

**Australian
Ethical**



AUSTRALIAN ETHICAL SUPER

Insurance Guide for Ex-Christian Super Members

The information in this document forms part of the Product Disclosure Statement

29 September 2023

About this material

This document provides more detailed information than what is provided in the Australian Ethical Super Product Disclosure Statement (PDS) dated 29 September 2023 and applies to Ex-Christian Super members only. The material in this document is incorporated into the PDS.

The information in this document forms part of the PDS for the Australian Ethical Retail Superannuation Fund ('the Fund' or 'Australian Ethical Super') dated 29 September 2023.

The information in the PDS is designed to help you:

- decide whether the Fund will meet your needs
- compare the Fund with others you may be considering.

The Fund's PDS is available free of charge by downloading it from our website, australianethical.com.au, contacting us on 1800 021 227 or emailing us at members@australianethical.com.au. The PDS should be considered before deciding whether to acquire, or to continue to hold, interests in the Fund.

Important...

Interests in the Australian Ethical Retail Superannuation Fund ('the Fund' or 'Australian Ethical Super') (ABN 49 633 667 743, USI/SPIN CHR0001AU) are offered by Australian Ethical Investment Limited (ABN 47 003 188 930, AFSL 229949) ('Australian Ethical') and issued by the Trustee of the Fund, Australian Ethical Superannuation Pty Limited (the 'Trustee') (ABN 43 079 259 733, RSE L0001441, AFSL 526055).

This Insurance Guide should be read in conjunction with the Product Disclosure Statement (PDS) and the Super Additional Information Booklet for the Fund.

Note for this section

Information contained in the PDS, the Additional Information Booklets and the Insurance Guide (that is not materially adverse) may change from time to time. You can find out about any updated information that is not materially adverse by visiting our website at www.australianethical.com.au/super/pds-forms. You can also request a free paper copy or electronic copy of any updated information by contacting us on 1800 021 227. You will be notified of any material changes in advance.

The information provided in the PDS, the Additional Information Booklets and this Insurance Guide is general information only and does not take account of your personal financial situation or needs. You should obtain financial advice tailored to your personal circumstances.

Contents

Insurance - we've got you covered	4
Death & Total Permanent Disablement	8
Income Protection	16
Other important information	20
Essential details	23
Legislative changes	24
Definitions	25

Insurance - we've got you covered!

Insurance is a topic few of us enjoy discussing, however organising your insurance can give you peace of mind should something unfortunate occur.

This Insurance Guide applies to Ex-Christian Super Members only.

Having insurance can help you live life with good financial health and peace of mind. Appropriate insurance cover helps you and your loved ones prepare for when the unexpected happens. Australian Ethical Super provides insurance cover in case of death, total and permanent disablement, or if you are unable to work for a long period due to illness or injury. It is designed to provide protection for you and your family against financial hardship should any of these circumstances occur.

We understand that insurance can be complicated – please don't hesitate to get in touch with us if you have any questions.

Benefits of insurance through Australian Ethical Super

- Easy premium payments deducted from your Australian Ethical Super account on a monthly basis
- Options to change your insurance cover any time to suit your changing needs (to increase cover you will need to complete the Insurance Application form)
- The choice of Unitised or Fixed cover

Insurance types

There are three types of insurance that you can have as a Australian Ethical Super member:

- Death cover (which includes cover for terminal illness)
- Total and Permanent Disablement (TPD) cover
- Income Protection (IP) cover

Death cover is a lump sum paid as financial support if you die or are diagnosed with a terminal illness and have been given a life expectancy of less than 24 months.

Total and Permanent Disablement (TPD) cover is a lump sum paid to you to help you meet expenses if you suffer an illness or injury that leaves you totally and permanently disabled and unable to work ever again.

Income Protection (IP) cover provides regular payments to help compensate for your loss of income if you become sick or injured and are unable to work for a long period of time.

You can apply for, change, or cancel insurance cover at any time. In some circumstances, you will receive automatic insurance cover.

Insurance cover with Australian Ethical as an Ex-Christian Super member

Automatic Default insurance cover provides **Eligible Persons** with a basic level of financial protection in the event of death, TPD or loss of income due to prolonged illness or injury.

The cover includes:

- Death cover;
- Total and Permanent Disablement (TPD) cover; and
- Income Protection (IP) cover.

You are considered an Eligible Person if you are:

- A member of Australian Ethical Super;
- An Australian resident;
- Aged between 16 and 67

Members that receive mandatory employer contributions will be provided with our Automatic Default insurance cover once they are 25 years of age AND their account balance has reached \$6,000.

Please note:

- If your account balance falls below \$6,000 after you have reached the \$6,000 threshold (and you are aged 25 years or older), we will not reduce your insurance cover.
- If you did not join the Fund's insurance plan when **First Eligible** (see 'Definitions') or if you were not at work at the time your cover commenced, the Automatic Default cover that you receive may not cover pre-existing health conditions.
- **If you are not receiving mandatory employer contributions (e.g. if you are self-employed or not currently employed), you will not receive Automatic Default insurance cover.** You can still apply for insurance cover by completing the Insurance Application Form. This form is available on our website at australianethical.com.au/cs/forms.

Insurance - we've got you covered!

When does cover commence?

If you receive Automatic Default insurance cover, you will be covered from the start of the period for which your first on-time mandatory employer contribution is received by the Fund.

Cover for an Eligible Person commences if:

- You previously joined Christian Super within 180 days of commencing work with a Christian Super registered employer, or when your employer previously became a registered employer of Christian Super; or
- We receive an Opt-In Form available on our website australianethical.com.au/cs/forms within 180 days of you joining Christian Super; or
- You are aged 25 or older and have an account balance equal to or greater than \$6,000, and your account is not considered to be inactive.
- For Income Protection (IP) cover:
 - You are at work on the date that IP cover commences. If not, you will receive default IP cover on a **Limited Cover** (see 'Definitions') basis only and revert to full IP cover once you are back at work again.
 - If your application for IP cover is outside the 180-day period above, you will be eligible for default IP cover but will not be covered for pre-existing health conditions. If you are at work 24 months after this cover commences, it will revert to full IP cover from that date. If you have not returned to work by this date, you will retain the Limited Cover until you have returned to work.

Unitised vs Fixed cover

Our Automatic Default insurance cover is **Unitised**, which means that each unit of insurance cover equals a dollar amount.

For **Death & TPD** cover:

- The dollar amount per unit varies by age to reflect the standard member's changing insurance needs at different stages of life.
- The premiums that you pay will also change from time to time based on your age.

For Income Protection cover:

- The dollar amount per unit varies by Occupational Group but does not change year to year.

- The premiums that you pay will change with age - generally increasing over time.

If you are not eligible for our Automatic Default insurance cover and wish to apply for insurance cover through Australian Ethical Super, you will need to complete the Insurance Application Form which is available on our website australianethical.com.au/cs/forms.

Australian Ethical Super also offers members a **Fixed** cover option for Death & TPD insurance, which means that the dollar amount of your insurance cover will be fixed year to year with premiums changing as you age.

Transferring other insurance

- ❶ You may be eligible to transfer your insurance cover from another super fund to Australian Ethical Super. Further details are available in the 'Other important information' section of this guide. If you wish to do this, you need to complete a Transfer of Insurance Form. You can find this form by visiting our website australianethical.com.au/cs/forms.

Life Events cover

Some stages in life require higher levels of insurance. Australian Ethical Super for Ex-Christian Super members offers increased insurance cover for the following

Life Events:

- Marriage or divorce
- Birth or adoption of first child
- First mortgage over \$100,000
- First child commences private schooling
- Death of the member's spouse
- A new business loan or increase in an existing business loan over \$100,000

Life Events cover is available without a health check, where appropriate evidence is provided. This additional cover will initially be applied as Limited Cover for the first 24 months after cover is granted with cover automatically reverting to standard cover terms after 24 months.

