

ANZ Super Advantage

INSURANCE GUIDE | 27 FEBRUARY 2012

ANZ Super Advantage

Entity details in this Insurance Guide

Name of legal entity	Registered numbers	Abbreviated terms used throughout this Guide
OnePath MasterFund	ABN 53 789 980 697, RSE R1001525, SFN 2929 169 44	Fund
OnePath Custodians Pty Limited	ABN 12 008 508 496, AFSL 238346, RSE L0000673	OnePath Custodians, Trustee, us, we, our
OnePath Life Limited	ABN 33 009 657 176, AFSL 238341	OnePath Life, Insurer
Australia and New Zealand Banking Group Limited	ABN 11 005 357 522, AFSL 234527	ANZ

Important information

When an employer joins ANZ Super Advantage (SPIN ANZ0265AU), their nominated employees become members of the Fund. OnePath Custodians is the trustee of the Fund and the issuer of this Guide.

The issuer is a wholly owned subsidiary of ANZ. ANZ is an authorised deposit taking institution (Bank) under the *Banking Act 1959* (Cth). Although the issuer of this product is owned by ANZ, it is not a Bank. Except as described in this Guide, an investment in ANZ Super Advantage is not a deposit or other liability of ANZ or its related group companies and none of them stands behind or guarantees the issuer or the capital or performance of the investment. An investment in ANZ Super Advantage is subject to investment risk, including possible repayment delays and loss of income and principal invested.

The information provided in this Guide is of a general nature and has been prepared without taking into account your objectives, financial situation or needs. Before acting on the advice, you should consider the appropriateness of the advice, having regard to your objectives, financial situation and needs. You should obtain a copy of the PDS for ANZ Super Advantage before making any decision about whether to acquire, or continue to hold, the product. You can obtain a copy of the PDS by contacting Customer Services on 13 38 63.

The Fund is governed by a trust deed (Trust Deed). Together with superannuation law, the Fund's 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 the issuer free of charge.

The Trustee invests all contributions in a master life policy issued by OnePath Life which then invests in selected investment funds. The master life policy is governed by the *Life Insurance Act 1995* and is a contract between the Trustee and OnePath Life. OnePath Life is required to conduct its business in accordance with the law and give priority to the interests of policy holders, invest all of the assets it receives from the Trustee in statutory funds approved by the Australian Prudential Regulation Authority (APRA) and comply with the prescribed capital and solvency standards.

OnePath Life is also the administrator of the Fund.

Insurance cover within ANZ Super Advantage is provided by OnePath Life Limited under group policies issued to the Trustee. The Trustee reserves the right to change insurer, or vary the benefits or premium rates from time to time.

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

The Trustee is responsible for the contents of this Guide.

A reference to 'financial adviser' in this Guide means your financial adviser or the Australian financial service licensee which your adviser represents.

Trustee contact details

OnePath Custodians Pty Limited
ABN 12 008 508 496, AFSL 238346, RSE L0000673

347 Kent Street
Sydney NSW 2000

GPO Box 4028
Sydney NSW 2001

Phone 13 38 63
Fax 02 9234 6668
Website anz.com
Email customer@onepath.com

The following information in this document forms part of the Product Disclosure Statement (PDS) dated 27 February 2012 for ANZ Super Advantage. Its purpose 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 Super Advantage.

If you invest in ANZ Super Advantage, you can access a copy of the PDS, this Insurance Guide and any matter that is applied, adopted or incorporated in the PDS from our website at anz.com.au/wealth/super. Alternatively, you can request a copy of this information free of charge by contacting Customer Services.

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

The insurance cover outlined in this Guide is provided by OnePath Life under group policies issued to the Trustee.

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Super fund ratings

Our products are continually highly recognised for their excellence through the highest industry ratings and awards. These include The Heron Partnership 'Heron 5 Quality Star Rating' 2011/12 and Selecting Super Rating of AAA. For more information visit www.heronpartners.com.au and www.selectingsuper.com.au



Insurance in ANZ Super Advantage

This Guide details the types of insurance that are available for members through ANZ Super Advantage. This Guide is applicable to all Employer Sponsored, Family and Personal Members in ANZ Super Advantage.

No matter what stage the member is at, it makes sense to have a safety net in place. Insurance benefits can help pay the member's debts, get kids through school and cover the cost of any unexpected medical treatment the member may need. In the unfortunate event of the member's death or disablement, insurance can also ensure the member's family's financial future is looked after.

There are several advantages in placing the member's insurance with ANZ Super Advantage, including:

- premiums are calculated using group based rates; this means that premiums will generally be lower than those available under a retail policy
- insurance under super may be tax-effective and are generally tax deductible
- since the premiums are deducted from the member's super account, this does not impact the member's day to day cash flow.

The Trustee has appointed OnePath Life (Insurer) to provide the insurance for ANZ Super Advantage. The insurance is provided under policies of insurance issued to the Trustee.

In all cases, insurance cover is subject to acceptance and to the terms and conditions of the insurance policies issued by OnePath Life. In the event of any inconsistency between the terms and conditions of the insurance policies and this Guide, the relevant policy terms will prevail.

Details of insurance cover will be shown in the Welcome Kit and also on Annual Statements each year.

Note: There is reference made to Basic and Enhanced Cover throughout this Guide and will depend on the insurance established within the employer plan. Details of insurance cover applicable and premiums payable will be set out in the member's Welcome Letter.

When reading this Guide, some expressions have a special meaning. This meaning is either explained in context or in the Definitions section on pages 16-18.

What cover is available?

A range of insurance options are available.

1. Death Only Cover – provides a lump sum upon death or upon diagnosis of a terminal illness.
2. Death (including terminal illness) and Total and Permanent Disablement (TPD) Cover – provides a lump sum upon death, diagnosis of a terminal illness or becoming totally and permanently disabled.
3. Group Salary Continuance (GSC) Cover – provides a monthly benefit on the Total Disability or Partial Disability of the insured member for the benefit period. The benefit payable will generally be two years. A waiting period of 30, 60, 90 or 120 days can apply.

You may be provided with Options 1, 2, or 3 or a combination of Options 1 and 3 or 2 and 3.

Notes:

- TPD Only Cover is not available
- TPD Cover cannot be greater than the Death Cover.

Cover will be shown on the member's Welcome Letter and subsequent Annual Statements.

Which members are eligible for insurance?

A member must be:

- an Employer Sponsored Member, or
- a Personal Member or
- a Family Member.

