

## Changes to Terms and Conditions – Group Life

	Current policy term features	Changes to policy term elements from 1 August 2025	What this change means
<b>Entry age &amp; cover eligibility age</b>	The eligibility age for Death & TPD cover is 16 – 65 based on age next birthday.	The eligibility age for Death & TPD cover will change to 16 – 67 based on age next birthday.	The extended eligibility age from 65 to 67 based on age next birthday will make default cover provided on an automatic basis, and voluntary cover accessible to more members.
<b>Default cover and Default (unitised) cover table</b>	Default cover is the value defined in the age-based insurance cover table of the insurance policy. A Default cover table details the level of default cover available to members by age.	Default cover is the amount of 4 units of unitised cover detailed in the age-based unitised cover table in the insurance policy. A Unitised cover schedule details the value of 1 unit of cover available to members by age.	<p>Default Death and TPD cover will be unitised cover from 1 August 2025. The level of default cover from 1 August 2025 will be 4 units of cover. The value of 4 units of cover will be equivalent to 1.8 times the value of default cover per age under the current (pre-1 August 2025) Default cover table.</p> <p>The units of cover held by a member can be reduced on request, or an application can be made to increase the number of units of cover under voluntary cover rules, New Member Offer, or Life Events.</p>
<b>Insurance premium tables/Insurance fees</b>	Pre 1 August 2025 premium rates.	Post 1 August 2025 premium rates.	From 1 August 2025 premiums paid by a member will be displayed on statements, online accounts, and all relevant correspondence as part of an 'Insurance fee' which, in addition to premiums, will include an amount allocated to cover insurance administration costs.
<b>Smoker Status</b>	The premium rates that are applied for fixed cover depend on the eligible person's smoker status.	The premium rates that are applied to all fixed and unitised cover will not depend on a person's smoker status.	Premium rates will no longer differentiate between insured members on the basis of smoker status.

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<b>New Member Offer (additional cover)</b>	<p>If an eligible person wants a higher level of cover than what they are eligible for under standard default age-based cover, they may be able to increase their death and TPD cover without medical underwriting by applying for an age-based cover factor of 1.30 or 1.60 under the new member offer.</p> <p>To receive the new member offer cover, the eligible person needs to:</p> <ul style="list-style-type: none"> <li>• have default cover commence and have an employer contribution paid to the fund, and this is all within 120 days of the date they first join the fund,</li> <li>• complete and lodge the application for new member offer within 60 days of the date the eligible person's first employer contribution is received by you.</li> </ul>	<p>If an eligible person wants a higher level of cover than what they are eligible for under their standard 4 units of default cover, they may be able to increase their death and TPD cover without medical underwriting by applying for an additional 1 or 2 units under the new member offer.</p> <p>To receive the new member offer cover, the eligible person needs to:</p> <ul style="list-style-type: none"> <li>• The Insured Person's default cover must commence within 120 days of joining the fund,</li> <li>• SG contribution is also received within 120 of days of cover commencing,</li> <li>• Application made within 90 days of first SG contribution received by the Fund</li> </ul>	<p>The way members can increase their cover under the New Member Offer will change from a nominated multiple of cover (a factor of either 1.3 or 1.6) to a nominated number of additional units (1 or 2 units).</p> <p>Also, the window available to members to make a New Member Offer application after their first SG contribution is received by the fund will increase from 60 to 90 days from 1 August 2025.</p> <p>Eligibility age for New Member Offer remains unchanged at between 15 and 65 based on age next birthday.</p>
<b>Life Events (additional cover)</b>	<p>An insured member may apply to increase their death cover, or death and TPD cover (without us assessing their insurability) if they experience one of the life events:</p> <ul style="list-style-type: none"> <li>- Insured member gets married or registers a de facto relationship</li> <li>- Insured member gets divorced or registers a separation from a registered - de facto relationship</li> <li>- Birth or adoption of the insured member's child</li> <li>- Insured member takes out a mortgage on the initial purchase of their - primary</li> </ul>	<p>An insured member may apply to increase their death cover, or death and TPD cover (without us assessing their insurability) if they experience one of the life events:</p> <ul style="list-style-type: none"> <li>- Insured member gets married or registers a de facto relationship</li> <li>- Insured member gets divorced or registers a separation from a registered - de facto relationship</li> <li>- Birth or adoption of the insured member's child</li> <li>- Insured member takes out a mortgage on the initial purchase of their - primary</li> </ul>	<p>From 1 August 2025 there will be 5 additional life events for which members can make an application for increased cover under the Life Events offer:</p> <ul style="list-style-type: none"> <li>(1) on reaching a significant age milestone (30 or 40 years);</li> <li>(2) the member's anniversary of 5 years continuous Fund membership;</li> <li>(3) the member has a one-off salary increase of 10% or more;</li> <li>(4) the member reaching an account balance of \$300k</li> <li>(5) The member's first child starts school.</li> </ul>

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	<p>residence or a parcel of land that is intended as their primary residence after its purchase or build completion</p> <ul style="list-style-type: none"> <li>- Insured member suffers the death of their spouse or de facto partner</li> </ul> <p>Amount of cover and limitations</p> <p>An insured member may apply for additional cover up to the lesser of:</p> <ul style="list-style-type: none"> <li>- an amount equal to 25% of their existing cover under the fund, or</li> <li>- \$200,000, or</li> <li>- the he amount of mortgage (if applicable)</li> </ul> <p>If the insured member has age-based cover, the additional cover that has been accepted under life events cover will be converted to an age-based cover factor rounded down to the nearest 0.05.</p>	<p>residence or a parcel of land that is intended as their primary residence after its purchase or build completion</p> <ul style="list-style-type: none"> <li>- Insured member suffers the death of their spouse or de facto partner</li> <li>- Insured member turns 30 years of age or 40 years of age</li> <li>- Insured member's 5-year anniversary with the fund where they have held continuous membership.</li> <li>- Insured member receives a single, one-off increase in Salary of 10% or more</li> <li>- Insured member's super account balance reaching \$300,000 with the fund.</li> <li>- Insured member's first child commencing school.</li> </ul> <p>Amount of cover and limitations</p> <p>Members with unitised cover can apply for:</p> <ul style="list-style-type: none"> <li>- 1 unit of cover</li> </ul> <p>Members with fixed cover can apply for additional cover up to the lesser of:</p> <ul style="list-style-type: none"> <li>- \$200,000;</li> <li>- 25% of cover at date of the Life event;</li> <li>- the amount of mortgage (if applicable)</li> </ul>	<p>From 1 August 2025 the window within which an application for Life Events Cover must be exercised will increase from 60 days to within 180 days of the Life Event occurring OR within 90 days (currently 30 days) of the date of the Fund's most recent periodic Statement (provided the Life Event occurred within the preceding 12 months), whichever is later.</p> <p>The current limitation of a maximum of 3 Life Events cover increases per member will be removed from 1 August 2025. This means members will be able to apply for an unlimited number of Life Events cover increases, but only one application per calendar year will be permitted.</p> <p>Additional cover will no longer be offered as a multiplier that is applied to age-based cover. From 1 August 2025 additional cover application under this offer will either be for a fixed dollar value OR 1 unit of age-based cover.</p> <p>Eligibility age for Life Events remains unchanged at between 15 and 65 based on age next birthday.</p>
<b>Additional Cover and cooling off period</b>	If an application for voluntary cover is accepted the insured member's entire cover amount will become	Members may apply for additional units of cover or for Fixed cover.	From 1 August 2025 members can switch between fixed and unitised cover (limits apply) and an

