

Super Savings Insurance Guide

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art.com.au

Who this guide is for

If you're thinking about opening a Super Savings Accumulation account, or already have one and are looking for information about insurance in your super, this guide is for you.

Insurance in your super

This guide explains how we provide insurance in your super.

This guide and all Super Savings products are issued by Australian Retirement Trust Pty Ltd (ABN 88 010 720 840, AFSL No. 228975) (Trustee) as trustee for Australian Retirement Trust (ABN 60 905 115 063) (Fund).

Any reference to 'we', 'us', or 'our' in this guide is a reference to the Trustee.

The insurer

Insurance cover is provided through group life policies for Death and Total & Permanent Disability, and Income Protection, issued by AIA Australia Limited (ABN 79 004 837 861 AFSL No. 230043) (AIA Australia or Insurer) to the Trustee. In the event of any inconsistency, the group life policies issued by the Insurer will override the information in the PDS and this guide.

In conjunction with either a disablement claim application or an application for additional cover, Australian Retirement Trust members may be contacted directly by an AIA Australia representative on behalf of the Fund to discuss or gather information relating to their application.

Refund of premiums to the Trustee

As part of our arrangements with AIA Australia to provide insurance to Fund members, we may receive a refund of premiums, depending on the level of claims against the insurance policies. We will pass on any refunded premiums through adjustments to future premiums or will use refunded premiums to assist with insurance administration costs. Any refunded premiums which are received and not yet used for these purposes are allocated to an insurance reserve.

Important information

The information in this document forms part of the Super Savings Product Disclosure Statement for Accumulation Account (PDS) dated 1 July 2024. The PDS references important information that you will find in this guide.

You can find other important information in our Accumulation Guide and our Investment Guide that each form part of the PDS. These guides are available at art.com.au/pds or call us and we'll send them to you. For information about our retirement solutions, please see our Product Disclosure Statement for Income Account and Lifetime Pension available at art.com.au/pds

Before making a decision about insurance, please read the important information in the PDS and this guide.

Product dashboards and additional information about Super Savings products are available at art.com.au/dashboard

Target market determinations that describe who we design our financial products for are available at art.com.au/tmd

Financial Services Guide

Our Financial Services Guide contains information about the financial services we provide. It's designed to help you decide whether to use any of our financial services and is available at art.com.au/fsg or you can contact us for a copy.

General advice warning

This document contains general information only and doesn't take into account your personal objectives, financial situation or needs. You should seek professional financial advice tailored to your personal circumstances.

Privacy

We respect the privacy of the information you give us. Our Privacy Policy describes how we may collect, hold, use and disclose your personal information and how you may access and update the personal information we hold about you. Our policy is available at art.com.au/privacy or by contacting us.

Case studies

The case studies in this document are illustrative only. They assume that all terms and conditions have been met. Figures may be rounded for ease of understanding.

Keeping you informed

There may be changes from time to time to information contained in the PDS, including any of the documents that we refer to as forming part of the PDS. Where those changes are not materially adverse, we will publish the updated information on our website at art.com.au/pds-updates or you can call us on **13 11 84**. We will also send you a paper or electronic copy of the updated information on request, free of charge.

Contents

Part 1: Get started

Protect you and your loved ones	6
Get to know your insurance	7
Receive Standard cover automatically	8
Your eligibility checklist to automatically receive Standard cover	12
Personalise your cover	13
Opt in to Standard cover sooner	14
Opt-In Income Protection cover	15
White Collar cover	16
Life and age event options	16
Transfer your cover to us	17
Tailored Death and Total & Permanent Disability cover	18
Tailored Income Protection cover	19
Opt out, change, increase or cancel your cover	20

Part 2: The details

Types of cover in detail – Death and Total & Permanent Disability cover	21
Standard Death cover and Total & Permanent Disability Assist	22
Standard cover options	32
Tailored Death and Total & Permanent Disability cover	36
Types of cover in detail – Income Protection cover	45
Income Protection cover	46
Opt-In Income Protection cover	48
White Collar Income Protection	50
Tailored Income Protection cover	51

Part 3: Important information you need to know

What can affect your cover	60
How occupational categories impact your premiums	61
How to make a claim	66
How to make a claim	67
How to apply	69
Definitions	71
Premiums	81

Australian Retirement Trust is one of Australia's largest super funds

Over 2.3 million Australians trust us to take care of more than \$280 billion of their retirement savings.

Find out more about us at art.com.au

We're here to help our members retire well with confidence, with our focus on:

- strong long-term investment returns
- competitive fees
- outstanding service.



For further information about ratings methodology used and awards disclaimers, please see art.com.au/awards

Past performance is not a reliable indicator of future performance. Ratings and awards are subject to change and are only one factor to consider when deciding how to invest your super.



Our insurance

We use our size and scale and work hard to make sure that flexible and affordable insurance cover is available to our members.

The insurance options available with your Super Savings Accumulation account are designed to help you safeguard you and your family's financial future.

We also understand that life's full of changes, so our cover is flexible so you can make changes as your life changes.

We offer easy ways for you to apply for cover, change your cover, or cancel your cover at any time.

Insurance with us continues even if you leave your employer.

Insurance with us protects you 24 hours a day, 7 days a week.

What's in this guide

The information in this Insurance Guide explains the insurance available to Super Savings Accumulation account holders. We show you:

- Who is eligible for Standard cover, when cover starts, and the levels, types and costs of cover, and how to opt out of cover
- Details of Income Protection cover, White Collar cover, Life and age event options and Tailored cover
- How to cancel cover, the conditions, exclusions and limitations that may apply to cover
- Definitions of key insurance terms and occupational categories
- How to apply for Tailored cover, and other offers, including insurance offers members may receive
- How to change your 'occupational category' that can affect the premium you pay

Your needs

We design our insurance and organise the information in this guide to cover the circumstances of most account holders. If you are unsure if this information covers your needs, or want more information, please contact us.

Insurance in super Key Facts Sheet

Our Insurance in Super factsheet summarises the key features of the automatic insurance cover we offer. It is in a consistent format so you can easily compare the automatic insurance we offer with automatic insurance from other superannuation providers. The factsheet is available at art.com.au/insurance

Insurance words with definitions

We aim to make this guide as simple and straightforward as possible. Some words in this guide have specific meanings. Some of these may seem like everyday words, such as 'at work'. We show you the words where you'll need to check a definition throughout this guide, such as the way we display 'at work'. Please see the definitions of the words with specific meanings in this guide from page 71. For example, we define 'at work' for the purposes of this guide on page 74.

We're here to help

Call us today on **13 11 84**.



If you need to make an insurance claim

If you need to make a claim, we're here to help and guide you. We're committed to making sure we pay all eligible insurance claims as quickly as possible.

Your first step is to contact us. You can call us on **13 11 84** or reach us via [Member Online](#). You can also use our online claims eligibility tool to begin the process.

Please see art.com.au/claim to start the claims process.



Protect you and your loved ones

Protecting your retirement dreams is just as important to us as helping you reach them. The right insurance cover can help you and your family feel prepared and protected.

Support when it matters most



Peace of mind

Help you and your family feel protected



Affordable

We use our size and scale to work hard to provide flexible and affordable insurance cover for our members



Hassle free

We deduct the premiums from your super account. You don't pay out of your pocket today, but it will reduce your money for retirement



Flexible

Change or cancel your insurance at any time, subject to eligibility and limits



Reliable

We're here to support you every step of the way if you need to make a claim

The cover we offer

Our insurance has 3 types of cover. We design all our cover to help provide you with security and peace of mind.



Death cover

Designed to pay a benefit if you die. You may be able to receive an insurance benefit if you are diagnosed with a terminal illness. You'll need to meet the 'terminal illness' definition.



Total and permanent disability (TPD) cover

Designed to pay a benefit if you can't ever work again. You'll need to meet the relevant definitions of total and permanent disablement for your cover.



Income protection

Designed to pay you a replacement income, up to your maximum benefit, if you can't work temporarily because you're sick or injured. You'll need to meet the relevant definition of disablement for your cover.

Get advice from the start

Speak to your financial adviser. If you don't have your own personal financial adviser, we provide access to qualified financial advisers who can help you over the phone with simple advice about your account with us. You can access this service as part of your membership¹.

¹ Employees in the Australian Retirement Trust group provide advice to members and employers as representatives of Sunsuper Financial Services Pty Ltd (ABN 50 087 154 818 AFSL No. 227867) (SFS), wholly owned by Australian Retirement Trust. SFS is a separate legal entity responsible for the financial services it provides. Eligibility conditions apply. Refer to the Financial Services Guide at art.com.au/fsg for more information.



Get to know your insurance

We're committed to making insurance in your super as easy as possible to understand. So, you can be confident you can get on with life, knowing you're protected.

Cover we offer

Standard cover	Opt in insurance	Tailored cover
<ul style="list-style-type: none">• Standard Death and Total & Permanent Disability (TPD) Assist cover – you can automatically receive this cover if you're eligible.	<ul style="list-style-type: none">• Opt-In Income Protection cover – you'll need to request this cover within 120 days of joining us to receive this cover.	<ul style="list-style-type: none">• Tailored Death cover – you'll need to apply to receive this cover.• Tailored Total & Permanent Disability (TPD) Assist cover – you'll need to apply to receive this cover.• Tailored Total & Permanent Disability (TPD) cover – you'll need to apply to receive this cover.• Tailored Income Protection cover – you'll need to apply to receive this cover.

How to start your insurance cover

Receive Standard cover automatically

- ✓ Receive Standard cover automatically when you meet eligibility conditions.
- ✓ You're automatically covered for death, terminal illness and TPD.

or

Choose your cover

- ✓ Opt in to Standard cover if you don't qualify automatically.
- ✓ Choose ways to personalise your cover.
- ✓ Apply for Tailored cover to better suit your needs.

What you can expect in the next sections of this guide

Everyone's insurance needs are different. But it doesn't have to be complicated.

You can automatically receive Standard cover, if you're eligible. You can also choose ways for your cover to better suit your circumstances.

Your next steps from here are to see:

1

How you can automatically receive cover

Start at page 8

2

How you can personalise your cover

Start at page 13

3

All the details about each type of cover you can have with us

Start at page 21

How much cover do you need?

You can use our Insurer's insurance needs calculator to estimate how much cover you might need. Simply go to art.com.au/calculator

AIA Australia provides and is responsible for the insurance needs calculator. The Trustee does not endorse, and is not responsible for, the calculator or its outputs. The estimates the calculator produces are illustrative. You should consider getting financial advice before making any decisions.



Receive Standard cover automatically

In this section, learn how you can get Standard cover automatically in your Super Savings Accumulation account. If you're eligible, you don't need to do a thing to receive Standard cover.

We show you:

- How and when you can automatically receive Standard cover
- Your eligibility checklist to automatically receive cover

Receive Standard cover automatically

Standard Death and Total & Permanent Disability (TPD) Assist cover



Death cover

If you die, your dependents or beneficiaries may receive a lump sum. Or you can receive a 'terminal illness' benefit.



TPD Assist

If you are totally and permanently disabled, you may receive 'occupational rehabilitation support' and up to 6 support payments or, in some limited circumstances, a single lump sum payment.

Check your eligibility to automatically receive Standard cover

If you're eligible, you'll automatically receive Standard Death and TPD Assist cover.

Eligibility includes:

- being 25 years of age or older, **and**
- having a Super Savings Accumulation account balance that has reached \$6,000.

No health checks

You don't need to go through any medical checks if you're eligible to automatically receive Standard cover. You'll just get the cover, unless you decide to opt out or cancel the cover.

Standard TPD Assist cover means that if you become totally and permanently disabled, you may receive up to 6 support payments over a minimum of 5 years. The payments will continue as long as you continue to meet the 'Total & Permanent Disability Assist' definition. As well as the payments, you'll receive occupational rehabilitation, if it's appropriate. In some limited circumstances you may get a lump sum. The benefit can help you pay your debts, bills and disability-related expenses, such as:

- changes to your home
- the cost of your rehabilitation
- your special medical needs.



Standard cover levels and what it costs

The amount and cost of cover depends on your age, gender and type of cover. The amount and cost of your cover changes as you get older. This table shows examples of the cover you may receive and how much it costs. Please see pages 82 to 84 for comprehensive premium tables that show you what cover costs.

Standard Death and TPD Assist cover levels (example)

Your age	Standard Death(\$)	Standard TPD ¹ Assist (\$)			Standard Death and TPD ¹ Assist weekly premium ³	
		Initial support payment	Subsequent support payments	Maximum Benefit ²	Male	Female
25	125,000	43,750	26,250	175,000	5.24	3.44
35	240,000	60,000	36,000	240,000	9.24	6.16
45	132,000	33,000	19,800	132,000	11.32	8.84
55	42,000	10,500	6,300	42,000	11.32	8.84
65	16,000	16,000	0	16,000	11.32	8.84

¹ TPD means Total & Permanent Disability.

² The maximum benefit shown is the sum of the initial support payment and all 5 subsequent support payments.

³ Premium for partial weeks are not pro-rated.

When your Standard cover automatically starts

This table shows when your Standard cover will automatically start, unless you decide to opt out of cover.

Standard Death and TPD Assist		
Requirements for cover to start	Cover start date	Other eligibility requirements ('limited cover' ¹ and 'at work' ² rules)
Standard cover is automatically provided when: <ul style="list-style-type: none"> • you attain age 25, and • your account balance reaches \$6,000 and • we receive a Superannuation Guarantee (SG) contribution on your behalf. 	<ul style="list-style-type: none"> • Cover starts when you have attained age 25 and reached an account balance of \$6,000, if an SG contribution was in the prior 120 days. • Otherwise, cover starts on the date of receipt of the next SG contribution following the latter of you attaining age 25 and reaching an account balance of \$6,000. 	<ul style="list-style-type: none"> • If cover starts within 120 days of the latter of you attaining age 25 and reaching an account balance of \$6,000, then 'limited cover' will apply until you satisfy the 'at work' requirements for 30 consecutive days. • Otherwise, 'limited cover' will apply until you satisfy the 'at work' requirements for 30 consecutive days after an initial 24 months 'limited cover' period.

¹ 'Limited cover' means, in summary, you are only covered for a sickness that first became apparent, or an injury that first happens on or after the date your cover began. Please see the full insurance policy definition on page 76.

² 'At work' means, in summary, you are actively performing or capable of performing all of your normal duties without limitation due to sickness or injury, and where working, you are working normal hours on the day the cover is to start. Please see the full insurance policy definition on page 74.

