

Issue number 4, 23 November 2022

Synergy Group Insurance

Information booklet

Death Only
Death & Total and Permanent Disablement
Salary Continuance

PRODUCT CLOSED – INFORMATION IN THIS BOOKLET IS NOT UP TO DATE

Important information

This information booklet and MyNorth Super and Pension are issued by N.M. Superannuation Proprietary Limited (N.M. Super) ABN 31 008 428 322, AFS Licence No. 234654, as trustee of the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598 (the Fund).

The insurance cover outlined in this information booklet is offered through a group life policy and group salary continuance policy (group insurance policies) owned by N.M Super and administered by NMMT Limited (NMMT or the Administrator) ABN 42 058 835 573, AFS Licence No. 234653. N.M Super and NMMT are 100% owned subsidiaries of AMP Limited.

The issuer of the group insurance policies is TAL Life Limited (TAL) ABN 70 050 109 450 AFS Licence No.237848.

TAL has provided consent to be named in the document in the form and context in which it is included and has not withdrawn its consent at the date of this document.

N.M. Super, in its capacity as the Trustee of Synergy Superannuation Master Fund and First Quest® Retirement Service, resolved on 9 February 2016 to transfer all members of the following funds to MyNorth Super and Pension, effective from the dates specified below:

First Quest members in	First Quest Retirement Service	26 April 2016
Synergy members in	East West Administration Service	10 May 2016
	First Quest Personal Retirement Service	
	Personal Choice Retirement Plan	
	Synergy Retirement Service	

The Trustee of the Fund is N.M. Super (the Trustee).

The Trustee offers Super and Pension group insurance members insurance cover for Death (Super and Pension), Death and Total and Permanent Disablement (Super only) and Salary Continuance (Super only). The Insurer is TAL Life Limited. Insurance cover is provided under insurance policies held by the Trustee.

This publication has been prepared to provide you with general information only. It is not intended to take the place of professional advice and you should not take action on specific issues in reliance on this information. In preparing this information, we did not take into account the investment objectives, financial situation or particular needs of any particular person. Before making an investment decision, you need to consider (with or without the assistance of a financial adviser) whether this information is appropriate to your needs, objectives and circumstances.

You should obtain a copy of the MyNorth Super and Pension product disclosure statement (PDS) before making a decision to invest in, or to continue to hold, an interest in MyNorth Super and Pension. Copies of the PDS can be obtained from your financial adviser or by contacting the North Service Centre at northonline.com.au or on 1800 667 841. Detailed information about the product is contained in the PDS.

Except as expressly disclosed in the PDS or the additional information that forms part of the PDS, investments in the investment options are not deposits or liabilities of N.M. Super, AMP Bank Limited ABN 15 081 596 009, AFSL No. 234517 (AMP Bank), any other member of the AMP group or any of the investment managers. N.M. Super is not a bank. AMP Bank does not stand behind the Trustee. The investment options offered through MyNorth Super and Pension are subject to investment risk, including possible delays in repayment, loss of income and capital invested. Neither N.M. Super, nor any other member of the AMP group or the investment managers or fund managers, guarantees the repayment of capital (unless expressly stated), payment of income or the performance of the investment options.

AMP companies receive fees and charges in relation to MyNorth Super and Pension as outlined in this document, the PDS and the additional information that forms part of the PDS. AMP employees and directors receive salaries and/or benefits from the AMP group.

All third parties have given their consent to statements in this document which are said to be statements by them or based on statements by them in the form and context in which they appear.

About the Insurer

The Insurer is TAL Life Limited (TAL), ABN 70 050 109 450, AFSL 237848.

TAL is one of Australia's leading specialist life insurers and, for more than 150 years, TAL has been providing Australians and their families with financial security, enabling them to keep living the life they planned – no matter what happens.

Today, alongside our partners, we protect 5 million people and in our 2021 financial year we paid \$2.7 billion in claims to 39,628 Australians and their families.

All insurance benefits are provided by TAL and not the Trustee or Administrator.

TAL is not responsible for the production of this Synergy Group Insurance information booklet and does not accept any liability in connection with any of the eligible products described in this information booklet.

TAL is the Insurer under the group insurance policies and no insured benefit will be paid by us unless TAL accepts the claim.

Insurance under the group insurance policies is provided within the Insurer's No. Statutory Fund No. 1 Statutory Fund.

Contact details

North Service Centre

Phone: 1800 667 841

Email: north@amp.com.au

Mail: GPO Box 2915

Melbourne VIC 3001

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Registered office

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TAL Life Limited

ABN 70 050 109 450 AFS Licence No.237848

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Phone: 1300 209 088

tal.com.au

This information booklet is only applicable to former Synergy or First Quest members who:

- were transferred to MyNorth on 26 April 2016 (from First Quest) or who will be transferred to MyNorth on 10 May 2016 (from Synergy), and
- held Synergy Group Insurance cover as at the applicable transfer date, and
- hold a MyNorth account and have continued to hold some form of Synergy Group Insurance cover since the date of transfer.

This information booklet is not an invitation to purchase new insurance cover.

