

Insurance

1 April 2023

Employer Super
Corporate Superannuation Division
Mercer Super Trust
Insurance booklet 1

The information in this booklet forms part of the Product Disclosure Statement for the Employer Super section of the Corporate Superannuation Division in the Mercer Super Trust dated 1 April 2023.



About This Booklet

This Insurance Booklet 1 (Booklet) is a summary of the key terms and conditions (including exclusions) of the insurance arrangements applicable to your Plan and forms part of the Employer Super Product Disclosure Statement (PDS) dated 1 April 2023.

You should consider the information in this Booklet and the PDS and any other important information booklets referred to in this Booklet and the PDS before making any decision about your super.

This Booklet contains general information only and does not take into account your individual objectives, financial situation or needs. Before acting on this information, you should consider whether it is appropriate to your objectives, financial situation and needs. You should get financial advice tailored to your personal circumstances.

References to 'Your Plan' throughout the PDS and this Booklet mean your Employer Plan in the Employer Super section of the Corporate Superannuation Division (CSD) in the Mercer Super Trust.

Your Employer is as defined in your Plan Guide.

See the Glossary at the end of this Booklet for clarification on capitalised terms used in this Booklet.

Mercer Superannuation (Australia) Limited (MSAL) ABN 79 004 717 533 Australian Financial Services Licence (AFSL) 235906 is the trustee of the Mercer Super Trust. In this Booklet, MSAL is called trustee, we or us.

MSAL is a wholly owned subsidiary of Mercer (Australia) Pty Ltd (Mercer) ABN 32 005 315 917.

MSAL is responsible for the contents of this Booklet and is the issuer of this Booklet. Mercer, your Employer and the Insurer (AIA Australia Limited ABN 79 004 837 861 AFSL 230043) are not responsible for the issue of, or any statements in this Booklet, the PDS or any of the other important information booklets referred to in this Booklet or the PDS. They do not make any recommendation or provide any opinion regarding your Plan in the Mercer Super Trust or an investment in it.

The insurance part of your super payout is subject to the terms and conditions of the applicable insurance policy. Other conditions may apply. Your super payout could be reduced if the Insurer does not pay out all or part of the insured benefit when a claim is made.

You should not rely on this Booklet as a full and complete description of the terms and conditions of the insurance policy. All terms and conditions of the insurance policy prevail over any inconsistency in this Booklet.

Your Plan Details Guide

The your Plan Details guide (Your Plan Guide) contains more specific information about your insurance arrangements in Your Plan. Your Plan Guide is not part of the PDS.

You can access Your Plan Guide by using your personal login at mercersuper.com/documents. You can also contact the Helpline and request a copy.

Updated information

The information in this Booklet, the PDS and the other booklets (that are part of the PDS) may change. You can obtain updated information that is not materially adverse at mercersuper.com.au or call the Helpline to request a copy of the information free of charge. Changes that are materially adverse will be advised to you as required by law.

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How to Contact Us

Helpline

Call the Helpline on **1800 682 525** or if calling from outside Australia on **+61 3 8306 0900** from 8am to 7pm (AEST/AEDT) Monday to Friday.

We can help you in a number of languages, simply ask for a translator when you call.

Online

mercersuper.com.au

After you join your Plan, we will send you your personal login. You will then be able to access your Plan Guide, information about your super in the Mercer Super Trust and other relevant information including annual reports.

Our online tools include:

- up to date information on investment options
- information from our wealth education experts
- financial planning tools
- ability to update your contact details and communication preferences.

Our website is available 24 hours per day, seven days per week; however, the website may not be available when we need to carry out scheduled updates or maintenance.

Call the Helpline if you need more information about accessing the website.

By mail

General correspondence and forms

Mercer Super Trust
GPO Box 4303
Melbourne VIC 3001

To write to the trustee

Mercer Superannuation (Australia) Limited
GPO Box 4303
Melbourne VIC 3001

Keep your contact details up to date

We can only send you information if we have your current contact details. You can update your details at mercersuper.com.au (sign in using your personal login) or call the Helpline.

If the law permits, we may send member communications to you electronically (including member statements and significant event notices) by:

- email, and/or
- SMS, and/or
- a link to a website so you can download them.

We can also post any documents to you. When you receive your personal login details, simply update your communication preferences online under 'Personal Details' or call the Helpline.

Got a Question or Want to Update Your Details?

To help you identify how to access key information or perform key actions with us, refer to the table below.

We will provide you with information without requiring you to make an insurance claim or complaint. If you are not satisfied with our conduct, our response, or our decision; or the conduct or decision of our Insurer you can make a complaint. Our internal complaints process can be found online at mercERSUPER.com.au/documents/governance-and-trustee-documents then select the *Complaints Management Procedures*. A hard copy can also be provided on request.

Is your query about...	Use your personal login at mercERSUPER.com	Call our Helpline	Paper form/ written request
Accessing your PDS suite of documents, including any updates	✓	✓	✓
Updating your contact details	✓	✓	✓
Updating your communication preferences	✓	✓	✓
Opting into cover before meeting Putting Members' Interest First (PMIF) minimum age and balance requirements	✗	✓	✓
Applying for, or changing cover	Download the form	✓	✓
Transferring cover from another super fund or insurance policy	Download the form	✓	✓
Enquiries about insurance terms and conditions, duplicate cover and underwriting	✗	✓	✓
Electing to have or keep cover due to inactivity or PMIF	✗	✓	✓
Reinstating cover	✗	✓	✓
Making a claim, claim assessment and claim payment	Refer to our claims guide on mercERSUPER.com.au	✓	✓
Cancelling cover	✓	✓	✓

1.0 Key Information

1.1 Types of Cover



Death cover (including Terminal Illness)

Death cover provides a lump sum benefit if an eligible insured member is diagnosed with a Terminal Illness or dies.