Further terms and conditions apply to be eligible for life events cover as outlined in the relevant policy. To find out if you are eligible for our Life Events cover, please contact us on **1800 021 227**.

Insurance - we've got you covered!

Occupational Groups -what type of work do you do?

The type of work you do will determine your **Occupational Group**. This will affect your premiums and your level of cover. Generally, the riskier your occupation the more you pay for insurance.

It is very important to check that you're in the correct Occupational Group. Otherwise you may be ineligible to make an insurance claim, or you could end up paying more in premiums than you need to. If we are not advised of your Occupational Group, you will be allocated into Occupational Group 3. You can check and update your Occupational Group in the 'Personal Details' section of your online MemberAccess account.

Australian Ethical Super has three Occupational Groups for Ex-Christian Super members based on the risk of injury involved with various occupation types.

Occupational Group	Description
Group 1 Professional White Collar	Professionals, executives and senior professional workers who possess university qualifications and do not perform any manual work. E.g. lawyers, doctors, solicitors, accountants, principals, school business managers.
Group 2 White Collar	Qualified community professionals, clerical or administrative workers who do not perform any manual work or salespeople not involved in deliveries. E.g. teachers, clergy, social workers, administrative or office workers, receptionists, personal assistants, travel consultants.
Group 3 Blue Collar	Skilled technicians or trade-based workers and supervisors in non-hazardous industries who are involved in light manual work. Also Pilots of the Mission Aviation Fellowship, skilled or semi-skilled manual workers and heavy machine operators who are not exposed to high-risk accidents or health hazards. E.g. nurses, shop assistants, bus drivers, jewellers, fully qualified tradespeople, computer technicians, gardeners, mechanics or store persons.

Other than Automatic Default cover, insurance cover is not available for unskilled blue collar workers, high-risk occupations (e.g. miners or pilots) or any occupations with certain duties - please refer to the 'Definitions' page at the end of this guide for a list of **Excluded Occupations**. If you work in one of these categories, please contact us on **1800 021 227** discuss your options.



“Most members automatically receive a basic level of insurance cover.”

Death & Total Permanent Disablement

Death & Total Permanent Disablement (TPD) cover for Ex-Christian Super members is available from age 16 and it expires on your 70th birthday.

Choosing cover that’s right for you

While many members receive Automatic Default cover which provides a basic level of cover, it may not be the right amount for your unique needs. With Australian Ethical Super’s Death & TPD insurance, you can request to change your cover at any time (increases will be subject to a health check).

Your Death cover is directly linked to your TPD cover within Australian Ethical Super. Your Death cover will be reduced by any TPD benefit paid, or benefit paid through a Terminal Illness claim.

Death cover

Death cover provides financial support in the form of a lump sum paid to your dependants if you die. There is no limit on the amount of Death cover you can access through the Fund.

Terminal Illness benefit

If you are diagnosed with a Terminal Illness and you have been given a life expectancy of less than 24

months, you may be eligible for a Terminal Illness benefit. Terminal Illness benefit payments are subject to the full terms of the policy, including:

- The date of diagnosis of the Terminal Illness is on or after the date that your cover commenced.
- Maximum Terminal Illness benefit is \$3,000,000. You will be paid the lesser of either your Agreed Benefit or \$3,000,000. Any residual benefits will be payable at death.
- You will need to supply supporting medical evidence from two Doctors including a Specialist in the field to which your illness relates.

A Terminal Illness benefit is not a stand-alone benefit, it is an early payment of your Death benefit and also cancels your TPD amount insured.

- Conditions apply - depending on your eligibility and the Insurer agreeing to provide you with this cover.
- Any insurance increase request is subject to approval by the Insurer and will be confirmed to you in writing.

What Death & TPD insurance does Australian Ethical Super offer to Ex-Christian Super members?

The following table provides an overview of the Death & TPD cover available to members.

Cover	Benefit payment	Maximum Cover	Cover expiry age
Death	Lump sum benefit: the insured amount plus your Australian Ethical Super account balance	Unlimited	Age 70
Terminal Illness (included in Death cover)	Terminal illness benefit enabling earlier payment of death benefit	\$3,000,000 Any Death cover in excess of this will be payable on death, provided you remain an Australian Ethical Super member and cover is still in force	Age 70
Total and Permanent Disablement	Lump sum benefit: your insured amount (in addition to your Australian Ethical Super account balance)		Age 70

Death & Total Permanent Disablement

Automatic Default cover or Ex-Christian Super members

Eligible members will receive Death & TPD insurance in accordance with the following table, based on their age and account balance when they become a member.

	Under 25 years	25 years and over
Account balance under \$6,000	No cover	No cover
Account balance \$6,000 and over	No cover	3 units

Your level of Death & TPD cover will automatically change in accordance with the table once you reach 25 years of age and have an account balance over \$6,000. If you joined Christian Super before 1 April 2020, you may have received a different level of automatic Death & TPD cover.

Most members automatically receive a basic level of age-based Death & TPD cover. This means no health information is required. This automatic cover is designed to provide you with a basic level of financial protection for death and permanent disablement. Here are some things you should know:

- Your default cover is based on your age and the amount of cover will change as you get older. See cost and cover tables on page 11 and 12.
- Provided you are receiving mandatory employer contributions, members younger than 25 and/or with account balances below \$6,000 can opt-in to receive the Automatic Default Death & TPD insurance (without the need for a health check). You can complete the Opt-in form available on our website australianethical.com.au/cs/forms
- If you haven't received Death & TPD insurance automatically when you joined Christian Super, you can still apply for cover by completing the Insurance Application Form which is available on our website australianethical.com.au/cs/forms.
- There are a number of additional circumstances where a member may not be eligible to receive automatic cover. These additional terms are contained in the relevant insurance policy document available upon request.

Total and Permanent Disablement

Total and Permanent Disablement (TPD) insurance provides a lump sum if you suffer an illness or injury that leaves you totally and permanently disabled. TPD insurance benefits are often used to eliminate debts, pay for medical expenses or fund any permanent lifestyle changes resulting from disablement.

As an insured member, you are deemed to be Totally and Permanently Disabled when the Insurer is satisfied on medical or other grounds that you:

Part A – Employed of self-employed persons, and under age 67

For an Insured Person who, at the Date of Disablement:

- has been Gainfully Employed within 24 months immediately prior to the Date of Disablement; and
- are unable to do any work as a result of injury or illness for three consecutive months; and
- has seen a Doctor and received all medical treatment reasonably recommended by a Doctor in relation to your Injury or Illness; and
- is aged less than 67 years;

Total and permanent disablement means the Insured Person has provided proof to our reasonable satisfaction that the Insured Person, as a result of Illness or Injury, has become incapacitated to such an extent that it is unlikely the Insured Person will ever be capable of engaging in Gainful Employment for which they are reasonably qualified by education, training or experience, or may become reasonably suited by Reasonable Retraining or rehabilitation, and either (i), (ii), (iii), (iv), or (v) applies:

- (i) the Insured Person suffered the permanent loss of use of:
 - i. two limbs, or
 - ii. the sight of both eyes, or
 - iii. the loss of use of one limb and the sight of one eye,

where limb is defined as the whole hand or the whole foot; or
- (ii) the Insured Person has been absent from employment with their employer through Illness or Injury for three (3) consecutive months, or such less period we may approve where the extent of

Death & Total Permanent Disablement

the Insured Person's Illness or Injury is such that it is apparent the Insured Person will be absent from employment due to Illness or Injury for three consecutive months even though the period of three consecutive months has not concluded.