In addition, the member must:

- be aged between 15 and 64 years
- be a permanent Australian Resident, or Visa holder. Please see below for more information on cover for Non-Australian Residents
- be permanently residing in Australia (or eligible for Overseas Cover – see page 13)
- be engaged in an occupation for which cover is available under the policies
- meet specified eligibility criteria established by the employer and agreed with the Insurer and Trustee.

Additionally, for GSC Cover the members must work at least 15 hours per week on a permanent basis (including Contractors and excluding casual members).

Non-Australian residents

Non-Australian residents are eligible for cover whilst they reside in Australia if they are eligible to work in Australia and hold a Visa.

For GSC Cover, benefit payments will end where the member (including Contractors and excluding casual members) is in receipt of benefit payments at the date of departure, or expiration or cancellation of their Visa.

How is cover provided

All cover in ANZ Super Advantage is classified as 'Basic' or 'Enhanced' Cover. A brief explanation of each is provided below.

Basic Cover

Basic Cover provides Death Only or Death and TPD insurance on a fixed premium basis. Cover reduces as age increases. Fixed premiums vary according to the member's individual occupation.

The standard default life insurance cover is three units Basic Cover – Death and Total and Permanent Disablement (TPD).

If the employer has selected Basic Cover this may provide a monthly GSC benefit of 75% of Salary if the member suffers Total Disability. The benefit is only payable after a 90 day Waiting Period for a maximum Benefit Period of two years.

Enhanced Cover

Enhanced Cover allows the employer to design insurance cover to provide Death Only, or Death and TPD*, or GSC, or Death and GSC, or Death and TPD* and GSC Cover.

Employers can select a tailored insurance benefit. Some common designs are:

- a fixed amount for Death Only or Death and TPD* Cover
- a multiple of Salary for Death Only or Death and TPD* Cover
- 50% or 75% of Salary for GSC Cover with a 30, 60 or 90 day Waiting Period.

Where applicable these designs will be clearly identified on the member's Welcome Letter.

* Where Enhanced Cover applies, the TPD Cover reduces from age 60. It may reduce to \$0 by age 65, such that the amount of TPD Cover will automatically decrease by 20% each year over the five years prior to age 65. For example, between age 63 and 64 years, the TPD Cover will reduce to 40% of the TPD Cover. At age 65, the TPD Cover reduces to nil.

Member profiles

Cover available varies by member profile.

Member profile	Cover available
Employees' of participating employers	Basic and/or Enhanced Cover
Personal – former employees of participating employers	Upon transfer, any cover from the Employer Sponsored Division is fixed (subject to decreases in TPD Cover from age 60) and converted to the Enhanced Cover basis*
Family Members	Enhanced Cover basis*

* Benefit design of fixed dollar Death Only or Death and TPD Cover only.

Maximum insurance cover

- Unlimited for Death Only Cover.
- \$3 million for Death and TPD Cover.
- \$30,000, or 50% or 75% of monthly Salary (as chosen by the employer), whichever is the lesser, for GSC Cover.

The above levels of cover have to be applied for and will be subject to underwriting if outside the employer plan's Automatic Acceptance Level (refer to page 9 for information).

Additional Basic Death and TPD Cover

If a member has Basic Cover they may apply within the first 60 days of their membership, for an additional one unit of Basic Cover by simply answering three questions in the Additional Basic Cover Application form within their Welcome Kit, subject to meeting any eligibility requirements. The form can also be found online at anz.com/wealth/super

Benefits

When joining the Employer Sponsored Division the selection of member benefits are made by the employer when the plan was established with ANZ Super Advantage.

Please refer to the Welcome Letter or Annual Statement for details of insurance cover.

Death Only Cover and Terminal Illness Benefit

Put simply, Death Only Cover provides a lump sum payment in the unfortunate event of the member's death.

Depending on the plan rules the Death Benefit may be calculated as either:

- the insured amount plus the member's account balance, or
- as a defined formula calculation, where the insured amount may decrease as the member's withdrawal benefit balance grows.

A Terminal Illness Benefit will be paid if the member becomes terminally ill as long as:

- the policy is still in force
- the member's cover has not ended, and
- the benefit expiry age for the Death Benefit has not been reached.

The Terminal Illness Benefit is an advance of the Death Benefit and is the lesser of the member's death sum insured or \$2.5 million. If the insured benefit is greater than \$2.5 million, the balance is paid on the member's death as long as:

- this is before the benefit expiry age for the Death Benefit
- the member's cover has not ended
- premiums continue to be paid for the reduced insured benefit, and
- the policy is still in force.

Total and Permanent Disablement (TPD) Benefit

The TPD Benefit (if it applies) will be paid if the member is totally and permanently disabled (refer to TPD Definition). They must have first ceased work as a result of the injury or illness giving rise to total and permanent disablement while the policy is in force and before the first to occur of:

- the member's cover ending
- the member becoming terminally ill
- the member reaching the benefit expiry age for TPD Cover.

The member will be requested to provide evidence of their disability to enable us to determine whether or not they meet the TPD definition.

For the Insurer to pay a TPD benefit, the member has to qualify under TPD Definition 1 or TPD Definition 2. The TPD definition which applies depends on the nature of the member's disability and whether or not the member was working or on paid or unpaid leave at the time they suffered an injury or illness which leads to their total and permanent disablement.

The Insurer will pay a TPD benefit under TPD Definition 1 if, at the date the member suffers an injury or illness that leads to their total and permanent disablement they were:

- engaged in a gainful occupation, business, profession or employment and had worked for at least 15 hours or more per week averaged over the six months immediately prior to the date of injury or illness; or
- engaged in a gainful occupation, business, profession or employment for less than six months immediately prior to the date of injury or illness, but had worked for at least 15 hours or more per week since the member's TPD Cover commenced; or
- on employer approved paid or unpaid leave for 24 months or less but had worked for at least 15 hours per week averaged over the six months immediately prior to the day the member commenced employer approved paid or unpaid leave.

In all other circumstances, the member will be assessed under TPD Definition 2.

Tapered TPD

For members of employer plans that were formerly insured with TAL Life Limited (formerly known as TOWER Australia Limited) ABN 70 050 109 450.

Unless the member's insurance formula reduces to zero by age 65, the TPD benefits will taper by 20% each year after the member turns 60, so that by the age of 65 their TPD insurance cover will be zero; for example, if the member is:

Current age	The TPD benefit will be
60	100%
61	80%
62	60%
63	40%
64	20%
65	Nil

For members with TPD insurance benefits through their Defined Benefit component, tapering is not applicable.

Group Salary Continuance (GSC) Cover

GSC Cover protects the member's lifestyle, if they are Totally Disabled or Partially Disabled. It provides a monthly benefit which is the lesser of:

- the percentage of Salary nominated by the Employer and agreed to by us and the Insurer divided by 12; and
- 75% of the member's Pre-Disability Salary.

