not engaged in any occupation, and
- in the Insurer's opinion, after consideration of all relevant evidence, the Member is disabled to such an extent to render them unlikely to ever again be engaged in any occupation for which they are reasonably suited by their education, training or experience.

OR

**(C) is permanently unable to perform at least two (2) of the following Activities of Daily Living:**

- Dressing – the ability to put on and take off clothing without assistance, or
- Bathing – the ability to wash or shower without assistance, or
- Toileting – the ability to use the toilet, including getting on and off, without assistance, or
- Mobility – the ability to get in and out of bed and a chair without assistance, or
- Feeding – the ability to get food from a plate into the mouth without assistance; and

in the Insurer's opinion, after consideration of all relevant evidence, the Member is disabled to such an extent as to render them unlikely to ever again be engaged in any occupation for which they are reasonably suited by their education, training or experience.

Where 'assistance' means the assistance of another person.

OR

**(D) as a result of illness or injury, suffers Cognitive Loss and in the Insurer's opinion, after consideration of all relevant evidence, the Member is disabled to such an extent as to render them unlikely to ever again be engaged in any occupation for which they are reasonably suited by their education, training or experience.**

OR

**E(i) at the Date of Disablement, was employed fifteen (15) or more hours a week (averaged over the thirteen (13) week period prior to the Date of Disablement or such shorter period if employed for less than thirteen (13) weeks immediately prior to the Date of Disablement):**

- has been absent from employment as a result of illness or injury for three (3) consecutive months, and
- in the Insurer's opinion, after consideration of all relevant evidence, the Member is disabled to such an extent as to render them unlikely to ever again be engaged in any occupation for which they are reasonably suited by their education, training or experience.

OR

**E(ii) at the Date of Disablement, was not employed or working less than fifteen (15) hours a week (averaged over the thirteen (13) week period prior to the Date of Disablement or such shorter period if employed for less than thirteen (13) weeks immediately prior to the Date of Disablement), and was engaged in unpaid domestic duties at home:**

- as a result of illness or injury, are under the care of a Medical Practitioner, and
- is unable to perform those domestic duties, and
- is unable to leave their home unaided, and
- has not engaged in any gainful employment for a period of three (3) consecutive months after the occurrence of the illness or injury, and
- at the end of the period of three (3) months, in the Insurer's opinion, and after consideration of all relevant evidence, the Member is disabled to such an extent as to render them unlikely to ever again:
  - perform those domestic duties, and
  - engage in any gainful occupation for which they are reasonably suited by their education, training or experience.

On page 9, replace sub heading 'Own Occupation definition' with 'Own Occupation definition (Not available for Employee Super Account members taking out new cover on or after 1 July 2014)'.

On page 9, the following replaces the last bullet point under the 'Home Duties definition' section.

- at the end of the period of three (3) months, in the Insurer's opinion, and after consideration of all relevant evidence, the Member is disabled to such an extent as to render them unlikely to ever again:
  - perform those domestic duties, and
  - engage in any gainful occupation for which they are reasonably suited by their education, training or experience.

### **C. CHANGE TO 'PREMIUMS AND CHARGES'**

On page 15, the following wording is added under the 'Adviser commission' section.

Adviser Commission is not paid on new insurance policies or new cover under an existing policy issued on or after 1 July 2014.

### **D. CHANGE TO INSURANCECARE APPLICATION BOOKLET**

On page 3, disregard the 'Adviser commission (including GST)' question under section 'E. Adviser details - financial adviser to complete'.

# Supplementary Product Disclosure Statement (SPDS)

## InsuranceCare

### About this Document

This Supplementary Product Disclosure Statement (SPDS) is issued by N.M. Superannuation Proprietary Limited Australian Business Number (ABN) 31 008 428 322 Australian Financial Services Licence (AFSL) No. 234654 Registrable Superannuation Entity (RSE) Licence L0002523 (NM Super) and contains important information for InsuranceCare.

This is an SPDS to the InsuranceCare Product Disclosure Statement (PDS) dated 20 September 2012. The information contained in this SPDS is effective 31 March 2014. Please note this SPDS replaces the PDSs with issue dates of 15 July 2011, 30 June 2012 and 20 September 2012. You must read this SPDS in conjunction with the above mentioned PDS.

The InsuranceCare offering through *PortfolioCare* Super Service Employee Account has been enhanced. Some cover amounts have been increased and existing benefits have been improved. This SPDS updates the PDS to reflect these enhancements.

#### A. CLOSURE OF INSURANCECARE (PERSONAL SUPER ACCOUNT)

InsuranceCare will close to new Personal Super Account members effective 31 March 2014. No further applications for cover will be accepted after this date, other than Employee Members who leave their employer and become Personal Members of the Employee Super Account.

InsuranceCare will continue to be available for Employee Super Account members.

#### B. UPDATES TO THE INSURANCECARE PDS

Prior to 30 June 2012, Asgard Capital Management Limited ABN 92 009 279 592 AFS Licence No. 240695 (Asgard) was the Trustee for the following products:

- *PortfolioCare* – Super/Pension Service,
- *PortfolioCare* Elements – Super/Pension,
- *PortfolioCare* eWRAP – Super/Pension, and
- *WealthView* eWRAP – Super/Pension.

This SPDS refers to each of these products as the **Products**.

The Products are governed by The Retirement Plan ABN 40 236 806 679 (Fund) Trust Deed dated 13 November 1995 as amended.

As at 30 June 2012, NM Super replaced Asgard as the trustee of the Products.

As at the change of trustee, insurance cover through InsuranceCare is offered by NM Super. AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia or the Insurer) will remain as issuer of this cover under new Master Policies held by NM Super. All insurance cover is provided under, and is subject to the terms and conditions in the relevant Master Policy. Asgard will continue to administer the insurance offered under the relevant Master Policy.

Asgard will continue as administrator for InsuranceCare and is entitled to a fee for the services it provides in these roles.

Any references to Asgard as the Trustee should be disregarded.

#### C. CHANGE TO IMPORTANT INFORMATION

The information on page 1 in the PDS is no longer relevant and should be disregarded.

#### D. CHANGES TO PRIVACY STATEMENT

The collection, use and disclosure of your personal information as a member of the Products will be covered by the Privacy Statement of NM Super.

The Privacy Statement on page 20 in the PDS is replaced with the following text:

##### AMP and Your Privacy

We may collect personal and health information directly from you or from any Medical Practitioner, hospital, clinic or other entity, body or person you authorise (including any life insurance company or underwriter).

The main purpose in collecting personal and health information from you is so that we can establish and manage your account and assess your application. If you do not provide the required information, we may not be able to process your application or provide you with the products and services you have applied for.

Additional information about you and your immediate family background is necessary for the purpose of assessing your application, making a claim or managing your insurance cover. This may include information about your health, financial situation, occupation and lifestyle.

We may collect personal information if it is required or authorised by law including the Superannuation Industry (Supervision) Act 1993, the Corporations Act 2001 and the Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) Act 2006.

We may use your information for related purposes, for example providing you with ongoing information about financial services that may be useful for your financial needs through direct marketing. These services may include investment, retirement, financial planning, banking, credit, life and general insurance products and enhanced customer services that may be made available by us, other members of the AMP group, or by your financial adviser. Please contact us on 1800 646 234 if you do not want your personal information used for direct marketing purposes.

We may need to disclose your personal information to other parties, such as:

- other members of the AMP group
- the employer sponsor and the financial planner responsible for the Plan, if you are part of an employer sponsored plan
- your financial adviser
- your parent or guardian, if you are under age 18
- members of the policy committee for the plan (if any), if you are part of an employer sponsored plan
- external service suppliers who may be located in Australia or overseas, who supply administrative, financial or other services to assist the AMP group in providing you with AMP financial services. From March 2014, a list of countries where these providers are located can be accessed via our Privacy Policy
- the Australian Taxation Office (ATO) to conduct searches on the ATO's Lost Member Register for lost super
- your Spouse or another person who intends to enter into an agreement with you about splitting your super as part of a marriage separation or a de facto (including same sex) separation (the law prevents us from telling you if we received one of these requests for information about your account)
- anyone you have authorised or if required by law.

Information about your health is collected in relation to this product, and additional restrictions apply.

Your health information may be disclosed to:

- the financial adviser responsible for the account or employer plan
- your employer (if you are part of an employer sponsored plan), only to the extent necessary to process any claim you make.
- Asgard Capital Management Limited (as administrator) and AIA Australia Limited (as insurer)
- Medical Practitioners
- the Trustee
- anyone you have authorised or if required by law.

Under the Australian Privacy Policy you may access personal information about you held by the AMP group. The AMP Privacy Policy sets out the AMP group's policies on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy and information about how AMP deals with such complaints. The AMP Privacy Policy can be obtained online at [amp.com.au](http://amp.com.au) or by contacting us on 1800 646 234.

#### **E. ISSUE DATE**

**Any reference in the PDS to the issue date of 28 March 2011 should be disregarded.**

## F. CHANGES TO 'INSURANCECARE AT A GLANCE'

The rows headed 'Eligibility', 'Cover Limits' and 'Life Protection and TPD Benefits' in the table headed 'Employee Super Account' on page 3 of the PDS are replaced with the following:

Insurance cover type	Life Protection	TPD	Salary Continuance
<b>Eligibility</b>			
	<ul style="list-style-type: none"> <li>– Permanent employees</li> <li>– Casual employees and Contractors</li> <li>– Sole Traders and Business Partners</li> <li>– Spouse members</li> </ul> Who are: <ul style="list-style-type: none"> <li>– At entry – Members aged 16 to 64 or</li> <li>– For renewal – aged less than 70</li> </ul>	<ul style="list-style-type: none"> <li>– Permanent employees</li> <li>– Casual employees and Contractors</li> <li>– Sole Traders and Business Partners</li> <li>– Spouse members</li> </ul> Who are: <ul style="list-style-type: none"> <li>– At entry – Members aged 16 to 64</li> <li>– For renewal – aged less than 65</li> </ul>	<ul style="list-style-type: none"> <li>– Permanent employees</li> <li>– Casual employees and Contractors for two-year benefit period only</li> <li>– Sole Traders and Business Partners</li> <li>– Spouse members</li> </ul> Who are: <ul style="list-style-type: none"> <li>– At entry – Members aged 16 to 64</li> <li>– For renewal – aged less than 65</li> </ul>
<b>Cover Limits</b>			
Minimum cover amount (subject to approval by the Insurer)	No minimum	No minimum	No minimum
Maximum cover amount	\$5,000,000	\$5,000,000 or \$1,500,000 for Home Duties definition Your TPD cover cannot be higher than your Death cover.	The lesser of the following amounts: <ul style="list-style-type: none"> <li>– the Monthly Benefit shown in the Policy Information Statement</li> <li>– 75% of your calculated monthly Pre-Disability income plus 15% of that income if the super contributions benefit is selected, and</li> <li>– \$30,000</li> </ul>
<b>Life Protection and TPD Benefits</b>			
<b>Death benefit</b>	✓		
<b>Terminal Illness benefit</b>	✓		
<b>Guaranteed Future Insurability benefit</b>			
– Personal Events	✓	✓	
– Business Events	✓	✓	
<b>TPD benefit</b>			
– Standard Occupation		✓	
– Own Occupation		✓	
– Home Duties		✓	

## G. CHANGES TO 'LIFE PROTECTION'

The maximum Terminal Illness Benefit disclosed under the heading 'Employee Super Account' on page 6 of the PDS is replaced with the following:

If you are diagnosed with a terminal illness before your insurance cover expires, the Insurer will pay your full Death benefit.

As the Guaranteed Future Insurability benefit is now available to Employee Super Account members, the heading 'Guaranteed Future Insurability Benefit (Personal Super Account only)' on page 6 of the PDS is updated by omitting the reference to '(Personal Super Account only)'.

## **H. CHANGE TO TOTAL & PERMANENT DISABLEMENT – BENEFITS – TPD BENEFIT**

On page 8, the following section is inserted as (d) and the sections following are changed to (e):

**(d) As a result of illness or injury, the insured member suffers Cognitive Loss (applicable to Employee Super Account only).**

On page 9 the section headed 'Extension of cover during unpaid leave' will be replaced with the following:

While premiums are paid, TPD cover will continue without modification for the first 12 months (for Personal Super Account members) or 24 months (Employer Super Account members) that you are on leave without pay from your usual employment.

After that time, the definition of TPD will alter depending on your circumstances. If you are:

- then performing unpaid domestic duties, the definition will revert to the 'Home Duties' definition described above, or
- not performing unpaid domestic duties and not otherwise working, the definition will revert to that described in sections a, b and c under the 'Standard Occupation' definition on page 8.

Provided premiums continue to be paid, you do not cease to satisfy the eligibility criteria when you are:

- on paid leave, including sick leave, annual leave and long service leave,
- on unpaid maternity or paternity leave for 12 months (for Personal Super Account members) or 24 months (for Employee Super Account members) or less, or
- on other unpaid leave (which is either approved by the employer or applicable award entitlement) of 12 months (for Personal Super Account members) or 24 months (for Employee Super Account members) or less.

If you are on unpaid leave, income will normally be determined based on earnings in the 12 months prior to commencing unpaid leave.

The leave limit may be extended with approval from the Insurer.

If you are on leave beyond the period listed above and do not return to work, cover will continue after the end of a period of leave without pay but the definitions used to assess any claim may differ.

## **I. CHANGES TO 'EXCLUSIONS' (AS REFERENCED BELOW THROUGHOUT THE PDS)**

The following bullet point exclusion and additional text are added under the heading 'Exclusions' on page 7 of the PDS:

- Active Service (Employee Super Account only)

No benefit will be paid under the Employer Super Account if you have New Events cover where death or terminal illness occurs as a result of suicide or a self-inflicted act. This exclusion only applies if you:

- join the employer plan with less than five members for the first 24 months. At the end of the 24 month period, the New Events cover exclusion will no longer apply
- join the fund 120 days after commencing employment for the first 12 months. At the end of the 12 month period, the New Events cover exclusion will no longer apply.

The following bullet point exclusion and additional text are added under the heading 'Exclusions' on page 10 of the PDS:

- A result of Active Service (Employee Super Account only)

No benefit will be paid under the Employer Super Account if you have New Events cover where disablement occurs as a result of suicide or a self-inflicted act. This exclusion only applies if you:

- join the employer plan with less than five members for the first 24 months. At the end of the 24 month period the New Events cover exclusion will no longer apply
- join the fund 120 days after commencing employment for the first 12 months. At the end of the 12 month period the New Events cover exclusion will no longer apply.

The following bullet point exclusion is added under the heading 'Exclusions' on page 13 of the PDS:

- Active Service (Employee Super Account only)

## **J. CHANGES TO 'SALARY CONTINUANCE'**

The section headed 'Employee Super Account' on page 11 of the PDS is replaced with the following:

### **Employee Super Account**

Your Monthly Benefit is the lesser of the following amounts:

- the Monthly Benefit shown in the Policy Information Statement,
- 75% of your calculated monthly Pre-disability income plus 15% of that income if the super contributions benefit is selected, and,
- \$30,000.

The following section is added under the section 'Increasing Claim Benefit' on page 12 of the PDS:

### **Claims Escalation Benefit (Employer Super Account Only)**

In the event of a successful claim, the monthly benefit will be indexed annually each year by the lower of Consumer Price Index (CPI) and 5%. Escalation will apply following 12 payments of the monthly benefit for either Total or Partial Disability, measured from the date which you were eligible to receive the first monthly benefit payment and each subsequent 12 months the monthly benefit is paid.

## **K. CHANGE TO SALARY CONTINUANCE – BENEFITS**

The section headed 'Partial Disability Benefit' on page 12 of the PDS will be replaced with the following:

### **Partial Disability Benefit**

If you're partially disabled (see page 24) after your Waiting Period has ended, the Insurer will pay you a proportion of your Monthly Benefit based on the reduction in your Pre-disability income.

You must be totally disabled for at least 14 consecutive days (Personal Super Account) or 7 out of 12 consecutive days (Employee Super Account) during the Waiting Period to qualify for this benefit and Disabled for the balance of the Waiting Period. You may return to work in your previous capacity for a total of five consecutive days or less during the 30 day Waiting Period (or 10 consecutive days or less if the Waiting Period is greater than 30 days) without the Waiting Period beginning again. Any days you work will be added to the length of your selected Waiting Period. This benefit will be paid to you monthly in arrears.

### **Cover while unemployed or on leave (Personal Super Account only)**

If you become unemployed or go on leave without pay while a Partial Disability Benefit is payable, then partial disability means that, due to Sickness or Injury:

- you're not totally disabled and are only capable of working in your own occupation in a reduced capacity,
- or you're working in another occupation,
- your monthly Income is less than your Pre-disability income, and
- you're following the advice of a Medical Practitioner.

