



Active Super Choice

Insurance guide

This statement was prepared on
1 July 2025

The information in this document forms part of the
Active Super Choice Member guide dated **1 July 2025**

This guide is a summary of significant information about Active Super Choice – and should be considered as a guide only. It contains a number of references to other important information (each of which forms part of the Active Super Choice Member guide). You should consider all of this information before making a decision about Active Super Choice. To obtain copies of this guide and/or the other information referred to in it, please call our Contact Centre on **1300 300 820**.

The information provided in this guide is general information only and does not take account of your personal financial situation or needs. You should consider whether this information is appropriate to your personal circumstances before acting on it and, if necessary, you should also seek professional financial advice tailored to your personal circumstances. Where tax information is included you should consider obtaining personal taxation advice.

This guide is up to date at the time it was prepared. Information in this guide is subject to change from time to time. If a change is made to information in the guide that is not materially adverse information, we may update the information by notice at www.activesuper.com.au and/or inclusion in the next newsletter. You can also call our Contact Centre on **1300 300 820**. A digital copy of the guide is available at www.activesuper.com.au/pds.

A paper copy of updated information will be given to you without charge on request.

Vision Super Pty Ltd ABN 50 082 924 561, AFSL 225054, RSE Licence L0000239 ('the Trustee' or 'we' or 'us') is the Trustee of the Local Authorities Superannuation Fund ('Vision Super' or 'the Fund') ABN 24 496 637 884, of which Active Super Choice is a part. The final authority on any issue relating to the Fund is the Trust Deed governing the Fund, the relevant provisions of the Commonwealth legislation and the relevant insurance policy (if applicable).

Overview

Your ability to earn an income is the biggest asset you have. Should you die or become disabled through illness or injury, having adequate insurance cover will help to relieve any unnecessary financial stress.

There are many benefits to having insurance through superannuation, including ease of obtaining cover, lower costs due to group discounts and fewer bills to pay as premiums are deducted directly from your super balance.

The insurance offered through Active Super is provided by MLC Life Insurance (trading name of MLC Limited ABN 90 000 000 402) ('the insurer'). MLC Limited uses the MLC brand name under licence from the Insignia Financial Group. MLC Limited is part of the Nippon Life Insurance Group and not a part of the Insignia Financial Group.

Basic death and Basic total and permanent disablement (TPD) cover

Active Super Choice, provides Basic insurance cover which comprises Basic Death and Basic Total and Permanent Disablement (TPD) cover in a linked combination of units for members of the Active Super Choice who meet the eligibility criteria specified on page 4. The Death cover you receive also includes Terminal Illness cover (refer to page 11 for more information).

How does Basic insurance cover work?

The amount of Basic insurance cover you receive is tailored to the general needs and risk profile of your age group. Basic Death and Basic TPD cover are a linked combination of units based on your age at your next birthday:

Age next birthday	Death units	TPD units
16-25	5	15
26-30	10	10
31-70	15	5

¹ MLC Limited ABN 90 000 000 402, AFSL 230694

When you move from one age group to another (when you turn either 25 or 30), you will automatically move to the levels of Basic insurance cover applicable to that age group, even if you have previously reduced your Basic Death and/or TPD cover.

You will receive a letter after your birthday to let you know when you have moved to the new age group and your new insurance levels. If your previous insurance cover was lower and you would prefer to retain cover at that level, you will have 60 days to reduce your cover with no additional premiums charged.

Vision Super is one of Australia's oldest super funds.

We are an industry super fund, that has been supporting workers with super since 1947. Our focus is improving our returns and keeping our administration fees and costs low to help you grow your retirement benefit.

Active Super Choice is part of Vision Super.

Here to help

Telephone 1300 300 820 (8:30am to 6:00pm)

Monday – Friday (not including Victorian public holidays)

Email memberservices@visionsuper.com.au

Visit visionsuper.com.au

Write PO Box 18041, Collins Street East, VIC 8003

ABN 50 082 924 561 AFSL 225054

RSE L0000239 USI LGS0101AU

How much am I covered for?

You are provided with 20 units of cover, which you can reduce if you wish. If an insurance claim is accepted, your insurance will reduce by the number of units of cover paid. The table below shows the amount of Basic Death and Basic TPD cover provided, based on your age next birthday and the standard units of cover:

Age next birthday	Death unit value	TPD unit value	Death units	TPD units	Total death value	Total TPD value
16-25	\$23,000	\$23,000	5	15	\$115,000	\$345,000
26-30	\$23,000	\$23,000	10	10	\$230,000	\$230,000
31-36	\$23,000	\$23,000	15	5	\$345,000	\$115,000
37-39	\$21,580	\$21,580	15	5	\$323,700	\$107,900
40	\$20,140	\$20,140	15	5	\$302,100	\$100,700
41	\$18,400	\$18,400	15	5	\$276,000	\$92,000
42	\$15,540	\$15,540	15	5	\$233,100	\$77,700
43	\$12,960	\$12,960	15	5	\$194,400	\$64,800
44	\$10,660	\$10,660	15	5	\$159,900	\$53,300
45	\$8,620	\$8,620	15	5	\$129,300	\$43,100
46	\$7,480	\$7,480	15	5	\$112,200	\$37,400
47	\$6,320	\$6,320	15	5	\$94,800	\$31,600
48	\$5,180	\$5,180	15	5	\$77,700	\$25,900
49	\$4,340	\$4,340	15	5	\$65,100	\$21,700
50	\$4,020	\$4,020	15	5	\$60,300	\$20,100
51	\$3,960	\$3,960	15	5	\$59,400	\$19,800
52	\$3,760	\$3,760	15	5	\$56,400	\$18,800
53	\$3,460	\$3,460	15	5	\$51,900	\$17,300
54	\$3,140	\$3,140	15	5	\$47,100	\$15,700
55	\$2,800	\$2,800	15	5	\$42,000	\$14,000
56	\$2,500	\$2,500	15	5	\$37,500	\$12,500
57	\$2,200	\$2,200	15	5	\$33,000	\$11,000
58	\$1,900	\$1,900	15	5	\$28,500	\$9,500
59	\$1,560	\$1,560	15	5	\$23,400	\$7,800
60	\$1,260	\$1,260	15	5	\$18,900	\$6,300
61	\$1,080	\$1,080	15	5	\$16,200	\$5,400
62	\$940	\$940	15	5	\$14,100	\$4,700
63	\$780	\$780	15	5	\$11,700	\$3,900
64	\$780	\$780	15	5	\$11,700	\$3,900
65-70	\$640	\$640	15	5	\$9,600	\$3,200

How much does Basic insurance cover cost?

The cost of Basic insurance cover depends on your gender and the type of cover, as shown below:

	Death per unit per month ²	TPD per unit per month ²
Male	\$0.774	\$0.403
Female	\$0.596	\$0.501

² Insurance fees are deducted from your account at the end of each quarter.

Important notes

The Basic insurance cover provided to you for the first time on or after 1 July 2022 is subject to a five-year pre-existing condition (PEC) exclusion. The five-year PEC exclusion applies for 12 months and is removed only when you are at work for a period of 60 consecutive days, (provided that the 60th day occurs at least 12 months after your Basic insurance cover commenced) or you successfully apply to have the PEC exclusion removed before the 12 months have elapsed.

If you already held Basic insurance cover at 1 July 2022, a five year pre-existing condition (PEC) exclusion will not normally apply to any additional units of Basic insurance cover provided to you after 1 July 2022 (ie when you attain age 25 or age 30 after 1 July 2022). However, if you had previously reduced the number of Basic insurance cover units you held, the five year PEC exclusion applies to the new Basic insurance cover units you receive for a period of 12 months and is removed only when you are at work for a period of 60 consecutive days, (provided that the 60th day occurs at least 12 months after the date you were provided additional units of Basic insurance cover) or you successfully apply to have the PEC exclusion removed before the 12 months have elapsed. This means that any newly provided Basic insurance cover may be subject to different terms to the Basic insurance cover you already hold.

Eligibility for Basic insurance cover

To be eligible for Basic insurance cover you must be:

- > a member of Active Super Choice;
- > an Australian resident;
- > older than 15 years of age;
- > not older than 70 years of age; and
- > a person to whom the Insurer has agreed in writing to insure under the policy.

If you meet the above outlined eligibility criteria, you must also be at least 25 years of age and have a super account balance of at least \$6,000, for you to receive Basic insurance cover automatically.

If you want to receive Basic insurance cover before you become eligible for it automatically, you must elect to opt-in to Basic insurance cover by:

- > completing the Opt-in to insurance cover form available at www.activesuper.com.au/forms; or
- > logging into Member Online; or
- > via the mobile app.

However, despite the above you will not be eligible for Basic insurance cover if:

- > you have previously been paid a TPD or Terminal Illness benefit from another insurance policy; or
- > you have a current or pending claim for a TPD or Terminal Illness benefit from another insurance policy.