With this benefit type, if the member's Salary changes and we are not advised, when the member makes a claim, the benefit the member is eligible to receive may be less than the amount for which premiums are paid and the amount shown in the member's Welcome Letter or Annual Statement.

When joining the Employer Sponsored Division, GSC Cover is agreed between the employer, Trustee and the Insurer.

Total Disability Benefit

The monthly benefit will be paid if the member is Totally Disabled for longer than the Waiting Period and while cover is still in force. The monthly benefit starts to accrue from the day after the end of the Waiting Period. The monthly benefit is payable monthly in arrears and stops at the earliest of:

- the end of the two year Benefit Period
- the member's death
- the member ceasing to be Totally Disabled
- for a member holding a Visa, the date the member's Visa expires or is otherwise terminated, or 30 days after the date they leave Australia, except in the case of overseas trips of three months or less
- for a Contractor, the date the member's contract expires.

Minimum hours requirement

In order to be assessed for a GSC Benefit, the member will be required to be permanently employed (including Contractors) and have worked in a gainful occupation, business or profession for an average of 15 hours or more per week over a period of six consecutive months in the period immediately prior to the date giving rise to the disablement.

If, at the time of the disablement, the member has been working for their current employer for less than six months, they will satisfy this minimum hours requirement if they have worked an average of 15 hours or more per week since joining ANZ Super Advantage and were first eligible for insurance cover.

If the member does not satisfy the minimum number of hours, they will not be eligible for assessment for a GSC Benefit. The premiums paid to the Insurer from the date the GSC Cover ceased will be refunded.

Partial Disability Benefit

The Partial Disability Benefit begins to accrue from the day after the member is no longer totally disabled or after the end of the Waiting Period, whichever is the later.

The Partial Disability Benefit is payable monthly in arrears and stops at the earliest of:

- the end of the two year Benefit Period
- the member's death
- the member ceasing to be Partially Disabled

- the member earning, or being capable of earning, a monthly Salary equal to or greater than their Pre-Disability Salary
- for a member holding a Visa, the date the member's Visa expires or is otherwise terminated, or 30 days after the date they leave Australia except in the case of overseas travel of three months or less
- for a Contractor, the date the member's contract expires.

The Partial Disability Benefit will be paid if a member suffers a Partial Disability. A proportion of the monthly benefit will be paid. The proportion will be calculated as follows:

$$\frac{A - B}{A} \times \text{monthly benefit}$$

where:

A is the member's Pre-Disability Salary

B is the greater of the salary that the member:

- earns for the month that the Partial Disability Benefit is payable
- is capable of earning for the month that the Partial Disability Benefit is payable.

The Insurer will calculate the amount the member is capable of earning based on medical advice, which will include the opinion of the member's Medical Practitioner and all other relevant information.

Features applicable to Total Disability and Partial Disability Benefits

In the Employer Sponsored Division, the Waiting Period is selected by the employer and accepted by the Insurer. Should the employer choose the Waiting Period or choose to alter it, members will be bound by the nomination or alteration.

The Welcome Letter and any subsequent Annual Statements will indicate any GSC Benefit and the Waiting Period applicable.

If the member returns to work during the Waiting Period, the Waiting Period starts again, unless the return to work only happens once and is for no more than five consecutive days. In this case, the Insurer will add the number of days worked to the Waiting Period.

Death Benefit

If the member dies while a Total Disability or Partial Disability Benefit is being paid, one additional month's benefit will be paid after the member's death.

Premium waiver

Any premium which falls due while the member is receiving the Total or Partial Disability Benefit, will be waived.

Return to work program

Once the Trustee receives notice of an injury or illness which may give rise to a claim for a Total Disability or Partial Disability Benefit, if the Insurer is of the opinion that participation in a return to work program may help the member return to work, some or all of the expenses incurred for the member's participation in that program will be paid. The Insurer may only pay where the Trustee has approved the program expenses.

Recurring disablement

If a member returns to work after a period of disability and suffers the same disability again within six months of that earlier claim ending, the further claim will be regarded as a continuation of the earlier claim and the Waiting Period will not apply. Both the member's cover and the policy must still be in force. Benefits will be limited to the unexpired portion of the two year Benefit Period.

Superannuation Contribution Benefit

An optional Superannuation Contribution Benefit of up to 10% of the member's Salary may apply. This benefit will be paid to the member's account (while a Total or Partial Disability Benefit is being paid in respect of the member) in order to allow employer superannuation contributions to be maintained while the member is disabled.

This additional cover applies only if selected by the employer and is limited to the lesser of:

- the percentage of Salary the participating employer is contributing to the employer plan as superannuation contributions
- 10% of Salary.

Any payments made to the member's account under the Superannuation Contribution Benefit will be included and taxed as investment earnings. For further information, see 'What tax applies while your super is invested?' on page 29 of the Member Guide which forms part of the PDS.

Extended Cover

Where the member leaves ANZ Super Advantage for reasons other than retirement or disablement prior to age 65, they will continue to have Extended Cover for a maximum period of 60 days.

Extended Cover means cover for Total Disability or Partial Disability caused by an Accident. This cover starts on the day they cease to be an insured member of ANZ Super Advantage, and stops on the earliest of:

- 60 days after they cease to be a member of ANZ Super Advantage
- the member reaching age 65
- the member starting alternative insurance for the same or similar benefits
- the policy ending
- the member retiring
- the member's death.

In order for Extended Cover to apply, the member must have had GSC Cover on the date they left ANZ Super Advantage and the member's account balance on that day must be sufficient to pay the premium. The Waiting Period will apply, and the insured benefit will not be payable more than once in respect of any one Accident. The benefit amount will be calculated as at the date immediately prior to the date the member ceased to be a member of ANZ Super Advantage.

Defined Benefit members

Defined Benefit members should be advised that where they request additional cover it will be added to their accumulation membership and accordingly, premiums in respect of the additional cover amount will be incurred by the member and deducted from their accumulation account balance.

Life Events Cover

To help the member adjust their levels of insurance cover as their circumstances change throughout their life, the member (within 30 days of the Specific Life Event occurring) may apply for an increase in their existing insurance cover (Death Only Cover or Death and TPD Cover). This application may occur, without underwriting, once in any 12-month period on the occurrence of certain specific life events.

These events include:

- the marriage of the member (limited to once throughout the term of the member's plan membership)
- the birth or adoption of a child by the member or member's spouse
- a child of the member starting secondary school
- taking out a mortgage for the purchase of the member's first home, or where a member's Salary package increases by 20% or more.