An eligible insured member's beneficiaries and/or estate will receive an insured benefit if the insured member dies.

An eligible insured member will receive a Terminal Illness benefit if they are diagnosed with and meet the Insurer's definition of Terminal Illness and satisfy other applicable conditions, found throughout this Booklet, any other booklets that form part of the PDS or your Plan Guide, including the condition of release under superannuation law.



Total and Permanent Disablement cover (TPD)

TPD cover provides a lump sum payment if an eligible insured member becomes totally and permanently disabled due to an illness or injury, meets the Insurer's definition of TPD and satisfies any other conditions, found throughout this Booklet, any other booklets that form part of the PDS or your Plan Guide.



Income Protection (IP) cover

Your Plan provides Income Protection cover in the form of Total but Temporary Disablement (TTD) cover. This generally pays a Monthly Benefit (percentage of regular income) if an eligible insured member cannot work due to injury or illness, meets the Insurer's definition of TTD and satisfies any other conditions, found throughout this Booklet and any other booklets that form part of the PDS or your Plan Guide.

Your Plan's insurance is provided through a group insurance policy (known as the trustee's umbrella policy) with AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (referred to as the Insurer throughout this Booklet) who has consented to being so named.

Your privacy is important to the Insurer. By becoming a member, or otherwise interacting or continuing your relationship with the Insurer directly or via a representative or intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of personal and sensitive information in the manner described in the AIA Australia Group Privacy Policy on the Insurer's website (<http://www.aia.com.au/en/privacy-statement/privacy-statement>) as updated from time to time (AIA Australia Group Privacy Policy).

Cover and Options Available to You

Refer to your Plan Guide for details about the type of cover you're eligible for, including the levels of cover, and other options available to you in your Plan.

A claim for Death, TPD or TTD may be made if you die or have an injury or sickness.

How to make a claim

You or your beneficiaries must advise us as soon as reasonably possible of any claim or potential claim. We will provide you with regular updates throughout your claim and we'll support you through the claim process. If you need help at any stage, call the Helpline.

1. Contact us

Use the contact details provided in the "How to Contact Us" section at the front of this Booklet.

2. Confirm eligibility

We will ask you to provide us with information relating to your claim.

If we assess that you're not eligible to make a claim, we'll explain this in writing and give you the opportunity to provide more information.

3. Claims pack

A claims pack will be emailed or posted to you within five business days. Note: you will need to meet the costs associated with completing the claim pack (including the completion of any forms).

4. Claims assessment

You and your Medical Practitioner must provide the necessary documents and complete all application requirements to make a claim.

Once we have received all required documents and claim information, the Insurer will commence their assessment. Where the Insurer needs further information to assess your claim, the Insurer may pay the cost to obtain this information.

Assessing a TPD claim can take around 6 to 12 months and a SCI claim can take around 3 to 6 months. However, in many circumstances assessment can be completed sooner.

The Insurer needs to assess medical and other evidence for a TPD or SCI claim. If you are overseas, you may have to return to Australia at your own expense for medical treatment or assessment, or the Insurer may require your medical treatment and assessment to be equivalent to Australian standards. If you are living or travelling overseas you will need to pay the cost of returning to Australia.

We may refund the premiums to your account:

- for the period the Insurer identifies you are not eligible to claim for any automatic cover, or
- if you make a claim that is accepted and your cover ceases under the terms of the policy on the date you became eligible to claim

The Insurer may, subject to law, consider your claim withdrawn or refuse to pay your claim if you do not meet the Insurer's requirements.

5. Trustee review

The trustee is committed to ensuring that the assessment you receive from the Insurer is fair and transparent, and that all final claim decisions are fair and reasonable.

We have a dedicated team who review your claim and will request any clarification or challenge decisions on your behalf, or in some cases, seek further information from you to support your claim.

You must notify the trustee when your circumstances change. If you move or travel overseas for extended periods, you may lose your insurance cover.

While a member of your Plan, you'll need to meet the Insurer's definition of Terminal Illness or TPD before being eligible for a Terminal Illness or TPD benefit payment.

The trustee must meet various legal requirements before it can pay a benefit. While we make every effort to pay benefits quickly, there may be a significant time between the date of Death or TPD and the benefit payment.

The trustee can only pay an insured benefit if:

- the Insurer has accepted the claim
- the insurance proceeds have been received from the Insurer, and
- you satisfy a relevant condition of release under superannuation law.

The trustee will not be able to pay the benefit if you do not satisfy a condition of release.

Refer to the Accessing Your Super Fact Sheet on mercercsuper.com.au for details about the conditions of release under superannuation law.

We will deduct any applicable tax from your benefit payment.

1.4.2 Income Protection benefit

You'll need to meet the Insurer's definition of Total but Temporary Disablement before being eligible for a TTD Monthly Benefit payment.

If your claim is accepted, your TTD Monthly Benefit will be paid monthly in arrears. Payments will usually be made at the end of each month commencing from the day following the end of the Waiting Period, up to the maximum benefit period as long as you remain Totally but Temporarily Disabled. A pro-rated Monthly Benefit payment will be made where a benefit is payable for less than a whole month.

If you are partially disabled, you will receive a portion of the Monthly Benefit that takes into account your Disability Income.

Exclusions and additional conditions to your TTD cover (including Partial Disablement) may apply. See section 2.2.6 'Exclusions and reductions to your cover may apply' and section 2.4 'TTD - Additional Terms and Conditions' later in this Booklet.

Pay As You Go (PAYG) tax will be deducted from each Monthly Benefit payment.

The cost of all your insurance cover will stop being deducted from your super account while you are receiving a TTD or Partial Disablement benefit.

