ANZ SMART CHOICE SUPER FOR EMPLOYERS AND THEIR EMPLOYEES
ZURICH AUSTRALIA LIMITED
NTT AUSTRALIA SUPERANNUATION PLAN

INSURANCE GUIDE | ISSUED 1 OCTOBER 2023
DEATH AND TOTAL AND PERMANENT DISABLEMENT COVER

ANZ

ANZ SMART CHOICE SUPER

ENTITY DETAILS IN THIS INSURANCE GUIDE

Name of legal entity	Registered numbers	Abbreviated terms used throughout this Insurance Guide
Retirement Portfolio Service	ABN 61 808 189 263 RSE R1000986	Fund
OnePath Custodians Pty Limited	ABN 12 008 508 496 AFSL 238346 RSE L0000673	OnePath Custodians, OPC, Trustee, us, we, our
Zurich Australia Limited	ABN 92 000 010 195 AFSL 232510	Zurich, Insurer
Australia and New Zealand Banking Group Limited	ABN 11 005 357 522 AFSL 234527	ANZ
Oasis Asset Management Limited	ABN 68 090 906 371	Oasis Asset Management, Administrator
NTT Australia Pty Ltd	ABN 65 003 371 239	Employer
NTT Australia Superannuation Plan		Employer Plan

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INSURANCE POLICIES

Insurance cover within ANZ Smart Choice Super is provided by Zurich Australia Limited under group policies issued to the Trustee. Zurich is not a related body corporate of OnePath Custodians.

In all cases, insurance cover for a member is subject to the terms and conditions of these policies. If there is any inconsistency between the terms and conditions of the insurance policies and the ANZ Smart Choice Super Product Disclosure Statement (PDS), including this Guide, or any fact sheet, the terms and conditions of the insurance policies prevail.

You may request copies of the ANZ Smart Choice Super policies by calling Customer Services on 1800 836 545.

This Guide sets out a summary of the terms and conditions of the ANZ Smart Choice Super policies, and is not a legally binding contract of insurance with the Insurer.

The Trustee reserves the right to change Insurer, or vary the benefits or rates for Insurance fees (premium) from time to time.

IMPORTANT INFORMATION

This Insurance Guide must be read together with the ANZ Smart Choice Super for employers and their employees Product Disclosure Statement (ANZ Smart Choice Super PDS) dated 1 October 2023.

ANZ Smart Choice Super for employers and their employees (**ANZ Smart Choice Super**) is part of the Fund. When an employer joins ANZ Smart Choice Super, their nominated employees become members of the Fund. OnePath Custodians is the Trustee of the Fund and the issuer of this Guide.

This Guide applies to members joining the Employer Plan on or after the date of this Guide. Other members should refer to the insurance guide that they received on joining the Employer Plan.

OPC is a member of the Insignia Financial group of companies, comprising Insignia Financial Ltd (ABN 49 100 103 722) and its related bodies corporate (Insignia Financial Group). The ANZ brand is a trademark of ANZ and is used by OPC under licence from ANZ.

Zurich Australia Limited (Zurich) ABN 92 000 010 195, AFSL 232510 provides insurance through ANZ Smart Choice Super. Zurich is a company in the Zurich Financial Services Australia Group. Zurich and OPC are not related bodies corporate.

The information in this Guide is of a general nature and has been prepared without taking into account your objectives, financial situation or needs. You should obtain financial advice tailored to your personal circumstances. Before acting on the information or advice, you should consider whether it is appropriate for you, having regard to your objectives, financial situation and needs. You should obtain a copy of the ANZ Smart Choice Super PDS before making any decision about whether to acquire, or to continue to hold, the superannuation product. You can obtain a copy of the PDS by contacting Customer Services on 1800 836 545.

The Fund is governed by a trust deed (**Trust Deed**). Together with superannuation law, the Trust Deed sets out the rules and procedures under which the Fund operates and the Trustee's duties and obligations. If there is any inconsistency between the Trust Deed and the PDS or this Guide, the terms of the Trust Deed prevail. A copy of the Trust Deed is available from us at no extra charge.

The insurer of the Employer Plan is Zurich Australia Limited under a group policy issued to the Trustee. Under the policy the Trustee reserves the right to change insurer, or vary the benefits or rates of Insurance fees (premium) from time to time.

Where the Insurer imposes loadings or exclusions as a result of the member's health, pastimes or other individual circumstances, the Insurer will write to the Trustee and provide specific details relating to the member's cover. The member will receive notification where this occurs.

The Trustee is responsible for the contents of this Guide.

The ANZ Smart Choice Super PDS comprises the following documents:

- ANZ Smart Choice Super for employers and their employees Product Disclosure Statement dated 1 October 2023;
- ANZ Smart Choice Super for employers and their employees Additional Information Guide (AIG);
- ANZ Smart Choice Super for employers and their employees Fees Guide;
- ANZ Smart Choice Super Buy-Sell Spread Guide;
- This Guide; and (to the extent that it is referred to in the PDS, AIG, Fees Guide, Buy-Sell Spread Guide and the NTT Insurance Guide) the relevant disclosure relating to the Choose Your Own Cover contained in the ANZ Smart Choice for employers and their employees – Insurance Guide for Standard Employer Plans dated 1 October 2023 (both insurance guides are referred to as **Insurance Guide(s)**).

The purpose of this Guide is to give you more information and/or specific terms and conditions referred to in the PDS. You should consider all that information before making a decision about ANZ Smart Choice Super.

If you invest in ANZ Smart Choice Super, you can access a copy of the PDS, the AIG and any matter that is applied, adopted or incorporated in the PDS from our website at **www.anz.com/smartchoicesuper** > Downloads – important documents.

To the extent that you are provided with cover as set out in this Guide, these terms and conditions will prevail over those set out in the ANZ Smart Choice Super for employers and their employees Insurance Guide dated 1 December 2022. This Guide, the link to which was included in your Welcome Pack, contains all the information about the insurance applicable to your Employer Plan.

You may also request a copy of all information (including this Guide) at no extra charge by contacting Customer Services on 1800 836 545. A Target Market Determination for the product is available at **www.anz.com.au/support/rates-fees-terms/target-market-determinations/**

Trustee contact details

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INSURANCE IN ANZ SMART CHOICE SUPER

This Guide details the types of insurance available to you as a member of the NTT Australia Superannuation Plan in ANZ Smart Choice Super.

No matter what stage you are at in your life, you may wish to seek professional advice to consider if insurance will provide you with an appropriate safety net.

In the unfortunate event of your death or disablement, insurance may also help ensure your family's financial future is looked after. Insurance benefits can help pay your debts and cover the cost of any unexpected medical treatment that you may need.

This Guide is specific to the Employer Plan arrangement shown on the front cover. If you are not an employee of this Employer Plan, then please disregard and contact Customer Services to obtain the insurance guide relevant to you. Income Protection (IP) cover is not offered by your Employer Plan.

When reading this Guide, some expressions (shown capitalised and bold when first used) have special meaning. The meaning is either explained in context or in the 'Definitions' or 'Appendix' sections to this Guide.

WHAT IS TAILORED COVER?

ANZ Smart Choice Super gives employers the flexibility to choose a tailored insurance cover designed for their employer plan, including the type of cover provided, and the Default cover amount. Insurance fees will be tailored to your Employer Plan, and the plan design may also include different Membership Categories.

Where different Membership Categories are available, your type and level of cover may depend on the category which your Employer has advised for you. In the event that an error has occurred, and you have been established in an incorrect category, the Insurer may assess any claim against the insurance design and eligibility criteria of your current category.

At the time your account is created, your Employer is required to give us the details necessary to:

- determine your eligibility for insurance cover;
- calculate the sum insured that you are entitled to; and
- determine the insurance fee rates and any loadings that are applicable to you.

If your Employer does not provide this information, or until this information is provided, we cannot establish insurance cover in your ANZ Smart Choice Super account. If the information is not provided to us within 180 days of you commencing employment with your Employer, you may no longer be eligible for Default cover. In this instance, you may need to apply to the Insurer for cover, and it will be at the discretion of the Insurer as to whether this cover is provided to you and the terms applicable to that cover.

To ensure your details have been set up correctly by your Employer, check the details found in your Welcome Pack, or Insurance Activation Letter (as applicable) including gender, occupational category (if applicable), date of birth, types of insurance and sum insured. If you believe that any of this information is incorrect, you must advise both us and your employer immediately.

You can also view the sum insured, type of insurance and your insurance fees via **www.anz.com/smartchoiceaccess.**

Alternatively, you can call Customer Services on 1800 836 545 for assistance with your account or to register for online access.

If you believe that you are in an incorrect membership category, you must advise both us and your employer immediately. The insurance cover negotiated by your Employer is detailed in the Appendix.

WHAT TYPE OF COVER IS AVAILABLE?

ANZ Smart Choice Super provides access to the following insurance options. Please refer to the Appendix to determine the insurance cover that is available to you with the Employer Plan.

DEATH AND TOTAL AND PERMANENT DISABILITY (TPD) COVER

Provides a lump sum **Benefit** if you die, suffer from a **Terminal Illness**, or become **Totally and Permanently Disabled** by injury or illness.

TPD cover is only available in combination with Death cover where the amount of your TPD cover cannot be greater than the amount of your Death cover.

DEATH ONLY COVER

Provides lump sum, income stream or a combination of both to your beneficiary in the event of death or a lump sum payment to you, if you suffer from a Terminal Illness.

If you require Death cover without TPD cover, depending on the tailored insurance cover design applicable for your Employer Plan, you may be able to cancel the TPD cover component of the cover.

DEFAULT COVER

This is an amount of cover provided to eligible members upon joining, up to the **Automatic Acceptance Limit (AAL)**, which is the maximum level of Default cover applying to your Employer Plan. The AAL for your Employer Plan is specified in the Appendix. Default cover can be based on a formula or on a fixed cover amount, depending on what your Employer has chosen.

The amount of your Default cover is calculated:

- when you join your Employer Plan;
- at 1 July each year;
- when your Employer advises a new **Salary** for you (where the amount of your default insurance is based on a formula including your Salary); and
- when the level, Insurance fee or formula of your Default cover is changed.

The type of Default cover and the relevant **Insurance Formula** available to you is detailed in the Appendix. The amount of your Default cover and Benefit Formula for your **Membership Category** will be included in your Welcome Pack or Insurance Activation Letter (as applicable).

Any increase in the Default cover is up to the lesser of:

- the **AAL**; and
- 25% of your Default cover on the day immediately prior to the 1st of July that your Default cover is to increase. See the Default cover definition at the back of this Guide for more information.