Cancelling or reducing Basic insurance cover

You may cancel your Basic insurance cover or reduce the number of units of cover you have at any time by:

- > logging into Member Online or via the Active Super app; and,
- > completing a Reduce or cancel insurance cover form available at www.activesuper.com.au/forms; or

If you intend to reduce your Basic insurance cover, please note:

- If you are 25 or older, you cannot hold a greater number of units of TPD cover than units of death cover.
- If you are under 25, the difference between the Death and TPD units held cannot exceed 10 units eg if you are aged 23 and want to reduce your death cover to one unit (\$23,000) you cannot hold more than eleven units of TPD cover (\$253,000).
- If you have previously reduced your Basic insurance cover (death and/or TPD cover) when you reach the ages of 25 or 30, the units provided to you will be restored to the standard level provided for ages 25 and 30. We will send you written notification of the change and provide you with 60 days within which to reduce your cover to its previous levels without you being charged additional premiums.

If you cancel any units of Basic insurance cover within the first 60 days of becoming a member of Active Super Choice, you will be refunded any premiums deducted from your account for those units.

If you elect to cancel or reduce your Basic insurance cover, or if your cover has been cancelled automatically, you will normally need to have any future application for insurance cover assessed by the Insurer.

Cessation of Basic Death Cover and Basic TPD Cover

Basic insurance cover ceases on the date:

- > the Policy terminates;
- > you cease to be a member of Active Super Choice;
- > you reach age 70;
- > you die;
- > The Fund receives a written request from you to terminate your cover;
- > your account balance is insufficient to cover the next premium deduction; or
- > 16 months after your last contribution has been received by the Fund unless you have told us you wish to keep your cover.

Terms and conditions

Cover while on employer-approved leave

Subject to the general exclusions noted below, if you are employed you will continue to be covered during a period of employer-approved leave subject to the Policy terms and conditions. In the event that you suffer TPD during the first 12 months of leave, the occupation followed before the leave was taken will be considered as your occupation for the purposes of the definition of TPD. However, after the initial 12 months' leave the definition of TPD will be limited to either Part 2 or Part 3 of the TPD definition. Please refer to page 12.

Worldwide cover

You will be covered worldwide 24 hours a day, seven days a week, subject to the terms and conditions of the Policy

General exclusions

A benefit will not be paid where your death, Terminal Illness or TPD is directly or indirectly caused by service in the armed forces of any national or international organisation other than the Australian Armed Forces Reserve.

No benefit is payable for a death claim arising directly or indirectly from suicide within the first 12 months of the commencement, recommencement, or reinstatement of your cover.

No benefit is payable for a death claim arising directly or indirectly from suicide for the increased component of Basic Death cover when moving age groups (at age 25 and 30) for the first 12 months.

An ongoing exclusion applies to a Terminal Illness or TPD claim arising from intentional self-harm or attempted suicide irrespective of whether you were sane or not.

A benefit will not be payable if a claim arises directly or indirectly from an illness or injury resulting from an illegal or criminal act committed by you.

Definitions

Terminal Illness

If you are an Insured Person with death cover in force and you become Terminally Ill the Insurer will pay you the sum insured that applies to your cover up to a maximum of \$2,500,000.

Terminal Illness and Terminally Ill means:

- a. two Medical Practitioners have separately certified in writing, that an 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 24 months after the date of the certification;
- b. at least one of the registered Medical Practitioners is a Specialist Medical Practitioner practicing in an area related to the illness or injury suffered by the Insured Person;
- c. the illness and certification referred to in paragraph (a) occurs while the member continues to have cover under this 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 or injury will lead to the Insured Person's death within 24 months of the date of the certifications.

Total and Permanent Disablement (TPD)

The following definition of TPD applies when disablement occurs on or after 1 July 2022.

If disablement occurred prior to 1 July 2022, the previous TPD definition applies. Please contact our Contact Centre on **1300 300 820** for more information.

Part 1: Education, Training or Experience

means that you:

1. solely and directly as a result of illness or injury, you have been continuously absent from engaging in or, being unemployed, unable to accept employment in:
 - a. your occupation; and
 - b. any other occupation,for an uninterrupted period of at least six consecutive months immediately following the Date of Disablement;
2. you are regularly attending and under the ongoing and appropriate care and treatment of a Medical Practitioner with respect to the illness or injury; and
3. in the Insurer's opinion you are disabled to such an extent as to render you incapable of ever engaging in any occupation for which you:
 - a. at the end of the six consecutive month period; and
 - b. by the time the Insurer forms their opinion, or can be expected following the time the Insurer forms their opinion, or can be expected following the time the Insurer forms their opinion, to become, reasonably suited by education, training or experience.

In forming their opinion, the Insurer will have regard to factors including but not limited to:

- a. any rehabilitation, retraining, re-skilling, work or voluntary work that has been undertaken by the time the Insurer forms their opinion, or could reasonably be expected to be undertaken by you within a reasonable time period; and
- b. all evidence available to the Insurer for the period up to the time the Insurer form their opinion.

Part 2: Everyday Working Activities or suffering from a severe mental health condition or Severe Cognitive Impairment

means, in the Insurer's opinion, that you:

1. have been under the regular care of a Medical Practitioner for that illness or injury or for the purposes of 4.b. or 4.c. below under the regular care of a Specialist Medical Practitioner;
2. have exhausted all reasonable treatment options (medical or otherwise) and is not expected to attain any further improvement or recovery from the illness or injury;
3. due to the illness or injury, you are disabled to such an extent as to render you incapable of ever engaging in any occupation for which you are reasonably suited, having regard to your education, training or experience up to the time the Insurer forms their opinion; and
4. you satisfy either (a), (b) or (c) below:
 - a. due to that illness or injury:
 - i. you have been prevented from being able to perform at least three of the Everyday Work Activities without assistance from another adult person, despite the use of appropriate aids, for at least 12 consecutive months; and
 - ii. you are incapable of ever again being able to perform at least three of the Everyday Work Activities without assistance from another adult person, despite the use of appropriate aids;
 - b. your illness is a mental health condition that:
 - i. has been diagnosed by a Specialist Medical Practitioner using criteria outlined in the DSM;
 - ii. your treating Specialist Medical Practitioner considers you have reached maximum medical improvement; and
 - iii. you have been assessed by a suitably qualified Specialist Medical Practitioner, appointed by the Insurer, under the Psychiatric Impairment Rating Scale as having an impairment of 19% or above;
 - c. the illness is a Severe Cognitive Impairment and solely because of that illness or injury you:
 - i. have not been Gainfully Employed for at least 12 consecutive months from the Date of Disablement (unless the Insurer agrees otherwise); and
 - ii. you have been assessed by a suitably qualified Specialist Medical Practitioner, appointed by the Insurer, as having reached Severe Cognitive Impairment due to the illness or injury.

Part 3: Domestic duties

means that you:

1. solely and directly as a result of illness or injury:
 - a. you are unable to perform unpaid Domestic Duties; and
 - b. have not engaged in any Gainful Employment for a period of six consecutive months immediately following the Date of Disablement;
2. are unable to leave your home without the physical assistance of another person;
3. are regularly attending and under the ongoing and appropriate care and treatment of a Medical Practitioner with respect to the illness or injury; and
4. in the Insurer's opinion, you are disabled to such an extent as to render you incapable of ever engaging in:
 - a. those Domestic Duties; or
 - b. in any Gainful Employment for which you:
 - i. after six consecutive months immediately following the Date of Disablement; and
 - ii. by the time the Insurer forms their opinion, or can be expected following the time the Insurer forms their opinion, to become, reasonably suited by education, training or experience.

In forming their opinion, the Insurer will have regard to factors including but not limited to:

- a. any rehabilitation, retraining, re-skilling, work or voluntary work that has been undertaken by the time the Insurer forms their opinion, or could reasonably be expected to be undertaken by you within a reasonable time period; and
- b. all evidence available to the Insurer for the period up to the time the Insurer form their opinion.

Important note:

In the above Part 3: Domestic Duties of the TPD definition, Domestic Duties means the unpaid duties performed by a person and may include (but are not limited to):

- a. purchasing cleaning items;
- b. cleaning the family home;
- c. laundering and ironing clothing items for the household;
- d. purchasing food items and preparing meals for the household; or
- e. undertaking child rearing at the family home.

Persons who are Gainfully Employed, seeking Gainful Employment or are performing unpaid Domestic Duties on less than a full-time basis will not be deemed to be performing Domestic Duties.

Part 1 or Part 2 of the TPD definition

If your claim has been notified to the Insurer within five years of your Date of Disablement, your claim can be assessed against Part 1 or Part 2 of the TPD definition if you also:

- > at the Date of Disablement, are less than 65 years of age;
- > were gainfully employed working 15 hours or more per week immediately prior to your Date of Disablement (averaged over the preceding 12 months) or shorter period as determined by the Insurer;
- > are not an Optional Member engaged in a Hazardous Occupation; and
- > are a Public Offer Division Member, an Optional Member or a Casual Employee who is not At Work on the day your TPD cover commenced. In this scenario, Part 1 of the TPD definition is not available for the assessment of your claim.