The Insurer will generally review your case monthly to determine if you remain eligible for your TTD benefit. You will need to provide the Insurer with medical and other information it requires

Did you know we offer Life Events cover?

We understand that when your circumstances change, your insurance needs often change as well. This is why we offer Life Events cover. For more information, see section 2.3 Life Events cover later in Booklet or download the application form using your personal login at mercersuper.com to apply for Life Events cover.

2.0 Death, TPD and Income Protection cover – Terms and Conditions

See the Glossary at the end of this Booklet for clarification on capitalised terms used in this Booklet.

Refer to your Plan Guide for any different terms and conditions to those outlined in this Booklet that may apply to your Plan.

2.1 When You Join Your Plan

2.1.1 Underwriting

Underwriting is a process where the Insurer considers your application for cover by taking into account your lifestyle, current health, salary details, past medical history and your family medical history. To start this process, you will generally be required to complete a personal statement. The Insurer may ask you for further information based on their assessment. The Insurer may accept, decline or impose special conditions (such as an exclusion, restriction or premium loading) for the amount of cover that is subject to underwriting.

You will be advised of the date your cover and/or if the Insurer accepts your application with underwriting terms.

The Insurer will, if applicable, cover you for:

- Accidental Death,
- Accidental TPD, and
- Accidental Injury (this applies to TTD cover only)

while it is assessing your insurance application.

Interim cover starts from the date you sign your insurance application. It ends on the earlier of:

- your application being accepted by the Insurer, or
- you withdrawing your application, or
- 20 business days after the Insurer notifies us that your application has been declined (we will advise you of this date after we receive the information from the Insurer), or
- 90 days past the date the interim cover started, or
- when a benefit becomes payable under these interim cover conditions.

A benefit will not be payable if during the interim cover period your Accidental Death, Accidental TPD or Accidental Injury (as applicable) is caused directly or indirectly by engaging in any sport or pastime for which, at the time of application the Insurer would not normally provide cover at standard rates or terms. Sport or pastime includes but is not limited to abseiling, aviation (other than a passenger on a recognised airline), football (all codes), long-distance sailing, scuba diving, motor racing, parachuting, powerboat racing, mountaineering or martial arts. Other exclusions may also apply. See the 'Exclusions and reductions to your cover may apply' section later in this Booklet.

All other terms and conditions of the policy apply to interim cover. There are no premiums to be paid for the period of interim cover.

You will have the same amount of interim cover as the insurance cover you applied for, subject to a maximum of:

- \$2 million for Death cover,
- \$2 million for TPD cover and
- \$20,000 per month for TTD cover.

2.1.3 Automatic cover

If you are provided with and do not want to have automatic cover, you need to let us know within 14 days of your insurance cover starting and any premiums you have paid for will be refunded from the cover start date. No insurance cover will apply.

2.2 While You Are a Member of Your Plan

2.2.1 Changing your cover – applicable to Death or Death and TPD cover

You can generally apply to increase, adjust or opt out of your Death or Death and TPD cover at any time so that your amount of cover remains right for your personal circumstances.

If you want more Death or Death and TPD cover, you can increase your cover in two ways:

- (a) Voluntary Insurance cover – underwriting required
- (b) Life Events cover – evidence of life event required.

If you increase your TPD cover, the total amount of TPD cover you hold cannot be greater than the total amount of your Death cover.

Refer to:

- your Plan Guide for details about the cover available to you in your Plan, including Voluntary Insurance and
- the Life Events Cover section later in this Booklet for more details, and
- the Quick Access table in "Got a Question or want to update your details?" section earlier in this Booklet on how to apply for or change your cover.

You can cancel your cover at any time. If you do, any associated premiums will no longer be deducted from your super account. If you want to cancel your cover or need more information about the cancellation process use your personal login at [mercersuper.com.au](https://www.mercersuper.com.au) or call the Helpline to discuss your options.

If you choose to cancel your cover it is important to note that you will not be able to make a claim for insurance benefits for events or conditions that arise after your cover has been cancelled. Additionally, your ability to reinstate your cover may be subject to acceptance by the Insurer and may require underwriting.

TPD cover will be cancelled if you choose to cancel or opt out of your Death cover.

Consider obtaining independent financial advice to help you make a decision appropriate to your situation.

2.2.3 Account inactivity

If we have not received any contributions or rollovers into your account for a continuous period of 16 months, and you have not elected to have or keep your cover, we are required by law to cancel your cover due to inactivity. This does not apply where your Employer pays the full cost of your cover under your Plan or, you are a member of the Australian Defence Force

Reinstatement of cover

You may be able to reinstate cover subject to certain conditions if your cover has been cancelled due to no contributions and/or rollovers being received into your super account for a continuous period of 16 months. If we receive a written election to reinstate cover after 90-days of when cover stopped, different terms and conditions will apply to your cover.

Call the Helpline, if you want to elect to have, keep or reinstate cover, or need more information about the options available to you, any underwriting conditions or limitations that may apply.

2.2.4 Cover while on leave without Pay

Where your Employer approves a period of leave without pay (including parental leave) and you have agreed on a return to work date prior to commencing leave without pay, your cover will continue for up to four years as long as the Insurer is notified and premiums continue to be paid. Your account must remain active (see the 'Account inactivity' section earlier in this Booklet).

For Death (Including Terminal Illness) and TPD cover:

If you die, are diagnosed with a Terminal Illness or become totally and permanently disabled during the period of leave without pay, the benefit amount will be based on your income at the date immediately prior to you starting leave without pay.

For TTD cover:

In addition to the above, under TTD cover, your approved leave without pay must be for reasons other than injury or illness.

- If you become totally but temporarily disabled during the period of leave without pay, the Waiting Period will start from the date a Medical Practitioner issues a medical certificate stating that you are unable to work due to injury or illness.
- Your Monthly Benefit will start from the date after your specified return to work date or any later date approved by the Insurer.