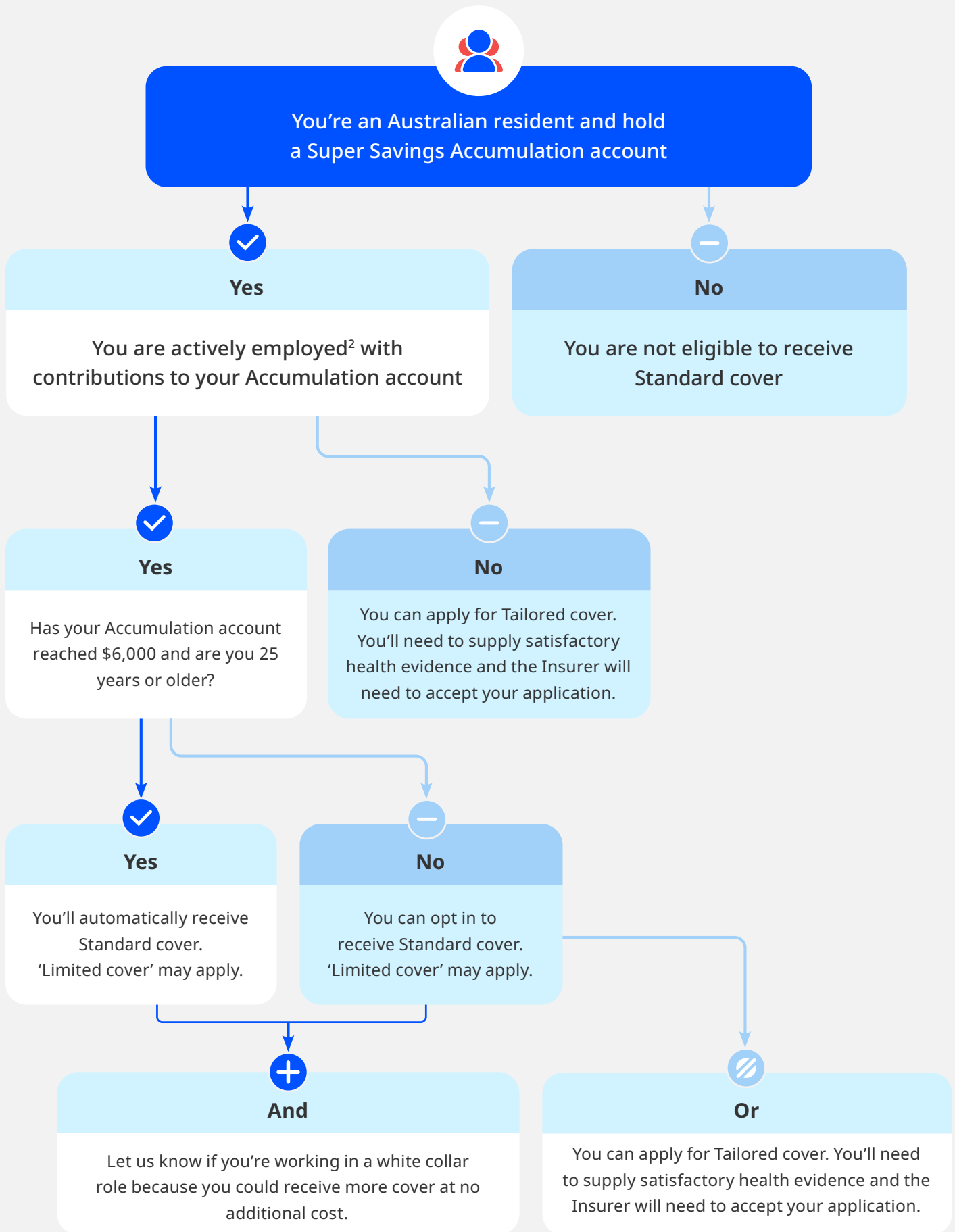
How to opt in to Standard cover sooner

You can choose to opt in to Standard cover sooner when you join. You can do this:

- when you join online at art.com.au/join
- through **Member Online** if you're already a member
- by requesting Standard cover when you complete and return your Open an Accumulation Account form.



Your eligibility checklist to automatically receive Standard cover¹



¹ See eligibility for Standard cover in this section.

² You will be actively employed if you satisfy the 'at work' definition at the date your automatic Standard Death and TPD Assist cover starts. Standard Death cover ends at age 70. Standard TPD Assist cover ends at age 67. Additional cover available: Opt-In Income Protection cover.

If you're not eligible to automatically receive Standard cover

This table shows why you may not be eligible to automatically receive Standard Death and TPD Assist.

Type of cover	Not eligible for cover
Standard Death and TPD Assist	<ul style="list-style-type: none">You are under age 15You are over age 69 for Death coverYou are over age 66 for TPD Assist coverYou are self-employed¹ and we are not receiving SG contributions from your employer, orYou are not employed, orYou are engaged in unpaid 'domestic duties' in your own home, orYou have previously received or are eligible to receive a terminal illness benefit, total and permanent disability benefit, or a benefit as a result of 'permanent incapacity' or a 'terminal medical condition' from a superannuation fund or insurer, andYou have applied and been accepted for Tailored cover (including a transfer of cover) by the Insurer before obtaining Standard cover.

¹ Self-employed means a person who is predominantly working in their own business on a regular basis and earning an income. Please see the full insurance policy definition of 'self-employed person' on page 79.

If you're not eligible for Standard cover

Notify us if you are ineligible – so you're not charged premiums for cover that you're ineligible for. We'll refund premiums you paid for the time that you were ineligible for cover. We'll pay them into your Super Savings Accumulation account. We won't refund premiums if you're ineligible to claim a benefit as a result of 'limited cover'.

We're here to help

If you're unsure if you are eligible for Standard cover, call us today on **13 11 84**.



Personalise your cover

In this section, learn how you can personalise your insurance cover to better suit your circumstances.

You can find out:

- How to opt in to Standard cover sooner
- How to obtain Opt-In Income Protection cover
- Your White Collar cover options
- Your Life and age events options
- How you can transfer your existing cover to us
- How to apply for Tailored cover to better suit your needs
- How to opt out, change, increase or cancel your cover

Opt in to Standard cover sooner

You can opt in to our Standard cover before you're 25 or your account balance reaches \$6,000 if you meet other eligibility conditions. Or you can apply for Tailored cover to better suit your needs at any time.

You must be an Australian Retirement Trust member to be eligible to hold insurance with us.

We generally can't automatically provide insurance cover to you unless you are:

- 25 years of age or older, **and**
- have a Super Savings Accumulation account balance that has reached \$6,000.

When your Standard cover starts if you opt in sooner

This table shows your eligibility and when your Standard cover can start if you opt in sooner.

Standard Death and TPD Assist		
Requirements for cover to start	Cover start date	Other eligibility requirements ('limited cover' ¹ and 'at work' ² rules)
You can opt in to Standard cover before attaining age 25 and before reaching an account balance of \$6,000. We need to be receiving Superannuation Guarantee (SG) contributions on your behalf.	<ul style="list-style-type: none">• If an SG contribution was received in the prior 120 days, your cover starts on the date we receive your request to opt in to Standard cover.• Otherwise, cover starts on the date of the next SG contribution following receipt of your request to opt in to Standard cover.	<ul style="list-style-type: none">• If cover starts within 120 days of the date you joined Australian Retirement Trust and the date you joined your contributing employer, then 'limited cover' will apply until you satisfy the 'at work' requirements for 30 consecutive days.• Otherwise, 'limited cover' will apply until you satisfy the 'at work' requirements for 30 consecutive days after an initial 24 month 'limited cover' period.³

¹ 'Limited cover' means, in summary, you are only covered for a sickness that first became apparent, or an injury that first happens on or after the date your cover began. Please see the full insurance policy definition on page 76.

² 'At work' means, in summary, you are actively performing or capable of performing all of your normal duties without limitation due to sickness or injury, and where working, you are working normal hours on the day the cover is to start. Please see the full insurance policy definition on page 74.

³ If you reach age 25 and reach a balance of \$6,000 in your Super Savings Accumulation account before the 'limited cover' would otherwise have ended, the limitation will be lifted. Lifting the limitation will be subject to you being 'at work' for 30 consecutive days after the date you meet both the age and balance requirements.

How to opt in to Standard cover sooner

You can choose to opt in to Standard cover sooner when you join. You can do this:

- when you join online at art.com.au/join
- through **Member Online** if you're already a member
- by requesting Standard cover when you complete and return your Open an Accumulation Account form.



Opt-In Income Protection cover

Add Opt-In Income Protection cover within 120 days of joining us and you don't need to supply medical information.

How Opt-In Income Protection cover works

Opt-In Income Protection cover gives you a replacement income after a 'waiting period' of 90 days. You can receive a benefit for up to 2 years if you're unable to work because you're sick or injured.

The 'waiting period' starts from the date a 'medical practitioner' certifies you as 'totally disabled' and unable to work as determined by the Insurer. Benefit payments will start when the 'waiting period' ends. They're paid monthly in arrears.

Your amount of cover is a fixed monthly amount. Calculate your cover amount as:

- 85% of your 'income', divided by 12 and rounded up to the next \$500
- a maximum amount of \$5,000 a month.

Your monthly cover will be \$2,500 if you don't provide details of your 'income'.

You'll find the weekly cost per \$500 monthly benefit of cover in Premium table 4 on page 85.

Check your eligibility for Opt-In Income Protection cover

To be eligible for Opt-In Income Protection cover you must:

- be actively employed¹ for a minimum of 15 hours per week
- have your employer making Superannuation Guarantee (SG) contributions to us
- be aged between 15 and 64
- select this option when requesting Standard cover within 120 days of joining us

¹ You will be actively employed if you satisfy the 'at work' definition at the date your Standard Death, TPD Assist and Opt-In Income Protection cover starts.

You are not eligible for Opt-In Income Protection cover if:

- you are employed for less than 15 hours per week
- you are a casual employee
- you are a 'contractor' employed on a contract of less than 6 months
- you are a 'self-employed person' and we are not receiving Superannuation Guarantee contributions from your employer
- you are employed under the terms of a work visa
- your financial affairs are under the supervision of a third party, such as the Public Trustee, due to your medical condition or incapacity.

You are also not eligible to apply for Opt-In Income Protection cover if you have previously received or are eligible to receive a terminal illness, total and permanent disability benefit or a benefit as a result of 'permanent incapacity' or a 'terminal medical condition' from us or another fund or insurer.

How to opt in to Income Protection cover

To opt in to Income Protection cover, you must apply within 120 days of joining us. You can opt in:

- when you join online at art.com.au/join
- through **Member Online** if you're already a member
- by completing and sending us the New Member Options form available at art.com.au/insurance-forms



White Collar cover

If you work in a white collar occupation you can get 50% more cover than Standard Death and TPD Assist at no extra cost. You can also pay less for Opt-In Income Protection cover.

How White Collar cover works

White Collar cover is available to you if you have Standard Death and TPD Assist cover. With White Collar cover you get 50% more cover than Standard Death and TPD Assist cover for the same cost. It can also apply to any extra Death and TPD Assist cover you have if you take up any Life and age event option. You can also pay less for your Opt-In Income Protection.

Check your eligibility for White Collar cover

To be eligible for White Collar cover:

- you must have Standard Death and TPD Assist cover
- you must not be a casual employee
- you must be working at least 15 hours per week
- at least 80% of the work you perform must be in an office environment (excluding travel from one job to another)
- you must be performing duties limited to clerical, administration, managerial (or similar) which do not involve more than 10% light manual duties.

When White Collar cover starts

Your White Collar cover will start from the later of:

- the start date of your Standard cover
- the date your White Collar cover application is accepted.

'Limited cover' conditions will apply. 'Limited cover' will apply to any increase in your cover as a result of you choosing the White Collar cover option.

How to apply for White Collar cover

This table shows you how you can apply depending on how long it's been since you joined us.

Within 120 days of joining us

Member Online to request White Collar cover

Open an Accumulation Account form

New Member Options form

After 120 days of joining us

Increase or update your insurance cover form (you will need to answer health questions)

Life and age event options

Increase your Standard Death and TPD Assist cover at the times in your life when it matters most.

How Life and age event options work

Life and age event options are available to you if you have Standard Death and TPD Assist cover. Life and age event options give you the opportunity to increase your Standard Death and TPD Assist cover when your life changes and cover matters the most.

Life event options¹

- You get married²
- You have or adopt a child
- You take out a mortgage³ to buy or build your home or you increase your current mortgage³ by \$100,000 or more
- You get divorced
- The death of your spouse

¹ You can only apply for life event options up to age 67.

² Marriage as defined by the *Marriage Act 1961 (Cth)*.

³ The mortgage must be with a financial institution and for your principal place of residence.

Age event options

You turn 30, 40 or 50 years old.

How to increase your cover with life or age event options

You can apply by using the Life and age event insurance options form in [Member Online](#).

For the Life event option(s) you are applying for, you'll need to provide to us proof of the life event.



Transfer your cover to us

You can apply at any time to transfer your existing death, total and permanent disability, and income protection cover from another Australian insurer. This includes insurance you hold directly or through an Australian super fund.

How much cover you can transfer

In total, you can transfer up to:

- \$1 million of death cover and/or TPD cover to us,
- \$10,000 per month income protection cover.

What you need to know about transferring cover

If accepted by the Insurer:

- You will be subject to the terms and conditions outlined in the group life policies provided by AIA Australia.
- The transferred cover will be additional to any existing death and total and permanent disability cover you have subject to maximum cover limits.
- The transferred cover will be additional to any existing income protection cover you have subject to your total income protection cover not exceeding 85% of your 'pre-disability income'. The maximum benefit limit is \$30,000 per month.
- The 'waiting period' and 'benefit period' you had will be transferred where they are offered under the policy, or where not available under the policy, the 'waiting period' will be the next longest period and the 'benefit period' the next shortest period offered by the policy.
- You will need to cancel the cover you had under your previous fund or policy.
- Your total death and total and permanent disability cover will become Tailored Death and/or TPD cover and will be 'fixed cover'.

Note: You will not be eligible for Standard Death and TPD Assist cover if the Insurer accepts you for a transfer of cover before meeting all of the eligibility requirements for Standard cover.

You will not be eligible to transfer your cover if:

- you have previously had an application for additional insurance cover declined
- you have been paid, lodged or eligible to lodge any total and permanent disability, 'permanent incapacity', 'terminal illness' or income protection claim
- you are absent from work or unable to carry out all of the duties of your usual occupation due to an sickness or injury at the transfer date.

It's important you include all required documentation.

Documents include:

- A letter or certificate of currency from your superannuation fund or insurance provider detailing your current insurance cover
- Details of any visits to specialists in the previous 12 months
- Details of any loadings, exclusions and restrictions applicable to that cover
- The confirmation must have been issued within 30 days of your application

Check if you already have cover

It's important to check what other insurance you have. If you have more than one income protection policy, you can generally only claim on one. You may be paying for cover you don't need or can't claim on in full.

If you have income protection elsewhere, please consider which policy best meets your needs and, if appropriate, seek financial advice.

Note: If you are thinking about transferring your existing insurance cover, make sure you compare the features and benefits, and the Insurer accepts your application before cancelling existing cover. If the Insurer accepts your application, you will be subject to the terms and conditions outlined in the policy.

How to transfer your cover to us

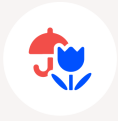
Simply complete and return the Transfer of insurance form available at art.com.au/insurance-forms

Make sure you include all required documentation.



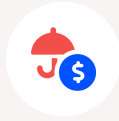
Tailored Death and Total & Permanent Disability cover

Insurance can give you peace of mind about the financial future for you and your family. You can tailor your insurance to better suit your needs through our tailored insurance range.



Tailored Death cover

If you die, your dependants or beneficiaries may receive a lump sum. Or you can receive a 'terminal illness' benefit.



Tailored TPD Assist

If you are totally and permanently disabled, you may receive occupational rehabilitation support and up to 6 support payments. In some limited circumstances you may get a single lump sum payment.



Tailored TPD

If you are totally and permanently disabled, you may receive a lump sum benefit.

How Tailored Death and TPD cover works

You can apply for Tailored cover up to the following maximum cover limits:

- Death cover: Unlimited (but the 'terminal illness' benefit has a maximum limit of \$5 million).
- TPD Assist cover: \$3 million.
- TPD cover: \$3 million.