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	<p>fixed cover.</p> <p>Members are provided a 90-day cooling off period to opt out of cover. The cancellation will take effect from the date cover commenced, and the relevant cover is considered never to have started. Any premiums received in relation to the cancelled cover are refunded to the member.</p> <p>If the eligible person is unable to pay premiums for 90 days after voluntary cover commenced due to an insufficient account balance, the acceptance of voluntary cover will be void from the date it was accepted and voluntary cover will be deemed to have never commenced for the eligible person.</p>	<p>From 1 August 2025 members will have a 60-day cooling off period to opt out of cover. Any cancellation will take effect from the date cover commenced, and the relevant cover will be considered never to have started. Any premiums received in relation to the cancelled cover will be refunded to the member.</p> <p>If the eligible person is unable to pay premiums for 31 days after voluntary cover commenced due to an insufficient account balance, the acceptance of voluntary cover will be void from the date it was accepted and voluntary cover will be deemed to have never commenced for the eligible person.</p> <p>Members can also elect to reduce cover by reducing the number of units held or by reducing the dollar value of fixed cover.</p>	<p>application for additional cover can be for either additional units or a fixed dollar value. Note that members must have either unitised cover or fixed cover - a combination of the two is not possible.</p> <p>Members can also reduce cover in units or to a fixed cover value.</p> <p>The cooling off period to cancel new cover at no premium cost will be reduced from 90 days to 60 days from 1 August 2025.</p> <p>From 1 August 2025 the time you have to pay your first premium in respect of new voluntary cover before it is cancelled will reduce from 90 days to 31 days.</p>
<b>Transfer of Cover</b>	<p>Members can apply to transfer cover held through the other superannuation fund.</p> <p>The amount of cover than can be transferred will be limited such that the transferred cover, together with any cover already provided under the fund cannot exceed \$1,500,000 for death cover or TPD cover.</p> <p>The transfer cover, plus any</p>	<p>Members can apply to transfer cover held through the other superannuation or individual retail life insurer.</p> <p>The amount of cover than can be transferred cannot exceed \$2,000,000 for death cover or TPD cover and together with a member's existing cover, the total is subject to the maximum amounts of cover allowed under this policy (\$5M TPD and unlimited Death - subject to</p>	<p>From 1 August 2025 the transfer of cover offer will apply to cover members hold in other superannuation funds and also cover they may have with retail life insurers (subject to the member being underwritten and accepted for cover within the previous 5 years).</p> <p>The maximum amount of cover that can be transferred will increase from \$1.5m to \$2m, and while product maximums will continue to</p>

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	existing cover the member holds under this policy will automatically be converted to fixed cover.	underwriting).  The transfer cover, plus any existing cover the member holds under this policy will automatically be converted to fixed cover.	apply from 1 August 2025, the value of transferred cover requested won't be considered in conjunction with the value of any cover already held in the fund.
<b>Transitional arrangements</b>	Not applicable - Transitional arrangements relate to changes at 1 August 2025	Age-based default Death and TPD cover that is not subject to additional cover through the New Member Offer or Life Events cover will be converted to 4 units of unitised cover on 1 August 2025.  Age-based default Death and TPD cover that is subject to additional cover through the New Member Offer or Life Events cover will be converted fixed cover on 1 August 2025.	On 1 August 2025 only members with Age-based default Death and TPD cover that is not subject to additional cover through the New Member Offer or Life Events cover will be converted to unitised. All other cover will become or remain fixed cover.  Occupational ratings will be unchanged and any existing exclusions, restrictions, and premium loadings will continue to apply.
<b><u>New Events Cover</u></b>	New Events Cover limitations apply under a number of circumstances including where:  In the 6 months before the start or restart date of default cover the insured member: - is diagnosed with or experienced symptoms of, is seeking medical opinion for, is under investigation or is advised to undergo investigations for a degenerative condition; or - is absent from work, or on restricted duties or hours, for	New Events Cover limitations apply under a number of circumstances including where:  In the 6 months before the start or restart date of default cover the insured member: - is absent from work, or on restricted duties or hours, for more than 7 consecutive days due to injury or illness	From 1 August 2025 the New Events Cover limitation in relation to a degenerative condition will be removed in recognition of the possibility that members with such a condition may still be able to perform their work duties with no impairment.