Throughout the information booklet

References to	Mean(s)
Trustee, our, us, we	N.M. Super
Insurer	TAL Life Limited
Group insurance policies	Group Life policy and Group Salary Continuance policy
Insurance products	Death only insurance cover Death and Total and Permanent Disablement (TPD) insurance cover Salary Continuance insurance cover
Superannuation Fund	Wealth Personal Superannuation and Pension Fund (the Fund) ABN 92 381 911 598
MyNorth	MyNorth Super and Pension plans within the Wealth Personal Superannuation and Pension Fund
Synergy Group Insurance	Formerly known as Synergy Insurance Protection (for Synergy members) and First Quest Insurance Protection (for First Quest members)
Member, you, your	Refers to you as a member or anyone acting on your behalf
Financial adviser	A financial adviser holding an Australian financial services licence or acting as an authorised representative of an Australian financial service licensee

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Part A: General information about your insurance cover

This information booklet is only applicable to existing group insurance members of:

- First Quest Retirement Service,
- Synergy Retirement Service,
- East West Administration Service,
- Personal Choice Retirement Plan, and
- First Quest Personal Retirement Service

who

- were transferred to MyNorth on 26 April 2016 (for members of First Quest Retirement Service) or who will be transferred to MyNorth on 10 May 2016 (for members of Synergy Retirement Service, East West Administration Service, Personal Choice Retirement Plan and First Quest Personal Retirement Service), and
- held Synergy Group Insurance cover as at the applicable transfer date, and
- hold a MyNorth account and have continued to hold some form of Synergy Group Insurance cover since the date of transfer.

This information booklet is not an invitation to purchase new insurance cover and is not available to new members.

The information provided in this section applies to all insurance products (Death Only, Death and TPD and Salary Continuance) unless otherwise specified. More information on Death Only and Death and TPD insurance cover can be found in Part B: Death Only and Death and TPD. Further information on Salary Continuance insurance cover is provided in Part C: Salary Continuance.

Important information

The full terms of your insurance cover are detailed in the group insurance policies. This information booklet provides a summary of the important terms and conditions of the group insurance policies. A copy of the group insurance policies outlining the full terms and conditions can be obtained, at no additional cost, by calling the North Service Centre on 1800 667 841.

It is important to note that there are some events and circumstances where you will be excluded from receiving a benefit under the group insurance policies. These are detailed in the sections in Parts B and C of this information booklet titled 'Exclusions', which you should read carefully.

You should retain a copy of this document for future reference.

Different levels of insurance for different life stages

Your insurance needs will vary at different stages in life because your circumstances change. For example:

- your financial goals may shift as your lifestyle changes,
- your level of debt or savings may change,
- your income may fluctuate with different jobs,
- your children may become more independent, or
- maybe you are starting a family.

When these changes occur, we recommend that you discuss them with your financial adviser.

The duty to take reasonable care

If you apply for life insurance, you will be treated as if you are applying for cover under an individual consumer insurance contract. The insurer will conduct a process called underwriting. It's how the insurer decides whether they can cover you, and if so on what terms and at what cost.

As part of underwriting, the insurer will ask questions it needs to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance.

The information you provide in response to those questions will be vital to the insurer's decision. As such, when applying for life insurance you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which doesn't fairly reflect the truth.

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

If you don't meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced. Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- Whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- What the insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms
- Whether the misrepresentation was fraudulent; and
- In some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

If you do not tell the Insurer something

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

If you do not tell the Insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the Insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value or provides cover on death, the Insurer we may only exercise this right within 3 years of entering into the contract.

If the Insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

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

Privacy collection statement

We will usually collect personal information directly from you, your financial adviser or anyone authorised by you.

The personal information we collect from you will be used to:

- establish and manage your account
- verify your identity or the identity of an authorised party on your account
- ensure compliance with all applicable regulatory or legal requirements
- perform any appropriate related functions
- manage and resolve complaints about the product, insurance or investment options, made to us directly by you or via your adviser
- undertake market research and analysis for product and service improvement
- provide you with information about financial services provided by us, other members of the AMP group or by your financial adviser through direct marketing. If you do not want this please contact the North Service Centre at north@amp.com.au or on 1800 667 841 or unsubscribe at any time using the unsubscribe link within our marketing emails.

Your financial adviser will provide details to us to confirm if you are inside or outside of the target market determination for or any applicable investment options, and if you are outside the target market determination, the reason why the acquisition is outside of the target market.

Also, if you make a complaint to your financial adviser relating to, the investment options, or the insurance, your adviser may provide details of the complaint to us. We may also provide information regarding the complaint to the external investment manager or insurer.

If you do not provide the required information, we will not be able to perform the activities above.

We are required or authorised to collect your personal information under various laws including those relating to Design and Distribution Obligations, taxation, superannuation laws and Anti Money Laundering and Counter Terrorism Financing laws.

We will only share your personal information:

- with other members of the AMP group and external service providers, including your financial adviser, that we need to deal with for the purposes described above
- as required by law or regulations with courts, tribunals or government agencies
- with persons or third parties authorised by you, or if required or permitted by law
- with your parent or guardian, if you are under age 18.

Some external service providers we need to deal with can be located or host data outside Australia. A list of countries where these providers may be located can be obtained via our privacy policy. We take all reasonable steps to ensure that any data shared with external service providers is shared securely to protect your information.

Where you provide us with the personal information of other individuals, it is your responsibility to:

- inform the other individuals that you have provided their personal information to us; and
- provide them with a copy of this Privacy Collection Statement.

Our privacy policy provides further information about how you can access or update your personal information, seek the correction of such information, or make a complaint about a breach or potential breach of our privacy obligations and how we will deal with such a complaint. You can view our privacy policy online at amp.com.au/privacy or contact us on 1800 667 841 for a copy.

Premiums and charges

All of the charges relating to the insurance cover available are described in this section. The insurance cover is optional and you will not be required to pay any of the fees or charges described in this section if you do not elect to have insurance cover.

Premiums

Your annual insurance premium may include your base premium, applicable stamp duty and an administration fee. For more information, please refer to the following sections titled, 'Government stamp duty' and 'Administration charges'.

Your base premium, which is paid to the Insurer, is determined by a number of factors that include the amount of the benefit sought, your age, smoking status, gender, occupation and possibly other factors such as your health history or if you undertake some form of dangerous pastime. Premiums for Salary Continuance insurance cover will also vary depending on the waiting period and benefit period applicable.