Any application for Tailored Death and TPD cover is subject to the Insurer accepting it. You might need to supply satisfactory evidence of your health to the Insurer. We reserve the right to limit the amount of cover we provide.

The process of assessing your application is known as underwriting. It usually takes some time, especially where you might need to supply additional medical information. The underwriting process (and the time it takes) depends on the level of cover you request and the amount of health evidence you need to provide.



Tailored Income Protection cover

Choose a 'waiting period' and 'benefit period' that suits your individual circumstances.

How Tailored Income Protection cover works

With Tailored Income Protection you can choose the length of your 'benefit period' and 'waiting period'.

You can elect to receive a monthly income for up to:

- 2 years
- 5 years
- Age 65.

You can select a 'waiting period' of either:

- 30 days
- 60 days
- 90 days
- 180 days.

Your selection impacts the cost of cover.

Any application for Income Protection cover is subject to the Insurer accepting it. You will need to supply satisfactory evidence of your health to the Insurer. We reserve the right to limit the amount of cover we provide.

In the event of a claim, you receive payments monthly in arrears after the 'waiting period' ends.

Occupational categories

When calculating your insurance premium for Tailored cover, we'll apply an occupational loading based on your 'occupational category'. Please see more about 'occupational categories' on page 61.

Apply for Tailored cover anytime

To apply, visit [Member Online](#), select Insurance, and follow the prompts. If you're not signed up for member online, simply register for online access at [Member Online](#) or contact us on **13 11 84**.



Opt out, change, increase or cancel your cover

Your insurance cover with us is flexible. You can change it at any time to better suit your needs, subject to eligibility requirements.

You can opt out of cover when you join online or complete and return your Open an Accumulation Account form. You can change, increase or cancel any or all of your insurance at any time through our secure online service [Member Online](#), or contact us and let us know.

When you change, cancel or reduce your cover, it will take effect from the date we receive your request.

These steps can help you manage your cover:



Keep the cover you automatically receive

Receive Standard cover automatically when you're eligible

- Decide if your cover suits your needs. You can view your current cover and premiums at any time by logging into [Member Online](#).
- Review your cover when your circumstances or financial commitments change. This may include when you change jobs, marry, or start a family.



Change your cover to suit your needs

Our insurance is flexible, so you can apply to change it at any time to better suit your needs.

- Apply for or reduce your cover at any time through [Member Online](#) or call us.
- Apply for Tailored cover. If you want extra cover, you can apply for more cover.
- Reduce your cover at any time by completing the Insurance variation form in [Member Online](#). If you reduce your cover it will take effect from the date we receive your request.



Cancel your cover

You can cancel your cover at any time. If you want to cancel your cover, please let us know.

- Cancel your insurance cover at any time through [Member Online](#) or call us.
- If you cancel your cover it will take effect from the date we receive your request. Premium deductions from your Accumulation account will stop from this date.

You will not be able to make a claim with us for an event that occurs after your cover is cancelled.

What happens when you reduce or cancel cover

If you reduce or cancel all or part of your cover, you'll need to supply evidence of your health that's satisfactory to the Insurer before your cover can restart. If you reduce or cancel some of your cover, we'll continue to deduct premiums from your Accumulation account each month for any remaining cover that you have.

Your free look period

If you start Standard Death and TPD Assist cover but cancel it within 60 days, we'll refund any premiums that you've paid back to your Accumulation account.



A man with a prosthetic left leg is sitting on a wooden bench outdoors. He is wearing a blue long-sleeved athletic top, grey leggings, white socks, and black sneakers. He is smiling and looking at a smartphone in his hands. The background is a blurred outdoor setting, possibly a sports field.

Types of cover in detail - Death and Total & Permanent Disability cover

In this section, learn the details about our Death cover and TPD cover.

We show you:

- Standard Death and TPD Assist cover
- White Collar cover
- Life and age events options
- Tailored cover
- Terms and conditions and exclusions for Death cover and TPD cover

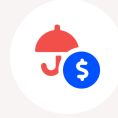
Standard Death cover and Total & Permanent Disability Assist

If you're eligible, you'll automatically receive Standard Death and TPD Assist cover. Eligibility includes being 25 years or older and reaching \$6,000 in your Accumulation account.



Death cover

If you die, your dependants or beneficiaries may receive a lump sum. Or you can receive a 'terminal illness' benefit.



TPD Assist

If you are totally and permanently disabled, you may receive 'occupational rehabilitation support' and up to 6 support payments. In some limited circumstances you may get a single lump sum payment.

Standard cover levels and what it costs

The amount and cost of cover depends on your age, gender and type of cover. The amount and cost of your cover changes as you get older. This table shows examples of the cover you may receive and how much it costs. Please see pages 82 to 84 for comprehensive premium tables that show you what cover costs.

Standard Death and TPD Assist cover levels (example)

Your age	Standard Death(\$)	Standard TPD ¹ Assist (\$)			Standard Death and TPD ¹ Assist weekly premium ³	
		Initial support payment	Subsequent support payments	Maximum Benefit ²	Male	Female
25	125,000	43,750	26,250	175,000	5.24	3.44
35	240,000	60,000	36,000	240,000	9.24	6.16
45	132,000	33,000	19,800	132,000	11.32	8.84
55	42,000	10,500	6,300	42,000	11.32	8.84
65	16,000	16,000	0	16,000	11.32	8.84

¹ TPD means Total & Permanent Disability.

² The maximum benefit shown is the sum of the initial support payment and all 5 subsequent support payments.

³ Premium for partial weeks are not pro-rated.



Standard Death cover

Death cover pays a lump sum benefit if you die.

Your death benefit is the amount of your Accumulation account balance plus the total amount of your Death cover.

The Insurer will need to accept the claim before paying any benefit for Death cover.

Who receives the money

When you die, we may pay your death benefit to your dependants, estate, or nominated beneficiaries (subject to Trustee discretion). Investigating who we may pay the benefit to may take some time.

But if you make a valid binding death benefit nomination, that legally binds us to pay your benefit to who you nominate.

For more information on beneficiaries, see art.com.au/beneficiary

There are some limited circumstances where your beneficiaries will not be eligible to claim on Death cover through us. For information, please see page 42.

What happens if you have a terminal illness

Your Death cover can also be payable if you are terminally ill. In summary, 'terminal illness' means you are suffering from an illness or an injury, that is likely to result in you passing away within a period of 24 months.

You will be paid a 'terminal illness' benefit subject to:

- providing all the required documentation to support your claim, and
- approval by the Trustee and Insurer, and
- your Death cover being in force at the date of the most recent certification of the 'terminal illness' by 2 registered 'medical practitioners'. At least one of them needs to be a specialist physician in the particular medical field of the condition you're claiming for.

If you have Death cover and the Insurer accepts your claim for 'terminal illness', the benefit payable is:

- your Accumulation account balance, plus
- any Death cover in force at the date of the most recent certification.

The maximum amount of Death cover payable for 'terminal illness' is \$5 million. If your existing Death cover is more than this, the remaining amount of Death cover will continue.

Note: On joining us, you will not be eligible for Standard cover if you have received, or are eligible to receive, a terminal illness benefit, total and permanent disability benefit, or a benefit as a result of 'permanent incapacity' or a 'terminal medical condition' from us or another fund or insurer when your cover starts.



Standard Total & Permanent Disability Assist

Why TPD Assist



No wait to lodge your claim

So you can start the process to get the assistance you need to get back to wellness.



Occupational rehabilitation and retraining

Support and guidance where appropriate to help you back into work.



Support payments or a single lump sum

Up to 6 support payments to help your journey to recovery, or in some cases a single lump sum payment.



No premium to pay while on a claim

While on a claim you don't have to worry about continuing to pay your TPD Assist premiums.

What TPD Assist offers you

TPD Assist cover aims to provide you with support payments if you suffer a sickness or injury that permanently prevents you from working to retirement age.

If you are eligible, you will receive TPD Assist cover when you join us, unless you decide to opt out. You may receive it regardless of employment type.

With TPD Assist:

- We support you when you are first unable to work due to sickness or injury by offering a program to help get you back into the workforce.
- If you're still unable to work, we then help you achieve a suitable and safe return to work through occupational rehabilitation that the Insurer provides, where it's applicable.

If you make a claim, the Insurer assesses your capacity to work. The assessment isn't only based on your usual occupation or the job you were performing when you became sick or injured. Your usual job can include remaining at home and doing unpaid home duties. If this has been your choice, we may consider this your primary occupation. Rather, the assessment is based on your ability to perform any reasonably suitable occupation based on your education, training or experience. The Insurer assesses:

- your level of schooling
- any of your further studies
- any of your qualifications and certifications
- skills and abilities you've gained through your paid and unpaid work
- any of your hobbies or interests.

Once you meet the 'Total & Permanent Disability Assist' definition, you may receive up to 6 support payments over at least 5 years. The payments can continue if you remain sick or injured and continue to meet the definition. Should you suffer a specified 'medical condition', which means you're unable to work ever again, you may receive a single lump sum benefit.

Please read our TPD Assist intention statement on our website at art.com.au/insurance/intention-statements



Features of TPD Assist

Our TPD Assist cover provides these features:

- ✔ **No wait to lodge your claim** (except in the event of 'cognitive impairment').
If you're employed, it's important that you get occupational rehabilitation assistance within 3 months of your sickness or injury to help get you back to work. Not having a waiting period before you can lodge your claim also helps avoid any delays where you've suffered from a specified 'medical condition', loss of limbs or sight.
- ✔ **Occupational rehabilitation and retraining**
You'll get 'occupational rehabilitation support' and guidance where appropriate. This may be a compulsory part of the claims process. To help you return to work, our Insurer's occupational rehabilitation consultants will work with:
 - you
 - your treating health professionals
 - your rehabilitation provider
 - your employer.
- ✔ **Support payments or a single lump sum payment**
If the Insurer assesses you as totally and permanently disabled, you may receive your insured cover as up to 6 support payments while you continue to meet the 'Total & Permanent Disability Assist' definition. You may receive your insured cover as a single lump sum payment after the initial assessment if either:
 - you are diagnosed with, and meet the definition of a specified 'medical condition' with no chance of recovery
 - you suffer loss of limbs or sight
 - in the event of 'cognitive impairment'
 - you're age 62 or older
 - your TPD Assist cover amount is \$25,000 or less.
- ✔ **No premium to pay while on a claim**
While you're receiving TPD Assist support payments from us, you don't have to worry about paying your Death and TPD Assist premiums.



Warning

You must continue to hold a Super Savings Accumulation account for any Death cover to continue while you are on a TPD Assist claim.

Consider if TPD Assist is right for you

Important: It's important to consider the following risks when you're deciding if the benefit available under TPD Assist is right for you:

- Whether the amount of your support payments will be enough to pay off (or pay the interest on) any debts you would need to manage should you become permanently unable to work.
- Whether the amount of your support payments would be enough to cover any costs (such as legal costs) you may incur throughout the course of your claim.

You will also receive occupational rehabilitation and retraining if you're eligible. This may help you become capable of returning to work in an occupation different to your previous occupation, including a lower paying one.

Note: For more information on eligibility and when a Standard Death and TPD Assist benefit will and won't be paid, please see Terms and Conditions and Exclusions from page 42.



What happens if you believe you are totally and permanently disabled

If you believe that you may be eligible to lodge a TPD Assist claim, we're here to help. We'll make sure eligible claims are paid as quickly as possible.

We define 'Total & Permanent Disability Assist' on page 44. To lodge a claim, you need to be under the care of a 'medical practitioner' and suffering from an ongoing and serious sickness or injury that is permanently preventing you from working.

Our claims representatives are here to help and can confirm if you're eligible to lodge a claim.

After you lodge your claim application, the Insurer will assess whether your claim is successful. The Insurer will also assess whether occupational rehabilitation services would help you to successfully return to work.

If the Insurer approves your TPD Assist benefit, you may receive up to 6 support payments over a minimum of 5 years. To keep receiving the payments you'll need to continue to meet the 'Total & Permanent Disability Assist' definition.

If your 'date of disablement' is on or after 1 October 2020, your initial support payment is 25% of your maximum benefit amount at the 'date of disablement'. Any subsequent support payments (up to a maximum of 5 payments) are each then calculated as 15% of your maximum benefit amount at the 'date of disablement'.

If your 'date of disablement' was on or after 1 July 2016 and before 1 October 2020, then each support payment is equal to one sixth of your maximum benefit amount at the 'date of disablement'.

The maximum benefit is equal to the amount of TPD Assist insurance cover you have, based on your age at the 'date of disablement'. This maximum benefit is also the sum of the initial support payment and all 5 subsequent support payments.

We're here to help

To make a claim, contact us immediately on **13 11 84**. We can help you start the claims process as quickly as possible and provide as much support to you as we can.

Support payments and maximum benefit

This table shows the support payments¹ and the maximum benefit payable by age for Standard TPD Assist. You can find the cost of this cover in Premium table 1 on page 82.

Your age ²	Standard TPD Assist cover		
	Initial support payment	Subsequent support payments	Maximum benefit ³
15 to 21	31,250	18,750	125,000
22 to 29	43,750	26,250	175,000
30 to 33	62,500	37,500	250,000
34	61,500	36,900	246,000
35	60,000	36,000	240,000
36	57,500	34,500	230,000
37	54,750	32,850	219,000
38	52,250	31,350	209,000
39	49,250	29,550	197,000
40	46,500	27,900	186,000
41	44,000	26,400	176,000
42	40,750	24,450	163,000
43	38,000	22,800	152,000
44	35,500	21,300	142,000
45	33,000	19,800	132,000
46	30,500	18,300	122,000
47	28,250	16,950	113,000
48	25,750	15,450	103,000
49	23,250	13,950	93,000
50	20,750	12,450	83,000
51	18,750	11,250	75,000
52	16,500	9,900	66,000
53	14,250	8,550	57,000
54	12,000	7,200	48,000
55	10,500	6,300	42,000
56	9,000	5,400	36,000
57	8,000	4,800	32,000
58	7,250	4,350	29,000
59	6,750	4,050	27,000
60	25,000	N/A	25,000
61	23,000	N/A	23,000
62	21,000	N/A	21,000
63	19,000	N/A	19,000
64	17,000	N/A	17,000
65 to 66	16,000	N/A	16,000

¹ Where the 'date of disablement' is on or after 1 October 2020.

² TPD Assist cover stops at age 67.

³ The maximum benefit shown is the sum of the initial support payment and all 5 subsequent support payments. You will receive your payment as a lump sum if your maximum benefit is \$25,000 or less, or if you are age 62 or above.



Early intervention and occupational rehabilitation

Getting effective rehabilitation and support early may give you a better chance of recovering more quickly and returning to wellness and/or work.

The approach we take to these services will depend on your sickness or injury and whether rehabilitation is appropriate. Our Insurer will help decide what might help you.

It might be a compulsory part of the claims process for you to do occupational rehabilitation. It is compulsory if you're claiming under the 'Total & Permanent Disability Assist' definition, 'Part B - Unable to do a suited occupation ever again'.

How your rehab plan works

We aim to create an effective rehabilitation plan for you where everyone works together to get you back to work. Our Insurer's occupational rehabilitation consultant does not provide medical treatment. But, where it's appropriate, they work with you, your employer and your treating doctors to help ensure your rehab program is right for you. You can contact us to discuss options for your plan.

Getting you back to work



External Rehabilitation consultant

Understands your job experience, local job availability and resources. Implements your Return to Work (RTW) plan.