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	more than 7 consecutive days due to injury or illness		
<b>Maximum cover</b>	<p>The maximum amount of death cover is unlimited.</p> <p>The maximum amount of terminal illness benefit is \$5 million.</p> <p>The maximum amount of TPD benefit is \$5 million</p>	<p>The maximum amount of death cover is unlimited.</p> <p>The maximum amount of terminal illness benefit is \$5 million or 48 units of unitised cover.</p> <p>The maximum amount of TPD benefit is \$5 million or 48 units of unitised cover</p>	From 1 August voluntary cover can be either fixed cover or unitised cover, not just fixed cover. Maximum cover values from 1 August will be stated both in terms of a maximum dollar value and a maximum unit allowance.
<b>Cover Cessation due to insufficient balance to pay premiums and military service</b>	<p>Cover will cease on the date when premiums remain unpaid for a period of 90 days after the premium due date.</p> <p>However, for an insured member for whom:</p> <ul style="list-style-type: none"> <li>- no contribution has been received that results in the member having a positive account balance at least once since joining the fund;</li> <li>- no premium has ever been paid in respect of the member's insured cover</li> <li>- premiums remain unpaid for a period of 120 days after the premium due date,</li> </ul> <p>Cover ends on the date cover started for the member and is deemed to have never commenced.</p> <p>the date the insured member commences duty with the military services.</p> <p>Cover will end on the date the member commences military service</p>	<p>Cover will cease on the date when premiums remain unpaid for a period of 31 days after the premium due date.</p> <p>However, for an insured member for whom:</p> <ul style="list-style-type: none"> <li>- no contribution has been received that results in the member having a positive account balance at least once since joining the fund;</li> <li>- no premium has ever been paid in respect of the member's insured cover</li> <li>- premiums remain unpaid for a period of 31 days after the premium due date,</li> </ul> <p>Cover ends on the date cover started for the member and is deemed to have never commenced.</p>	<p><b><u>Insufficient account balance</u></b></p> <p>From 1 August the period that premiums can remain unpaid before resulting in cancellation of cover will reduce from 90 days to 31 days.</p> <p>For members who have never had a positive account balance and never paid a premium, the period for cover to be cancelled and deemed to never have commenced will reduce from 120 days to 31 days.</p> <p><b><u>Military Service</u></b></p> <p>From 1 August military service will not result in a cancellation of cover, but members will be subject to an exclusion i.e. they will not be able to claim for illness or injury arising from being an active participant in the armed forces of any country, including reserve forces.</p>
<b>Reinstatement of Cover</b>	<b><u>Scenario 1 - Insufficient account balance</u></b>	<b><u>Scenario 1 - Insufficient account balance</u></b>	Following cancellation of insurance cover for

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	<p>If a member's cover ends because premiums have not been paid due to an insufficient account balance, cover will be reinstated at the date of cancellation, if within 30 days of the cover ending the member's account has sufficient funds to pay all outstanding premiums owing at the next premium deduction date. The exception to this rule is if the member never had a positive account balance and has never paid a premium, in which case cover will not be reinstated.</p> <p><b><u>Scenario 2 – military service recommencement</u></b> If a member's cover ends because they have commenced military service, cover will be reinstated the day after the member ceases military service provided that service ceases within 12 months of the cover ending, and the member's account has sufficient funds to pay the next premium owing at the next premium deduction date.</p> <p><b><u>Scenario 3 – Inactive member reinstatement</u></b> If a member's cover ends because they have not received a contribution into their account for 16 months, cover will be reinstated at the date of cancellation if within 30 days of the cover ending the member formally requests a reinstatement of cover and</p>	<p>If a member's cover ends because premiums have not been paid due to an insufficient account balance, cover will be reinstated at the date of cancellation, if within 60 days of the cover ending the member's account has sufficient funds to pay all outstanding premiums owing at the next premium deduction date. The exception to this rule is if the member never had a positive account balance and has never paid a premium, in which case cover will not be reinstated.</p> <p><b><u>Scenario 2 – military service recommencement</u></b> If a member's cover ended prior to 1 August 2025 because they had commenced military service, cover will be reinstated the day after the member ceases military service provided that service ceases within 12 months of the cover ending, and the member's account has sufficient funds to pay the next premium owing at the next premium deduction date. From 1 August military service will not result in a cancellation of cover so no reinstatement rules will apply.</p> <p><b><u>Scenario 3 – Inactive member reinstatement</u></b> If a member's cover ends because they have not received a contribution into their account for 16 months, cover will be</p>	<p>insufficient account balance or account inactivity members will have a longer period in which to reinstate their cover.</p>

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	<p>the member's account has sufficient funds to pay all outstanding premiums owing at the next premium deduction date.</p> <p><b><u>Scenario 4 – Inactive member commencement</u></b> If a member's cover ends because they have not received a contribution into their account for 16 months, cover will be reinstated at the date a request to reinstate cover is received from the member , provided that request is received between 31 and 60 days of the cover ending and the member's account has sufficient funds to pay the next premium owing at the next premium deduction date.</p>	<p>reinstated at the date of cancellation if within 60 days of the cover ending the member formally requests a reinstatement of cover and the member's account has sufficient funds to pay all outstanding premiums owing at the next premium deduction date.</p> <p><b><u>Scenario 4 – Inactive member commencement</u></b> If a member's cover ends because they have not received a contribution into their account for 16 months, cover will be reinstated at the date a request to reinstate cover is received from the member , provided that request is received between 61 and 90 days of the cover ending and the member's account has sufficient funds to pay the next premium owing at the next premium deduction date.</p> <p>If a person's cover ceased prior to 1 August 2025 and is reinstated after 1 August 2025 the cover that will be reinstated will follow transitional arrangements (see above).</p> <p>If a person's cover ceased and is reinstated after 1 August 2025 the cover that will be reinstated will be the same number of units of unitised cover or the same value of fixed cover that was cancelled.</p>	



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<b>Recommencement of cover ending on 1 April 2020 under PMIF rules</b>	Where the person's cover ended on 1 April 2020 because they have not had an account balance of \$6,000 or more at least once since 1 November 2019, cover will recommence for them upon the date the person becomes an eligible person by meeting all of the following conditions: - is aged 25 to 64, - has an account balance with the fund of at least \$6,000, and - has had an active contribution paid to the fund within the last 16 months if they have been a member for 16 months or more.	Where the person's cover ended on 1 April 2020 because they have not had an account balance of \$6,000 or more at least once since 1 November 2019, cover will recommence for them upon the date the person becomes an eligible person by meeting all of the following conditions: - is aged 25 to 66, - has an account balance with the fund of at least \$6,000, and - has had an active contribution paid to the fund within the last 16 months if they have been a member for 16 months or more.	For members whose cover was cancelled under Putting Member's Interests First (PMIF) legislation on 1 April 2020, the age to which their cover can be reinstated on meeting PMIF conditions from 1 August 2025, will increase from age 64 to 66.
<b>Converting cover</b>	Default age-based cover can be converted to the same amount of fixed cover. Once converted, fixed cover cannot be converted back to default age-based cover.	Unitised cover can be converted to the same amount of fixed cover.  Members may also convert fixed cover to unitised cover, rounded up to the nearest number of units.  Members will be limited to converting cover to once every 5 years.	From 1 August members will have more flexibility to manage their insurance arrangements, with the ability to switch between unitised and fixed cover (limits apply).
<b>Cancel TPD cover and reduced unitised cover</b>	If an insured member holds age-based cover and they cancel TPD cover, the remaining death cover will be converted to fixed cover.	If an insured member holds unitised cover and they cancel TPD cover, the remaining death cover will remain unitised cover.	From 1 August members on the age-based unitised cover scale will not lose access to unitised cover by cancelling unitised TPD cover.  Members can also apply for more units of unitised cover or reduce the number of units of cover they hold.
<b>Acts of war and military service (exclusion)</b>	A death, terminal illness or TPD benefit is not payable if	A death, terminal illness or TPD benefit is not payable if the claim is caused directly	From 1 August 2025 the exclusion on the payment of benefits due to an act of war