Part 2 of the TPD definition only

If your claim has not been notified to the Insurer within five years of your Date of Disablement, you are only eligible for Part 2 of the TPD definition if you:

- > at your Date of Disablement are 65 years of age or more; and/or
- > are working less than 15 hours per week immediately prior to your Date of Disablement (averaged over the last 12 months) or shorter period as determined by the Insurer; and/or
- > have notified Us of your claim more than five years after your Date of Disablement; and/or
- > are an Optional Member engaged in a Hazardous Occupation.

Part 3 of the TPD Definition only

If your claim has been notified to the Insurer within five years of your Date of Disablement, you are eligible for Part 3 of the TPD definition if you also:

- > at the Date of Disablement are less than 65 years of age; and
- > immediately prior to the Date of Disablement, you were not Gainfully Employed and you were at home performing unpaid Domestic Duties.

Term	Definition
DSM	Means the latest edition of the Diagnostic and Statistical Manual of Mental Disorders issued by the American Medical Association. If the Diagnostic and Statistical Manual of Mental Disorders is no longer used or published the Insurer will use another diagnostic tool similar to it for the determination of the psychiatric illness, as determined by the Royal Australian and New Zealand College of Psychiatrists.
Psychiatric Impairment Rating Scale	Means the scale for assessing the whole-person impairment of a psychiatric disorder as applied by a Specialist Medical Practitioner who has undergone appropriate training in this assessment method. If the psychiatric impairment rating scale is no longer used or published, the Insurer will use another scale similar to it for the determination as determined by the relevant medical body.
Psychiatrist	Means a Medical Practitioner who is legally qualified as a practicing psychiatrist and registered with the Australian Health Practitioner Regulation Agency (AHPRA).
Severe Cognitive Impairment	Means permanent severe cognitive impairment with a deterioration or loss of intellectual capacity that results in a requirement for a full-time permanent caregiver.
Specialist Medical Practitioner	Means a Medical Practitioner who is a specialist as determined by the relevant medical registration boards and registered with the Australian Health Practitioner Regulation Agency (AHPRA) and is currently practicing in a specialist area related to the illness or injury that the claim is for.

Other important definitions

Gainfully employed/Gainful employment

Gainfully employed means employed or self-employed for gain or reward, or in the expectation of 'gain or reward' in any business trade, profession, vocation, calling, occupation or employment, where gain or reward includes remuneration such as salary, wages, business income, bonuses, commissions, fees or gratuities, in return for personal exertion.

At work

Part 1

Part 1 of the At Work definition applies to:

'At Work' means:

1. For a person who is:
 - a. employed with an employer or engaged as a contractor by an employer, the person is actively performing or capable of actively performing all of the duties and work hours of his or her usual occupation with his or her employer free from any limitation due to illness or injury for at least 30 hours per week. A person who is on employer-approved leave for reasons other than illness or injury, who would otherwise be capable of performing their usual occupation will be considered as having met the requirements of this definition; or
 - b. unemployed or self-employed, the person is actively performing or capable of actively performing all of the duties and work hours (subject to a minimum of 30 hours per week) of his or her usual occupation free from any limitation due to illness or injury; or
 - c. engaged exclusively in unpaid domestic duties, the person is actively performing or capable of performing all of their full-time unpaid Domestic Duties free from any limitation due to illness or injury; and
2. the person is not entitled to or receiving income support benefits relating to illness or injury, from any source including but not limited to workers compensation benefits, statutory transport accident benefits and disability income benefits.

Note: If you are a Public Offer Division Member, an Optional Member or a Casual Employee, and you are not At Work on the date your cover commences, you will not be eligible for Part 1 of the Total and Permanent Disablement definition.

Medical Practitioner

Medical Practitioner means:

- a. a Medical Practitioner legally qualified and registered to practice in Australia; or
- b. 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 practising psychiatrist by the relevant medical registration boards and/or the Specialist Recognition Advisory Committee co-ordinated through the Australian Health Insurance Commission; but shall not include chiropractors, physiotherapists, psychologists or alternative health providers.

The Medical Practitioner cannot be you, your spouse, relative, business associate or partner, a fellow security holder in the same company/trust (ignoring publicly listed companies), employer or employee.

Five-year pre-existing condition exclusion means:

The Insurer will not pay a claim that directly or indirectly relates to an illness, injury or a symptom:

- a. in respect of which you:
 - ii. were aware, or a reasonable person in your position should have been aware;
 - iii. should have sought advice or treatment (conventional or alternative) from a Medical Practitioner or other allied health professional (in circumstances where a reasonable person in their position would have sought such advice or treatment); or
 - iv. have had a medical consultation or been prescribed medication or therapy; and
- b. which existed at any time in the five years immediately prior to the commencement date of your insurance cover under the Policy.

Exclusions

the following members do not have Part 1 of the TPD definition available to them if they were not At Work on the day cover commenced.

- > **Members of the Public Offer Division:**
Individuals not employed by a participating local government employer, who completed an application form to join Active Super Choice. This includes holders of spouse accounts and members retained.
- > **Optional Members of the Employer Sponsored Division:**
Those members who are employees of a participating local government employer, but for whom their employer is not making SG contributions to Active Super Choice.
- > **Casual employees:**
Members whose employment is designated as casual under the relevant industrial award or agreement, where there is no entitlement to annual leave or sick leave and no guarantee of continual employment.

Hazardous occupation limitation

For members working in a hazardous occupation, TPD cover will be restricted to Part 2 of the TPD definition.

'Hazardous occupation' includes unskilled workers, those involved in hazardous or very heavy manual work and/or presenting particular underwriting difficulties.

It may include:

- > very heavy manual work; or
- > any other work considered hazardous by the Insurer (eg professional divers, interstate truck drivers, linesmen working at heights of over ten metres).

If you are unsure as to whether or not your occupation would be considered hazardous by the Insurer, please contact our Contact Centre on **1300 300 820**.

Voluntary insurance cover

if you would like insurance cover in addition to or instead of your Basic insurance cover, Active Super Choice offers Voluntary insurance cover which is underwritten by the Insurer on competitive rates and terms.

It is important to note that from 1 July 2019, the Federal Government introduced new legislation under the 'Protecting Your Super' package. This legislation applies to both Basic insurance cover and Voluntary insurance cover and states that members who have not received contributions for 16 months or more will have their insurance cancelled unless they opt-in for cover. In addition, if a member's balance is under \$6,000 and they have not received a contribution for 16 months, made or changed a binding beneficiary, changed their insurance arrangements within the 16 months, their insurance must be cancelled and their super account transferred to the Australian Tax Office (ATO) unless they opt-in to maintain their insurance cover.

There are three types of Voluntary insurance cover offered which are briefly described below.

General information

Cover is available at competitive rates and is underwritten by the Insurer on an individual member basis. Cover does not commence until the Insurer notifies you that they have accepted your application for cover, or until you have accepted any conditions the Insurer has placed on the cover you applied for.

The Trustee regularly reviews the insurance arrangements to ensure you have access to a market competitive Voluntary insurance cover package.

Members can apply for Voluntary cover at any time.

What types of cover are available?

There are three types of voluntary insurance:

1. Lump sum Death only cover
2. Lump sum Death and Total and Permanent Disablement (TPD) cover
3. Salary Continuance Insurance (SCI) cover, available for either a two-year Benefit Period or until age 65 Benefit Period. This cover provides income protection for disablement, regardless of whether it is temporary or permanent.

In addition, Interim Accident Cover is available. Please refer to page 14 for more information on Interim Accident Cover.

Who can apply for cover?

Any member of Active Super Choice who is an Australian Resident can apply for:

- > lump sum Death only cover (if aged between 15 and 70)
- > lump sum Death and Total and Permanent Disablement cover (if aged between 15 and 70)
- > Salary Continuance Insurance cover (if aged between 15 and 64).

How are premiums calculated and paid?

The premium you pay depends on the amount of cover you take, your age, gender, occupational classification and any special conditions that may apply to your cover.

Premiums are deducted quarterly from your account, provided it has a sufficient balance.

What are the occupational classifications?

There are five occupational classifications for calculating premiums:

1. Class 1 Heavy Manual (Unskilled): Any occupation involving manual work that does not require qualifications or any supervisory element, eg garden maintenance or road workers.
2. Class 2 Heavy Manual (Skilled): Occupations involving manual work where the person holds trade qualifications or is in a supervisory capacity, eg tradesmen, linesmen or roadwork supervisors.
3. Class 3 Light Manual: Those occupations that are predominantly sedentary but may involve up to 20% of light manual activity, eg retail sales or industry sales representative.
4. Class 4 White Collar: Occupations involving no manual work, eg clerical, administrative, managerial or some sales.
5. Class 5 Professional: Totally white-collar sedentary occupations where the individuals have tertiary qualifications that apply to their current occupation or are in executive or managerial positions earning \$100,000 or more per annum. The earning threshold may be reviewed annually in line with salary inflation.