Treating Doctor

Responsible for medical treatment.



Employer

Explains your job duties and responsibilities. Participates in suitable RTW plan (if applicable).



Insurer's Occupational Rehabilitation consultant

Main point of contact for all parties and monitors the rehabilitation program.

What occupational rehabilitation involves

By law, neither we or the Insurer can pay for medical consultations and treatment. But we can help in other ways. Our Insurer's rehabilitation consultant can help design a rehabilitation program tailored to you and your needs.

Some of the services available to you may include:

- Coordinating support services with your health professional, rehabilitation provider and employer
- Arranging an initial assessment with your health professional who can identify your support needs
- Providing guidance to your treating doctor on a treatment plan
- Engaging a rehabilitation provider
- Developing and implementing a return-to-work plan, including re-skilling and retraining and functional upgrading
- Providing guidance and work-related counselling and support if you need it for conditions such as mental health
- Job seeking advice or career guidance

Your benefit if rehabilitation doesn't work or isn't appropriate for you

You may receive up to 6 support payments over a minimum of 5 years. To continue to receive support payments over this period, you must continue to meet the 'Total & Permanent Disability Assist' definition. You must also take part in any 'occupational rehabilitation program' designed for you.

We will assess your eligibility for each support payment as close as possible to your annual assessment date. This date is the anniversary of your initial payment. We'll work with our Insurer to make any of the subsequent support payments that you qualify for as close as possible to your annual assessment date. But the actual payment dates will depend on the circumstances of each claim.

You may also be able to access your Super Savings account balance due to 'permanent incapacity'.

Your Death cover will reduce by the amount of the support payments you receive. Any Death cover you have that's more than your TPD Assist cover will continue. It will also continue to decrease with age. If you withdraw your full balance for any reason, your insurance cover will stop at the date you close your account. This includes your Death cover. You will not be insured for any events that occur after this time, but the Insurer will continue to assess any existing claims.



Tom's story

Tom has automatic Standard Death and TPD Assist cover. Tom is 35 when he first meets the 'Total & Permanent Disability Assist' definition.

At the 'date of disablement'¹ Tom has a maximum Death and TPD Assist benefit amount of \$240,000.

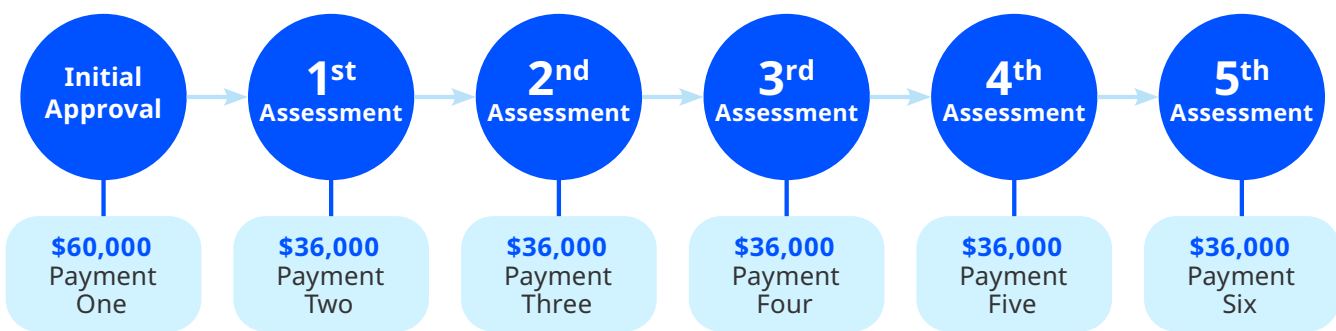
The Insurer accepts Tom's TPD Assist claim. Because the 'date of disablement' is after 1 October 2020, Tom receives an initial support payment of \$60,000, which is 25% of the maximum benefit Tom can receive.

Tom also begins rehabilitation but it's unsuccessful. Tom continues to meet the 'Total & Permanent Disability Assist' definition at each 'new assessment date'. Tom's next 5 payments are each \$36,000. These payments are each equal to 15% of Tom's maximum benefit amount.

Tom's total benefit payments are \$240,000.

This example is illustrative only.

¹ Based on a 'date of disablement' on or after 1 October 2020.



If you have Tailored TPD Assist cover, your maximum benefit amount will be based on your Tailored TPD Assist cover amount at the 'date of disablement'.

Your ongoing assessment

Where your sickness or injury continues to stop you working ever again, the Insurer will assess your eligibility for each support payment as close as possible to your annual assessment date. This date is the anniversary of your initial payment.

While you keep meeting the 'Total & Permanent Disability Assist' definition, both we and our Insurer will aim to make the next support payments that you qualify for as close as possible to your annual assessment date. Actual payment dates will depend on the circumstances of each claim. Our Insurer will help determine what, if any, ongoing rehabilitation and retraining services you might need to do to assist you.



How you'll receive TPD Assist benefits

If you're eligible to receive a TPD Assist benefit, the Insurer will pay your insurance payment into your Accumulation account. We'll invest it in the cash investment option. We'll then contact you for payment instructions. If we don't receive payment instructions from you within 28 days, we'll invest the payment according to your current investment strategy.

If you lose a limb, or your sight, or suffer cognitive impairment

If you suffer the loss of limbs, your sight or suffer 'cognitive impairment' we may pay you a single lump sum benefit equal to the TPD Assist cover amount at the 'date of disablement'. We define 'Total & Permanent Disability Assist – Part A – Loss of limbs and/or sight' on page 72.

Any Death cover that's more than your TPD Assist cover will continue. It will also continue to decrease with age.

If you have a specified medical condition

If you experience one of the specified 'medical conditions' and meet the 'Total & Permanent Disability Assist' definition, we may pay you a single lump sum benefit. The benefit will be equal to the maximum TPD Assist benefit amount at the 'date of disablement'.

To qualify for a single lump sum benefit payment due to a 'medical condition' you must have one of the following:

- Cardiomyopathy
- Chronic lung disease
- Dementia and Alzheimer's disease
- Major head trauma
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophy
- Paraplegia (including quadriplegia, hemiplegia, and tetraplegia).
- Parkinson's disease
- Primary pulmonary hypertension

'Medical conditions' are on page 77. We define 'Total & Permanent Disability Assist– Part C - Suffering a specifically defined medical condition and permanently unable to work because of that medical condition' on page 75.

Any Death cover that's more than your TPD Assist cover will continue. It will also continue to decrease with age.

If you are close to retirement age

If you're 62 years or older, you may receive a single lump sum benefit equal to the maximum TPD Assist benefit amount at the 'date of disablement'. If you are receiving support payments and turn 62, you may receive any remaining support payments as a lump sum when the Insurer assesses you at your next 'new assessment date'.

You must continue to hold a Super Savings Accumulation account for any Death cover that's more than your TPD Assist cover to continue. If you withdraw your full balance for any reason, your Death cover will stop at the date you close your account.

If you're able to return to work before your 6 support payments

Your support payments will stop if you return to work or become capable of returning to work before you receive all 6 support payments. This will mean you no longer meet the 'Total & Permanent Disability Assist' definition.

If you still hold a Super Savings Accumulation account, any remaining Death and TPD Assist cover may continue. The cover you receive will be based on your current age, less the total of any support payments we've already paid you. We adjust the premiums accordingly. The premiums are in Premium table 1 on page 82.

If you have Tailored TPD Assist cover, your remaining cover will also be based on whether the cover you had was on a 'fixed premium' basis or 'fixed cover' basis. This remaining cover is also subject to the recurrent events and separate claims conditions. Details are on page 31.



Tom's story – continued

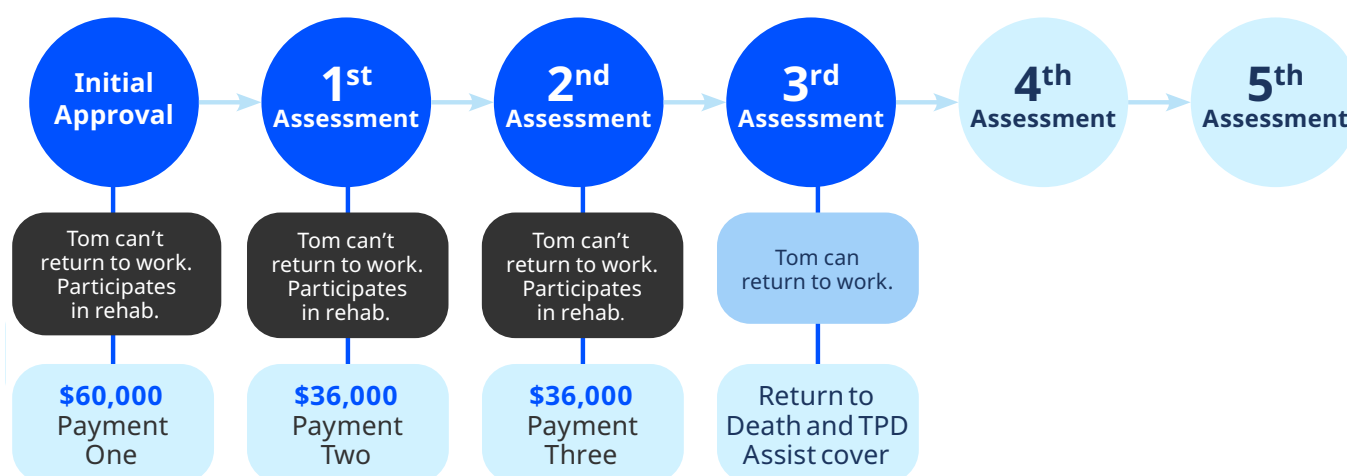
Originally, the Insurer accepted Tom's TPD Assist claim and Tom received an initial support payment¹ of \$60,000. That's the amount equal to 25% of Tom's maximum Standard TPD Assist benefit of \$240,000.

Tom's initial rehabilitation was unsuccessful. Tom then continued to meet the 'Total & Permanent Disability Assist' definition at each of the next 2 assessment dates. Tom received \$36,000 after each of these assessments.

In year 3, it turns out Tom is capable of returning to work and returns to active employment. Tom is now 38 years old. The Standard Death and TPD Assist cover amount for a 38-year-old is \$209,000. See Premium Table 1 on page 82.

Tom has received a total of \$132,000 in support payments. As a result, Tom now has \$77,000 (which is \$209,000-\$132,000) remaining in Standard Death and TPD Assist cover. Premiums for his remaining amount of cover will start being deducted again.

This example is illustrative only.



¹ Based on a 'date of disablement' on or after 1 October 2020.

If you have Tailored TPD Assist cover, your remaining cover will also be based on whether the cover you had was on a 'fixed premium' basis or 'fixed cover' basis.

What happens after your 6 support payments

If you've claimed a TPD Assist benefit and you've received all 6 support payments, your Death and TPD Assist cover will stop. Your premiums will stop because your cover ends.

If you still hold a Super Savings Accumulation account, any Death cover that's more than your TPD Assist cover will continue and premiums will apply.

Why you may not receive a support payment

If you've previously received support payments, you may not be able to receive any more payments if:

- the Insurer assesses that you no longer satisfy the 'Total & Permanent Disability Assist' definition
- your TPD Assist cover reduces to nil, following payment of the full TPD Assist benefit
- you die
- you are paid a 'terminal illness' benefit.

Your beneficiaries/ legal personal representative can't make a TPD Assist claim after you die.



If you die or become terminally ill while on a claim for TPD Assist

If you die while you are on claim for TPD Assist, your beneficiaries/ legal personal representative aren't entitled to claim any remaining support payments.

But if you have current Death cover or your Death cover stopped due to contribution inactivity when you die, your beneficiaries/ legal personal representative are entitled to make a claim on that cover.

If you become terminally ill while you are on claim for TPD Assist, you aren't entitled to make a 'terminal illness' claim unless you have current Death cover or your Death cover stopped due to contribution inactivity when you're diagnosed as terminally ill.

Recurrent events and separate claims

You may end your TPD Assist claim before you receive your 6 support payments. If you then need to make another claim, it may be known as a recurrent event claim or a separate claim.

A recurrent event claim is if:

- you make a TPD Assist claim, but the claim ends before you receive your full 6 support payments
- you then make another claim, and the Insurer accepts it, for sickness or injury arising from the same or a related cause as the earlier TPD Assist claim.

If you make a recurrent claim within 12 months of the date you stopped meeting the 'Total & Permanent Disability Assist' definition for your first claim, we'll treat it as a continuation of the original claim. Support payments will continue unaltered.

A claim is a new, separate claim if:

- it's more than 12 months since you stopped meeting the 'Total and Permanent Disability Assist' definition for the original claim
- you make a claim for something unrelated to your original TPD Assist claim.

No premium to pay while on a claim

If the Insurer accepts your TPD Assist claim, you don't have to worry about paying your premiums for Death and TPD Assist while we're paying you support payments. After your claim ends, we'll re-calculate the cost of any remaining cover you may have. We'll then start deducting premiums again.



Warning

You must continue to hold a Super Savings Accumulation account for any Death cover to continue while you are on a TPD Assist claim.

Note: For more information on eligibility and when Standard cover benefits will and won't be paid, please see Terms and Conditions and Exclusions from page 42.



Standard cover options

You can apply to increase your Standard Death and TPD Assist cover without the need to undergo a health assessment. The options available include:

- White Collar cover
- Life and age events options.

This table shows when you can apply for White Collar cover and Life and age event options, when your cover may start, and some of the conditions that will apply to the cover.

White Collar cover		
Requirements for cover to start	Cover start date	Other eligibility requirements ('limited cover' ¹ and 'at work' ² rules)
<p>If you hold, or apply for Standard cover, you can apply for White Collar cover:</p> <ul style="list-style-type: none"> • within 120 days of joining us using Member Online a Membership Application form, or a New Member Options form • outside 120 days of joining us using the Increase or update your insurance cover form in Member Online (which includes a short health assessment questionnaire). 	<p>Your White Collar cover will start on the later of:</p> <ul style="list-style-type: none"> • the start date of your Standard cover • the date your White Collar application is accepted. 	<p>'Limited cover' will apply to any increase in your cover above Standard cover until you satisfy the 'at work' requirements for 30 consecutive days after an initial 24 month 'limited cover' period.</p>
Life and age events		
Requirements for cover to start	Cover start date	Other eligibility requirements ('limited cover' ¹ and 'at work' ² rules)
<p>On application by you, not more than 180 days after the life or age event.</p>	<p>Date of acceptance of your application by the Insurer.</p>	<p>'Limited cover' will apply to any increase in your cover above Standard cover until you satisfy the 'at work' requirements for 30 consecutive days after an initial 24 month 'limited cover' period.</p>

¹ 'Limited cover' means, in summary, you are only covered for a sickness that first became apparent, or an injury which first occurs on or after the date your cover began. Please see the full insurance policy definition on page 76.

² 'At work' means, in summary, you are actively performing or capable of performing all of your normal duties without limitation due to sickness or injury, and where working, you are working normal hours on the day the cover is to start. Please see the full insurance policy definition on page 74.



Standard cover: White collar option

If you work in a white collar occupation you can get 50% more cover than Standard Death and TPD Assist at no extra cost. You can also pay less for Opt-In Income Protection cover.

How White Collar cover works

White Collar cover is available to you if you have Standard Death and TPD Assist cover. With White Collar cover you get 50% more cover than Standard Death and TPD Assist cover for the same cost. It can also apply to any extra Death and TPD Assist cover you have if you take up any Life and age event option. You can also pay less for your Opt-In Income Protection.