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	the claim is caused directly or indirectly by an act of war.	or indirectly by: - War outside of Australia, or - The insured member is an active participant in the armed forces of any country, including reserve forces.	will be limited to war outside of Australia.  Prior to 1 August military service would result in a cancellation of cover. From 1 August, being an active participant in the armed forces will be subject to an exclusion i.e. members will not be able to claim for illness or injury arising from being an active participant in the armed forces of any country, including reserve forces.
<b>Total and Permanent Disablement (TPD) definition</b>	<p><b><u>Part A) Employed or self-employed persons, and under age 65</u></b></p> <p>For an insured member who, at the date of disablement:</p> <ul style="list-style-type: none"> <li>• has been gainfully employed within 12 months prior to the date of disablement; and</li> <li>• is aged less than 65 years;</li> </ul> <p>Total and permanent disablement means the insured member has provided proof to the Insurer's reasonable satisfaction that the insured member, as a result of illness or injury, has become incapacitated to such an extent that it is unlikely the insured member will ever be capable of engaging in gainful employment for which they are reasonably qualified by education, training or experience, and either (i), (ii), or (iii) applies:</p> <p>i. the insured member suffered at least 25% whole</p>	<p>An insured member is totally and permanently disabled if they satisfy all parts of the total and permanent disablement definition that applies to them while they are insured for total permanent and disablement under the Policy. The definition of total and permanent disablement that applies to an insured member is determined by reference to their status prior to the date of disablement in accordance with the following:</p> <p><b><u>Part A) Employed or self-employed persons, and under age 67</u></b></p> <p>For an insured member who, at the date of disablement:</p> <p>(a) has been gainfully employed within 24 months immediately prior to the date of disablement; and</p> <p>(b) are unable to do any work as a result of injury or illness for three (3) consecutive months; and</p>	<p>From 1 August there will be a number of changes to the TPD definition with a view to making it a more accessible aspect of our insurance offering to a broader group of members.</p> <p>The age to which members will now have access to the most commonly used part of the TPD definition (Part A) will increase from age 65 to 67 based on age next birthday. Also, members will need only have been gainfully employed in the 24 months prior to their disablement rather than in the previous 12 months, to be eligible to lodge a claim under Part A.</p> <p>The introduction of a list of immediate assessment conditions will allow for the 3 month waiting period on Part A claims to be waived if the claimant suffers from one of the listed conditions.</p> <p>The following limbs of the of</p>

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	<p>person impairment (as defined in the latest edition of the American Medical Association publication "Guides to Evaluation of Permanent Impairment", or an equivalent guide approved by us) and is not engaged in any occupation; or</p> <p>ii. the insured member suffered the permanent loss of use of:</p> <ul style="list-style-type: none"> <li>– two limbs, or</li> <li>– the sight of both eyes, or</li> <li>– 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</li> </ul> <p>iii. the insured member 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 the insured member's illness or injury is such that it is apparent the insured member 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.</p> <p><b><u>Part B) Unemployed persons, or aged 65 or older</u></b></p> <p>For an insured member who, at the date of disablement:</p> <ul style="list-style-type: none"> <li>• has not been gainfully employed within 12 months prior to the date of</li> </ul>	<p>(c) has seen a medical practitioner and received all medical treatment reasonably recommended by a medical practitioner in relation to your injury or illness; and</p> <p>(d) is aged less than 67 years;</p> <p>Total and permanent disablement means the insured member has provided proof to our reasonable satisfaction that the insured member, as a result of illness or injury, has become incapacitated to such an extent that it is unlikely the insured member 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 for by way of reasonable retraining or rehabilitation and either (i), (ii), or (iii) applies:</p> <p>(i) the insured member has been absent from employment with their employer through illness or injury for a waiting period of three (3) consecutive months, or such less period we may approve where the extent of the insured member's illness or injury is such that it is apparent the insured member will be absent from employment due to illness or injury for three consecutive months even though the period of three consecutive months</p>	<p>the current TPD definition will be removed to reduce complexity without materially impacting the ability of members to make a claim:</p> <ul style="list-style-type: none"> <li>- 25% whole person impairment (Parts A, B, and C)</li> <li>- Loss of use of arms, legs, and eyes will be removed (Parts A and B)</li> <li>- Unable to perform basic activities of everyday living (Part B)</li> <li>- Unable to perform domestic duties (Part C)</li> </ul> <p>For more information on current TPD definitions you can view the Insurance Guide available on our website before 1 August 2025.</p> <p>Part C (Domestic duties) of the current definition will be removed, with the new Part B to cater for all claimants not eligible to make a claim under Part A, i.e. members who are unemployed for more than 24 months prior to disablement, or are over the age of 67. Members in this category from 1 August 2025 will be assessed under new limbs to the TPD definition that relate to the inability to perform basic work activities, or disability on the basis of a psychiatric disorder.</p> <p>For more information on the new TPD definitions a new Insurance Guide will be</p>