The increase of Death Only or Death and TPD insurance cover (upon the Insurer's receipt of the required evidence) is:

For Basic Cover members:

1 unit of cover

For Enhanced Cover members:

the lesser of:

- 25% of the member's sum insured (as at the start date of the cover) or
- \$200,000 or
- the maximum benefit level.

Life Events Cover is not available under this option if the member:

- at the time of application has or is entitled to claim in relation to their cover or
- is aged 55 years or older, or
- has previously had a Life Events Cover Option Form accepted by the Insurer for marriage, and the member is applying again to increase their cover for marriage.

The increase in cover will apply from the date the application is accepted.

If a member's application is accepted, the increase will be on the same acceptance terms that currently apply.

To apply for an increase in insurance cover for a life event, the member will be required to complete a Life Events Cover Option Form and provide copies of evidence of the life event to OnePath Life. The details of the evidence required are detailed on the Life Events Option Form that can be obtained from the website at anz.com/wealth/super or by contacting Customer Services.

How do members get cover?

Members can obtain cover by:

- automatic acceptance – receiving the benefit design on joining ANZ Super Advantage (Employer Sponsored Division only)
- submitting an individual member application
- transfer terms.

Family Members are not automatically provided with insurance and must apply for any insurance cover in ANZ Super Advantage – Personal.

Automatic Acceptance

When the employer establishes insurance cover for the plan, they may have been provided with an Automatic Acceptance Level (AAL). An AAL is the maximum amount of cover available without the member needing to provide health evidence. The level of the AAL will depend on a number of factors, including but not limited to:

- the size of the employer plan
- the type of cover the employer selects.

New Employer Sponsored Members

New employees of participating employers automatically receive their employer benefit design up to the AAL provided:

- the employer submits the member details to us and remits an initial contribution within 120 days of their commencement of employment with the participating employer
- the member was At Work on the employer plan's commencement date or the member's date of joining the employer's plan, whichever is relevant
- the member satisfies the eligibility criteria applicable to the employer plan.

Please see 'When does cover start?' section on page 10.

Cover under the AAL will commence for the member upon satisfying the factors above.

Cover provided using the member application process is outlined in the proceeding section.

Individual member application

The member will be required to submit an application for insurance if:

- an AAL does not apply to the employer plan
- the member requires cover in excess of the AAL
- the member requires cover in excess of the amount accepted by the previous insurer and transferred to the Insurer under transfer terms
- the member's cover stops and a subsequent request to reinstate insurance cover is made
- the member requires cover in excess of the employer plan's benefit formula
- the member joins ANZ Super Advantage – Personal as a Family Member (eligible for Death Only or Death and TPD Cover only)
- the member was not eligible for automatic acceptance cover
- the member is a Personal Member who requires insurance cover and did not have insurance automatically transferred from the Employer Sponsored Division.

To make a Death Only or Death and TPD Cover application, the member will need to complete the Short Form Personal Health Statement for all applications for cover up to and including \$1 million. For applications over \$1 million and all GSC Cover applications, the member will need to complete the Full Personal Health Statement.

Additional health evidence may be required. The Short and Full Personal Health Statements can be downloaded from anz.com/wealth/super or a copy may be requested by calling Customer Services on 13 38 63. Please submit these forms to:

ANZ Super Advantage
OnePath Life Limited
GPO Box 4028
Sydney NSW 2001

If the member applies for insurance cover or any variation in cover and the application is assessed and accepted by the Insurer, the member's cover or variation in cover will commence on the date that the application is assessed and accepted by the Insurer.

While the application is being processed, the member may be eligible for Interim Accident Cover. For further details on Interim Accident Cover please refer to page 10.

Transfer terms

Transfer terms may be available if the employer had similar insurance with another insurer before transferring insurance to ANZ Super Advantage. Transfer terms (if applicable) apply only to those persons who were members of the previous plan at the date the plan transferred to ANZ Super Advantage.

If transfer terms apply, all eligible employees who were covered under the previous policy and were At Work on the last Normal Business Day prior to the employer plan joining ANZ Super Advantage, will be covered for the insured benefit from the plan's commencement date.

Any premium loadings, restrictions, exclusions and limitations which applied under the previous policy will continue in ANZ Super Advantage.

For any transferring member insured under the previous policy who was not At Work on the last Normal Business Day before the transfer date for reasons other than sickness or injury, the Insurer will take over the same TPD or GSC Cover, provided that:

- on the day before the first day of the relevant absence, the transferring member was At Work, and
- during the period where the transferring member was not At Work, he or she was not disabled due to a sickness or injury prior to the transfer date.

Transferring members insured under the previous policy who were not At Work, on the last Normal Business Day before the transfer date due to sickness or injury will be provided with New Events cover from the transfer date. When the transferring member returns to the Pre-Disability duties (without limitation) they last performed when they were At Work the New Events cover rules will be removed.

The member's Welcome Letter issued upon joining ANZ Super Advantage will show the type and amount of cover that applies. If insurance cover is not shown on the Welcome Letter, then insurance cover can be obtained by following either the individual member insurance transfer process or the individual member application process outlined in this Guide.

Individual member insurance transfer

If a member holds Death Only or Death and TPD Cover with another superannuation fund, they may be able to transfer this cover in ANZ Super Advantage up to a limit of \$1 million total cover.

The member will be required to provide evidence of the insurance cover held through the other superannuation fund and complete an Individual Insurance Transfer Form that can be downloaded from anz.com/wealth/super or a copy may be requested by calling Customer Services on 13 38 63.

Changing insurance cover

The member can change the insurance cover their employer has selected in any of the following ways:

- Cancellation of insurance cover at any time. If the member cancels their cover and then decides to reapply for it at a later date, they will be subject to the terms and conditions offered at that time. This is likely to include medical evidence.
- Apply to change the level of cover at any time.

If the member wishes to change cover, they must put their request in writing to the Trustee. A change in cover will be communicated after the change is assessed and accepted by the Insurer.

When does cover start?

Cover for Employer Sponsored Members accepted under automatic acceptance will generally start on the date the member commences employment with the employer but may vary depending on the way the employer plan has established insurance cover. Cover for members accepted under transfer terms generally commences on the transfer date.

For Family Members and all other cases, cover will start from the date the Insurer accepts the member's application, provided premiums are paid.

Interim Accident Cover

Whilst an individual member application for cover is being assessed, members receive Interim Accident Cover. This means that whilst applicable, the Insurer will honour any claim arising as a result of an Accident.

This cover begins on the date the application for insurance is received by ANZ Super Advantage and ends on the earlier of:

- The date the application is accepted or declines; or
- 180 days after the commencement of Interim Accident Cover.

