

WA Super Insurance Guide V11.0

The information in this document forms part of the WA Super Product Disclosure Statement V11.0, 21 November 2016

You should read the PDS in conjunction with this Insurance Guide.
MySuper No. 18159499614451

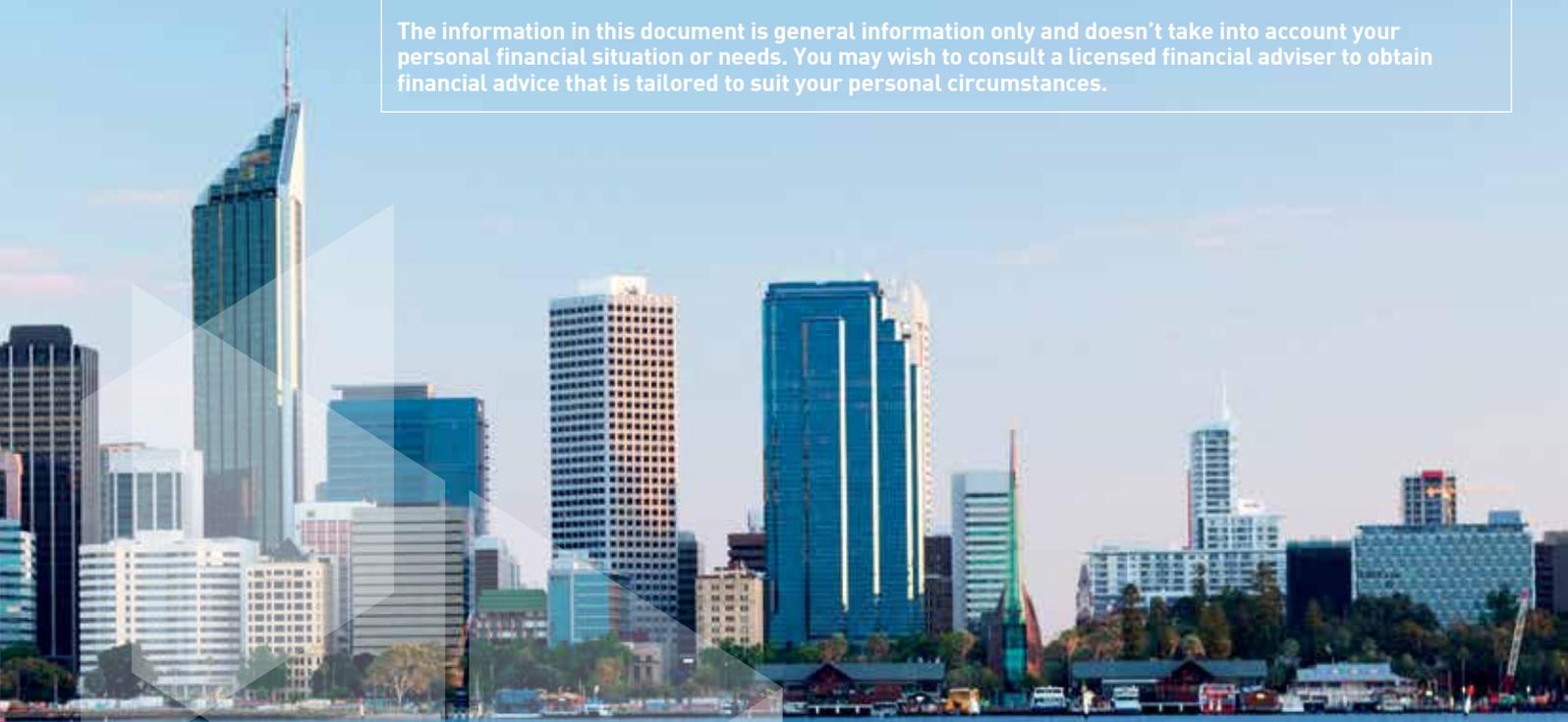
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You should consider the important information contained in the WA Super PDS, The WA Super Member Guide and the WA Super Insurance Guide before making a decision to invest in this product.

The information in this document is general information only and doesn't take into account your personal financial situation or needs. You may wish to consult a licensed financial adviser to obtain financial advice that is tailored to suit your personal circumstances.



1) About WA Super

The Western Australian Super Fund that always has Western Australians' interests at heart.

We're an industry fund that's been looking after Western Australians' super for decades, managing over \$2.5 billion of their savings. That's why we can offer thorough knowledge of superannuation as well as flexible choices and low fees, so that each member can tailor their super to their own needs and plan for the retirement income they want.

Originally established to service Local Government employees, WA Super is now available to all Western Australians.

Unlike some other super funds, WA Super isn't run to make a profit for shareholders. Our only goal is to help our members retire the way they want to. The way they always imagined they would.

WA Super holds a MySuper licence from APRA, which means employers can nominate WA Super as their default super fund. Our MySuper option is our My WA Super investment option.

WA Super is the trading name for the WA Local Government Superannuation Plan. It is issued by WA Local Government Superannuation Plan Pty Ltd ABN 64 066 797 162, AFSL 269006, as Trustee of WA Local Government Superannuation Plan ABN 18 159 499 614 SPIN WAL0001AU

We are located at Level 11, 105 St Georges Terrace, Perth, WA 6000

If you have any questions about this product please contact us:

Phone: (08) 9480 3500 or 1300 99 85 42 (Country Callers)

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Web: www.wasuper.com.au

2) About this guide

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

The information in this guide is a summary of the main features of the insurance policy terms and does not replace the insurance policy. The insurance cover provided is subject to the terms and conditions contained in the insurance policy issued by the Insurer. You should ask for a copy of the actual insurance policy documents if you require complete details of the policy terms and conditions.

References to 'the Fund' are references to WA Super. References to 'Trustee', 'we' or 'us' are references to WA Local Government Superannuation Plan Pty Ltd, the trustee of the WA Local Government Superannuation Plan (WA Super).

Insurance benefits will only become payable if the Insurer accepts the relevant claim. Payment of any approved claim will be made by the Insurer to the Trustee and any insured benefit and any account balance can only be paid to you by the Trustee when a condition of release under the Superannuation Industry (Supervision) Act 1993 (Cth) is met.

3) Protecting you and your family

Most people insure their important assets, like their car or home, but their biggest asset – their future income – is often left unprotected.

Imagine if you were unable to work for a period of time due to injury or illness. Would you or your family be able to manage financially? Even worse, what if you weren't around at all? How would they cope?

WA Super recognises the importance of protecting you and your family. Our insurance arrangements have been designed to provide members with comprehensive, affordable and convenient cover.

WHY INSURE THROUGH SUPER?

- Insurance through super is generally cheaper than an individual policy you might buy with an insurance agent or broker.
- Premiums are conveniently deducted from your super account
- Payment is tax-effective, because super contributions are only taxed at 15%

The Fund offers you three types of insurance, to help you and your family manage financially in the event of your death and or disablement due to illness or injury:

- Death: In the event of your death or terminal illness while you're a member of the Fund, a lump sum amount may be paid to your dependants or you in the event of terminal illness.
- Total & Permanent Disablement (TPD): In the event of your disablement while you're a member of the Fund, a lump sum amount may be paid to you or your dependants. For a full definition of TPD see page 15.
- Income Protection: This insurance helps to protect your income and provides you with a monthly amount based on a percentage of your salary, if you're unable to work due to illness or injury and satisfy the conditions for a total or partial disability benefit.

Having insurance cover with WA Super, members are provided with:

- Insurance premiums being deducted directly from your superannuation account.
- The ability to apply for additional cover to meet your needs.

4) Death and TPD Insurance

Death cover pays a lump sum to you or your nominated beneficiaries if you die or suffer a terminal illness where death is likely to occur within 12 months. Death cover can provide financial security in a time of uncertainty and can help cover debts and living expenses.

TPD cover provides you with a lump sum payment if you're totally and permanently disabled and can't work again. For a full definition of TPD see page 15.

WHO IS ELIGIBLE?