You can change the amount of your cover, or cancel your cover by:

- adding to it by applying for Voluntary cover
- reducing your amount of cover to a fixed amount of Voluntary cover without underwriting; or
- opting out of your Default cover at any time online, or by calling customer services on 1800 836 545 or by submitting a written request (in a form acceptable to the Insurer) to the Insurer or your Employer – if you do this, you will not be able to obtain Default cover again in relation to the Employer Plan.

If you reduce or opt out of your cover, and later want to obtain cover, or obtain a higher level of cover, you will need to apply, provide medical and health evidence, and have your application accepted by the Insurer.

If the Insurance fees for your Default cover are paid by your Employer, to opt out of or reduce the amount of Default cover you need to speak to your Employer first, and if agreed, your employer can cancel or reduce the Default cover on your behalf.

Your Employer's arrangement to incur the cost of any fees is voluntary and consent for such an arrangement may be withdrawn at any time. If this is the case, you will receive notification and we will let you know of the options available to you.

VOLUNTARY COVER

This is usually a fixed amount of Death or Death and TPD cover provided subject to underwriting by the Insurer.

There is no limit on the amount of Voluntary Death cover you can apply for. However, there is a maximum of $3 million for Terminal Illness cover and $5 million for TPD cover. Refer to the Appendix section of this Guide for further information around the **Maximum Benefit Level**.

You may need to provide evidence of your health with your application. The Insurer may impose restrictions, exclusions and/or Insurance fee loadings, or may decline your application for new or additional Voluntary cover.

If the Insurer does not accept your application for new or additional Voluntary cover, your existing cover will continue, and will not be affected by the declined application.

We will advise you in writing of the Insurer's decision. If restriction(s) and/or exclusion(s), or a loading to your Insurance fee applies to the Voluntary cover you are offered, and you would like this reviewed by the Insurer, you may need to cover the costs of any medical evidence required to have your cover re-assessed.

You can choose not to accept the Insurer's offer to provide Voluntary cover based on any Insurance fee loading, condition(s) and/or exclusion(s). If you do not accept, or respond within 21 days of the Insurer's decision, your cover will revert to the amount prior to your request.

You may be eligible for Interim Accident cover while your application is being assessed (see the 'Interim Accident cover' section in this Guide for more information).

You can apply for Voluntary cover:

- to increase the amount of Death only or Death and TPD cover;
- if you were not provided with Default cover, and would like to apply for cover;
- to fix the amount of your Death and/or TPD cover;
- to remove any **Pre-Existing Condition (PEC) Exclusion**, restrictions, exclusions or medical loadings imposed by the Insurer on your cover; and
- to re-apply for cover where cover ceased under the policy for any reason.

You may request a decrease in the amount of cover in a form acceptable to the Insurer without requiring an application or underwriting.

WHAT HAPPENS TO DEFAULT COVER WHEN YOU OBTAIN VOLUNTARY COVER?

If your Voluntary Death only cover or Death and TPD cover is accepted by the Insurer, it will be added to any Default cover as a fixed amount, subject to the Maximum Benefit Level and any conditions, exclusions and medical loadings notified by the Insurer.

If the Insurer does not accept your application for Voluntary cover, any existing cover you hold through ANZ Smart Choice Super will continue unaffected by the declined application. When you apply for Voluntary cover, you will have the choice to apply using a:

Short Form Personal Health Statement*:

- For all applications up to $1 million (Death only or Death and TPD).

Full Personal Health Statement:

- For all applications of cover over $1 million (Death only or Death and TPD).

* Note: You may need to complete a Full Personal Health Statement if the Insurer has reviewed your Short Form Personal Health Statement and requires further details to assess your application. You can access the Short Form Personal Health Statement via **www.anz.com.au/content/dam/anzcomau/documents/pdf/anz-smart-choice-short-health-statement.pdf.**

If you are transferring your cover from another superannuation fund and the Insurer has approved the transfer, the additional Voluntary cover will be added to any cover you currently have in place, subject to the Maximum Benefit Level.

You can apply for, elect to cancel, opt out of or reduce your Voluntary cover at any time by contacting Customer Services on 1800 836 545.

LIFE EVENTS COVER

Life Events cover gives you the ability to adjust your Death only or Death and TPD cover as your circumstances change by allowing you to obtain, or increase your existing Voluntary cover without additional underwriting. To be eligible for Life Events cover, you must have been accepted for Default or Voluntary cover before the Life Event occurs and your application for an increase in your cover must be received by the Insurer within 90 days of that event taking place. Other terms, conditions and eligibility criteria apply. The increase to your cover will be applied as an additional amount of Voluntary cover.

You may apply for only one Life Event within any 12 month period, up to a maximum of three accepted Life Events applications.

Life Events if applicable to the Employer Plan are detailed in the Appendix, but may include:

- your marriage or commencement or cessation of a de facto relationship (you can make only one application with respect to marriage, or commencement or cessation of a de facto relationship).
- the birth or adoption of a child by you or your spouse.
- your child starting secondary school.
- taking out a mortgage (from an accredited mortgage provider) to purchase your first home.
- having a salary increase of at least 20% since your last salary review.

You must provide the Insurer with relevant evidence of each event.

The maximum increase available on a life event is the lesser of:

- 25% of your existing cover; and
- $200,000,

but cannot cause your cover to exceed the Maximum Benefit Level.

Life Events cover is not available if at the time of the application:

- you have claimed or are in the process of claiming, in a waiting period for or in receipt of, a Terminal Illness, TPD, temporary disability or Income Protection benefit under any insurance policy; or
- you are aged 60 years or older as at the date of the occurrence of the life event; or
- you have previously had a Life Events cover option accepted by the Insurer for marriage, commencement or cessation of a de facto relationship; or
- you have applied for a Life Event within the past 12 months; or
- you have previously had 3 Life Events cover options accepted by the Insurer; or
- your cover has ended under this Policy.

The increased amount is based on your type of cover at the time of your application and on the same terms. The increase in cover will apply from the date the application is accepted in writing.

COVER FOR LOW-BALANCE ACCOUNTS AND FOR MEMBERS UNDER THE AGE OF 25 YEARS

Under the Putting Members' Interests First (PMIF) legislation, unless covered by an exception, default insurance cover cannot be automatically provided to:

- members under 25 years old; or
- members who have a superannuation balance of less than $6,000 (regardless of their age).

You may still opt in to add insurance cover to your super account or to retain your existing insurance coverage. You will receive notification explaining the changes and how you can retain your insurance cover.

Please note that an exception may apply if:

- you are an emergency services worker, or work in a 'dangerous occupation' (subject to the Trustee making an exclusion election), or
- your employer fully meets the cost of your insurance cover.

TRANSFERRING COVER

Where you hold insurance cover in another superannuation fund and with another insurer, you may apply to have this cover transferred to your account in ANZ Smart Choice Super. If the Insurer accepts your application, the insured amount provided will be equivalent to the amount of cover provided under your previous policy. Transferred cover is subject to:

- the maximum transfer amount of $2 million for Death and TPD cover;
- the maximum transfer amount of $15,000 per month for Income Protection cover and not exceeding 75% of Salary with a Benefit Period of 2 years unless otherwise agreed by the Insurer in writing;
- total cover after the transfer not exceeding the Maximum Benefit Level.

Any application for an Insurance Transfer may require evidence of previous cover and will be assessed by the Insurer who has the discretion to accept, decline or defer this application. If accepted, this cover:

- is provided conditional upon cancellation of the previous cover; and any benefit paid under this Policy will be reduced by the amount of any benefit paid or payable under the Previous Cover;
- will carry across any loadings, exclusions, restrictions or limitations which applied to your previous cover, unless the Insurer has noted otherwise in the **Decision Note**;
- will be provided according to the terms and conditions of the ANZ Smart Choice Super insurance policies, including any terms and conditions contained in the Decision Note;
- is provided as Voluntary cover, where you are in an Employer Plan; and
- will be in addition to any existing cover you hold under the Policy.

To apply for an Insurance Transfer please contact Customer Services on 1800 836 545. Terms, conditions and eligibility criteria apply. If you are intending on completing a rollover of your other Super accounts into ANZ Smart Choice Super you may wish to apply for the Insurance Transfer before submitting a rollover request. A whole balance rollover out of a super fund will often result in the account closing and associated insurance ceasing.

ELIGIBILITY FOR COVER

DEFAULT COVER

For an employee to be eligible for Default Death, Death and TPD:

- you must be a member of ANZ Smart Choice Super;
- you must not have previously been provided with Default cover in relation to your account;
- you must be aged 15 or over, and under 65 when you join^;
- you must have an account balance of $6,000 or over^;
- we must receive an Employer superannuation contribution into your ANZ Smart Choice Super account within 180 days of the **Cover Commencement Date**;
- on the 180th day after the Cover Commencement Date you will need to have a sufficient balance to cover the cost of your insurance for the 180 days since your Cover Commencement Date. If you do not meet any of the conditions of default cover, your insurance cover will be cancelled from the date it commenced and any insurance fees deducted from your ANZ Smart Choice Super account will be refunded to your account. You will not be eligible to claim during this period;
- you must be an **Australian Resident** or holder of a **Visa** residing in Australia;
- you must not have had a claim admitted, are not in the process of claiming, are not in receipt of, are not in a waiting period for (if a waiting period applies), have not been paid, and are not entitled to be paid, a benefit for terminal illness or total and permanent disablement, under the Policy or any other policy issued by us or another insurer or from a superannuation fund*;
- you are not in the process of claiming, are not in receipt of, are not in a waiting period for (if a waiting period applies), and are not entitled to be paid, any income support type benefit from any source, including but not limited to workers' compensation benefits, statutory motor accident benefits or income protection type benefits (including government income support benefits of any kind and benefits from a superannuation fund);
- you may receive Lifestage or Default cover a number of times during your membership, for example where you meet an exception or we are obliged to provide you with cover in order to meet a legislative requirement. This excludes default cover the Insurer provides you in a different account with respect to a different participating employer; and
- you must satisfy any additional eligibility rules that apply to your Employer Plan or Membership Category in the Employer Plan (see Appendix).

^ You must provide an opt-in election if you are under 25 or have not had an account balance of $6,000 or over unless you are covered by a PMIF exception.

* Your Default cover will be limited to Death cover (no TPD cover) and your IP cover will be subject to a Pre-Existing Condition Exclusion, if you are eligible to receive, have received, have lodged a claim for, or have a claim pending for a TPD and/or Income Protection Benefit.

Limited cover when Not At Work

Default cover is subject to a Pre-Existing Condition Exclusion if you were Not At Work at the time your Default cover commenced. The Pre-Existing Condition Exclusion will continue to apply until you are At Work for 30 consecutive days. See 'Definitions' section of this Guide for the meaning of At Work and Not at Work.