There is no separate premium for Interim Accident Cover. In the event that an application is accepted, premiums will be charged from the effective date of any cover the Insurer approves. If an application for cover is not accepted, no premium will be charged for the period in which Interim Accident Cover was provided.

Interim Accident Cover will be for the same type of cover as the cover applied for i.e. if an Application is made for Death Only Cover, Interim Accident Cover will apply for Death Cover and not TPD Cover.

When does cover cease?

Apart from Extended Cover which is explained on page 8, the member's cover will cease, without the member necessarily being notified, on the earliest of the following dates:

- the member's death
- for Death Only or Death and TPD only: Cover will cease the date a Terminal Illness or TPD Benefit is paid which is equal to the Death Benefit
- 60 days from when premiums are not paid
- the date the member reaches their benefit expiry age
- the date the member requests in writing to cancel cover
- the date the member ceases to be a member of ANZ Super Advantage including full balance transfers requested under portability provisions
- the date the policy ends

- for GSC only; the date the member ceases working at least 15 hours per week on a permanent basis unless cover continues in accordance with the 'Cover during paid and unpaid leave' section
- the date the member commences active duty with the armed forces of any country
- the date the member has been seconded overseas for his or her employer for longer than five years and does not have written consent from the Insurer for cover to continue (for Employer Sponsored Members only).
- the date the member (who is not in the Employer Sponsored Division and been seconded overseas for the employer) has been overseas for longer than 24 months and does not have the written consent from the Insurer for cover to continue
- the date the member who holds a Visa is not eligible to work in Australia (whether that is because they no longer hold a Visa or for any other reason)
- the date the employer terminates the cover that applies under the Policy to its employer plan
- 30 days after the date a member who holds a Visa permanently departs Australia
- for Employer Sponsored Members only, the date the member ceases to be a Contractor; or
- the date the Insurer terminates or avoids the employer plan which the member is in, in accordance with its legal rights.

How to make a claim

Hopefully a claim will never need to be made, but in the event that it does, the process has been made as easy as possible.

To find out more about making a claim:

- contact Customer Services on 13 38 63 weekdays from 8.30am to 6.30pm (EST)
- visit anz.com/wealth/super
- email customer@onepath.com.au

The Insurer must be notified in writing of any claim or potential claim within 30 days of the member's death or disability, or as soon as it is reasonably practicable to do so.

If notice is not received within the time specified, the benefit may be reduced or refused to the extent to which the Insurer's interests have been prejudiced as a result of the delay.

The member, or in the case of their death the legal personal representative, will be sent claim forms within seven days of receiving notice of a claim. The Insurer sending the claim forms does not constitute an admission of liability in respect of any claim lodged.

Medical information and evidence will generally be requested to enable a claim to be assessed. During the

course of a claim, the member may be required to be interviewed and attend vocational assessments and rehabilitation, as well as provide the Insurer with all information required in order for it to determine their eligibility for benefits. This specific requirement does not apply to death claims, but other documentation may be requested.

Benefits payable for a period of less than one month will be calculated on a pro rata basis. No payment is made for the policy Waiting Period.

Payment of the claim for TPD and GSC Cover

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

- where the member was accepted (or an increase of the insured benefit was accepted) under automatic acceptance or transfer terms, proof that both the member and employer met all of the relevant requirements
- the member's disability or other entitlement to claim the applicable insured benefit
- the member's age
- the member's Salary and if applicable, Pre-Disability Salary
- any relevant payments during the period benefits are payable (e.g. Workers' Compensation).

Payment of the claim is conditional upon the member or the employer establishing entitlement by:

- providing medical reports from a treating Medical Practitioner
- when reasonably required by the Insurer (and at the Insurer's expense) the member being examined by a Medical Practitioner the Insurer nominates, who must confirm the condition
- providing pathology, blood tests, x-ray or other appropriate evidence.

Payment of the claim is conditional upon the member being under the regular care of their Medical Practitioner and following the advice and treatment recommended by that Medical Practitioner.

When reasonably required by the Insurer (and at the Insurer's expense) the member may be required to:

- undergo vocational assessment and/or rehabilitation
- be interviewed
- agree to an audit of their financial circumstances (GSC Cover only).

Repayment of benefits

If, for any reason, it is determined that a benefit paid was not actually payable under the terms of the insurance policy(ies), all or part of the benefit must be repaid.

Multiple accounts

If a member is eligible to have, or has multiple accounts with insurance Death or Death and TPD Cover provided through ANZ Super Advantage, the Insurer will limit the total of all cover amounts payable so the total of the member's amounts payable does not exceed the maximum benefit level. If a member is eligible to have, or has multiple accounts with GSC cover through ANZ Super Advantage, in the event of a claim, the maximum that can be paid through all accounts is 75% of the member's Pre-Disability Salary.

What does it cost?

The premium applying can depend on a variety of factors including:

- the type and level of cover
- the member's age
- any relevant rating factors applicable to the employer's plan
- the member's occupation and occupational category
- the member's health and pastimes (where they apply individually).

Premiums are calculated and deducted monthly in arrears from the member's ANZ Super Advantage account. The actual premium payable will be advised in the Welcome Letter provided upon joining ANZ Super Advantage, and then for each subsequent year in the Annual Statement issued as at 30 June.

Insurance Administration Payment

The Insurer may pay OnePath Life (as the administrator) an amount of up to 10% p.a. of insurance premiums. If applicable, Insurance premiums are inclusive of this amount.

Premium rates

- Death and TPD Cover – the rates for Employer Sponsored Basic Cover are outlined on this page.
- Death and TPD Enhanced Cover and GSC Cover – premiums payable will be stated in the Welcome Letter and Annual Statement.

Basic Cover benefit table

Cover varies by age as follows:

Basic Cover allows for a fixed premium

Unit of Basic Cover		
Age next birthday	Amount of cover per unit	Premium per unit of cover
16–30	\$76,500	Employer Sponsored Death and TPD Cover – \$1.07 per week per unit of cover
31–35	\$64,800	
36–40	\$46,000	Death Only Cover – \$0.64 per week per unit of cover
41–45	\$27,500	
46–50	\$14,100	Personal Members Death and TPD Cover – \$1.16 per week per unit of cover
51–55	\$7,100	
56–60	\$4,100	Death Only Cover – \$0.72 per week per unit of cover
61–65	\$2,400	

Note: the above premiums for Employer Sponsored Members apply to employer groups with up to 99 members as at the commencement of the employer plan. For the rates that apply to larger employer groups, contact Customer Services on 13 38 63.