Sabbatical leave will not be considered as unemployment or leave.

On page 12, the following section is inserted below the section 'Superannuation Contributions Benefit (Employee Super Account only)':

### **Rehabilitation Expenses (SCI) (Employee Super Account Only)**

Where you attend a rehabilitation program which incorporates a return to work plan approved by the Insurer, the cost of that program will be paid by the Insurer.

Rehabilitation expenses will relate to rehabilitation programs approved by the Insurer designed to rehabilitate you to return to your pre-disablement occupation or retrain you into another occupation.

The section headed 'Employee Super Account' on page 13 of the PDS is replaced with the following:

### **Employee Super Account**

Employees of an Employer Group (including casuals, contractors and 457 visa holders) or Spouse members are eligible for Salary Continuance provided they are working at least 15 hours per week.

This new section is inserted after the section headed 'Benefit reductions' on page 13 of the PDS:

### **Benefits Cease (Employee Super Account only)**

Benefits are payable until the earliest of:

- when you are no longer classified as Totally Disabled or Partially Disabled,
- the expiry of your Benefit Period,
- for contractors, on the expiry of your employment contract,
- the date you attain age 65, or
- your death.

## **L. CHANGES TO 'IMPORTANT INFORMATION'**

The following bullet point is deleted in the section headed 'When will your insurance cover end?' on page 17 of the PDS:

- you are absent from active employment for a period of more than one year including any period of unpaid employer approved leave exceeding 12 months (Employer Super Account only);

The Employer Super Account section of Automatic Continuation on page 17 is replaced with the following:

Employee members who leave their employer and any linked spouse will become Personal Members of the Employee Super Account.

If you leave your employment, you and your spouse and family<sup>1</sup> members (if applicable) will become Personal Employee Members and you will retain your insurance cover.

You'll also no longer be eligible for any employer related discounts on your insurance premiums, so there will be an adjustment to your insurance premium.

Life & TPD Protection will automatically continue subject to the eligibility criteria:

- The amount of cover that will automatically continue will be the same level of cover that applied immediately prior to ceasing employment, this level of cover will become a fixed dollar amount.
- Any member specific exclusions or loadings will continue to apply.

SCI will automatically continue subject to the following:

- you being under age 65 on your last day of employment with your Employer,
- you did not leave your employment as a result of sickness or injury, and
- you are not receiving or eligible to receive benefits for, or in the process of lodging a TPD, Terminal Illness or SCI claim.

The amount of cover that will automatically continue will be the same level of cover that applied immediately prior to ceasing employment and the same waiting period and benefit period will apply. Any specific exclusions or loadings will continue to apply to your cover.

<sup>1</sup> Family Members who have insurance through the Personal Protection Package will continue to hold this insurance upon becoming a Personal Member. There will be no change to your insurance.

In the event of an SCI claim for a Personal Member, the monthly benefit will be calculated based on the lesser of the following:

- 75% (plus up to 15% super contributions, if applicable) of your Pre-Disability Income, or
- the monthly benefit that applied based on the insured member's cover on the date immediately before becoming a Personal Member, up to the maximum benefit of \$30,000.

For Salary Continuance Insurance, the life insured's Pre-Disability Income will be determined as the average gross monthly income earned by the life insured over the 12 months immediately before the date of Total Disability.

**The following sub-section is inserted at the end of the section headed '24 hour worldwide cover' on page 17 of the PDS:**

#### **Employee Super Account only**

If you are a non-Australian resident, all cover will cease immediately when you depart Australia, except in the case of overseas trips of three months or less.

#### **Non-Australian residents (Employee Super Account Only)**

Non-Australian residents will be eligible whilst they reside in Australia and hold a visa. All cover will cease immediately when they depart Australia, except in the case of overseas trips of three months or less.

Visa means a current and valid visa issued in accordance with the Migration Act 1958 (Cth) or any amending or replacing Act. It can be a:

- Subclass 457 working visa,
- Subclass 457 working visa (with an 8107 condition), or
- Spouse visa (spouse of a permanent Australian resident on a two-year temporary stay visa) without a no work condition.

### **M. CHANGES TO 'ADDITIONAL INFORMATION ABOUT INSURANCE THROUGH AN EMPLOYEE SUPER ACCOUNT'**

**The following section is inserted before the heading 'What is Automatic Acceptance' on page 21 of the PDS:**

#### **When does insurance cover commence for a new Employee Super Account member?**

Generally, if an Employee Super Account has been opened for you as a result of commencing employment and your employer has nominated an insurance Benefit Design for you, your cover, other than in the case of Basic Cover (see 'Insurance under Choice' on page 22 of the PDS), will commence:

- where you qualify for automatic acceptance:
  - for your sum insured up to the automatic acceptance level, cover will commence on the date you commence service with your employer as long as you're performing all your normal duties and qualify for insurance cover. Cover will remain in force provided your employer advises us of your full details and that an initial contribution to your account is made within 120 days of cover commencing
  - for your sum insured that exceeds the automatic acceptance level, cover will commence on the date your insurance has been accepted by the Insurer.

- where automatic acceptance does not apply to any of your insurance cover:
  - cover will commence on the date your insurance has been accepted by the Insurer subject to ongoing payment of premiums.

If an Employee Super Account has been opened for you because your employer has recently enrolled as a participating employer and your employer has nominated an insurance Benefit Design for you, your cover, other than Basic Cover, will generally commence from the date you become a member provided that an initial contribution to your account is made within 120 days of cover commencing.

If you are not At Work on the date cover is due to commence, you will receive New Events cover until such time as you have been At Work and performing your normal duties and hours for at least 30 consecutive days at which time you will receive full cover. This does not apply to members joining after 120 days or to plans with less than five members.

If you join the fund 120 days or more after commencing employment, Automatic Cover will be provided subject to New Events cover for 12 months and will be effective from the date the Member joins the fund. At the end of the 12 month period, the New Events cover exclusion will no longer apply once the member meets the At Work requirement for 30 consecutive days.

For Life Protection and TPD only, employer plans with less than five members will receive Automatic Cover subject to New Events cover for the first 24 months and will be effective from:

- the date you commence service or plan commencement date (whichever is the latter) for members joining the fund within 120 days of commencing employment with employer; or
- the date the Member joins the fund for members joining the fund 120 days or more after commencing employment or plan commencement.

At the end of the 24 month period, full cover will be provided subject to the member meeting the At Work requirement for one day.

The New Events cover restriction may be removed at any time if the member is fully underwritten.

If you've applied for insurance cover because your employer has not nominated an insurance Benefit Design for you, your insurance cover will commence once the Insurer has accepted your application.

This is subject to the receipt and assessment of requested medical evidence and other particulars and subject to acceptance of any special terms.

Cover is subject to ongoing payment of premiums.

You should not assume you are covered automatically and should refer to the table on page 3 of this SPDS for details of eligibility.

**The first five bullet points under the sub heading 'What is Automatic Acceptance?' on page 21 of the PDS is replaced with the following:**

Automatic Acceptance is subject to:

- your employer having at least five employees (for Salary Continuance Insurance only) who qualify for insurance (if your employer has less than five employees you will be required to complete an InsuranceCare application), and
- at least 75% of the employees in your employer group have insurance through their Accounts.

Automatic Acceptance will apply provided your employer:

- has a minimum of five employees (for Salary Continuance Insurance only)
- provides insurance cover for all employees.

Please note: Automatic cover for plans with less than five employees is only available for Death and TPD.

**The information under the heading 'Employee Super Account' on page 24 of the PDS is replaced with the following:**

Your Monthly Benefit is the lesser of the following amounts:

- the Monthly Benefit shown in the Policy Information Statement, and
- 75% of your calculated monthly Pre-disability income plus 15% of that income if the super contributions benefit is selected, and
- \$30,000.

## **N. CHANGES TO 'GLOSSARY'**

**The following definitions apply to the Employee Super Account only and are inserted in alphabetical order under the heading 'General terms' on page 23 of the PDS:**

'Active Service' – means direct participation in military operations as a member of the armed forces. In the case of insured members who are enrolled in the Australian Defence Force Reserves, the active service exclusion is only applicable where the insured member is on active service.

'At Work' – means:

- a) a person is 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,
- b) the person is 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
- c) the person is 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.

An insured person will be considered to be At Work if on the applicable date, as the context requires, he or she 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.

'Casual employee' – means a person who is engaged by a participating employer to perform identifiable duties and who is not entitled to be paid annual leave or sick leave.

'Cognitive Loss' – means the Insurer has determined a total and permanent deterioration or loss of intellectual capacity that requires the insured member to be under continuous care and supervision by another adult person for at least three consecutive months, and at the end of that 3 month period, they are likely to require permanent ongoing continuous care and supervision by another adult person.

'Contractor' – means a person who has been provided a written contract of employment for a specified period by a participating employer to perform identifiable duties and who may be entitled to be paid annual leave or sick leave as per their written contract of employment.

'New Events' cover (Employee Super Account only) – means the insured member is only covered for claims arising from sickness which became apparent, or an injury which occurred on or after the date the insured member's cover commenced.

'Permanent Employee' – means a person who is employed by the employer on a permanent basis, where leave (including paid sick and paid holiday leave) is included as a condition of employment.

**'Own Occupation' Personal Super Account (replaces 'Own Occupation' heading on page 24 of the PDS)**

**'Partial Disability' (next to the existing definition on page 24 of the PDS insert (Personal Super Account Only))**

**Add the following to page 24 of the PDS 'Partial Disability' (Employee Super Account Only)**

- means solely due to injury or sickness, the insured member:
  - i. is unable to perform at least one important duty of his or her usual occupation, but has returned to work in a reduced capacity in their usual or an alternative occupation, and
  - ii. is earning an Income from his or her usual or alternative occupation which is less than his or her Pre-Disability Income, and
  - iii. remains under the regular care and attendance of a Medical Practitioner and is following the advice of that Medical Practitioner in relation to that injury or sickness.

**'Pre-Disability Income' (replaces definition on page 24 of the PDS)**

- means the greater of the following amounts:
  - the member's highest average Monthly Income in any consecutive 12 month period in the three years immediately before the member's most recent period of disability, and
  - the average Monthly Income the member received during the 12 months before applying for cover.

**Add the following to page 24 of the PDS**

Pre-Disability Income for Employer Super Account Personal members':

- means the following:
  - pre-disability income equals the average gross Monthly Income earned by the insured member over the 12 months immediately before the date of disability.

**'Total Disability' (next to the existing definition on page 25 of the PDS insert (Personal Super Account Only))**

**Add the following to page 25 of the PDS (Employee Super Account Only)**

- means disablement resulting from injury or sickness as a result of which the insured member, working 15 hours or more per week on average over the three months prior to disability, is:
  - unable to perform at least one important duty of his or her usual occupation necessary to produce Income,
  - under the regular care, in attendance or following the advice of a Medical Practitioner in relation to the injury or sickness, and
  - not engaged in any occupation, whether paid or unpaid.

An important duty is defined as involving 20% or more of the insured member's overall tasks responsible for generating at least 20% or more of the insured member's Pre-disability Income.

Disablement resulting solely from injury or sickness which occurs while the Policy is in force and as a result of which the insured member, working less than 15 hours per week on average over the three months prior to disability:

- remains under the regular care and attendance or is following the advice of a Medical Practitioner in relation to that injury or sickness, and
- is not engaged in any occupation, whether paid or unpaid, and
- is continuously and totally unable to perform at least two of the following activities of daily living as certified by a Medical Practitioner:
  - a) bathing: the ability to wash themselves either in the bath or shower or by sponge bath without the standby assistance of another person,
  - b) dressing: the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them without the standby assistance of another person,
  - c) eating: the ability to feed themselves once food has been prepared and made available, without the standby assistance of another person,
  - d) toileting: the ability to get to and from and on and off the toilet without the standby assistance of another person and the ability to manage bowel and bladder functions through the use of protective undergarments or surgical appliances, if appropriate,
  - e) transferring: the ability to move in and out of a chair without the standby assistance of another person.

# Product Disclosure Statement

## InsuranceCare

### About this Document

This Product Disclosure Statement (**PDS**) is issued by **N.M. Superannuation Proprietary Limited** Australian Business Number (**ABN**) 31 008 428 322 Australian Financial Services (**AFS**) Licence No. 234654 Registrable Superannuation Entity (**RSE**) Licence L0002523 (**NM Super**) and contains important information for InsuranceCare.

This PDS is effective from 20 September 2012. The information contained in this PDS was effective 20 August 2012.

### About NM Super

NM Super is an RSE Licensee under the Superannuation Industry (Supervision) Act 1993 (**SIS**), which means that it has satisfied licensing conditions set by the Australian Prudential Regulation Authority (**APRA**). NM Super is responsible for the monitoring and management of the fund for the benefit of all members in accordance with the governing rules of the fund and relevant legislation.

NM Super is a subsidiary of AMP Limited ABN 49 079 354 519 (**AMP**).

On 30 June 2012, NM Super replaced Asgard Capital Management Limited ABN 92 009 279 592 AFS Licence No. 240695 (**Asgard**) as the trustee and issuer of InsuranceCare.

The registered office for NM Super is:

N.M. Superannuation Proprietary Limited  
33 Alfred Street  
Sydney NSW 2000

In this PDS all references to the Trustee are references to NM Super.

In this PDS all references to "we", "us" or "our" is a reference to the trustee or the administrator acting on the trustee's behalf, as the context requires.

### Administrator for InsuranceCare

Asgard is the administrator for InsuranceCare and receives a fee for providing these services.

As the administrator for InsuranceCare, Asgard will collect, use and disclose your personal information to administer your membership on behalf of NM Super. NM Super will only disclose your information to Asgard in accordance with its Privacy Statement.

Asgard Capital Management Limited consents to statements made in this document relating to Asgard.

### Important information about InsuranceCare

Insurance cover through InsuranceCare is offered by the Trustee and AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (**AIA Australia** or the **Insurer**) who is the issuer of this cover under the relevant Master Policies held by the Trustee.

Hillross Financial Services Ltd ABN 77 003 323 055 AFS Licence No. 232705 (**Hillross**) and AMP Financial Planning Pty Ltd ABN 89 051 208 327 AFS Licence No. 232706 (**AMP Financial Planning**) are distributors of InsuranceCare. Hillross and AMP Financial Planning are wholly-owned subsidiaries of AMP.

All of the insurance cover offered by this PDS is provided under, and is subject to the terms and conditions in, the relevant Master Policy.

A copy of the relevant Master Policy can be obtained by calling the Contact Centre on 1800 646 234 or by contacting your financial adviser. Further terms and conditions may also be set out in the Policy Information Statements given to you. No benefit will be paid unless the Insurer accepts the claim.

Asgard has been appointed to administer the insurance offered under the relevant Master Policies. As administrator, Asgard performs certain functions in relation to the insurance, including receiving and processing applications and collecting premiums on behalf of the Insurer. Asgard is your point of contact and will advise you of any changes to your insurance cover including the fees, charges or benefits applying to that cover.

Insurance benefits payable under the relevant Master Policies are liabilities of the Insurer and the premiums for these insurance benefits are payable to the Insurer. They are not deposits in, nor liabilities of, and are not guaranteed by, any bank or company whether related to the Insurer or not.

All applications for insurance must be received on an application form attached to or accompanied by either a paper or an electronic copy of this current PDS. The information provided and statements made in this PDS should not be taken as the giving of financial product advice by either the Insurer, the administrator or the Trustee as they do not take into account your personal objectives, financial situation or needs. As a result, you should, before acting on the information, consider the appropriateness of the information having regard to these factors. The insurance cover types described in this PDS are not savings plans. The primary purpose of each type of cover is to provide a benefit upon specified events happening. If you terminate your cover (other than during the cooling-off period), your cover will cease and there will be no refund of any premiums paid.

This PDS provides information in relation to insurance cover only. Further information concerning the superannuation products it refers to may be obtained from your financial adviser. Any references to superannuation products are not to be taken as an offer of those products. To the extent permitted by law, the Insurer does not accept any liability in connection with these superannuation products.

Information in this PDS is based on the continuance of present taxation and superannuation laws, current as at the date of preparation of this PDS.

AIA Australia has consented to the statements being made in the PDS including the form and context in which the statements are being made. AIA Australia has given and has not withdrawn its consent to be named in this PDS as at the date of the PDS.

# InsuranceCare<sup>®</sup>

## Product Disclosure Statement

Issue date: 28 March 2011

**Life Protection**

**Total & Permanent Disablement (TPD)**

**Salary Continuance**

Please read this Product Disclosure Statement carefully.  
It contains important information about the above products.