Some members may not be eligible for cover due to risk factors, such as their condition of health or the high-risk nature of their occupation. The above classifications are guidelines only and the final determination is at the Insurer's discretion. The Insurer determines your occupational classification from the information you provide on your application for cover.

If you change occupations or believe that your current occupational classification is incorrect, it is your responsibility to contact us immediately. You can let us know about your occupation change by completing the Application For Occupation Classification Change form, available at www.activesuper.com.au/forms or by calling our Contact Centre on **1300 300 820**.

What happens if you cease employment?

If you cease employment with your local government employer, your account balance will remain in Active Super Choice and any Voluntary insurance cover you have taken out will continue, provided you have a sufficient balance in your Active Super Choice account to cover the premiums.

How do I apply for cover?

You apply by completing the Voluntary Insurance Cover form which is available at www.activesuper.com.au/forms or via our online member portal, or by calling our MeContact Centre on **1300 300 820**. Please note that if your application is incomplete, the processing of your application will be delayed, and may result in your application being declined.

Claiming a benefit

Please immediately advise the Fund of any potential claims, ensuring the claims assessment process can commence with the Insurer. If you incur costs in completing the claim form, they are not recoverable from the Fund.

The Insurer can ask you to attend an examination by a Medical Practitioner, another relevant professional of its choosing, or provide further medical evidence as often as it reasonably requires in order to substantiate the commencement or continuation of a disability or disablement. The Insurer can also ask you to have a blood test or similar test to determine your health status. You will be liable for any fees arising from non-attendance, but otherwise the Insurer will meet the costs of any medical assessment requested.

What waiting periods are involved when claiming a benefit?

The Waiting Period when claiming a SCI benefit, is the continuous period where you are not working due to a disability and you cannot receive a benefit until it is satisfied.

The Waiting Period is a continuous period of either 30, 60 or 90 days commencing on the first day of Total Disability depending on your cover.

What role does the Insurer play?

The Fund provides voluntary insurance cover via a group insurance policy taken out with the Insurer.

As such, the Insurer assesses an application and decides whether to accept or decline the application. The Insurer may decline to accept your application unconditionally, or they may accept it subject to specified restrictions or premium loadings.

The premiums deducted from your member account for Voluntary insurance cover are paid to the Insurer each quarter.

The Insurer also assesses all claims for benefits, but all benefits are paid to the Fund in the event the Insurer determines a benefit is payable, and the Fund then arranges for payment to you.

Check your insurance details are correct

It is important that you ensure your account balance can cover your premiums each quarter or your insurance will lapse. The Fund does not accept responsibility or liability for ensuring your insurance cover does not lapse if you do not maintain sufficient funds to pay premiums.

It is important to check your Active Super member statements to ensure your desired level of insurance cover is recorded. In some instances, you may receive a level of cover that is less than what you applied for due to the Insurer's assessment of your particular circumstances. Contact us immediately if you believe your level of cover is different from what you expected.

The Fund and the Insurer rely on being kept informed of your situation to ensure that you are still eligible for cover. If you cease to be eligible and you have not notified the Fund, you may still receive a member statement showing a level of cover that you do not have.

Death only cover

Who can apply?

Any member of Active Super Choice who is an Australian Resident aged between 15 and 70 is eligible to apply for Voluntary Death only cover.

What cover is available?

You can nominate any amount of cover in \$1,000 multiples.

The minimum Death only cover you can apply for is \$50,000 and there is no maximum Death only cover amount.

What is the cost?

The cost of Death only cover depends on your age, gender, occupational classification, premium loadings that may apply and the amount of cover selected by you and approved by the Insurer. Premiums are calculated each month and adjusted when you have a birthday or change your level of insurance cover.

The cost of insurance cover is determined by first calculating the Base Premium. The Base Premium is calculated by multiplying the amount of cover (as multiples of \$1,000) by the Premium Rate for your age (set out in the Base Premium rates table on page 19).

Once the Base Premium has been calculated, it is multiplied by the Occupation Rating Factor which will give you your Annual Premium. To calculate the monthly premium, simply divide the annual premium by 12.

Generally, the three steps to calculating your monthly premium is shown below:

- 1. Base Premium** = (Amount of Voluntary cover / \$1,000) x Premium Rate (based on your gender)
- 2. Annual Premium** = Base Premium x Occupation Rating Factor
- 3. Monthly Premium** = Annual Premium / 12

To assist you with your calculations, an insurance calculator is available within the member secure portal at www.activesuper.com.au.

The Insurer may adjust the premiums after assessing your application for cover.

Rating Factors (Voluntary Death only cover)

Occupation category	5	4	3	2	1
Rating factor	0.90	1.00	1.00	1.25	1.00

When is a Death benefit payable?

A benefit is payable if you die or become Terminally Ill while insured for Death only Cover.

Terminal Illness benefit

If you are an Insured Person with Death cover in force and you become Terminally Ill the Insurer will pay you the Death insurance cover up to a maximum of \$2,500,000.

Terminal Illness and Terminally Ill means:

- a. two Medical Practitioners have separately certified in writing, that an 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 24 months after the date of the certification;
- b. at least one of the registered Medical Practitioners is a Specialist Medical Practitioner practicing in an area related to the illness or injury suffered by the Insured Person;
- c. the illness and certification referred to in paragraph (a) occurs while the Member continues to have 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 or injury will lead to the Insured Person's death within 24 months of the date of the certifications.

If the amount paid to you as a result of Terminal Illness is equal to your Whole Sum Insured, that is, the total of basic cover, additional basic cover, and voluntary cover, then your insurance cover will cease under the Policy. However, if the amount paid is less than your Whole Sum Insured, then cover will continue in force for the remaining balance of your insurance cover subject to the conditions of the Policy.

When does Death cover cease?

Death cover ceases when the earliest of the following occurs:

- > you reach age 71;
- > the Insurer pays a Death or a Terminal Illness benefit for you under this Policy or a Total and Permanent Disablement benefit is paid which is equal to or higher than your Death cover;
- > thirty (30) days after the premium due still remains unpaid;
- > you request to cancel your Death insurance cover – this will take effect on the date nominated by you or the date we receive the notification – whichever is the later date;
- > your account has been inactive for 16 months and you have not opted-in to keep your insurance cover;
- > you cease to be a member of Active Super;
- > in the event of your death; or
- > the policy is terminated by Active Super or the policy is cancelled by the Insurer (appropriate notice of this change would be given).

Exclusions

No Death or a Terminal Illness benefit is payable:

- > for a death claim arising directly or indirectly from suicide within the first 12 months of the commencement of your cover;
- > for any event in respect of which the Insurer has placed an individual exclusion or restriction on your Death insurance cover;
- > where death or Terminal Illness is directly or indirectly caused by service in the armed forces of any national or international organisation other than the Australian Armed Forces Reserve;
- > for a claim arising directly or indirectly from an illegal or criminal act committed by you; or
- > for a Terminal Illness claim arising from an intentional self-inflicted act or intentional self-inflicted injury or attempted suicide irrespective of whether you were sane or not.

Death and Total & permanent disablement (TPD) cover

Who can apply?

Any member of Active Super Choice who is an Australian Resident aged between 15 and 70 is eligible to apply for Death and TPD cover.

What cover is available?

You can nominate any amount of cover in \$1,000 multiples. The minimum cover you can apply for is \$50,000. Note that the maximum cover levels are as follows:

- > Death cover = no maximum
- > Death & TPD cover = No maximum for Death cover and \$3,000,000 for TPD cover

What is the cost?

The cost of Death and TPD cover depends on your age, gender, occupational classification, premium loadings that may apply and the amount of cover selected by you and approved by the Insurer. Premiums are calculated each month and adjusted when you have a birthday and/or change your level of cover.

The cost of insurance cover is determined by first calculating the Base Premium. The Base Premium is calculated by multiplying the amount of cover (as multiples of \$1,000) by the Premium Rate for your age (set out in the Base Premium rates table on page 23).

Once the Base Premium has been calculated, this is multiplied by the Rating Factor (see the table below) which will give you your Annual Premium. To calculate the monthly premium, simply divide the annual premium by 12.

A summary of the three steps to calculating your monthly premium is shown below:

1. **Base Premium** = (Amount of cover / \$1,000) x Premium Rate (based on your gender)
2. **Annual Premium** = Base Premium x Occupation Rating Factor
3. **Monthly Premium** = Annual Premium / 12

To assist you with your calculations, an insurance calculator is available at www.activesuper.com.au

The Insurer may adjust the cost after assessing your application for cover.

Occupation Rating Factors (Death and TPD cover)

Occupation category	5	4	3	2	1
Rating factor	0.90	1.00	1.25	1.6	2.00

When is a benefit payable?