If you'd like an example of the premiums applicable in your circumstances, please contact our North Service Centre on 1800 667 841.

The amount of your annual insurance premium will be disclosed on your certificate of insurance that we will forward to you once the Insurer has approved your application for insurance cover.

Your insurance premium is calculated from the start of your insurance cover to 30 June of that financial year and deducted from your account upon acceptance of your application for insurance cover by the Insurer. For subsequent years your annual insurance premium will be calculated and deducted from your account effective 1 July each year. Should your account balance be insufficient to meet the annual premium that is due, you will be advised before the renewal date for your insurance cover. If premiums remain unpaid for 30 days after 1 July of that year, your insurance cover will cease effective 1 July of that year.

The Insurer reserves the right to vary insurance premiums for Death and/or TPD cover in the event of war, invasion, act of foreign enemies or hostilities involving Australia, whether war is declared or not. Should such a change occur, it will apply to all members who have insurance cover. Any change to the annual premium would only apply after all members who have insurance cover have been notified of the new changes.

If we believe it is in the best interests of members, your insurance cover may be transferred to a different life insurance company, for example, if the premiums applicable under the group policies increase significantly on the review date and there are comparable insurance products with a lower premium. You will be given at least 30 days notice of any change.

Government stamp duty

A government stamp duty may be imposed on annual insurance premiums. The stamp duty rates and how they are charged vary from state to state and depend on the type of insurance cover that has been purchased. The stamp duty will be included in, or in addition to, the annual insurance premium. If the stamp duty is charged in addition to the insurance premium, it will be shown as a separate deduction from your account. State governments may change the rate of stamp duty from time to time, and any change may affect the amount you pay.

Administration charges

Each individual member who elects to obtain insurance cover must pay an annual fee of \$41.00 (inclusive of GST, net of RITC) which is paid annually from your account as part of your annual premium. The annual fee for members who were attached to an employer group at the time of being transferred is \$15.38 (Inclusive of GST, net of RITC). These annual fees are for administration services provided by us to members in relation to the insurance cover.

Corporate remuneration

NMMT will receive up to 16.5% of the base annual insurance premium paid to the Insurer for providing administration services in relation to the insurance products. For example, NMMT will receive \$16.50 per \$100 base annual premium. This is not an additional charge to you.

Goods and services tax (GST)

All charges are inclusive of GST and the benefit of reduced input tax credits (RITC) if they apply (certain charges may or may not include GST and/or RITC). Where RITC is available, 75% of the GST applying to fees (depending on the type of fee or cost) can be and is claimed by the Fund and passed on to members. As a result, rather than the full amount of GST applying to those fees being 10%, the net impact of the GST will be 2.5% (10% minus RITC of 75% = 2.5%).

Refund of Premiums

We will refund any premiums relating to a period of unused insurance cover, if you terminate or cancel your insurance cover mid-way through a premium year and the cooling-off period has expired.

For information about the refund of premiums where insurance cover is terminated during the cooling-off period please refer to the following section titled 'Cooling-off period'.

Cooling-off period

You have a period of 14 days (the cooling-off period) during which you can cancel your insurance cover by notifying us in writing, and you will receive a refund of any premiums paid.

The 14-day period starts on the earlier of five days after the date of the letter advising that the insurance cover has been issued or the date you receive that letter. If you cancel your insurance cover during this period, any premiums repaid may be adjusted to reflect any administrative expenses, and tax or duties payable by us.

If you or any of the persons insured exercise a right or power under the terms of the insurance cover, such as making a claim, the right to cooling-off terminates immediately.

Commencement of insurance cover

Your additional insurance cover will commence on the date that the Insurer issues an acceptance advice to us. We will provide you with a certificate of insurance confirming the acceptance by us and the Insurer. The certificate will outline the amount and type of benefit payable.

If there are not sufficient funds within your account to satisfy your first insurance premium within 30 days of the acceptance of your insurance cover by the Insurer, your insurance cover may be cancelled.

Insurance cover through a superannuation product

What impact does insurance have on your super?

Insurance provides an important benefit to many members. Having insurance in your super means the cost of your cover will reduce your super balance over time. It's important for you to regularly review the amount and cost of your current insurance cover to make sure it's right for you, and consider discussing your insurance needs with a financial adviser.

Payment of benefits

In the event of your death, the Insurer will pay the death benefit to us. If you have made a valid binding nomination within your superannuation product, the Trustee will then provide the proceeds to any beneficiaries you have nominated and in the proportions you have specified.

If you have made a non-lapsing binding death benefit nomination the Trustee is bound to pay your benefit to the person(s) you have nominated as long as your nomination is valid. Unless an amendment or revocation is made, a non-lapsing binding nomination will not expire.

If you have made a non-binding (or preferred) nomination, the Trustee will consider the nomination provided by you but has discretion to pay your death benefit to one or more dependants or your legal personal representative in proportions that the Trustee determines. If no dependant or legal personal representative is appointed within a reasonable time, the Trustee must pay your death benefit to any other person or persons in proportions which the Trustee determines.

For pension members only, you can request that your benefit continue after your death by nominating your spouse or your child as a reversionary pensioner.

In the event that there is no nomination, or there is no nomination because your binding or non-lapsing binding nomination is deemed invalid, or you cancel your existing nomination and do not make a new nomination, your death benefit will be paid at the discretion of the Trustee to one or more of your dependants and/or your legal personal representative.

If there are no dependants or legal personal representative the Trustee may pay the benefit to another suitable person.

If you do not have a death benefit nomination you should consider making a will.

It is important to review your nomination regularly and update it if your circumstances change."

Where a claim has been submitted for TPD or terminal illness, the Insurer will need to be satisfied that you meet the definition of total and permanent disablement or terminal illness (as applicable) as defined in the group insurance policies. If you do

not meet the definition, your claim will be declined and your benefit will not be paid. You will be advised in writing regarding the outcome of your claim.