## Product Disclosure Statement (PDS)

**Preparation date: 24 March 2011**

**Issue date: 28 March 2011**

This PDS contains information about the following types of insurance cover:

- Life Protection
- Total and Permanent Disablement
- Salary Continuance.

In this PDS:

- 'AIA Australia' and 'the Insurer' refer to AIA Australia Limited ABN 79 004 837 861 AFSL 230043.
- 'Asgard', 'the Trustee' and 'the Administrator' refer to Asgard Capital Management Ltd ABN 92 009 279 592 AFSL 240695. Asgard is a wholly owned subsidiary of Westpac Banking Corporation ABN 33 007 457 141 AFSL 233714 (Westpac).
- 'Employee Super Account' means a PortfolioCare Super Service Employee Account.
- 'Personal Super Account' refers to:
  - a PortfolioCare Super Service Personal Account
  - a PortfolioCare Elements Super Account
  - a PortfolioCare eWRAP Super Account
  - a WealthView eWRAP Super Account.
- 'Trust Deed' means that trust deed dated 13 November 1995 (as amended) which governs the operation of the Employee Super Account and the Personal Super Accounts, which are all part of a regulated superannuation fund called the Retirement Plan ABN 40 236 806 679.
- 'you' means an applicant and life insured for insurance under the relevant Master Policy and 'your' has a corresponding meaning.

For a list of other terms used in this PDS, please refer to the Glossary section on pages 23 to 25.

This PDS is available from financial advisers across Australia.

The offer or invitation to which this PDS relates is only available to persons receiving this PDS in Australia.

# InsuranceCare

## Product Disclosure Statement

### What's inside

2	<b>InsuranceCare at a glance</b>	17	<b>Important information</b>
5	<b>Insurance with InsuranceCare</b>	21	<b>Additional information about insurance through an Employee Super Account</b>
6	<b>Life Protection</b>	23	<b>Glossary</b>
8	<b>Total &amp; Permanent Disablement</b>	27	<b>Interim Cover Certificate</b>
11	<b>Salary Continuance</b>		<b>Application Booklet</b>
14	<b>Premiums and charges</b>		
16	<b>Mortgage Acceptance Cover</b>		

#### Updating the information in this PDS

This PDS is up to date as at the time of preparation, but is subject to change from time to time. Where a change of information is not materially adverse to your interests, the Administrator may not issue a new PDS or a supplementary PDS for new clients. However, you will be able to find out about these changes by calling the Contact Centre on **1800 646 234** or, if you're an existing investor, by checking *Investor Online*. You can also obtain a paper copy of the updated information free of charge by contacting your financial adviser or the Contact Centre.

#### IMPORTANT INFORMATION

Insurance cover through InsuranceCare is offered by the Trustee and AIA Australia is the issuer of this cover under the relevant Master Policies held by the Trustee.

Hillross Financial Services Limited ABN 77 003 323 055 AFSL 232705 (Hillross Financial) and AMP Financial Planning Pty Limited ABN 89 051 208 327 AFSL 232706 (AMP Financial Planning) are distributors of InsuranceCare. Hillross Financial and AMP Financial Planning are wholly owned subsidiaries of AMP Limited ABN 49 079 354 519 (AMP Group).

All of the insurance cover offered by this PDS is provided under, and is subject to the terms and conditions in, the relevant Master Policy. A copy of the relevant Master Policy can be obtained by calling the Contact Centre on **1800 646 234** or by contacting your financial adviser. Further terms and conditions may also be set out in the Policy Information Statements given to you. No benefit will be paid unless the Insurer accepts the claim.

The Insurer has consented to the inclusion in this PDS of references to them and statements attributed to them and this consent has not been withdrawn before the date of this PDS.

Asgard has been appointed by the Insurer to administer the insurance offered under the relevant Master Policies. As Administrator, Asgard performs certain functions in relation to the insurance, including receiving and processing applications and collecting premiums on behalf of the Insurer. Asgard is your point of contact and will advise you of any changes to your insurance cover including the fees, charges or benefits applying to that cover.

Insurance benefits payable under the relevant Master Policies are liabilities of the Insurer and the premiums for these insurance benefits are payable to the Insurer. They are not deposits in, nor liabilities of, and are not guaranteed by, any bank or company whether related to the Insurer or not.

All applications for insurance must be received on an application form attached to or accompanied by either a paper or an electronic copy of this current PDS. The information provided and statements made in this PDS should not be taken as the giving of financial product advice by either the Insurer or the Administrator as they do not take into account your personal objectives, financial situation or needs. As a result, you should, before acting on the information, consider the appropriateness of the information having regard to these factors. The insurance cover types described in this PDS are not savings plans. The primary purpose of each type of cover is to provide a benefit upon specified events happening. If you terminate your cover (other than during the cooling-off period), your cover will cease and there will be no refund of any premiums paid.

This PDS provides information in relation to insurance cover only. Further information concerning the superannuation products it refers to may be obtained from your financial adviser. Any references to superannuation products are not to be taken as an offer of those products. To the extent permitted by law, the Insurer does not accept any liability in connection with these superannuation products.

Information in this PDS is based on the continuance of present taxation and superannuation laws, current as at the date of preparation of this PDS.

# InsuranceCare

## at a glance

InsuranceCare provides a range of competitive insurance cover to suit your life insurance needs. InsuranceCare is available through both the Personal Super Account and the Employee Super Account.

Insurance through the Employee Super Account is available for Employer Groups to provide their employees with access to insurance at competitive group rates and in many cases without the need for them to provide a personal statement or any underwriting evidence.

We recognise that your needs may change over time and therefore have designed InsuranceCare cover to allow for you to change the type and level of cover you require. You should review your insurance arrangements regularly. Your financial adviser will be able to assist you with this.

The following tables outline the types of insurance cover available under InsuranceCare and the benefits and features for each of the insurance cover types.

### Personal Super Account

Insurance cover type	Life Protection	TPD	Salary Continuance
When the benefit becomes payable	If the life insured dies or becomes <b>terminally ill</b> .	If the life insured becomes <b>totally and permanently disabled</b> .	If the life insured becomes <b>totally or partially disabled</b> and is unable to work due to <b>Injury or Sickness</b> .
What benefit is payable	Agreed lump sum	Agreed lump sum	Monthly Benefit to replace lost income, can be Agreed Value or Indemnity.
<b>Eligibility</b>			
Entry age next birthday (years) between	11 and 75	16 and 64	16 and 64
Expiry age – anniversary of commencement date of insurance prior to age (years)	100	100 (From anniversary of commencement date of insurance prior to age 65, TPD Benefit will be converted to an Activities of Daily Living definition)	65
<b>Cover limits</b>			
Minimum cover amount	\$50,000	\$50,000	\$1,000 per month
Maximum cover amount	No maximum	\$5,000,000 or \$1,500,000 for Home Duties	\$60,000 per month
<b>Salary Continuance cover types</b>			
Waiting period			30, 60 or 90 days
Benefit Period			Two years or to age 65
<b>Life Protection and TPD Benefits</b>			
Death Benefit	✓		
Terminal Illness Benefit	✓		
<b>Guaranteed Future Insurability Benefit</b>			
• Personal Events	✓	✓	
• Business Events	✓	✓	
<b>TPD Benefit</b>			
• Standard Occupation		✓	
• Own Occupation		✓	
• Home Duties		✓	
Conversion to Activities of Daily Living		✓	

Insurance cover type	Life Protection	TPD	Salary Continuance
<b>Salary Continuance Benefits</b>			
Agreed Value			✓
Indemnity option			✓
Total Disability Benefit			✓
Partial Disability Benefit			✓
Recurrent Disability Benefit			✓
Waiver of premium			✓
Increasing Claim Benefit			✓
<b>Features</b>			
Mortgage Acceptance Cover	✓	✓	
Benefit indexation	✓	✓	✓
Guaranteed upgrade	✓	✓	✓
Guaranteed renewable	✓	✓	✓
Interim cover	✓	✓	✓
24 hour worldwide cover	✓	✓	✓
Large cover discount	✓	✓	✓
Further information	Refer to pages 6 to 7 of this PDS.	Refer to pages 8 to 10 of this PDS.	Refer to pages 11 to 13 of this PDS.

## Employee Super Account

Insurance cover type	Life Protection	TPD	Salary Continuance
When the benefit becomes payable	If the life insured <b>dies</b> or becomes <b>terminally ill</b> .	If the life insured becomes <b>totally and permanently disabled</b> .	If the life insured becomes <b>totally or partially disabled</b> and is unable to work due to Injury or <b>Sickness</b> .
What benefit is payable	Agreed lump sum	Agreed lump sum	Monthly Benefit to replace lost income.
<b>Eligibility</b>			
Entry age next birthday (years) between	16 and 65	16 and 64	16 and 64
Expiry age - anniversary of commencement date of insurance prior to age (years)	70 (69 for terminal illness)	65	65
<b>Cover limits</b>			
Minimum cover amount	No minimum	No minimum	No minimum
Maximum cover amount	\$5,000,000 and \$2,000,000 for terminal illness	Lesser of Death Benefit and \$5,000,000	\$25,000 per month
<b>Salary Continuance cover types</b>			
Waiting Period			30, 60 or 90 days
Benefit Period			Two years or to age 65

Insurance cover type	Life Protection	TPD	Salary Continuance
<b>Life Protection and TPD Benefits</b>			
Death Benefit	✓		
Terminal Illness Benefit	✓		
TPD Benefit			
• Standard occupation		✓	
• Own occupation		✓	
<b>Salary Continuance Benefits</b>			
Indemnity option			✓
Total Disability Benefit			✓
Partial Disability Benefit			✓
Recurrent Disability Benefit			✓
Waiver of premium			✓
Superannuation Contributions Benefit (optional)			✓
<b>Features</b>			
Guaranteed upgrade	✓	✓	✓
Guaranteed renewable	✓	✓	✓
Interim cover	✓	✓	✓
24 hour worldwide cover	✓	✓	✓
Large cover discount	✓	✓	✓
Further information	Refer to pages 6 to 7 of this PDS.	Refer to pages 8 to 10 of this PDS.	Refer to pages 11 to 13 of this PDS.

# Insurance

## with InsuranceCare

### Why do I need InsuranceCare?

Your most valuable asset is your health. If you suffer a serious Sickness or Injury, the financial security and quality of life of you and your family will be dramatically affected. As a result, you may:

- be unable to care for your children;
- disrupt your partner's work, as they support and care for you;
- incur additional expenses, such as rehabilitation and hospital care;
- jeopardise your retirement plans by cutting off your income prematurely.

Serious accidents, trauma and disease are all unexpected events. InsuranceCare is a way to protect yourself and your family should the unforeseen happen. It provides a means of protecting your family's lifestyle, their future and the assets you've worked hard for. InsuranceCare offers you a range of insurance products that can be tailored to your individual needs.

Holding insurance inside super may provide you and your financial dependants with some taxation benefits. There are significant differences in the way benefits may be paid.

For further information on holding insurance through an Employee Super Account, please refer to pages 21 to 22.

Closed to all members

# Life Protection

Life Protection pays the agreed lump sum if you die or are diagnosed with a terminal illness.

You have the option to hold Life Protection:

- on its own; or
- in combination with TPD insurance cover ('Life & TPD Protection'). Please refer to pages 8 to 10 for further information on TPD cover.

## Benefits

### Death Benefit

Life Protection pays your cover amount (at the date of death) when you die. If you hold Life Protection in combination with TPD insurance cover, your Death Benefit is reduced by any benefits paid for TPD Protection prior to your death.

### Terminal Illness Benefit

A terminal illness is defined as any disease or condition that, in the opinion of an appropriate specialist Medical Practitioner approved by the Insurer and having regard to the current treatment or such treatment as you may reasonably be expected to receive, is likely to lead to your death within 12 months from the date you are diagnosed with your condition.

### Personal Super Account

If you're diagnosed with a terminal illness before your insurance cover expires, the Insurer will pay your full Life Protection cover.

### Employee Super Account

If you're diagnosed with a terminal illness before your insurance cover expires, the Insurer will pay the full Death Benefit up to a maximum of \$2,000,000. If the Insurer pays less than the full Death Benefit, your insurance will continue at the reduced benefit with a reduced premium. The remaining Death Benefit will be paid when you die.

### Guaranteed Future Insurability Benefit (Personal Super Account only)

The Guaranteed Future Insurability Benefit allows you to apply for increases to the amount of the Life Protection cover and any TPD insurance cover (if applicable) on the occurrence of certain 'personal events' and 'business events' before age 55 without having to provide further evidence of health or insurability. A maximum number of increases apply. Please see the relevant Master Policy for terms and conditions applicable to all such increases.

## Personal Events

The Personal Events covered are:

- your marriage;
- your divorce;
- the birth of a child where you are a parent;
- the adoption of a child by you;
- your dependent child starting secondary school;
- your dependent child starting university;
- you becoming a Carer for the first time;
- your completion of the first undergraduate degree;
- a change in your employment status where your salary increases by at least \$10,000 a year;
- the taking out, or increasing of, a mortgage by you (either alone or jointly with another person) on a home which is your primary residence; and
- the anniversary of the insurance cover being in force for five years.

For the 'taking out, or increasing of, a mortgage' event, the Life Protection/TPD cover amount may be increased under this option by the lesser of:

- 50% of the original cover amount;
- the amount of the mortgage being taken out or increased; and
- \$250,000.

For other Personal Events, the Life Protection/TPD cover amount may be increased under this option by the lesser of:

- 25% of the original cover amount; and
- \$250,000.

## Business Events

The Business Events covered are:

- increases in the value of your financial interest, including loan guarantees in a business, averaged over the last three years where you are a key person in the business (eg working partner, director or significant shareholder);
- increases in your value to a business, averaged over the last three years, where you are a key person in the business;
- increases in the value of your financial interest in a business, averaged over the last three years, where the insurance cover forms part of a written buy/sell, share purchase or business succession agreement and you are a partner, shareholder or unit holder in the business; and
- where the insurance cover forms part of a loan guarantee from you.

For a Business Event, the Life Protection/TPD cover amount may be increased under this option by the lesser of:

- 25% of the original cover amount;
- the increase in the value of your financial interest in the business or of your value to the business, whichever is appropriate, averaged over the last three years; and
- \$500,000.

#### Limitations and other information

An increase under the Guaranteed Future Insurability Benefit is subject to:

- an application in writing for an increase being received by the Administrator within 30 days of a Personal Event/Business Event or within 30 days of the insurance cover anniversary following a Personal Event/Business Event;
- you being less than age 55 at the time of a Personal Event/Business Event;
- provision of evidence, satisfactory to the Insurer; of the Personal Event/Business Event. (The required evidence for each event is detailed in the application form for an increase under this benefit.);
- your total death cover (including the cover with the Insurer and any other organisation) being less than \$3,000,000; and
- your total TPD cover (including the cover with the Insurer and any other organisation) being less than \$3,000,000.

The maximum increase made from all circumstances under this benefit will be the lesser of:

- the original cover amount; and
- \$1,000,000.

If TPD Benefits are attached to Life Protection cover; the TPD cover cannot exceed the Life Protection cover:

Only one Guaranteed Future Insurability Benefit increase may be exercised in any 12 month period.

The premium will be adjusted based on the new cover amount in line with current rates.

This benefit is not available if a loading or an exclusion has been applied to your cover.

## Exclusions

A Death Benefit won't be paid where death is the result of:

- an intentional self-inflicted injury (whether you were sane or insane) within 12 months of the commencement or reinstatement of cover; or
- an exclusion which is specific to you and noted on your Policy Information Statement.

If death is the result of an intentional, self-inflicted injury committed within 12 months after an increase in your cover (not including indexation), the amount of the increase in cover will not be paid. A Terminal Illness Benefit won't be paid where any intentional self-inflicted injury or attempt at suicide causes the terminal illness, directly or indirectly.

## Mortgage Acceptance Cover (Personal Super Account only)

When you take out Life Protection at the same time as you take out a home loan, you may be eligible for immediate acceptance under the Mortgage Acceptance Cover.

Please refer to the Mortgage Acceptance Cover section on page 16 for further information on the Mortgage Acceptance Cover terms and conditions.

# Total & Permanent Disablement

Total and Permanent Disablement (TPD) cover pays the agreed lump sum if you become totally and permanently disabled.

If you hold InsuranceCare through a Personal Super Account, you have the option to hold TPD:

- on its own ('TPD only'); or
- in combination with Life Protection ('Life & TPD Protection'). Please refer to pages 6 to 7 for further information on Life Protection cover.

The treatment of your Life Protection benefit varies depending on how your TPD is held. The following table outlines the difference.