A death benefit is payable if you die or become Terminally Ill while insured for Death and TPD cover. The following definition of TPD applies when disablement occurs after 1 July 2022. If the date of disablement is prior to this date, another definition applies. Please contact our Contact Centre on **1300 300 820** for more information.

When does Voluntary Death and Voluntary TPD cover cease?

Cover ceases when the earliest of the following occurs:

- > you reach age 71;
- > the Insurer pays a Death or a Terminal Illness benefit for you under this Policy or a Total and Permanent Disablement benefit is paid which is equal to or higher than your Death cover;
- > thirty (30) days after the premium due still remains unpaid;
- > you request to cancel your Death and TPD insurance cover – this will take effect on the date nominated by you or the date we receive the notification – whichever is the later date;
- > your account has been inactive for 16 months and you have not opted-in to keep your Death and TPD insurance cover;
- > you cease to be a member;
- > in the event of your death; or
- > the policy is terminated by the Fund or the policy is cancelled by the Insurer (appropriate notice of this change would be given).

Exclusions

No benefit is payable:

- > for a death or TPD claim arising directly or indirectly from by suicide within the first 12 months of the commencement of your insurance cover;
- > for a claim for Terminal Illness or TPD as a result of an intentional self-inflicted act or intentional self-inflicted injury or attempted suicide by you irrespective of whether you were sane or not;
- > for any event in which the Insurer has placed an individual exclusion on your insurance cover;
- > where death, Terminal Illness or Total and Permanent Disablement is directly or indirectly caused by service in the armed forces of any national or international organisation other than the Australian Armed Forces Reserve; or
- > for a claim arising directly or indirectly from an illegal or criminal act committed by you.

Interim accident cover for Death only and death & TPD cover

What cover is available?

Interim Accident Cover is provided for up to 90 days while your application for Death only or Death and TPD Voluntary cover is being assessed.

If you die or become Totally and Permanently Disabled when insured for TPD cover as result of an Accident, the Insurer will pay the benefit for Interim Accident Cover.

Please note, Accident means an unforeseen violent, external and visible event that occurs accidentally during the period of Interim Accidental cover.

Cover commences on the date the Insurer receives your fully completed Voluntary insurance cover application form which includes the personal statement.

When does Interim Accident cover cease?

Interim Accident Cover ceases when the earliest of the following occurs:

- > the Insurer accepts or declines your application for cover;
- > your application for cover is withdrawn;
- > the Fund receives your completed and signed acceptance of any additional terms which apply to an offer of cover;
- > you cease to be eligible to apply for the cover, ie you cease to be a member of the Fund or you reach age 71;
- > ninety (90) days after the Insurer receives your fully completed Voluntary insurance cover application form which includes the personal statement;
- > you are no longer eligible for cover; or
- > the policy is terminated by the Fund or the policy is cancelled by the Insurer (appropriate notice of this change would be given).

What is the amount of Interim Accident cover?

The amount of Interim Accident Cover is the lesser of:

- > the amount of cover that you have applied for, less any existing cover; and
- > \$750,000.

Salary continuance insurance (SCI) cover

Who can apply?

Any member of Active Super Choice who is aged between 15 and 64, is employed on either a permanent full-time or part-time basis and is an Australian Resident can apply for SCI cover.

What cover is available?

SCI cover provides partial income replacement following the expiry of either the 30, 60 or 90 day Waiting Period. There are two types of Benefit Periods for your insurance cover to choose from:

- > short-term: The benefit is payable for a maximum period of two years for any related illness or injury; or
- > long-term: The benefit is payable for a maximum period to age 65 for an illness or injury.

A Total Disability benefit is payable if you are totally disabled for the length of the Waiting Period that applies to your cover. The Total Disability benefit provides a benefit of the lesser of:

- > the amount of cover approved by the Insurer;
- > eighty five percent (85%) of your Declared Earned Income prior to the disability occurring (which includes a Superannuation Contributions Benefit of 10% of your Declared Earned Income), subject to a maximum annual benefit \$300,000.

What is Declared Earned Income?

Declared Earned Income is the lesser of:

- > your earnings most recently agreed by the Insurer and the Fund in writing; or
- > the amount calculated in accordance with the Earned Income definition (as shown below).

What is Earned Income?

If you are a permanent employee working more than 15 hours per week, Earned Income is your normal annual salary or wage agreed with your employer immediately before the commencement of Total Disability, plus:

- a. any actual commissions paid by your employer in the 12 month period immediately before the commencement of Total Disability; and
- b. any other regular payments that could be considered as part of your remuneration package paid by your employer in the 12 month period immediately prior to the commencement of Total Disability, which combined with paragraph (a) above, the Insurer will consider as part of your remuneration package; expressed as a monthly amount.

or

If you are self-employed, Earned Income is the monthly income generated by you from your personal exertion, calculated by averaging your net income per year for the two years immediately preceding commencement of Total Disability.

For the purposes of this definition 'net income' means your gross income from personal exertion less all expenses incurred by you in earning that income, but does not include:

- > investment income;
- > profit distributions; and
- > similar payments.

or

If you are not either permanent employee working more than 15 hours per week or self-employed, your Earned Income is the amount equal to the average in the last 12 months immediately before the commencement of Total Disability of the following:

- a. the wages or salary paid to you by your Employer;
- b. any commission paid by your Employer to you; and
- c. all other regular payments or Benefits provided to you by your Employer, which when combined with (a) and (b) above, the Insurer would reasonably consider as part of your remuneration package.

When should you review your level of cover?

As the maximum benefit is 75% of Earned Income (plus up to 10% for Superannuation Contribution Benefit), which will be determined at the time of disability, you may wish to review your level of cover when your Earned Income changes (eg if you have a salary increase you may wish to increase your cover). However, if your salary decreases (eg you move from full-time to part-time work of 24 hours per week) you may be paying for more cover than you will be entitled to claim in the event of Total Disability.

Benefit Offsets

Total Disability and Partial Disability benefits are subject to Benefit Offsets. Benefits are reduced by all amounts (that arise because of the illness or injury that caused the Total or Partial Disability) payable from the following sources:

- > benefits under other salary continuance policies;
- > workers compensation, Statutory compensation, pension, social security or similar schemes or other similar State, Federal or Territory legislation;
- > state or federal legislation such as the Department of Veteran Affairs;
- > employer funded sick leave entitlements and other income payments;
- > any other Disability Income paid in the form of a lump sum or is commuted for a lump sum, which is not compensation for pain or suffering.

What is the cost?

The cost of SCI depends on the type of cover (two years or to age 65), your age, gender, occupational classification, premium loadings that may apply and the amount of insurance cover selected by you and approved by the Insurer. The premiums are calculated each month and adjusted when you have a birthday or change your level of insurance cover.

The cost of insurance cover is determined by first calculating the Base Premium. The Base Premium is calculated by multiplying the amount of cover (as multiples of \$1,000) by the Premium Rate for your age (set out in the table on page 21) then multiplying this by the Rating Factor.

Once the Base Premium has been calculated, it is multiplied by the Waiting Period Factor which will give you your annual premium. To calculate the monthly premium, simply divide the annual premium by 12.

A summary of the three steps to calculating your monthly premium is shown below:

1. **Base Premium** = (Amount of cover per month/\$1,000) x Occupation Rating Factor x Premium Rate
2. **Annual Premium** = Base Premium x Waiting Period Factor
3. **Monthly Premium** = Annual Premium / 12.

To assist you with your calculations, an insurance quote calculator is available within the member secure portal at www.activesuper.com.au.

The Insurer may adjust the premiums after assessing your application for cover.

Occupation Rating factors

Occupation category	5	4	3	2	1
Rating factor	0.80	1.00	1.50	1.75	2.50

Waiting period factors

30 Day	60 Day	90 Day
2.50	1.75	1.00

When is a benefit payable?

A benefit is payable if the Insured Person suffers Total Disability or Partial Disability, which has been caused solely as a result of an illness or injury.

The Insurer will not begin to pay any Benefit until the completion of the Waiting Period.

The Waiting Period will commence on the first day you are deemed to be Totally Disabled and continue for a minimum of 14 days followed by a period of Total Disability or Partial Disability extending to the end of the Waiting Period.

The length of the Waiting Period for you can be either 30 days, 60 days or 90 days.

What does total disability mean?

Own Occupation

Total Disability and Totally Disabled means that in the Insurer's opinion while you were insured for SCI cover, as a direct result of an illness or injury:

- you are unable to perform at least one important income producing duty of his or her regular occupation;
- are not working in any capacity, whether or not for reward; and
- are under the regular care and following the advice of a Medical Practitioner and, in the Insurer's reasonable opinion, you are complying with the advice and treatment given by that Medical Practitioner.

The Own Occupation definition applies if you are working 15 hours or more per week (averaged over the 26 week period prior to the date of disablement or such shorter period if employed less than 26 weeks immediately prior to the Date of Disablement).