The Trustee and the Insurer will assess eligibility to the extent possible based on the details provided by your employer. To avoid being charged insurance fees for cover you are ineligible for, please ensure that you notify us if you are aware of any reason why you may not be eligible or contact us if you would like to discuss whether you are eligible for Default cover.

If the Trustee and/or the Insurer are told or otherwise become aware that they have accepted insurance fees for cover for which the member is ineligible, the relevant insurance fees will be refunded and no insurance cover will apply for any period during which the member was ineligible. You can elect to cancel, opt out of or reduce your Default cover at any time by contacting Customer Services on 1800 836 545.

VOLUNTARY COVER

You can apply to obtain Voluntary cover if this option is available in the design of your Employer Plan. You must also:

- be aged 15 or over, and under 65 when you apply
- be an Australian Resident or holder of a Visa residing in Australia
- be engaged in an occupation which the Insurer provides insurance cover for; and
- satisfy any additional eligibility rules that apply to your Employer Plan or Membership Category in the Employer Plan.

WHEN DOES COVER COMMENCE?

DEFAULT COVER

If you are eligible for Default cover (see Eligibility for cover – Default cover), it starts from:

- when you commence work with your Employer, if you are a new employee; or
- the date your Employer became an ANZ Smart Choice Super **Participating Employer** – if you were working for the Employer when your Employer Plan joined ANZ Smart Choice Super.

For members under 25 years old or who have an account balance less than $6,000, Default cover starts:

- when you commence work with your employer, if you have provided an opt-in within 90 days of joining your employer (or under a PMIF exception).
- the day your opt-in election is received. If you have opted in after 90 days of joining your employer, **New Events Cover** applies.
- the day PMIF thresholds* or a PMIF exception is met (no opt-in is required).

For Default cover to start, you must meet the conditions outlined in the 'Eligibility for cover' section of this Guide.

If Default cover does not commence, you may be eligible to apply for Voluntary cover.

* When you turn 25 and your account balance has exceeded $6,000 any time since joining the Fund.

VOLUNTARY COVER

In addition to any Default cover you are eligible for, you may apply for Voluntary cover, subject to agreement and acceptance by the Insurer. Cover commences on the date the Insurer approves your application provided the premium for the new Voluntary cover required to cover the number of days from the **Acceptance Date** to the third premium due date, is paid by the third premium due date.

If the Insurer accepts your application subject to **Special Acceptance Terms** the Voluntary cover starts on the Acceptance Date as long as the Insurer receives:

- your signed acceptance within 21 days of the Acceptance Date; and
- the premium for the Voluntary cover required to cover the number of days from the Acceptance Date to the third premium due date, by the third premium due date.

We will send a letter to you confirming your cover and the date that your cover commenced.

If you request a decrease in the amount of your Default cover, Voluntary cover will replace your Default cover, and will commence on the later of the date of your request or the date you specified in your request.

If you request a decrease in the amount of your Voluntary cover, your new level of Voluntary cover similarly commences on the later of the date of your request or the date you specified in your request.

Transferred cover commences as Voluntary cover on the date the Insurer approves your application, provided there are sufficient funds in your account to pay for the insurance fees. We will send a letter to you confirming the date that it commences.

REDUCING, OPTING-OUT OF OR CANCELLING YOUR COVER

You can reduce the amount of your cover, opt-out of or cancel your cover, at any time by contacting Customer Services on 1800 836 545. You cannot reduce your Death Sum Insured to an amount below your TPD Sum Insured.

If you reduce, opt-out of or cancel your cover (including Default Cover), your cover may not be increased or reinstated if you wish to do so at a later time. You must apply for any increase in cover.

If you cancel your cover within the first 30 days of its commencement, some or all of the premiums in respect of any cancelled cover may be refunded to your superannuation account in some circumstances. For more information, call Customer Services.

COVER ACCEPTANCE

Where the Insurer approves your cover or any change in cover on altered terms, your acceptance of these will be required.

WHO IS A BENEFIT PAID TO?

As the insurance Policy is issued to the Trustee and cover is offered to you under the Policy as a member of ANZ Smart Choice Super, the Insurer will pay any Benefits to the Trustee. Once we receive the proceeds from the Insurer these will be held in the superannuation environment, in the ANZ Smart Choice Cash investment option. If you would like to switch this amount to another investment option you can do so online via **www.anz.com/smartchoiceaccess** or by calling Customer Services. Upon meeting a condition of release, you will receive the benefit amount in accordance with the Fund's Trust Deed, adjusted positively or negatively, for investment earnings. We do not guarantee the payment of an insured benefit or the performance of the Insurer.

Any claims made on the Policy must be made through the Trustee as the Policy owner. Before the Trustee can pay any insurance Benefit to you or your beneficiary(ies), the claim must be accepted by the Insurer and approved by the Trustee.

The Trustee may only release a Benefit (including any Terminal Illness, TPD or Income Protection Benefit paid to the Trustee by the Insurer) where you have met a 'condition of release' under superannuation law. If the Trustee cannot release your Benefit, any proceeds will be credited to your super account and paid when you meet a condition of release.

The Trustee will pay any Death Benefit (comprising your account balance and any sum insured amounts for cover in place and current) at the claim date, to the beneficiary(ies) you have nominated in your non-lapsing nomination, unless there is no nomination or your nomination is defective or has been cancelled. See 'Nominating a Beneficiary' in the AIG for information about nominating beneficiaries and non-lapsing nominations and how the Trustee determines a claim if there is no nomination on your account.

If the Insurer rejects, reduces or defers a claim, the Trustee may reduce the Benefit payable to take into account the Insurer's refusal, reduction or deferral. However, after the Trustee has reviewed all relevant medical reports and documents that the Insurer relied upon to make its decision, and the Trustee is of the view that the claim has a reasonable prospect of success, the Trustee will do everything that is reasonable to pursue the matter on your behalf.

PAYMENT OF DEATH AND TPD BENEFITS

Death Benefit

A Death Benefit will be paid if you die while your cover is in place and current. See the 'When cover ceases' section of this Guide for more information.

Terminal Illness Benefit

A Terminal Illness Benefit will be paid if you become **Terminally Ill** while your Death cover is in place and current (refer to the 'Definitions' section of this Guide for the definition of Terminal Illness).

The Terminal Illness Benefit is a maximum of $3 million.

TPD Benefit

A TPD Benefit will be paid if you become Totally and Permanently Disabled according to TPD Definition 1 or TPD Definition 2.

If you have been Gainfully Working at any time in the last 16 months prior to the Event Date, either TPD Definition 1 or TPD Definition 2 applies to you.

If you have not been Gainfully Working at any time in the last 16 months prior to the Event Date, only TPD Definition 2 applies to you.

TPD Definitions 1 and 2 are set out in 'Definitions of terms used in this Guide' on page 26.

Death and TPD cover are linked

If you are paid a TPD Benefit, this reduces your Death cover by the amount of the Benefit paid. For example, if you have equal amounts of Death cover and TPD cover, payment of the TPD Benefit will mean that you have no further Death cover.

However, if the amount of your Death cover is greater than TPD cover, payment of the TPD Benefit will reduce your Death cover by the amount of the TPD Benefit paid.

TPD tapering may apply to your TPD cover

TPD tapering is the gradual reduction of the amount of TPD cover to zero. TPD cover is tapered according to your **Age Next Birthday** on 1 July each year. If TPD tapering applies to you, more information on this can be found in the Appendix.

WHEN COVER CEASES

Cover will end on the earliest of the following events, and depending on the event, you may not receive prior notification of your cover ceasing from either the Trustee or the Insurer. You should note that certain types of cover may not be available with your Employer Plan (refer to the Appendix for details). If your Insurance fees have not been paid in full by the third premium due date for the period from the day the cover commenced to the third premium due date, cover will be cancelled from the Cover Commencement Date and treated by the Insurer as if it had never commenced. However, cover will not be cancelled from the Cover Commencement Date if:

- you die, and have paid all Insurance fees owing up to your date of death; or
- you become Terminally Ill or TPD and you pay all fees due by the third premium due date.

Event	Death cover	TPD cover
The day all PMIF exemptions are no longer applicable *(for example, your Employer no longer fully meets the cost of your insurance cover)*.	✓	✓
The date you instruct the Trustee to cancel your cover.	✓	✓
The date of your death.	✓	✓
The date you reach the Benefit Expiry Age.	✓	✓
The date you cease to be a member of ANZ Smart Choice Super*, including when you transfer your entire balance to another superannuation fund.	✓	✓
The date you become entitled to a TPD Benefit equal to the full insured amount of your Death cover†.	✓	✓
The date you are entitled to a Terminal Illness Benefit equal to the full amount of your Death Benefit.	✓	✓
The last day of the second calendar month after premiums have remained unpaid for two calendar months. For example, if premiums due on 1 July and 1 August remain unpaid your cover will be cancelled and you will only be covered up to and including 31 August.	✓	✓
The date you commence **Active Service** with the armed forces of any country (except where you are a member of the Australian Defence Forces Reserves, where cover ceases only when the Reservist becomes the subject of a call-out order under the *Defence Act 1903* (Cth)).	✓	✓
The date the Insurer cancels and/or avoids the Policy or your cover in accordance with its legal rights.	✓	✓
If you are a Visa holder, the date you have been overseas for more than three consecutive months^.	✓	✓
If you are a Visa holder, 30 consecutive days after you cease to hold a valid Visa.	✓	✓
The day you depart Australia permanently.	✓	✓
The date your entire balance is transferred to the Pension Division of ANZ Smart Choice Super and Pension.	N/A	✓
The date your entire balance is transferred to the retail division of ANZ Smart Choice Super and Pension.	✓	✓
The date we are notified that the Employer terminates the Employer Plan because another insurer is to provide cover to the Employer‡.	✓	✓
The date the Policy between the Insurer and the Trustee is terminated.	✓	✓
The end of a 16 month period in which no amount is received in respect of your account and you have not notified us that you want the cover to continue, unless an employer-sponsor contribution exception applies.	✓	✓
The expiry of 24 months of unpaid Employer Approved Leave unless the Insurer agrees in writing to extend the period prior to the expiry of such leave.	✓	✓

* For the purpose of this event, ANZ Smart Choice Super refers to the ANZ Smart Choice Super product suite.
† Only if the TPD benefit is for an amount equal to or greater than the full insured amount of your Death cover. Otherwise the excess Death cover continues.
^ Unless, before the expiry of such period the Insurer agrees in writing to extend the period, or you return to Australia.
‡ Refer to the section 'What happens if the Employer terminates the Employer Plan?' on page 12.