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	<p>disablement; or</p> <ul style="list-style-type: none"> <li>• has been on employer approved leave for more than 24 months; or</li> <li>• is aged 65 years or older;</li> </ul> <p>Total and permanent disablement means the insured member has provided proof to our reasonable satisfaction that the insured member, as a result of illness or injury, has become incapacitated to such an extent that it is unlikely the insured member 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), or (iv) applies:</p> <p>i. the insured member suffered at least 25% whole person impairment (as defined in the latest edition of the American Medical Association publication "Guides to Evaluation of Permanent Impairment", or an equivalent guide approved by us) and is not engaged in any occupation and is not engaged in any occupation; or</p> <p>ii. the insured member suffered the permanent loss of use of:</p> <ul style="list-style-type: none"> <li>– two limbs, or</li> <li>– the sight of both eyes, or</li> <li>– 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</li> </ul>	<p>has not concluded; or</p> <p>(ii) the insured member, through illness or injury, and having provided proof to our satisfaction, is permanently unable to perform at least two (2) out of the six (6) basic work activities; or</p> <p>(iii) If, in our opinion an insured member is suffering from one or more of the immediate assessment conditions and all claim requirements specified by us have been satisfied, the three (3) month waiting period that applies to Part A is waived.</p> <p><b><u>Part B) Unemployed persons, or aged 67 or older</u></b></p> <p>For an insured member who, at the date of disablement:</p> <p>(a) has not been gainfully employed within 24 months immediately prior to the date of disablement; or</p> <p>(b) has been on employer approved leave for more than 24 months; or</p> <p>(c) is aged 67 years or older; and</p> <p>(d) has seen a medical practitioner and received all medical treatment reasonably recommended by a medical practitioner in relation to your injury or illness;</p> <p>Total and permanent disablement means the insured member has provided proof to our reasonable satisfaction that the insured member, as a</p>	<p>available on our website from 1 August 2025.</p>

	Current policy term features	Changes to policy term elements from 1 August 2025	What this change means
	<p>iii. the insured member, 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 activities of everyday living:</p> <ul style="list-style-type: none"> <li>– Bathing – to shower or bathe;</li> <li>– Dressing – to dress or undress;</li> <li>– Toileting – to use the toilet including getting on and off;</li> <li>– Feeding – to eat and drink;</li> <li>– Mobility – to get out of a bed or a chair or a wheelchair; or</li> <li>– Continence – to control bladder and bowel function;</li> </ul> <p>If the insured member can perform the activity by using special equipment, they will be considered able to undertake that activity; or</p> <p>iv. the insured member, 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 member 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.</p> <p><b><u>Part C) Engaged in unpaid domestic duties, unemployed and under 65</u></b> For an insured member who, at the date of disablement:</p>	<p>result of illness or injury, has become incapacitated to such an extent that it is unlikely the insured member will ever be capable of engaging in gainful employment for which they are reasonably qualified by education, training or experience, and either (i), or (ii) applies:</p> <p>(i) the insured member, through illness or injury, and having provided proof to our satisfaction, is permanently unable to perform at least two (2) out of the six (6) basic work activities (see 'New definitions from 1 August 2025' section); or</p> <p>(ii) the insured member has a psychiatric disorder</p>	

	Current policy term features	Changes to policy term elements from 1 August 2025	What this change means
	<ul style="list-style-type: none"> <li>• has not been gainfully employed within 12 months prior to the date of disablement; and</li> <li>• was engaged in unpaid domestic duties at home; and</li> <li>• is aged less than 65 years;</li> </ul> <p>Total and permanent disablement means the insured member has provided proof to our reasonable satisfaction that the insured member, as a result of illness or injury, has become incapacitated to such an extent that it is unlikely the insured member will ever be capable of engaging in gainful employment for which they are reasonably qualified by education, training or experience, and either (i) or (ii) applies:</p> <p>i. the insured member suffered at least 25% whole person impairment (as defined in the latest edition of the American Medical Association publication "Guides to Evaluation of Permanent Impairment", or an equivalent guide approved by us) and is not engaged in any occupation; or</p> <p>ii. the insured member is, as a result of illness or injury under the care of a medical practitioner and:</p> <ul style="list-style-type: none"> <li>– the insured member is unable to perform their domestic duties; and</li> <li>– the insured member is</li> </ul>		

	Current policy term features	Changes to policy term elements from 1 August 2025	What this change means
	<p>unable to leave their home unaided; and</p> <ul style="list-style-type: none"> <li>– from the date of disablement the insured member has not been gainfully employed</li> <li>– for a period of six (6) consecutive months; and</li> <li>– at the end of the six months from the date of disablement, in our opinion, after consideration of all relevant evidence, the insured member is disabled to such an extent as to render them unlikely to again be able to perform their domestic duties.</li> </ul>		

	New definitions from 1 August 2025
<b>active participant (in relation to military service)</b>	<p>The insured person is:</p> <ul style="list-style-type: none"> <li>- on active service with the armed or security forces and employed by them; or</li> <li>- participating in any military, civil defence or hostile manoeuvres or training.</li> </ul>
<b>basic work activities (in relation to the TPD definition)</b>	<p><b>Mobility (walking or bending):</b> Walk, with or without a walking aid such as a walking stick, crutches or walking frames, 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.</p> <p><b>Vision (reading):</b> Read, with or without visual aids, to the extent that an Ophthalmologist can certify that:</p> <ul style="list-style-type: none"> <li>- visual acuity is equal to, or better than, 6/48 in both eyes; or</li> <li>- constriction is within, or greater than, 20 degrees of fixation in the eye with the better vision.</li> </ul> <p><b>Lifting:</b> the insured member cannot lift, carry or move objects weighing up to 5 kilograms with their hands even if they use both hands together.</p> <p><b>Manual dexterity:</b> With at least one hand, without the use of aids:</p> <ul style="list-style-type: none"> <li>- type words using a computer keyboard; or</li> <li>- pick up a small object such as a coin or pen.</li> </ul> <p><b>Hearing:</b></p>

	New definitions from 1 August 2025
	<p>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.</p> <p><b>Communicating (verbal or written):</b> 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.</p>
<p><b>immediate assessment conditions (in relation to the TPD definition)</b></p>	<p>Means any of the following:</p> <p><b>(a) Cardiomyopathy</b> - 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.</p> <p><b>(b) Chronic Lung Disease</b> - the permanent end stage respiratory failure with FEV1 test results of consistently less than one litre, requiring continuous permanent oxygen therapy</p> <p><b>(c) Dementia and Alzheimer's Disease</b> - 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.</p> <p><b>(d) Diplegia</b> - the total loss of function of both sides of the body due to Illness or Injury, where such loss of function is permanent.</p> <p><b>(e) Hemiplegia</b> - the total loss of function of one side of the body due to Illness or Injury, where such loss of function is permanent.</p> <p><b>(f) Loss of Hearing</b> - 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.</p> <p><b>(g) Loss of Speech</b> - 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.</p> <p><b>(h) Major Head Trauma</b> - Injury to the head resulting in neurological deficit causing either:</p> <p>(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</p> <p>(ii) The permanent and irreversible inability to perform without the assistance of another person any 2 of the following activities of daily living:</p>



**New definitions from 1 August 2025**

- 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.