For all cover, when you return to work, your sum insured will be calculated from your return to work date.

Your cover is subject to underwriting before the Insurer can provide you with insurance cover on your return, if:

- you return to work after four years, return to work after a date approved by the Insurer, or return to work after the specified return to work date (whichever is earlier),
- you cancel your cover and want to reinstate it.

If you don't return to work by the specified return to work date, your cover will automatically stop 30 days after the specified return to work date.

If you have a TPD or TTD claim while you are overseas, see section 2.2.5 "Cover while travelling overseas" section for details about returning to Australia for medical treatment or assessment.

You must advise us if you are going to be on leave without pay for longer than four years or for longer than your specified return date. The trustee will need to get the Insurer's prior written approval to continue cover.

Casual Employees with cover cannot continue any cover while on leave without pay.

Working overseas

Your insurance cover may continue if you are working overseas for your Employer.

Cover will continue provided the following conditions are satisfied:

- your Employer provides details of your overseas arrangements to the Insurer when requested, and
- you must remain employed by your Australian Employer, and
- premiums for your cover must continue to be paid, and
- your super account must remain active depending on the duration of your travel overseas (see the 'Account inactivity' section earlier in this Booklet).

TPD or SCI claims while overseas

If you make a TPD or TTD claim, you may have to return to Australia at your own expense for medical treatment or assessment, or the Insurer may require your medical

treatment and/or assessment to be equivalent to Australian standards. A TPD or TTD benefit may not be paid if you do not comply with these requirements.

For a TTD claim, where you are no longer:

- an Australian Resident, or
- residing permanently in Australia

and claim while overseas, your TTD Benefit Period will be limited to a maximum period of 6 months for each claim that occurs while overseas, unless you return to Australia for assessment and treatment for the duration of your claim.

This restriction does not apply where you are working overseas for your Participating Employer.

Other important details while overseas

Your insurance cover will continue if you are travelling or holidaying outside of Australia.

Exclusions for Death (including Terminal Illness) and TPD cover

Benefits are not payable if your Death, Terminal Illness, Accidental Death, TPD or Accidental TPD is caused, wholly or partly, directly or indirectly by:

- an act of War unless otherwise agreed by the Insurer, or
- active service in the armed forces of any country or territory or foreign or international organisation*.

Exclusions for Voluntary Insurance cover

Any application for Voluntary Insurance cover isn't payable if:

- your Death is caused by suicide or your Terminal Illness is caused by any deliberate self-inflicted act, or
- your TPD is caused by attempted suicide or by any deliberate self-inflicted act

within 13 months from the date this cover commenced or from the date your cover is increased, or from any other exclusion imposed by the Insurer under underwriting terms.

In addition to the above exclusion, Life Events cover has additional benefit exclusions. See the 'Conditions of Life Events cover' section later in this Booklet.

Exclusions for TTD cover

The Insurer will not pay your benefit if your disablement is caused wholly or partly, directly or indirectly:

- by any deliberate self-inflicted injury or illness (whether sane or insane), or
- by uncomplicated pregnancy or childbirth, or
- from an act of War, or
- from active service in the armed forces of any country or territory or foreign or international organisation*, or
- from any other exclusion imposed by the Insurer for the amount of cover that is subject to underwriting.

*If you are enrolled in the Australian Defence Forces Reserve, this exclusion will only apply where you are called up for active service.

Reductions to all cover

Your insurance benefit may not be payable or may be reduced, subject to applicable law where you do not notify us as soon as reasonably possible after your first become disabled, in circumstances where such a delay has prejudiced the Insurer's ability to assess and manage a claim.

More than one benefit at a time

The Insurer will pay only one benefit for at a time. Therefore, if you are totally disabled or partially disabled because of more than one injury or sickness or both, the Insurer will only pay a benefit for either one injury or one illness; even

if the injuries or sicknesses are not related. You will be paid the benefit, which results in you receiving the greatest amount.

Refer to section 2.4.5 'What happens if you die, become disabled again or have multiple injuries or illnesses?' later in this Booklet for information on recurrent disablement benefits.

2.2.7 When cover stops

Your cover stops in your Plan:

- if you cancel your cover, or
- if you leave your Plan, or
- if you die, or
- if premiums are not paid, or
- if the Insurer pays a Terminal Illness or TPD benefit. This applies to Death and TPD cover only, or
- if the insurance policy terminates, or
- if your Employer stops participating in the Mercer Super Trust, or
- if you stop being employed by your Employer or the date your contract stops (as applicable), or
- if you have Exercised Choice (and your Employer has notified us)*,
- if you no longer meet the eligibility criteria of the policy, or
- if you reach the Cover Expiry Age, or
- if you are on Employer approved leave without pay and you exceed the period (unless the Insurer grants written approval to extend cover), or
- if you do not return to work from your Employer approved leave without pay on the specified return to work date, your cover will automatically stop 30 days after the specified return to work date, or
- if you make a fraudulent claim, or
- if your account has not remained active (see the 'Account inactivity' section earlier in this Booklet, including how you may be able to reinstate cover).

*If you are transferred to the Individual Section of your Plan, your Death and TPD cover may continue (see section 2.4.2 'You may be able to continue cover').

In addition to the above conditions, your TTD cover stops in your Plan if you:

- no longer meet the eligibility criteria for TTD cover, or
- change your employment status and you no longer meet the eligibility criteria for TTD cover, or
- cancel or opt out of your TTD cover.

2.2.8 Multiple insurance policies

If you have cover outside your Plan, you should consider the impacts of having multiple insurance policies (of the same or similar cover) because you may not be able to lodge a claim on multiple policies. If you are unsure what to do about any duplicate cover you may hold, call the Helpline.