Life & TPD Protection	TPD only
If a TPD Benefit becomes payable, your Life Protection cover is reduced by the amount of the TPD payment. Premiums will be adjusted according to the new Life Protection cover level. If the Life Protection cover is reduced to nil, cover ceases.	If a TPD Benefit becomes payable, any Life Protection cover held separately from your TPD cover is not reduced. Premiums for the Life Protection cover continue for the remaining life of the cover.

## Benefits

### TPD Benefit

If you become totally and permanently disabled, the Insurer will pay the TPD Benefit. There are different TPD definitions you can choose from when applying for the TPD cover; subject to your occupation, as outlined below.

#### Standard Occupation definition

Under the 'Standard Occupation' definition, TPD means either:

- (a) you have suffered the permanent loss of:
- the use of two limbs (where 'limb' is defined as the whole hand below the wrist or whole foot below the ankle); or
  - the sight in both eyes; or
  - the use of one limb and sight in one eye.

OR

- (b) solely because of illness or Injury, you:
- have suffered at least 25% impairment of Whole Person Function;
  - are not engaged in any occupation; and
  - are disabled to such an extent that you are unlikely to ever be engaged in any occupation for which you are reasonably suited by your education, training or experience.

OR

- (c) you are unable to perform at least two of the following Activities of Daily Living:
- Dressing – the ability to put on and take off clothing without assistance; or
  - Bathing – the ability to wash or shower without assistance; or
  - Toileting – the ability to use the toilet, including getting on and off, without assistance; or
  - Mobility – the ability to get in and out of bed and a chair without assistance; or
  - Feeding – the ability to get food from a plate into the mouth without assistance

where 'assistance' means the assistance of another person.

OR

- (d) (i) where at the date of disablement, you were employed 15 or more hours a week (averaged over the 13 week period prior to the date of disablement or such shorter period if employed for less than 13 weeks immediately prior to the date of disablement), you:
- have been absent from employment as a result of illness or Injury for three consecutive months; and
  - in the Insurer's opinion, after consideration of all relevant evidence, are disabled to such an extent that you are unlikely to ever again be engaged in any occupation for which you are reasonably suited by your education, training or experience.

OR

- (d) (ii) where at the date of disablement, you were not employed and were engaged in unpaid domestic duties at home, you:
- as a result of illness or Injury, are under the care of a Medical Practitioner; and
  - are unable to perform those domestic duties; and
  - are unable to leave your home unaided; and
  - have not engaged in any gainful employment for a period of three consecutive months after the occurrence of the illness or Injury; and
  - at the end of the period of three months, in the Insurer's opinion, and after consideration of all relevant evidence, are disabled to such an extent that you are unlikely to perform those domestic duties or engage in any gainful occupation.

### Own Occupation definition

Depending on your occupation, you have the option of applying for the 'Own Occupation' TPD definition. Please note that additional premiums apply if you hold your TPD cover under the 'Own Occupation' definition.

The 'Own Occupation' definition of TPD is the same as the 'Standard Occupation' definition above, except clause (d)(i) is replaced with:

- (d) (i) where at the date of disablement, you were employed 15 or more hours a week (averaged over the 13 week period prior to the date of disablement or such shorter period if employed for less than 13 weeks immediately prior to the date of disablement), you:
- have been absent as a result of illness or Injury from employment for three consecutive months; and
  - in the Insurer's opinion, after consideration of all relevant evidence, are disabled to such an extent that you are unlikely to ever again engage in your own occupation.

### Home Duties definition

Under the 'Home Duties' definition, TPD means where at the date of disablement, you were not employed and were engaged in unpaid domestic duties at home, you:

- as a result of illness or Injury, are under the care of a Medical Practitioner; and
- are unable to perform those domestic duties; and
- are unable to leave your home unaided; and
- have not engaged in any gainful employment for a period of three consecutive months after the occurrence of the illness or Injury; and
- at the end of the period of three months, in the Insurer's opinion, and after consideration of all relevant evidence, are disabled to such an extent that you are unlikely to perform those domestic duties or engage in any gainful occupation.

### Conversion to Activities of Daily Living (Personal Super Account only)

Instead of the benefit expiring, the Insurer will convert the benefit to an 'Activities of Daily Living' definition at the anniversary of commencement date of insurance prior to your 65th birthday. This will enable you to keep your benefit until the anniversary of commencement date of insurance prior to your 100th birthday. Please refer to clause (c) under the 'Standard Occupation' definition section above for the definition that will apply to this benefit.

The cover amount for the Activities of Daily Living Benefit issued on conversion from the TPD Benefit will be the lesser of:

- TPD cover amount at the time the TPD Benefit ceases; and
- \$1,000,000.

### Conditions

The following conditions apply to TPD:

- this cover is only available until the anniversary of the commencement date of your insurance immediately prior to age 100; and
- your TPD Benefit is payable once only.

If you hold Life & TPD Protection:

- your TPD Benefit cannot exceed your Death Benefit; and
- the amount payable under your Death Benefit or Terminal Illness Benefit will be reduced by any amount paid under your TPD Benefit.

### Other eligibility conditions

#### Personal Super Account

In addition to meeting the entry age eligibility, you must be working at least 15 hours per week as a permanent or permanent part-time employee to be able to apply for the 'Standard Occupation' or 'Own Occupation' TPD definition.

#### Employee Super Account

Employees of an Employer Group (including casuals, contractors and 457 visa holders) or Spouse Members are eligible for Life and TPD cover. If you are working at least 15 hours per week in any consecutive 13 week period in a full year of employment, 'Standard Occupation' TPD definition will apply.

### Extension of cover during unpaid leave

While premiums are paid, TPD cover will continue without modification for the first 12 months that you are on leave without pay from your usual employment.

After that time, the definition of TPD will alter depending on your circumstances. If you are:

- then performing unpaid domestic duties, the definition will revert to the 'Home Duties' definition described above; or
- not performing unpaid domestic duties and not otherwise working, the definition will revert to that described in sections a, b and c under the 'Standard Occupation' definition on page 8.

## TPD Tapering (Employee Super Account only)

The TPD Benefit reduces by 20% per year at each anniversary of the commencement date of insurance up to the anniversary prior to your 65th birthday, as outlined in the following table.

Age next birthday at the anniversary of the commencement date of the employer group plan	TPD cover is reduced by
61	20%
62	40%
63	60%
64	80%
65	TPD cover ceases

### Exclusions

A TPD Benefit won't be paid where your disability is:

- directly or indirectly caused by any intentional self-inflicted injury or any attempt at suicide; or
- due to an exclusion which is specific to you and noted on your Policy Information Statement.

### Mortgage Acceptance Cover (Personal Super Account only)

When you take out TPD at the same time as you take out a home loan, you may be eligible for immediate acceptance under the Mortgage Acceptance Cover.

Please refer to the Mortgage Acceptance Cover section on page 16 for further information on the Mortgage Acceptance Cover terms and conditions.

# Salary Continuation

Salary Continuation replaces up to 75% of your monthly Income if you become disabled through Sickness or Injury and are unable to work.

## Flexible options to suit your insurance needs

When applying for your Salary Continuation insurance cover, you have a range of options to choose from so it is tailored to suit your insurance needs. Your choices determine your Salary Continuation premium.

The following table shows the options available to you.

Factors	What it means	Salary Continuation
<b>Benefit Period</b>	The Benefit Period is the maximum period of time for which a Monthly Benefit will be paid for any one Sickness, or any one Injury, whilst you're totally or partially disabled.	2 years or to age 65
<b>Waiting Period</b>	The Waiting Period is the period you must wait to become eligible to receive a benefit payment.  Generally, the longer the Waiting Period you select, the lower the cost of your premium.	30, 60 or 90 days
<b>Monthly Benefit definition</b>	The Monthly Benefit definition you select determines whether future changes to your income will affect your benefits.  If you select the Indemnity option, the premium rates are discounted by 10%.	<b>Personal Super Account</b> Agreed Value or Indemnity <b>Employee Super Account</b> Indemnity

Please refer to the 'Glossary' section on pages 23 to 25 for further details on each of the factors above.

## Benefits

The following table outlines the benefits available:

Benefit	Salary Continuation
Total Disability Benefit – while unemployed or on leave	✓
Partial Disability Benefit – while unemployed or on leave	✓
Indemnity option	✓
Waiver of premium	✓
Recurrent Disability Benefit	✓
Increasing Claim Benefit	✓

## Monthly Benefit

The maximum Monthly Benefit is determined based on your monthly Income. The maximum that can be insured is:

- 75% of the first \$33,333 of your monthly Income; and
- 50% of the next \$20,000 of your monthly Income; and
- 20% of the next \$125,000 of your monthly Income as at the cover start date.

The minimum Monthly Benefit available is \$1,000 per month and the maximum Monthly Benefit available is \$60,000 per month.

Regardless of the Monthly Benefit definition you select, for amounts insured above \$30,000 per month, in the event of a claim the Monthly Benefit will be reduced to \$30,000 per month after two years.

### Agreed Value (Personal Super Account only)

Agreed Value means your Monthly Benefit is agreed with you at the time of application and is based on your income at that time inclusive of increases by the Indexation Factor.

Your Monthly Benefit is guaranteed subject to you providing us with satisfactory financial evidence in relation to your application.

If you do not provide financial evidence in relation to your application at the time of application, please note that if you make a claim, evidence must be provided before the Insurer will make any claim payments.

Benefit reductions for other sources of income may apply.

### Indemnity

#### Personal Super Account

If you select the Indemnity option, your Monthly Benefit is the lesser of the following amounts:

- the Monthly Benefit shown in the Policy Information Statement, inclusive of increases by the Indexation Factor; and
- your calculated monthly Pre-disability income as set out in the table below.

Percentage of income	Your monthly Pre-disability income prior to becoming totally disabled
75%	\$33,333
50%	the next \$20,000
Plus 20%	the next \$125,000

The Insured Monthly Benefit is not guaranteed. Financial evidence must be provided before the payment of any claim and must be satisfactory to the Insurer.

Benefit reductions for other sources of income may apply.

#### Employee Super Account

Your Monthly Benefit is the lesser of the following amounts:

- the Monthly Benefit shown in the Policy Information Statement; and
- 75% of your calculated monthly Pre-disability income plus 15% of income if the super contributions benefit is selected; and
- \$25,000.

The Insured Monthly Benefit is not guaranteed. Financial evidence must be provided before the payment of any claim and must be satisfactory to the Insurer:

Benefit reductions for other sources of income may apply.

### **Total Disability Benefit**

If you're totally disabled (see page 25), the Insurer will pay the Monthly Benefit after your selected Waiting Period has ended. No benefit is paid during the Waiting Period.

You must be Disabled for the length of your chosen Waiting Period to qualify for this benefit. You may return to work in your previous capacity for a total of five consecutive days or less during the 30 day Waiting Period (or 10 consecutive days or less if the Waiting Period is greater than 30 days) without the Waiting Period beginning again. Any days you work will be added to the length of your selected Waiting Period. This benefit will be paid to you monthly in arrears.

#### ***Cover while unemployed or on leave (Personal Super Account only)***

If you've been unemployed or on maternity, paternity or long service leave for 12 months or more immediately preceding a claim, then total disability means that, because of Sickness or Injury:

- you're unable to perform any occupation for which you are reasonably suited by education, training or experience;
- you're under the care and following the advice of a Medical Practitioner; and
- you're not currently working in any gainful occupation.

### **Partial Disability Benefit**

If you're partially disabled (see page 24) after your Waiting Period has ended, the Insurer will pay you a proportion of your Monthly Benefit based on the reduction in your Pre-disability income.

You must be totally disabled for at least 14 consecutive days during the Waiting Period to qualify for this benefit and Disabled for the balance of the Waiting Period. You may return to work in your previous capacity for a total of five consecutive days or less during the 30 day Waiting Period (or 10 consecutive days or less if the Waiting Period is greater than 30 days) without the Waiting Period beginning again. Any days you work will be added to the length of your selected Waiting Period. This benefit will be paid to you monthly in arrears.

#### ***Cover while unemployed or on leave (Personal Super Account only)***

If you become unemployed or go on leave without pay while a partial disability benefit is payable, then partial disability means that, due to Sickness or Injury:

- you're not totally disabled and are only capable of working in your own occupation in a reduced capacity; or you're working in another occupation;
- your monthly Income is less than your Pre-disability income; and
- you're following the advice of a Medical Practitioner.

Sabbatical leave will not be considered as unemployment or leave.

### **Recurrent Disability Benefit**

A claim recurring from the same (or related) cause within 12 months will be treated as a continuation of the previous claim. The Waiting Period will be waived and benefits will start to accrue immediately.

### **Waiver of premium**

If you're totally or partially disabled for longer than your selected Waiting Period, you don't have to pay any premiums while receiving a Total or Partial Disability Benefit.

### **Increasing Claim Benefit (Personal Super Account only)**

If you continue to receive benefits for more than 12 months, the Insurer will increase your Monthly Benefit by the Indexation Factor (to a maximum of 10%), on each anniversary of the date when benefits first started to accrue.

### **Superannuation Contributions Benefit (Employee Super Account only)**

For an additional premium you may choose to add the Superannuation Contributions Benefit. The Superannuation Contributions Benefit enables you to maintain your superannuation contributions during periods of disability.

The benefit can be no more than the monthly equivalent of:

- the amount of total superannuation contributions made by you or your employer on your behalf; or
- 15% of your annual income

in the twelve months preceding the date you applied for this benefit.

The benefit will be paid directly to your Account. This benefit will only be paid in circumstances permitted by the relevant laws relating to superannuation and taxation.

## Other eligibility conditions

In addition to meeting the entry age eligibility, you also need to meet the below conditions to be eligible to apply for Salary Continuance cover.

### Minimum working hours per week

#### Personal Super Account

You must be working at least 15 hours per week as a permanent or permanent part-time employee to be able to apply for Salary Continuance. Salary Continuance is not available for casual employees.

#### Employee Super Account

Employees of an Employer Group (including casuals, contractors and 457 visa holders) or Spouse Members working at least 15 hours per week are eligible for Salary Continuance.

### More than one occupation

If you have more than one occupation, your benefit will be based on the income you receive from your principal occupation only.

### Working from home

If you work from home, the Insurer will require details such as length of time in business, size of business, number of employees, form of payment/accounts, type of occupation, qualifications and duties performed.

### Overseas or temporary residents

Usually, only permanent residents of Australia who have been residing in Australia for more than two years are eligible.

### Anticipated surgery or present disability

If you're about to undergo surgery, or are currently disabled, the Insurer will only consider your application following your full recovery and return to full-time work.

## Exclusions

The Insurer won't pay a benefit that arises in connection with:

- war or an act of war (whether declared or not);
- any intentional self-inflicted injury or any attempt at suicide;
- normal and uncomplicated pregnancy or childbirth, including multiple pregnancy, threatened miscarriage, participation in an IVF or similar program, and conditions commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling, bladder problems or post-natal depression; or
- an exclusion which is specific to you and noted on your Policy Information Statement.

You won't be paid a benefit for any condition which is directly or indirectly caused by an Injury that first occurred, or Sickness that first became apparent, before your cover or increase in cover came into effect, unless you disclosed this information in your application for cover and the Insurer agreed to cover it.

## Benefit reductions

If, due to your disability, you receive any other income which exceeds 10% of your Pre-disability income, the Insurer will reduce the Monthly Benefit that must be paid to you under your insurance cover by the amount received.

Such disability income may include:

- sick leave, where the life insured has accrued entitlements of at least 60 days at the commencement of the Waiting Period and chooses to use those entitlements during the Benefit Period. No adjustment will be made for accumulated sick leave where:
  - the life insured has less than 60 days accumulated sick leave; or
  - the life insured has at least 60 days accumulated sick leave but the life insured chooses not to use that leave during the Benefit Period;
- any payments resulting from a workers' compensation or motor accident claim or any claim you make under any state or federal legislation; or
- benefits from any other insurance that provides income payments due to Sickness or Injury.

Any payment in the form of a lump sum, or that is exchanged for a lump sum, will be treated as having a monthly equivalent of 1/60th of the lump sum over a period of 60 months. The reduction in the amount of a Monthly Benefit will only be made to the extent that:

- a Total Disability Benefit, when combined with any other payment or monthly Income while totally or partially disabled, exceeds the greater of either 75% of your Pre-disability income or the Monthly Benefit; or
- a Partial Disability Benefit, when combined with your monthly Income and any other payment, exceeds 100% of your Pre-disability income.

A reduction will not be made to the amount of your Monthly Benefit if the other payment received is:

- a lump sum (or part of a lump sum) paid as compensation for pain and suffering, or the loss of use of a part of the body; or
- a lump sum TPD Benefit.