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

**(j) 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.

**(k) Muscular Dystrophy** - the unequivocal diagnosis of muscular dystrophy by a consultant neurologist.

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

**(m) 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.

**(n) 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.

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

**(p) 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.

**(q) 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,

New definitions from 1 August 2025	
	<p>(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  (vii) of the following criteria:  i. Morning stiffness,  ii. Rheumatoid nodule,  iii. Erosions seen on x-ray imaging,  iv. The presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.  v. Degenerative osteoarthritis and all other arthritis are excluded.</p> <p><b>(r) Tetraplegia</b> - 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.</p> <p><b>(s) Total Blindness</b> - 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.</p>
<b>psychiatric disorder (in relation to the TPD definition)</b>	<p>The insured person has:</p> <p>(a) been diagnosed by a psychiatrist under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association (or similar diagnostic tool determined by the Royal Australian and New Zealand College of Psychiatrists Board); and</p> <p>(b) been assessed by a psychiatrist appointed by Us as having an impairment of 19% or more on the Psychiatric Impairment Rating Scale and in their opinion the condition is permanent; and</p> <p>(c) the insured person's psychiatrist believes won't improve.</p>
<b>reasonable retraining (in relation to the TPD definition)</b>	<p>Any further education, training, experience, which in our opinion based on medical and other evidence satisfactory to us:</p> <p>(a) the insured person has reasonable capacity to undertake; and</p> <p>(b) may render the insured person reasonably fit to engage in or work (whether or not for reward) in an occupation which is related to the skills and knowledge the insured person will acquire by education, training and experience.</p>
<b>unitised cover</b>	<p>An amount of cover based on the unitised cover scale defined and cannot exceed maximum allowed insured values</p>

## Changes to Terms and Conditions – Income Protection

	Current policy term features	Changes to policy term elements from 1 August 2025	What this change means
<b>Insurance premium tables/Insurance fees</b>	Pre 1 August 2025 premium rates.	Post 1 August 2025 premium rates.	From 1 August 2025 premiums paid by a member will be displayed on statements, online accounts, and all relevant correspondence as part of an 'Insurance fee' which, in addition to premiums, will include an amount allocated to cover insurance administration costs.
<b>Smoker Status</b>	The premium rates applied depend on the eligible person's smoker status.	The premium rates applied will not depend on a person's smoker status.	Premium rates will no longer differentiate between insured members on the basis of smoker status.
<b>Benefit and Waiting periods and the Cessation of Benefit Payment</b>	<p>We will pay disability benefits until the earliest of:</p> <ul style="list-style-type: none"> <li>- the date the insured member is no longer disabled;</li> <li>- the end of the benefit period that applies. However, if on the date of disablement, the insured member is not in permanent employment or self-employment, the maximum period we will pay a disability benefit for is two years. In this case, there will be no refund of premiums for any period the insured member is not in permanent employment or self-employment;</li> <li>- the insured member reaches the cover expiry age</li> <li>- Thee date the person refuses to return to Australia after the insurer has requested them to do so</li> <li>- the death of the insured member.</li> </ul>	<p>The insurer will pay disability benefits until the earliest of:</p> <ul style="list-style-type: none"> <li>- the date the Insured Person is no longer disabled</li> <li>- the end of the benefit period that applies</li> <li>- the Insured Person reaches the cover expiry age specified in the policy.</li> <li>- the date the Insured Person refuses to return to Australia after the insurer has requested them to do so.</li> <li>- the death of the Insured Person.</li> </ul>	Removal of the restriction that if on the date of disablement, the insured member is not in permanent employment or self-employment, a maximum period of two years will apply. From 1 August 2025 the member will retain their benefit period regardless of employment status

	Current policy term features	Changes to policy term elements from 1 August 2025	What this change means
<b>Transfer of Cover</b>	<p>Members can apply to transfer cover held through another superannuation fund.</p> <p>The amount of cover than can be transferred will be a maximum of \$15,000 per month.</p>	<p>Members can apply to transfer cover held through another superannuation or individual retail life insurer.</p> <p>The amount of cover than can be transferred will be \$15,000 per month.</p>	<p>From 1 August 2025 the transfer of cover offer will apply to cover members hold in other superannuation funds and also cover they may have with retail life insurers (subject to the member being underwritten and accepted for cover within the previous 5 years).</p>
<b>Transitional arrangements</b>	<p>Not applicable - Transitional arrangements relate to changes at 1 August 2025</p>	<p>From 1 August the type of cover, including the amount of cover, waiting period, occupational loading, conditions, exclusions and loadings, and gender will remain the same as our records in relation to these items prior to 1 August 2025</p>	<p>There is no change to benefits from 1 August 2025, although the cost of cover will change as insurance premiums and the resulting Insurance fee will be updated.</p>
<b>Start of cover</b>	<p>Cover will start on the date the application for cover is accepted by the Insurer. However, if:</p> <ul style="list-style-type: none"> <li>- the member declines any part of the offer within 90 days of acceptance, or</li> <li>- the member has an insufficient account balance preventing the payment of premiums for 90 days after voluntary cover commenced, the cover will be deemed never to have started.</li> </ul> <p>Cover will not start under PMIF rules until the member is aged over 25 and has an account balance of at least \$6,000, or they have made a valid election to start cover.</p>	<p>Cover will start on the date the application for cover is accepted by the Insurer. However, if:</p> <ul style="list-style-type: none"> <li>- the member declines any part of the offer within 60 days of acceptance, or</li> <li>- the member has an insufficient account balance preventing the payment of premiums for 31 days after voluntary cover commenced, the cover will be deemed never to have started.</li> </ul>	<p>The circumstances under which new voluntary cover will be deemed to never have started will change from 1 August 2025:</p> <ul style="list-style-type: none"> <li>- The member will have 60 days rather than 90 days to decline the offer of cover, or</li> <li>- The member must pay the first premium in respect of the voluntary cover within 31 days (rather than 90 days) of cover commencing.</li> </ul> <p>PMIF restrictions to the start of cover are removed from 1 August 2025 as all Income Protection cover is voluntary and an application constitutes a valid election.</p>
<b>Cancelling cover (cooling-off period)</b>	<p>An insured member can cancel all or part of their cover at any time. If the cancellation of voluntary cover or transfer cover occurs within 90 days of the</p>	<p>An insured member can cancel all or part of their cover at any time. If the cancellation of voluntary cover or transfer cover occurs within 60 days of the</p>	<p>The cooling off period to cancel new cover at no premium cost will be reduced from 90 days to 60 days from 1 August 2025.</p>