To be eligible for cover:

- You must be a member of, or applying for membership with the fund;
- You must be an Australian Resident;
- You must be at least 15 years of age;
- You must not have received, or have a current or pending claim to receive a TPD or Terminal Illness Benefit from any insurance policy;
- You have not been discharged medically unfit, ceased employment or retired due to ill health from any employer;
- You have not been diagnosed with an illness or suffered an injury that reduces your life expectancy to less than 12 months
- The Insurer has agreed in writing that they will insure you under the policy;
- You must be under the age of 65 for Standard, Top & Fixed Death or TPD cover and under the age of 70 for Basic Cover Death and TPD cover.

Other criteria:

- Police officers are only eligible for Death Only insurance cover.

If you are a casual or a temporary employee or you are Self-employed you can only choose Basic Death only, Death and TPD or Fixed Cover.

WHO IS ELIGIBLE FOR AUTOMATIC ACCEPTANCE?

Automatic Acceptance means you're automatically covered for a certain level of insurance without having to provide medical evidence. Here's how it works.

If you're a permanent full time, part time or casual employee you'll automatically be covered for insurance provided you meet all the following conditions:

- You are "At Work" on either of the following dates:
 - For public offer members (members whose employer has not nominated WA Super as their default super fund), the date you joined the Fund; or
 - For employees of a participating employer, the date you commence employment with your participating employer as a permanent full time or part time employee as notified to us.
- You're under age 65 for Death and under age 60 for TPD;
- Your employer is paying superannuation guarantee and/or employer additional contributions on your behalf into the Fund;
- You are not a former or current police officer; and
- Your employer does not have Automatic Acceptance for you for the same or for a similar benefit type under any other superannuation insurance policy (i.e. another superannuation fund's insurance policy).

The cover provided for Casual Members will be subject to the Limited Cover Conditions.

COVER WHEN YOU JOIN

If you meet the required eligibility criteria, you will automatically receive default cover for Death and TPD. This cover is designed to provide you with a basic level of protection for death and total and permanent disablement.

Cover is available for

- Death – from 15 to 70 years of age
- TPD – from 15 to 70 years of age.

Death Cover also provides you with a lump sum payment if you become terminally ill.

The table below shows the amount of insurance cover provided for 3 units of cover based on your age.

Age next birthday	3 Units (Default Level)
Up to 30	\$228,000
31 – 35	\$185,100
36 – 40	\$147,000
41 – 45	\$84,000
46 – 50	\$42,000
51 – 55	\$21,000
56 – 60	\$11,700
61 – 65	\$5,700
66 – 70*	\$3,900

*Activities of Daily Living definition applies to TPD cover.

WHAT IS THE AUTOMATIC ACCEPTANCE LEVEL (AAL)?

The AAL is the maximum amount you're automatically covered for, if you are eligible and depends on your employment status.

If you're a permanent full time, part time, casual or temporary employee, or self-employed, working at least 15 hours per week, the AAL is \$700,000.

If you work less than 15 hours per week, the AAL is three units of Basic Cover.

If you're eligible for Automatic Acceptance, but don't let us know what cover you'd like, you will automatically be provided with three units of Basic Cover, known as Default cover.

WHEN DOES DEFAULT COVER COMMENCE?

If you're eligible for Automatic Acceptance, your cover will start from either of the following dates:

- For Public Offer members, the date you joined the Fund; or
- For employees of a participating employer, the date you commence employment with your participating employer as a permanent employee, as notified to us or the date you join the Fund, whichever is later (please refer to Limited Cover provisions if you join the fund 6 months after you commenced employment with your Employer).

If you're not eligible for Automatic Acceptance or you're applying to increase your cover above the AAL your cover will start from the date of Insurer approval, subject to the eligibility criteria or if cover is subject to a condition, premium or loading, the date you notify us in writing that you accept the Insurer's offer.

WHEN DOES COVER STOP?

Death and TPD will automatically cease at the earliest of:

- You no longer being eligible and any Extended Cover ceases;
- You turning 65 in respect of standard, top and fixed cover (70 for Basic death & TPD cover);
- You cancelling your cover;
- You ceasing to be a member;
- Your death;
- 60 days after premiums remain unpaid;
- You receiving a TPD benefit and the amount of cover is equal to the Death cover;
- You receiving a Terminal Illness benefit and the amount of cover is equal to the Death cover;
- The date the policy terminates;
- Within 120 days of joining the Fund if the initial Employer Contribution is not received.

LIMITED COVER CONDITIONS

If you are an employee of a participating employer and you joined the Fund more than six (6) months after commencing employment with your participating employer or first becoming a permanent employee or if you joined the Fund as a Public Offer member, then your cover will be subject to Limited Cover conditions.

Limited Cover Conditions will apply to you from the date your cover commences and will continue for a period of twelve (12) months. You must have been "At Work" for 10 consecutive working days immediately prior to the expiry of that twelve (12) month period. Where you have not been "At Work" for 10 consecutive working days immediately preceding the twelve (12) month period, Limited Cover will continue until you have been "At Work" for 10 consecutive working days after the period.

WHAT IS INTERIM ACCIDENT COVER?

If you're not eligible for Automatic Acceptance and you wish to apply for cover or you want to increase your Death only or Death & TPD cover, you'll need to complete an Insurance Application or Variation Form, which includes a Personal Statement. The Insurer may also require you to provide additional information to enable them to assess your cover.

The good news is that while the Insurer is assessing your application, if eligible you'll be covered in the meantime effective from the date they receive your Personal Statement provided it's less than \$1 million for Death or \$500,000 for TPD. This is called Interim Accident Cover.

WHEN DOES INTERIM ACCIDENT COVER STOP?

Interim cover automatically ceases on the earliest of:

- 90 days after the Insurer received your fully completed Personal Statement;
- The Insurer accepting or rejecting the cover you applied for;
- You withdrawing your application for cover;
- The Fund receiving your acceptance of all terms which the Insurer applied to their offer of cover;
- You no longer being eligible;
- Turning age 65 in respect of standard, top and fixed cover (70 for Basic cover);
- The policy ending.

WHAT IS A TERMINAL ILLNESS BENEFIT?

Under legislation, a person will be taken to be terminally ill if it is certified by two medical practitioners (at least one of these a

specialist) that they are suffering from an illness which in the normal course would result in death within a period of 24 months. This applies only to your account balance, not insurance.

If you receive a payout from your account under terminal illness you need to maintain sufficient funds in your account to cover insurance premiums.

However, if you're insured for Death cover, you may be eligible to receive a Terminal Illness benefit, which is a lump sum amount, explained below. To be eligible, you must satisfy the definition of Terminal Illness, which means:

- two Medical Practitioners have separately certified in writing, that an Insured Person suffers from an Illness, or has incurred an Injury, that is likely to result in the death of the Insured Person within a period ('the certification period') that ends not more than 12 months after the date of the certification;
- at least one of the registered Medical Practitioners is a Specialist Medical Practitioner practicing in an area related to the Illness or Injury suffered by the Insured Person;
- the Illness and certification referred to in paragraph (a) occurs while the Member continues to have cover under the Policy;
- for each of the certificates, the certification period has not ended; and
- The insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment, the Illness or Injury will lead to the Insured Person's death within 12 months of the date of the certifications.

This benefit ceases on the earlier of you:

- Turning age 65 (age 70 for Basic Cover);
- Being paid the benefit.

The amount of Terminal Illness benefit is the lesser of your Death benefit or \$2,500,000. The remainder of any Death benefit above \$2,500,000 will be payable on your death, subject to the policy conditions and premiums are paid.

Due to the differences in superannuation legislation and the Fund's insurance Policy, if you hold insurance cover with us, we will contact you to discuss your claim when it is lodged.

WHAT'S EXTENDED COVER

Death or TPD cover for an injury which results from an accident (i.e. not an illness) will be provided to you until the earliest of:

- Sixty (60) days after cover would have otherwise stopped under the heading "When does cover stop?"
- Turning age 65 in respect of standard, top and fixed cover (70 for Basic Death & TPD);
- The date you cease to be an Eligible Person and you start alternative insurance for the same or similar benefits; or
- The date the Policy is terminated.