Where a claim has been accepted, the Insurer will pay any benefit to us. The Trustee will need to be satisfied that a condition of release, eg permanent incapacity or terminal medical condition as defined under the Superannuation Industry (Supervision) Act 1993 (SIS), has been met prior to making any payment from the superannuation product. If you do not meet a condition of release, the TPD or terminal illness benefit must remain in the superannuation product until a condition of release has been met.

Where a claim has been submitted for Salary Continuance, the Insurer will need to be satisfied that you meet the definition of total disability or disablement or partial disability or disablement as defined in the group insurance policies. If you do not meet the definition, your Salary Continuance claim will be declined and your Salary Continuance benefit will not be paid. You will be advised in writing regarding the outcome of your claim.

Where a claim has been accepted for Salary Continuance, the benefit will be paid directly to you after the Trustee has been satisfied that a condition of release has been met. The benefit paid by the Insurer will be less any applicable Superannuation Guarantee contribution amounts which will be applied to your superannuation account. Income tax may also be deducted depending on your personal circumstances.

For more information about death benefit nominations and the conditions of release, please see the MyNorth Super and Pension additional information booklet. You can access and print the additional information booklet on northonline.com.au. You can also obtain a copy at no extra cost by contacting your financial adviser or the North Service Centre at north@amp.com.au or on 1800 667 841.

Membership of the Fund

Your membership will be governed by the terms and conditions of the Trust Deed of the superannuation product (as amended from time to time). A copy of the Trust Deed is available upon request by contacting the North Service Centre at north@amp.com.au or by calling 1800 667 841.

The insured benefits to which you are entitled are limited to those specified under the group insurance policies. Payment of any insured benefit to you by the Trustee is subject to acceptance of a claim by the Insurer. Payment of insurance premiums beyond age 65 is subject to you meeting the eligibility for insurance cover requirements. See the **Eligibility for insurance cover** in Part B and Part C in this information booklet for more information.

Taxation

The tax information contained in this information booklet is based on our understanding of current legislation and of current Australian Taxation Office (ATO) practice as at the date of this information booklet. Our comments are a general guide only. The tax treatment may vary according to your individual circumstances. Therefore you should seek professional advice concerning your own taxation position.

Death and TPD insurance premiums are generally not tax deductible to individuals. Depending on your circumstances, tax deductions or rebates for superannuation contributions used to fund the insurance premiums may be available. Tax deductions (subject to certain restrictions) may be available for contributions paid by employers, and individuals (see ato.gov.au for further details).

If the insurance cover is provided within a superannuation fund, any benefits payable on your death are treated as death benefits. Lump sum death benefits paid to your dependants (defined to include a spouse or former spouse including a de facto spouse, any of your children under 18 years of age, any person who is financially dependent on you and any person who is in an interdependency relationship with you) are tax free. Lump sum death benefits paid directly to a person who is not a dependant (as defined under taxation law) will incur tax on the taxable component of the benefit (up to 15% on the taxed element plus Medicare levy and up to 30% on the untaxed element plus Medicare levy).

The tax payable on TPD benefits will vary due to a number of factors such as your age, length of service and amount of benefit. For a full explanation, you should consult a specialist taxation adviser.

The benefits paid under Salary Continuance insurance cover are paid out as taxable income, the same as salary and wages. Any payments will therefore be made after normal Pay As You Go (PAYG) amounts have been deducted by the Insurer. If you receive these benefits, you will be asked to provide your tax file number to the Insurer, otherwise the tax deducted from benefit payments will be at the maximum personal tax rate applicable at the time.

Premiums are deducted from your superannuation account and they are not a tax deduction to you personally. However, the superannuation fund is able to claim a tax deduction of up to 15% for certain fees and charges such as administration fees and certain insurance premiums. Any tax you pay may be reduced by deductions such as insurance premiums or administration fees.

Applying for additional insurance cover?

To apply for additional insurance cover, please contact our North Service Centre on 1800 667 841 for a copy of the Synergy Group Insurance Application & Personal Health Statement, forward the completed form to the following address:

North Service Centre
GPO Box 2915
MELBOURNE VIC 3001

This application will then be forwarded to the Insurer, who will consider your application.

Please note: Your additional insurance cover will not commence until a final acceptance advice has been issued by the Insurer to us. We will then provide you with a certificate of insurance confirming your acceptance.

If you have not completed your application correctly or insurance premiums remain due and unpaid then your insurance cover may be cancelled. Please refer to the sections titled **When will your insurance cover cease?** In Part B and C of this booklet for more information.

How do I make a claim?

For us to forward you the required claim forms please contact your financial adviser or the North Service Centre on 1800 667 841.

We will send you the applicable forms that you must complete and return to us. We will then forward your claim to the Insurer for assessment. If the insurer requires further details to assess your claim, we or the Insurer will request these details from you.

Completing the claim forms

Before the Insurer can assess your eligibility for benefits, you will need to complete the applicable claim forms. These forms provide the key information regarding the nature of your claim application. To avoid delays, it is important that you complete and return the relevant forms as soon as possible. In particular, the Insurer will not pay a Salary Continuance benefit for any period more than 14 days before the date the Insurer is notified of a claim.

Please ensure that all details requested on the claim forms are complete and accurate. You will also be required to provide proof of identity, and where requested, any supporting documentation relevant to your application for benefits. Submission of incomplete claim forms will result in delays in your application being assessed.

To apply for a benefit or for assistance completing the claim forms, please contact your financial adviser, or the North Service Centre on 1800 667 841.