No reinstatement of cover

Reinstatement of cover is generally not allowed without underwriting under the insurance policies, however, there may be circumstances – such as where insurance cover has ceased due to 16 months continuous inactivity or you no longer meet other regulatory requirements or an exception. If this is the case, reinstatement terms may be available and you will be informed of those terms either prior to, or at the time your cover cancels. In all other cases, if your Default or Voluntary cover is cancelled, or your cover otherwise ends, and you want to obtain insurance cover in the future, you will need to apply for Voluntary cover and provide evidence of health satisfactory to the Insurer.

COVER CEASES AFTER INACTIVITY

Death, TPD and Income Protection cover (if applicable) will cease if we have not received a contribution or rollover into your account for a period of 16 consecutive months and you have not notified us in writing that you want the cover to continue, unless an employer-sponsor contribution or Australian Defence Forces exception applies.

We will write to you during this period of inactivity about your options to keep your cover. You will also be able to request in writing that the Trustee reinstates your cover, within 60 days of the insurance cover ceasing. Your insurance cover will be reinstated with any pre-existing condition exclusions, loadings or restrictions backdated to cessation and any insurance fees since it ceased will be collected.

EXCLUSIONS

DEATH AND TPD COVER EXCLUSIONS

It is important to note that the payment of any Benefit is subject to the following exclusions:

- if the event giving rise to the claim is caused directly or indirectly, wholly or partially, from **War** involving Australia, New Zealand or your country of residence;
- if you are **Imprisoned** on the Event Date or the **Date of Disablement** – applies to TPD cover only;
- if you do not satisfy the Insurer's claims requirements. See 'How to make a claim' section of this Guide;
- if the Pre-Existing Condition Exclusion applies and your claim arises directly or indirectly, wholly or partially, from a Pre-Existing Condition that existed on or before the day cover commenced or increased (in respect of the increased portion of cover only);
- if you die or become Terminally Ill or Totally and Permanently Disabled either directly or indirectly, wholly or partially as a result of an intentional or deliberate self-inflicted act within 13 months of your Voluntary cover increasing or your Voluntary cover commencing or the day Life Events Cover started, in respect of the additional cover provided;
- for anything specifically excluded from your cover; and
- if you were not an eligible person at the date cover was to commence (Default cover only) – in which case your cover will be cancelled from the date your cover was to commence and all Insurance fees paid for such cover will be refunded.

CLAIMS WHILST YOU ARE OVERSEAS

If you submit a claim while overseas, the Insurer may require you to return to Australia at your own expense to assess your claim, including medical assessment.

INTERIM ACCIDENT COVER

While the Insurer assesses your application for Voluntary cover, you will be provided with Interim Accident cover, subject to your eligibility for Voluntary cover (see the 'Eligibility for cover' section of this Guide) and you also reside in Australia.

The Insurer will pay an interim accident Benefit if all of the following conditions are satisfied:

- Interim Accident cover has not ceased; and
- death or TPD or Total Disability arises solely due to an **Accident**.

An interim accident **Benefit** will only be paid once. If you are applying for an increase in cover, Interim Accident cover is only provided in respect of the increased portion of cover.

The interim accident Benefit payable is the lesser of:

- the amount of Voluntary cover applied for;
- the difference between any existing Voluntary and/or Default cover and the amount of Voluntary cover applied for;
- the Maximum Benefit Level; and
- an amount that the Insurer would potentially accept according to their underwriting rules, which may be nil.

Interim Accident cover begins on the date a completed application for insurance is received by the Insurer, and ends on the earliest of:

- the date the cover applied for starts;
- the date the application is declined;
- if the Insurer accepts the application subject to **Special Acceptance Terms**, the 22nd day after the relevant Acceptance Date;
- the date you cease to be an eligible person or a member of ANZ Smart Choice Super;
- the date your application is withdrawn;
- 90 days after the commencement of Interim Accident cover;
- the date the Insurer cancels Interim Accident cover as allowed or required by law;
- the date you reach the Benefit Expiry Age relevant to the cover applied for; or
- the date the Policy is terminated.

There is no separate Insurance fee for Interim Accident cover. If the Insurer accepts your application for Voluntary cover, Insurance fees will be charged from the date Voluntary cover starts. If the Insurer declines your application for cover, no additional Insurance fees will be charged for the period in which Interim Accident cover was provided.

No Benefit will be payable under Interim Accident cover if the injury or illness arises directly or indirectly from:

- War;
- imprisonment (except in respect of Death);
- an **Intentional Self-Inflicted Act**; or
- a Pre-Existing Condition.

CONTINUATION OF COVER

What happens when you leave your Employer prior to 1 December 2023?

If your Employer notifies us that you have left employment with them, your account will no longer be linked to your Employer and your Default and Voluntary cover will be converted to a fixed amount of Choose Your Own cover equal to the amount of cover held on the date that you have left your Employer, provided that Insurance fees continue to be paid and you have cover on the date we receive notification from your Employer.

What happens when you leave your Employer on or after 1 December 2023?

If your Employer notifies us that you have left employment with them, your account will no longer be linked to your Employer and your Default and Voluntary cover will be converted to a fixed amount of Choose Your Own cover. The cover amount will be equal to the amount of cover held on the date that you left your Employer. Where your cover is converted to a fixed amount of Choose Your Own cover, your Insurance fees will be based on the rates for Choose Your Own cover (rather than the tailored rates that apply to your Employer Plan) and will be effective from the date we process your conversion to Choose Your Own cover or an earlier date.

You can use your ANZ Smart Choice Super account with your new Employer by using the Choice of Fund Nomination form. You can obtain this form from our website at www.anz.com/smartchoicesuper > Downloads – important documents or by contacting Customer Services.

What happens if the Employer terminates the Employer Plan?

At a future date, the Employer Plan in ANZ Smart Choice Super may be terminated. This may occur for various reasons including, but not limited to, a decision by the Employer to establish a new or replacement default superannuation plan, or the cessation of the Employer's business.

Once the Trustee receives an official written request from your Employer to terminate the Employer Plan in ANZ Smart Choice Super, you will receive a letter from the Trustee advising you of this and the implications for your insurance cover; importantly, whether your tailored cover has been converted to Choose Your Own cover or whether your insurance cover has ceased and from which date.

Where the Employer terminates the Employer Plan and your tailored cover has been converted to Choose Your Own cover, any insurance cover that you held in the Employer Plan will convert to a fixed amount of Choose Your Own cover from the date the Employer Plan terminated. The amount of Choose Your Own cover will be equal to the amount of any Voluntary cover plus any Default cover applicable to you based on the type of cover you held immediately prior to the date the Employer Plan terminated.

What happens if you no longer meet the eligibility requirements of your Membership Category?

If you no longer meet the eligibility requirements of your Membership Category, any insurance cover that you hold will convert to Choose Your Own cover from the date you no longer meet the eligibility requirements. The amount of Choose Your Own cover will be equal to the amount of any Voluntary cover plus any Default cover applicable to you based on the type of cover you held immediately prior to the date you left your Employer.

What happens if the Employer Plan ceases to satisfy the conditions for the provision of Tailored cover?

The provision of Tailored cover is subject to the following conditions:

- the Fund must be the default fund under Choice of Fund legislation for the Employer;
- the Insurer is the only insurer under the Employer Plan;
- the Membership Categories within the Employer Plan must be clearly defined;
- the Insurance Formula applicable to each Membership Category must be clearly defined; and
- there must be at least 50 insured members covered in the Employer Plan at any time, unless the Insurer agrees otherwise in writing.

Any insurance cover that you hold in the Employer Plan may be terminated by the Insurer if the conditions above are not satisfied at all times. If this occurs, your insurance cover in the Employer Plan terminates and converts to Choose Your Own cover on the date the Employer Plan ceases to satisfy the conditions above. The amount of Choose Your Own cover will be equal to the amount of cover immediately prior to the date you left your Employer.

What is the effect of conversion to Choose Your Own cover?

Where your cover is converted to a fixed amount of Choose Your Own cover, your Insurance fees will be based on the rates for Choose Your Own cover (rather than the tailored rates that apply to your Employer Plan). This change in your insurance fee will be effective from the date we process your delink.

The rates applicable to Choose Your Own cover are generally higher than rates that apply to tailored employer plans. This means the cost of your cover will generally increase in the event that your Employer notifies us that you have left employment with them.

The rates applicable to Choose Your Own cover are based on your age, gender, type of cover, your occupational category and amount of cover.

If your occupational category is not known and you or your Employer do not tell us otherwise, your insurance fee will be calculated in line with premiums for the 'Light Blue collar' occupational category. You can apply to change your occupational category which will impact on the cost of your cover. Where your occupational category is known this will be retained even after you are no longer linked to your Employer.

This will determine the loadings that are applied to your Insurance fees. You can contact us at any time to advise us of the occupational category that is applicable to you.

Any change to your Insurance fee loadings will be applied from the next business day after the Acceptance Date.

Choose Your Own rates are included in the ANZ Smart Choice Super for employers and their employees Insurance Guide for Standard Employer Plans, which you can find on our website at **www.anz.com/smartchoicesuper** > Downloads – important documents or by calling Customer Services.

Cover during paid and unpaid leave

Provided Insurance fees continue to be paid (and, for Death cover and TPD cover, provided you are an Australian Resident), cover continues when you are on:

- paid **Employer Approved Leave,** including sick leave, parental leave, annual leave and long service leave; or
- unpaid Employer Approved Leave.

Transfer of Choose Your Own cover within the ANZ Smart Choice Super suite

If your cover has previously been converted to a fixed amount of Choose Your Own cover and you subsequently become a member of ANZ Smart Choice Super and Pension, you may request to transfer your Choose Your Own insurance cover to the ANZ Smart Choice Super and Pension Retail Division. If the Insurer accepts your request, your cover will be transferred as a fixed amount of Choose Your Own cover. TPD and Income Protection cover are not available in the Pension Division. Income Protection is also not available through the Plan. Any transfer of cover to ANZ Smart Choice Super and Pension will include any previous conditions, restrictions, limitations and/or loadings.

Repayment of Benefits

If, for any reason, it is determined that a Benefit paid was not actually payable under the terms of the insurance policies, all or part of the Benefit must be repaid.

TAX AND STAMP DUTY IMPLICATIONS

Where a tax deduction is available under the applicable laws in respect to the Insurance fee, the benefit of that deduction will be passed on to you, provided that the Fund has received the benefit of that deduction and you remain a member of the Fund at the time the Benefit is credited to your account.

Benefit payments under Income Protection cover are generally considered to be income replacement, and are treated as assessable income. Therefore, the applicable Pay As You Go (PAYG) tax will be deducted before any payment is made to you.

This information is a guide only, and is not tax advice. We recommend that you seek professional tax advice specific to your individual circumstances from an independent tax adviser or registered tax agent.

HOW TO MAKE A CLAIM

In the event of a claim, the process has been made as easy as possible.