The level of Extended Cover is the same as the cover that applied for death & TPD cover on the date you ceased to be an Eligible Person.

HOW DO I CHANGE MY LEVEL OF COVER?

You may apply to change your level of cover at any time by completing an Insurance Application or Variation Form which includes a Personal Statement which you may need to complete.

If you are eligible for Automatic Acceptance as described on page 2 you may apply to increase your cover once only up to the AAL within six (6) months of joining the Fund or the date you were first eligible for Automatic Acceptance, whichever is the later and subject to the satisfactory completion of the risk control questions and Cover is not accepted until the insurer advises you in writing of their acceptance and the conditions of their acceptance. After this time you will be subject to underwriting.

For cover outside Automatic Acceptance, any increase or reduction in your level of cover and premium rate will be effective from the date of Insurer approval. If you cancel your insurance cover, the cancellation will be effective from the date we receive your written notice of cancellation. Premiums will continue to be deducted up to the date of cancellation.

INCREASING OR REDUCING YOUR LEVEL OF BASIC COVER

You have the option of increasing or reducing the number of Basic Cover units, and having Death Only or Death and TPD cover. You may select between 1 to 5 units of Basic cover and the amount of cover by age for different levels of Basic Cover is shown below.

Age next birthday	1 unit	2 units	3 Units (Default Level)	4 Units	5 Units
Up to 30	\$76,000	\$152,000	\$228,000	\$304,000	\$380,000
31 – 35	\$61,700	\$123,400	\$185,100	\$246,800	\$308,500
36 – 40	\$49,000	\$98,000	\$147,000	\$196,000	\$245,000
41 – 45	\$28,000	\$56,000	\$84,000	\$112,000	\$140,000
46 – 50	\$14,000	\$28,000	\$42,000	\$56,000	\$70,000
51 – 55	\$7,000	\$14,000	\$21,000	\$28,000	\$35,000
56 – 60	\$3,900	\$7,800	\$11,700	\$15,600	\$19,500
61 – 65	\$1,900	\$3,800	\$5,700	\$7,600	\$9,500
66 – 70*	\$1,300	\$2,600	\$3,900	\$5,200	\$6,500

*Activities of Daily Living definition applies to TPD cover.

ADDITIONAL COVER OPTIONS TO CHOOSE FROM

You have the option of selecting a Fixed Cover amount of cover (eg, \$300,000) or a formula based amount that changes every year depending upon your salary and the number of years you have until age 65.

The different additional benefit options to choose from are:

Description	Level of Cover
Standard Cover	15% x Insured Salary x Years to age 65
Top Cover	20% x Insured Salary x Years to age 65
Fixed Cover**	Multiples of \$20,000

** You can choose Fixed Cover on top of, or instead of, the Basic, Standard and Top Cover amounts.

The maximum benefit level for death cover is unlimited, terminal illness is \$2.5 million and for TPD cover is \$3 million, cover is subject to underwriting.

The percentages of Insured salary quoted above relate to your total package salary, including super contributions.

If you make a claim, the salary level used to calculate your entitlement is known as your Insured Salary.

For Standard Cover and Top Cover, the Insured Salary means the lesser of your:

- (i) Declared Salary; or
- (ii) your Salary at the Date of Disablement or Date of Death.

If your Salary is higher than the Declared Salary, then the Insured Salary is calculated as the Salary at the Date of Disablement or Date of Death to a maximum of 110% of the Declared Salary.

So it is really important that you keep us informed of any changes in your salary or you might be underinsured or insured for less than you think

LIFE EVENTS COVER TO MEET THE CHANGES IN YOUR PERSONAL OR FINANCIAL SITUATION?

Between the 1st and 15th of July each year, you can request up to an additional \$60,000 of Death Only or Death and TPD cover, without the need for underwriting, by completing the Automatic Insurance Increase Form and subject to eligibility criteria below and the satisfactory completion of the risk control questions

There are a number of other occasions when you can apply for cover in addition to your current level subject to the eligibility criteria below and the satisfactory completion of the risk control questions. For an Allowable Event, apply in writing, using the Automatic Insurance Increase Form within 90 days of the Allowable Event and provide evidence of the Allowable Event. Allowable Events include the following:

- The birth of up to two of your children;
- You marry;
- You divorce;
- The first occasion your child starts education at private secondary school;
- You obtain a first home mortgage (either alone or jointly) or you increase an existing mortgage for the purpose of building or renovating the home. The mortgage must be your primary place of residence.

TO BE ELIGIBLE FOR AN AUTOMATIC INCREASE IN COVER YOU MUST:

- i. Be aged 55 or less at the time of applying; and
- ii. Have not;
 - a) received an Automatic Increase in Cover in the previous twelve (12) month period; or
 - b) made, nor are entitled to make, a claim for a total and permanent disablement benefit, Invalidity Benefit or salary continuance benefit; or
 - c) had your existing cover accepted with a loading or subject to special terms; or
 - d) been diagnosed with a Terminal Illness; and
- iii. Be 'At Work' on the date you are applying for the increase.

EACH APPLICATION CANNOT EXCEED THE LESSER OF THE FOLLOWING:

- i. 25% of the existing sum insured, prior to any previous Automatic Increase in cover; or
- ii. The total amount or amount of increase of the mortgage you are taking out; or
- iii. \$200,000.

THE TOTAL OF ALL APPLICATIONS UNDER THE BENEFIT CANNOT EXCEED THE LESSER OF THE FOLLOWING:

- The original sum insured, prior to any previous Automatic Increase in cover; or
- the Automatic Acceptance Limit (where applicable) when combined with previous cover received through Automatic Acceptance; or
- \$1,000,000, subject to your total cover.

The increase will be offered as Fixed Cover in multiples of \$20,000. Cover obtained is subject to the Exclusions in relation to automatic increases.

WHAT IS THE COST OF COVER?

Premiums are automatically deducted from your account and the cost of your cover will depend on whether you have units of Basic Cover or Standard, Top or Fixed Cover.

INSURANCE ADMINISTRATION FEE

The insurance premiums include a 15% administration fee to cover costs of implementing and maintaining insurance, managing claims, legal costs, and obtaining independent advice in relation to claims.

BASIC COVER

Basic Cover has the same premiums for males and females across all occupation levels.

The table below shows the weekly premium for Basic Cover

Type of Cover	1 unit	2 units	3 Units	4 Units	5 Units
Death Only	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75
Death and TPD	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00

STANDARD COVER, TOP COVER AND FIXED COVER

The cost of your cover will differ depending on your level of cover, type of cover, age, gender and occupation.

We use your salary as last advised to us (Declared Salary) to work out your premiums for all types and levels of cover other than Basic or Fixed Cover.

If you make a claim, the salary level used to calculate your entitlement (Insured Salary) will be the lesser of your salary at the date of death or disablement or 110% of the most recently advised salary (Declared Salary).

So it is really important that you keep us informed of any change in salary or you might be underinsured or insured for less than you think.

The premium rates per \$1,000 sum insured for these cover options are detailed in the tables on the next page.

DEATH ONLY INSURANCE

Standard Cover, Top Cover and Fixed Cover Options rates per \$1,000 sum insured.

Standard Cover = 15% times Insured Salary times years to age 65

Top Cover = 20% times Insured Salary times years to age 65

Death only cover Std, Top and Fixed option					
Level One Occupation					
Age*	Male	Female	Age*	Male	Female
16	0.58	0.22	41	0.63	0.47
17	0.65	0.24	42	0.67	0.51
18	0.70	0.25	43	0.73	0.54
19	0.70	0.25	44	0.81	0.55
20	0.68	0.25	45	0.89	0.58
21	0.66	0.24	46	0.97	0.61
22	0.63	0.22	47	1.06	0.64
23	0.61	0.22	48	1.17	0.69
24	0.58	0.21	49	1.26	0.74
25	0.54	0.20	50	1.35	0.80
26	0.53	0.19	51	1.46	0.88
27	0.51	0.18	52	1.58	0.95
28	0.49	0.19	53	1.69	1.03
29	0.48	0.19	54	1.82	1.12
30	0.47	0.20	55	1.95	1.22
31	0.47	0.21	56	2.10	1.31
32	0.47	0.22	57	2.27	1.41
33	0.47	0.23	58	2.45	1.52
34	0.47	0.25	59	2.69	1.63
35	0.48	0.28	60	2.94	1.75
36	0.49	0.31	61	3.22	1.88
37	0.50	0.34	62	3.52	2.03
38	0.51	0.37	63	3.83	2.23
39	0.55	0.40	64	4.17	2.44
40	0.58	0.45	65	4.50	2.67

* Next birthday

OCCUPATION LOADING –

Multiply the above rates by the factor below depending on occupation rating level.