Importantly, different premium rates as shown in the table above will apply for members who move from the Employer Sponsored Division to ANZ Super Advantage – Personal following a change of employment. For more information see 'Leaving an employer' on page 15 of this Guide.

Multiples of Basic Cover

Where a multiple of Basic Cover has been selected (e.g. four units of Basic Cover), the amount of cover will be a multiple of the amount of Basic Cover. The premium will simply be a multiple of the premium for one unit of Basic Cover (see table above).

Enhanced Cover

The Trustee may have negotiated different premium rates for an employer plan. The premiums a member pays will depend on a number of factors including, but not limited to, their occupation, age, gender and the amount and type of cover. Premiums are calculated using the Insurer's base table of premium rates per age from age 16 to age 65 (or any other approved retirement benefit expiry age). The Insurer's base table of premium rates may be discounted based on the size and general occupation of all employees in the employer's plan. As these discounts are tailored per employer plan and are different for every ANZ Super Advantage plan, we cannot provide the actual premium age rate table applicable in this Guide. Premiums are normally calculated and deducted from the member's account balance monthly in arrears. If a member's employer has chosen to meet the costs of insurance premiums, it will be shown on their Welcome

Statement and their Annual Statement. Alternatively, contact Customer Services on 13 38 63 to obtain a copy of the applicable premium rates.

Note: If a benefit is calculated using the member's Salary, the employer must notify us of all Salary changes as they occur. If we are not notified of a change in Salary and no additional premium has been paid in the event of a claim we may pay a lower benefit based on the member's Salary that was previously advised or the Salary at the last review date.

Different premium rates for Enhanced Cover apply to Personal Members as opposed to Employer Sponsored Members. However, the premium rates may increase or decrease depending on various factors, including a member's occupational class (Personal Members only) and any health or other loadings. Please call Customer Services on 13 38 63 for the premium rate that applies.

Stamp Duty

Death and TPD

Stamp Duty is included in the premium rates that apply to the Trustee.

Group Salary Continuance

Stamp Duty is payable in addition to the premium rates that apply to the Trustee but is included in the premium that is paid. This is a charge levied by each State Government and the Insurer passes it onto the appropriate Office of State Revenue. The amount of stamp duty payable varies according to the member's state or territory of residence and may change.

Taxes and expenses

The premiums advised in the Welcome Letter and subsequent Annual Statements are not inclusive of any applicable:

- Federal, State or Territory taxes, and other government charges (except for stamp duty which is included in the premium rates for Death Only or Death and TPD Cover)
- expenses incurred in administering any function required by a Federal, State or Territory government any legislation in relation to the policy.

The insurance premium charged by OnePath Life is not subject to GST. The insurance commission that OnePath Life pays to your financial adviser is subject to GST.

The Insurer may vary or otherwise adjust any amounts (including but not limited to premiums, charges and benefits) under the insurance policies in the manner and to the extent the Insurer determines to be appropriate to take account of the tax.

Other important items

The following important information should be considered if and when applicable.

Overseas cover

Whilst a member is in the Employer Sponsored Division and is seconded overseas by the participating employer, cover for Australian residents continues automatically for up to five years.

In all other cases, cover for Australian residents overseas continues automatically for up to two years.

Cover in respect of a member who holds a Visa:

- and who is outside Australia will continue for up to three months provided they continue to hold a Visa and have not permanently departed Australia; or
- ceases 30 days after his or her permanent departure from Australia.

Other events of cover ceasing for Visa holders are set out on page 10 and 11 of this Guide.

To extend cover beyond these limits, an application in writing is required.

GSC benefit payments will cease after a maximum of six months whilst overseas. Payments will resume on return to Australia assuming other payment requirements continue to be met.

Benefit limitations

It is important to be aware of the limitations which could affect insurance.

Benefit reductions

Benefits payable will be reduced in the following circumstances:

- For GSC, the Total Disability or Partial Disability Benefit is reduced by other payments (including settlement or commutation amounts) received by, or in respect of, the member:
 - by way of workers' compensation
 - in respect of loss of income (whether under legislation or otherwise)
 - under any statutory accident compensation scheme
 - as benefits under any other disability, injury or sickness insurance policy (except for lump sum benefits received for total and permanent disablement under such an insurance policy).

Note: Annual leave, sick leave, long service leave entitlements and investment income are not taken into account.

In respect of a lump sum payment, to calculate the reduction of the GSC Benefit paid, the lump sum is converted to an equivalent monthly amount spread evenly over the number of remaining months in the Benefit Period.

Benefit escalation – GSC Cover only

Where an employer has chosen to include benefit escalation to their employer plan, the monthly benefit will be increased by the lesser of the annual CPI increase and the escalation factor. This will apply 12 months after a Total or Partial Disability Benefit has been continuously paid.

The adjusted benefit will be similarly increased after each 12 month period for which a Total or Partial Disability Benefit is continuously paid in respect of the member. At the end of the period of claim, the monthly benefit reverts to the level which applied before the benefit escalation.

Who the benefit is paid to

The insurance cover is provided by OnePath Life. The insurance policies are issued to the Trustee and are offered to members of ANZ Super Advantage. Any claims must be made through the Trustee as the policy owner.

If the Insurer rejects, reduces or defers a death, TPD or GSC claim, the Trustee may reduce the benefit payable to take into account the Insurer's refusal, reduction or deferral.

Under superannuation law, the Trustee may only release a benefit if a condition of release is met. If the Trustee is unable to release the member's benefit, any proceeds will be credited to their member account and paid when they meet a condition of release. For more information on 'Conditions of release' please refer to the Member Guide, which forms a part of the PDS.

A terminal illness payment to another superannuation or pension fund is not a rollover superannuation benefit and is assessed against the relevant contributions cap. The member should speak to their financial adviser for further information on terminal illness payments as consequences may apply.

Cover during paid and unpaid leave

Provided premiums continue to be paid, the member does not cease to satisfy the eligibility criteria when they are:

- on paid leave, including sick leave, annual leave, parental leave and long service leave or
- on unpaid leave.

For periods greater than 24 months, please note that TPD Definition 2 will apply and GSC benefits may be Nil (see Pre-Disability Salary). If more than 24 months have passed since the date the member ceased work to commence a period of paid or unpaid employer approved leave as at the date the member suffers an injury or illness that leads to the member's:

- Total Disability or Partial disability, the member will not be entitled to a GSC benefit because of the way that Pre-Disability Salary is defined.
- Total and Permanent Disablement, the member will only be eligible for a Total and Permanent Disability Benefit if the member satisfies TPD Definition 2.