Similar Occupation

Total Disability and Totally Disabled means that in the Insurer's opinion while you were for SCI cover, as a direct result of an illness or injury:

- you are unable to perform the important income producing duties of any occupation for which he or she is suited by education, training or experience;
- are not working in any capacity, whether or not for reward; and
- are under the regular care and following the advice of a Medical Practitioner and, in the Insurer's reasonable opinion, you are complying with the advice and treatment given by that Medical Practitioner.

The Similar Occupation definition applies where at the time of disablement, you were working less than 15 hours per week (averaged over the 26 week period prior to the date of disablement or such shorter period if employed less than 26 weeks immediately prior to the Date of Disablement).

What does partial disability mean?

partial Disability means that immediately following a period of at least 14 consecutive calendar days of Total Disability, and as a direct result of the same illness or injury that caused Total Disability, you:

- > cannot work your pre-disability working hours or you are unable to perform at least one important income producing duty of your regular occupation, or you do not have the capacity to work at the same level you were working at prior to commencement of Total Disability;
- > suffer a reduction in your Earned Income; and
- > are under the regular care and following the advice 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. All work undertaken by you must be approved by the Insurer and your Medical Practitioner.

When does the benefit payment cease?

Your benefit payments will cease when the earliest of the following occurs:

- > the Total Disability or Partial Disability ceases;
- > on the completion of the Benefit Period that applies to your cover (2 years or to age 65);
- > you reach age 65; and
- > your death.

When does cover cease?

Cover ceases when the earliest of the following occurs:

- > you reach age 65;
- > your death;
- > thirty (30) days after the premium due still remains unpaid;
- > you request to cancel your cover – this will take effect on the date nominated by you or the date we receive the notification – whichever is the later date;
- > your account has been inactive for 16 months and you have not opted-in to keep your insurance;
- > you cease to be a member of the Fund;
- > you commence unpaid leave without employer approval;
- > after 12 months of employer - approved leave, unless otherwise agreed by the Insurer in writing before the expiry of the 12 month period; or
- > the policy is terminated by the Fund or the policy is cancelled by the Insurer (appropriate notice of this change would be given).

What happens if the disability recurs?

If you suffer a recurrence of either a Total Disability or a Partial Disability within six months of payments ceasing, then the relevant Waiting Period is waived, and the successive periods of benefit payments are regarded as a single continuous period. The recurrence must be due to the same or a related illness or injury.

Are rehabilitation costs covered?

If you are suffering from a Total Disability or Partial Disability the Insurer may, if it is reasonably considered that the program is likely to assist in your rehabilitation, the Insurer will pay for the cost of Approved Rehabilitation in addition to the benefits otherwise payable.

You should note that if total benefits due to you under the policy exceed what you would have earned had you not been disabled, the excess is required to be preserved in the Fund under the superannuation preservation rules.

Are premiums payable while I am receiving a SCI benefit?

No premiums for SCI cover are required while a benefit is being paid.

Indexation increases

If you have long-term SCI cover and a benefit has been paid continuously for 12 months, the Insurer will, from the first payment of the benefit after each anniversary date, increase the benefit by the lesser of:

- > the increase of the CPI for that period; or
- > five percent (5%).

If benefit payments cease, the benefit will revert to the original sum insured.

Exclusions

A benefit is not payable under the Policy if your Total Disability or Partial Disability results directly or indirectly from:

- > an intentional self-inflicted act or intentional self-inflicted injury by you;
- > uncomplicated pregnancy or childbirth;
- > war, or acts of war, whether declared or not;
- > any event or individual exclusion the Insurer has applied to your cover; or
- > an illegal or criminal act committed by you.

Interim accident cover for SCI

when you apply for Voluntary insurance, you will be covered for Interim Accident Cover from the date the Insurer receives a fully completed Voluntary insurance cover application form which includes the Personal Statement.

Accident means an unforeseen violent, external and visible event that occurs during the period of Interim Accident Cover.

Interim Accident Cover will provide you with cover in the event of an Accident while your application is being assessed. The amount payable is shown below.

What amount is payable?

The amount of Interim Accident Cover is the lesser of:

- > the amount of monthly cover that you have applied for, less the amount of the monthly benefit for which the cover is otherwise in force under the policy for the member; or
- > \$15,000 per month.

When does Interim Accident cover cease?

Accident cover ceases when the earliest of the following occurs:

- > the Insurer accepts or declines your application for cover;
- > your application for cover statement is withdrawn;
- > The Fund receives a member's completed and signed acceptance of all terms which apply to an offer of cover;
- > you cease to be eligible to apply for the cover, ie you cease to be a member of the Fund or you reach age 65;
- > ninety (90) days after Interim Accident Cover commenced;
- > death; or
- > the policy is terminated by the Fund or cancelled by the Insurer (appropriate notice of this change would be given).

Life events increase in cover

you have the opportunity to apply to increase your existing cover with limited health questions when specific events occur in your life that would generally increase your need for insurance. These events are:

- a. you take out a new mortgage on your principal place of residence;
- b. you adopt or become a parent of a child;
- c. you get married or commence a de facto relationship;
- d. you divorce or terminate a de facto relationship;
- e. you suffer the death of your spouse (including de facto relationship);
- f. your child attends primary or secondary school for the first time, or
- g. you become eligible for carer allowance payable by Centrelink.

To be eligible to increase your existing cover for a Life Event for the following must be satisfied:

- > the Insurer must receive your completed application for Life Event Cover within 60 days of the Life Event occurring;
- > you have answered each of the health questions in the application form to the Insurer's satisfaction;
- > you are less than age 60 at the time of application;
- > you have not applied for an increase in your existing cover for a Life Event in the previous 12 months;
- > the Insurer receives proof, satisfactory to them as described in the Life Event Cover Form, that the Life Event has taken place and of the date it took place; and
- > any other condition as agreed by us and the Insurer in writing from time to time.

Details of Life Events Death and TPD:

Type and amount of cover

- > When you are currently only insured for death cover, you will only be eligible to apply to increase your existing death cover, and where you are currently insured for death & Total and Permanent Disablement cover, you will be eligible to apply to increase your existing death & Total and Permanent Disablement cover.
- > The maximum amount of additional death and/or Total and Permanent Disablement cover that you will be eligible for due to a Life Event is the lesser of:
 - \$200,000; or
 - 100% of your existing cover.
- > Your Whole Sum Insured under the Policy including any increase for Life Event Cover cannot exceed the Maximum Cover Limit.
- > Any increased cover provided for a Life Event will be Voluntary Cover.
- > You can only apply to increase your existing cover for a Life Event once every 12 months.

Details of Life Events Salary Continuance

Amount of Cover

When you are currently insured for Salary Continuance cover, you are eligible to apply to increase your existing Salary Continuance cover.

The maximum amount of additional cover that We will provide due to a Life Event is the lesser of:

- > 25% of the Insured Person's existing cover; or
- > \$2,500 per month.

Your total cover under the Policy including any increase for Life Event Cover cannot exceed the lesser of:

- > \$25,000 per month; or
- > 85% of Earned Income where a Superannuation Contribution Benefit is payable, otherwise 75% of Earned Income.

Terms of Life Event Cover

- > Any additional cover provided due to Life Event Cover is subject to the following terms:
 - the premium for Life Event Cover is payable from the date the Insurer provides written acceptance; and
 - the Life Event Cover will be subject to the same loadings, exclusions, restrictions and limitations that apply to your existing cover under the Policy immediately prior to the date your Life Event cover commences until such time as they expire according to their terms or when the Insurer agrees in writing to remove them.

You can apply for Life Events Cover via the Life Events application form available at www.activesuper.com.au.

How do i make a claim?

Claim forms can be obtained by calling our Contact Centre on **1300 300 820**. Your insurance cover will continue while you are outside Australia subject to the terms and conditions of the Policy. However, you may be required to return to Australia at your own expense for assessment of a claim as soon as medically possible.

When you return to Australia, you must be under the immediate care of a medical practitioner.

Death

In the event of your death, the Fund must be notified as soon as possible. The appropriate paperwork will then be sent to your dependants and/or the executor of your Will for completion.

Once the claim has been processed, any death benefits paid by the Insurer under the policy (based on the Insurer's assessment) and account balance will be paid to your beneficiary or beneficiaries, as determined by the Trustee.

TPD

Assessment of a claim by the Insurer and Trustee may take some time so it is important that you notify us as soon as possible after you become aware of any claim or potential claim. We will then send you the appropriate paperwork that needs to be completed.

You will be required to provide, at your expense, reasonable evidence to support your TPD claim. The Insurer may require you to undergo, at their expense, medical examinations or other assessments that are considered necessary to determine your eligibility for payment of a benefit. If your claim is successful, your insured TPD benefits will be paid in addition to your account balance.

Terminal Illness

To apply for a terminal illness benefit, you will need to notify the Fund as soon as possible and we will send you the appropriate paperwork that needs to be completed.

You will need to submit your claim as soon as possible, along with the relevant medical evidence – please refer to the definition of 'terminal illness' below and the Policy for further information about the definition of 'terminal illness' that applies under the policy.