(iii) the Insured Person, through Illness or Injury, and having provided proof to our satisfaction, is permanently unable to perform at least two (2) out of the following six (6) Basic Work Activities; or

(iv) the Insured Person, through Illness or Injury, and having provided proof to our satisfaction, is suffering from the permanent deterioration or loss of intellectual capacity that has required the Insured Person to be under continuous care and supervision by another adult person for three (3) consecutive months and this care is likely to be ongoing on a permanent basis;

(v) If, in our opinion an Insured Person is suffering from one or more of the Immediate Assessment Conditions and all claim requirements specified by us have been satisfied, the 3 month waiting period that applies to Part A is waived.

Part B- unemployed or aged 67 or older

For an Insured Person who, at the Date of Disablement:

- has not been Gainfully Employed within 24 months immediately prior to the Date of Disablement; or
- has been on employer approved leave for more than 24 months; or
- is aged 67 years or older;

Total and permanent disablement means the Insured Person has provided proof to our reasonable satisfaction that the Insured Person, as a result of Illness or Injury, has become incapacitated to such an extent that it is unlikely the Insured Person will ever be capable of engaging in Gainful Employment for which they are reasonably qualified by education, training or experience, and either (i), (ii), (iii), (iv), or (v) applies:

(i) the Insured Person suffered the permanent loss of use of:

- i. two limbs, or
- ii. the sight of both eyes, or
- iii. the loss of use of one limb and the sight of one eye,

where limb is defined as the whole hand or the whole foot; or

(ii) the Insured Person, through Illness or Injury, and having provided proof to our satisfaction, is permanently unable to perform at least two (2) out of the following six (6) Basic Work Activities; or

(iii) the Insured Person, through Illness or Injury, and having provided proof to our satisfaction, is suffering from the permanent deterioration or loss of intellectual capacity that has required the Insured Person to be under continuous care and supervision by another adult person for three (3) consecutive months and this care is likely to be ongoing on a permanent basis; or

(iv) If, in our opinion an Insured Person is suffering from one or more of the Immediate Assessment Conditions and all claim requirements specified by us have been satisfied, the 3 month waiting period that applies to Part B is waived; or

(v) the Insured Person has a Psychiatric Disorder.

Part C- Engaged in unpaid domestic duties, unemployed and under 67

For an Insured Person who, at the Date of Disablement:

- has not been Gainfully Employed within 24 months immediately prior to the Date of Disablement; or
- was engaged in unpaid domestic duties at home; or
- is aged less than 67 years;

Total and permanent disablement means the Insured Person has provided proof to our reasonable satisfaction that the Insured Person, as a result of Illness or Injury, has become incapacitated to such an extent that it is unlikely the Insured Person will ever be capable of engaging in Gainful Employment for which they are reasonably qualified by education, training or experience, and either (i), (ii), (iii), (iv), or (v) applies:

(i) the Insured Person suffered the permanent loss of use of:

- i. two limbs, or
- ii. the sight of both eyes, or
- iii. the loss of use of one limb and the sight of one eye,

where limb is defined as the whole hand or the whole foot; or

Death & Total Permanent Disablement

- (ii) the Insured Person, through Illness or Injury, and having provided proof to our satisfaction, is permanently unable to perform at least two (2) out of the following six (6) Basic Work Activities; or
- (iii) the Insured Person, through Illness or Injury, and having provided proof to our satisfaction, is suffering from the permanent deterioration or loss of intellectual capacity that has required the Insured Person to be under continuous care and supervision by another adult person for three (3) consecutive months and this care is likely to be ongoing on a permanent basis; or
- (iv) If, in our opinion an Insured Person is suffering from one or more of the Immediate Assessment Conditions and all claim requirements specified by us have been satisfied, the 3 month waiting period that applies to Part C is waived; or
- (v) the Insured Person has a Psychiatric Disorder.

Lump sum payments

The lump sum Death benefit (in addition to your Australian Ethical Super account balance) will be paid to your dependants on your death.

Members can make a Non-Binding Nomination of their preferred beneficiaries via the Member Application Form. You can change this nomination at any time via the Change of Membership Details Form or through your online account. For non-binding beneficiaries, the Trustee will still be required to assess amounts your dependants should receive. Alternatively, you can make a Binding Nomination where you direct the Trustee to pay your benefit to one or more dependants in proportions specified by you. The Binding Beneficiary Nomination Form can be found on our website.

The lump sum TPD benefit (in addition to your Australian Ethical Super balance) is available to be paid to you if you become totally and permanently disabled in accordance with the insurance policy. In certain circumstances, this payment may have tax withheld when withdrawn.

Levels of cover

Age	Benefit per unit (\$)	
	Death cover	TPD cover
16 - 22	27,900	27,900
23	41,850	41,850
24	55,800	55,800
25	69,750	69,750
26	83,700	83,700
27	97,650	97,650
28	111,600	111,600
29	125,550	125,550
30	139,500	139,500
31	139,500	139,500
32	137,500	137,500
33	130,500	130,500
34	123,000	123,000
35	115,500	115,500
36	106,500	106,500
37	96,000	96,000
38	86,000	86,000
39	79,000	79,000
40	74,000	74,000
41	69,000	69,000
42	64,000	64,000
43	61,000	61,000
44	58,000	58,000
45	55,000	55,000
46	52,000	52,000
47	49,000	49,000
48	46,000	46,000
49	43,000	43,000
50	40,000	40,000
51	37,500	37,500
52	35,000	35,000
53	32,000	32,000
54	28,500	28,500
55	25,500	25,500

Age	Benefit per unit (\$)	
	Death cover	TPD cover
56	22,500	22,500
57	19,500	19,500
58	16,500	16,500
59	13,500	13,500
60	11,000	11,000
61	10,000	10,000
62	9,500	9,500
63	9,000	9,000
64	8,500	8,500
65	7,500	7,500
66	6,500	6,500
67	6,000	6,000
68	5,500	5,500
69	5,000	5,000

Cost of Unitised Death & TPD cover

The weekly cost per unit of cover is the weekly premium per unit of cover (see the first table below) multiplied by the Occupation Premium Factor that applies based on your Occupational Group (see the second table below). If your Occupational Group is unknown, the Occupation Premium Factor for Group 3 will apply.

The below table outlines the weekly premium per unit of cover, based on the type of cover (Death only or Death & TPD) and your age.

Age	Weekly premium per unit of cover	
	Death only	Death & TPD
Up to 24	\$0.38	\$0.69
25-29	\$0.68	\$1.25
30-39	\$0.86	\$1.53
40-49	\$0.70	\$1.45
50-59	\$0.62	\$1.36
60-69	\$0.57	\$1.29

The below table outlines the Occupation Premium Factors based on your regular occupation.

Occupational Group	Occupation Premium Factor
Group 1	0.73
Group 2	1.00
Group 3	2.30

All Death & TPD premiums are deducted directly from your Australian Ethical Super account on a monthly

basis. Monthly premiums are calculated based on the number of Fridays in the month.

If you require any assistance in calculating your premiums, contact us on **1800 021 227**.

Fixed cover

Under the Automatic Default insurance cover with Australian Ethical Super for Death & TPD, your cover decreases with age.

Recognising that individuals may prefer to keep a consistent level of cover with the Fund, Australian Ethical Super also offers a Fixed cover option. This allows you to set a level of cover that will generally not change as you age (subject to TPD tapering at older ages - explained below). Instead, the premiums applied to your account will change with age - generally increasing.

Australian Ethical Super’s Fixed cover insurance for Ex-Christian Super members is only available through an application process (i.e. you won’t be automatically placed in this product). This product is available under the following conditions:

- Applications must be made using the appropriate forms.
- Cover must be entirely unitised or entirely fixed. Therefore, any successful application for the Fixed cover will result in unitised cover ceasing (or vice versa).
- You are over 30 years of age and younger than 60.
- A taper rate is applied to Fixed cover TPD benefits when you reach your 61st birthday, with TPD benefits reducing by 10% each year until the cover ceases at age (70).

You may adjust (or cancel) your Fixed cover at any point in time, however any increases in cover will be subject to you completing a health check.