Exclusions

Claims may not be paid if:

- the event giving rise to the claim is caused directly or indirectly from war involving Australia, New Zealand or the member's country of residence
- at the time that the member's cover commenced, the member was engaged in an occupation not accepted for cover as described in the ANZ Super Advantage Occupation Guide (unless the member has received written advice contrary to this) which can be downloaded from anz.com/wealth/super

For Death and TPD voluntary cover only:

- any intentional self-inflicted acts that occur within 13 months of the voluntary cover starting.

For GSC Cover only, we will not pay any benefits:

- the event giving rise to the claim was caused directly or indirectly by the member's intentional self-inflicted act
- the event giving rise to the claim was cause directly or indirectly by pregnancy, unless the member is disabled for more than three months after the end of the pregnancy (in which case the waiting period is deemed to start on the later of the date Total Disability begins and the end of the pregnancy).

Payments may be reduced or refused while the member is imprisoned.

Insurance risks

If the employer has included insurance as part of their superannuation arrangements, i.e. Death Only Cover, Death and TPD Cover, or GSC Cover under ANZ Super Advantage, there are a number of insurance risks members should be aware of:

- if the employer elected to meet the cost of insurance premiums for the plan and the premiums are not paid within 60 days of the due date, the Insurer may cancel or terminate the plan's insurance cover by written notice to the employer
- if these premiums are not paid within 60 days of the due date, any claim which arises after the due date may not be assessed by the Insurer
- if the employer is not meeting the cost of insurance premiums and the account balance is insufficient to meet the cost of premiums, cover will cease after 60 days
- if a member's benefit is transferred to an eligible rollover fund (ERF) or the Australian Taxation Office (ATO), their cover will cease (see the Member Guide for more details)

- the amount or type of insurance cover selected by the employer may not be sufficient to provide adequate insurance cover in the event of injury or illness or death
- the member's premium or benefit may be adjusted if the member's age is mis-stated
- if a benefit is calculated using the member's Salary while they are in the employer's plan, we are reliant upon the employer's notification of any Salary changes. Where we are not notified of a change in Salary and no additional premium is paid, in the event of a claim we may pay a lower benefit based on the Salary that was previously advised or Salary at the last review date
- if the member or employer do not disclose to the Insurer every matter that they know or could reasonably be expected to know, that would be relevant to the Insurer's decision whether to accept the risk of the insurance and if so, on what terms, the Insurer may avoid the member's cover within three years of entering into it. If the member's or employer's non-disclosure is fraudulent, the Insurer may avoid the cover at any time.

Continuation of cover

Leaving an employer

Automatic transfer of insurance cover

When we are notified that employment with a participating employer is terminated, the member's account will be transferred automatically to ANZ Super Advantage. The amount of cover transferred will be a fixed dollar amount based on the level of cover at the transfer date.

Once transferred, ANZ Super Advantage – Personal premium rates will apply.

These new premium rates under ANZ Super Advantage may be higher than that which applied to the member's cover under ANZ Super Advantage as an employer sponsored member. The transfer of insurance and new premiums are effective from the date the day after the member left their employer.

Any insurance benefits including any individual underwriting terms that are applicable will continue subject to:

- not joining the armed forces of any country, and
- meeting the eligibility requirements in the section 'Which members are eligible for insurance?' on page 4.

Note: maximum cover levels continue to apply. Members should be aware that where the employer previously met the cost of premiums while they were part of their employer's plan, the member will incur premiums upon their transfer to ANZ Super – Personal.

For a copy of the applicable ANZ Super Advantage Rates applicable to you, please contact Customer Services on 13 38 63 weekdays from 8.30am to 6.30pm (EST).

Insurance only members

Insurance cover for Insurance only members (i.e. members who only have insurance cover with ANZ Super Advantage and have their regular contributions paid to an external superannuation fund) ceases when their employer notifies us they have ceased employment.

Leaving ANZ Super Advantage

If the member ends their cover because they no longer satisfy the eligibility criteria or cancels their ANZ Super Advantage account, they are eligible to exercise a Continuation Option for any cover they have, provided they:

- complete and submit the required application form within 60 days of leaving ANZ Super Advantage
- are less than 60 years of age
- provide any information the Insurer considers relevant which does not relate to medical information
- are engaged in an occupation which is accepted by the Insurer
- are an Australian resident or holder of a Visa and are not residing outside Australia
- are not eligible to receive benefits under the policy or any policy issued by the Insurer providing similar benefits, nor any former policy that the policy replaces under transfer terms.

To exercise the continuation option of the GSC Cover, in addition to the above, the member must also:

- apply for an indemnity contract only
- be engaged in a new occupation which is acceptable as an insurable occupation under the new contract and working the number of hours required under the new plan.

The Insurer must accept the member's Application for the individual policy.

Cover will continue in a policy provided by the Insurer which offers similar benefits to those found in ANZ Super Advantage.

If the member had Death Only or Death and TPD Cover, they may apply for an individual policy with the Insurer for the amount equal to or less than the Death Only or Death and TPD Cover that they were insured for under the employer's plan.

If the member's application for an individual policy is accepted, cover will commence in accordance with the terms of the new policy.

Important note: Apart from Extended Cover (explained on page 8), the member will not otherwise be covered during the period between the end of the former cover in respect of the member and the commencement under the individual policy. Remember, continuation of cover is not automatic. The member must apply within 60 days of their cover ending.

The premium rate under the individual policy may be more than under the policy. Any restrictions, limitations and premium loadings that applied under the policy will apply under the individual policy.

Duty of disclosure

Where the member or employer is required to provide information to the Insurer, they have a duty under the *Insurance Contracts Act 1984* to disclose to the Insurer every matter that they know, or could be reasonably expected to know, is relevant to the Insurer's decision whether to accept the risk of insurance and, if so, on what terms. This duty of disclosure applies even after the member's application is completed and until the Insurer has assessed and accepted their application for insurance cover.

The member has the same duty to disclose those matters to the Insurer before they change their insurance cover or apply for new cover. The member's duty, however, does not require disclosure of a matter that:

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

This duty of disclosure continues to apply until formal notification of assessment and acceptance of cover, or of any change in cover, by the Insurer.

Non-disclosure

If the duty of disclosure is not complied with and the Insurer would not have provided the insurance cover in respect of the member on any terms if the failure had not occurred, the Insurer may avoid the cover within three years of entering into it. If the non-disclosure is fraudulent, the Insurer may avoid the cover at any time. An insurer who is entitled to avoid insurance cover may, within three years of entering into it, elect not to avoid it but to reduce the sum that the member has been insured for, in accordance with a formula that takes into account the premium that would have been payable if they had disclosed all relevant matters to the Insurer.