Salary Continuance

If you believe that you may have a claim or a potential claim, it is important that you let the Fund know as soon as possible.

You will need to satisfy the definition of total disability or partial disability for longer than the waiting period to be eligible for a Salary Continuance benefit.

However, you don't have to wait until the waiting period has ended to let us know that you may have a claim.

Your waiting period starts on the date that a medical practitioner certifies that, due to your illness or injury, you are totally disabled.

What happens to my remaining insurance if I make a claim?

If you are paid a TPD benefit, and your total Death cover was greater than your TPD cover, your remaining total Death cover is the difference between your Death and TPD cover. However, to maintain your Death cover, there needs to be money in your super account to pay for premiums after the TPD benefit is paid.

If the value of your TPD is greater than or equal to the value of your Death cover, there is no remaining Death cover and you will cease to be an Insured person under the Policy.

If the amount paid to you as a result of Terminal Illness is equal to your Whole Sum Insured, that is the total of Basic Cover, Additional Basic Cover and Voluntary cover, then your insurance cover will cease under the Policy. However, if the amount paid is less than your Whole Sum Insured, then cover will continue in force for the remaining balance of your insurance cover subject to the conditions of the Policy.

What can i do if i have a problem or disagree with a decision made by the insurer?

If you disagree with a decision made by the Insurer, or if you have any problems with the service you receive, it is recommended that you first contact our Contact Centre on **1300 300 820**, or in writing to:

Email: memberservices@visionsuper.com.au

Write: Vision Super
PO Box 18041
Collins Street East
VIC 8003

If you are not satisfied with the response provided, you may make a formal complaint. Written complaints should be addressed to:

The Resolutions Officer
Vision Super
PO Box 18041
Collins Street East
VIC 8003

Complaints can be emailed to: resolutions@visionsuper.com.au

You may also lodge a complaint online, via the 'Contact us' section of the website.

By law, we are required to have in place arrangements internal dispute resolution (IDR) arrangements to properly consider and deal with standard complaints within 30 days of receipt. Superannuation trustee complaints are to be resolved with 45 days, and complaints about a proposed death benefit distribution are to be resolved within 90 days after the expiry of the 28-day period for objecting. The Complaints Resolution Manager (who maintains a register of all complaints and actions) will ensure that your complaint is considered and provide you with a response as soon as possible. If a complaint is particularly complex, or circumstances beyond our control are causing complaint management delays, we will issue you with a delay notification before the standard timeframe expires.

Once we resolve your complaint, we will provide you with an IDR response which will outline the final outcome of the complaint, your right to take the complaint to AFCA, and the contact details for AFCA. Where Active Super rejects or partially rejects a complaint, we will provide reasons for the decision, including identifying and addressing the issues raised in the complaint.

If you are not satisfied with the response, or we fail to respond to you within the relevant timeframe, you have the option of referring your complaint to the Australian Financial Complaints Authority.

Australian Financial Complaints Authority

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.

Website: www.afca.org.au

Telephone: **1800 931 678** (free call)

Email: info@afca.org.au

In writing to: Australian Financial Complaints Authority,
GPO Box 3, Melbourne VIC 3001

AFCA can only consider matters which impact on a member personally and not in respect to the overall management of Active Super.

The staff at AFCA will attempt to settle the matter by conciliation, which involves assisting you and Active Super to come to a mutual agreement. If no agreement is reached by conciliation, AFCA will determine the matter.

Duty to take reasonable care

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which 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.

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. 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.

If the person who answers the Insurer questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to the Insurer. These are set out in the *Insurance Contracts Act 1984 (Cth)*. These are intended to put the Insurer in the position it would have been in if the duty had been met.

Guidance for answering the questions in this form

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 about any question, we are here to help and you can contact us.
- > 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, and
- > you must not assume that we will contact your doctor for any medical information. If you are unsure about whether you should include information or not, please include it.

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts. The duty applies when you answer questions in your application and whenever we obtain more information from you.

If you need help

It's important that you understand this information and the questions the Insurer asks. Ask us or your adviser for help if you have difficulty understanding the process of buying insurance or answering the Insurer's 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.

What can we do if the duty is not met?

If the person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984 (Cth)*. These are intended to put us in the position we would have been in if the duty had been met.

For example we may:

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

Whether we can exercise one of these remedies depends on a number of factors, including:

- > whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances;
- > what we would have done if the duty had been met—for example, whether we 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 we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, including what you can do if you disagree.

Voluntary insurance cover premium rates

Death only and death & TPD base premium rates¹

The premium rates in this table are:

- > Annual premium rates per \$1,000 Sum Insured;
- > Exclusive of any adviser commission and GST;
- > Inclusive of stamp duty; and
- > Based on White Collar occupation please refer to Premium Rates for the applicable factors for other occupations.

Age next birthday	Death only cover		Death and TPD cover	
	Male	Female	Male	Female
\$ per annum per \$1,000 of cover				
16	0.526	0.257	0.588	0.291
17	0.604	0.257	0.693	0.291
18	0.666	0.257	0.772	0.303
19	0.701	0.237	0.829	0.292
20	0.710	0.237	0.866	0.278
21	0.710	0.237	0.877	0.288
22	0.701	0.237	0.876	0.274
23	0.674	0.237	0.856	0.286
24	0.649	0.224	0.838	0.282
25	0.621	0.224	0.809	0.279
26	0.587	0.203	0.771	0.268
27	0.552	0.193	0.741	0.262
28	0.516	0.193	0.714	0.279
29	0.489	0.182	0.683	0.285
30	0.465	0.182	0.655	0.302
31	0.446	0.193	0.646	0.331
32	0.427	0.203	0.625	0.375
33	0.487	0.213	0.687	0.425
34	0.487	0.234	0.713	0.482
35	0.497	0.253	0.744	0.540
36	0.518	0.285	0.800	0.611
37	0.538	0.315	0.861	0.689
38	0.568	0.355	0.927	0.786
39	0.620	0.396	1.047	0.896
40	0.670	0.447	1.172	1.015
41	0.730	0.497	1.333	1.147
42	0.802	0.549	1.480	1.289
43	0.873	0.610	1.628	1.436
44	0.956	0.681	1.773	1.603
45	1.056	0.740	1.956	1.714
46	1.146	0.813	2.128	1.891
47	1.259	0.894	2.528	2.125

¹ The Death Only and Death & TPD Base Premium rates are per \$1,000 sum insured and are based on the Insured Person's age next birthday. The rates are net of any other fees, taxes or allowances. No commission is retained by the Fund.

Death only and death & TPD base premium rates continued¹

The premium rates in this table are:

- > Annual premium rates per \$1,000 Sum Insured;
- > Exclusive of any adviser commission and GST;
- > Inclusive of stamp duty; and
- > Based on White Collar occupation please refer to Premium Rates for the applicable factors for other occupations.

Age next birthday	Death only cover		Death and TPD cover	
	Male	Female	Male	Female
	\$ per annum per \$1,000 of cover			
48	1.371	0.964	2.744	2.331
49	1.492	1.046	3.041	2.566
50	1.625	1.138	3.300	2.920
51	1.758	1.220	3.656	3.210
52	1.899	1.310	4.042	3.521
53	2.062	1.402	4.427	3.723
54	2.223	1.492	4.851	4.162
55	2.397	1.595	5.430	4.470
56	2.580	1.696	5.860	4.820
57	2.783	1.797	6.305	5.203
58	2.996	1.908	6.971	5.629
59	3.219	2.022	8.206	6.228
60	3.474	2.133	8.981	7.143
61	3.748	2.254	9.735	7.905
62	4.042	2.378	10.402	9.445
63	4.368	2.498	11.437	10.557
64	4.723	2.640	12.533	11.271
65	5.118	2.783	13.932	11.997
66*	5.118	2.783	10.768	8.206
67*	5.392	2.817	11.866	9.166
68*	5.736	2.945	13.613	10.361
69*	6.081	3.073	15.361	11.711
70*	6.425	3.199	16.992	13.240
71*	7.019	3.600	19.559	14.965

¹ The Death Only and Death & TPD Base Premium rates are per \$1,000 sum insured and are based on the Insured Person's age next birthday. The rates are net of any other fees, taxes or allowances. No commission is retained by the Fund.

* Part 1 and 3 of the Total and Permanent Disablement definition do not apply.

Group salary continuance insurance rates — 90 day waiting period

- a. annual Premium Rates per \$1,000 monthly Sum Insured;
- b. inclusive of 5% Stamp Duty;
- c. exclusive of any adviser commission and GST; and
- d. based on a White Collar occupation – refer to Premium Rates for the applicable factors for other occupations.