Cost of Fixed Death & TPD cover

- The weekly Fixed cover premium is calculated by dividing the desired cover level by \$1,000, multiplying against the age-based premium rates (see table on page 14) and dividing by 52.
- This amount is then multiplied by the Occupation Premium Factor (see table on the left) to determine your weekly premium per unit of cover. The same factors apply to each option.
- The premiums for Death & TPD cover are calculated separately. The total cost of Fixed cover will be the combined cost of both the Death & TPD cover.
- Any exclusions, premium loading, limitations, special terms, conditions or restrictions, including Limited Cover, will continue to apply.

If you require any assistance in calculating your premiums, contact us on **1800 021 227**.



“Death & Total Permanent Disablement cover is available from age 16 and it expires on your 70th birthday.”

Fixed cover rates		
Age	Death only	TPD
16	\$0.47	\$0.18
17	\$0.47	\$0.18
18	\$0.47	\$0.18
19	\$0.47	\$0.18
20	\$0.47	\$0.18
21	\$0.44	\$0.18
22	\$0.42	\$0.18
23	\$0.38	\$0.19
24	\$0.37	\$0.20
25	\$0.35	\$0.21
26	\$0.34	\$0.22
27	\$0.34	\$0.24
28	\$0.32	\$0.26
29	\$0.31	\$0.29
30	\$0.29	\$0.31
31	\$0.28	\$0.31
32	\$0.28	\$0.32
33	\$0.29	\$0.33
34	\$0.31	\$0.35
35	\$0.32	\$0.37
36	\$0.35	\$0.41
37	\$0.39	\$0.44
38	\$0.44	\$0.49
39	\$0.47	\$0.55
40	\$0.51	\$0.58
41	\$0.54	\$0.63
42	\$0.58	\$0.67
43	\$0.62	\$0.70
44	\$0.65	\$0.74
45	\$0.68	\$0.78
46	\$0.73	\$0.82
47	\$0.77	\$0.88
48	\$0.81	\$0.93
49	\$0.87	\$1.00
50	\$0.94	\$1.08
51	\$1.00	\$1.14
52	\$1.07	\$1.23
53	\$1.17	\$1.34

Fixed cover rates		
Age	Death only	TPD
54	\$1.32	\$1.50
55	\$1.47	\$1.68
56	\$1.66	\$1.91
57	\$1.93	\$2.19
58	\$2.27	\$2.60
59	\$2.77	\$2.96
60	\$3.26	\$3.64
61	\$3.58	\$4.10
62	\$3.95	\$4.51
63	\$4.43	\$4.99
64	\$4.93	\$5.50
65	\$5.58	\$6.24
66	\$6.29	\$7.19
67	\$6.82	\$7.80
68	\$7.43	\$8.51
69	\$8.17	\$9.35

Switching between Unitised cover and Fixed cover

You can choose to convert your Unitised cover to Fixed cover (or vice versa) without a health check. The process is subject to:

- The conversion occurring prior to your 60th birthday.
- Only one conversion is allowed every 5 years (additional conversions will be subject to a health check).
- Cover would be the same value as your Unitised Cover and remains fixed at the same level (subject to TPD tapering - see table to the left).

Changes between Fixed and Unitised cover can be completed via the Insurance Choice Form which is available on our website australianethical.com.au/cs/forms.

Reducing or cancelling cover

You can reduce or cancel any or all of your cover at any time.

If you choose to reduce your Death cover, your TPD cover cannot exceed your Death cover.

Once you cancel your insurance, you will not be eligible to make a claim for an illness or injury that occurs after the effective date of your cancellation.

If you decide to increase or reapply for cover in the future, you will need to supply health information and your Insurance Application Form will be assessed by the Insurer. You can access the Insurance Application Form by visiting our website australianethical.com.au/cs/forms

You can use the Insurance Choice Form to change or cancel your cover which is available on our website australianethical.com.au/cs/forms. Alternatively, you can contact us by phone on **1800 021 227** or via email to cancel your cover at any time.

We recommend that you consult your financial planner and health professional before making changes to your insurance cover.

When cover ceases

Under the terms of the policy, your Death & TPD insurance cover can cease for a variety of reasons. The most common reasons include when:

- Your superannuation benefit in Australian Ethical Super is transferred or paid out;
- Your account balance reduces to nil;
- Your account balance is not enough to pay your next premium;
- Your account has been inactive (see 'Definitions' at the end of this guide) for 16 months; or
- You reach age 70.

For a full list of reasons your cover may cease, refer to the insurance policy document, available upon request.

Reinstatement of Cover

If your cover has ceased due to your account balance being insufficient to pay the premium, your cover can be reinstated without underwriting subject to an on-time mandatory employer contribution being received.

Where the on-time mandatory employer contribution is received with 180 days of cover ceasing, cover will be reinstated at the previous type and level of cover. This includes being subject to any restrictions, conditions, exclusions or premium loadings which were imposed on your cover immediately before the date cover ceased.

Where the on-time mandatory employer contribution is received outside 180 days of cover ceasing, your cover will be reinstated at the default level of cover.

If your cover has ceased due to you becoming inactive where an eligible contribution has not been received in your account for 16 consecutive months, your cover can be reinstated without underwriting within 60 calendar days.

It is a requirement that you are not aware of any condition or related symptom that is likely to be a terminal illness or is likely to result in Total and Permanent Disablement.

If you are not At Work on the date cover is reinstated, your reinstated cover will be Limited Cover until you are again At Work for 30 consecutive days. Further terms and conditions apply.

Income Protection

Income Protection cover provides an income in times of prolonged absence from work due to illness or injury.

Automatic Default cover for Ex-Christian Super members

Income Protection (IP) cover provides a regular monthly income of up to 75% of your gross salary and regular mandatory super contributions in the event of illness or injury and prolonged time off work.

Eligible members will also receive IP insurance in accordance with the following table, based on your age and your account balance when you became a member with Christian Super.

Like Death & TPD cover, members who joined Christian Super and receive a mandatory employer contribution will automatically receive a default level of IP insurance once aged 25 or over AND their account balance has reached \$6,000.

If you want cover before these conditions are met, you can opt-in to commence cover. Use the Opt-in Form available from our website australianethical.com.au/cs/forms.

	Under 25 years	25 years and over
Account balance under \$6,000	No cover	No cover
Account balance \$6,000 and over	No cover	At least 9 units

The level of automatic default cover (i.e. the number of units) is based on your Occupational Group when you became a Christian Super member (refer to page 6). Each unit of cover provides a weekly benefit of \$100.

Occupational Group	Units of cover
Group 1	18 units (\$1800 per week)
Group 2	12 units (\$1200 per week)
Group 3	9 units (\$900 per week)

If you are automatically provided with default insurance, cover will be provided in units. You will keep the number of units advised when you first joined Christian Super unless you successfully apply to change your cover. To change or cancel your cover, complete the Insurance Choice Form which is available on our website australianethical.com.au/cs/forms.

If you do not receive default cover automatically, you can apply for IP cover by completing the Insurance

Application form which is available on our website australianethical.com.au/cs/forms.

In addition to default cover, you may apply for IP insurance and choose your level of cover. IP insurance is available from age 16 to 70. While IP cover is available up to age 70, members aged 67 or over are not eligible to obtain new cover.

Level of cover

Cover is provided in units and you may select up to 80 units of cover. Like Automatic Default cover, each unit of additional IP cover provides a weekly benefit of \$100.

You may obtain IP cover up to a maximum of 75% of your gross salary income and superannuation contributions. While we make it easy to automatically receive a default level of IP insurance, it is ultimately your responsibility to ensure the amount you have is appropriate for your needs. If you have more cover than 75% of your income you will be unable to use the 'excess' amount and will be paying for unusable insurance (which is not refundable). Similarly, if you have cover that is less than 75% of your income you may find it hard to cover your personal costs should you be unable to work due to illness or injury.