Level 1 – e.g. administration and management

Level 2 – e.g. works supervisor

Level 3 – e.g. trades and manual workers

	Death Only
Level 1	1.00
Level 2	1.20
Level 3	1.80

DEATH & TPD INSURANCE

Standard Cover, Top Cover and Fixed Cover Options rates per \$1,000 sum insured.

Standard Cover = 15% times Insured Salary times years to age 65

Top Cover = 20% times Insured Salary times years to age 65

Death and TPD cover Std, Top and Fixed option					
Level One Occupation					
Age*	Male	Female	Age*	Male	Female
16	0.63	0.23	41	1.10	0.88
17	0.70	0.26	42	1.19	0.99
18	0.76	0.27	43	1.31	1.07
19	0.77	0.28	44	1.46	1.16
20	0.76	0.28	45	1.63	1.27
21	0.74	0.28	46	1.81	1.38
22	0.72	0.27	47	2.02	1.52
23	0.70	0.26	48	2.25	1.69
24	0.69	0.26	49	2.50	1.89
25	0.65	0.25	50	2.77	2.10
26	0.63	0.25	51	3.08	2.35
27	0.63	0.26	52	3.41	2.62
28	0.63	0.27	53	3.78	2.89
29	0.62	0.28	54	4.18	3.18
30	0.63	0.30	55	4.60	3.47
31	0.63	0.33	56	5.07	3.78
32	0.65	0.35	57	5.60	4.11
33	0.66	0.39	58	6.21	4.47
34	0.69	0.42	59	6.83	4.78
35	0.73	0.47	60	7.52	5.14
36	0.75	0.53	61	8.26	5.52
37	0.80	0.59	62	9.06	5.98
38	0.85	0.66	63	9.93	6.51
39	0.93	0.73	64	10.92	7.16
40	1.00	0.80	65	10.18	6.60

* Next birthday

OCCUPATION LOADING –

Multiply the above rates by the factor below depending on occupation rating level.

Level 1 – e.g. administration and management

Level 2 – e.g. works supervisor

Level 3 – e.g. trades and manual workers

	DTPD
Level 1	1.00
Level 2	1.60
Level 3	2.50

CLAIMING A DEATH OR TPD BENEFIT

A death benefit is paid in the event of your death. The payment is made up of the balance of your account with WA Super plus your insured death benefit (if approved by the Insurer).

A Terminal Illness benefit is payable if you meet the definition of Terminal Illness (see Insurance words and terms on page 15).

A TPD insured benefit is payable if you are insured for TPD cover at the time you become totally and permanently disabled and you meet the definition of TPD (see Insurance words and terms on page 15). The TPD payment is made up of the balance in your WA Super account and your insured TPD benefit. There may be tax payable on TPD benefits, depending on your age, length of service and the amount of the benefit. WA Super will provide an outline of any tax payable if you become entitled to a TPD benefit.

WHEN DO I NEED TO PROVIDE MEDICAL EVIDENCE?

You'll need to provide medical evidence if any of the following occurs:

- The AAL doesn't apply to you (i.e. you are not eligible for the AAL)
- Any subsequent change to your level of cover after the first six (6) months of first becoming eligible for Automatic Acceptance under the fund even if the level of cover remains within the AAL;
- You are applying for cover amounts above the AAL;
- Certain circumstances under the policy where Insurer written approval is required, for example: reinstatement of cover;
- You change your level of cover from Basic to Standard, Top, or Fixed cover resulting in an increase in cover and the increase is outside Automatic Acceptance.
- You are unable to satisfactorily complete the risk control questions.

Medical evidence involves completing a Personal Statement. The Insurer will assess your application and may request additional medical information.

GENERAL EXCLUSIONS FOR DEATH AND TPD

With respect to any cover provided under the Policy, a Benefit will not be payable if the claim arises directly or indirectly from any of the following:

- any event in respect of which the Insurer has placed an individual exclusion on cover;
- any event subject to Limited Cover Conditions;
- active service in the armed forces of any country, not including normal activities as a Reservist with the Australian Defence Force, but including operational deployment on active service with the Australian Defence Force; or
- for any Cover, if the death, Terminal Illness or Total and Permanent Disablement is caused by an intentional self-inflicted act, intentional self-inflicted injury; or
- suicide or attempted suicide within the first 13 months after the commencement, reinstatement or increase in cover under the Policy.

EXCLUSIONS IN RELATION TO LIFE EVENT COVERS

- No benefit will be payable for Death, or TPD in respect of cover obtained under an Automatic Increase that was not the result of an accident where the date of disablement or date of death occurred within six (6) months of either the date of the Allowable Event or the date the Automatic Increase in cover was accepted by the Insurer, whichever is the earlier.
- As a result of any of the General Exclusions for Death and TPD.

INTERIM ACCIDENT COVER EXCLUSIONS

- The Insurer will not pay an Interim Accident Benefit where the Death or TPD:
 - Occurs more than ninety (90) days after the date of Accident which resulted in the death or TPD;
 - Is caused by a Pre-existing Condition; or
 - Is the result of any of the General Death and TPD Exclusions.

HOW TO MAKE A CLAIM

Our Member Services team can assist you to make a claim – simply call us on (08) 9480 3500 or 1300 99 85 42 (Country Callers)

WHAT HAPPENS IF I CHANGE EMPLOYER?

If you leave your employer, your insurance cover and premiums will continue to be deducted from your account. Should you find employment (including self-employment) during this time, let us know so we can recalculate your cover and premiums based on your new salary details. Any increase in cover will then be provided automatically, up to the AAL if you are eligible.

If you'd rather cancel your insurance, let us know by completing an Insurance Cancellation Form. Just be aware that cancelling your cover will mean having to provide medical evidence for future applications of insurance.

If, after leaving your employer, you become unemployed and your period of unemployment extends beyond 60 days, you can do one of two things:

- 1) You can cancel or reduce your cover. Using this option will require medical evidence for future applications of insurance or increased cover. Contact the Fund for a cancellation form.
- 2) You can continue to pay premiums based on the level of cover you had prior to leaving your employer. However, any TPD claim will be assessed against the "Activities of Daily Living" definition and not the full definition of TPD. This is called Retained Cover.

If you choose option 2 and become employed or self-employed, let us know immediately so we can recalculate your cover and premiums based on your new salary details. Any increase in cover will then be provided automatically, if you are eligible, up to the AAL.

CAN I TRANSFER EXISTING COVER?

If you have existing insurance cover through another fund, insurer or employer, you may be able to transfer that insurance cover subject to a maximum total of \$1 million for death & TPD. Simply fill in the Transfer of Insurance Cover Form (available on our website) and send it to us along with a copy of a current statement showing cover.

You must be "At Work" on the commencement date of the transfer of your existing cover and our Insurer will make an assessment and let you know if any additional information is required. We will advise you of the Insurer's decision.

WHAT HAPPENS IF I AM SELF-EMPLOYED?

If you are self-employed please contact the Fund for assistance in determining your income level for the purpose of insurance.

WHAT HAPPENS IF I TAKE EMPLOYER APPROVED LEAVE?

If you're planning on taking employer approved leave, you can continue your insurance while on leave, however after the first two years of leave, TPD will be limited to the Activities of Daily Living definition and not the full definition of TPD.

WORLDWIDE COVER

All Insured Members are covered worldwide 24 hours a day, 7 days a week subject to the Policy terms and conditions.