Age next birthday	90 day waiting period			
	Two year benefit period		To age 65 benefit period	
	Male	Female	Male	Female
16	9.460	10.450	22.030	27.440
17	9.560	10.720	22.580	28.170
18	9.820	10.880	23.300	29.070
19	10.000	11.060	23.750	29.800
20	10.000	11.330	24.290	30.690
21	10.170	11.420	24.650	31.330
22	9.650	11.590	23.840	32.420
23	9.210	11.770	22.930	33.140
24	8.940	11.770	22.480	33.940
25	8.670	11.950	21.670	34.760
26	8.230	12.210	21.040	35.850
27	8.150	12.840	21.040	38.560
28	8.150	13.450	21.040	40.810
29	8.230	14.080	21.500	42.980
30	8.320	14.510	22.120	45.140
31	8.670	15.050	22.930	47.230
32	8.850	15.490	23.840	49.570
33	9.110	16.200	24.650	51.930
34	9.460	16.820	25.820	54.710
35	9.730	17.610	27.440	57.970
36	10.450	18.670	29.170	61.770
37	10.880	19.820	31.150	66.370
38	11.770	21.330	33.940	72.060
39	12.740	23.100	37.030	78.290
40	13.980	25.310	40.360	86.330

Age next birthday	90 day waiting period			
	Two year benefit period		To age 65 benefit period	
	Male	Female	Male	Female
41	15.220	27.780	44.610	95.260
42	16.720	30.620	48.950	104.840
43	18.230	33.620	54.000	115.760
44	19.820	37.160	59.590	128.310
45	22.030	40.980	66.180	141.950
46	24.160	45.040	73.410	156.670
47	26.820	49.730	81.900	172.920
48	30.170	55.040	91.380	190.530
49	33.620	60.620	101.940	208.850
50	37.610	66.810	113.680	228.540
51	42.120	73.440	126.860	249.030
52	47.250	80.440	141.400	269.540
53	52.920	87.870	156.850	289.850
54	59.470	95.840	173.640	310.340
55	66.810	104.330	191.880	329.580
56	75.040	113.440	210.650	347.810
57	84.060	122.650	229.700	363.260
58	94.060	132.460	248.680	375.630
59	105.310	142.560	267.190	383.940
60	117.780	153.080	283.610	387.190
61	131.590	164.140	296.980	383.390
62	146.710	175.300	305.190	372.010
63	164.330	187.690	303.560	348.080
64	148.750	161.580	148.750	161.580
65	74.770	70.620	74.770	70.620

Group salary continuance insurance rates — 60 day waiting period

- a. annual Premium Rates per \$1,000 monthly Sum Insured;
- b. inclusive of 5% Stamp Duty;
- c. exclusive of any adviser commission and GST; and
- d. based on a White Collar occupation – refer to Premium Rates for the applicable factors for other occupations.

Age next birthday	60 day waiting period			
	Two year benefit period		To age 65 benefit period	
	Male	Female	Male	Female
16	16.550	18.280	38.550	48.030
17	16.720	18.750	39.510	49.300
18	17.190	19.040	40.780	50.880
19	17.490	19.360	41.570	52.150
20	17.490	19.830	42.510	53.710
21	17.800	19.980	43.150	54.830
22	16.890	20.280	41.720	56.730
23	16.120	20.600	40.130	58.000
24	15.650	20.600	39.340	59.400
25	15.180	20.920	37.920	60.840
26	14.400	21.360	36.820	62.730
27	14.270	22.470	36.820	67.480
28	14.270	23.540	36.820	71.420
29	14.400	24.630	37.630	75.210
30	14.550	25.390	38.720	79.000
31	15.180	26.330	40.130	82.650
32	15.490	27.110	41.720	86.750
33	15.950	28.350	43.150	90.870
34	16.550	29.440	45.190	95.750
35	17.020	30.820	48.030	101.450
36	18.280	32.670	51.040	108.090
37	19.040	34.690	54.520	116.140
38	20.600	37.320	59.400	126.100
39	22.300	40.420	64.790	137.020
40	24.470	44.300	70.630	151.070

Age next birthday	60 day waiting period			
	Two year benefit period		To age 65 benefit period	
	Male	Female	Male	Female
41	26.640	48.620	78.070	166.700
42	29.260	53.590	85.650	183.470
43	31.900	58.840	94.490	202.580
44	34.690	65.040	104.290	224.550
45	38.550	71.710	115.820	248.410
46	42.280	78.820	128.470	274.170
47	46.940	87.030	143.320	302.610
48	52.800	96.330	159.910	333.430
49	58.840	106.090	178.400	365.490
50	65.820	116.910	198.940	399.950
51	73.710	128.530	222.000	435.800
52	82.680	140.780	247.460	471.690
53	92.610	153.770	274.490	507.240
54	104.070	167.720	303.870	543.090
55	116.910	182.570	335.790	576.760
56	131.320	198.520	368.650	608.670
57	147.110	214.640	401.980	635.700
58	164.610	231.810	435.180	657.350
59	184.280	249.470	467.580	671.890
60	206.120	267.890	496.320	677.580
61	230.280	287.250	519.710	670.940
62	256.750	306.780	534.090	651.020
63	287.570	328.460	531.240	609.140
64	260.310	282.760	260.310	282.760
65	130.850	123.580	130.850	123.580

Group salary continuance insurance rates — 30 day waiting period

- a. annual Premium Rates per \$1,000 monthly Sum Insured;
- b. inclusive of 5% Stamp Duty;
- c. exclusive of any adviser commission and GST; and
- d. based on a White Collar occupation – refer to Premium Rates for the applicable factors for other occupations.

Age next birthday	30 day waiting period			
	Two year benefit period		To age 65 benefit period	
	Male	Female	Male	Female
16	23.650	26.120	55.070	68.610
17	23.890	26.790	56.440	70.430
18	24.560	27.200	58.260	72.680
19	24.990	27.660	59.380	74.500
20	24.990	28.330	60.730	76.730
21	25.430	28.540	61.640	78.330
22	24.130	28.980	59.600	81.040
23	23.020	29.430	57.330	82.860
24	22.350	29.430	56.200	84.850
25	21.680	29.890	54.160	86.910
26	20.570	30.510	52.610	89.620
27	20.380	32.100	52.610	96.400
28	20.380	33.630	52.610	102.030
29	20.570	35.190	53.750	107.440
30	20.790	36.280	55.310	112.860
31	21.680	37.620	57.330	118.070
32	22.130	38.720	59.600	123.920
33	22.780	40.500	61.640	129.810
34	23.650	42.060	64.560	136.790
35	24.320	44.030	68.610	144.930
36	26.120	46.670	72.920	154.420
37	27.200	49.550	77.880	165.920
38	29.430	53.320	84.850	180.140
39	31.860	57.740	92.560	195.740
40	34.950	63.280	100.900	215.810

Age next birthday	30 day waiting period			
	Two year benefit period		To age 65 benefit period	
	Male	Female	Male	Female
41	38.050	69.450	111.530	238.140
42	41.800	76.560	122.360	262.090
43	45.570	84.050	134.990	289.400
44	49.550	92.910	148.980	320.790
45	55.070	102.440	165.460	354.870
46	60.400	112.600	183.520	391.670
47	67.050	124.330	204.750	432.300
48	75.430	137.610	228.440	476.330
49	84.050	151.560	254.860	522.130
50	94.040	167.020	284.210	571.360
51	105.300	183.610	317.150	622.580
52	118.120	201.110	353.510	673.840
53	132.300	219.670	392.120	724.630
54	148.680	239.590	434.100	775.850
55	167.020	260.820	479.710	823.950
56	187.590	283.600	526.640	869.530
57	210.160	306.620	574.260	908.150
58	235.150	331.160	621.690	939.080
59	263.260	356.390	667.970	959.840
60	294.450	382.700	709.030	967.970
61	328.970	410.360	742.450	958.480
62	366.790	438.250	762.980	930.020
63	410.810	469.220	758.910	870.210
64	371.870	403.950	371.870	403.950
65	186.920	176.550	186.920	176.550

Any advice in this document is general only and has been issued by Vision Super Pty Ltd ABN 50 082 924 561, AFSL 225054, RSE Licence L0000239 ('the Trustee' or 'we' or 'us') is the Trustee of the Local Authorities Superannuation Fund ('Vision Super' or 'the Fund') ABN 24 496 637 884, of which Active Super Choice is a part. The advice does not take into account your personal objectives, financial situation or needs. Before making a decision about the product, you should consider the appropriateness of the product having regard to these matters and the relevant member guide or by calling us on **1300 547 873**. If you would like advice that takes into account your personal circumstances, please contact a financial adviser.

The Insurer is MLC Life Insurance (ABN 90 000 000 402, AFSL 230694) ('Insurer'). The information in this fact sheet is a summary of the main features of the Insurance Policy terms and does not replace the Insurance Policy. The insurance cover provided is subject to the terms and conditions contained in the Insurance Policy issued by the Insurer. The terms and conditions of the policies prevail over any inconsistent information in this fact sheet. You should ask for a copy of the actual Insurance Policy documents if you require complete details of the Insurance Policy terms and conditions.