If the estimate of your income at date of application for cover (or an increase in cover) was not true and correct, then the Insurer may:

- reduce the amount of your Monthly Benefit to a level that does not exceed 75% of your Pre-disability income when combined with other disability payments; or
- treat the cover as null and void if your true income was so low that the Insurer would not consider covering you under this insurance cover.

If your Monthly Benefit is reduced because of a benefit offset, a part of the premium paid in the last 12 months will be refunded in proportion to the reduction of your benefit.

# Premiums

## and charges

### Premiums

#### How your premium is calculated

Your premiums are based on the type and level of cover selected along with various other factors such as, but not limited to, the following:

Factor	How it may impact the cost of your cover
Age	Generally, the older you are, the higher the cost of your cover.
Gender	Mortality and illness rates differ between males and females, resulting in a premium rate difference.
Smoker status (Personal Super Account only)	Generally, smoker premiums are higher than non-smoker premiums.
General health history and current condition	The better the state of your health, the lower the cost of your cover.
Occupation	Each occupation has different duties associated with it. The greater the risk associated with the general duties of that occupation group, the greater the cost of cover for that occupation group.
Sporting or recreational activities	Certain sporting or recreational activities carry more risk than others. Generally, the riskier the sporting or recreational activities that you undertake, the higher the cost of your cover.
Waiting Period selected	Generally, the longer the Waiting Period is, the lower the cost of your cover.
Benefit Period selected	Generally, the longer the Benefit Period is, the higher the cost of your cover.
Monthly Benefit definition selected	If you select the Indemnity option, your premium rates are discounted by 10%.
Any loadings applied to your cover	Loadings increase the cost of your cover.
Your financial adviser remuneration	The amount of financial adviser remuneration agreed between you and your financial adviser is included in your premium. Therefore, the higher the remuneration amount is, the higher the cost of your cover.
Amount of cover	Generally, the greater your cover amount, the higher the cost of your cover. However, a premium discount is applied when your insurance cover exceeds a certain amount.

Your premium is recalculated at each anniversary of the commencement date of insurance based upon your age and/or any increase in the cover arising from indexation increases.

You can obtain a copy of the current premium rates or an indicative quote free of charge by contacting your financial adviser or the Contact Centre on **1800 646 234**.

## Administration fee

Administration fee covers the costs associated with establishing and maintaining your insurance cover.

### Personal Super Account

An administration fee of \$4.10 per month (including GST) is charged in addition to the premiums applicable for each type of insurance cover held.

### Employee Super Account

The Administrator may, but does not currently, charge up to \$2.56 per month (including GST) in addition to the premiums applicable for each type of insurance cover held.

## Payment options

Premiums and charges are payable in advance.

Insurance premiums and charges will be deducted from your Personal Super Account/Employee Super Account on a monthly basis. For Personal Super Account, 6% of annual premium frequency charge is payable for each type of insurance cover held.

The Trustee is not liable to meet the cost of your insurance.

If you don't have enough cash in your Personal Super Account/Employee Super Account, the Trustee may be required to sell a portion of your investments in your Personal Super Account/Employee Super Account to pay the premium. If your account balance is insufficient to cover the premiums, your insurance cover will cease.

If you need to make contributions to your Personal Super Account/Employee Super Account to pay for the premiums, you must be eligible to do so. Generally, you can make contributions, if you are:

- under 65 years of age; or
- aged 65 or over and under age 75, and have been gainfully employed for at least 40 hours in a period of not more than 30 consecutive days during the financial year in which the contribution is made.

The premiums for your insurance will be placed in the Insurer's No.1 Statutory Fund and insurance benefits will be paid from that fund.

## Large cover discount

A premium discount is applied when your insurance cover exceeds a certain amount.

For Salary Continuance, the rate is reduced by 5% where the Monthly Benefit is \$5,000 or greater.

For Life Protection and TPD, the rate is reduced by 10% where the cover amount is \$500,000 or greater.

## Non-payment of premiums and charges

If premiums and charges are not paid within 30 days of the premium due date, the Trustee will cease your insurance cover.

## Government taxes and charges

The Insurer will pass on, with immediate effect, any government taxes or charges relating to your insurance cover.

Stamp duty may be payable on your insurance cover in accordance with the stamp duty laws and practices.

The premium applicable to your insurance cover is input taxed for the purposes of the GST. This means there is no GST payable by you on the premiums payable.

Please contact your financial adviser or the Contact Centre on **1800 646 234** for further information on the government taxes and charges that may be applicable to your insurance cover.

## Management fee

The Administrator receives a management fee of up to 11% (including GST) of insurance premium payments and may be entitled to a profit share payment (if it is justified by the claims experience) from the Insurer as remuneration for the administrative service it provides.

The Administrator may agree to pay up to 50% of the profit share payment to the AMP Group. This remuneration is included in the premium rate.

## Adviser commission

Your financial adviser can receive up to 27.5% (including GST) of insurance premiums as commission. The amount of adviser commission agreed between you and your financial adviser is included in your premium.

## Changes to the premium rates and charges

The Administrator and the Insurer reserve the right to vary the premium rates or any fees and charges at their discretion. Future government charges may also vary which may affect your premium, fees and charges.

Any change, except changes to government charges, will be advised to you in writing 90 days prior to the change taking effect.

# Mortgage Acceptance Cover

## (Personal Super Account only)

Under Mortgage Acceptance Cover, your application for insurance is immediately accepted subject to meeting the criteria under 'Limitations and other information' below, without the need for you to answer any health and personal questions or provide a personal statement or any underwriting evidence, which is normally required by the Insurer to assess the risk of insuring individuals.

### Types of insurance cover

Mortgage Acceptance Cover is available for:

- Life Protection; and
- TPD.

### Limitations and other information

Provision of insurance cover under Mortgage Acceptance Cover is subject to all of the following conditions.

- An application for insurance cover being received by us within 30 days of a home loan approval.
- You being:
  - the actual home loan borrower; or
  - one of the home loan borrowers if the loan is in joint names.
- Provision of evidence, satisfactory to the Insurer, of the home loan approval by a bank, credit union or building society confirming the name of the home loan borrower, the amount of the loan and the date of approval. Please note that a home loan pre-approval is **not** acceptable.
- The amount of cover being the lesser of the amount of the home loan (as increased from time to time) and \$500,000.
- Your occupation must be an insurable occupation as set out in the InsuranceCare occupation list for TPD.
- All the other terms and conditions of the relevant Master Policy.

Insurance cover provided under Mortgage Acceptance Cover is subject to New Events for the first 12 months.

New Events means that you are only covered for claims arising from a Sickness which first becomes apparent, or an Injury which first occurs on or after the date cover commenced or most recently commenced under the insurance cover:

After 12 months, full insurance cover applies subject to meeting the Active Employment definition. If you are not in Active Employment after the first 12 months, cover will continue to be limited to New Events until you return to Active Employment. Please refer to the 'Glossary' section on page 23 for the definition of Active Employment.

### Exclusions

A benefit will not be paid if death or disability is caused directly or indirectly by:

- suicide or any attempt at suicide within 12 months of commencement of cover;
- an intentional self-inflicted act or Injury; or
- hazardous pursuits that the Insurer would not usually cover under standard terms and conditions.

# Important Information

## When are benefits paid?

Any benefit payable is paid to the Trustee and held on your behalf until payable under the terms of the Trust Deed. The payment of insured benefits by the Trustee is also subject to the relevant amount being received from the Insurer.

### Life Protection and/or TPD

Before a TPD or Terminal Illness Benefit can be paid to you, you must be permanently incapacitated as defined by superannuation law, or satisfy another condition of release.

### Salary Continuance

Before a Salary Continuance Benefit can be paid to you, you must be temporarily or permanently incapacitated as defined by superannuation law, or satisfy another condition of release.

## When will your insurance cover end?

Your insurance cover will end as soon as one of the following occurs:

- you have reached the cover expiry age;
- the premiums are not paid within 30 days of written notice of the premiums being due;
- you cease to be a member of the Personal Super Account/Employee Super Account and you do not take the insurance continuation option;
- you are absent from active employment for a period of more than one year, including any period of unpaid employer approved leave exceeding 12 months (Employer Super Account only);
- the Insurer terminates cover due to misrepresentation or non-disclosure;
- the Insurer admits a claim for a Death Benefit;
- you permanently retire from the workforce, except when this is a direct result of a Disability (Salary Continuance only);
- you die (Salary Continuance only);
- a benefit has been paid for Terminal Illness or TPD and there is no remaining Death Benefit (Life Protection only);
- the insurance cover is cancelled in writing; or
- the relevant Master Policy is terminated.

## Guarantee of upgrade

Future versions of InsuranceCare may be introduced. If this happens, your insurance cover will be automatically upgraded to the new terms and conditions within a reasonable timeframe, but only if you will not be disadvantaged by the upgrade.

## Guaranteed renewable

The Insurer guarantees to renew your insurance cover each year until the expiry date of the cover as long as you comply with the policy conditions and pay the required premium. This guarantee applies regardless of any change in your health or personal circumstances.

## Automatic continuation

### Personal Super Account

If you have a Personal Super Account and are (or become) employed by an employer who is registered with the Trustee as an Employee Super Account employer, you may convert your Personal Super Account to an Employee Super Account.

### Employee Super Account

If you leave your employment and do not join another employer who is registered with the Trustee as an Employee Superannuation Account Employer, your Employee Super Account will convert to a Personal Super Account, but at Personal Super rates.

The terms and conditions may change and your premium rates will be based on smoker rates until the Administrator receives a completed Non-Smoker Declaration from you.

If you close your Employee Super Account and roll your benefits to another superannuation fund, there is no insurance continuation option.

## Indexation (Personal Super Account only)

To help ensure the level of your insurance cover is not devalued by inflation, it will be automatically indexed each year by a minimum of 5% or the Indexation Factor, whichever is greater. Your premiums will increase accordingly.

The increase will be calculated on the anniversary of the commencement date of insurance. You can decline an increase at any time by writing to the Administrator and requesting that indexation not be applied to your insurance cover for that particular year. This will not preclude you from future indexation of cover. Your cover will not be indexed if you are claiming a benefit from the cover.

The maximum sums insured attainable by application of indexation are:

Insurance cover type	Maximum sum insured
Life Protection	no maximum
TPD	\$5,000,000 or \$1,500,000 for Home Duties
Salary Continuance	\$60,000 per month

## 24 hour worldwide cover

Your insurance cover provides worldwide cover, 24 hours a day, subject to any terms and conditions noted on your Policy Information Statement.

The Insurer may require you to return to Australia at your own expense for assessment in the event of a claim.

## Information on your cover

On acceptance of your application for insurance, you'll be provided with a Policy Information Statement which contains the information about your insurance cover. You should read this important document carefully and retain it for future reference. Further information is also available in the relevant Master Policy document which can be obtained by calling the Contact Centre on **1800 646 234** or by contacting your financial adviser. All the terms of your insurance are effective as soon as the Administrator issues your Policy Information Statement.

While your application is being processed, you'll be covered under the terms of the Interim Cover detailed on page 27.

## Your duty of disclosure (Personal Super Account or where Automatic Acceptance does not apply on Employee Super Account only)

Before you enter into a contract of life insurance with an insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance with your duty is waived by the insurer.

## Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

## Cooling-off period

If you're not completely satisfied with your cover, you may cancel it by notifying the Administrator in writing within 28 days of the issue date of your Policy Information Statement. You'll receive a refund of the amounts you have paid, unless you've made a claim before the end of those 28 days.

Premiums deducted will be refunded to your super account and may be subject to the preservation rules of superannuation law. If this is the case, the refunded premiums cannot be paid to you in cash.

## Making a claim

The Administrator must be notified within 30 days or as soon as practically possible of any event which is likely to give rise to a claim. If it can be shown that it was not possible to meet the time requirement for notification of the claim, then it must be provided as soon as is reasonably possible.

Once notified, the Administrator will provide the relevant forms to be completed.

The claim form must be fully completed and returned to the Administrator within 30 days of the event, together with such other information and documentation that the Insurer may require in order to consider the claim.

## Taxation

The taxation information contained in this PDS outlines general statements only, and is accurate as at the preparation date of the PDS. You should contact your taxation adviser for further information on current tax legislation and how it may impact you, taking into account your individual objectives, financial situation or needs.

### Premiums

The superannuation fund will generally receive a tax deduction for all or part of the insurance premiums paid and the Trustee passes the benefit of this deduction on to your superannuation account.

### Taxation of death benefits

Death benefits can generally be paid as a lump sum or as a pension. The amount of tax payable on any benefit paid depends on how the benefit is paid and who receives the benefit.

Death benefits paid from a superannuation fund as a lump sum are tax free if paid to a dependant (as defined by tax legislation).

For tax purposes, a dependant includes your spouse or former spouse (including de facto spouse), your children under 18, a person who was wholly or substantially financially dependent on you at the time of your death and a person with whom you were in an interdependency relationship at the time of your death.

Death benefits paid as a lump sum to a non-dependant are assessable income. The element taxed in the fund will be taxed at the maximum rate of 15% plus the Medicare levy. The element untaxed in the fund will be taxed at the maximum rate of 30% plus the Medicare levy. There will be an untaxed element where the death benefit includes an insurance payment.

Death benefits may be paid as a pension to your dependants in some circumstances. Generally, a death benefit can only be paid as a pension to a spouse or to a child under the age of 18 years. If either you or your beneficiary are aged 60 or over at the time of your death, all payments made from the pension to your beneficiary will be tax free. If neither you nor your beneficiary are aged 60 or over at the time of your death, tax may be payable.

#### **Taxation of TPD benefits**

Your TPD benefit will be paid to your superannuation fund and, if you meet a condition of release of preserved benefits, may be paid to you as a lump sum or as a pension. The benefit will include a tax-free component and a taxable component. If you are under 60, the taxable component will be assessable income to you and you will receive a payment summary from your super fund detailing the tax-free and taxable components.

Please refer to the relevant Personal Super Account PDS for further details on when you can access your benefits and conditions of release.

#### **Salary Continuance benefits**

Any benefit received from this insurance cover will be assessable income and subject to tax at your marginal tax rate plus Medicare levy of 1.5%.

#### **Policy variation**

The Insurer may vary the provisions of a Master Policy or any benefit in certain circumstances outlined in a Master Policy.

Any communications (including any confirmation of any transaction, dealing, notice of material changes and significant events and other information you may request) and documents (including periodic reports) which the Trustee, the Administrator or the Insurer is or may be required to give, or has agreed to give, to you relating to your insurance cover may be provided to you via Investor Online or any other electronic means chosen by the Trustee, the Administrator or the Insurer.

## **Enquiries and complaints resolution**

If you've any enquiries or complaints about your insurance cover, please contact your financial adviser or the Contact Centre on **1800 646 234**.

If you wish to lodge a complaint, please write to:

The Complaints Officer  
PO Box 7229  
Cloisters Square WA 6850

The Administrator will endeavour to resolve your concern within 45 days and you'll be notified in writing of a decision in relation to your complaint.

If you're not satisfied with the decision or the handling of your complaint, you may lodge a complaint with the Superannuation Complaints Tribunal (SCT).

#### **Superannuation Complaints Tribunal (SCT)**

The SCT is an independent body set up by the Commonwealth Government to help resolve complaints about the decisions of superannuation fund trustees.

Before the SCT has jurisdiction to deal with the matter, it must be satisfied that the complaint was previously made to an appropriate person under the internal enquiries and complaints procedures.

The SCT can only deal with complaints which concern a particular member or former member of the superannuation fund. It cannot deal with complaints about the management of the fund as a whole.

To find out whether the SCT can handle your complaint and the type of information you need to provide, visit their website at [www.sct.gov.au](http://www.sct.gov.au) or contact them on 1300 884 144.

Alternatively, you can write to:

Superannuation Complaints Tribunal  
Locked Bag 3060  
Melbourne VIC 3001

## Privacy statement

Your privacy is important to the Trustee.

Information that the Trustee has and collects about you will be used to administer your Personal Super Account or Employee Super Account and your relationship with your financial planner as it relates to InsuranceCare. You need not give the Trustee any personal information requested in the application or any other document or communication relating to InsuranceCare. However, in some instances you will be required by law to provide the Trustee with certain personal information (for example the legal duty of disclosure when completing the InsuranceCare application). In addition, if you choose not to provide this information, the Trustee may not be able to process the application or other document, or provide you with the appropriate level of service.

Under the National Privacy Principles, you may request access to personal information about you held by the Trustee and you may let the Trustee know if you think any of it is incorrect, incomplete or out of date. There are some limited situations, that are set out in the National Privacy Principles, where you do not have this right. The Trustee may charge you its reasonable costs of processing your access requests.