	Current policy term features	Changes to policy term elements from 1 August 2025	What this change means
	<p>date cover started the cancellation will take effect from the date their cover commenced.</p> <p>If the member is unable to pay premiums for 90 days after voluntary cover commenced due to an insufficient account balance, the acceptance of voluntary cover will be void from the date it was accepted and voluntary cover will be deemed to have never commenced.</p>	<p>date cover started the cancellation will take effect from the date their cover commenced.</p> <p>If the member is unable to pay premiums for 31 days after voluntary cover commenced due to an insufficient account balance, the acceptance of voluntary cover will be void from the date it was accepted and voluntary cover will be deemed to have never commenced.</p>	<p>From 1 August 2025 the time you have to pay your first premium in respect of new voluntary cover before it is cancelled will reduce from 90 days to 31 days.</p>
<b>Levels of cover</b>	<p>The cover for an insured member is held as a monthly benefit plus superannuation contribution monthly benefit per month.</p> <p>Regardless of the amount of cover an insured member has, at the time of claiming, the monthly benefit plus superannuation contribution monthly benefit cannot exceed 85% of the person's pre- disability income.</p>	<p>The cover for an insured member is held as a monthly benefit plus superannuation contribution monthly benefit per month.</p> <p>Regardless of the amount of cover an insured member has, at the time of claiming, the monthly benefit plus superannuation contribution monthly benefit cannot exceed 87% of the person's pre- disability income.</p>	<p>The maximum monthly benefit plus superannuation contribution as percentage of pre-disability income will increase from 1 August 2025 from 85% to 87%. This is to ensure the maximum monthly benefit of 75% of pre-disability income is maintained, while ensuring new SG rates of 12% are also considered.</p>
<b>Superannuation Contribution Benefit</b>	<p>The lesser of:</p> <ul style="list-style-type: none"> <li>10% of the insured member's pre-disability income; and</li> <li>the difference between: <ul style="list-style-type: none"> <li>- the monthly benefit, and</li> <li>- the amount of the insured member's cover as accepted by us</li> </ul> </li> </ul>	<p>The lesser of:</p> <ul style="list-style-type: none"> <li>(a) 12% of the insured member's pre-disability income; and</li> <li>(b) the difference between: <ul style="list-style-type: none"> <li>- the monthly benefit; and</li> <li>- the amount of the insured member's cover as accepted the us</li> </ul> </li> </ul>	<p>This change allows for the growth in the SG rate to 12%</p>
<b>Acts of war and service (exclusion)</b>	<p>A disability benefit is not payable if the disability is caused directly or indirectly by an act of war.</p>	<p>We won't pay a disability benefit if the insured member's illness or injury is caused directly or indirectly by:</p> <ul style="list-style-type: none"> <li>- War outside of Australia, or</li> <li>- The insured member is an</li> </ul>	<p>From 1 August 2025 the exclusion on the payment of benefits due to an act of war will be limited to war outside of Australia.</p> <p>Prior to 1 August military</p>

	Current policy term features	Changes to policy term elements from 1 August 2025	What this change means
		active participant in the armed forces of any country, including reserve forces.	service would result in a cancellation of cover. From 1 August, being an active participant in the armed forces will be subject to an exclusion i.e. members will not be able to claim for illness or injury arising from being an active participant in the armed forces of any country, including reserve forces.
<b>Cover Cessation due to insufficient balance to pay premiums and military service</b>	<p>Cover will cease on the date when premiums remain unpaid for a period of 90 days after the premium due date.</p> <p>However, for an insured member for whom:</p> <ul style="list-style-type: none"> <li>- no contribution has been received that results in the member having a positive account balance at least once since joining the fund;</li> <li>- no premium has ever been paid in respect of the member's insured cover</li> <li>- premiums remain unpaid for a period of 120 days after the premium due date, cover ends on the date cover started for the member and is deemed to have never commenced.</li> </ul> <p>Cover will end on the date the member commences military service</p>	<p>Cover will cease on the date when premiums remain unpaid for a period of 31 days after the premium due date.</p> <p>However, for an insured member for whom:</p> <ul style="list-style-type: none"> <li>- no contribution has been received that results in the member having a positive account balance at least once since joining the fund;</li> <li>- no premium has ever been paid in respect of the member's insured cover</li> <li>- premiums remain unpaid for a period of 31 days after the premium due date, cover ends on the date cover started for the member and is deemed to have never commenced.</li> </ul>	<p><b><u>Insufficient account balance</u></b></p> <p>From 1 August the period that premiums can remain unpaid before resulting in cancellation of cover will reduce from 90 days to 31 days.</p> <p>For members who have never had a positive account balance and never paid a premium, the period for cover to be cancelled and deemed to never have commenced will reduce from 120 days to 31 days.</p> <p><b><u>Military Service</u></b></p> <p>From 1 August military service will not result in a cancellation of cover, but members will be subject to an exclusion i.e. they will not be able to claim for illness or injury arising from being an active participant in the armed forces of any country, including reserve forces.</p>
<b>Reinstatement of cover</b>	<p><b><u>Scenario 1 - Insufficient account balance</u></b></p> <p>If a member's cover ends because premiums have not been paid due to an insufficient account balance, cover will be reinstated at the</p>	<p><b><u>Scenario 1 - Insufficient account balance</u></b></p> <p>If a member's cover ends because premiums have not been paid due to an insufficient account balance, cover will be reinstated at the</p>	<p>Following cancellation of insurance cover for insufficient account balance or account inactivity members will have a longer window in which to reinstate their cover.</p>