2.2.9 Cost of cover can change

The Insurer may vary the cost of your cover without your prior approval by giving notice to the trustee.

Costs may change if:

- Australia is involved in War, or
- War or any act of invasion occurs (whether declared or undeclared) in which the Commonwealth of Australia's armed forces are involved in activities including combat, defence or other military and operational activities, or
- there are significant changes in the total number of insured members and/or total insurance cover and/or the information used in determining the premium rates for the Mercer Super Trust, or
- the guaranteed period of the premium rates provided by the Insurer to the trustee expires, or
- there is a change in taxes or duties or other legislative changes that increase the Insurer's costs, or
- your Employer fails to provide the trustee and the Insurer with the necessary information to operate the policy effectively.

The trustee will let you know of any change in the cost of cover. We will write to you at least 30 days beforehand if your cost of cover is increasing.

2.3 Life Events Cover

2.3.1 What is Life Events cover?

Where your Plan allows, Life Events cover provides you the opportunity to increase your Death or Death and TPD cover without the need for underwriting.

You can apply for Life Events cover at any time while you are a member of your Plan, subject to certain conditions.

The types of Life Events you can apply for are:

Getting married or entering a Registered Relationship
The first anniversary of a De facto Relationship
Divorce, revocation or termination of a Registered Relationship in accordance with the applicable state or territory law
The first anniversary of your Separation from a marriage, a Registered Relationship or a De facto Relationship
Birth or adoption of a child by you or your Spouse
You take out a mortgage on the initial purchase of your primary residence
You take out a new mortgage, or increase an existing mortgage for your primary residence to renovate or extend for at least \$50,000

Your Plan Guide will describe how much Life Events cover you can select, if any, and the cost of cover.

2.3.2 How and when to apply for Life Events cover

Apply to increase your cover by completing an application form and providing certified document/s of the event. Refer to the Quick Access table in "Got a Question or want to update your details?" section earlier in this Booklet on how to access this form.

To apply for Life Events cover:

- You must have existing basic Death or Death and TPD cover, and
- The life event must occur on or after the commencement date of your basic cover, and
- You must submit your application within 60 days of the life event occurring, and
- Your basic cover cannot be unit based, (refer to your Plan Guide), and
- You must be under aged 65 on the date of completing the Life Events application, and
- You've not made, or are not eligible to make, a claim for TPD, TTD or Terminal Illness, and
- You have not been previously declined or restricted for cover.

If you do not complete the application correctly or the evidence submitted is unsatisfactory, the Insurer may not accept your application.

Limits apply to the number of times you can apply.

You can only be accepted for Life Events cover once in any 12 month period, or up to 3 times while you have cover through your Plan. If you exceed these limits, then in the event of a claim, the Insurer will decline to pay the amount of cover obtained through Life Events cover outside these terms and premiums will be refunded.

For changes to your relationship status, you are only allowed one life event per relationship.

2.3.3 When does Life Events cover start?

Life Events cover will start on the date the Insurer has accepted your Life Events application. We will advise you of your cover start date after the Insurer has informed us that your application has been accepted.

2.3.4 Exclusions and restrictions

Life Events cover is subject to the standard Death and TPD conditions and exclusions outlined throughout this Booklet. In addition, if you have been accepted for Life Events cover:

- You are only covered for Accidental Death and Accidental TPD for the first six months from the date your cover was increased where the life event was a new mortgage or increase your existing mortgage for the renovation of, or an extension to, your primary residence.
- New Events cover will apply for the first 12 months of your Life Events cover if you are not At Work on the date the Insurer accepts your application. This will stop when you are At Work for 30 consecutive days following the end of the 12 month period.

2.4 TTD - Additional Terms & Conditions

2.4.1 Partial Disablement benefit

You may be eligible for a Partial Disablement benefit if you return to work for your Employer in a reduced capacity.

To be eligible:

- during the Waiting Period for TTD you are totally but temporarily disabled for at least 7 out of 12 consecutive days, or
- you continue to be partially disabled after the expiry of the Waiting Period for TTD, or
- after receiving a TTD benefit and where the maximum Benefit Period has not been reached, you are no longer totally but temporarily disabled for the same or related condition.

While a member of your Plan, you'll also need to meet the Insurer's definition of Partial Disablement before being eligible for a Partial Disablement benefit. The Partial Disablement benefit will be paid after the Waiting Period.

We will calculate your Partial Disablement benefit as a proportion of your Monthly Benefit. We will base your benefit on the reduction in your income due to your disability and the income you earn whilst you are partially disabled minus any benefit offsets.

You'll generally be reviewed monthly to determine if you remain eligible for your Partial Disablement benefit. You will need to give the Insurer relevant medical and other information.

2.4.2 When your TTD or Partial Disablement benefit stops

Your TTD or Partial Disablement benefit stops on the earliest of one of the following events occurring:

- for TTD only, when you are Gainfully Employed with your Employer or another employer (unless you are eligible for a Partial Disablement benefit),
- when you are no longer Totally Disabled or Partially Disabled,
- when you reach Cover Expiry Age,
- you make a fraudulent claim,
- you reach the end of the Benefit Period. Maximum Benefit Period is described in your Plan Guide,
- you are no longer under Medical Care,
- you refuse to return from overseas for medical treatment or assessment, at the Insurer's request,
- you refuse to undertake reasonable treatment or rehabilitation which could, in the Insurer's opinion expect to assist with your return to work,
- you fail to provide the evidence required to assess your claim within 60 days of the Insurer's request,
- the Insurer determines you're able to return to work and do your normal duties,

- you are not an Australian resident, or do not permanently reside in Australia, and you are not working for the Participating Employer overseas, after 6 months of benefit payments have been made, or
- you die.