The duty of disclosure continues until the Insurer accepts (or declines) the member's application and confirmation is issued in writing.

Definitions

Accident

Means an external event that occurred by chance causing death or disablement. Any events that occur as a result of sickness, disease, allergy or infirmity of the member, intentional or unintentional risk injury, are excluded.

At Work

Means the member or proposed member of the ANZ Super Advantage Employer Sponsored Division is an eligible person actively performing all the duties of his or her usual occupation on a Full-time basis (if engaged Full-time) or Part-time basis (if engaged part-time), or is on approved leave other than leave which is taken for reasons related to injury or illness, and is not in receipt of and/or entitled to claim income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits. If the eligible person does not meet these requirements, they are described as not At Work.

Benefit Period

The Benefit Period defines how long claim payments may continue, provided the member continues to meet the definition or any eligibility criteria. ANZ Super Advantage offers a two year Benefit Period.

Contractor

Means a person who is performing all the normal duties of his or her occupation and is working on a contracted basis for at least 15 hours per week and is under a fixed term contract of no less than one year.

Employer Sponsored Member

Means a member who has been nominated by the employer for membership in its employer plan.

Family Member

Means a person who is the husband, wife, de facto, partner, son, daughter, stepchild, step parent, brother, sister, mother or father of an Employer Sponsored member.

Medical Practitioner

Means a medical practitioner who is legally qualified and properly registered in Australia, and not related to the relevant member.

New Events Cover

Means cover for an eligible person other than cover in relation to the medical condition or any directly or indirectly related condition arising from sickness or injury which has caused the member either:

- to be not At Work on the working day immediately preceding the transfer date

- in respect of an event occurring in the period after the last working day and prior to the transfer date, to be absent from work or to be working in a reduced capacity on the transfer date.

Normal Business Day (for insurance purposes)

Means any day which is not a weekend or a public holiday on which business normally operates in the State or territory in which the relevant eligible person is employed.

Partial Disability

Means, in relation to a member, all of the following applies:

- a) the member has been totally disabled
 - for at least seven out of 12 consecutive days during the Waiting Period or
 - received a Total Disability Benefit
- b) then returns to work, or is capable of returning to his or her usual occupation, but only in a limited capacity
- c) the Salary the member is earning, or is capable of earning, is less than his or her Pre Disability Salary due to the injury or illness causing disability.

Personal Member

Means a member who has been transferred from the Employer Sponsored Division to ANZ Super Advantage – Personal.

Pre-Disability Salary

Means the total monthly value of Salary received by the member from his or her usual occupation, averaged over the most recent 12 month period the member was At Work prior to becoming disabled, or the actual period of work if less. If the member is on employer approved paid or unpaid leave for less than 24 months, and becomes disabled, pre-disability salary will be the average of the monthly value of salary in the 12 consecutive month period before the leave commenced.

Salary

Generally means the fixed annual component of income paid to a member by his or her employer, in respect of the member's employment. The definition of salary may differ and will be advised in the member's Welcome Letter.

Terminal Illness

Means a condition where the member is diagnosed by two Medical Practitioners (one of whom is nominated by the Insurer) as having a terminal illness and is not expected to live for more than 12 months.

Totally Disabled

Means solely as a result of injury or terminal illness, the member is incapable of performing one or more duties of his or her usual occupation necessary to produce income, and the member is not engaged in any occupation, and is under the regular treatment and following the advice of a Medical Practitioner.

Total and Permanent Disablement (TPD)

Part 1

Unlikely to return to work

Where at the date an injury or illness occurred, the member was permanently employed (or on a fixed contract of at least 12 months) in a gainful occupation, business or profession and had worked at least 15 hours per week (averaged over the six months immediately prior to the date of the injury or illness), then, as a result of that injury or illness, the member is:

- totally unable to engage in any occupation, business, profession or employment for a period of six consecutive months and
- in the opinion of the Insurer at the end of that six month period (or such later time the Insurer agrees with the Trustee), to be permanently incapacitated to such an extent as to render the member unlikely ever to engage in any gainful occupation, business, profession or employment, for which the member is reasonably suited by education, training or experience.

OR

Part 2

Permanent impairment

Where, at the date an injury or illness occurred, the member was permanently employed (or on a fixed term contract of at least 12 months) in a gainful occupation, business or profession and had worked at least 15 hours per week (averaged over the six months immediately prior to the date of the injury or illness), then as a result of that injury or illness, the member:

- suffers 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', 4th edition, or an equivalent guide to impairment approved by the Insurer and
- is disabled to such an extent that, as a result of this impairment the member is unlikely ever again to be able to engage in any occupation, business, profession or employment for which the member is reasonably suited by education, training or experience.

OR

Part 3

Specific Loss

As a result of illness or injury, the member suffers the total and permanent loss of the use of:

- 1) two limbs (where limb is defined as the whole hand or the whole foot),
- 2) the sight in both eyes, or
- 3) one limb and the sight in one eye.

OR

Part 4

Loss of Independent Existence

As a result of an injury or illness, the member suffers loss of independent existence.

'Loss of independent existence' means the Insurer has determined the member is totally and irreversibly unable to perform at least two of the following five 'activities of daily living' without the assistance of another adult person:

- 1) bathing and/or showering
- 2) dressing and undressing
- 3) eating and drinking
- 4) using a toilet to maintain personal hygiene or
- 5) getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or with the assistance of a walking aid.

OR

Part 5

Cognitive Loss

As a result of illness or injury, the member suffers cognitive loss.

'Cognitive loss' means the Insurer has determined a total and permanent deterioration or loss of intellectual capacity that requires the member to be under continuous care and supervision by another adult person for at least six consecutive months, and at the end of that six month period, they are likely to require permanent ongoing continuous care and supervision by another adult person.

TPD Definition 1

TPD Parts 1 + 2 + 3 + 4 + 5

TPD Definition 2

TPD Parts 2 + 3 + 4 + 5

Visa

Means a current and valid Visa issued in accordance with the *Migration Act 1958 (Cth)* or any amending or replacing Act. It can be a:

- Subclass 457 working visa
- Subclass 457 working visa (with an 8107 condition)

- spouse visa (spouse of a permanent Australian resident on a two year temporary stay visa) without a no work condition.

Waiting Period

The Waiting Period is the length of time between when the member is Totally or Partially Disabled and when benefits start being paid, provided the date of disability is after cover has started.

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 and
- participation in an action to defend a country or region from civil disturbance or insurrection or in an effort to maintain peace.

Customer Services**Phone enquiries**

13 38 63 weekdays between 8.30am and 6.30pm (EST)

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