Gross salary

Salary is defined in the insurance policy as your annual remuneration from your usual occupation before deduction of income tax as well as any regular mandatory superannuation contributions received by your superannuation fund. It does not include:

Director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income, income received from deferred compensation plans, disability income policies, income from retirement plans, income from vocational activities, and other monetary benefits (e.g. performance related commission bonuses). Please note that this is not an exhaustive list.

A member's IP benefit includes an income component (up to 75% of gross salary) and a superannuation contribution. If you are self-employed, salary equals the total amount earned by the business over the financial year as a direct result of your personal exertion or activities through your usual occupation, less your share of business expenses, but before the deduction of income tax, for that business.

Income Protection

How to calculate the cost of IP cover

Calculating the cost of your IP cover may seem complicated, especially if you wish to change your maximum benefit or waiting periods.

To calculate the total weekly cost of your IP cover, you will first need to multiply the amount of units you have (available in your online MemberAccess account) by the weekly cost for each unit as determined by your age (see table below). This cost is then multiplied by your Occupation Premium Factor (also on page 18). Finally, if you have made any modifications to your benefit period or waiting period, you will need to multiply this value by the applicable Multiplication Factor (see page 18).

All IP premiums are deducted directly from your Australian Ethical Super account on a monthly basis.

Premium Rates per unit per week		
Age	Male	Female
16	0.05	0.05
17	0.05	0.05
18	0.05	0.05
19	0.05	0.05
20	0.05	0.05
21	0.05	0.05
22	0.05	0.06
23	0.05	0.06
24	0.05	0.06
25	0.05	0.06
26	0.05	0.06
27	0.05	0.06
28	0.06	0.07
29	0.06	0.08
30	0.06	0.08
31	0.06	0.08
32	0.07	0.09
33	0.08	0.09
34	0.08	0.10
35	0.08	0.11
36	0.09	0.11

Premium Rates per unit per week		
Age	Male	Female
37	0.09	0.12
38	0.10	0.12
39	0.11	0.13
40	0.11	0.15
41	0.12	0.16
42	0.13	0.17
43	0.14	0.18
44	0.15	0.19
45	0.16	0.20
46	0.17	0.22
47	0.18	0.23
48	0.20	0.25
49	0.22	0.25
50	0.25	0.29
51	0.27	0.31
52	0.29	0.33
53	0.32	0.35
54	0.34	0.37
55	0.37	0.40
56	0.40	0.43
57	0.45	0.46
58	0.49	0.49
59	0.53	0.53
60	0.62	0.58
61	0.68	0.62
62	0.75	0.68
63	0.83	0.75
64	0.92	0.83
65	1.02	0.92
66	1.12	1.02
67	1.16	1.04
68	0.74	0.67
69	0.24	0.22

Income Protection

The table below outlines the Occupation Premium Factors used for IP premium calculations, based on the applicable Occupational Group (see page 6). If your Occupational Group is unknown, the Occupation Premium Factor for Group 3 will apply.

Occupational Group	Occupation Premium Factor
Group 1	0.91
Group 2	1.00
Group 3	2.55

If you require any assistance in calculating your premiums, contact us on **1800 021 227**.

Waiting and maximum benefit period

You are eligible to receive an Income Protection benefit if you are disabled continuously for more than the waiting period. Australian Ethical Super’s default waiting period for Ex-Christian Super members is 60 days, however you can choose a waiting period of 30, 60 or 90 days (subject to application and approval). While by default you will continue to receive IP benefit payments while off work for up to 2 years, you can also choose to increase this maximum benefit period to 5 years or to continue until you reach age 65.

N.B. Changing the waiting period or benefit period will affect the cost of the insurance cover (i.e. the weekly cost of cover calculated above is multiplied by the applicable Multiplication Factor based on the benefit and waiting period combination outlined in the table below).

Income Protection Options		
Benefit Period	Waiting Period	Multiplication Factor
2 years	30 days	1.20
2 years	60 days	1.00
2 years	90 days	0.85
5 years	30 days	4.50
5 years	60 days	2.90
5 years	90 days	2.35
To Age 65	30 days	10.65
To Age 65	60 days	8.45
To Age 65	90 days	6.80

Considerations

IP benefit payments are reduced by any amounts you receive (e.g. from Workers’ Compensation, but not accumulated sick leave).

Payment of the IP benefit commences after you have been off work for the required waiting period. The benefit period continues to be paid until either you are able to return to work, or you reach your maximum benefit period. Some restrictions apply to IP cover:

- You must have been regularly working at least 15 hours per week when you ceased work. You must tell us if you work less than 15 hours per week, otherwise premium deductions will continue even though you are not insured.
- You cannot claim this cover to top up or complement an existing Income Protection Policy.
- IP cover excludes claims arising from pregnancy, self-inflicted injuries, or acts of war.
- Additional conditions may apply if you reside overseas for a period of more than three months (see the ‘Essential details’ section).

When cover ceases

Under the terms of the policy your IP insurance cover can cease for a variety of reasons. The most common reasons include when:

- You advise the Fund that you have ceased to work at least 15 hours per week;
- Your superannuation benefit in Australian Ethical Super is transferred or paid out;
- Your account balance reduces to nil;
- You reach age 70; or
- Your account has been inactive (see ‘Definitions’ section) for 16 months.

For a full list of reasons your cover may cease refer to the insurance policy document, available upon request.

Income Protection

Reinstatement of cover

If your cover has ceased due to your account balance being insufficient to pay the premium, your cover can be reinstated without underwriting subject to an on-time mandatory employer contribution being received.

Where the on-time mandatory employer contribution is received with 180 days of cover ceasing, cover will be reinstated at the previous type and level of cover. This includes being subject to any restrictions, conditions, exclusions or premium loadings which were imposed on your cover immediately before the date cover ceased.

Where the on-time mandatory employer contribution is received outside 180 days of cover ceasing, your cover will be reinstated at the default level of cover.

If your cover has ceased due to you becoming inactive where an eligible contribution has not been received in your account for 16 consecutive months, your cover can be reinstated without underwriting within 60 calendar days.

It is a requirement that you are not aware of any condition or related symptom that is likely to be a terminal illness or is likely to result in total and permanent disablement.

If you are not At Work on the date cover is reinstated, your reinstated cover will be Limited Cover until you are again At Work for 30 consecutive days. Further terms and conditions apply.



“Remember that the default level of income protection is based on your occupation group.”

Other important information

Protecting you and your family through all of life's unexpected events, for your peace of mind.

Health evidence

When you apply for insurance or to increase your current insurance cover, you may be asked for evidence of health. If you need to provide health evidence, your cover or increased cover will only apply from the date the Insurer accepts your application.

The duty to take reasonable care

When you apply for life insurance cover, you are treated as though you are applying for insurance cover under an individual consumer insurance contract. When you apply for cover under a consumer insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to us before the contract of insurance is entered into.

A misrepresentation is an answer that is false, an answer that is only partially true, or an answer which does not fairly reflect the truth. This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be voided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

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

Changes before your cover starts

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

If you need help

It's important that you understand this information and the questions we ask. Please contact us and ask for help if you have difficulty understanding the process or answering any of our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you while speaking with us.

Loadings and exclusions

In some circumstances the Insurer may place certain restrictions on your insurance or may only accept cover with a premium loading. If these circumstances apply to you, you will be notified.

Interim Accident cover

When you apply for insurance, you may receive Interim Accident cover for an interim accident cover period - this is the time while your application for cover is being considered by the Insurer. If you have an accident during the Interim Accident cover period, an Interim Accident cover benefit will be paid if you die, or become totally and permanently disabled, within 90 days of your application.