If you make a claim from outside Australia, the Insurer may require you to return to Australia at your expense before your claim is assessed.

TAILORED COVER

If you have some specific requirements which are not covered here, contact us and we will work with you and the Insurer to see whether we can tailor a package to suit you.

5) Income Protection Insurance

Imagine what it would be like to be off work for an extended period because of illness or injury without your regular income. After your sick pay runs out, how would you pay your living expenses and bills? Income Protection cover protects you in these circumstances by providing an income if you are unable to work temporarily or permanently through illness, injury or accident. A partial disability benefit may also be payable to you if you return to work in a reduced capacity.

WHO IS ELIGIBLE?

To be eligible for Income Protection cover you must be the following:

- A member of, or applying for membership, with the Fund;
- An Australian Resident;
- At least 15 years of age;
- Gainfully employed as a full time or part time employee;
- Working at least 15 hours per week;
- Not employed on a casual basis;
- Under the age of 65;
- Not currently employed as a police officer;
- Have not been discharged medically unfit, ceased employment or retired due to ill health from any employer;
- Have not been diagnosed with an illness or suffered an injury that reduces their life expectancy to less than 12 months; and
- The Insurer has agreed in writing that they will insure you under the policy.

WHO IS ELIGIBLE FOR AUTOMATIC ACCEPTANCE?

Automatic Acceptance means you're automatically covered for a certain level of insurance without having to provide medical evidence. Here's how it works.

If you're a permanent full time or permanent part time employee you'll automatically be covered for insurance provided you meet all the following conditions:

- You are "At Work" on either of the following dates:
 - For Public Offer Members (Members whose employer has not nominated WA Super as their default super fund), the date you joined the Fund; or
 - For employees of a participating employer, the date you commence employment with your participating employer as a permanent full time or permanent part time employee as notified to us.
- You were less than age 60 on the day you first became a Member of the Fund;
- Your employer is paying superannuation guarantee and/or employer additional contributions on your behalf into the Fund;
- You are not a current or former police officer; and
- You are not self-employed.

COVER WHEN YOU JOIN

Income Protection cover is available if you are under age 65.

If you meet the required Eligibility criteria, you will automatically receive default income protection cover, called Basic Cover. If you are unable to work temporarily or permanently through illness, injury or accident, then Basic Cover will provide you with 50% of your Insured Salary after a 90 day waiting period and a benefit is payable for up to two years. The maximum monthly benefit is \$25,000 per month, subject to underwriting for benefits above \$9,000 per month.

WHAT IS THE AAL?

The AAL is the maximum amount you're automatically covered for, if you are eligible and depends on your employment status.

If you're eligible for Automatic Acceptance and let us know what cover you'd like as outlined above, you may receive up to 75% of your Insured Salary up to a maximum of the AAL. The current AAL is \$9,000 per month.

However, if you don't let us know what cover you'd like; you will automatically be covered for Basic Cover, known as Default Cover.

WHEN DOES DEFAULT COVER COMMENCE?

If you're eligible for Automatic Acceptance, your cover will start from either of the following dates:

- For Public Offer members, the date you joined the Fund; or
- For employees of a participating employer, the date you commence employment with your participating employer as a permanent employee, as notified to us, or the date you join the Fund, whichever is later (please refer to Limited Cover conditions if you join the Fund 6 months after commencing employment with your Employer).

If you're not eligible for Automatic Acceptance or you're applying to increase your cover above the Automatic Acceptance Level (AAL), your cover will start from the date of Insurer approval, subject to the eligibility criteria and the completion of medical evidence or if cover is subject to a condition, premium or loading, the date you notify us in writing that you accept the Insurer's offer.

WHEN DOES COVER STOP?

Income Protection cover will automatically cease at the earliest of:

- No longer being eligible and any Extended Cover ceases;
- Turning 65;
- Date you request to cancel your cover;
- Ceasing to be a member;
- Date you die;
- 120 days of joining the Fund if the initial Employer Contribution is not received;
- 60 days after premiums remain unpaid;
- The date the policy terminates;
- Your period of unpaid leave or employment overseas exceeds two years;
- Two years after you commence employer approved leave.

Total or partial disablement benefits will automatically cease at the earliest of:

- You no longer being totally or partially disabled, whichever is applicable;
- You turning 65;
- Your benefit period expiring (i.e. either two years, five years or at age 65, whichever is applicable);
- Your death.

LIMITED COVER CONDITIONS

If you are an employee of a participating employer and you joined the Fund after six (6) months of you commencing employment with your participating employer; or if you joined the Fund as a Public Offer member then your cover will be subject to Limited Cover conditions.

Limited Cover Conditions will apply to you from the date your cover commences and will continue for a period of twelve (12) months. You must have been 'At Work' for the 10 consecutive working days immediately prior to the expiry of that twelve (12) month period. Where you have not been 'At Work' for the ten (10) consecutive working days immediately preceding the twelve month period, Limited Cover will continue until you have been at work for 10 consecutive working days after the period.

WHAT IS INTERIM ACCIDENT COVER?

If you're not eligible for Automatic Acceptance and you wish to apply for cover or you want to increase your Income Protection cover, you'll need to complete an Insurance Application or Variation Form, which includes a Personal Statement. The Insurer may also require you to provide additional information to enable them to assess your cover.

The good news is that while the Insurer is assessing your application, if eligible, you'll be covered in the meantime effective from the date they receive your Personal Statement for the lesser of the amount of total disability cover you're applying for (less your current monthly benefit if applicable) or \$10,000 per month.

The benefit period is limited to a maximum period of 24 months and the amount of Interim Accident Cover is reduced by any applicable benefit offsets.

WHEN DOES INTERIM ACCIDENT COVER STOP?

Interim cover automatically ceases on the earliest of:

- 90 days after the Insurer receives your fully completed Personal Statement;
- The Insurer accepting or rejecting the cover you applied for;
- You withdrawing your application for cover;
- The Fund receiving your acceptance of all terms which the Insurer applied to their offer of cover;
- You no longer being eligible;
- You turning 65;
- Your death;
- You cease to be Totally Disabled.
- The policy ending.

WHAT'S EXTENDED COVER?

This means Death and Total Disability cover which is as the result of an Accident which starts on the date the Insured Person ceased to be an Eligible Person and stops on the earliest of:

- Sixty (60) days after cover would have otherwise stopped under the heading "When does cover stop?";
- the date you reach age 65;
- The date you start alternative insurance for the same or similar benefits; or
- The date the Policy is terminated.

The level of extended cover is the same as the cover that applied for income protection on the date you ceased to be an eligible person.

HOW DO I CHANGE MY LEVEL OF COVER?

You may apply to change your level of cover at any time by completing an Insurance Application or Variation Form which includes a personal statement. If you are eligible for Automatic Acceptance as described on page 9 you may apply to increase your cover once only up to the AAL within six (6) months of joining the Fund or the date you were first eligible for Automatic Acceptance, whichever is the later and subject to the satisfactory completion of the risk control questions. The cover is not accepted until the Insurer advises you in writing of their acceptance and the conditions of their acceptance. After this time you will be subject to underwriting. (Please note that an application to increase to an age 65 benefit period will be subject to underwriting).

For cover outside Automatic Acceptance, any increase or reduction in your level of cover and premium rate will be effective from the date of Insurer approval. If you cancel your insurance cover, the cancellation will be effective from the date we receive your written notice of cancellation. Premiums will continue to be deducted up to the date of cancellation.

ADDITIONAL COVER OPTIONS TO CHOOSE FROM

You have the option of selecting a different benefit level, waiting period or benefit period subject to Insurer's approval.

The different additional benefit options to choose from are:

Insurance Type	Description	Level of Cover	Benefit Payable Term	Waiting Period					
				30 days	60 days	90 days	180 days	1 year	2 years
Income Protection	Basic Cover [^]	50% of Insured Salary	2 years	x	x	✓	x	x	x
	2 Year cover	75% of Insured Salary	2 years	✓	✓	✓	✓	✓	✓
	5 Year cover	75% of Insured Salary	5 years ^{^^}	✓	✓	✓	✓	✓	✓
	Long Term Cover	75% of Insured Salary	To age 65 ^{^^}	✓	✓	✓	✓	✓	✓

[^]Default Cover ^{^^} Indexed after the first year of payment by the lesser of 5% or the Consumer Price Index (i.e. indexation). Cover that is not "Default Cover" will require you to complete the Insurance Application or Variation Form and be assessed for your selected type and amount of cover.