Check your eligibility for White Collar cover

To be eligible for White Collar cover:

- you must have Standard Death and TPD Assist cover
- you must not be a casual employee
- you must be working at least 15 hours per week
- at least 80% of the work you perform must be in an office environment (excluding travel from one job to another)
- you must be performing duties limited to clerical, administration, managerial (or similar) which do not involve more than 10% light manual duties.

How to apply for White Collar cover

This table shows you how you can apply depending on how long it's been since you joined us.

Within 120 days of joining us

Member Online to request White Collar cover

Open an Accumulation Account form

New Member Options form

After 120 days of joining us

Increase or update your insurance cover form (you will need to answer health questions)

When White Collar cover starts

Your White Collar cover will start from the later of:

- the start date of your Standard cover
- the date your White Collar cover application is accepted.

'Limited cover' conditions will apply. 'Limited cover' will apply to any increase in your cover as a result of you choosing the White Collar cover option.

How much cover you can get

This table shows examples of White Collar cover amounts.

White Collar cover levels (example)

Your age	Standard cover (\$)		White Collar cover (\$)	
	Death	TPD ¹ Assist (Maximum Benefit) ²	Death	TPD ¹ Assist (Maximum Benefit) ²
15	62,500	125,000	93,750	187,500
25	125,000	175,000	187,500	262,500
35	240,000	240,000	360,000	360,000
45	132,000	132,000	198,000	198,000
55	42,000	42,000	63,000	63,000
65	16,000	16,000	24,000	24,000

1 TPD means Total & Permanent Disability.

2 The maximum benefit shown is the sum of the initial support payment and all 5 subsequent support payments.

Information on what happens if you believe you are totally and permanently disabled is on page 41. There is a difference in how your support payments are calculated depending on your 'date of disablement'.

Death cover ends at age 70. TPD Assist cover ends at age 67.

Find out which level of cover and premium applies to you in Premium tables 1 and 2 on pages 82 to 83.

Note: For more information on eligibility and when a White Collar benefit will and won't be paid, please see Terms and Conditions and Exclusions from page 42.



Standard cover: Life and age event options

Increase your Standard Death and TPD Assist cover at the times in your life when it matters most.

How Life and age event options work

Life and age event options give you the opportunity to increase your Standard Death and TPD Assist cover when your life changes.

The Life and age event options apply to:

- Your existing Standard Death and TPD Assist cover, including White Collar cover
- Standard Death cover only
- Standard TPD Assist cover only

You can't apply for Life and age events options if you have Tailored Death and/or Tailored TPD cover or Tailored TPD Assist cover.

You are not eligible to apply for a Life and age event if you have previously received or are eligible to receive a TPD Assist benefit as a result of your total and permanent disablement.

Each increase in cover will increase your weekly premium.

When you can increase your cover

You must apply to increase your cover within 180 days of one of your Life or age events happening.

You can apply up to 4 times for life events. You have up to 3 opportunities to increase your cover with age events.

Life event options¹

- You get married²
- You have or adopt a child
- You take out a mortgage³ to buy or build your home or you increase your current mortgage³ by \$100,000 or more
- You get divorced
- The death of your spouse

¹ You can only apply for life event options up to age 67.

² Marriage as defined by the *Marriage Act 1961 (Cth)*.

³ The mortgage must be with a financial institution and for your principal place of residence.

Age event options

You turn 30, 40 or 50 years old.

How to increase your cover with life or age event options

Apply to increase your cover using the Life and age event insurance options form in [Member Online](#). For the life event option(s) you are applying for, you'll need to provide to us proof of the life event. This table shows what you need to provide.

Life Event	Evidence required
Marriage	Copy of marriage certificate
Birth or adoption of a child	Copy of child's birth certificate or adoption papers
Mortgage to purchase home or increase current home mortgage	Copy of the signed application form (including the duty of disclosure), and Copy of confirmation from the bank that the mortgage is in effect, is under the member's name, and includes an effective date (meeting the life stage criteria).
Divorce	Copy of divorce certificate
Death of your spouse	Copy of your spouse's death certificate

If the Insurer accepts your application, each life or age event will increase your Death and TPD Assist cover, including any White Collar cover. If accepted by the Insurer, your cover will increase by the Life and age event increase amount. We show you the increased cover and premium amounts in Premium table 2 on page 83. The increased cover and premium amounts are based on the type of cover you have when you applied. This means Death only, TPD Assist only, or Death and TPD Assist.



When Life and age event cover starts and what it costs

If the Insurer accepts your application for Life or age event options, your changed cover levels and premiums will start from the date the Insurer accepts your application.

We'll charge any premiums associated with the change in addition to your existing premiums. We'll calculate the premium weekly and normally deduct it from your Accumulation account monthly.

This table shows examples of the increased cover and premiums if you have Standard cover and add one Life or age event. Any additional Life or age events would result in similar increases in cover and premiums.

Examples of the cover levels and cost for Life and age event options

Your age	Standard Death and TPD ¹ Assist cover (\$)		Life and age event (\$)		New Death and TPD ¹ Assist cover (\$)		Current cost per week ³ (\$)		New cost per week ³ (\$)	
	Death	TPD ¹ Assist (Maximum Benefit) ²	Death	TPD ¹ Assist (Maximum Benefit) ²	Death	TPD ¹ Assist (Maximum Benefit) ²	Male	Female	Male	Female
15	62,500	125,000	15,625	31,250	78,125	156,250	3.08	1.80	3.85	2.25
25	125,000	175,000	31,250	43,750	156,250	218,750	5.24	3.44	6.55	4.30
35	240,000	240,000	60,000	60,000	300,000	300,000	9.24	6.16	11.55	7.70
45	132,000	132,000	33,000	33,000	165,000	165,000	11.32	8.84	14.15	11.05
55	42,000	42,000	10,500	10,500	52,500	52,500	11.32	8.84	14.15	11.05
65	16,000	16,000	4,000	4,000	20,000	20,000	11.32	8.84	14.15	11.05

¹ TPD means Total & Permanent Disability.

² The maximum benefit shown is the sum of the initial support payment and all 5 subsequent support payments.

³ Premiums for partial weeks are not pro-rated.

Cover levels and associated premiums are based on Standard cover.

Information on what happens if you believe you are totally and permanently disabled is on page 41. There is a difference in how we calculate your support payments depending on your 'date of disablement'.

Death cover ends at age 70. TPD Assist cover ends at age 67.

Life and age event options cover and premiums are in Premium table 2 on page 83.

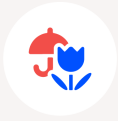
'Limited cover' will apply to the increase in your TPD Assist cover or White Collar cover as a result of a Life or age event for 24 months from the date of acceptance. You will also need to be 'at work' for 30 consecutive days after this 24-month period before we lift the 'limited cover' restrictions.

Note: For more information on eligibility and when Life and age events benefits will and won't be paid, please see Terms and Conditions and Exclusions from page 42.



Tailored Death and Total & Permanent Disability cover

Insurance can give you peace of mind about the financial future for you and your family. You can tailor your insurance to better suit your needs through our tailored insurance range.



Tailored Death cover

If you die, your dependants or beneficiaries may receive a lump sum. Or you can receive a 'terminal illness' benefit.



Tailored TPD Assist

If you are totally and permanently disabled, you may receive occupational rehabilitation support and up to 6 support payments. In some limited circumstances you may get a single lump sum payment.



Tailored TPD

If you are totally and permanently disabled, you may receive a lump sum benefit.

How much cover you can have

You can apply for Tailored cover up to the following maximum cover limits:

- Death cover: Unlimited (but the 'terminal illness' benefit has a maximum limit of \$5 million)
- TPD Assist cover: \$3 million
- TPD cover: \$3 million.

Any application for insurance cover is subject to the Insurer accepting it. You may need to supply satisfactory evidence of your health. There may be limits on the amount of cover you can have.

The process to assess your application is known as underwriting. It usually takes some time, especially where you need to supply additional medical information. The underwriting process depends on your level of cover and the amount of health evidence the Insurer needs you to supply.



How Death cover works

Death cover pays a lump sum benefit if you die.

Your death benefit is the amount of your Accumulation account balance plus the total amount of your Death cover.

The Insurer will need to accept the claim before paying any benefit for Death cover.

Note: There are some limited circumstances where your beneficiaries will not be eligible to claim on Death cover through us. Information is on page 42.

What happens if you have a terminal illness

Your Death cover can also be payable if you are terminally ill. In summary, 'terminal illness' means you are suffering from an illness or an injury, that is likely to result in you passing away within a period of 24 months.

You will be paid a 'terminal illness' benefit subject to:

- providing all the required documentation to support your claim, and
- approval by the Trustee and Insurer, and
- your Death cover being in force at the date of the most recent certification of the 'terminal illness' by 2 registered 'medical practitioners'. At least one of them needs to be a specialist physician in the particular medical field of the condition you're claiming for.

If you have Death cover and the Insurer accepts your claim for 'terminal illness', the benefit payable is:

- your Accumulation account balance, plus
- any Death cover in force at the date of the most recent certification.

The maximum amount of Death cover payable for 'terminal illness' is \$5 million. If your existing Death cover is more than this, the remaining amount of Death cover will continue.

Note: You will not be eligible for cover if you have received, or are eligible to receive, a terminal illness benefit, total and permanent disability benefit, or a benefit as a result of 'permanent incapacity' or a 'terminal medical condition' from us or another fund or insurer when your cover starts.

Your choice of Tailored TPD cover

You can only hold one type of Tailored TPD cover with us. You can choose either:

- Tailored TPD Assist cover
- Tailored TPD cover

When choosing your Tailored TPD cover, you need to consider how you want to receive financial support if you suffer sickness or injury that prevents you from working to retirement age.

Tailored cover is available to you regardless of your working hours or how you are employed. You may be eligible for cover whether you are a permanent, part-time, contract or casual basis employee.

This table summarises the features of Tailored TPD Assist and Tailored TPD cover.

Features	Tailored TPD Assist cover	Tailored TPD cover
Do you need to apply?	✓	✓
Premiums based on occupation classification	✓	✓
Relative cost of cover - see Premium table 3	Lower than TPD cover	Higher than TPD Assist cover
Waiting period after sickness or injury before a claim can be lodged ¹	Generally, no waiting period applies	Generally, a 3-month waiting period applies
Payment of benefits ² - when assessed against Part B of the relevant Total & Permanent Disability definition - unable to do a suited occupation ever again	Up to 6 support payments ³	Single lump sum payment
Occupational rehabilitation and retraining	✓	—
Ongoing assessment required	✓ (Each support payment after the initial payment requires an annual assessment against Part B2 of the 'Total & Permanent Disability Assist' definition)	—
Waiver of premiums whilst on claim	✓	—

¹ The waiting period can vary depending on which part of the relevant TPD definition you are being assessed against.

² For TPD Assist, in some circumstances (generally when you are assessed against other parts of the definition), you may receive your benefit as a single, lump sum payment.

³ If the Insurer approves your claim for a TPD Assist benefit, you may be paid up to 6 support payments over a minimum of 5 years (where you continue to meet the 'Total & Permanent Disability Assist' definition). If your 'date of disablement' is on or after 1 October 2020, we calculate the initial support payment as 25% of your maximum benefit amount at the 'date of disablement'. The subsequent support payments (up to a maximum of 5 payments) are each calculated as 15% of your maximum benefit amount at the 'date of disablement'. If your 'date of disablement' was on or after 1 July 2016 and before 1 October 2020, then each support payment is equal to one sixth of your maximum benefit amount at the 'date of disablement'.



What Tailored TPD Assist cover offers you

Detailed information about TPD Assist cover is on page 24.

This includes information about:

- Payment of support payments
- Occupational rehabilitation, retraining and capability to return to work
- Circumstances in which a lump sum benefit may be paid in place of support payments

Read our TPD Assist intention statement at art.com.au/insurance/intention-statements

Note: The cost of Tailored TPD Assist cover is lower than the cost of the premiums for equivalent Tailored TPD cover.

What Tailored TPD cover offers you

If you make a claim and meet the 'Total & Permanent Disability' definition, and are eligible for a benefit, you'll receive your Tailored TPD cover as a lump sum. You'll be assessed on the amount of cover that you have at your 'date of disablement', and it will be paid when the Insurer approves your claim. You may also be able to access your Accumulation account balance.

A 3-month waiting period generally applies to a claim under the 'Total & Permanent Disability' definition.

Payment of any Tailored TPD benefit will reduce your Death cover by the amount you receive for your TPD benefit.

Read our TPD intention statement at art.com.au/insurance/intention-statements

Note: The cost of Tailored TPD cover is higher than the cost of the premiums for equivalent Tailored TPD Assist cover.

Apply for Tailored cover anytime

To apply, visit [Member Online](#), select Insurance, and follow the prompts. If you're not signed up for member online, simply register for online access at [Member Online](#) or contact us on **13 11 84**.

Fixed cover basis or fixed premium basis

Once you have decided on the type of Tailored TPD cover and the amount of cover that best suits your circumstances and needs, you then need to determine the basis on which you want your insurance cover. For Tailored cover you can choose:

- Fixed cover
- Fixed premium

'Fixed cover' means your amount of cover stays the same until you reach age 61, but your weekly premium will generally increase as you get older.

'Fixed premium' means your weekly premium stays the same, but your insurance cover will generally decrease as you get older.

If you don't make a choice, you will receive your cover on a 'fixed cover' basis.

Tailored TPD cover reduction on a fixed cover basis

Once you reach age 61, your Tailored TPD cover reduces annually by 10% of your insured benefit at age 60 until your 67th birthday when your cover stops. We adjust your premiums accordingly.

This table shows an example based on \$200,000 of fixed TPD cover. The cover will reduce as follows:

Your Age	TPD ¹ Assist/TPD ¹ cover (\$)
60	200,000
61	180,000
62	160,000
63	140,000
64	120,000
65	100,000
66	80,000
67	nil

¹ TPD means Total & Permanent Disability

If your cover started after age 60, your cover will reduce at a rate greater than 10% per annum. This will be consistent with any reduction had your cover started before age 60.



When Tailored cover starts

Tailored cover will start from the later of:

- the date the Insurer approves your application, where the Insurer hasn't made the approval subject to any loadings or benefit exclusions
- the date you accept the special acceptance offer within 30 days of the offer being made, if the Insurer has made approval subject to loadings or benefit exclusions.

Interim accident cover will apply until you accept or decline the terms. We'll cancel your application and interim accident cover will stop if you don't respond to the special acceptance offer within 30 days.

Your cover will only start if you have enough money in your Accumulation account to pay insurance premiums. If you don't have enough money in your Accumulation account to pay premiums, we'll notify you of the conditions that apply to you.

Interim accident cover

When you apply for Tailored cover, you will receive up to 90 days interim accidental death and/or accidental TPD cover. We define 'accident' on page 74. If you suffer an 'accident' and make a claim while you're covered under interim accident cover and are eligible to receive a benefit, this is how you'll receive your interim accident benefit.

You're not charged a premium for interim accident cover.

Interim accident cover ends when whichever comes first of:

- acceptance, deferral or rejection of your application for Tailored cover
- 90 days from receipt of your application.

The amount of interim accident cover you receive is either the amount of Tailored cover you are applying for, or \$2 million for Death and TPD - whichever is the lower amount. You won't receive an interim accident cover payment if you die or suffer a disability during the interim period directly or indirectly by engaging in any sport or pastime that the Insurer would not normally cover at standard rates or any other exclusions under the policy.