The Interim Accident cover period starts on the date that your Insurance Application Form is received and will end when:

- Your application is withdrawn, accepted or rejected
- The policy is terminated
- 90 days has passed since your application is received

Other important information

Accidental injury

If the required cover is in force, you will be paid the agreed benefit for interim Accident cover in the event of Death or TPD.

The Interim Accident benefit is payable once, and if paid, your application for insurance will be cancelled. The Interim Accident cover benefit will be the lesser of the amount of cover you applied for or \$1,500,000 for Death & TPD. The amount of the monthly benefit for Income Protection shall be no greater than the maximum amount of cover which would have been applicable or \$15,000 per month whichever is the lesser. Where this applies, you will be eligible to receive a monthly benefit for a maximum period of 24 months. There will be no partial disability payment under Accident Cover.

Transfer of insurance cover

You may have the opportunity to transfer any Death & TPD insurance cover you have with a previous superannuation fund or individual insurance policy. Use the Transfer of Insurance available on our website australianethical.com.au/cs/forms.

Transfer of cover available for Ex-Christian Super members for the purpose of choice under superannuation legislation

You can elect to transfer your existing cover into Australian Ethical Super if you are insured under either of the following:

- Another employer sponsored policy; or
- An individual insurance policy with another Australian life insurer provided they were underwritten and accepted for cover within the previous 5 years.

The transfer of existing cover to Australian Ethical Super for Ex-Christian Super members is subject to you meeting the following criteria:

- You must be aged less than 65; and
- You must not be working in an excluded occupation; and
- You must confirm that your insured benefit in the existing fund or insured policy will cease on cover commencing with Australian Ethical Super. No claim will be considered by Australian Ethical Super where you retain any form of your previous cover elsewhere; and

- You must not continue the cover under any other insurance arrangement, reinstate cover or effect a continuation option with any fund; and
- You must provide a copy of the most recent Benefit Statement or Policy Renewal Statement dated within the previous 12 months as evidence of your current cover and insured benefit previously held. This includes a copy of the advice you received from the insurer or fund advising you of acceptance of your insurance and if on standard terms or subject to additional terms; and
- Your existing cover not being subject to any premium loading, restriction, exclusion or pre-existing condition exclusion or restriction in regard to medical or other conditions; and
- The maximum amount of cover that can be transfer for Death only or Death & TPD is \$1 million; and
- Your total Death & TPD cover without a health check must not exceed \$1 million, including any existing default cover and any transferred amount; and
- You must satisfactorily complete a Transfer of Insurance Form, including answering 'no' to the agreed health questions, and be received by Australian Ethical Super within 31 days of being signed and dated.

Your transferring cover will be converted into a number of units required to match the existing type and level of cover held, rounded up to the next highest number of units of cover.

Where all of the above requirements have been met, cover will commence from the date we accept your Transfer of Insurance Form, assuming your account balance is sufficient to pay the required premium.

If your account balance is insufficient to pay the premium, then cover will not have commenced and you will be required to complete a new Transfer of Insurance Form. Cover will then only commence from the date we accept the new Transfer of Insurance Form if your account balance is sufficient to pay the premium.

Other important information

Where any of the above requirements have not been met, no transfer of cover can occur and the cover will be subject to an Insurance Application Form being completed in the first instance and will commence on the date that we advise in writing.

Increasing cover

Members aged between 16 and 65 can apply for new or increased cover by completing the Insurance application form. Your application will be assessed by the Insurer and you may need to provide health information.



“Insurance through your super fund is often the most cost effective way of securing cover.”

Essential details

Choosing insurance through your super fund is often the most cost effective way of securing cover.

Payment of insured benefits

The timely payment of insured benefits depends on the Insurer receiving information from you, your employer(s) and medical practitioners. Any delay in receiving this information may result in the payment of benefits being delayed.

The Insurer reserves the right to investigate your claim, and this may delay the payment of insured benefits.

The payment of insurance benefits is also subject to any special conditions for exclusions that may apply to you.

Cover during employer approved leave

Your insurance cover will continue on the same terms and conditions if you are on employer approved leave provided:

- You continue to be employed by your employer and your premiums continue to be paid; and
- The period of leave is no longer than 2 years.

Cover may continue after 2 years on permitted terms. We require written notification prior to the commencement of any period of leave if cover is not to be continued.

24 hour cover

Once the cover has come into force and while it remains in force, the cover we provide operates 24 hours a day. Cover comes into force and takes effect from midnight Australian Eastern Standard Time (AEST) on the day it commences. Cover ceases at midnight AEST on the day it terminates.

Cover during overseas travel

When you travel overseas for a period of more than 3 months, we will continue to cover you, subject to certain conditions. These include but are not limited to:

- You retain your insurance cover throughout the period of your overseas residence; and
- Your country of residence is not a Hazardous Destination; and
- Your insurance premium continues to be paid throughout the period of overseas residence.

Where these conditions are not met, approval for continuation of cover will be subject to our approval and should be obtained from us prior to departure from Australia. If we approve this cover it may be subject to an additional premium.

Who can make an insurance claim?

To make a claim on your insurance cover you must first be a member of Australian Ethical Super, be between 16 to 67 years old and be an Australian resident (i.e. an Australian citizen, hold an Australian permanent residency visa, reside in Australia on a Temporary Work (Skilled) visa or be a New Zealand citizen who is residing and working in Australia).

You must also be working at least 15 hours per week (either as permanent employee, contractor or self-employed person).

We reserve the right to require you to return to Australia at your own expense in the event that you submit a claim.

Are there any implications if I hold multiple insurance policies?

If you hold multiple super accounts with other funds, there may be an impact on the amounts you can receive under the policies.

Making an insurance claim

We know that when you need to make an insurance claim, it can be at a difficult time for you and your family.

You should notify us as soon as reasonably practicable after an event giving rise to a claim. As a condition of paying an insured benefit the Insurer may require you, your representative to:

- substantiate the claim
- be examined by a *medical practitioner(s)* appointed by the Insurer
- submit satisfactory proof of age.

In some circumstances, the member's account balance may be payable in situations where the insurance claim is declined. Until benefits are paid out, the Trustee will invest all insured benefits in respect of a Death, Terminal Illness or TPD claim in the Defensive investment option.

For more information about how to claim and the process you need to follow, visit australianethical.com.au/cs/insurance on our website.

Legislative changes

Protecting Your Super (PYS) and Putting Members' Interests First (PMIF).

Two pieces of legislation have been passed that affect the way Australian Ethical Super can offer insurance to members. This Insurance Guide has been written so as to already take into account the effects of these changes, but the changes and potential impacts to members are further outlined below.

Protecting Your Super (PYS)

PYS legislation ensures that inactive super fund members are not paying premiums for insurance cover that may erode their retirement savings.

From 1 July 2019, any members who have an account that has been inactive for at least 16 months will have their insurance cover cancelled.

How do I know if this affects me?

This affects you if you have an account that has been inactive for 16 months. This means that, for 16 months:

- No contributions have been made to the account; and
- You have not taken any of the following actions:
 - Adjusted insurance cover;
 - Switched investments;
 - Nominated or amended a Binding Beneficiary Nomination; or
 - Completed the Inactive Low account Balance Form.

When your account becomes inactive, we will send you a letter to notify you after 9 months, 12 months and 15 months, before you reach 16 months of inactivity.

What if I want to keep my insurance cover?

If you wish to maintain your insurance cover for your inactive account, you need to take one of the following steps before you reach 16 months of inactivity:

- Complete the Election to Maintain Insurance Cover form which is available on our website australianethical.com.au/cs/forms and return it to us; or
- Log in to your online MemberAccess account, go to 'Personal details' and update the 'Insurance Retention' section; or
- Make your account active again by engaging in one of the activities above (such as by making a contribution to the account).

Putting Members' Interests First (PMIF)

PMIF legislation ensures that young members and members with low account balances are not paying premiums for insurance cover that may inappropriately erode their retirement savings.