The maximum monthly benefit is the lesser of \$25,000 per month or 75% of Insured Salary, subject to underwriting.

The percentages of Insured Salary quoted above relate to your total package salary, including super contributions.

For Basic Cover this means your Salary at the Date of Disablement.

For all other Covers this means the lesser of your:

(i) Declared Salary; or

(ii) Salary at the Date of Disablement.

If your Salary is higher than the Declared Salary, then the Insured Salary is calculated as the Salary at the Date of Disablement to a maximum of 110% of the Declared Salary. So it is really important that you keep us informed of any change in your salary or you might be underinsured or insured for less than you think.

WHAT IS THE COST OF COVER?

Premiums are automatically deducted from your account and the cost of your cover will depend on whether you have Basic Cover or the other additional benefit options.

INSURANCE ADMINISTRATION FEE

The insurance premiums include a 15% administration fee to cover costs of implementing and maintaining insurance, managing claims, legal costs, and obtaining independent advice in relation to claims.

BASIC COVER

Basic Cover has the same premiums for males and females across all occupation levels.

The table below shows the weekly premium for Basic Cover

Waiting Period	Amount of benefit	Benefit Period	Premium per week
90 days	Up to 50% of Insured Salary	2 years	\$1.68

2 YEAR, 5 YEAR AND LONG TERM COVER OPTIONS

The cost of your cover will differ depending on your level of cover, age, gender and occupation.

We use your salary and occupation type as last advised to us (Declared Salary) to work out your premiums.

The premium rates per \$100 of monthly benefit for these cover options are detailed in the tables on the next page.

INCOME PROTECTION INSURANCE – ADDITIONAL/VOLUNTARY COVER – RATES PER \$100 MONTHLY BENEFIT

AMOUNT OF BENEFIT PAYABLE – UP TO 75% X INSURED SALARY

Age next birthday	30 Day Wait 2 Year Benefit		30 Day Wait 5 Year Benefit		30 Day Wait to age 65 Year Benefit	
	Level One Occupation		Level One Occupation		Level One Occupation	
	Male	Female	Male	Female	Male	Female
16	1.85	2.67	3.09	4.38	5.37	8.21
17	1.85	2.67	3.07	4.40	5.37	8.21
18	1.85	2.67	3.07	4.37	5.37	8.21
19	1.85	2.67	3.04	4.35	5.37	8.21
20	1.85	2.67	3.03	4.30	5.37	8.21
21	1.86	2.71	3.06	4.33	5.47	8.36
22	1.86	2.74	3.09	4.44	5.57	8.66
23	1.86	2.77	3.11	4.56	5.68	8.96
24	1.86	2.81	3.15	4.66	5.81	9.29
25	1.87	2.85	3.20	4.80	5.96	9.65
26	1.83	2.83	3.20	4.84	6.00	9.80
27	1.82	2.83	3.23	4.93	6.12	10.08
28	1.82	2.86	3.28	5.09	6.27	10.48
29	1.84	2.92	3.35	5.26	6.50	10.96
30	1.87	2.99	3.49	5.49	6.79	11.57
31	1.94	3.09	3.63	5.79	7.12	12.29
32	1.98	3.23	3.79	6.14	7.54	13.11
33	2.07	3.38	4.01	6.53	8.01	14.06
34	2.17	3.54	4.24	6.98	8.55	15.13
35	2.26	3.74	4.54	7.49	9.17	16.34
36	2.38	3.95	4.83	8.06	9.85	17.67
37	2.51	4.18	5.17	8.66	10.62	19.12
38	2.64	4.43	5.56	9.37	11.45	20.70
39	2.79	4.70	5.96	10.11	12.38	22.43
40	2.98	4.99	6.13	10.44	13.37	24.26
41	3.16	5.32	6.39	10.87	14.46	26.23
42	3.36	5.66	6.72	11.43	15.61	28.32
43	3.57	6.02	7.25	12.32	16.85	30.52
44	3.81	6.39	7.82	13.30	18.15	32.82
45	4.07	6.82	8.44	14.28	19.55	35.21
46	4.36	7.27	9.08	15.37	21.01	37.67
47	4.66	7.74	9.78	16.50	22.56	40.19
48	4.99	8.25	10.52	17.67	24.16	42.76
49	5.36	8.81	11.32	18.90	25.80	45.32
50	5.75	9.40	12.15	20.20	27.49	47.89
51	6.18	10.06	13.05	21.56	29.22	50.41
52	6.65	10.75	14.02	22.99	30.94	52.84
53	7.18	11.52	15.02	24.47	32.65	55.14
54	7.76	12.35	16.10	26.00	34.32	57.28
55	8.38	13.26	17.26	27.65	35.98	59.30
56	9.09	14.24	18.45	29.30	37.44	60.90
57	9.85	15.32	19.67	30.94	38.66	61.99
58	10.71	16.53	20.88	32.55	39.50	62.43
59	11.67	17.85	22.04	34.03	39.82	62.01
60	12.71	19.31	23.68	36.17	40.44	61.98
61	13.90	20.92	23.51	35.51	23.51	35.51
62	15.21	22.72	21.76	32.39	21.76	32.39
63	16.64	24.66	18.49	27.13	18.49	27.13
64	16.84	24.88	16.84	24.88	16.84	24.88
65	9.03	13.42	9.03	13.42	9.03	13.42

WHAT IS A WAITING PERIOD?

This is the period of time which must pass before an Income Protection benefit can be paid. Once the Insurer admits liability on your claim, payments are then made monthly in arrears. The waiting period is not included in the benefit period and no monthly benefit is payable. Contact WA Super for details.

WHAT IS A BENEFIT PERIOD?

This is the period of time in which an Income Protection benefit can be paid for. The Benefit Period will cease after a chosen 2 or 5 year period, or otherwise upon you reaching 65 years (even if this occurs during a Benefit Payment period).

WAITING PERIOD FACTOR

Multiply the rates on the previous page by the factor below depending on the waiting period required.

30 days	1.000
60 days	0.815
90 days	0.530
180 days	0.440
1 Year	0.400
2 Years	0.380

OCCUPATION LOADING FACTOR

Multiply the above rates by the factor below depending on occupational rating level.

Level 1 – e.g. administration and management

Level 2 – e.g. works supervisor

Level 3 – e.g. trades and manual workers

Level 1	1.0
Level 2	2.0
Level 3	3.2

NEED HELP WORKING OUT YOUR PREMIUMS?

The easiest way to work out the annual premium is to use our online premium calculator on our website www.wasuper.com.au.

However, if you are unable to access the web here is how we manually work out the annual premium:

Let's assume you are male and you'll be 35 on your next birthday, your occupation fits into the level 2 category and you want 5 year cover with a 60 day waiting period. Your package salary is \$40,000 pa.

$\$4.54 \times 0.815$ (waiting period factor) $\times 2$ (the level 2 factor)
= \$7.40pa per \$100 monthly benefit.

$75\% \times \$40,000$
= \$30,000 pa which is \$2,500 per month.

$\$2,500/\$100 \times \$7.40$
= \$185 annual premium.

CLAIMING AN INCOME PROTECTION BENEFIT

A Total Disability benefit becomes payable when you suffer a Total Disability which has been solely caused as a result of an injury or illness and you meet all of the following conditions:

- You have been totally disabled for 14 consecutive days; and
- You are totally disabled for the balance of the waiting period; and
- At the conclusion of the waiting period you remain totally disabled.

During the waiting period you may return to your primary duties of your occupation once, for up to five consecutive days without having to recommence the waiting period. If this occurs, the days worked will be added to the waiting period.

Total disability benefits are paid monthly in arrears, after the conclusion of your waiting period.