For more information about making a claim:

- contact Customer Services on 1800 836 545
- email Customer Services at corporatesuper@insigniafinancial.com.au
- visit the ANZ website at **www.anz.com/superclaims**

The Trustee must be notified in writing of any claim as soon as it is reasonably possible to do so. For a TPD claim, this notification should occur within 30 days of the Date of Disablement. If notice is not received within the time specified, the Benefit may be reduced or refused to the extent that assessment of the claim is prejudiced.

We will send claim forms to you or your estate within seven days of us receiving notice of a claim. This does not constitute an admission of liability for any claim lodged.

Once we receive the proceeds from the Insurer these will be held in the superannuation environment, in the ANZ Smart Choice Cash investment option. If you would like to switch this amount to another investment option you can do so online via **www.anz.com/smartchoiceaccess** or by calling Customer Services. Upon meeting a condition of release, you will receive the benefit amount in accordance with the Fund's Trust Deed, adjusted positively or negatively, for investment earnings.

If you submit a claim whilst overseas, the Insurer may require you to return to Australia (at your own expense) in order for your claim to be assessed.

SUBMITTING A CLAIM

For a claim to be paid, proof in a form subject to the Insurer's verification must be provided for all of the following:

- where you were accepted under Default cover or transfer terms, proof that both you and your Employer met all of the relevant requirements;
- your disability or other entitlement to claim the applicable insured Benefit;
- your age and gender (as relevant);
- your Salary and, if applicable, pre-disability Salary;
- any relevant payments during the period Benefits are payable (e.g. workers compensation);
- where applicable, an original or certified copy of the death certificate; and
- proof of identity (to the Insurer's satisfaction), including a certified copy of your driver's licence, passport, birth certificate and other documentation as required.

Payment of the claim is conditional upon you or your Employer establishing entitlement by:

- providing medical reports from a treating **Medical Practitioner;**
- when reasonably required by the Insurer (and at the Insurer's expense) being examined by a Medical Practitioner the Insurer nominates;
- providing pathology, blood tests, x-ray or other appropriate evidence;
- providing financial information reasonably required;
- providing ongoing claim documentation; and
- providing an authority to obtain further information reasonably required.

When reasonably required by the Insurer (and at their expense), you may be required to:

- undergo vocational assessment and/or rehabilitation;
- be interviewed; and/or
- agree to an audit of your financial circumstances.

DUTY TO TAKE REASONABLE CARE

The duty to take reasonable care

When applying for insurance, you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer.

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

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

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

About this application

When you apply for life insurance, the Insurer conducts a process called underwriting. It's how they decide whether they can provide cover, and if so, on what terms and at what cost.

The Insurer will ask questions they need to know the answers to. These will be about personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information given to the Insurer in response to their questions is vital to their decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the Trustee may pass on to the Insurer personal information you provide to the Trustee. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the Trustee.

Guidance for answering the Insurer's questions

You are responsible for the information you provide to the Insurer. When answering their questions, you should:

- Think carefully about each question before answering. If you are unsure of the meaning of any question, please ask the Insurer before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it. Please don't assume the Insurer will ask others such as your doctor.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

Changes before your cover starts

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts.

Before your cover starts, the Insurer may ask you about any changes that mean you would now answer their questions differently, as any changes might require further assessment or investigation.

Notifying the Insurer

If, after your cover starts, you think you may not have met your duty, please tell the Insurer immediately and they will let you know whether it has any impact on your cover.

Telephone contact

After you submit your application, the Insurer may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into also applies during any phone contact with the Insurer.

If you need help

It's important that you understand this information and the questions the Insurer asks. Ask the Insurer for help if you have difficulty answering their questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, help is available and can be provided if required. You can have a support person you trust with you.

What can the Insurer do if the duty is not met?

If you do 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)*. They are intended to put the Insurer in the position they would have been in if the duty had been met.

For example, the Insurer may do one of the following:

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

Whether the Insurer can exercise one of these remedies depends on a number of factors, including all of the following:

- whether you took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific the Insurer's questions were and how clear the information they provided on the duty was
- what the Insurer would have done if the duty had been met – for example, whether they would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before the Insurer exercises any of these remedies, they will explain their reasons, how to respond and provide further information, and what you can do if you disagree.

INSURANCE RISKS

As your Employer has included insurance as part of its superannuation arrangements, under ANZ Smart Choice Super, there are a number of insurance risks you should be aware of:

Your insurance cover could be voided or the terms changed if you make a misrepresentation to the Insurer, as described in the 'Duty to take reasonable care' section in this Guide;

- if the Insurance fees are not paid to the Insurer within the time limits under the Policy, the Insurer may cancel or terminate the insurance cover by written notice to the Trustee without notice to you;
- If you are transferred to another super fund or to the Australian Taxation Office (ATO) as lost or unclaimed monies, your cover will cease (see the AIG for more details);
- the amount or type of insurance cover selected by your Employer may not be sufficient to provide adequate insurance cover in the event of **Injury** or **Illness**;
- your Insurance fee or benefit may be adjusted if your age is mis-stated;
- your insurance cover could be voided or the terms changed if you make a misrepresentation to the Insurer, as described in the 'Duty to take reasonable care' section in this Guide;
- if you have been paid a TPD Benefit and have residual Death cover remaining you may wish to consider maintaining some money in your super account to keep the account active and to ensure there is sufficient balance to pay any insurance fees;
- you should be aware that if you are on claim at the time of a cover increase, you may not be entitled to the increased cover amount. Further, you should refer to the definition of At Work for the employment absence types that will entitle you to increases in cover. In certain cases, Limited Cover will apply if you are Not At Work.
- you may not be paid a benefit because an exclusion or restriction applies, based on your personal circumstances;
- Insurance fees may increase over time; and
- the Trustee relies on information provided by your Employer about you at the time that you are admitted into ANZ Smart Choice Super, including the appropriate category of membership, as well as changes in your information over the course of your membership, for example changes in salary. Some of the information your Employer provides may determine your benefits according to your eligibility. Where any information is found to be inaccurate, the Trustee will not be responsible for the inaccuracy or any reliance on it. Inaccurate information may result in eligibility being denied or benefits being declined.

You should check your insurance cover with your Employer to ensure your insurance accurately reflects your current employment details.

ANNUAL INSURANCE FEES

CALCULATION OF INSURANCE FEES

Insurance fees are generally based on the type of insurance cover provided, the amount of cover, your age, gender and any applicable medical loadings the Insurer applies.

For Tailored cover, alternative and/or additional factors may apply based on the Insurer's assessment of your Employer Plan.

The Insurance fee you pay for cover commencing when you join will be advised in your ANZ Smart Choice Super Welcome Pack or Insurance Activation Letter (as applicable). Your Annual Statement will also show the amount of Insurance fees you have paid. You can also contact Customer Services at any time for further information.

The cost of cover may change in the future. We will notify you if this occurs.

From the Insurance fees paid to the Insurer, the Insurer may pay insurance administration expenses to the Administrator of the Fund for any insurance administration services the Administrator provides to the Insurer.

HOW YOUR INSURANCE FEES ARE PAID

Insurance fees are deducted monthly in advance from your account, proportionately across your investment option(s) in line with your investment strategy.

If you cancel your insurance cover or leave ANZ Smart Choice Super you will be entitled to a refund of a proportion of your last fee payment (provided your Insurance fee payments are up to date). The refund is calculated based on the date of account termination to the first business banking day of the following month. Any outstanding Insurance fees will be collected before your account is closed.

If insurance cover was provided to you as default cover, you can request to cancel it and request for the deducted premiums to be refunded back into your superannuation account, provided you do this within 30 days of the Cover Commencement Date.

Note that if you request a refund of the insurance fees, you are not considered to have been insured during the period between the cover commencement and cancellation.

If your Employer currently pays your Insurance fees for you, they will first be deducted from your account balance and then reimbursed by your Employer through additional contributions. Your Employer's arrangement to incur the cost of any fees is voluntary and consent for such arrangement may be withdrawn at any time. If this is the case, you will receive notification and we will let you know of the options available to you.

If you leave your Employer, the arrangement for your Employer to pay your premiums will cease. This includes that you may not receive reimbursement for Insurance fees deducted before you left your Employer, where your account has not yet received this reimbursement before the date of ceasing employment.

Arrangements for Employers to pay Insurance fees generally apply only to the Default cover provided by your plan. If you subsequently apply for and receive Voluntary cover in addition to your Default cover, your Employer will generally not reimburse you for the cost of the Voluntary cover. If your Voluntary cover replaces your Default cover, then your Employer will generally no longer reimburse the cost of any of your cover.

Exceptions apply for insurance only members, such that the deduction of insurance fees will await the Employer's additional contributions and the Employer may not withdraw their consent to incur fees in respect of such arrangements except with our approval*.

* Where the Employer withdraws their consent to either incurring fees in respect of an insurance only arrangement or to no longer include an insurance only arrangement for the Employer Plan, you will be provided with prior written notification and advised of any implications upon your insurance.

WHEN CAN THE INSURER CHANGE THE RATES FOR YOUR INSURANCE FEES?

The Insurer may change the Insurance fees at the conclusion of any rate guarantee period by providing written pre-notification, or at any time if any of the following events occur:

- if Australia, New Zealand or your country of residence is involved in War, whether declared or not;
- if a change in the Insurance fees is required due to legislative changes such as new or increased taxes, duties or new government charges;
- where there is a fundamental change in the risk that the Insurer priced;
- if the Insurance fees are not paid to the Insurer within the time limits under the Policy, the Insurer may cancel or terminate the insurance cover by written notice to the Trustee without notice to you;
- the Insurer may also change your Insurance fees if you fail to comply with your Duty to take reasonable care; and
- where the Insurer is unable to secure reinsurance.

The Insurer may also change your Insurance fees if your age, smoking status, occupational status, and gender have been mis-stated, or if you advise us of a change.

We will write to you to inform you of any increase to the rates for your Insurance fees.

APPENDIX

This Appendix forms part of the Guide dated 1 October 2023 for the NTT Australia Superannuation Plan.