In addition to collecting, using and disclosing information relating to insurance to the Insurer, the Trustee will also disclose your personal information to:

- any company within the AMP Group. This information may be used to provide you with ongoing information about the range of financial services that may be useful for your financial needs. These may include investment, retirement, financial planning, banking, credit, life and general insurance products and enhanced customer services that may be made available by companies within the AMP Group or by your financial planner;
- your financial planner or broker and their representatives;
- external service suppliers who supply administrative, financial or other services to assist the Trustee or any companies in the AMP Group in providing financial services (for example, any financial institutions you nominate, mailhouses contracted to mail reports and information to you in relation to your investment and archive companies);
- a particular agency, body or person if required by law;
- anyone you authorise.

Where sensitive information such as information about your health, race, sexual preferences and activities is collected, it will only be used or disclosed for the primary purpose of collection, that is to assess applications and for directly related purposes. It will not be used or disclosed for any other purpose unless the Trustee has your consent, or as otherwise permitted by the National Privacy Principles. The Trustee may disclose sensitive information of this kind to the parties listed above (who are involved in the primary purpose of collection or directly related secondary purposes) and also to:

- reinsurers of any insurance provider through InsuranceCare;
- Medical Practitioners and any other person the Trustee or insurance provider deems necessary to assist in either the assessment of claims or the resolution of complaints.

To access personal information the Insurer holds about you, or to obtain more information about your rights or the Insurer's privacy policy, please contact:

AIA Australia Limited  
553 St Kilda Road  
Melbourne VIC 3004  
Phone: (03) 9009 4000  
Facsimile: (03) 9009 4824  
Website: [www.aia.com.au](http://www.aia.com.au)

To access personal information the Trustee and the Administrator hold about you, or to obtain more information about your rights or the Trustee's and the Administrator's privacy policy, please contact:

Customer Transactions  
PO Box 7229  
Cloisters Square WA 6850  
Telephone: 1800 646 234

The AMP Privacy Policy Statement sets out the AMP Group's policies on management of personal information. AMP's Privacy Policy may be obtained from either Contact Centre, AMP, your financial planner or AMP's website at [www.amp.com.au](http://www.amp.com.au).

## Alternative Forms of Remuneration Register

We are required to comply with the Financial Services Council code of practice on alternative forms of remuneration ('the code') in the Wealth Management Industry. The code aims to eradicate any practices that may influence product providers and advisers to act outside of your best interests.

We are required by the code to maintain a register to record any material forms of alternative remuneration (being \$300 per item or more) which are paid and received by us. Registers are required to be maintained by fund managers, platform providers, representatives and licensees.

Our register is publicly available for inspection by you and a copy of the register can be requested by contacting us on 1800 646 234.

# Additional Information

## about insurance through an Employee Super Account

### What is Automatic Acceptance?

Automatic Acceptance provides you with cover without the need for you to provide a personal statement or any underwriting evidence, which is normally required by the Insurer to assess the risk of insuring individuals. Because your employer has nominated a Benefit Design for you and by meeting certain criteria, you can be automatically covered. However, your actual cover amount will be limited to the lower of the Benefit Design chosen by your employer or the plan's Automatic Acceptance levels.

As the number of employees increase, the cover limits for Automatic Acceptance also increase, as shown below. For example, if an employer has 60 employees, they can provide insurance cover for each employee for Life and TPD Protection up to \$500,000 without the need for personal statements.

If you would like a higher level of cover than that allowed under Automatic Acceptance, you need to be personally underwritten for the amount above the Automatic Acceptance Level. You will need to complete an InsuranceCare Application and Personal Statement, both of which can be found at the back of this PDS.

Automatic Acceptance is subject to:

- your employer having at least five employees who qualify for insurance (if your employer has less than five employees you will be required to complete an InsuranceCare application); and
- at least 75% of the employees in your employer group have insurance through their Accounts; and
- you being actively at work and undertaking all the regular duties of your occupation on the day you are eligible to join the insurance plan.

Automatic Acceptance will apply provided your employer:

- has a minimum of five (5) employees
- provides insurance cover for all employees.

In addition, please note, there is a maximum number of units of cover that can be provided for automatic acceptance, they are:

Number of Members in employer group	Units of Cover Offered
5 to 19	4 units
20 to 29	6 units
30 or more	8 units

Should you wish to reinstate your insurance after it has been cancelled, Automatic Acceptance will not apply and you will be required to complete an InsuranceCare application.

The Automatic Acceptance Level (AAL) for your employer group will be lesser of:

- the number of units your employer has selected as the level of cover; and
- the maximum number of units stated in the above table.

Should the selected number of units be greater than the AAL, or should you increase your number of units above the AAL you will need to be personally underwritten for the number of units above the AAL.

### Fixed-dollar premium per unit, per week

The 'fixed-dollar premium per unit, per week' benefit design provides insurance cover in an easy-to-understand and affordable package. If your insurance has been arranged in this way then the following will apply. (Your employer will be able to advise if this applies to you.)

The level of cover per unit depends on your age as shown below:

Level of cover per unit	
Age next birthday	Sum Insured per unit \$
15 to 40	\$71,000
41 to 45	\$59,000
46 to 50	\$40,000
51 to 55	\$27,000
56 to 60	\$18,000
61 to 65	\$11,500

The premium price per unit per week depends on the occupation category detailed below:

Occupation category	Life Protection	Life & TPD*
<b>Professional &amp; White collar</b>	\$0.80	\$1.00
<b>Light Manual</b>		
Technical and certain tradespeople	\$0.80	\$1.25
<b>Heavy manual (skilled)</b>		
Tradespeople and those involved in heavier manual duties	\$0.80	\$1.60
<b>Heavy manual (unskilled)</b>		
Heavy manual occupations	\$0.80	\$2.00
Hazardous	\$1.00	N/A

\*Some occupational categories may be excluded from TPD cover

Your employer may have chosen multiples of units in order to tailor the level of cover for their employees. For example, for a 47 year old heavy manual (skilled) tradesperson, three units (\$120,000) of Life Protection Cover would cost \$2.40 per week.

## Insurance under Choice

The Choice legislation provides that employers may make Superannuation Guarantee contributions to a default superannuation fund for their employees if that fund meets the minimum requirements under the Choice legislation in relation to offering insurance cover:

### Our Choice Insurance Offer

In order to satisfy the minimum insurance cover required under the Choice legislation a Basic Cover option has been introduced.

You are eligible for Basic Cover if:

- you are under age 65; and
- your employer has nominated InsuranceCare as your default fund; and
- you are not covered for insurance protection through an existing group insurance benefit design in your employer's superannuation arrangements.

Basic cover will include Life and Total and Permanent Disablement (TPD) protection (except Members who are employed in hazardous occupations, who will be covered for life protection only) based on the 'fixed dollar premium per unit, per week' benefit design described above. Members covered by Basic Cover will have one unit of insurance cover.

### When will Basic Cover commence?

If you have become a member of InsuranceCare Employee Super because your employer has recently enrolled as a participating employer; and your employer has nominated InsuranceCare Employee Super as your default fund, then cover will commence from the date you become a member.

If you have joined your employer's InsuranceCare Employee Super default superannuation fund as a result of commencing employment with your new employer; cover will commence from the first day that you attend your employment and commence your usual employment duties, and will remain in force provided that we receive an initial contribution from your employer within 120 days of you commencing employment.

The cover expiry age (for purposes of termination of your cover – please see page 17) for this category of insurance cover is age 65.

Basic Cover will automatically apply under our automatic acceptance business rules, regardless of the number of employees in an employer group. The elimination of the minimum employee requirement, where cover is provided under Basic Cover; replaces the current business rules that Automatic Acceptance will only be provided where there is a minimum of five employees and all employees take up insurance cover.

### Can I cancel or vary my insurance cover?

If you choose not to have Basic Cover you must complete a request to cancel insurance benefits form and forward it to Customer Transactions, PO Box 7229, Cloisters Square, Perth, WA 6850.

If you wish to increase your level of cover you should read this PDS in its entirety and you must submit insurance application and insurance personal statement forms to be personally underwritten. Being accepted for group insurance cover on this basis would have the effect of cancelling your Basic Cover.

Note: Before you exercise your option to cancel the insurance cover provided through your membership of InsuranceCare Employee Super, we recommend that you discuss this with the financial planner for your account first.

### Can I have TPD cover under Basic Cover if I am a casual employee?

Yes. If you're continuously employed for more than 15 hours per week the 'Standard' definition of TPD will apply to you as shown on page 8. If you're continuously employed on a basis whereby you would work less than an average of at least fifteen hours per week in every consecutive thirteen week period in a full year of employment prior to the date of the event that caused you to become totally and permanently disabled, you'll receive a TPD benefit if you're unable to perform at least two of the following Activities of Daily Living:

- dressing – the ability to put on or take off clothing without assistance
- bathing – the ability to wash or shower without assistance
- toileting – the ability to use the toilet including getting on and off without assistance
- mobility – the ability to get in and out of bed and a chair without assistance
- feeding – the ability to get food from a plate into the mouth without assistance

'assistance' means the assistance of another person.

### When will Basic Cover terminate?

See page 17 for the circumstances in which your Basic Cover will terminate. For Basic Cover your expiry age for Life and TPD cover is the anniversary of the commencement date of insurance prior to your 65th birthday.

In addition, Basic Cover will terminate if your cash balance has a nil balance 120 days after the date that you commence service with your employer.

# Glossary

## General terms

### Accidental Injury

Means bodily Injury caused solely and directly by accidental, external and visible means, independent of any other cause.

### Active Employment

You are in Active Employment if you are:

- employed to carry out identifiable duties;
- actually performing those duties; and
- in the opinion of the Insurer; not restricted by illness or injury from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week) even though your actual employment can be on a full-time, part-time, contract or casual basis.

OR

- not employed for reasons other than illness or injury, and in the opinion of the Insurer you are not restricted by illness or injury from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week). (even if you are not then working on a full time basis).

### Activities of Daily Living

- Dressing – the ability to put on and take off clothing without assistance.
- Bathing – the ability to wash or shower without assistance.
- Toileting – the ability to use the toilet, including getting on and off without assistance.
- Mobility – the ability to get in and out of bed and a chair without assistance.
- Feeding – the ability to get food from a plate into the mouth without assistance

where 'assistance' means the assistance of another person.

### Agreed Value

If you've chosen 'Agreed Value' as specified in the Policy Information Statement, the amount the Insurer will pay is the Monthly Benefit shown in your Policy Information Statement, inclusive of any indexation increases, and less any benefit reductions if applicable. This is subject to financial evidence supporting the Monthly Benefit being provided at either application or claim stage.

### Approved rehabilitation program

A program certified by your Medical Practitioner to be necessary for your rehabilitation which is approved by the Insurer; but excluding any program providing 'hospital treatment' or 'ancillary health services' within the meaning of the National Health Act 1953, or any other program which might cause this policy to cease to be exempt from the National Health Act 1973 or any succeeding Federal Act in connection with health insurance.

### Benefit Period

The maximum period of time for which a Monthly Benefit will be paid for any one Sickness or any one Injury whilst you are totally or partially disabled.

The benefit period for Salary Continuance is either two years, or the period up to the anniversary of commencement date of insurance immediately prior to age 65.

### Carer

The primary caregiver who provides assistance to a family member with communication, mobility or self care to a disabled person or aged person for more than six months.

### Disability or Disabled

Means totally or partially disabled.

### Employer Group

An employer and those employees of the employer who hold an Employee Super Account.

### Home care needs

Includes cooking, cleaning, shopping, banking and similar needs, but does not include the provision of nursing or similar services.

### Immediate family member

Your spouse or de facto spouse, parent or parent-in-law, child or sibling who is aged at least 18 years.

### Income

If you're self employed, a working director or partner in a partnership, this is the income generated by the business or practice directly due to your personal exertion or activities, less your share of necessarily incurred business expenses. If you're not self employed, a working director or partner in a partnership, this is the total value of remuneration paid by your employer including salary, fees, commission, bonuses, regular overtime and fringe benefits. While you're disabled, monthly Income will include any income that, in the Insurer's opinion, you could reasonably be expected to earn in your own occupation.

### Indemnity

#### Personal Super Account

If you've chosen 'Indemnity' as specified in the Policy Information Statement, the Monthly Benefit the Insurer pays is the lesser of the following amounts:

- the Monthly Benefit shown in the Policy Information Statement, inclusive of increases by the Indexation Factor; and
- 75% of the first \$33,333 of the life insured's monthly Pre-disability income (indemnity) at the start of the total disablement, plus 50% of the next \$20,000 of the life insured's monthly Pre-disability income (indemnity), plus 20% of the next \$125,000 of the life insured's monthly Pre-disability income (indemnity).

### Employee Super Account

Your Monthly Benefit is the lesser of the following amounts:

- the Monthly Benefit shown in the Policy Information Statement; and
- 75% of your calculated monthly Pre-disability income plus 15% of income if the super contributions benefit is selected; and
- \$25,000.

### Indexation Factor

The most recent change in the Consumer Price Index (all groups – Eight Capital Cities combined) published by the Australian Bureau of Statistics. If no Consumer Price Index is published, the Insurer will use another index that the Insurer considers appropriate.

### Injury

A physical Injury to the body arising from your involvement in an accident, occurring while your cover is in force.

### Medical Practitioner

A legally qualified Medical Practitioner other than you, an immediate family member or business partner. The Medical Practitioner must be registered in Australia or have qualifications equivalent to Australian standards.

### Monthly Benefit

The amount the Insurer pays you if you make a valid claim and is determined by which option you have chosen (Agreed Value or Indemnity) at time of application. Calculation of benefits payable at time of claim will be based on 1/30th of the monthly benefit to arrive at a daily benefit.

### Non-smoker

A person who has not smoked any tobacco or any other substance in the preceding 12 month period.

### Own Occupation

This is the occupation in which the life insured was working immediately prior to the Sickness or Injury causing disability, unless the life insured:

- was working in that occupation for less than 10 hours a week; or
- was unemployed or on sabbatical, long service, maternity or paternity leave for more than 12 months

in which case, Own Occupation will be any occupation for which the life insured is suited by education, training or experience.

If the life insured had been working in more than one occupation that meets these criteria, Own Occupation will include all of those occupations.

### Partial disability

Due to Sickness or Injury:

- (i) you are only able to work in your own occupation in a reduced capacity, or you are working in another occupation;
- (ii) your monthly Income is less than your Pre-disability income; and
- (iii) you are under the care and following the advice of a Medical Practitioner:

The amount of the partial disability for Salary Continuance/Income Protection equals:

$$\frac{A - B}{A} \times \text{Monthly Benefit}$$

A = your Pre-disability income.

B = your monthly Income for the month in which disability is claimed.

### Pre-disability income

The larger of the following amounts:

- the highest average of your monthly Income in any consecutive 12 month period in the three years immediately before the most recent period of disability; and
- the average monthly Income you received during the 12 months before you applied for cover under this policy.

If work is not available to you because of your Sickness or Injury, but you are able to perform an important income producing duty of your regular occupation to earn income, the Insurer will make a reasonable estimate of your monthly Income when the Insurer calculates the benefit.

If you continue to receive benefits for more than 12 months, this figure will be increased by the Indexation Factor every 12 months on the anniversary of the date that benefits commenced. If there is an indexed increase, the most recent indexed amount will be the minimum Pre-disability income for future claims.

### Premium

Specified in the Policy Information Statement and includes the premiums for the benefits attached to this Policy, the administration fee, any frequency and government charges.

### Policy Information Statement

A statement containing the individual details of your insurance cover.

### Sickness

An illness or disease that becomes apparent while your cover is in force.

### Special terms

A contractual term that may be imposed in relation to your cover which may include any restriction on the cover, exclusion, or rates of premium imposed according to underwriting practices.

### Spouse Member

Means an Employee Super Account member's spouse or de facto spouse who is:

- (i) not a member of a Employee Super Account; and
- (ii) insured under the relevant Master Policy.

For the purposes of this policy a spouse is:

- (i) a husband or wife of the employer sponsored member; or
- (ii) a person who, though is not legally married to the member lives with the member on a bona fide domestic basis as the husband or wife of the member (this includes two people of the same sex).

### Sum Insured

The cover amount as shown in your Policy Information Statement.

### Total disability

Due to Sickness or Injury, you are:

- (i) unable to perform at least one important income producing duty of your regular occupation;
- (ii) not currently working in any gainful occupation; and
- (iii) under the care and following the advice of a Medical Practitioner.