	Current policy term features	Changes to policy term elements from 1 August 2025	What this change means
	<p>date of cancellation, if within 30 days of the cover ending the member's account has sufficient funds to pay all outstanding premiums owing at the next premium deduction date. The exception to this rule is if the member never had a positive account balance and has never paid a premium, in which case cover will not be reinstated.</p> <p><b><u>Scenario 2 – military service recommencement</u></b> If a member's cover ends because they have commenced military service, cover will be reinstated the day after the member ceases military service provided that service ceases within 12 months of the cover ending, and the member's account has sufficient funds to pay the next premium owing at the next premium deduction date.</p> <p><b><u>Scenario 3 – Inactive member reinstatement</u></b> If a member's cover ends because they have not received a contribution into their account for 16 months, cover will be reinstated at the date of cancellation if within 30 days of the cover ending the member formally requests a reinstatement of cover and the member's account has sufficient funds to pay all outstanding premiums owing at the next premium deduction date.</p> <p><b><u>Scenario 4 – Inactive</u></b></p>	<p>date of cancellation, if within 60 days of the cover ending the member's account has sufficient funds to pay all outstanding premiums owing at the next premium deduction date. The exception to this rule is if the member never had a positive account balance and has never paid a premium, in which case cover will not be reinstated.</p> <p><b><u>Scenario 2 – military service recommencement</u></b> If a member's cover ended prior to 1 August 2025 because they had commenced military service, cover will be reinstated the day after the member ceases military service provided that service ceases within 12 months of the cover ending, and the member's account has sufficient funds to pay the next premium owing at the next premium deduction date. From 1 August military service will not result in a cancellation of cover so no reinstatement rules will apply.</p> <p><b><u>Scenario 3 – Inactive member reinstatement</u></b> If a member's cover ends because they have not received a contribution into their account for 16 months, cover will be reinstated at the date of cancellation if within 60 days of the cover ending the member formally requests a reinstatement of cover and the member's account has sufficient funds</p>	

	Current policy term features	Changes to policy term elements from 1 August 2025	What this change means
	<p><b><u>member recommencement</u></b> If a member's cover ends because they have not received a contribution into their account for 16 months, cover will be reinstated at the date a request to reinstate cover is received from the member, provided that request is received between 31 and 60 days of the cover ending and the member's account has sufficient funds to pay the next premium owing at the next premium deduction date.</p>	<p>to pay all outstanding premiums owing at the next premium deduction date.</p> <p><b><u>Scenario 4 – Inactive member recommencement</u></b> If a member's cover ends because they have not received a contribution into their account for 16 months, cover will be reinstated at the date a request to reinstate cover is received from the member, provided that request is received between 61 and 90 days of the cover ending and the member's account has sufficient funds to pay the next premium owing at the next premium deduction date.</p>	
<b>Other disability income</b>	<p>The amount of any income (other than benefits under this policy) and the commutation of income paid or payable in respect of the insured member as a result of their illness or injury, including any amounts payable:</p> <ul style="list-style-type: none"> <li>(i) through workers compensation or similar legislation;</li> <li>(ii) under statutory or government payments;</li> <li>(iii) sick leave (paid only);</li> <li>(iv) in respect of loss of income or loss of earning capacity under legislation or as an award or settlement under common law (whether received as capital or income);</li> <li>(v) under any statutory accident compensation scheme;</li> <li>(vi) under any disability, injury</li> </ul>	<p>The amount of any income (other than benefits under this policy) and the commutation of income paid or payable in respect of the insured member as a result of their illness or injury, including any amounts payable:</p> <ul style="list-style-type: none"> <li>(i) through workers compensation or similar legislation;</li> <li>(ii) sick leave (paid only);</li> <li>(iii) in respect of loss of income or loss of earning capacity under legislation or as an award or settlement under common law (whether received as capital or income);</li> <li>(iv) under any statutory accident compensation scheme;</li> <li>(v) under any disability, injury or illness policy (other than</li> </ul>	<p>If a member receives, or is entitled to receive other disability income whilst a disability benefit is payable under this policy in relation to that person, the insurer will reduce the total disability benefit and partial disability benefit (as applicable) payable under the insurance policy by the amount of the other disability income.</p> <p>From 1 August 2025 statutory or government payments to members such as Centrelink payments will no longer be considered other disability income used to offset a disability benefit payment under the insurance policy</p>



	Current policy term features	Changes to policy term elements from 1 August 2025	What this change means
	<p>or illness policy (other than lump sum total and permanent disablement).</p> <p>Any amount which is in the form of a lump sum or is exchanged for a lump sum, has a monthly income equivalent of 1/60th of the lump sum over a period of 60 months.</p>	<p>lump sum total and permanent disablement). but does not include:</p> <ul style="list-style-type: none"> <li>(i) income earned from investments;</li> <li>(ii) any lump sum total and permanent disablement benefit, lump sum superannuation benefit, lump sum trauma or terminal illness style of benefit;</li> <li>(iii) annual leave or long service leave entitlements;</li> <li>(iv) Social security payments from Centrelink;</li> <li>(v) Termination payments.</li> </ul> <p>Any amount which is in the form of a lump sum or is exchanged for a lump sum, has a monthly income equivalent of 1/60th of the lump sum over a period of 60 months.</p>	
<b>Total Disability / Totally Disabled</b>	<p>A person is totally disabled if solely because of illness or injury, they have ceased to be gainfully employed and they are:</p> <ul style="list-style-type: none"> <li>- unable to perform at least one income producing duty of their own occupation,</li> <li>- under the regular care of, and following the advice of, a medical practitioner, and</li> <li>- not working, or not capable of working*, in their own occupation in a reduced capacity, and is not working in any other occupation whether paid or unpaid.</li> </ul> <p>*A person will not be totally disabled or meet total disability where we consider the person to be capable of working in their own</p>	<p>A person is totally disabled if solely because of illness or injury, they have ceased to be gainfully employed and they are:</p> <ul style="list-style-type: none"> <li>- unable to perform at least one income producing duty of their own occupation,</li> <li>- under the regular care of, and following the advice of, a medical practitioner, and</li> <li>- not working, or not capable of working, in their own occupation in a reduced capacity, and is not working in any other occupation whether paid or unpaid.</li> </ul>	<p>The part of the total disability definition relating to partial or reduced capacity is removed from 1 August 2025. Reduced capacity will continue to be assessed under the partial disability definition, which remains unchanged at 1 August 2025.</p>

	Current policy term features	Changes to policy term elements from 1 August 2025	What this change means
	occupation in a reduced capacity. In determining whether a person meets the definition of totally disabled/total disability, we will consider any medical evidence and other factors related to the insured member's injury or illness. We will also consider whether such work is reasonably available.		

	New definitions from 1 August 2025
Active participant (in relation to military service)	The insured person is: - on active service with the armed or security forces and employed by them; or - participating in any military, civil defence or hostile manoeuvres or training.