How to calculate the premium for your Tailored cover

If the Insurer approves you for Tailored cover and you already have Standard or White Collar Death and TPD Assist cover, the premium for your Standard Death and TPD Assist cover no longer applies. All of your cover will convert to a premium based on your occupational classification. This means you will pay a different premium to the premium you previously paid for the same amount of cover because it's now based on your occupation.

The factors that determine the cost of your Tailored insurance cover are:

- the type of cover
- the amount and basis of cover
- your occupation
- your health
- your age
- your gender.

The premium for Tailored Death, Tailored TPD Assist and Tailored TPD cover is in Premium table 3 on page 84. These tables include the 'occupational categories' determined by the Insurer. The premium rates displayed assume you are in good health. Loading or exclusions may apply depending on your circumstances.

To work out your amount of cover if you have Tailored cover on a Fixed premium basis, refer to the information under the heading 'Calculating your cover if you have Fixed premiums' on page 84.

We calculate the premium weekly and normally deduct it from your Accumulation account balance each month. You should ensure you have sufficient money in your Accumulation account to pay premiums and maintain your insurance cover. We recalculate your premium along with any change in your cover amount on or around your birthday each year and will notify you in writing of any changes at this time.



Calculate the cost of Tailored cover

To calculate the annual cost of Tailored cover:

1. Locate the annual premium for your age, gender and type of cover
2. Then apply this formula:

Annual premium = (Amount of cover / 1,000) x Annual premium rate x 'occupational category' rating

3. You will need to calculate each type of cover separately as a different 'occupational category' rating may apply.
4. To calculate the weekly premiums, divide the total premium by 52.

How occupational categories impact your premiums

When you apply for Tailored cover the Insurer will determine your 'occupational category' based on your occupation at the time. When calculating your insurance premium for Tailored cover, we apply an occupational loading based on your 'occupational category'. You can find out more about 'occupational categories' on page 61.

How to change your occupational category

If you change your occupation so you are in a less manual or less hazardous job, you can request a change to your 'occupational category'. Simply complete the Increase or update your insurance cover form in [Member Online](#). A change in your 'occupational category' may mean a lower premium.

What happens if you believe you are totally and permanently disabled

If you believe that you may be eligible to claim for TPD Assist or TPD, we're here to help. We'll make sure eligible claims are paid as quickly as possible.

To claim, you'll need to meet the relevant definition of 'Total & Permanent Disability Assist' or 'Total & Permanent Disability'. To lodge a claim, you need to be under the care of a 'medical practitioner'. You need to be suffering from an ongoing and serious sickness or injury that is permanently preventing you from working ever again. Our claims representatives can confirm your eligibility to lodge a claim. After you lodge your claim, the Insurer will assess whether your claim is successful. If you have TPD Assist cover, the Insurer will recommend whether occupational rehabilitation services may help you to return to work. For more information on the claims process, see art.com.au/insurance

Payment of TPD benefits

If you are eligible to receive a TPD Assist or TPD benefit, the Insurer will pay your insurance payment into your Accumulation account. We'll invest it in the cash investment option. We'll then contact you for payment instructions. If we don't receive payment instructions from you within 28 days, we'll invest the payment according to your current investment strategy.

Note: For more information on eligibility and when Tailored cover benefits will and won't be paid, see Terms and Conditions and Exclusions from page 42.



Terms and Conditions and Exclusions

When we won't pay a benefit

If you need to claim, it's important to understand when a benefit may not be payable.

As a general rule, we won't assess your eligibility for Standard Death and TPD Assist, White Collar cover or Tailored cover until you make a claim.

Generally, there are 2 key areas where a benefit may be declined:

'Limited cover'

- ✓ This means you are only covered for a sickness or injury that first became apparent or occurred after your cover started, restarted or increased.
- ✓ 'Limited cover' doesn't apply in all circumstances.

Exclusions

- ✓ Suicide or self-inflicted injury within the first 12 months of cover.
- ✓ Active military service.
- ✓ If you have previously received or were eligible to receive a total and permanent disability or terminal illness payment.

Exclusions

A death, total and permanent disability or terminal illness benefit will not be paid if:

- You are deployed to a hostile environment as part of active military service, where you take part in active service after your cover starts or increases
- Prior to your cover starting, you had received, or were eligible to receive, a terminal illness benefit, total and permanent disability benefit or a benefit as a result of 'permanent incapacity' or a 'terminal medical condition'
- Death by suicide, or total and permanent disability or terminal illness benefit is caused by an intentional self-inflicted act within 12 months of your cover starting or increasing in the following circumstances:
 - i. your automatic Standard cover start date is more than 120 days after you turn 25 and your account balance reaching \$6,000 – whichever is later, or
 - ii. you have opted in to Standard cover before you turn 25 and your account balance reaching \$6,000, and this cover started more than 120 days from the date you joined your employer or the date you joined us, or
 - iii. your financial affairs are under the supervision of a third party, such as a Public Trustee Office, due to a medical condition or incapacity, or
 - iv. you have transferred death and/or total and permanent disability to us from another superannuation fund or insurer, any restrictions or exclusions on your previous cover amounts will also continue, or
 - v. you have applied for and been accepted for Tailored cover, or
 - vi. you have applied for and been accepted for cover as a result of a Life or age event. The increased portion of your cover will not be payable.
- Where you have applied and been accepted for cover as a result of a Life or age event, the increased portion of your cover will not be payable had you received a total and permanent disability assist benefit payment prior to the date of increase
- Subject to any restriction or exclusion imposed as a condition of acceptance by the Insurer at time of application for Tailored cover
- If your financial affairs are under the supervision of a third party, such as a Public Trustee Office, due to your medical condition or incapacity, you are entitled to Standard Death cover only, subject to satisfying the 'at work' requirements for 30 consecutive days after cover commences. Where you are not able to satisfy the 'at work' test for the initial 30 consecutive days from when cover commences, then 'limited cover' applies for 24 months. 'Limited cover' will no longer apply once you satisfy the 'at work' requirements for 30 consecutive days after the end of the initial 24-month period. A death benefit will not be paid where death is caused by suicide within 12 months of the insurance cover start date. You would also not be eligible to apply for Life and age event options or for White Collar cover.
- If you left your employer because of a sickness or injury, Death and TPD cover that is transferred from either Super Savings – Corporate or Super Savings – Business will be 'limited cover'. 'Limited cover' will apply until you have been 'at work' for 30 consecutive days.



When Death and/or TPD cover stops

Cover will stop when:

- you cancel it
- you turn 70 years of age for Death cover
- you turn 67 years of age for TPD Assist cover
- you turn 67 years of age for TPD cover¹
- you die
- you withdraw all monies from us
- you are paid a Tailored TPD insurance benefit²
- you are paid the maximum benefit³ amount under the TPD Assist benefit²
- the total of your support payments paid under the TPD Assist benefit exceed your Death cover, your Death cover will stop
- the policy issued to the Trustee is cancelled or terminated for any reason
- you are paid a 'terminal illness' benefit² where the full Death benefit cover is paid
- zero account balance - the premium is due and there is not enough money in your Accumulation account to pay the premiums, and it remains unpaid for 4 months
- contribution inactivity - we haven't received an 'eligible contribution' into your Accumulation account in the past 12 months or more and you have not elected in writing to keep your cover.⁴

Note: If you want your insurance cover to continue regardless of if you are contributing, you can advise us in writing or visit art.com.au/keep-my-insurance

¹ Special conditions may apply to some members.

² Death cover more than the TPD Assist or Tailored TPD cover or 'terminal Illness' benefit will still continue.

³ The maximum benefit is equal to the amount of TPD Assist cover you have, based on your age at the 'date of disablement'. This maximum benefit is also the sum of the initial support payment and all 5 subsequent support payments.

⁴ Where we have valid contact details, we will contact you advising the date your cover will stop.

To prevent the erosion of your account balance from insurance premiums, you should consider maintaining regular contributions into your account and retain a balance above a level that's right for you.

How to restart cover if it stops

To restart cover after it stops you have the following options:

✓ You cancelled your cover:

Once cancelled, you will only be able to apply for Tailored cover. Any application for insurance will be subject to a health assessment and acceptance by the Insurer. To apply, visit art.com.au/insurance/manage/restart-cover

✓ Cover stops due to contribution inactivity:

You have the option to advise us in writing to restart cover. If we receive this written request within 60 days of the cover stopping, your prior cover will restart effective from the date we receive your written request.

✓ Automatic restart:

If your cover stopped due to contribution inactivity or a zero account balance, cover will restart automatically as Standard Death and TPD Assist cover when you meet the Standard cover eligibility criteria of:

- reaching age 25, and
- having an account balance of \$6,000, and
- having received a Superannuation Guarantee contribution.

'Limited cover' will apply to your reinstated cover until you satisfy the 'at work' requirements for 30 consecutive days.

Note: You will not be able to make a claim for the period between when your cover stopped and when your cover restarted.



Total & Permanent Disability Assist and Total & Permanent Disability

This section applies to both the Standard and Tailored Total & Permanent Disability Assist product and Total & Permanent Disability product.

It is important that you understand the 'Total & Permanent Disability Assist' and 'Total & Permanent Disability' definitions and the factors that can impact the payment of a benefit. The following statements are here to assist your understanding of the 'Total & Permanent Disability Assist' and 'Total & Permanent Disability' definitions.

Ongoing medical care – you are required to be under the ongoing care of and following the advice recommended by your treating doctor.

Already receiving disability support payments – you are not automatically entitled to a total and permanent disability benefit where you are eligible to access your superannuation balance because of 'permanent incapacity', or you have received benefits from Centrelink (for example a Disability Support Pension), or workers' compensation. You must meet the applicable 'Total & Permanent Disability Assist' or 'Total & Permanent Disability' definition.

How is your prior education, training or experience taken into account when you have Total & Permanent Disability Assist? – if applicable to you, your claim will be assessed based on your capacity to perform any reasonably suitable occupation based on all your education, training or experience and not just your own occupation. It will not be limited to the occupation or job you were doing immediately prior to your disablement.

The time period over which your education, training or experience is considered depends on which part of the 'Total & Permanent Disability Assist' definition applies to you. The Insurer will consider all your education, training or experience up to the time you lodge your claim and at each instance your claim is assessed for a 'Total & Permanent Disability Assist' benefit.

How is your prior education, training and experience taken into account when you have Tailored Total & Permanent Disability cover? – your 'Tailored Total & Permanent Disability' definition is based on your capacity to perform any suitable occupation based on all your education, training or experience and not just your own occupation. It will not be limited to the occupation or job you were doing immediately prior to your disablement.

The time period over which your education, training or experience is considered depends on which part of the 'Tailored Total & Permanent Disability' definition applies to you. The Insurer will consider all your education, training or experience up to the end of any waiting period (as set out in the definition).

Working on a part-time basis – your capacity for part-time work, regular casual work or lower paid work after you become injured or sick may disqualify you from a benefit entitlement even if you were working full time prior to your disablement.

Work availability – the availability or desirability of suitable work in your immediate area is not a relevant consideration – it is only your capacity to perform work that is the determining factor.

How will your benefit be paid – if you are eligible for a 'Total & Permanent Disability Assist' benefit, you may receive up to 6 support payments over a minimum 5 years or a single lump sum payment in some limited circumstances. This will be determined by which part of the definition applies to you, and your accepted 'date of disablement'. The Insurer will determine this based on your claim.

How will your benefit be paid – if you are eligible for a 'Tailored Total & Permanent Disability' benefit, this will be paid to you as a single lump sum payment.





Types of cover in detail - Income Protection cover

In this section, learn the details about our Income Protection cover.

- Opt-In Income Protection cover
- White Collar Income Protection cover
- Tailored Income Protection cover
- Terms and conditions and exclusions for Income Protection cover

Income Protection cover

Income Protection cover is designed to give you a replacement income if you can't work because you're sick or injured for a time. It can give you the peace of mind that you can pay your expenses while you focus on your health and recovery.

How Income Protection cover works

One of the important things to understand about Income Protection cover is that the Insurer calls your income before you make a claim your 'pre-disability income'. It's important because when it comes to protecting your income, you need to have an income to insure. And when it comes to working out what benefit may be payable to you in the event of a claim, it's your income before you claim that counts. So, regardless of what you have as your insured amount, the limit on your benefits will be up to a maximum of 85% (100% for Opt-In Income Protection as applicable) of what you are earning. Please see the definition of 'pre-disability income' on page 79.

To be eligible to apply for Income Protection cover with us you need to be working at least 15 hours a week as a permanent full-time, part-time, contract or casual employee. To be able to claim a 'total disability' benefit if you can't work because you're injured or sick, you must be unable to do one of the major duties of your regular job. A major duty is something that involves at least 20% of your job tasks. You'll also need to meet other requirements. A different definition applies to you if you're unemployed, a casual employee or working less than 15 hours a week before you get sick or injured.

You will be covered for up to 75% of the 'income' you were earning before you became disabled. We call this your monthly benefit. You may also get an extra percentage of your 'income' as a superannuation contribution, which can take the benefit up to the total maximum of 85% of 'pre-disability income'. We'll pay this contribution into your Accumulation account. We'll also support you to return to work by providing occupational rehabilitation where it's applicable.

You may be able to claim a 'partial disability' benefit if you're working less while on a claim and earning less because you're injured or sick. You'll also need to satisfy other requirements. This 'partial disability' benefit may help you transition back to working at your full capacity.

If you are paid a monthly benefit, it will reduce while you're receiving other disability benefits. Other disability benefits might include workers compensation or money from other Income Protection policies.

Read our Income Protection intention statement at art.com.au/insurance/intention-statements

Consider if income protection cover is right for you

Important: It's important to consider the following when deciding if income protection cover is right for you:

- Premiums generally increase with age.
- Generally, income protection benefits are considered taxable income and subject to Pay As You Go (PAYG) tax. If applicable, the Insurer will issue an income statement at the end of the financial year.
- You may also have the added advantage of insurance premiums offsetting your 15% contributions tax liability.
- You won't receive an income protection benefit during the 'waiting period'.

If you're unsure if income protection is right for you, please call us on **13 11 84** or seek financial advice.

Get advice from the start

Speak to your financial adviser. If you don't have your own personal financial adviser, we provide access to qualified financial advisers who can help you over the phone with simple advice about your account with us. You can access this service as part of your membership¹.

¹ Employees in the Australian Retirement Trust group provide advice to members and employers as representatives of Sunsuper Financial Services Pty Ltd (ABN 50 087 154 818 AFSL No. 227867) (SFS), wholly owned by Australian Retirement Trust. SFS is a separate legal entity responsible for the financial services it provides. Eligibility conditions apply. Refer to the Financial Services Guide at art.com.au/fsg for more information.



Your choice of Income Protection

If you're eligible, you can choose to apply for either:

- Opt-In Income Protection
- Tailored Income Protection

This table compares our Opt-In Income Protection and Tailored Income Protection.