From 1 April 2020, any members waiting for their default insurance cover to commence won't receive default cover until they're 25 years of age AND have a minimum balance of \$6,000.

How do I know if this affects me?

This affects you if, after 1 April 2020, you are waiting for default Death, TPD and IP insurance cover to commence and you are either under 25 OR have an account balance under \$6,000.

If you take no other action, you will automatically receive default insurance when you have reached 25 years of age AND have a minimum balance of \$6,000.

What if I wish to obtain insurance cover?

If you wish to obtain insurance before meeting the criteria on this account, you need to complete the Opt In form which is available on our website australianethical.com.au/cs/forms and return it to us within 180 days of joining as a member.

Definitions

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

Accident Cover means only where a claim is as a result of injury solely by visible, violent and external means to the body.

Agreed Benefit means in relation to an insured person the amount of benefit for which cover is in force, but does not include Interim Accident Cover.

At Work means that a person is:

- Not restricted by Illness or Injury from being capable of actively performing all of their full and normal duties of their usual occupation for the Employer on a full-time basis (for at least thirty 30 hours per week) even though actual employment may be on a full-time, part-time, casual or contract basis, or
- If on Employer approved leave, except leave caused any Illness or Injury, they would be able to attend work and perform their normal duties without restriction due to Illness or Injury, and
- Not in receipt of, or entitled to claim, any income support benefits from any source including but not limited to workers' compensation benefits, statutory transport accident benefits and disability income benefits.

Basic Work Activities means:

Mobility (walking or bending):

- Walk, with or without a walking aid*, more than 200m on a level surface without stopping; or
- Bend, kneel or squat to pick something up from the floor from standing position and straighten up again.

*Such as a walking stick, crutches or walking frames

Vision (reading):

Read, with visual aids, to the extent that an Ophthalmologist can certify that:

- Visual acuity is equal to, or better than, 6/48 in both eyes; or constriction is within, or greater than, 20 degrees of fixation in the eye with the better vision.

Lifting:

Using one or both hands to hold an object weighing at least 5kg above their own waist height continuously for 60 seconds.

Manual dexterity:

With at least one hand, without the use of aids:

- Type words using a computer keyboard; or
- Pick up a small object such as a coin or pen.

Hearing:

Clearly hear with or without an aid, where the inability to hear clearly must be due to permanent hearing loss of at least 90 dB in both ears, averaged over frequencies of 500Hz, 1000Hz and 2000Hz, as certified by an appropriate medical specialist.

Communicating (verbal or written):

Comprehend and express oneself through verbal or written language with clarity, where the inability to speak verbally or write with clarity must be due to dysfunction of the nervous system that is present on clinical examination, as certified by an appropriate medical specialist. Examples of dysfunction include dysarthria, aphasia and dysphasia.

Care Provider means a professional carer who is paid on a commercial basis.

Doctor means a qualified medical practitioner registered to practice in Australia or New Zealand or as otherwise agreed by us. That person may not be the insured member, the insured member's business partner, a member of the insured member's immediate family or their employer.

Employer means the participating employer of an eligible member.

Employer Contribution means the amount remitted by a participating employer to be credited to the insured member's account.

Excluded Occupation means, unless we have expressly agreed in writing to provide cover for them under the Insurance Policy, any occupations which include any of the following duties are an excluded occupation:

- Air traffic controller
- Earth drilling, mineral exploration, miner or person working with explosives
- Fireman, police, ambulance officer or paramedic
- Fisherman
- Forestry worker

Definitions

- Offshore oil rig worker
- Pilot - for avoidance of doubt, Mission Aviation Fellowship (MAF) Pilots are eligible for cover as outlined under Special Arrangement for MAF Pilots in the Policy Schedule
- Professional entertainer such as actor, dancer, musician or stage performer
- Professional or semi-professional sports people
- Seasonal workers or employees in industries with a high level of seasonal or casual workforce
- Security guard, doormen, bouncer or person employed in crowd control
- Sex worker
- Sheltered workshop employees
- Underground or underwater worker
- Workers in the horse racing industry such as trainer, jockey or strapper
- Workers whose work requires them to work at heights above ten metres such as rigger, scaffolder, roof worker or antenna erectors

First Eligible means a person is first eligible to join the insurance plan on the later of:

- When they first commence employment with a participating employer in respect of which a membership number is allocated to them, or
- When their employer becomes a participating employer in respect of which a membership number is allocated to them.

Should a participating employer first become liable to pay the Superannuation Guarantee charge for an eligible person at a date later than the two points above, then this date will become the date on which that member was first eligible to join the insurance plan.

Gainful Employment means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment and includes but is not limited to:

- a. Part-time occupations, or
- b. An occupation which may be considered to be of lower status than the person's previous occupation, or

- c. An occupation in which the person would not earn as much income as they did in their previous occupation.

Hazardous Destination means a country that is listed on the Department of Foreign Affairs & Trade website (www.dfat.gov.au) under 'do not travel'.

Illness means a sickness, disease or disorder.

Immediate Assessment Condition means any of the following:

Cardiomyopathy - condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, i.e. Class 3 on the New York Heart Association classification of cardiac impairment.

Chronic Lung Disease - the permanent end stage respiratory failure with FEV1 test results of consistently less than one litre, requiring continuous permanent oxygen therapy.

Dementia and Alzheimer's Disease - the clinical diagnosis of dementia (including Alzheimer's disease) as confirmed by a consultant neurologist, psycho-geriatrician, psychiatrist or geriatrician. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Where significant cognitive impairment means a deterioration in the person's Mini-Mental State Examination scores to 24 or less and deterioration would continue but for any effective treatment. Dementia related to alcohol, drug abuse or Acquired Immune Deficiency Syndrome is excluded.

Diplegia - the total loss of function of both sides of the body due to Illness or Injury, where such loss of function is permanent.

Hemiplegia - the total loss of function of one side of the body due to Illness or Injury, where such loss of function is permanent.

Loss of Hearing - the complete and irrecoverable loss of hearing, both natural and assisted from both ears as a result of Illness or Injury, as certified by a specialist we consider appropriate.

Loss of Speech - the total and irrecoverable loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or the speech centres of the brain. The loss must be certified by an appropriate medical specialist.

Definitions

Major Head Trauma - Injury to the head resulting in neurological deficit causing either:

- (i) A permanent loss of at least 25% whole person function (as defined by the American Medical Association publication Guide to the Evaluation of Permanent Impairment 4th Edition or the equivalent guide to the evaluation of impairment approved by us), or
- (ii) The permanent and irreversible inability to perform without the assistance of another person any 2 of the following activities of daily living:
 - Dressing - the ability to put on and take off clothing,
 - Toileting - the ability to use the toilet, including getting on and off,
 - Mobility - the ability to get in & out of bed & a chair,
 - Continence - the ability to control bowel and bladder function,
 - Feeding - the ability to get food from a plate into the mouth, as certified by a consultant neurologist.

Motor Neurone Disease - unequivocal diagnosis of motor neurone disease by a consultant neurologist and confirmed by neurological investigations.

Multiple Sclerosis - the unequivocal diagnosis of multiple sclerosis as confirmed by a consultant neurologist and characterised by demyelination in the brain and spinal cord evidenced by Magnetic Resonance Imaging or other investigations acceptable to us. There must have been more than one episode of well-defined neurological deficit with persisting neurological abnormalities.

Muscular Dystrophy - the unequivocal diagnosis of muscular dystrophy by a consultant neurologist.

Paraplegia - the permanent loss of use of both legs or both arms, resulting from spinal cord illness or injury.

Parkinson's Disease - the unequivocal diagnosis of Parkinson's disease by a consultant neurologist where the consultant neurologist confirms that the condition:

- (i) Is the established cause of two or more of the following:
 - Muscular rigidity,
 - Resting tremor,
 - Bradykinesia, and

- (ii) Has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit.