WHEN IS A PARTIAL DISABILITY BENEFIT PAYABLE?

A Partial Disability benefit becomes payable when you suffer Partial Disability which has been solely caused as a result of an injury or illness and you meet all of the following conditions:

- You have been totally disabled for 14 consecutive days; and
- You are either totally or partially disabled for the balance of the waiting period; and
- At the conclusion of the waiting period you remain partially disabled and have returned (or you are capable of returning) to your own or any other occupation;
- You're under the care of a medical practitioner; and
- As a result of the disability, your income is less than your income before the disability.

Partial Disability benefits are paid monthly in arrears and on you providing the Insurer proof of your return to work earnings.

HOW IS THE PARTIAL DISABILITY BENEFIT CALCULATED?

The amount of the benefit is determined by the following benefit formula:

$$\frac{(PDS - REI)}{PDS} \times MB$$

PDS = Pre-Disability Salary

REI = Return to Employment Income

MB = Monthly Benefit

Where the Return to Employment Income is greater than 80% of your Pre-Disability Salary, a Partial Disability Benefit is not payable. Pre-Disability Salary shall mean the lesser of your:

- Insured Salary; or
- The Monthly Benefit divided by the Benefit Formula if your Pre-Disability Salary is higher than your Automatic Acceptance Limit and your Monthly Benefit has been restricted to the Automatic Acceptance Limit.

If you make a claim, the salary level used to calculate your entitlement (Insured Salary) if you have Basic Cover is your salary at the Date of Disablement.

For all other covers, it is the lesser of your:

- Declared Salary; or
- Salary at the Date of Disablement.

Please note that if your Salary is higher than the Declared Salary, the Insured Salary is calculated as the Salary at the Date of Disablement to a maximum of 110% of the Declared Salary.

BENEFITS OFFSETS

The amount of your total or partial disability benefit will be reduced by:

- Sick leave (however, you can choose to offset or partially offset sick leave with the amount of any benefit the Insurer may pay subject to you not receiving more than 100% of your packaged salary. Even if you elect to take sick leave your benefit period starts to accrue from the end of the waiting period);
- Social security, workers compensation, motor accident compensation or other similar compensation paid under State or Federal or Territory legislation (including benefits payable from the Department of Veterans' Affairs);
- If you have Basic Cover, any Centrelink or Department of Veterans' Affairs payments will not be offset until total income, including the Centrelink payments exceeds 75% of your Packaged salary;
- Any income benefit paid under any insurance policy held by you or your employer.

The Insurer will not reduce a benefit by any lump sum payment unless a portion of the lump sum relates to income, in which case your benefit will be reduced.

WHAT HAPPENS IF I HAVE A RECURRING DISABILITY?

If total or partial disablement recurs, it will be deemed to be a continuation of your previous claim provided:

- The recurrence is within six months of the date you were entitled to receive either a total or partial disablement benefit, whichever is applicable; and
- The cause of the recurring disability is the same as or related to the previous claim; and
- Cover has not stopped for the reasons set out under the heading "When Does Cover Stop?" (See page 9).

If the Insurer agrees there is a recurrence, no waiting period will apply and the successive periods of either total or partial disability will be regarded as continuous for the purpose of determining the maximum benefit period.

The maximum period in respect of any total or partial disability claim from one or related cause is the Benefit Period.

WHEN DO I NEED TO PROVIDE MEDICAL EVIDENCE?

You'll need to provide medical evidence if any of the following occurs:

- The AAL doesn't apply to you (i.e. you are not eligible for the AAL)
- Any subsequent change to your level of cover after the first six (6) months of first becoming eligible for Automatic Acceptance under the fund even if the level of cover remains within the AAL;
- You are applying for cover amounts above the AAL;
- Certain circumstances under the policy where Insurer written approval is required, for example: reinstatement of cover;
- You change your level of cover resulting in an increase to your benefit period or decrease to your waiting period.

Medical evidence involves completing a Personal Statement. The Insurer will assess your application and may request additional medical information.

GENERAL EXCLUSIONS

Income Protection benefits won't be paid if the disablement arises directly or indirectly from:

1. An intentional self-inflicted act, intentional self-inflicted

injury or attempted suicide;

2. Uncomplicated pregnancy or childbirth, unless disability continues for longer than three months after the pregnancy ends, in which case the disability will be considered to have commenced at the later of:
 - the Date of Disablement; or
 - the date the pregnancy ends;
3. War or acts of war, whether declared or not;
4. Active service in the armed forces of any country, not including normal activities as a Reservist with the Australian Defence Force, but including operational deployment on active service with the Australian Defence Force; or
5. Any exclusion that the Insurer may apply to an Insured Person as a condition of acceptance of cover;

or if the payment of the benefits would contravene any provision in the Private Health Insurance Act 2007 (Cth) or other related legislation.

INTERIM ACCIDENT COVER EXCLUSIONS

Income Protection benefits will not be paid where the Total Disability:

1. Occurs more than ninety (90) days after the Date of Accident which resulted in Total Disability, or
2. Is a result of a General Exclusion; or
3. Is caused by a Pre-existing Condition.

TAXATION

Income Protection insurance benefits are paid as taxable income and like salary and wages, attract Pay As You Go (PAYG) tax. The tax will be deducted from the benefit before it is paid to you, and remitted to the ATO.

The portion of the Income Protection benefit paid as super will be paid to your WA Super account and taxed as if it were an employer contribution. These statements in relation to taxation are based on interpretation of present Australian tax law, which may change at any time.

WHAT HAPPENS IF I CHANGE EMPLOYER?

If you leave your employer, your insurance cover and premiums will continue to be deducted from your account. Should you find employment (including self employment) during this time, let us know so we can recalculate your cover and premiums based on your new employer details. Any increase in cover will then be provided automatically, up to the AAL if you are eligible.

If you'd rather cancel your insurance, let us know by completing an Insurance Cancellation Form. Just be aware that cancelling your cover will mean having to provide medical evidence for future applications of insurance.

If, after leaving your employer, you become unemployed and your period of unemployment extends beyond 60 days, you can do one of two things:

- 1) You can cancel or reduce your cover. Using this option will require medical evidence for future applications of insurance or increased cover. Contact the fund for a cancellation form

- 2) You can continue to pay premiums based on the level of cover you had prior to leaving your employer. However, you will not be eligible to claim for any Income Protection benefits if you remain unemployed beyond the 60 day period.

If you begin work on a casual basis you should contact the fund immediately as you may not be eligible to claim for any Income Protection benefits, depending on the number of hours worked and when you joined the fund.

If you choose option 2 and become employed or self-employed, let us know immediately so we can recalculate your cover and premiums based on your new salary details. Any increase in cover will then be provided automatically, if you are eligible, up to the AAL.

If you make a claim, the salary level used to calculate your entitlement (Insured Salary) if you have Basic Cover is your salary at the Date of Disablement.

For all other covers, it is the lesser of your:

- Declared Salary; or
- Salary at the Date of Disablement.

Please note that if your Salary is higher than the Declared Salary, the Insured Salary is calculated as the Salary at the Date of Disablement to a maximum of 110% of the Declared Salary.

CAN I TRANSFER EXISTING COVER?

If you have existing insurance cover through another fund, insurer or employer, you may be able to transfer that insurance cover. Simply fill in the Transfer of Insurance Cover Form (available on our website) and send it to us along with a copy of a current statement showing cover.

You must be "At Work" on the commencement date of the transfer of your existing cover and our Insurer will make an assessment and let you know if any additional information is required. We will advise you of the Insurer's decision.

WHAT HAPPENS TO MY SUPER CONTRIBUTIONS?

Your super contributions are included in the overall Insured Salary used to calculate your total benefit. Your chosen level of cover (i.e. either 50% or 75%) determines the percentage of contributions invested into your super. This ensures that contributions can still continue while you're unable to work.

Your benefit level (i.e. either 50% or 75%) includes 9.5% (the current SG rate) to be allocated into your super. This is calculated as: $\text{benefit amount} / 1.095 \times 0.095 = \text{super contribution}$.