Comparing our Income Protection options

Feature	Opt-in Income Protection	Tailored Income Protection
Cover obtained	Opt in ¹	By application
'Benefit period'	2 years	2 years, 5 years, to age 65
'Waiting period'	90 days	30, 60, 90, 180 days
Cover up to age 65	✓	✓
Covers self-employed members	✓ ⁴	✓
Partial disablement payments	✓	✓
Indexation of cover	—	✓
'Occupation categories'	2	6
Indexation of Income Protection claim benefits	—	✓ ³
'Occupational rehabilitation support'	✓	✓
Cover during paid and 'unpaid leave' ²	✓	✓
Cover during overseas employment	✓	✓
'Limited cover'	24 months and 30 day 'at work' requirement	—
Maximum cover per month	\$5,000 (\$7,500 if you have White Collar cover)	\$30,000
Premium waiver when on claim	✓	✓

¹ Within 120 days of joining us you can request to add Opt-In Income Protection cover.

² Income Protection cover will stop where your period of 'unpaid leave' or parental leave exceeds 24 months.

³ Indexation applied to Tailored Income Protection cover benefits only.

⁴ Self-employed members for whom we receive Superannuation Guarantee contributions only.

How to get Income Protection cover



Opt-In Income Protection

Request Opt-In Income Protection within 120 days of joining us and you don't need to fill in forms or supply medical advice. You can apply for Opt-In Income Protection:

- when you join online at art.com.au/join
- through [Member Online](#) if you're already a member
- by completing and returning the New Member Options form available at art.com.au/insurance-forms



Tailored Income Protection

You can apply for Tailored Income Protection at any time:

- through [Member Online](#)
- by completing and returning the Tailored insurance application form available at art.com.au/insurance-forms

To log in to Member Online visit [Member Online](#)

If you're not signed up for Member Online simply register for online access at [Member Online](#) or contact us on **13 11 84**.

Opt-In Income Protection cover

Add Opt-In Income Protection cover within 120 days of joining. You don't have to fill out complicated forms or provide medical information.

How Opt-In Income Protection cover works

In the event of a claim, Opt-In Income Protection cover gives you a replacement income after a 'waiting period' of 90 days. You can receive a benefit for up to 2 years if you're unable to work because you're sick or injured.

The 'waiting period' starts from the date a 'medical practitioner' certifies you as 'totally disabled' and unable to work as determined by the Insurer. Benefit payments will start when the 'waiting period' ends. They're paid monthly in arrears.

Your amount of cover is a fixed monthly amount. Calculate your cover amount as:

- 85% of your 'income', divided by 12 and rounded up to the next \$500
- a maximum amount of \$5,000 a month.

Your monthly cover will be \$2,500 if you don't provide details of your 'income'.

Check your eligibility for Opt-In Income Protection cover

To be eligible for Opt-In Income Protection cover you must:

- be actively employed¹ for a minimum of 15 hours per week
- have your employer making Superannuation Guarantee contributions to us
- be aged between 15 and 64
- select this option when requesting Standard cover within 120 days of joining us.

¹ You will be actively employed if you satisfy the 'at work' definition at the date your Standard Death, TPD Assist and Opt-In Income Protection cover starts.



You are not eligible for Opt-In Income Protection cover if:

- you are employed for less than 15 hours per week
- you are a casual employee
- you are a 'contractor' employed on a contract of less than 6 months
- you are a 'self-employed person' and we are not receiving Superannuation Guarantee contributions from your employer
- you are employed under the terms of a work visa
- your financial affairs are under the supervision of a third party, such as the Public Trustee, due to your medical condition or incapacity
- you have previously received or are eligible to receive a terminal illness benefit, a total and permanent disability benefit or a benefit as a result of 'permanent incapacity' or a 'terminal medical condition' from us or another fund or insurer.

When Opt-In Income Protection cover starts

If you apply within 120 days of joining us, your Opt-In Income Protection cover will start from the later of:

- the start date of your Standard cover
- the date the Insurer accepts your application.

'Limited cover' will apply to your Opt-In Income Protection cover for a period of 24 months and until you have been 'at work' for 30 consecutive days after the end of the 24-month period.

Opt-In Income Protection is not available after 120 days of joining us.

How much Opt-In Income Protection cover costs

The cost of cover depends on your level of cover, age and gender. The cost increases as you get older. Any premium change will occur on or around your birthday. This table shows examples of premium rates.

Opt-In Income Protection weekly premium rates (example)

Your age	Premium (\$) per week (per \$500 monthly benefit)	
	Male	Female
15	0.39	0.56
25	0.39	0.56
35	0.39	0.56
45	0.88	1.40
55	2.18	2.78
65	N/A	N/A

Find out which premium applies to you in Premium table 4 on page 85.

To calculate your weekly premium simply divide your monthly cover amount (up to a maximum of \$5,000) by \$500 and multiply by the Opt-In Income Protection premium.

We calculate your premium weekly and normally deduct it from your Accumulation account each month. Premiums for partial weeks are not pro-rated.

Jack's story

Jack is 45 and becomes a member. Jack applies for Opt-In Income Protection cover when joining online. Jack's salary is \$80,000 p.a.

To calculate Jack's Opt-In Income Protection cover and the weekly premium, follow the following steps. Premiums are in Premium table 4 on page 85.

- 1) Determine Jack's monthly benefit (up to a maximum of \$5,000) –
 $\text{Income} \times 85\% / 12$ (rounded up to the next \$500).
- 2) Divide the monthly benefit by \$500.
- 3) Multiply the result of step 2 by the weekly premium listed in the table.

Jack's cover and weekly premium will be:

1) $\$80,000 \times 85\% / 12 = \$6,000$. Maximum monthly Opt-In Income Protection cover = \$5,000 monthly benefit.

2) $\$5,000 / \$500 = 10$.

3) $10 \times \$0.88 = \8.80 per week.

This example is illustrative only.

If you're not eligible for Opt-In Income Protection

If you're not eligible for Opt-In Income Protection cover, you can apply for Tailored cover at any time. Any application will be subject to the Insurer accepting it. You'll need to supply satisfactory information about your health.

Notify us if you are ineligible so you're not charged premiums for cover that you are ineligible for. You can contact us to discuss whether you are eligible. We'll refund premiums paid for the time that you were ineligible for cover to your Accumulation account.

We won't refund premiums if you are ineligible to claim a benefit as a result of 'limited cover'.

White Collar Income Protection

Opt-In Income Protection cover that costs you less.

How White Collar cover works

White Collar Income Protection cover may entitle you to Opt-In Income Protection cover at a reduced cost. Depending on your income, it may also entitle you to more cover than Opt-In Income Protection cover.

In the event of a claim, White Collar Income Protection provides you a monthly benefit, after a 'waiting period' of 90 days, for up to 2 years if you are unable to work because you're injured or sick.

The 'waiting period' starts from the date a 'medical practitioner' certifies that you suffered a 'total disability' or 'limited total disability' and unable to work as determined by the Insurer. Benefit payments will start when the 'waiting period' ends. They're paid monthly in arrears.

Your amount of cover is a fixed monthly amount. Calculate your cover amount as:

- 85% of your 'income', divided by 12 and rounded up to the next \$500
- up to a maximum amount of \$7,500 a month.

Your monthly benefit is limited to 85% of your 'pre-disability income'.

Please see page 58 for details on when cover ends.

Check your eligibility for White Collar cover

To be eligible for White Collar cover:

- you must have Standard Death and TPD Assist cover
- you must not be a casual employee
- you must be working at least 15 hours per week
- at least 80% of the work you perform must be in an office environment (excluding travel from one job to another)
- you must be performing duties limited to clerical, administration, managerial (or similar) which do not involve more than 10% light manual duties.

You are not eligible for Opt-In Income Protection or White Collar Income Protection cover if your financial affairs are under the supervision of a third party such as the Public Trustee Office, due to your medical condition or incapacity.

How to apply for White Collar cover

This table shows you how you can apply depending on how long it's been since you joined us.

Within 120 days of joining us

Member Online to request White Collar cover

Open an Accumulation Account form

New Member Options form

After 120 days of joining us

Increase or update your insurance cover form (you will need to answer health questions)

When White Collar cover starts

If you apply within 120 days of joining us, your White Collar cover will start from the later of:

- the start date of your Standard cover
- the date the Insurer accepts your application.

If you hold Opt-In Income Protection cover and apply for White Collar cover more than 120 days after joining us, your White Collar cover will start from the date the Insurer accepts your application.

'Limited cover' will apply to your Opt-In Income Protection cover for a period of 24 months and until you have been 'at work' for 30 consecutive days after the end of the 24-month period.

How much White Collar cover costs

The cost of cover depends on your age and gender. Cost will increase at certain ages. Any premium change will occur on or around your birthday. This table shows an example of premium rates.

White Collar Opt-in Income Protection weekly premium rates (examples)

Your age	Premium (\$) per week (per \$500 monthly benefit)	
	Male	Female
15	0.26	0.37
25	0.26	0.37
35	0.26	0.37
45	0.59	0.93
55	1.45	1.85
65	N/A	N/A

Find out which premium applies to you in Premium table 4 on page 85.

To calculate your weekly premium simply divide your monthly cover amount (up to \$7,500) by \$500 and multiply by the Income Protection premium.

We calculate your premium weekly and normally deduct it from your Accumulation account each month. Premiums for partial weeks are not pro-rated.

Note: For more information on eligibility and when a benefit for Opt-In Income Protection and White Collar Income Protection will and won't be paid, please see Terms and Conditions and Exclusions from page 54.



Tailored Income Protection cover

Choose a 'waiting period' and 'benefit period' that suits your individual circumstances.

How Tailored Income Protection works

You can apply for Tailored Income Protection cover if:

- you're not eligible for Opt-In Income Protection cover
- you have previously cancelled your cover and want to reapply
- you simply want to tailor your Income Protection cover to better suit your needs.

With Tailored Income Protection when you choose the length of your 'benefit period' and 'waiting period'. You can:

- elect to receive a monthly income for up to 2 years, 5 years or to age 65
- select a 'waiting period' of either 30, 60, 90 or 180 days.

Your selection impacts the cost of cover. Your cover is based on the income at the time of application. Cover is then indexed on an annual basis. So, it's important that you regularly check the level of cover and notify us if your income changes, particularly where it's less than your accepted amount of cover.

Any application for Income Protection cover is subject to acceptance by the Insurer. The Insurer will require satisfactory evidence of health. In the event of a claim, you receive payments monthly in arrears after the 'waiting period' ends.

Check your eligibility for Tailored Income Protection

You are eligible to apply for Tailored Income Protection cover if you are:

- aged 15 to 64, and
- working at least 15 hours per week, and
- permanently employed, or
- a 'self-employed person',¹ or
- a casual or contract employee,² or
- working in Australia under the terms of a work visa.³

¹ A 'self-employed person' means, in summary, a person who is predominantly working in their own business on a regular basis and earning an income. Please see the full insurance policy definition of 'self-employed person' on page 77.

² Casuals and contractor employees are only eligible for a 2-year 'benefit period'. A minimum contract period of 6 months applies to contractors.

³ Where you are working in Australia on a work visa your 'benefit period' will be limited to your legal eligibility to work in Australia.

Your maximum amount of Tailored Income Protection cover

You can apply for an amount of cover up to 85% of your 'income' (75% is payable to you and 10% as a superannuation contribution). The total cover cannot be more than \$30,000 per month.

How to apply for Tailored Income Protection cover

You can apply for Tailored Income Protection cover at any time.

To apply, visit [Member Online](#), select Insurance, and follow the prompts.

If you're not signed up for Member Online simply register for online access at [Member Online](#) or contact us on **13 11 84**.

When Tailored Income Protection cover starts

Tailored Income Protection cover will start from the later of:

- the date the Insurer approves your application, where the Insurer hasn't made the approval subject to any loadings or benefit exclusions
- the date you accept the special acceptance offer within 30 days of the offer being made if the Insurer has made approval subject to loadings or benefit exclusions.

Interim accident cover will apply until you accept or decline the terms. We'll cancel your application and interim accident cover will stop if you don't respond to the special acceptance offer within 30 days.

Your cover will only start if you have enough money in your Accumulation account to pay insurance premiums. If you don't have enough money in your Accumulation account to pay premiums, we'll notify you of the conditions that apply to you.



Interim accident cover

When you apply for Tailored Income Protection cover, you will receive up to 90 days interim 'accident' Income Protection cover. We define 'accident' on page 74. The cover starts from the date we receive your completed Tailored insurance application form. If you suffer an 'accident' and make a claim while you're covered under interim accident cover and are eligible to receive a benefit, this is how you'll receive your interim accident benefit.

You're not charged a premium for interim accident cover. Interim accident cover ends when whichever comes first of:

- acceptance, deferral or rejection of your application for Tailored cover
- 90 days from receipt of your application.

The maximum interim accident cover available is \$15,000 per month or the amount of cover you applied for, whichever is less. The 'benefit period' and 'waiting period' you applied for will also apply to any interim accident cover.

No interim accident cover will be paid if during the interim period, disability is caused directly or indirectly by engaging in any sport or pastime that the Insurer would not normally cover at standard rates or any other exclusion under the policy.

How much Tailored Income Protection costs

Your premium for Tailored Income Protection cover is based on your amount of cover, 'benefit period', 'waiting period', gender, occupation, health and age.

When the Insurer assesses your application for Tailored Income Protection cover, they may apply a loading, which means a higher premium.

We recalculate your premium along with any change in your cover amount on or around your birthday each year and will notify you in writing of any changes at this time.

We then calculate your premium weekly and normally deduct it from your Accumulation account each month. Premiums for partial weeks are not pro-rated.

You should ensure you have enough money in your Accumulation account to pay your premiums and maintain your insurance cover. The total premium includes stamp duty and a 5% insurance fee to offset our cost of providing the cover.

We show you the annual premiums in Premium tables 5 to 7 on pages 86 to 88.

Occupational categories

When calculating your insurance premium for Tailored cover, the Insurer will apply an occupational loading based on your 'occupational category'. You can find out more about 'occupational categories' on page 61.

Note: You may not be able to get Tailored Income Protection cover if you're in a hazardous occupation. The Insurer assesses this on a case-by-case basis.



How to change your occupational category

If you change your occupation so you are in a less manual or less hazardous job, you can request a change to your 'occupational category'. Simply complete the Increase or update your insurance cover form in [Member Online](#). A change in your 'occupational category' may mean a lower premium.

How Tailored Income Protection impacts other Income Protection cover

If you receive approval for Tailored Income Protection cover, it will replace any of your previous Opt-In Income Protection or White Collar Income Protection cover.

How Tailored Income Protection cover is indexed

The amount of your Tailored Income Protection cover will increase on 1 July each year. We limit any increase to a maximum of 5%. The indexation amount is based on how much the annual trend adjusted rise in Average Weekly Ordinary Time Earnings was at the previous November – or, simply put, how much wages have gone up. You can find more information about Average Weekly Ordinary Time Earnings at ato.gov.au

You can choose:

- not to have your Tailored Income Protection cover indexed each year
- to opt back into automatic indexation of your Tailored Income Protection cover.

If you choose to opt back into annual indexation, the increased Income Protection cover will be subject to 'limited cover' for a period of 24 months and until you are 'at work' for 30 consecutive days after the end of the 24-month period.

To make changes use the Insurance variation form at art.com.au/insurance-forms

Fiona's story

Fiona is 28 years old and applies for Tailored Income Protection cover. The Insurer accepts the application.

Fiona's income is \$60,000 p.a. and the date of acceptance is 1 March.

The indexation rate for 1 July is 4.5%.