Consideration of claims

For Death (including terminal illness) and TPD claims, the Insurer will only consider your claim if the Insurer is provided with a fully completed claim form together with all relevant health certificates, medical practitioners' reports, employer reports and related evidence of the claim. The Insurer is not responsible for any expenses incurred in the provision of any such information and evidence. After the Insurer has received

the claim form and the required information outlined above, the Insurer may require you to undertake further medical examinations and tests, at the Insurer's expense.

For TPD and terminal illness claims, after considering evidence relevant to the claim, the Insurer shall determine, in its sole discretion, if you are Totally and Permanently Disabled or terminally ill (as relevant).

For Salary Continuance claims, the Insurer will only consider your claim if the Insurer is provided with information from your treating Medical Practitioner, or other treating practitioner, as the Insurer may require. You are responsible for any expenses incurred in the provision of any such information. The Insurer may require you to undergo an examination by a Medical Practitioner or relevant professional of the Insurer's choice, including pathology tests, at the Insurer's expense.

Claims after your insurance cover has ceased or the group insurance policies have been terminated

If your insurance cover has ceased or a group insurance policy has been terminated, you may still be entitled to make a claim for an event which happened before the insurance cover ceased or before the policy was terminated (as applicable).

Enquiries and complaints process

How do I make an enquiry or complaint?

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

Call us on: 1800 667 841

Email us at: north@amp.com.au

Write to us at:

North Service Centre

GPO Box 2915

MELBOURNE VIC 3001

Website: northonline.com.au

Complaints are very important to us and we are committed to resolving them as quickly as possible. Our Complaints Policy is available on our website. We will acknowledge receipt of your complaint within one (1) business day or as soon as we can.

If your complaint is resolved within five (5) business days we will not provide you with a written response, unless you request it. However, if your complaint is about hardship, a declined insurance claim, the value of an insurance claim or a decision of a superannuation trustee or failure by the trustee to make a decision, we will provide you with a written response even if your complaint is resolved within five (5) business days.

If your complaint cannot be resolved within five (5) business days, we will provide you with:

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

When we complete our investigation, we will contact you to discuss our decision and then provide you with a written response including the outcome of the investigation and the reasons for our decision. We will provide a final response to your complaint:

- for complaints about superannuation death benefit distributions, within 90 calendar days after the expiry of the 28 calendar day period for objecting to a proposed death benefit distribution; and
- for all other superannuation trustee complaints, within 45 calendar days of receiving your complaint.

However, in exceptional cases where there is no reasonable opportunity for us to respond within the applicable timeframe because resolution of the complaint is particularly complex or because of circumstances beyond our control which cause complaint management delays, we will require more time to respond to your complaint. In such exceptional cases, before the applicable timeframe expires, we will provide you with a notice with:

- the reasons for the delay
- information about your right to complain to AFCA if you are dissatisfied; and
- the contact details for AFCA.

You can find out more information by reading our Complaints Policy on our website.

If an issue has not been resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA). AFCA provides fair and independent financial services complaint resolution that is free to consumers. The contact details for AFCA are:

Australian Financial Complaints Authority

GPO Box 3

MELBOURNE VIC 3001, Australia

Phone: 1800 931 678

Email: info@afca.org.au

Website: afca.org.au

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

Getting help to make a complaint

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

- TTY (Text Telephone) users – phone 133 677 then ask to contact 1800 667 841
- Speak and Listen (speech to speech relay) users – phone 1300 555 727 then ask to contact 1800 667 841
- Internet relay users – visit the National Relay Service website

<https://www.communications.gov.au/what-we-do/phone/services-people-disability/accesshub/national-relay-service>

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

PRODUCT CLOSED – INFORMATION IN THIS BOOKLET IS NOT UP TO DATE

Part B: Death Only and Death and TPD

What are the significant features and benefits?

Death Only insurance cover

Death Only insurance cover provides a lump-sum benefit in the event of your death or if you have been diagnosed as terminally ill. The maximum amount of terminal illness benefit you may be entitled to is \$3,000,000. Exclusions apply. Please refer to the **Exclusions** section for more information.

If your cover commenced or recommenced prior to 1 July 2014, you are considered terminally ill for insurance purposes based on the following definition:

Terminal illness and terminally ill means:

- a. an appropriate specialist Medical Practitioner specialising in the insured person's illness certifies in writing that, despite reasonable medical treatment, the insured person is suffering an illness which will lead to the insured person's death within 12 months of the date of the certification, and
- b. the Insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment, the illness will lead to the insured person's death within 12 months of the date of the certification.

The insured person's cover must be in force on the date of certification and the certificate must be current at the time the claim is lodged.

If your cover commenced or recommenced on or after 1 July 2014, you are considered terminally ill for insurance purposes based on the following definition:

Terminal illness and terminally ill means:

- a. two medical practitioners have separately certified in writing that the insured person suffers from an illness, or has incurred an injury, that is likely to result in the death of the insured person within a period (the certification period) that ends not more than 12 months after the date of the certification,
- b. at least one of the medical practitioners is an appropriate specialist medical practitioner practicing in an area related to the insured person's illness or injury,
- c. the certification referred to in paragraph a) occurred while the insured person has cover under the policy,
- d. for each of the certificates, the certification period has not ended, and
- e. the Insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment, the illness will lead to the insured person's death within 12 months of the date of the certification.

Important: To be eligible for a terminal illness benefit:

- a. if your cover commenced or recommenced prior to 1 July 2014, you must be certified by a medical practitioner that despite reasonable medical treatment, you will die within 12 months of the date of the certification, or
- b. if your cover commenced or recommenced on or after 1 July 2014, you must be separately certified by two medical practitioners that you are likely to die within a period of no more than 12 months after the date of the certification.

See above for the full definition of 'terminal illness'. However, the definition of the 'Terminal Medical Condition' condition of release under superannuation law requires certification by two medical practitioners and allows for the certification to be provided jointly or separately and has a different certification period of up to 24 months. This means that you may not be eligible for a terminal illness insured benefit even if you can access your superannuation on grounds of suffering a 'Terminal Medical Condition'.