### Waiting Period

The period that you have to be disabled before you qualify for a benefit. The Waiting Period begins on the date:

- that you first consult a Medical Practitioner about the condition causing the total disability; or
- when you first cease work due to the condition causing the total disability, as long as it is not more than seven days before you first consulted a Medical Practitioner about that condition and you provide reasonable medical evidence about when the total disability began.

### Whole Person Function

Means the Member suffers twenty-five per cent (25%) Whole Person Impairment based on the latest edition of the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', or an equivalent guide approved by the Insurer. The 'Guides to the Evaluation of Permanent Impairment' covers every body system and provides a standardised approach to determine impairment assessment using patient history, physical examination and clinical tests.

The assessment of Whole Person Function will be undertaken by the appropriate certified specialist based on the insured person attaining maximum medical recovery.

Closed to all members

This page has been intentionally left blank



Closed to all members

This page has been intentionally left blank

**Contact Centre 1800 646 234**

**Correspondence**

Customer Transactions  
PO Box 7229  
Cloisters Square WA 6850

**Distributed by**

**Hillross Financial Services Ltd**

ABN 77 003 323 055  
Level 11, 33 Alfred Street,  
Sydney NSW 2000  
Phone: 1800 445 767  
Fax: (02) 9257 9281

**AMP Financial Planning Pty Ltd**

ABN 89 051 208 327  
Level 8, 33 Alfred Street,  
Sydney NSW 2000  
Phone: 133 888  
Fax: (02) 9257 5006

**Trustee, Administrator and Issuer**

Asgard Capital Management Ltd  
ABN 92 009 279 592 AFSL 240695

Closed to all members

# InsuranceCare<sup>®</sup>

## Application Book

Issue date: 1 July 2012

Closed to all members

# InsuranceCare

## Application checklist

**i** To avoid any delay in your Application process, please ensure you complete all the relevant sections and **send ALL PAGES** of the form to us by either:

mail: Customer Transactions, PO Box 7229, Cloisters Square WA 6850

fax: (08) 9415 5564

email: [portfoliocare.client.services@asgard.com.au](mailto:portfoliocare.client.services@asgard.com.au)

Please do not send us the original as well if you are sending your Application by fax or email.

Checked	Section	Mandatory	Only to be completed if
<b>Part 1 Personal information</b>			
<input type="checkbox"/>	A Application details	Yes	
<input type="checkbox"/>	B Life insured details	Yes	
<input type="checkbox"/>	C Insurance cover details	Yes	
<input type="checkbox"/>	D Payment details		
<input type="checkbox"/>	E Adviser details	Yes	
<b>Part 2 Full personal statement</b>			
<input type="checkbox"/>	A Personal history	Yes	
<input type="checkbox"/>	B Family history	Yes	
<input type="checkbox"/>	C Doctor's details	Yes	
<input type="checkbox"/>	D Medical and health history	Yes	
<input type="checkbox"/>	E Present occupation	Yes	
<input type="checkbox"/>	F Further occupational information		You are applying for Salary Continuance.
<input type="checkbox"/>	G Income details		You are applying for Salary Continuance.
<input type="checkbox"/>	H Aviation Questionnaire		You answer <b>YES</b> to question 6 on Section A.
<input type="checkbox"/>	I Activities/Pursuits Questionnaire		You answer <b>YES</b> to question 6 on Section A.
<input type="checkbox"/>	J Asthma Questionnaire		You answer <b>YES</b> to question 1(b) on Section D.
<input type="checkbox"/>	K Spinal/Joints Disorder Questionnaire		You answer <b>YES</b> to question 1(h) on Section D.
<input type="checkbox"/>	L High Blood Pressure/ High Cholesterol Questionnaire		You answer <b>YES</b> to question 1(a) on Section D.
<input type="checkbox"/>	M Mental Health Questionnaire		You answer <b>YES</b> to question 1(e) on Section D.
<input type="checkbox"/>	N Check-up Questionnaire		You answer <b>YES</b> to question 2 on Section D.
<input type="checkbox"/>	O Multi-purpose Questionnaire		You answer <b>YES</b> to: <ul style="list-style-type: none"> <li>questions 3 to 6 on Section D and the degree of recovery is less than 100%; and/or</li> <li>questions 1(c), 1(d), 1(f), 1(g) and/or 1(i) on Section D.</li> </ul>
<input type="checkbox"/>	<b>Part 3 Declaration and signature</b>	<b>Yes</b>	
<b>Other requirements</b>			
<input type="checkbox"/>	Enclose copy of the quote	Yes	
<input type="checkbox"/>	Death benefit nomination		You would like to make a death benefit nomination. For further information about death benefit nomination please refer to the current PDS for your Super Account.

# InsuranceCare

## Application

Insurance cover through InsuranceCare is offered by N.M. Superannuation Proprietary Limited ABN 31 008 428 322 AFSL 234654 ('the Trustee') and AIA Australia Limited ABN 79 004 837 861 AFSL 230043 ('the Insurer') is the issuer of this cover under a Master Policy held by the Trustee. Insurance cover is administered by Asgard Capital Management Ltd ABN 92 009 279 592 AFSL 240695 ('the Administrator').

**i** To avoid any delay in your Application process, please ensure you complete all the relevant sections and **send ALL PAGES** of the form to us by either:

mail: Customer Transactions, PO Box 7229, Cloisters Square WA 6850

fax: (08) 9415 5564

email: [portfoliocare.client.services@asgard.com.au](mailto:portfoliocare.client.services@asgard.com.au)

Please do not send us the original as well if you are sending your Application by fax or email.

### Important information

Before completing this Application, please read the Product Disclosure Statement (PDS) and any Supplementary Product Disclosure Statement (SPDS) for InsuranceCare for information on premiums and conditions. The Privacy Statement section sets out important information you should know about how the Trustee and the Insurer handle your personal information.

Please read this Application carefully and correct any mistakes or omissions. All corrections must be initialled.

### Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance with your duty is waived by the insurer.

### Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

**Questions?** Call the Contact Centre on **1800 646 234** or email [portfoliocare.client.services@asgard.com.au](mailto:portfoliocare.client.services@asgard.com.au)

**i** This symbol indicates you need to give us more information.





## Part 2 – Full personal statement

### A. Personal history

1. (a) Do you have, or are you applying for, life or disability insurance on your life (including any pending applications held with any insurer)?  Yes  No  
If 'Yes', please complete the details below.

Policy number	Commencing date	Policy owner	Insurer	Type of cover	Amount of cover	Terms of acceptance (eg loading, exclusion)	Existing Salary Continuance/ Income Protection: Waiting Period/ Benefit Period	To be replaced? Y or N
	/ /							
	/ /							
	/ /							
	/ /							
	/ /							

**Note:** If you intend to replace an existing insurance cover with InsuranceCare, we may require that you cancel your existing insurance cover. Your adviser can confirm when this requirement applies. In these cases, the replacement cover issued by the Insurer will only start when the existing insurance cover is cancelled. Failure to cancel your existing insurance cover within a reasonable time may make your insurance cover void.

- (b) Have you ever been declined, deferred or accepted on special terms for life, disability or trauma insurance?  Yes  No  
If 'Yes', please provide details below.

- (c) Have you ever claimed benefits from any source (eg accident, Sickness, workers' compensation, social security, disability insurance or pension)?  Yes  No  
If 'Yes', please give the name of the company, date, amount and reason for each claim below.

Benefit type/ Source	Date claim made	Date claim finalised	Claim amount	Reason for claim
	/ /	/ /		
	/ /	/ /		

2. (a) Have you smoked tobacco or any other substance during the last 12 months?  Yes  No  
If 'Yes', please state substance and quantity below. (Please note 'packet' is not sufficient details.)

- (b) Do you drink alcohol?  Yes  No  
If 'Yes', please state weekly quantity and type below. (Please note 'social' is not sufficient details.)

- (c) Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs?  Yes  No  
If 'Yes', please provide details below.

- (d) Within the last five years, have you occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs?  Yes  No  
If 'Yes', please provide details below.

3. Females only: Are you pregnant?  Yes  No  
If 'Yes', please provide estimated date child is due.

**A. Personal history** *(continued)*

4. (a) What is your height? .....    cm

(b) What is your weight? .....    kg

5. Do you intend to travel or reside overseas? .....  Yes  No  
 If 'Yes', please provide details below.

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure
				/ /
				/ /

6. Do you engage in or intend to engage in any of the following: .....  Yes  No  
**i** If 'Yes', please complete Section H (Aviation Questionnaire) and/or I (Activities/Pursuits Questionnaire).

- Abseiling
- Aviation (other than as a passenger on a recognised airline)
- Football (all codes)
- Long-distance sailing
- Hang gliding
- Scuba diving
- Motor racing
- Parachuting
- Powerboat racing
- Mountaineering
- Martial arts
- Any other hazardous activity?

7. Are you aware of any other circumstances or matters which may be relevant to the Insurer's decision whether to accept your Application? .....  Yes  No  
 If 'Yes', please provide details below.

**B. Family history**

1. Have any of your immediate family (eg father, mother, brother or sister), prior to the age of 60 (living or dead), ever suffered from heart disease, breast cancer, polycystic kidney disease, diabetes, mental disorder, stroke, Huntington's chorea or any hereditary disease? .....  Yes  No  
 If 'Yes', please complete the details below.

	Condition/Illness (for cancer or heart disease, please specify the type)	Age at onset (approx.)	Age at death (if applicable)
Father			
Mother			
Brothers			
Sisters			

**C. Doctor's details (to be completed in full)**

I. (a) Please provide details of your personal doctor below.

If no personal doctor, please state name/address of last doctor or medical centre you attended.

Name

Address

  
 State  Postcode 

Email

Phone

  

Facsimile

  

(b) What was the date of your last consultation?.....

(c) What was the reason for the consultation?

(d) What was the result?

(e) How long have you been attending this surgery or practice?

(f) If less than 12 months, please provide the name and address of your previous personal doctor or medical centre.

Name

Address

  
 State  Postcode 

Email

Phone

  

Facsimile

## D. Medical and health history

1. Have you **ever** suffered symptoms of, had, been told you have or received any advice, investigation or treatment of any of the following?

**i** If you answer 'Yes', please also complete the relevant section listed in the column on the far right.

Section:

- |   |                              |                             |              |
|---|------------------------------|-----------------------------|--------------|
| (a) High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever; any heart complaint or stroke .....               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | L on page 18 |
| (b) Asthma, chronic lung disease, sleep apnoea or other respiratory disorder .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | J on page 16 |
| (c) Indigestion, gastric or duodenal ulcer or any bowel disorder .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | O on page 23 |
| (d) Diabetes, abnormal blood sugar, gout or thyroid disorder .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | O on page 23 |
| (e) Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | M on page 20 |
| (f) Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness or recurrent headaches .....                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | O on page 23 |
| (g) Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | O on page 23 |
| (h) Back or neck complaint, whiplash, sciatica or any other disorder of joints, bones or muscles.....                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | K on page 17 |
| (i) Psoriasis or eczema, skin disorder; defect in hearing or sight.....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | O on page 23 |
| 2. Have you had any routine examinations or check-ups in the last five years? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | N on page 21 |

**i** For each 'Yes' answer in questions 3 to 6, please provide full details in the table following question 6.

3. Have you ever suffered symptoms of, had, been told you have or received any advice, investigation or treatment for any of the following?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (a) Cancer; cyst, breast lump (even if you have not seen a doctor) or tumour of any kind .....                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Liver; kidney or bladder disorder; renal colic or stone.....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Blood disorder; anaemia, haemochromatosis, haemophilia or leukaemia .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Advice to restrict your diet or undergo surgery .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Any other illness, disease or disorder .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Hepatitis B or C or have you ever been told you are a hepatitis B or C carrier .....                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are you considering or have you been advised/referred to undergo further treatment investigation or procedure? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you had any other operation, accident, x-ray, pathology test or genetic test in the last five years? .....      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## D. Medical and health history *(continued)*

### 6. Females only:

- (a) Have you ever had an ovarian abnormality, an abnormal pap smear, breast ultrasound or mammogram? .....  Yes  No
- (b) Have you ever had an abortion (miscarriage), stillbirth, complications of pregnancy or a child with congenital anomalies? .....  Yes  No

Question reference	Illness, Injury or tests	Date of illness/ Injury	Time off work	Degree of recovery %*	Results of tests	Reason and type of treatment including date of last symptoms	Full name and address of doctor or hospital (if any)
		/ /					
		/ /					
		/ /					
		/ /					
		/ /					
		/ /					
		/ /					

\* **i** If the degree of recovery is less than 100%, please complete **Section O (Multi-purpose Questionnaire)**.

### 7. AIDS statement

**i** If 'Yes' to any of the questions below, please also complete the 'Confidential Lifestyle Questionnaire' form available from your financial adviser or by contacting the Contact Centre on **1800 646 234**.

- (a) Have you suffered from Acquired Immune Deficiency Syndrome (AIDS) or been infected with the HIV virus or are you carrying antibodies to the HIV virus? .....  Yes  No
- (b) Have you ever used intravenous drugs, engaged in male to male anal sexual activity or worked as a paid sex worker? .....  Yes  No
- (c) Have you had sexual intercourse with someone you know or suspect to be HIV positive? .....  Yes  No

## E. Present occupation

- I. (a) Please provide details of your **current and previous** occupations over the last five years, including any period **unemployed, travelling, studying**, etc.

	From	To	Occupation	Industry	Tick which is applicable			
					Employee of own company	Self-employed	Employee	Business partnership
Current occupation	/ /	Present						
Previous occupations	/ /	/ /						
	/ /	/ /						
	/ /	/ /						

- (b) What type of products or services do you or your employer sell?

- (c) What trade, professional, business or tertiary qualifications do you have?

**E. Present occupation** *(continued)*

(d) What are the important income producing duties of your present occupation? Include all manual work performed.

Duties (type of work and daily duties performed)	% of time
Sedentary/Admin:	%
	%
	%
Manual:	%
	%
	%
Other:	%
	%
	100%

(e) State the location where you perform your duties.

Location (where do you perform your duties)	% of time
	%
	%
	%
	%
	%
	%
	%
	%
	100%

(f) How many hours a week do you work?

How many weeks per year?

2. What is your annual income? .....\$

3. (a) Do you have any other occupation? .....  Yes  No

(b) Do you contemplate any change in occupation? .....  Yes  No

4. Does your occupation require you to work underground, at heights above 10 metres, off-shore or near dangerous materials/substances? .....  Yes  No

**If you answered 'Yes' to questions 3 and/or 4 above, please provide full details (eg occupation, locations, depths, heights, frequency, etc) below.**

.....

.....

.....

## F. Further occupational information

### Only to be completed if you are applying for Salary Continuance.

1. What is the business/employer name and address?

Name

Address



State

Postcode

2. Do you work at home?  Yes  No

If 'Yes', please state percentage of time.    %

3. Do you perform any manual work?  Yes  No

(a) If 'Yes', please state percentage of time.    %

(b) Is the manual work important or essential in producing your income?  Yes  No

### If you are self-employed, in a business partnership or employee of own company, please complete the remaining questions.

4. Do you operate as a  sole trader  business partnership  company, or  trust?

5. (a) What percentage of your work is: Freelance?    % Contract?    %

(b) In the last two years have there been any periods of 'no work' or 'unemployment' between contracts or freelance work?  Yes  No

If 'Yes', please provide details below.

(c) Is your work seasonal?  Yes  No

If 'Yes', please provide details below.

6. (a) When was the business purchased/started?

(b) Please state what percentage of interest/shareholding you have in the business/practice?    %

(c) What percentage of monthly business turnover is derived from your personal exertion?    %

7. How many people do you employ (excluding yourself)?

8. Please provide employee details (excluding yourself) in the table below.

Occupation of all business partners/employees	Family member Y/N	Daily duties	Full-time, part-time or contractor?	Monthly remuneration	% of interest in business

**F. Further occupational information** *(continued)*

9. (a) Has your company had a net operating loss in the last two years?  Yes  No

**i** If 'Yes', please provide details of your company's profit and loss statements for all entities.

(b) Have you or any business with which you are/ have been associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration?  Yes  No

If 'Yes', please provide details including when this occurred.

Date of discharge:

**G. Income details**

**Only to be completed if you are applying for Salary Continuance.**

**i** If you are applying for Agreed Value cover, please enclose proof of your income with your Application. Otherwise, we will request it at the date of claim.

1. What is your income from your current occupation? (Personal income is income earned by your personal exertion. Do not include investments.)

(a) **Employee**

Your income is the total remuneration paid by your employer including salary, fees, commission, regular bonuses, regular overtime, fringe benefits and superannuation contributions (statutory or voluntary).