Type of cover available	Death (including Terminal Illness) and Total and Permanent Disablement (TPD). Income Protection Cover is not available under this Policy.
Category descriptions	**Death and TPD – category descriptions** Category 1 and 2: New members can opt in to Category 1 or 2 by lodging an Option form that is completed to the Insurer's satisfaction and signed by the member within 30 days of joining the Fund. Any change of Membership Category is subject to the Insurer's written confirmation. You can obtain an Option form by contacting Customer Services on 1800 836 545. Category 3: All Staff (all eligible new members are set up in Category 3).
What is the Maximum Benefit Level?	The total amount of Agreed Benefit per Insured Person based on all cover held by the Insurer and under all policies in the market is: • for Death Cover, unlimited • for Terminal Illness Cover, limited to $3 million per Insured Person; and • for TPD Cover, limited to $3 million per Insured Person.
Default Cover (Benefit Design)	
What Default Cover is available?	Benefit Design (Agreed Benefit) Default Cover is referred to as Agreed Cover in the Policy. Agreed Cover is compulsory for all Eligible Persons and commences under Automatic Acceptance from the date they commence employment. The amount of Agreed Cover payable on Death, Terminal Illness or Total and Permanent Disablement for an Insured Person is determined in accordance with the following formula: Category 1 – Scale Cover Category 2 – 2 x Salary Category 3 – 4 x Salary The amount of your Agreed Cover is calculated: • at 1 July each year • when your Employer advises a new Salary for you (where the amount of your Default Cover is based on a formula including your Salary); and • when the level, Insurance fee or formula of your Default Cover is changed. The amount of your Default Cover and Benefit Formula for your Membership Category will be included in your Welcome Pack or Insurance Activation Letter.

Age Based cover

Death and TPD Age Based cover:

Category 1 – amount of cover (per unit of cover)

Age Next Birthday	Death	TPD	Age Next Birthday	Death	TPD
16	109,000	109,000	44	37,000	37,000
17	109,000	109,000	45	33,000	33,000
18	109,000	109,000	46	30,000	30,000
19	109,000	109,000	47	26,000	26,000
20	109,000	109,000	48	23,000	23,000
21	109,000	109,000	49	19,000	19,000
22	109,000	109,000	50	16,000	16,000
23	109,000	109,000	51	14,000	14,000
24	109,000	109,000	52	13,000	13,000
25	109,000	109,000	53	11,000	11,000
26	109,000	109,000	54	9,000	9,000
27	109,000	109,000	55	8,000	8,000
28	109,000	109,000	56	7,000	7,000
29	109,000	109,000	57	6,000	6,000
30	109,000	109,000	58	6,000	6,000
31	109,000	109,000	59	5,000	5,000
32	109,000	109,000	60	4,000	4,000
33	109,000	109,000	61	4,000	4,000
34	109,000	109,000	62	4,000	4,000
35	93,000	93,000	63	3,000	3,000
36	86,000	86,000	64	3,000	3,000
37	81,000	81,000	65	3,000	3,000
38	73,000	73,000	66	1,500	1,500
39	67,000	67,000	67	1,500	1,500
40	60,000	60,000	68	1,500	1,500
41	54,000	54,000	69	1,500	1,500
42	48,000	48,000	70	1,500	1,500
43	42,000	42,000			

Eligibility for Default Cover

In addition to the eligibility criteria on page 7 to be eligible for Default Death only or Death and TPD cover:

- you must be a member of the NTT Australia Superannuation Plan in ANZ Smart Choice Super;
- aged at least the Minimum Benefit Entry Age and less than the Maximum Benefit Entry Age^;
- for Default Death Cover, you have not had a claim admitted, are not in the process of claiming, are not in receipt of, are not in a waiting period for (if a waiting period applies), have not been paid, and are not entitled to be paid, a benefit for terminal illness or total and permanent disablement, under the Policy or any other policy issued by the Insurer or another insurer or from a superannuation fund;
- for Default Death and TPD Cover:
  a. you have not had a claim admitted, are not in the process of claiming, are not in receipt of, are not in a waiting period for (if a waiting period applies), have not been paid, and are not entitled to be paid, a benefit for terminal illness or total and permanent disablement, under the Policy or any other policy issued by the Insurer or another insurer or from a superannuation fund; and
  b. you are not in the process of claiming, are not in receipt of, are not in a waiting period for (if a waiting period applies), and are not entitled to be paid, any income support type benefit from any source, including but not limited to workers' compensation benefits, statutory motor accident benefits or income protection type benefits (including government income support benefits of any kind and benefits from a superannuation fund).

^ You must provide an opt-in election if you are under 25 or with an account balance less than $6,000, unless you are covered by a PMIF exception.

Automatic Acceptance Limit (AAL)	This is the maximum amount for which cover may come into force as a result of Automatic Acceptance Criteria. The value of the Automatic Acceptance Limit is as follows: • **Category 1** – 1 unit of scale cover or such amount as the Insurer may agree to in writing • **Categories 2 and 3** – Death and TPD – $1,500,000 or such amount as the Insurer may agree to in writing • Nil for Voluntary Cover.
Automatic uplift of Automatic Acceptance	If the Insurer increases the Automatic Acceptance Limit then the new higher Automatic Acceptance Limit will apply to all existing Insured Persons for whom the Automatic Acceptance Limit applies and irrespective of whether they have previously been declined, excluded or loaded for cover above the previous lower Automatic Acceptance Limit. Note that Limited Cover conditions may apply to the increase in cover.
Voluntary Cover	
Is voluntary cover available?	Yes.
Eligibility criteria for Voluntary cover	Voluntary cover is available to the members of this Employer Plan in the categories above, subject to full underwriting and the Insurer's written acceptance. Upon the Insurer's written acceptance, Voluntary cover is provided subject to the terms and conditions of the Policy. Further eligibility criteria is outlined on page 7 of this Guide.
TPD Cover	
Does TPD Tapering apply?	Yes, TPD tapering applies. TPD tapering means your TPD cover will reduce (taper) by 10% when you reach Age Next Birthday 62, and continue tapering as per the table below until you reach Age Next Birthday 71 when your TPD cover amount will reduce to $0. Your Age Next Birthday will be assessed on the 1st of July each year (i.e. not on your actual birthday). Your cover will therefore start tapering from the 1st of July that you reach Age Next Birthday 62 and every 1 July thereafter, unless you change your cover amount during the year upon which your Age Next Birthday will be reassessed at the effective date of the change (and then at each 1 July thereafter). For **Category 1**, TPD tapering applies, and the insured amount of TPD cover is as shown in the Age Based cover section in this Guide. For **Category 2**, **Category 3** and Voluntary Cover TPD tapering applies in accordance with the table below. The following table sets out the insured amount of TPD Cover applicable from age 60.

Age next birthday on 1 July	TPD Tapering Factor (as a % of the corresponding insured cover for death)
61	100%
62	90%
63	80%
64	70%
65	60%
66	50%
67	40%
68	30%
69	20%
70	10%
71	Nil cover

Income Protection Cover	
Is IP Cover available?	No.
General	
Does Life Events Cover apply?	Yes, refer to page 6 for further information.
Limited Cover	means that cover is restricted to new events. This means the Insured Member is only insured for claims arising from an illness which first becomes apparent to the Insured Member, or from an injury that occurs to the Insured Member, on or after the date of the Insured Member's cover starts or restarts under the relevant insurance policy. Limited Cover will also apply to increases in default cover where the member is not At Work on the date of the increase.

DEFINITIONS OF TERMS USED IN THIS GUIDE

ANZ Smart Choice Super Insurance cover has some words and terms that have special meaning, as set out here.

Acceptance Date	means the effective date set out in the Decision Note when the Insurer accepts an application under the Policy.
Accident	**For Death and TPD cover:** means a fortuitous, external event which in the Insurer's opinion, was unexpected and unintended causing Death, Total and Permanent Disablement or Total Disablement. The following situations are not accidents and any claims arising from these situations are excluded: • Any one or more of the following was a contributing cause of injury or death: – illness; – disease; – allergy; or – any gradual onset of a physical or mental infirmity. • The injury or death was the result of an intentional act or omission of the person. • The person was injured or died as a result of an activity in respect of which he or she assumed the risk or courted disaster, irrespective of whether he or she intended injury or death.
Active Service	refers to a member's occupation or involvement in the military force (including but not limited to the army, the navy and the air force). Reserve duty is excluded, except in the case where an insured member is subject to a call-out order under the *Defence Act 1903* (Cth).
Activities of Daily Living	means: • Bathing – bathing and showering; • Dressing – dressing and undressing; • Feeding – eating and drinking; • Mobility – mobility, to the extent of being able to get in and out of bed or a chair, and move from place to place; • Toileting – the ability to use a toilet.
Activity/Activities of Daily Work	means: a. mobility – the ability to: i. walk more than 200m on a level surface without stopping due to breathlessness, angina or severe pain elsewhere in the body; or ii. bend, kneel or squat to pick something up from the floor and straighten up again; b. communicating – the ability to: i. clearly hear, with a hearing aid or alternative aid if required; ii. comprehend and express oneself by spoken or written language with clarity; and iii interact with others by listening, comprehending and speaking on a day-to-day basis and in a work environment; c. vision (reading) – the ability to read, with correction with suitable lenses if required, to the extent that an ophthalmologist can certify that: i. visual acuity is equal to, or better than, 6/48 in both eyes; or ii. constriction is within or greater than 20 degrees of fixation in the eye with the better vision; d. lifting – the ability to lift, carry or otherwise move objects weighing up to 5kg using one or both hands from a bench/table height for a 5 metre distance and place it back down at a bench/table height; e. manual dexterity – the ability, with reasonable precision and success, to: i. use at least one hand, its thumb and fingers, including the ability to pick up and manipulate small objects, and ii. use a keyboard.
Age Next Birthday	means the insured member's age as at 1 July immediately following the insured member's birthday.