If you withdraw your entire superannuation benefit, any insurance you currently have in the superannuation product will cease. If you want your insurance to continue, you will need to ensure there is a sufficient balance in your account to fund future premiums. This information is intended as a guide only and does not constitute advice. Before making a withdrawal you should speak to your financial adviser about the impacts this could have on your insurance cover.

Medical practitioner (for the purpose of Death and TPD cover) means, unless we agree otherwise, a medical practitioner legally qualified and registered to practice in Australia who is not the insured person, Trustee, or their relatives, business partners, shareholders or employees.

If the claimed condition is a psychological condition diagnosed in accordance with the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), the definition of a medical practitioner means a person who is legally qualified and registered as a practicing psychiatrist by the relevant medical registration boards and/or the Specialist Recognition Advisory Committee coordinated through the Australian Health Insurance Commission, who is not the insured person, their spouse, relative, employee or business partner.

Chiropractors, physiotherapists, psychologists and alternative health providers are not regarded as medical practitioners.

Death and TPD insurance cover

Death and TPD insurance cover provides a lump sum benefit in the event of your death or if you have been diagnosed as terminally ill or that you become totally and permanently disabled. Exclusions apply. Please refer to the **Exclusions** section for more information.

Please note that where a benefit is paid for TPD, it will reduce any related death insurance cover by the amount paid.

TPD defined

If your cover commenced or recommenced before 1 July 2014, you are considered totally and permanently disabled for insurance purposes based on the following definition:

In the Insurer's opinion and while insured under the Policy, the insured person:

- a. suffered total and irrecoverable loss of the:
 - i. use of two limbs, or
 - ii. sight of both eyes, or
 - iii. sight of one eye and the loss of the use of one whole hand, or whole foot, or
- b. been absent from employment due to illness or injury for a continuous period of six months and is so disabled that they will never be able to perform their own occupation or any other occupation for which they are reasonably suited by education, training or experience.

If your cover commenced or recommenced on or after 1 July 2014, you are considered totally and permanently disabled for insurance purposes based on the following definition:

In the Insurer's opinion, the insured person:

- a. has been absent from employment due to the illness or injury for a continuous period of six months,
- b. is so disabled that he or she will never be able to perform his or her own occupation or any other occupation for which they are reasonably suited by education, training or experience, and
- c. solely because of illness or injury, has suffered ill-health (whether physical or mental) that makes it unlikely that the insured person will engage in gainful employment for which they are reasonably qualified by education, training or experience.

'Gainful employment' and 'gainfully employed' means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

Eligibility for insurance cover

Type of cover	Who is eligible?
Death (including terminal illness)	<ul style="list-style-type: none">– Members of a MyNorth product aged 17–70 next birthday– Death cover is renewable to age 70– Terminal illness cover is renewable to age 69
TPD	<ul style="list-style-type: none">– Members of a MyNorth product aged 17–64 next birthday– To be taken out in conjunction with Death insurance cover– TPD cover is renewable to age 64

Level of insurance cover

If you are obtaining Death Only insurance cover or Death and TPD insurance cover, subject to approval by the Insurer, you can choose the level and type of insurance cover best suited to your situation. Your cover may be subject to any loadings, exclusions and restrictions that the Insurer decides to apply.

Interim accidental cover

To give you some protection while your application is being assessed, you are provided with interim accidental cover for the type(s) of cover that is being applied for. The amount payable under interim accidental cover is the lesser of:

- a. \$500,000,
- b. the amount applied for, and
- c. the amount calculated in accordance with the Benefit Design.

An interim accidental benefit will only be paid where the claim results directly from an accident which occurred after the Insurer receives your fully completed personal statement and before:

- your application for insurance cover is accepted or declined by the Insurer,
- you accept the Insurer's counter-offer for cover,
- the personal statement is withdrawn,
- the Insurer advises you that it has cancelled the interim accidental cover, or
- 90 days pass from the date the Insurer receives your fully completed personal statement.

For the purpose of interim accidental cover, 'accident' means a violent, external and visible event.

World-wide cover

Your Death and/or TPD insurance cover will cover you anywhere in the world 24 hours per day.

Continuation of insurance cover

If you are under age 60 and cease your insurance cover, you may elect to transfer your existing death insurance cover to a new policy of insurance directly with the Insurer in your own name without having to provide further evidence of health. The new policy will be for the same value of insurance cover last agreed by the Insurer for you and any special conditions, premium loadings or endorsements that were previously applied will be applied to the new policy. The new policy must meet the Insurer's minimum premium requirements and you must be within the Insurer's normal minimum/maximum age range for the purchase of such a policy. The new policy will be based on the terms and conditions that apply to a policy of the type to be issued at the time. The Insurer may refuse your request for continuation of your death insurance cover if you left employment for reasons of ill health. This facility is not available for TPD insurance cover.

This election can be made by completing a continuation option form and must be returned to the Insurer together with the required premium within 60 days of ceasing to become a member of MyNorth. The continuation form can be obtained by calling the North Service Centre on 1800 667 841.

Limit on increases

An increase in cover for an insured person in any 12-month period will not exceed 25% of the cover last accepted by the Insurer, without the Insurer's written approval in each instance.

Risks for you to consider

Exclusions

As with most forms of insurance cover, there are some circumstances where your Death Only insurance cover or Death and TPD insurance cover will not provide you with a benefit.

The exclusions applicable to Death Only insurance cover and Death and TPD insurance cover are as follows. No benefit shall be payable where the direct or indirect cause of the claim is:

- suicide occurring during the first 13 months after your insurance cover commences or is reinstated after having lapsed for any reason;
- any deliberately self-inflicted injury, which occurs at any time, or
- any other exclusion which is specific to you as a condition of acceptance of cover and noted on your certificate of insurance.