2.4.3 Your TTD or Partial Disablement Benefit can be reduced

The TTD or Partial Disablement benefit can be reduced by any of the following amounts, regardless of how they are paid:

(a) all benefits or other payments which are paid, or are required to be paid in relation to your injury or sickness under any:

- (i) workers' compensation scheme, motor accident compensation, or similar legislation;
- (ii) statute or common law, whether for loss of income, loss of earning capacity or any other economic loss; or
- (iii) disability income type insurance policy (including any benefits or payments received for work injury damages), whether paid as a lump sum or not;

(b) any other loss of income, loss of earning capacity or any other economic loss component of a lump sum payment (other than a lump sum TPD benefit or lump sum superannuation payment);

(c) any sick leave received by you at the same time we are paying a benefit to you; and

(d) any other income, benefit or payment received by you from your Employer that is not as a result of your own personal exertion at the same time we are paying a benefit to you.

Your benefit will not be reduced by any amount received as a lump sum TPD payment, lump sum superannuation payment or annual leave and long service leave from your Employer.

2.4.4 Rehabilitation Expenses

In addition to the TTD Monthly Benefit, you may be eligible for a rehabilitation expense amount if you have occupational rehabilitation costs. You must have:

- prior written approval from the Insurer
- a written statement from your Medical Practitioner (to which the Insurer agrees) that you need to incur these expenses as part of your occupational Rehabilitation, and
- no other source of reimbursement for these expenses.

The Rehabilitation Expense amount could cover the cost of joining any pre-approved Rehabilitation program or purchasing goods or equipment.

The maximum amount payable will be the lesser of the total value of the expense, or six times your Monthly Benefit. This amount will be paid directly to the service provider.

The Insurer will not pay a rehabilitation expense amount if this contravenes the National Health Act 1953, Health Insurance Act 1973, Private Health Insurance Act 2007, Private Health Insurance (Prudential Supervision) Act 2015 or any similar health insurance legislation or regulation.

2.4.5 What happens if you die, become disabled again or have multiple injuries or illnesses?

Recurrent disablement benefit

You may be eligible for a recurrent disablement benefit if you become Totally Disabled or Partially Disabled again from the same or related cause for which you were previously paid a benefit and you have returned to work. The subsequent claim will be:

- treated as a continuation of the earlier claim if your claim is made within 6 months from the last benefit payment of the earlier claim. In this instance, the Waiting Period will not apply, however the benefit period will be adjusted to take into account the prior benefit payments, or
- treated as a separate claim (the Waiting Period will apply) if your injury or illness reoccurs after you have returned to work in your pre-disability capacity for at least 6 months after all disability benefits have stopped.

If you are Totally Disabled or Partially Disabled because you have more than one injury or illness, or both at a time, you will only receive one benefit even if the injuries or illnesses are not related.

Death Benefit

If you die while we are paying you a benefit because you are totally disabled or partially disabled, we will pay you a lump sum amount equal to 3 times your Monthly Benefit as well as your Death payout from your Plan (If you have Death or Death and TPD cover).

2.5 When You Leave Your Plan

2.5.1 Leaving your Employer or Exercising Choice

Extended cover

Your cover* automatically extends for 60 days after you leave your Plan. This could be because you have Exercised Choice (and your super has not been automatically transferred to an Insurance Only category) or you have left your Employer.

The 60 days start from when you leave your Employer or the date contributions are first remitted to your chosen fund (known as your Effective Date), provided that an insurance benefit has not been paid to you or becomes payable to you from the Mercer Super Trust.

Extended cover stops when you reach the earlier of:

- the end of the 60 days period, or
- if you are transferred to the Individual Section, and you do not qualify for continuation of cover, your Cover Expriy Age.

No premiums are deducted for extended cover.

* Extended cover for TTD is only for disabilities caused through an Accidental Injury.

2.5.2 You may be able to continue your cover

Death and TPD cover

When you leave your Plan, your Death or Death and TPD cover will be transferred to the Individual Section on the day after the extended cover stops, as long as:

- an insurance benefit has not been paid or becomes payable to you from the cover in your Plan, and
- you stop being a member of your Plan, and
- your super payout is automatically transferred to the Individual Section, and
- either
 - (i) you opted in to have or keep insurance, or
 - (ii) you have met PMIF requirements set out in your Plan Guide. These PMIF requirements will apply even if you were previously a PMIF exempt member due to your Employer paying the full cost of premiums for automatic (default) cover (in addition to its SG obligations) in your Plan,.

This fixed amount of transferred cover is subject to the maximum benefit amount that applies to insurance cover in the Individual Section. More information can be found in the 'Maximum benefit amount' section of the *How Your Super Works* booklet.

Any underwriting conditions that applied to your Death or Death and TPD cover will continue in the Individual Section. The cost of cover in the Individual Section is generally higher than your cover in your Plan. The terms and conditions applicable to your cover may also be different in the Individual Section. You can obtain more information from the *How Your Super Works* booklet.

If you leave your Plan due to injury or illness, your TPD cover in the Individual Section will be for New Events only. A new event is from a medical condition that is not directly or indirectly related to a condition arising from the injury or illness which has caused you to stop working with your Employer or Exercise Choice in your Plan.

You cannot continue cover under the Mercer Super Trust if you leave your Plan and we do not automatically transfer your super to the Individual Section.

TTD cover

You generally cannot continue your TTD cover under the Mercer Super Trust if you leave your Plan or Employer.

A licensed, or appropriately authorised financial adviser can help you decide the most appropriate way to continue your cover for your personal needs and circumstances.

3.0 Glossary

This Glossary explains capitalised terms used throughout this Booklet and your Plan Guide.

Accident

Bodily injury caused directly and solely by a violent, accidental, external and visible event.

Accidental Death

Death which is a result of an Accident.