They must be following advice and treatment of a specialist neurologist.

Primary Pulmonary Hypertension - primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 on the New York Heart Association classification of cardiac impairment.

Quadriplegia - the permanent loss of use of both arms and both legs, resulting from spinal cord illness or injury.

Severe Burns - third degree burns to 20 per cent or more of the body surface, or to the whole of the face or the whole of both hands requiring surgical debridement and/or grafting.

Severe Rheumatoid Arthritis - the unequivocal diagnosis of severe rheumatoid arthritis by a rheumatologist. The diagnosis must be supported by and evidence all of the following criteria:

- (i) At least a 6 week history of severe rheumatoid arthritis which involves three or more of the following criteria:
 - (ii) Proximal interphalangeal joints in the hands,
 - (iii) Metacarpophalangeal joints in the hands,
 - (iv) Metatarsophalangeal joints in the foot, wrist, elbow, knee or ankle.
 - (v) Simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony over growth alone), and
- (vi) Typical rheumatoid joint deformity and at least two of the following criteria:
 - (vii) Morning stiffness,
 - (viii) Rheumatoid nodule,
 - (ix) Erosions seen on x-ray imaging,
 - (x) The presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.
- (xi) Degenerative osteoarthritis and all other arthritis are excluded.

Definitions

Tetraplegia - the total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain illness or injury or spinal cord illness or injury.

Total Blindness - the permanent loss of sight in both eyes, whether aided or unaided, due to illness or injury to the extent that visual acuity is 6/60 or less in both eyes or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.

Inactive please refer to the definition in the 'Legislative changes' section under 'How do I know if this affects me?'

Injury means bodily injury caused by violent, external and visible means.

Insured Person/s means an eligible person for whom cover other than Accident Cover is in force.

Limited Cover means an illness that manifests or an injury that occurs on or after the date cover commences or recommences or is reinstated for an Insured Person under the Policy. (For the avoidance of doubt, Insured Cover is not provided for a pre-existing injury, illness, condition or related symptom that the Insured Person was aware of, or a reasonable person in their position should be aware of, or for which they had a medical consultation, on or prior to the date Insured Cover commences or recommences for an Insured Person).

Mental Health Facility means a declared mental health facility' under the Mental Health Act 2007 including declared mental health inpatient units.

Paralysis means any of the following:

- Diplegia which means the permanent and total loss of function of both sides of the body due to injury or illness, or
- Hemiplegia which means the permanent and total loss of function of one side of the body due to injury or illness, or
- Paraplegia which means the permanent and total loss of use of both legs resulting from injury or illness, or
- Quadriplegia which means the permanent and total loss of use of both arms and both legs resulting from injury or illness, or
- Tetraplegia which means the permanent and total loss of use of both arms and both legs resulting from injury or illness.

Participating Employer means an employer who makes or agrees to make contribution payments to Australian Ethical Super in respect of eligible persons and abides by the rules governing the Insurance plan.

Permanent Employee means an employee who is employed on a permanent basis under an ongoing contract that:

- Requires the employee to perform identifiable duties for a regular number of hours each week, and
- Provides the employee with paid annual leave, sick leave, leave loading and long service leave.

Premium means the money paid to Australian Ethical Super or owed to Australian Ethical Super for the insurance the Insurer provides under our insurance policy.

Psychiatric Disorder means a mental illness which:

The Insured Person has a psychiatric disorder which:

- a. has been diagnosed by a consultant Psychiatrist and Fellow of RANZCP under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association; and
- b. the insured member has been receiving Psychiatric Treatment for at least 12 months prior to the Insured Person's treating Psychiatrist assessing the psychiatric disorder as chronic and unlikely to improve in the foreseeable future with or without further treatment; and

We determine that solely because of their psychiatric disorder, the Insured Person has suffered from the following incapacity for at least 12 consecutive months and is likely to continue to be so incapacitated for the rest of their life:

- a. has received an established diagnosis of Schizophrenia or Schizophreniform Disorder from their treating psychiatrist; or
- b. is unable to care for their dependent children in any capacity due to the unacceptable risk that the dependent(s) will be exposed to physical, emotional or psychological harm, requiring the dependent(s) to be removed from insured member's care by Court order; or
- c. is unable to manage day-to-day financial affairs, including:
 - i. Manage bank balance; or

Definitions

- ii. Pay bills on time without assistance;
 - requiring the appointment of a guardian to manage the Insured Person's financial affairs, where the appointment of a guardian must be made by Court or Tribunal order and the Court or Tribunal must be satisfied through its own independent medical review that the Insured Person is not capable of managing their day-to-day financial affairs as a result of their psychiatric disorder; or
- a. is unable to live independently, requiring a Care Provider to provide daily care and supervision to the Insured Person; or
- b. requires ongoing care and treatment in a Mental Health Facility to protect them and/or others from serious physical harm; and
- c. as at the assessment date is unlikely ever to work in any gainful employment for which he or she is reasonably suited by education, training or experience

Psychiatric Treatment means following the advice of a treating Psychiatrist in accordance with an established treatment plan and expert guidelines for the treatment of psychiatric conditions (guidelines must be recognised in Australia).

Psychiatrist means a registered medical practitioner who is legally qualified and currently registered to practise psychiatry in Australia or New Zealand by the relevant medical registration boards and agencies, other than the Eligible Person or Insured Person, or their parent, child, sibling, Partner, business partner, Employer, associate or employee.

Reasonable Retraining means:

Any further education, training, experience, which in the insurer's opinion based on medical and other evidence satisfactory to the insurer:

- a. you have reasonable capacity to undertake; and
- b. may render you reasonably fit to engage in or work (whether or not for reward) in an occupation which is related to the skills and knowledge you will acquire by education, training and experience.

Schizophrenia means Schizophrenia (Multiple Episodes or Continuous), diagnosed in accordance with Diagnostic and Statistical Manual of Mental Disorders (DSM) 5.

Schizophreniform Disorder means Schizophreniform Disorder (Multiple Episodes or Continuous), diagnosed in accordance with Diagnostic and Statistical Manual of Mental Disorders (DSM) 5.

Terminal Illness means a disease or condition that, in the opinion of a specialist medical practitioner approved by the Australian Ethical Super's insurer, is likely to lead to the insured member's death within 24 months from the date they were diagnosed with the terminal illness.



“Appropriate insurance cover helps you and your loved ones prepare for when the unexpected happens.”

Australian Ethical



Please note: We have attempted to provide an adequate representation of the insurance policy documents in this Guide. For a full description of the insurance product, refer to the insurance policy documents which are available on request.

If you wish to make a complaint about the operations or management of the Fund or about a decision of the Trustee, contact us on **1800 021 227**, by email members@australianethical.com.au. or by post GPO Box 8, GPO Box Centre Sydney NSW 2001.

The Trustee will contact you within one business day to acknowledge receipt of the complaint and request any additional information. The Trustee will seek to resolve the complaint within 5 business days of receipt of the complaint without formal response, and 45 calendar days with formal response. The Trustee will seek to resolve the complaint within 90 calendar days for death benefit distributions.

If the matter is not resolved to your satisfaction by the Trustee, you may contact the Australian Financial Complaints Authority (AFCA). AFCA is a free, fair and independent body established to deal with complaints from consumers in the financial system. Full details of Australian Ethical Super's complaint process can be found in the Fund's Complaints Handling Policy which may be requested from the Complaints Manager through the contact details above.

If you have any questions or would like more information please contact Australian Ethical Super

Phone: 1800 021 227

Our team are here to help.

Email: members@australianethical.com.au

Web: australianethical.com.au

Visit us online to get the latest news and information, download forms and factsheets, and much more.

MemberAccess

Access your personal records at members.australianethical.com.au (contact our helpline if you need help to login).