When will your insurance cover cease?

Your insurance cover will cease on the earliest of the date:

- the Policy is terminated,
- you request that your insurance cover be cancelled,
- you close your account and cease to become a member of MyNorth,
- a TPD benefit is paid under the Policy (where the Death cover is greater than the amount of the TPD benefit paid, any residual Death cover will continue after payment of a TPD benefit subject to the other criteria continuing to be met),
- your insurance premium remains due and unpaid for a period of 30 days, or
- you attain the age of 70 years for Death Only insurance cover, or in the case of Death and TPD insurance cover, age 64 when your TPD insurance cover will cease and age 70 when your Death insurance cover will cease, terminal illness cover ceases when you attain the age of 69 for Death Only and Death and TPD Cover.

If you cease to be an insured person, Death cover will continue for 30 days from the date you ceased to be an insured person.

Part C: Salary Continuance

What are the significant features and benefits?

Salary Continuance insurance cover

Salary Continuance insurance cover is designed to provide an income to individuals who suffer an injury or illness that causes them to be off work for an extended period. These benefits commence after a certain period of time has elapsed (referred to as the 'waiting period'), usually either 30 or 90 days after the person has first suffered an injury or illness that causes them to be totally disabled or partially disabled.

Benefits are payable from the expiration of the relevant waiting period and will continue to be paid while you remain disabled for a maximum period of up to two years from the date payments commence, or until you reach 65 years of age, whichever is the earlier.

Benefits are calculated annually and paid monthly in arrears. If a benefit is payable for a period of less than one month, the amount payable will be calculated pro rata for every day that it is payable. The total of all benefits payable in the first year for an insured person shall not exceed \$240,000 per annum.

Your cover may be subject to any loadings, exclusions and restrictions that the Insurer decides to apply.

Interim accidental cover

To give you some protection while your application is being assessed, you may be provided with an interim disability benefit if you become totally disabled or partially disabled as a result of an accident which occurs after the Insurer receives your personal statement completed to the Insurer's satisfaction and before:

- your application for insurance cover is accepted conditionally or unconditionally by the Insurer,
- your personal statement is withdrawn,
- your application for insurance cover is rejected by the Insurer,
- the interim accidental cover is cancelled in accordance with the relevant law, or
- 90 days pass from the date the Insurer receives your fully completed personal statement.

If as a result of an accident described above you have a continuous period of Total Disability for longer than the applicable waiting period, an interim disability benefit is payable from the first day after the waiting period until the earliest of:

- the first day upon which, in the Insurer's reasonable opinion, you are no longer totally disabled or partially disabled,
- you attain age 65,
- your death,
- the end of the benefit period applicable to you.

If eligible, the amount payable to you is the lesser of \$15,000 per month and the requested amount of benefit.

For the purpose of Salary Continuance cover, 'accident' means a violent, external and visible event.

Total disability defined

To qualify for a total disability benefit under your Salary Continuance insurance cover, you must have suffered total disability for a continuous period for longer than the applicable waiting period.

'Total disability' and 'totally disabled' means that due to suffering an illness or injury, the insured person is unable to perform at least one important income producing duty of his or her regular occupation, is not currently working in any gainful occupation and is under the care of a medical practitioner.

Medical practitioner (for the purpose of Salary Continuance cover) means a medical practitioner legally qualified and registered to practice in Australia who is not the insured person, Trustee, or their relatives, business partners, shareholders or employees. Where the practice is outside Australia, the medical practitioner must have qualifications equivalent to Australian standards.

The total disability benefit will be paid from the first day after the applicable waiting period until the earliest of:

- the first day you are not totally disabled,
- the date you attain age 65,
- the date of your death,
- the end of the benefit period applicable to you.

Injury and Illness defined

For the purpose of Salary Continuance insurance cover:

- 'injury' means bodily injury resulting from an accident,
- 'illness' means sickness or disease.

Eligibility for insurance cover

Type of cover	Eligible
Salary Continuance	<ul style="list-style-type: none">Members of MyNorth aged 17–65 next birthday, employed on a full time or permanent part time basis for an average of at least 20 hours per weekRenewable to age 64 (inclusive)

Level of insurance cover

If you are obtaining Salary Continuance insurance cover, the amount of the benefit payable is equal to the amount of insurance cover approved by the Insurer at the time you take out your cover. In any case, the total disability benefit payable under the policy is 75% of your income. When a total disability or partial disability benefit is payable, the Insurer may also pay a Superannuation Guarantee Contributions Benefit of up to 10% of income into your super account.

For the purpose of Salary Continuance cover, your 'income' means the lesser of your earnings most recently agreed between the Insurer and us in writing and one of the following (depending on your sub-plan):

- **Definition One:** the annual wages or salary last agreed between you and your employer immediately before commencement of total disability plus the actual commissions paid by the employer in the 12 month period immediately before commencement of total disability,
- **Definition Two:** the annual wages or salary last agreed between you and your employer immediately before commencement of total disability plus:
 - the actual commissions paid by the employer in the 12 month period immediately before commencement of total disability, and
 - all other regular payments or benefits provided to you by the employer in the 12 month period immediately before commencement of total disability, which when combined with the above, the Insurer reasonably considers as your remuneration package, or
- **Definition Three:** the annual income generated by you as a result of your personal exertion, calculated by averaging your net income per year for the two years immediately preceding commencement of total disability. For the purpose of this definition, net income means your gross income less all expenses incurred by you in connection with earning that income.

For the purpose of calculating income, an employer's superannuation contributions are not included.