	Last financial year	Previous financial year
Remuneration package	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(b) **Self-employed (sole trader, business partner, employee of own company)**

Refer to the InsuranceCare PDS for the definition of Income.

	Last financial year	Previous financial year
Gross business income/revenue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Less total business expenses	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Net business profit/loss (before tax) =	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
% share of net business income	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
Add backs (your own portion of personal salary/wages, superannuation contributions, spouse's income if income splitting and/or share of depreciation)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total net earned income (before tax) =	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**Note: These figures disclosed should coincide with returns lodged with the Australian Taxation Office.**

2. (a) Is your current remuneration package or net income different than that stated above for the last financial year?  Yes  No  
If 'Yes', please state reasons for the change below.

(b) Current income



## Questionnaires

Please complete:	If you answered 'Yes' to:
H. Aviation Questionnaire	Section A question 6
I. Activities/Pursuits Questionnaire	Section A question 6
J. Asthma Questionnaire	Section D question 1(b)
K. Spinal/Joints Disorder Questionnaire	Section D question 1(h)
L. High Blood Pressure/High Cholesterol Questionnaire	Section D question 1(a)
M. Mental Health Questionnaire	Section D question 1(e)
N. Check-up Questionnaire	Section D question 2
O. Multi-purpose Questionnaire	<ul style="list-style-type: none"> <li>Section D questions 3 to 6 and the degree of recovery is less than 100%; and/or</li> <li>Section D questions 1(c), 1(d), 1(f), 1(g) and/or 1(j).</li> </ul>

### H. Aviation Questionnaire

1. Please state the number of hours flown where applicable:

**(a) Private flying**

Type of Aircraft	Previous 12 months		Next 12 months	
	Pilot	Passenger	Pilot	Passenger
Fixed Wing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (eg Ultralight, Microlight)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**(b) Commercial flying**

*(excluding large mainstream carriers, eg Qantas)*

Type of Aircraft	Previous 12 months		Next 12 months	
	Pilot	Passenger	Pilot	Passenger
Fixed Wing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (eg Ultralight, Microlight)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**(c) Agricultural flying**

Type of Aircraft	Previous 12 months		Next 12 months	
	Pilot	Passenger	Pilot	Passenger
Fixed Wing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rotary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (eg Ultralight, Microlight)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Are your flying activities:

Recreational, or  Required for your occupation?

Please provide details.

**H. Aviation Questionnaire** *(continued)*

3. (a) Name of aircraft flown.

(b) Make and model of the aircraft.

(c) **If pilot only.**

(i) Age of the aircraft flown.

(ii) Is the aircraft serviced and maintained in Australia?  Yes  No

If 'No', where is the aircraft serviced?

4. Do you fly or intend to fly outside Australia?  Yes  No

If 'Yes', please provide details.

5. Do you participate in or intend to participate in any flying activities such as aerobatics, stunt flying or exhibitions?  Yes  No

If 'Yes', please provide details.

6. Have you ever been involved in aviation accidents?  Yes  No

If 'Yes', please provide details.

## I. Activities/Pursuits Questionnaire

If you engage in more than one activity/pursuit, please photocopy this section and complete a separate copy for each activity/pursuit.

1. Please describe the activity or pursuit.

2. Please advise the number of times you engage in the activity per year:

3. How many actual events/hours/trips/flights/dives/climbs/jumps/others, did you participate in over the last 12 months approximately?

4. What qualifications, certificates, licences, associations and club memberships do you hold?

5. How long have you been involved in this activity? .....

6. Where do you engage in this activity and in what locations?

  

7. Do you ever engage in this activity alone, or are you always with a group? .....

8. Do you compete in this activity? .....

 Yes  No

If 'Yes', please advise the level of competition and names of events.

  

9. Do you receive any payments for your involvement in this activity? .....

 Yes  No

If 'Yes', please advise details.

10. Please advise the maximum heights, speeds, depths the activity includes.

11. Are any of the above likely to change over the next two years? .....

 Yes  No

If 'Yes', please advise full details.

12. Are you involved in any record attempts? .....

 Yes  No

If 'Yes', please advise full details.

13. Are all recognised/standard safety measures and precautions followed? .....

 Yes  No

Please provide any additional details.

  

14. Please provide details including engine size and model for any cars, boats, planes (please state fixed wing or rotary) or other equipment used. For martial arts state whether contact or non-contact.

  

15. Have you ever been involved in any accident/mishap whilst participating in this activity? .....

 Yes  No

If 'Yes', please advise details.

## J. Asthma Questionnaire

1. Date asthma first diagnosed .....

2. How often do you experience symptoms? eg wheezing, breathlessness, chest tightness

Daily     Weekly     Monthly     Other

3. When was your most recent episode of asthma? .....

4. Are you aware of any causes that trigger your symptoms? eg allergy, exercise.

5. Have you ever been off work due to asthma? .....  Yes     No

If 'Yes', please advise when, and for how long.

6. (a) Medication details

Name of medication	Dosage	Frequency	When was the last time you received medication?

(b) What additional treatment do you use to control an attack?

7. Have you ever required steroid therapy (by tablet or syrup)? .....  Yes     No

If 'Yes', please provide details.

8. Have you ever been in hospital or received emergency treatment for asthma? .....  Yes     No

If 'Yes', please state when, for how long and where?

9. Have you ever undergone a lung function test? .....  Yes     No

If 'Yes', please advise dates and highest and lowest readings, if known.

10. Have you ever consulted a specialist for this condition? .....  Yes     No

If 'Yes', please advise name and address of doctor of last consultation.

Name

Address



State

Postcode



**K. Spinal/Joints Disorder Questionnaire** *(continued)*

7. Have you had any x-rays or other investigations or have you ever consulted a specialist for this condition?  Yes  No  
 If 'Yes', please provide date(s) and full details including type of investigations, results and name of doctor:

.....  
 .....  
 .....

8. Have you had any operation for this condition or is an operation being considered?  Yes  No  
 If 'Yes', please provide date(s) and full details including names of hospital and consultant/surgeon.

.....  
 .....  
 .....

9. (a) Have you ever been off work due to your symptoms?  Yes  No  
 If 'Yes', when and for how long?

.....

- (b) Are your occupation duties restricted in any way?  Yes  No  
 If 'Yes', please provide details.

.....

- (c) Is it necessary to avoid lifting or to restrict your daily activities in any way?  Yes  No  
 If 'Yes', please provide details.

.....

**L. High Blood Pressure/High Cholesterol Questionnaire**

1. When was high blood pressure/high cholesterol first diagnosed?  
 .....

2. What were the blood pressure/cholesterol readings (including total cholesterol, HDL, LDL and Triglyceride) at time of diagnosis?

Readings	Results	Date diagnosed
Blood Pressure		/ /
Total Cholesterol		/ /
HDL		/ /
LDL		/ /
Triglycerides		/ /

3. Please provide details of your past and current treatment. Include names of medication and dosage.

Date	Medication	Dosage
/ /		
/ /		
/ /		

4. Are you still on treatment?  Yes  No  
 If 'No', when was treatment discontinued and why?

.....  
 .....

**L. High Blood Pressure/High Cholesterol Questionnaire** *(continued)*

5. Please give date(s) and result(s) of any electrocardiography (ECG), echocardiogram, x-ray, urine test or other investigations which may have been carried out.

Date	Procedure	Results
/ /		
/ /		
/ /		

6. Regarding the monitoring of your condition:

(a) Name of medical attendant:

(b) How often do you attend for follow-up?

(c) When was your last consultation? Please provide details of your blood pressure reading and/or cholesterol (including total cholesterol, HDL, LDL and Triglyceride) reading at that time.

(d) Have you suffered from any of the following conditions:

- (i) Eye disorder (other than short/long sightedness) .....  Yes  No
- (ii) Symptoms or disorder relating to heart or circulatory system .....  Yes  No
- (iii) Kidney disorder or protein in urine .....  Yes  No
- (iv) Dizziness, fainting episodes or stroke .....  Yes  No

If you answered 'Yes' to any of the above, please provide details:

Date	Symptoms	Investigations	Results
/ /			
/ /			
/ /			

(e) How long has your blood pressure/cholesterol been well controlled?

- < 6 months     6 months to 12 months     > 12 months

7. Please provide any additional information on your condition which you feel will be helpful in processing your Application.

**i** Please attach copies of any reports or results (eg x-ray, pathology, ultrasound, etc) you may have.

## M. Mental Health Questionnaire

1. Please indicate the condition(s) you have had or received treatment for:

- Anxiety including generalised anxiety, panic or phobic disorder
- Eating disorder including anorexia nervosa, bulimia
- Depression including major depression or mild depression
- Manic depressive illness, bi-polar disorder
- Alcohol or other substance abuse or addiction
- Post traumatic stress
- Schizophrenic or any other psychotic disorder
- Stress, sleeplessness, chronic fatigue
- Other (please specify)

2. Describe your symptoms including the date started and how long they lasted.

Symptoms	Date from	Date to
	/ /	/ /
	/ /	/ /

3. (a) Has any reason for your condition been identified or are there any factors which trigger your condition?.....  Yes  No

If 'Yes', please provide details.

(b) Have you ever had suicidal thoughts or attempted suicide?.....  Yes  No

If 'Yes', please provide details.

4. (a) Date symptoms commenced. ....

(b) Have you had any recurrences of this condition?.....  Yes  No

If 'Yes', how many times?

When?

5. (a) Please advise all treatments you have received and/or are receiving, including counselling, name(s) of medications, hospitalisation etc.

Type of treatment	Date commenced	Date ceased
	/ /	/ /
	/ /	/ /
	/ /	/ /

(b) Are you currently receiving treatment?.....  Yes  No

If 'Yes', please provide details

6. Please provide details of doctors or health professionals, including psychiatrists and psychologists, consulted for your condition.

Name and address	Date first consulted	Date last consulted
	/ /	/ /
	/ /	/ /
	/ /	/ /

**M. Mental Health Questionnaire** *(continued)*

7. Have you ever been off work or your normal daily activities restricted in any way due to your condition?  Yes  No  
 If 'Yes', when and for how long?


8. Have you any ongoing effects or restriction to your activities of any kind due to your condition?  Yes  No  
 If 'Yes', please provide details.


**N. Check-up Questionnaire**

1. Please state the reason(s) for your regular check-up/blood test.


2. Please state the dates of your last two check-ups and results.

Date	Details	Results	Name of doctor
/ /			
/ /			
/ /			
/ /			
/ /			

3. Were any test(s) or further investigation(s) performed?  Yes  No  
 If 'Yes', please provide details or attach copies of reports.

Date	Type of tests/investigations	Results
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		
/ /		



**O. Multi-purpose Questionnaire** (may be photocopied for additional conditions)

1. Name of condition (exact diagnosis).

2. (a) What part of the body was affected?

(b) Please state which side.  Left  Right  Not applicable

3. The cause.

4. (a) Date symptoms commenced .....

(b) How long have you been free of symptoms?

(c) How often do/did you have symptoms?

5. Have you ever been off work or your normal daily activities restricted in any way related to this condition?  Yes  No

If 'Yes', please state when, duration and reason/restriction.

  
  

6. Have you any residual, ongoing effects or restriction in your daily activities?  Yes  No

If 'Yes', please give details.

7. Have you taken regular or occasional medication for this condition?  Yes  No

If 'Yes', advise names of medication(s), dosage(s) and frequency.

Are you still taking this medication?  Yes  No

8. Have you had any other treatment for this condition (eg physiotherapy, operation, alternative remedies)?  Yes  No

9. Have you had any diagnostic investigations (eg scope, scan, x-rays, EEG, ECG etc)?  Yes  No

10. Have you ever been in hospital or received emergency treatment for anything related to this condition?  Yes  No

11. Have you seen a doctor or other therapist for anything related to this condition?  Yes  No

If 'Yes', please provide details below. Include reason for consultation, investigation, findings and advice, and the name and specialty of the doctor/therapist.

**If you answered 'Yes' to questions 8 – 11, please advise details including date, type of treatment and tests.**

**O. Multi-purpose Questionnaire** (may be photocopied for additional conditions) (continued)

12. Has further treatment been recommended for this condition? .....  Yes  No

If 'Yes', please provide details.

13. Does your doctor have details of this condition? .....  Yes  No

If 'No', provide name and address of doctor who has full details.

Name

Address

 State  Postcode 

Closed to all members

Additional Information

Lined area for providing additional information.

Closed to all members

## Part 3 – Declaration and signature

### Privacy

By completing this form you consent to any personal information, including information that may be of a sensitive nature we or the Insurer may collect about you in the normal course of our and the Insurer's business, being used as outlined in our and the Insurer's respective privacy policies. These policies are designed to protect your interests and are consistent with the requirements of the Privacy Act. A copy of the Insurer's privacy policy can be obtained from [www.aia.com.au](http://www.aia.com.au). Please refer to the InsuranceCare PDS for information on the Trustee's privacy statement.

### By signing this form I acknowledge the following.

1. I have been given a copy of the current PDS and any SPDS, as confirmed by my financial adviser, which I have read and understood.
2. I have read my duty of disclosure on page 1 of this Application and understand my duty to disclose continues after I have completed this Application until the Insurer has given written acceptance of the risk.
3. I agree that:
  - (a) the answers to all the questions and declarations in this Application are true and the answers given, together with any special conditions, will form the basis of the contract;
  - (b) if any answers to this Application are not in my own handwriting, I certify that I have checked them and they are correct;
  - (c) if the proposed insurance cover includes any disablement benefits, the insurance cover will provide that such benefits will not be payable in the event of disablement occurring as a result of war. This does not apply to TPD;
  - (d) insurance cover will not commence until the Insurer accepts the insurance proposed or receives a signed acceptance of such alternate conditions as may be offered and the appropriate first premium has been received;
  - (e) no information has been withheld which may affect the Insurer's decision to provide insurance.
4. Premiums are paid to, and benefits provided by the Master Policy are liabilities of the Insurer. Premiums are not deposits in, nor liabilities of, and not guaranteed by any bank or company whether related to the Insurer or not.
5. I authorise the Insurer and any person appointed by the Insurer to obtain information on my medical, claims and financial history for the Insurance Reference Association and any other body holding that information.
6. My Duty of Disclosure applies to Interim Accident Cover and that I may not be entitled to Interim Accident Cover if I fail to comply with my Duty of Disclosure in relation to my Application.
7. I authorise the Insurer to collect, use and disclose any information in connection with this Application for insurance and any medical reports, to other entities involved in providing or administering the insurance, reinsurers, medical consultants and legal advisers.
8. I authorise the Insurer to disclose personal medical information to my financial adviser, obtained to assess my Application for insurance.
9. The Trustee is the owner of the Master Policy effected with the Insurer and that I will become a life insured under that policy.
10. I authorise the Administrator to deduct the premiums for this insurance from my Account, retain the Administration fee and pay the balance on my behalf to the Insurer.
11. I agree to receive any communications (including any confirmation of any transaction, dealing, notice of material changes and significant events and other information you may request) and documents (including periodic reports) which the Trustee, the Administrator or the Insurer is or may be required to give, or has agreed to give, to me/us relating to my insurance cover via *Investor Online*, or any other electronic means chosen by the Trustee, the Administrator or the Insurer (and for these purposes, I agree I will be taken to have received the relevant information whether or not I access the information).
12. I, the life insured noted below, hereby authorise any Medical Practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to the Administrator or the Insurer full details of my health and medical history. A photocopy of this authority is as effective and valid as the original.

### Life insured

Signature of life insured

Date

Name of life insured

**N.M. Superannuation Proprietary Limited**

**ABN 31 008 428 322 AFSL 234654**

**Trustee of the Retirement Plan ABN 40 236 806 679**

**Contact Centre 1800 646 234**

**Customer Transactions, PO Box 7229, Cloisters Square WA 6850**

This page has been intentionally left blank

Closed to all members

Closed to all members

This page has been intentionally left blank

Closed to all members

**Contact Centre**  
**1800 646 234**

**Correspondence**

Customer Transactions  
PO Box 7229  
Cloisters Square WA 6850

**Distributed by**

**Hillross Financial Services Ltd**

ABN 77 003 323 055  
Level 11, 33 Alfred Street,  
Sydney NSW 2000  
Phone: 1800 445 767  
Fax: (02) 9257 9281

**AMP Financial Planning Pty Ltd**

ABN 89 051 208 327  
Level 8, 33 Alfred Street,  
Sydney NSW 2000  
Phone: 133 888  
Fax: (02) 9257 5006

**Administrator**

Asgard Capital Management Ltd  
ABN 92 009 279 592  
AFSL 240695

**Trustee and Issuer**

N.M. Superannuation Proprietary Limited  
ABN 31 008 428 322  
AFSL 234654