Accidental Injury

An injury which first occurred to you after your TTD cover began in your Plan, including any interim cover, and is caused directly and solely because of an accidental event where the event was violent, external and visible and which was not caused by attempted suicide, or self-inflicted by you on purpose.

Accidental Total and Permanent Disablement (TPD)

TPD which is a result of an Accident.

Activities

Means:

Mobility: To

- bend, kneel or squat to pick something up from the floor and straighten up again, and get into and out of a standard sedan; or
- walk more than 200 metres at a normal pace on a level surface without stopping due to breathlessness as a result of a medical condition;

Seeing: To read ordinary newsprint and pass the standard eye test for a car licence (even with glasses or contact lenses) and your vision is better than legal blindness. Legal blindness is as certified by an ophthalmologist;

Lifting: To lift with your hands (from bench height) and carry a 5 kg weight a distance of 10 metres and place the item back down at bench height;

Communicating: To speak in your first language with sufficient clarity such that you can hold a conversation in a quiet room by understanding a simple message and relaying that message to another person;

Manual dexterity: To use:

- at least one hand to pick up or manipulate small objects precisely with your hands or fingers (such as picking up a coin from a desk height, using cutlery, tying shoelaces or fastening buttons); or
- a pen, pencil or keyboard to write a short note that can be understood by another person in their first language.

Where you are unable to perform one or more of the above activities from the later of 1 December 2021 or when TPD cover commenced, that activity will not be taken into consideration by the Insurer as part of your TPD claim assessment.

At Work

Means that you are actively performing all the duties of your usual occupation with your Employer free from any limitation due to injury or illness and you are not receiving and/or are entitled to claim income support payments from any source including worker's compensation payments, statutory transport accident payments or disability income payments. If you are absent from work for reasons other than injury or illness, you will be considered to be at work as long as you are at work on the day before the first day of your Employer approved leave. If you do not meet any of these conditions, you will be considered to be not at work.

Australian Resident

For insurance purposes, means you are legally permitted to reside and work for reward in Australia.

Automatic Acceptance Limit (AAL)

The amount of Death only or Death and TPD or TTD insurance cover available under a group insurance policy without the need for underwriting.

Basic Insurance

Is as described in your Plan Guide.

Benefit Period

The maximum period for which a TTD and/or Partial Disablement benefit will be paid to you. It starts from the date you are first entitled to be paid a TTD and/or Partial Disablement benefit and stops when any of the events under 'When your TTD or Partial Disablement benefit stops' or 'Your TTD benefit can be reduced' occurs, as described earlier in this Booklet. The maximum period will include the total of any period where you were TTD or partially disabled due to the same or related cause, unless otherwise agreed between the Insurer and the trustee.

Casual Employee

Means you are employed on a casual basis by your Employer, regardless of the number of hours you work and you are not a Permanent Employee or a Contractor.

Cognitive Impairment

Means:

- (a) you have suffered a total and permanent deterioration or loss of intellectual capacity that requires you to be under the continuous care and supervision by another adult person for a least 6 months; and

(b) it has been clinically observed and evidenced by accepted standardised testing relevant to your condition; and

(c) at the end of the 6 month period, you are likely to require permanent ongoing continuous care and supervision by another adult person as certified by a Medical Practitioner which the Insurer requires to be a specialist practicing in the area related to the injury or illness suffered by you.

Contractor

Means you are:

- contracted by your Employer where the contract duration is for a fixed term as agreed between you and your Employer
- contracted by your Employer to personally perform the duties that you are contracted for, and
- not a Permanent Employee or a Casual Employee

Cover Expiry Age

Is as described in your Plan Guide.

De facto or De facto relationship

For insurance purposes means a relationship between you and another person (whether of the same sex or different sexes) where you and the other person:

- are not legally married to each other
- are not Family Members, and
- having regard to all the circumstances of your relationship, you and the other person have a relationship as a couple living together on a genuine domestic basis

or such other meaning as set out in the Family Law Act 1975 (Cth).

Disability Income

Means the monthly (or pro rata) amount earned by you, while you are Partially Disabled, as a result of your own personal exertion any employment.

The amount earned may include employer superannuation contributions.

Employer

Is defined in your Plan Guide.

Exercise Choice

Is as described in the PDS.

Family Member

Your spouse, parent, parent-in-law, child including adopted child, step-child or ex-nuptial child.

Full Time

Is as described in Your Plan Guide.

Full Total and Permanent Disablement

Means solely because of injury or illness you are totally and permanently disabled if you have a Permanent Disability, you are under the care and following the advice of a Medical Practitioner, and the below applies;

(i) you have been continuously absent from employment through injury or illness; and

(ii) have suffered a Medical Condition; or

(iii) have suffered any other medical condition for the Waiting Period; or

(iv) have suffered an injury or illness which first became apparent while you were insured and as a result of the injury or illness have suffered the total and irrecoverable loss of (or total loss of the use of):

- both hands; or
- both feet; or
- one hand and one foot; or
- the sight of both eyes; or
- one hand and the sight in one eye; or
- one foot and the sight in one eye,

where the loss of sights means to the extent that the visual acuity is 6/60 or less, or to the extent that this visual field is reduced to 20 degrees or less of arc.

Important Duties

Means one or more duties that involve 20% or more of your overall occupational tasks which are important and essential in producing income.

Life Events cover

Is as described earlier in this Booklet.