At Work	means a person is: (a) Gainfully Working; (b) actively performing, or capable of performing, all the duties and work hours of his or her usual occupation, without restriction or limitation due to any illness or injury; and (c) not in receipt of, or entitled to claim, income support benefits from any source, including but not limited to workers' compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits of any kind). A person who does not meet the above requirements is correspondingly described as '**Not At Work**'.
Australian Resident	means an Australian citizen, or a New Zealand citizen or an 'Australian permanent resident' within the meaning of the *Migration Act 1958* (Cth) and *Migration Regulations 1994* (Cth).
Automatic Acceptance	means acceptance of cover by an insurer without requiring a member to be underwritten.
Automatic Acceptance Limit (AAL)	means the maximum amount of Default cover based on the Insurance Formula under the Tailored insurance design. Different AALs may apply to different Membership Categories. When your Default cover is below the AAL, no further documentation/information is required from you to have that amount of Default cover. If your Default cover is above the AAL, we will advise you of the option to apply for additional cover by submitting to underwriting.
Benefit	means the benefit payable to the Trustee under the ANZ Smart Choice Super insurance policy with respect to the insured member's cover.
Benefit Expiry Age	Maximum Insurable Age is the maximum age for which a person can hold Insured Cover, as follows: • Death and Terminal Illness cover: 70th birthday. • Total and Permanent Disablement cover: 70th birthday.
Cardiomyopathy (permanent and irreversible)	means impaired ventricular function resulting in significant permanent physical impairment. The degree of impairment must be at least class 3 of the New York Heart Association classification of cardiac impairment. If the above test results are inconclusive, not undertaken or the tests are superseded due to technical advances, the Insurer will consider other appropriate and medically recognised tests that unequivocally diagnose myocardial infarction of the same degree of severity, or greater, as outlined above.
Casual Basis	means working on a temporary, as required, basis and receiving a loading on their hourly rate of pay in lieu of, or as advance payment for, various employment entitlements which include paid annual leave and paid personal leave.
Cognitive Loss (permanent)	means a total and permanent deterioration or loss of intellectual capacity due to the loss of or damage to neurons in the brain (or through acquired brain injuries or progressive neurodegenerative disease) that has required the insured member to be under continuous care and supervision by another adult person for at least six consecutive months; that has been clinically observed and evidenced by accepted standardised testing, and that at the end of the six month period, they are likely to require ongoing continuous care and assistance by another adult person to perform any of the Activities of Daily Living in addition to a score of 15 or less out of 30 in a mini mental state examination or equivalent evidence from an alternative neuro-psychometric test.
Cover Commencement Date	means for Default cover: • the day that a person commences work with the Participating Employer, if the person is a new employee; or • the date the person's employer became an ANZ Smart Choice Super Participating Employer – if the person was working for the employer when their employer plan joined ANZ Smart Choice Super. Refer to the 'When does cover commence?' section of this Guide for further details. means for Voluntary cover: • the date the Insurer advises us in writing of the Insurer's acceptance of the Voluntary cover, provided a person pays the premium for the cover within 30 days of the Insurer's written acceptance.
Date of Disablement	means: a. for **TPD Definition 1**, the first day after the expiry of three consecutive months immediately after the Event Date; b. for **TPD Definition 2**, the first day that the insured member satisfies TPD Definition 2.

Decision Note	means a document issued by the Insurer that contains specific terms and conditions that apply to your cover, including but not limited to the following: • whether the insurer declined or approved the application; • the type and level of Benefits provided to you (if any); • the date that cover starts; • special conditions, Insurance fee loadings and/or specific exclusions applying to you; • where a forward underwriting limit has been provided for an insured person; and • the occupational category that applies (if applicable to the insured member's cover).
Dementia including Alzheimer's disease (diagnosed)	means both of the following: a. unequivocal diagnosis of permanent and irreversible Dementia or Alzheimer's disease confirmed by a consultant neurologist or geriatrician; b. the insured member requires continual supervisory care as the result of cognitive impairment. The impairment must be evidenced by a mini mental state examination score of 24 or less out of 30 or the results of another equivalent neuro-psychometric test.
DSM	means the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA). If the Diagnostic and Statistical Manual of Mental Disorders is no longer used or published, the Insurer will use another manual similar to it for the determination as determined by the Royal Australian and New Zealand College of Psychiatrists.
Employer Approved Leave	means: a. where you are not self-employed or unemployed, leave that has been approved by a Participating Employer prior to the commencement of that leave; or b. where the insured member is self-employed, paid or unpaid leave.
Event Date	means: • for **TPD Definition 1**, the first day that the insured member, in the Insurer's opinion, solely because of injury or illness, has not worked in any Gainful Employment; • for **TPD Definition 2**, the first day that the insured member satisfies TPD Definition 2.
Full-time	means a person is working at least 30 hours per week.
Full Personal Health Statement	means an application form issued by the Insurer for the purposes of underwriting applications for cover with a sum insured greater than the Short-Form Maximum Benefit Level, or where directed by the Insurer to complete due to responses provided in the completion of the Short-Form Personal Health Statement.
Gainful Employment	In relation to Death and TPD cover means any occupation or work for reward or financial benefit, whether Full-time or Part-time or whether on a permanent or temporary basis.
Gainfully Working	means a person is: • engaged in Gainful Employment; • engaged in Gainful Employment and on paid Employer Approved Leave; • engaged in Gainful Employment and on unpaid Employer Approved Leave for a period up to 24 consecutive months; or • engaged in self-employment in an occupation or work for reward or financial benefit, whether Full-time or Part-time or whether on a permanent or temporary basis (Death and TPD cover only).
Head Trauma (permanent and irreversible)	means cerebral injury resulting in permanent neurological deficit as confirmed by a Medical Practitioner who is a consultant neurologist and/or an occupational physician, causing either: a. a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication Guides to the Evaluation of Permanent Impairment, 5th edition, or an equivalent guide to impairment approved by the Insurer; or b. a total and irreversible inability to perform at least one Activity of Daily Living without the assistance of another adult person.
Imprisoned	means being incarcerated in an Australian correctional services facility or an equivalent institution in another country.
Insurance Formula	means the method for determining cover within your Employer Plan and Membership Category. This may be a fixed dollar amount, or an amount calculated from a formula based on factors including, but not limited to, your age next birthday, Salary and years of service. Where a years of service formula is used, it is calculated as the complete years and days to the benefit expiry age.

Insurance fee	A fee is an Insurance fee if: • it relates directly to either or both of the following: – Insurance premiums paid by the Trustee in relation to you or other members of the Fund; – costs incurred by the Trustee in relation to the provision of insurance for you or other members of the Fund; and • it does not relate to any part of a premium paid or cost incurred in relation to a life policy or a contract of insurance that relates to a benefit to you that is based on the performance of an investment rather than the realisation of a risk; and • the premium and costs to which it relates are not otherwise charged as an Administration fee, an Investment fee, a Switching fee, an Activity fee or an Advice fee.
Insurer	means Zurich Australia Limited ABN 92 000 010 195.
Intentional Self-Inflicted Act	means an intentional or deliberate self-inflicted act, including but not limited to attempted suicide and suicide, which does not include a death carried out in accordance with a Voluntary Assisted Dying law.
Light Blue collar	means that duties include some degree of manual labour usually conducted outside an office environment. It also includes supervisors of blue collar workers whose supervising duties may include: up to 10% of time on light manual work, certain skilled technicians involved in light manual work, or fully qualified trades people. For example, a carpenter, dental hygienist, electrician, hairdresser, plumber and a factory production manager.
Loss or Paralysis of limb (permanent)	means the total and permanent loss of use of a whole hand or a whole foot as a result of illness or injury, or the total and permanent loss of the use of one arm or one leg as a result of paralysis.
Maximum Benefit Level	For Death cover, unlimited ($3 million for Terminal Illness Benefit). For TPD cover, $5 million. For Interim Accident Death and TPD cover, $3 million.
Maximum Entry Age	means the maximum age of a person to be eligible to apply for cover under the Policy. The Maximum Entry Age is: • for Death Cover, 64 years old; and • for TPD Cover, 64 years old.
Medical Consultation	means any activity undertaken for the detection, treatment or management by a Medical Practitioner or allied health provider of an illness, injury, medical condition or related symptom, including but not limited to the application of prescribed drugs or therapy (whether conventional or alternative).
Medical Practitioner	means, unless otherwise agreed by the Insurer: • a person who is legally and medically qualified and properly registered in Australia and practicing as a medical practitioner; or • where the cause of claim is mental health related, a person who is legally and medically qualified and properly registered in Australia as a practicing psychiatrist; and • the person must not be related or connected by personal relationship to you, your business partner, associate, employer or employee.
Membership Category	means a category of membership within an Employer Plan to which a member of that plan can belong because of their occupation, employment status or seniority.
	For TPD cover: means 15 hours per week averaged over either of the following periods: • where you are not absent from work as at the day immediately prior to the Event Date, the six consecutive months immediately prior to the Event Date including any period that the person was not working or Gainfully Working; or • where you are on paid or unpaid Employer Approved Leave as at the day immediately prior to the Event Date, the six consecutive months immediately prior to the start date of the paid or unpaid Employer Approved Leave.
Motor neurone disease (diagnosed)	means the unequivocal diagnosis of a progressive form of debilitating motor neurone disease as confirmed by a Medical Practitioner who is a consultant neurologist.

Multiple sclerosis (diagnosed)	means a disease characterised by demyelination in the brain and spinal cord. Multiple sclerosis must be unequivocally diagnosed. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities. Diagnosis must be confirmed by neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses. Multiple sclerosis must be certified by an appropriate specialist Medical Practitioner
Muscular dystrophy (diagnosed)	means the unequivocal diagnosis of muscular dystrophy, supported by both of the following: a. evidence of permanent neurological deficit confirmed by a specialist physician as a definite result of the diagnosis of muscular dystrophy; b. a permanent and irreversible inability to perform at least one of the Activities of Daily Living.
New Events Cover	means an insured member is only insured for claims arising from an injury, illness, or any symptom of either, which in the Insurer's opinion: • occurs to the insured member; • the insured member (or a reasonable person in his or her position) was aware of, or should have been aware of; • the insured member had, or was intending to have, a Medical Consultation in respect of; or • a reasonable person in the circumstances of the insured member's would have had a Medical Consultation in respect of, on or after the date the insured member cover commences, recommences or is reinstated under the relevant policy. New Events Cover applies for a period of 12 months, provided you were At Work for the previous 30 consecutive days that ended on the last day of the 12-month period. If this does not apply, New Events Cover will continue beyond the 12-month period until you have been At Work for 30 consecutive days. Full insurance cover will commence on the day following the end of New Events Cover. You can apply prior to the end of New Events Cover to have this restriction removed by completing a Full Personal Health Statement.
Parkinson's disease (diagnosed)	means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease as characterised by the clinical manifestation of one or more of: a. Rigidity; b. Tremor; c. Akinesia from degeneration of the nigrostriatal system. All other types of parkinsonism, including secondary parkinsonism due to medication, are excluded.
Participating Employer	means an employer that has been admitted to ANZ Smart Choice Super in accordance with the Trust Deed or who makes contributions (including employer contributions) to ANZ Smart Choice Super on behalf of an employee who is a member.
Part-time	means a person is working less than 30 hours per week.
Permanent Employee	means an employee of the Employer who is working on a permanent basis or under a contract for services for a fixed term of at least 12 consecutive months (or any other period the Insurer may otherwise agree to in writing).
Pre-Existing Condition (PEC)	means an injury, illness, condition or related symptom, whether it was diagnosed by a Medical Practitioner or not, which, in the Insurer's opinion: • you (or a reasonable person in your position) were aware of or should have been aware of • you had, or were intending to have, a Medical Consultation in respect of; or • a reasonable person in your circumstances would have had a Medical Consultation in respect of.
Pre-Existing Condition Exclusion	means a Benefit is not payable if the insured member's Death, Total and Permanent Disablement, Terminal Illness, Total Disability or Partial Disability, as applicable, arises directly or indirectly, wholly or partially from a Pre-Existing Condition of an insured member that exists on or before the day: • cover commences; or • an increase in cover commences, in which case the increased portion of cover is not payable.