Continuation of insurance cover

If you are under age 60 and cease your insurance cover, you may elect to transfer your existing salary continuance insurance cover to a new policy of insurance directly with the Insurer in your own name without having to provide further evidence of health. The new policy will be for the same value of benefits, waiting period and benefit payment period and any special conditions, premium loadings or endorsements that were previously applied will be applied to the new policy.

To be eligible for continuation of insurance cover, you must not have received a salary continuance benefit payment within the last six months of ceasing to hold a MyNorth account and must have commenced or be contracted to commence employment in an occupation which is acceptable to the Insurer or have entered into an agreement to operate your own business enterprise which is acceptable to the Insurer. The new policy must meet the Insurer's minimum premium requirements and you must be within the Insurer's normal minimum/maximum age range. The new policy will be based on the terms and conditions that apply to a policy of the type to be issued at the time. The Insurer may refuse your request for continuation of salary continuance insurance cover if you left employment for reasons of ill health or retirement.

This election can be made by completing a continuation option form and must be returned to the Insurer together with the required premium within 60 days of ceasing to hold the eligible product. The continuation form can be obtained by calling the North Service Centre on 1800 667 841.

Limit on increases

An increase in cover for an insured person in any 12-month period will not exceed 25% of the cover as at the last 30 June, without the Insurer's written approval in each instance.

Additional benefits and features

Salary Continuance insurance cover has a number of special features and additional benefits of which you need to be aware.

Here are brief outlines of these features and benefits:

World-wide cover

Your Salary Continuance insurance cover will cover you anywhere in the world 24 hours per day.

However, if you suffer partial or total disability whilst overseas, the payment of benefits will cease six months after the date of commencement of the disability, unless you have permanently returned to Australia or another country approved by the Insurer.

Recurrent disablement

If you have been receiving benefits under your Salary Continuance insurance cover and subsequently recover, and if within six months of the date benefit payments cease, you again become partially or totally disabled due to the same or related injury or illness, the waiting period is waived and your claim will be treated as a continuation of the previous claim.

Premium waiver

While you are receiving salary continuance benefits, the Insurer will waive the premium due at that time.

Partial disability

If you become totally disabled for at least 14 continuous days and as a result of the same injury or illness, all of the following apply, you may be entitled to a partial disability benefit if:

- you cannot work full time or are unable to perform at least one important income producing duty of your regular occupation or do not have the capacity to work at the same level you were working prior to commencement of total disability,
- you have returned to gainful employment and the work carried out is approved by a medical practitioner and by the Insurer,
- you suffer a partial loss of income, and
- you are under the regular care of a medical practitioner and, in the Insurer's reasonable opinion, you are complying with the advice and treatment given by that medical practitioner in relation to the cause of the partial disability.

The partial disability benefit is calculated by application of the following formula:

$$\frac{(\text{Income} - \text{Return to Employment Income})}{\text{Income}} \times \text{total disability benefit}$$

Return to Employment Income means:

- in the case of Definition One or Definition Two of income, the annual wages or salary last agreed between you and your employer (including commissions, bonus and other payments that the Insurer reasonably considers as your remuneration package), or
- in the case of Definition Three, your gross income less all expenses incurred by you in connection with earning that income.

This ensures that in most cases you will not be disadvantaged if you attempt to return to work during the waiting period.

The partial disability benefit will be paid from the later of the first day after the applicable waiting period and immediately upon ceasing to be totally disabled until the earliest of:

- the first day you are not partially disabled,
- the date you attain age 65,
- the date of your death,
- the end of the benefit period applicable to you.

Rehabilitation expenses

If, in the Insurer's opinion, your potential to return to gainful employment would be assisted by undertaking a formal rehabilitation program, the Insurer may pay the costs of undergoing such a program if it (and the Trustee) have approved in writing the program before it commences.

If you die while on claim

Should you die while you are receiving salary continuance benefits, the Insurer will pay an additional amount equal to three months total disability benefits to your estate.

Benefit escalation

If a salary continuance benefit has been paid to you continuously and is paid or due to be paid on the annual anniversary of the commencement of the benefit, the Insurer will increase the benefit to the lesser of:

- the increase of the Consumer Price Index (All Groups Weighted Average Eight Capital Cities) most recently issued by the Australian Bureau of Statistics for the 12 months before the date of calculation, and
- 5%.

If you receive other income while on claim

If you receive income from one or more of the sources listed below while receiving payments under your Salary Continuance insurance cover, your benefit will be reduced by the amount of that payment:

- workers' compensation schemes,
- statutory compensation schemes, or
- income benefits from policies of insurance and superannuation trustee(s).

Please note: Your level of benefit will only be reduced if these payments are to compensate you for loss of income.

Risks for you to consider

Waiting period

You may select either a 30 or 90-day waiting period. No benefits are payable during the waiting period which commences from the first date that you are totally disabled.

Exclusions

As with most forms of insurance, there are some circumstances where your Salary Continuance insurance cover will not provide you with a benefit. No benefit is payable if your total disability or disablement or partial disability or disablement results directly or indirectly from:

- intentional self-inflicted injury,
- uncomplicated pregnancy or childbirth,
- war or acts of war whether declared or not,
- service in the armed forces of any national or international organisation, or
- any other specific limitations or restrictions applied by the Insurer and noted on your certificate of insurance.

When will your insurance cover cease?

Your insurance cover will cease on the earliest of the date:

- the Policy is terminated,
- you die,
- the benefit period ends,
- you request that your insurance cover be cancelled,
- you close your account and cease to be a member of MyNorth,
- effective 1 July, your insurance premium remains due and unpaid for a period of 30 days,
- you turn 65 years old,
- you cease to be employed on a full time or permanent part time basis by the employer where you work at least 20 hours per week, or
- you leave employment or commence maternity leave or unpaid leave unless otherwise agreed by the Insurer in writing before commencement of such leave.

Contact us

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mail North Service Centre
GPO Box 2915
MELBOURNE VIC 3001