Limited Total and Permanent Disablement

Means you are totally and permanently disabled if you have a Permanent Disability, you are under the care and following the advice of a Medical Practitioner and:

(a) are unable to do basic everyday activities which means:

Solely because of illness or injury, you are continuously absent from employment and unable for the Waiting Period, after being diagnosed as totally and permanently disabled, to perform at least 2 out of the 5 Activities as certified by a Medical Practitioner, and in the Insurer's opinion on the basis of the medical evidence, are permanently unable to perform the same Activities without assistance from another adult person (even if using aids and adaptations*);

*Aids and adaptations refer to equipment or fixtures which assists you to carry out the Activities.

or

(b) have a Mental Illness and:

- your treating psychiatrist, psychologist or Medical Practitioner believes won't improve, and
- you have been assessed by a psychiatrist appointed by the Insurer as having an impairment of 19% or more on the Psychiatric Impairment Rating Scale and in their opinion the condition is permanent;

or

(c) have a Cognitive Impairment.

Medical Care

Means that you must be receiving and following medical treatment or advice reasonably recommended by a Medical Practitioner who has personally assessed you and been provided with full clinical details of your case, and you will continue to be reviewed in these circumstances on at least a monthly basis unless otherwise agreed by the Insurer.

Medical Condition

Means you are diagnosed by a Medical Practitioner specialising in the relevant field as having Alzheimer's disease or other dementias, blindness, cardiomyopathy, chronic lung disease, diplegia, hemiplegia, loss of hearing, loss of speech, major head injury, motor neurone disease, multiple sclerosis, muscular dystrophy, paraplegia, Parkinson's disease, quadriplegia, pulmonary arterial hypertension (primary), tetraplegia.

Medical Practitioner

Means a registered doctor of medicine who is appropriately qualified to treat you for your injury or illness. The medical practitioner cannot be you or a Family Member, business partner, employee or Employer. The Insurer may, in absolute discretion, accept a similarly qualified person who is registered and practicing as a medical practitioner in another country with a similar standard of medical care as that in Australia. The Insurer may, in absolute discretion, seek an independent opinion from a medical practitioner in Australia to review such overseas medical evidence.

Mental Illness

Means you have been diagnosed by a psychiatrist under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association (or a similar diagnostic tool determined by the Royal Australian and New Zealand College of Psychiatrists Board).

Monthly Benefit

Your monthly income including any employer superannuation contribution benefit (if applicable) up to the maximum benefit amount payable on TTD as described in Your Plan Guide.

New Events Cover

Means you are only covered for claims arising from an illness which became apparent or an injury which occurred on or after the date your insurance cover started or most recently started under your Plan.

Part Time

Is as described in your Plan Guide

Partial Disablement

Means that, because of an injury or illness, you:

- are unable to perform the Important Duties of your regular occupation, and
- have returned to work in your regular occupation or an alternative occupation, and
- are earning a Disability Income from your regular occupation or alternative occupation which is less than your monthly income at the benefit calculation date as specified under your Plan, and
- are capable of work (whether or not for reward), and
- remain under Medical Care.

Permanent Disability

Means you have become incapacitated due to ill-health (whether physical or mental) to such an extent, in the Insurer's opinion, that it makes it unlikely that you will ever engage in or work for reward in any occupation or work for which you are reasonably qualified by education, training or experience.

Permanent Employee

Means you are employed on a permanent basis, by your Employer, for an indefinite duration where you receive entitlements normally associated with permanent employment.

Registered Relationship

For the purpose of Life Events cover means a relationship, or civil union or a declaration of civil partnership, between two adults who are a couple, that has been registered in accordance with state or territory law.

Rehabilitation

Means occupational rehabilitation for the purpose of returning you to your pre-disablement occupation or another occupation. Occupation rehabilitation may include initial rehabilitation assessment, physical conditioning program, graduated return to work program, vocational assessment and assistance to obtain new employment. Any occupational rehabilitation must be as part of a return to work program approved by the Insurer.

Separation

For the purpose of Life Events cover means:

- in the case of marriage, not living as a couple, whether or not an application for divorce has been made, or
- in the case of a Registered Relationship, not living as a couple, whether or not an application for termination or revocation under the applicable state or territory law has been made, or
- in the case of a De facto Relationship, ceasing to be in that De facto Relationship.

Spouse

For insurance purposes means your partner in marriage, a Registered Relationship or De facto Relationship.

Terminal Illness

Means:

- two Medical Practitioners have certified, jointly or separately, that an illness has caused a reduction in life expectancy to 24 months or less and the Insurer agrees (based on medical evidence provided by your Medical Practitioners), that you suffer from an illness that is likely to result in your death within a period (the certification period) that ends not more than 24 months after the date of the certification, regardless of any treatment that might be undertaken, and
- at least one of the Medical Practitioners is a specialist practicing in an area related to the illness suffered by you, and
- for each of the certificates, the certification period has not ended.

The illness resulting in the terminal illness must occur, and the date any Medical Practitioner certifies you as being terminally ill, must take place while you are covered under your Plan.

Total and Permanent Disablement (TPD)

Means you are totally and permanently disabled if you have satisfied the Full Total and Permanent Disablement definition or Limited Total and Permanent Disablement definition.

Total but Temporary Disablement (TTD)**If you are a Full Time Permanent Employee or Full Time Contact**

Means that, because of an injury or illness, you:

- have been continuously absent from employment throughout the Waiting Period, and
- are not capable of doing the Important Duties of your regular occupation, and
- are not working in any occupation (whether paid or unpaid), and
- are under Medical Care.

Voluntary Insurance

For Death and TPD cover means any sum insured you elect that requires underwriting and which is:

- (a) not basic insurance or basic voluntary insurance, or
- (b) agreed to be voluntary insurance between the trustee and the Insurer.

Voluntary insurance does not include Life Events Cover.

For TTD cover, means any sum insured as described in your Plan Guide.

Waiting Period

The waiting period for TPD or TTD (as applicable) as described in your Plan Guide.

War

Includes but is not limited to war (declared or undeclared) or war related activities, revolution, invasion or rebellion or civil unrest.