Primary pulmonary hypertension (Idiopathic pulmonary arterial hypertension with permanent impairment)	means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation and resulting in significant physical impairment to the degree of at least class 3 of the New York Heart Association classification of cardiac impairment. If the above test results are inconclusive, not undertaken or the tests are superseded due to technical advances, the Insurer will consider other appropriate and medically recognised tests that unequivocally diagnose Idiopathic pulmonary arterial hypertension of the same degree of severity, or greater, as outlined above.
Salary	means Base Salary, including bonuses, commissions and allowances.
Short-Form Personal Health Statement	means an application form issued by the Insurer for the purposes of underwriting applications for cover with an insured amount equal to or less than the Short-Form Maximum Benefit Level.
Short Form Maximum Benefit Level	means the amounts as follows: For Death cover, $1,000,000. For TPD cover, $1,000,000.
Special Acceptance Terms	means any conditions, exclusions and premium loadings which are applied by the Insurer.
Specific Loss – Loss of either sight, hearing or speech	means either: a. Loss of Sight – the permanent and irrecoverable loss of sight due to injury or illness, to the extent that one of the following applies: i. even when aided, eyesight is reduced in both eyes to 6/60 or worse of central visual acuity on the Snellen test chart; ii. the degree of vision is less than or equal to 20 degrees of arc. b. Loss of Speech means the total loss of natural and assisted speech due to illness or injury. Loss of speech must have existed continuously for a period of at least three months and be permanent and irreversible. Loss of speech doesn't include loss of speech related to any psychological cause. c. Hearing loss (permanent in both ears) means, due to illness or injury, the total and permanent loss of hearing in both ears to the extent that the loss is greater than 90 decibels across all frequencies. Deafness (permanent in both ears) does not cover the situation where an insured member can hear, either partially or fully, with the assistance of an aid (apart from a Cochlear implant).
Specific Medical Condition	means any of the following conditions: a. Cardiomyopathy (permanent and irreversible); b. Cognitive Loss (permanent); c. Dementia including Alzheimer's disease (diagnosed); d. Head Trauma (permanent and irreversible); e. Loss or Paralysis of limb (permanent); f. Motor neurone disease (diagnosed); g. Multiple sclerosis (diagnosed); h. Muscular dystrophy (diagnosed); i. Parkinson's disease (diagnosed); j. Primary pulmonary hypertension (Idiopathic pulmonary arterial hypertension with permanent impairment); k. Specific Loss – Loss of either sight, hearing or speech.
Terminal Illness or Terminally Ill	means a condition where: a. you are certified by two Medical Practitioners (one of whom must be a specialist Medical Practitioner, and one of whom must be appointed by the Insurer if the Insurer requires) as having an illness which is likely to lead to your death within 24 months from the date of the medical certificate, despite reasonable medical treatment (for the avoidance of doubt, you will be considered to be Terminally Ill on the date of the latest medical certificate satisfactory to the Insurer); and b. in the Insurer's opinion, based on the medical certificate referred to above and other evidence available to the Insurer, you are suffering from an illness which is likely to lead to your death within 24 months from the date of the latest medical certificate satisfactory to the Insurer, despite reasonable medical treatment; and c. for each of the certificates referred to in paragraph (a), the certification period has not ended.

Total and Permanent Disability (TPD) or Totally and Permanently Disabled	means TPD Definition 1 – in the Insurer's opinion based on medical or other evidence satisfactory to them, the insured member, solely because of illness or injury: a. has been continuously unable to return to Gainful Employment from the Event Date for at least three consecutive months; and b. as at the Date of Disablement, is unlikely ever to engage in any Gainful Employment for which they: i. are reasonably suited by their previous education, training or experience; and ii. may become reasonably suited to due to any further education, training, experience or rehabilitation that they have undertaken since the Event Date or any further education, training, experience or rehabilitation the insured member, in the Insurer's opinion, has capacity to undertake and can be reasonably expected to do. If the insured member is suffering from one or more of the Specific Medical Conditions and all claim requirements have been provided to the Insurer's satisfaction, the three-month period outlined in part (a) will be waived and assessment of the claim will commence immediately. TPD Definition 2 – in the Insurer's opinion based on medical or other evidence satisfactory to the Insurer, solely because of injury or illness, the insured member has suffered ill-health (whether physical or mental) that makes it unlikely that they will engage in Gainful Employment for which they are reasonably suited by education, training or experience and due to the same Illness or Injury satisfy either (a) or (b) below: a. the insured member has been prevented from being able to perform at least two Activities of Daily Work without assistance from another adult person, despite the use of appropriate aids, for at least 6 consecutive months and in the Insurer's opinion is unlikely to ever again be able to perform at least two of the Activities of Daily Work without assistance from another adult person, despite the use of appropriate aids; or b. the Illness is a mental health condition and: i. the insured member's mental health condition has been diagnosed by a specialist Medical Practitioner using criteria outlined in the DSM; ii. the insured member's mental health condition has prevented them from being able to participate in Gainful Employment for at least 12 consecutive months; iii. the insured member has been under the regular ongoing and appropriate care of a specialist Medical Practitioner for at least 12 months (unless the Insurer agrees to a shorter period) who considers that all reasonable and appropriate treatment options have been exhausted; and iv. the insured member has been assessed by a specialist Medical Practitioner as having an impairment of 19% or higher under the psychiatric impairment rating scale. If the insured member is suffering from one or more of the Specific Medical Conditions and all claim requirements have been provided to the Insurer's satisfaction, the six-month period outlined in part (a) will be waived and assessment of the claim will commence immediately.
Uncomplicated Pregnancy	means conditions commonly associated with pregnancy such as: morning sickness, backache, varicose veins, ankle swelling, bladder problems, post-natal depression, multiple pregnancy, threatened miscarriage, participation in an IVF or similar program.
Visa	means a current and valid visa permitting residency (excluding a visa allowing permanent residency in Australia) or employment in Australia and issued in accordance with the *Migration Act 1958* (Cth) or any amending or replacing act, including but not limited to subclass 457 working visa or subclass 457 working visa (with an 8107 condition).
Voluntary Assisted Dying	means the assistance provided by a health practitioner to a person with a terminal disease, illness or medical condition to end their life. It includes self-administration, where the person takes the voluntary assisted dying medication themselves, and practitioner administration, where the person is given the medication by a health practitioner. Voluntary assisted dying is a voluntary choice of the person to end their life, and the person has decision-making capacity to decide to access voluntary assisted dying.
War	includes, but is not limited to: • declared war and armed aggression by one or more countries resisted by any country, combination of countries or international organisations; or • participation in an action to defend a country or region from civil disturbance or insurrection, or in an effort to maintain peace.

INSURANCE FEE SCHEDULE

HOW TO CALCULATE YOUR ANNUAL INSURANCE FEE (PREMIUM)

The premium you pay for Death only or Death and TPD may be dependent upon some or all factors such as your age, gender, type of cover, and amount of cover. The following formula shows how to calculate annual premiums using the relevant unitised rates from the table below.

(Premium rate × Sum Insured) ÷ 1,000 = annual Insurance fee (premium)

The cost of your insurance cover may differ to the premium rates shown in the table below as the rates that will apply to you may be affected by medical or other loadings applied by the Insurer and are indicative only.

The premium rates shown are inclusive of any applicable taxes that may be charged.

For example:
John has $300,000 of Default Death and TPD Cover.

At 30 June, John is 38 years old. His next Birthday is on 1 May, at which time he will be 39. As John's Age Next birthday is 39, the applicable premium for his cover will be:

Death: $0.28

TPD: $0.18

As his level of cover is $300,000, the annual Insurance fee that he will pay is:

[$300,000 × (0.28 + 0.18)] ÷ 1,000 = $138

CATEGORY 1, 2 & 3: INSURANCE FEE TABLE FOR DEFAULT DEATH ONLY COVER AND DEATH AND TPD COVER PER $1,000 OF SUM INSURED

Age Next Birthday	Male Death only	Female Death only	Male TPD only	Female TPD only
16	0.28	0.09	0.07	0.04
17	0.28	0.09	0.07	0.04
18	0.28	0.09	0.07	0.04
19	0.28	0.09	0.07	0.04
20	0.28	0.09	0.07	0.04
21	0.28	0.09	0.07	0.04
22	0.27	0.08	0.08	0.04
23	0.25	0.08	0.08	0.04
24	0.23	0.08	0.08	0.04
25	0.23	0.07	0.09	0.04
26	0.21	0.07	0.09	0.04
27	0.20	0.07	0.09	0.05
28	0.20	0.07	0.09	0.05
29	0.20	0.07	0.10	0.05
30	0.20	0.08	0.10	0.05
31	0.19	0.08	0.11	0.06
32	0.19	0.08	0.11	0.07
33	0.20	0.09	0.12	0.08
34	0.21	0.10	0.13	0.10
35	0.22	0.11	0.13	0.11
36	0.23	0.12	0.14	0.13
37	0.23	0.13	0.14	0.14
38	0.25	0.14	0.16	0.15
39	0.28	0.17	0.18	0.18
40	0.30	0.18	0.20	0.21
41	0.32	0.20	0.23	0.24
42	0.34	0.22	0.26	0.28
43	0.38	0.23	0.31	0.32

Age Next Birthday	Male Death only	Female Death only	Male TPD only	Female TPD only
44	0.41	0.25	0.36	0.36
45	0.45	0.26	0.41	0.39
46	0.47	0.28	0.50	0.44
47	0.48	0.30	0.61	0.51
48	0.50	0.33	0.71	0.59
49	0.51	0.35	0.86	0.68
50	0.56	0.39	0.98	0.79
51	0.60	0.43	1.11	0.90
52	0.75	0.48	1.16	1.04
53	0.89	0.53	1.25	1.17
54	0.97	0.58	1.43	1.33
55	1.04	0.64	1.59	1.46
56	1.14	0.70	1.78	1.62
57	1.24	0.77	1.99	1.76
58	1.36	0.84	2.25	1.91
59	1.49	0.91	2.54	2.09
60	1.65	0.99	2.87	2.27
61	1.79	1.06	3.21	2.45
62	1.94	1.17	3.58	2.69
63	2.09	1.29	3.97	2.98
64	2.24	1.44	4.40	3.32
65	2.41	1.60	4.88	3.69
66	2.59	1.78	5.37	4.06
67	2.81	2.00	5.91	4.47
68	3.06	2.24	6.57	4.95
69	3.31	2.47	7.29	5.50
70	3.57	2.72	8.09	6.11

Australia and New Zealand Banking Group Limited (ANZ) ABN 11 005 357 522. PLA-24834 (55141_IA4507) 1023

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