WHAT HAPPENS IF I'M ON A PACKAGE?

Your package salary will be used to calculate your cover and premiums. It includes all items which may be "lost", including super contributions and fringe benefits, if you're unable to work for any length of time. Similarly, any Income Protection benefit payable is based on the package that you have lost due to your disablement. Any non-cash benefits you're still receiving from your employer aren't included as part of the calculation of your benefit entitlement.

WHAT HAPPENS IF I AM SELF-EMPLOYED?

If you are self-employed please contact the Fund for assistance in determining your income level for the purpose of insurance.

WHAT IF I HAVE COVER ELSEWHERE?

If you have cover under any other policy or your employer has cover for you under any other policy, your entitlement under that policy is to be claimed first and offset against any entitlement under this policy.

WHAT HAPPENS IF I TAKE EMPLOYER APPROVED LEAVE?

If you're planning on taking employer approved leave, you can continue your insurance for a maximum period of two years. Your occupation and salary before you took leave will be the basis for your cover.

WORLDWIDE COVER

All Insured Members are covered worldwide 24 hours a day, 7 days a week subject to the Policy terms and conditions.

If you make a claim from outside Australia, the Insurer may require you to return to Australia at your expense before your claim is assessed.

TAILORED COVER

If you have some specific requirements which are not covered here, contact us and we will work with you and the insurer to see whether we can tailor a package to suit you.

6) Insurance words and terms / Glossary

Australian resident: means a person who is entitled to hold an interest in an Australian superannuation fund.

Limited Cover Conditions: means cover for claims arising from an illness that first becomes apparent or an injury which first occurred on or after the date the cover commenced, recommenced or increased under the policy.

“At Work”: means you are Gainfully Employed and actively at work and competently performing all the essential duties of your usual occupation without restriction, or are on approved leave other than leave which is taken for reasons related to illness or injury; and you are not receiving or claiming and/or entitled to claim income support benefits from any source, including workers’ compensation benefits, statutory transport accident benefits and disability/Centrelink income benefits.

Total and Permanent Disablement (TPD) means that in the Insurer’s opinion, an Insured person while insured is:

- (1) under the care of and following the advice of a Medical Practitioner; and
- (2) meets one of the following definitions Parts A, B, C or D as applicable; and
- (3) also meets the Permanent incapacity definition under Regulation 6.01 of the SIS Regulations (1994) which is:

‘Permanent incapacity, in relation to an Insured Person, means has suffered ill-health (whether physical or mental), where the Insurer is reasonably satisfied that the Insured Person is unlikely, because of the ill-health, to engage in gainful employment for which the member is reasonably qualified by education, training or experience’.

- A. has suffered, solely because of illness or injury, the permanent loss of:
- i. the use of two limbs (where ‘limb’ is defined as the whole hand below the wrist or whole foot below the ankle);
 - ii. the sight in both eyes; or
 - iii. the use of one limb and the sight in one eye.

OR

- B. has suffered, solely because of illness or injury:
- i. a permanent impairment of at least 25% of Whole Person Function or a Loss of Cognitive and Intellectual Function; and
 - ii. are not working in any occupation; and
 - iii. are disabled to such an extent as to render you unable to ever again work in any occupation for which you are reasonably suited by education, training or experience.

The assessment of Whole Person Function and/or Loss of Cognitive and Intellectual Function will be undertaken by an appropriately qualified specialist Medical Practitioner and will be based on you attaining maximum medical recovery. OR

- C. is, solely because of illness or injury, unlikely to ever again perform at least two of the following Activities of Daily Living (ADL):
- i. Dressing – the ability to put on and take off clothing without assistance;
 - ii. Bathing – the ability to wash or shower without assistance;
 - iii. Toileting – the ability to use the toilet, including getting on and off, without assistance;
 - iv. Mobility – the ability to get in and out of bed and a chair without assistance; or
 - v. Feeding – the ability to get food from a plate into the mouth without assistance;

Where ‘assistance’ means the physical assistance of another person.

OR

- D. i. Any Occupation, solely because of an illness or injury:
- a) you have not worked for 6 consecutive months; and
 - b) based on a consideration of all relevant evidence, you are disabled solely from that illness or injury to render you unlikely to engage in gainful employment for which you are reasonably qualified by education, training or experience.

OR

- ii. Domestic Duties, where immediately prior to the occurrence of the illness or injury, you were not Gainfully Employed and were home performing unpaid domestic duties, you:
- a) are unable to perform those domestic duties or work in any Gainful Employment for a period of 6 consecutive months;
 - b) are under the care of a Medical Practitioner;
 - c) are unable to leave your home without assistance; and
 - d) based on a consideration of all relevant evidence, you are disabled to such an extent as to render you unlikely to ever again perform those domestic duties or be Gainfully Employed.

“Loss of Cognitive and Intellectual Function” means your permanent loss of cognitive and intellectual function that has resulted in you requiring ongoing care and supervision by another adult person.

“Whole Person Function” means you have suffered from a Whole Person Impairment based on the latest edition of the American Medical Association publication ‘Guides to the Evaluation of Permanent Impairment’, or an equivalent guide approved by the Insurer.

“Gainfully Employed/ Gainful Employment” means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

Part D (i) of the definition does not apply to you if you are:

- Not working or you are working less than 15 hours per week averaged over 13 weeks prior to becoming TPD, or such shorter periods if employed for less than 13 weeks immediately before disablement); or
- A Casual or temporary employee; or
- Over age 65.

Only Part C of the definition will apply to an insured person who immediately after leaving his or her participating employer, becomes unemployed for 60 days and remains unemployed, provided premiums continue to be paid.

Total Disability means that as a result of an illness or injury:

- During the first two years, you're unable to perform at least one of the important duties of your occupation which involves at least 20% of the working time that is necessary to produce income; and
- After the first two years, because of the same illness or injury, you're unable to perform any occupation for which you are reasonably suited by education, training or experience (this condition only applies for Five Year Cover and Long Term Cover); and
- You're not working in any occupation; and
- You're under the care of a medical practitioner.

WHAT IS MY DUTY OF DISCLOSURE?

If you apply for cover or additional cover you have a duty of disclosure before you enter into a contract of life insurance with the Insurer. You have a duty under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or

could reasonably be expected to know, that may be relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you extend, vary or reinstate a contract of life insurance.

Your duty however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that the Insurer knows or, in the ordinary course of its business, ought to know; or
- the disclosure of which is waived by the Insurer.

The duty of disclosure applies even after your application for cover is completed until the Insurer's acceptance of insurance is issued in writing.

If you fail to comply with your duty of disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within three years of entering into it.

If your non-disclosure is fraudulent, the Insurer may void the contract at any time. If the Insurer is entitled to avoid a contract of life insurance, the Insurer may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

7) Your privacy rights

Your privacy is important to us. We ensure that your personal information is kept secure in accordance with our Privacy Policy.

COLLECTION OF PERSONAL INFORMATION

Personal information is collected from you to enable us to accept you as a member of the Fund and to administer your account, as well as providing you with services and benefits.

We may also collect information from your employer if you are an employer sponsored member.

Without the collection of your personal information we may not be able to accept you as a member of the Fund, or provide you with benefits and services.

DISCLOSURE OF YOUR PERSONAL INFORMATION

Your personal information may be disclosed to third parties to enable us to administer the Fund and provide you with related services. These include parties such as the Fund's administrator and insurer. We do not send your personal

information overseas unless required by law in administering your requests to transfer funds from overseas, such as New Zealand.

MARKETING

Where we believe that there may be products and services that are relevant to you, including those of third parties, we may use your personal information to inform you of these. You can elect to opt out of receiving marketing material at any time by contacting us. Further information is available in our Privacy Policy.

OUR PRIVACY POLICY

Our Privacy Policy is available on our website at www.wasuper.com.au/privacy or you can contact us to obtain a copy. The Policy details how we collect, use, manage and disclose your personal information along with how you can make a complaint in relation to a breach of your privacy. You are also able to access and seek correction of your personal information, subject to the Privacy Act 1988 (Cth).

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