Cover on 1 March (date of acceptance):

$\$60,000 \times 85\% = \$51,000$ p.a. = \$4,250 per month

New cover at next 1 July:

$\$51,000$ increased by 4.5% = $\$53,295$ p.a. = \$4,441 per month

If Fiona had previously opted out of indexation and then chose to opt back into annual indexation, indexation will restart from 1 July. The increased cover of \$2,295 p.a. will be subject to 'limited cover' for 24 months until she is 'at work' for 30 consecutive days after the 24-month period.

This example is illustrative only.

Note: For more information on eligibility and when a benefit for Tailored Income Protection will and won't be paid, please see Terms and Conditions and Exclusions from page 54.



Terms and Conditions and Exclusions for Income Protection

When we won't pay an Income Protection benefit

If you need to claim, it's important to understand when a benefit may not be payable.

As a general rule, we won't assess your eligibility for insurance cover, including Opt-in Income Protection cover and White Collar cover, until you make a claim.

Generally, there are 2 key areas where a benefit may be declined:

'Limited cover'

- ✓ This means you are only covered for a sickness or injury that first became apparent or occurred after your cover started, restarted or increased.
- ✓ 'Limited cover' doesn't apply in all circumstances.

Exclusions

- ✓ Attempted suicide or self-inflicted injury.
- ✓ Active military service.
- ✓ Uncomplicated pregnancy.

Exclusions

An Income Protection benefit will not be paid if the sickness or injury is caused, wholly or partly, directly or indirectly, from:

- deliberate self-inflicted injury or attempted suicide or self-destruction while sane or insane
- uncomplicated pregnancy, childbirth or miscarriage
- your deployment to a hostile environment as part of active military service, where you take part in active service after your cover starts or increases
- a criminal act committed by you
- any matter subject to an individual exclusion that the Insurer imposes on your Tailored Income Protection cover.

Limited cover

If you have Opt-In Income Protection or White Collar Income Protection cover additional restrictions may apply. As the Insurer is unaware of any health issues you had before applying for cover, they apply some limitations in the first 24 months. These limitations are what's known as 'limited cover'.

'Limited cover' will apply for the first 24 months and will apply until you satisfy the 'at work' requirements for 30 consecutive days after the initial 24-month period. This means you are only covered for a sickness that first became apparent or an injury that first happened on or after the date your cover began.



Income Protection

It is important that you understand the Income Protection definitions and the factors that can impact the payment of an Income Protection benefit. The following statements are here to assist your understanding of the Income Protection definition.

Ongoing medical care – To remain eligible for Income Protection benefits, you are required to be under the care of and following the advice recommended by your treating doctor.

Working more than 15 hours per week – A 'total disability' assessment will be based on your inability to perform at least one of the major duties of your usual occupation. A major duty is an income-producing duty of your regular occupation, which involves at least 20% of your overall occupational tasks. Where you return to paid work (even in a different job or occupation), you will no longer be eligible for a 'total disability' benefit, however you may be eligible to claim a 'partial disability' benefit, subject to meeting eligibility criteria.

Unemployed or working less than 15 hours per week – A 'limited total disability' assessment will be based on your inability to perform any suitable occupation based on all of your education, training and experience, not just your occupation (or prior occupation where you are unemployed), at the time you become injured or sick.

You may be eligible for a partial disability benefit – Where you have been 'totally disabled' or 'limited totally disabled' and return to work in a reduced capacity and have a reduced income as a result of your sickness or injury. You must be 'totally disabled' or 'limited totally disabled' for seven (7) out of the first ten (10) days of your 'waiting period' to be eligible for a 'partial disability' benefit.

Occupational rehabilitation support – Where appropriate, the Insurer will work with you, your doctor, and your employer to encourage and support you through occupational rehabilitation (including workplace modifications). Participating in occupation rehabilitation is voluntary and will not impact your monthly benefit.

Already receiving disability support payments – Your total or partial disability benefit may be reduced if you also receive payments from other sources (for example workers' compensation, sick leave or from other income protection policies).

Ongoing assessment – Income Protection claims are assessed on a monthly basis over the duration of your 'benefit period'. You will need to periodically provide ongoing evidence to support your claim.

Totally and permanently disabled – Your monthly benefit will not be impacted if you are paid a total and permanent disability benefit from a superannuation fund or insurer.

Check what other insurance you have

It's important to check what other insurance you have. If you have more than one income protection policy, you can generally only claim on one. You may be paying for cover you don't need or can't claim on in full.

If you have income protection elsewhere, please consider which policy best meets your needs and, if appropriate, seek financial advice.



Benefits after claim approval

The 'waiting period' and 'benefit period' determine when a claim payment starts and the maximum length of time you may be paid a benefit.

The 'waiting period' is how long you must have had a 'total disability', 'limited total disability' or 'partial disability' before you're eligible to claim a benefit. The 'waiting period' starts from the date a 'medical practitioner' certifies that you have a 'total disability', 'limited total disability' (where applicable), and are unable to work as determined by the Insurer.

After the 'waiting period', the monthly benefit is payable for up to a maximum period:

- of 2 years
- of 5 years
- to age 65.

This depends on which 'benefit period' you've chosen. You must continue to meet the Insurer's definition of 'total disability' or 'limited total disability' or 'partial disability' as applicable.

The monthly benefit payable will generally be the lower of:

- the level of cover selected by you, less any offsets
- 75% of your monthly 'pre-disability income', plus up to 10% superannuation contributions for Tailored cover, or up to 25% superannuation contributions for Opt-In Income Protection or White Collar Income Protection cover, less any offsets
- \$30,000 per month.

If your claim is accepted, benefit payments will commence when the 'waiting period' ends and are paid monthly in arrears. The benefit paid to you will usually be taxable income and attract PAYG tax (the same as salary and wages). We'll deduct the tax from the benefit before it is paid to you. If applicable, the Insurer will issue an income statement at the end of the financial year. The income protection benefit is subject to a maximum level based on your most recent 'pre-disability income' accepted by the Insurer immediately before you become 'totally disabled'. There may be offsets to your benefit payment that we explain in Offsets to your benefit payment on page 57.

If you're on unpaid leave or parental leave

If you are on 'unpaid leave' or parental leave, your benefit is based on your most recent 'pre-disability income' accepted by the Insurer immediately before starting leave.

'Total disability' definition applies for up to 24 months while you are on 'unpaid leave' if you were a permanent employee working an average of 15 hours or more per week in the 3 months immediately prior to going on 'unpaid leave'.

'Limited total disability' definition applies for up to 24 months while you are on 'unpaid leave' if you were a casual employee or working on average less than 15 hours per week in the 3 months immediately prior to going on 'unpaid leave'.

Any insured superannuation contributions up to 10% for Tailored Income Protection cover, or up to 25% for Opt-In Income Protection or White Collar Income Protection cover, will be paid directly to your Accumulation account on your behalf. These amounts count towards your concessional contribution cap. Please see page 58 for more information on what else can affect your cover.

Partial disability

You may be able to claim a partial disability benefit if you're working less while on a claim and earning less because you're injured or sick. If you become 'partially disabled' a reduced monthly income protection benefit may be payable. We define 'partial disability' on page 79.

The Insurer will pay a partial disablement monthly benefit where you are unable to work at full capacity due to sickness or injury, and

- following a period of 'total disability' for 7 out of the first 10 working days of the 'waiting period', and your ongoing disablement during the remainder of the 'waiting period', and you have returned to work in your usual or an alternative occupation, and
- your monthly income is less than your 'pre-disability income', and
- you are under the care of and complying with the reasonable advice given by a 'medical practitioner'.

You can calculate the benefit payable using the following formula:

$[(A - B) \times C] / A$ where:

A is your 'pre-disability income'

B is your actual income during the month of 'partial disability'

C is the monthly benefit



If you return to work during the waiting period

If you select a 30-day 'waiting period', you may return to work for up to 5 days during that time without having to start the 'waiting period' again.

If your 'waiting period' is 60, 90 or 180 days, you may return to work for up to 10 days during that time without having to restart the 'waiting period'.

If you do return to work, your original 'waiting period' will extend by the number of days you returned to work. If you return for longer than those periods specified, your 'waiting period' will restart.

Proof of income

In the event of a claim, you may need to provide proof of 'income' to ensure your benefit does not exceed the maximum allowable amount at the first day of absence from active employment due to sickness or injury resulting in 'total disability' or 'limited total disability'. The maximum amount is generally 85% of your 'pre-disability income'.

Payment of your benefits

The Insurer will pay monthly benefits directly to you with a maximum payment of 75% of 'pre-disability income'. Any remaining benefit will be paid to your Accumulation account. The definition of 'total disability' you will be assessed against in the event of a claim is linked to the number of hours you are working before the claim event. If you are a casual employee, unemployed, or working on average less than 15 hours per week in the 3 months before becoming disabled, you will be assessed against the 'limited total disability' definition. If you were working on average 15 or more hours per week in the 3 months before becoming disabled, you will be assessed against the 'total disability' definition. If your claim is accepted, payments (monthly in arrears) will start when the 'waiting period' finishes.

Any claim for your income protection benefit is assessed independently of any total and permanent disability claim.

Offsets to your benefit payment

An offset means that we may reduce your benefit payment if you receive other income while you're unable to work due to sickness or injury.

These payments that might reduce your income protection benefit payment include:

- All benefits or payments for workers' compensation, transport accident compensation or similar legislation in relation to your sickness or injury
- Any other payments, statutory or as damages under Common Law, paid to you for loss of income, loss of earning capacity, or any other economic loss (including any benefits or payments for work injury damages) whether paid as a lump sum or not, in relation to your sickness or injury
- Any other payments made under any disability income type insurance policy
- Any other lump sum payment which relates to loss of income, loss of earning capacity, or any other economic loss due to sickness or injury whether under legislation or otherwise (other than a total and permanent disability or terminal illness benefit)
- Any paid sick leave from your employer (however the Insurer does not require all sick leave to be used before the commencement of the income benefit starts)

If you get (or will get) your benefit payment as a lump sum, we'll work out the offset calculation by converting the lump sum to a monthly amount at the rate of 1/60th of the lump sum per month over a period of 60 months.

Indexation of Tailored Income Protection benefits

When you are on a claim, we'll index your Tailored Income Protection benefits. The amount will be by the Consumer Price Index (CPI) or 5%, whichever is less. We'll apply the indexation on each anniversary of the start of your continuing income protection benefits payments. Indexation does not apply to Opt-In or White Collar Income Protection benefits.



Update your Income Protection cover

It is very important you keep your level of Income Protection cover up to date. Apart from the indexation of your Tailored Income Protection cover each 1 July, you will need to apply for any additional increase in the level of Tailored Income Protection cover you require, and the Insurer will need to accept it. Providing new income details alone does not increase the cover.

With Opt-In Income Protection or White Collar Income Protection cover, you must apply for any increase and your total Income Protection cover will become Tailored Income Protection cover when the Insurer accepts it.

When Income Protection cover stops

Income Protection cover will stop when:

- you cancel it
- you turn 65
- you die
- you withdraw all your money from your Super Savings Accumulation account
- your period of 'unpaid leave' or parental leave exceeds 24 months
- you stop employment with your Australian-based employer while you're overseas
- the policy issued to the Trustee is cancelled or terminated for any reason
- zero account balance - the premium is due and there is not enough money in your Accumulation account to pay the premiums and it stays unpaid for 4 months
- contribution inactivity - we haven't received an 'eligible contribution' into your Accumulation account in the past 12 months or more and you have not elected in writing to keep your cover.¹

If you want your insurance cover to continue regardless of if you are contributing, you can advise us in writing or visit art.com.au/keep-my-insurance

It is your responsibility to check there is always enough money in your Accumulation account to pay insurance premiums.

¹ Where we have valid contact details, we will contact you advising the date your cover will stop.

How to restart Income Protection cover if it stops

To restart cover after it stops, you can apply to either restart existing cover or for Tailored cover. Any application for insurance will be subject to health and employment assessment and the Insurer accepting it.

To apply, visit [Member Online](#), select Insurance, and follow the prompts. You will also need to make sure your account has enough money to pay future premiums.

When payment of the benefit stops

Benefit payments stop on the earliest of the following events:

- you no longer satisfy the definition of 'total disability', 'limited total disability' or 'partial disability', as assessed by the Insurer
- the end of the benefit payment period
- for a 'partial disability' benefit, the date you earn, or become capable of earning, a monthly salary equal to or greater than your 'pre-disability salary'
- you are no longer under the care of, and or complying with the reasonable advice given by a 'medical practitioner'
- you live overseas and have received 12 months of benefit payments
- you reach age 65
- your death.

You will continue to be paid your benefit even if the Insurer assesses you to be totally and permanently disabled.

Providing you were an insured member at the time you finished work due to the sickness or injury you're claiming for, monthly income benefits will be payable, or continue to be paid, regardless of whether you continue to be a member with us.



No premium required

You don't need to pay your Income Protection premiums from the end of the 'waiting period' and while a monthly benefit is payable.

Once you stop receiving benefit payments, Income Protection premium deductions will restart from your Accumulation account.

Recurrent event

Following a claim, if you make a further claim arising from the same or related cause as the first claim, the further claim will be:

- treated as a separate claim if it occurred after you returned to work for at least 6 continuous months
- deemed to be a continuation of the original claim if made within 6 months from the end of payments from the earlier claim. A further 'waiting period' will not apply in this case, but we'll adjust the relevant 'benefit period' to take into account prior benefits paid under this policy for the original claim.

Concurrent event

Where you are 'totally disabled' or 'limited totally disabled' because of more than one sickness or injury, or from both, whether related or not, benefits are payable in respect of only one sickness or injury, as the Insurer shall reasonably determine, based on medical evidence.





What can affect your cover

In this section, learn what can affect your cover.

We show:







- How your job can affect premiums
- How your health can affect your cover

How occupational categories impact your premiums

When you apply for Tailored cover, the Insurer will determine your 'occupational category' based on your occupation at the time. Your 'occupational category' then determines the premium you pay for your cover.

This table shows you the 'occupational categories' that apply to Tailored cover. Professional and White categories also apply to White Collar cover.



Occupational Category	Description
 Professional	White collar professionals performing no manual duties (such as a doctor, lawyer, accountant). Usually those with a tertiary qualification or registered with a professional body (and they must be using these qualifications in their occupation).
 White	Clerical, administration and managerial occupations involving office duties only. Includes those who do less than 10% light manual duties (such as an administrator, bookkeeper, computer operator).
 Light Blue	Certain light manual skilled workers (such as photocopy/TV repairers), purchasing officers, travelling sales representatives, claims/loss assessors, business owners in non-hazardous industries involved in light manual work (such as a coffee shop owner) and supervisors of workers in Medium Blue occupational categories.
 Medium Blue	Qualified tradespeople involved in non-hazardous industries doing light manual work (such as qualified tradespeople including cabinetmakers, carpenters, plumbers, mechanics).
 Heavy Blue	Heavy manual workers, unskilled or performing higher risk occupations, tradespeople involved in heavier manual work (such as qualified brick layer, interstate bus driver, warehouse worker, carpet layer, house removalist).
 Hazardous	There are other occupations classified as hazardous including airline crew and pilots, fire fighters, professional sports people, police, underground workers, miners, abalone divers, asbestos workers, bouncers and those working at heights above 10 metres. For hazardous occupations, the Insurer reserves the right to assess applications for cover on a different premium basis to the 5 categories listed above.

How to change your occupational category

If you change your occupation so you are in a less manual or less hazardous job, you can request a change to your 'occupational category'. Simply complete the Increase or update your insurance cover form in [Member Online](#). A change in your 'occupational category' may mean a lower premium.

If you don't have Tailored cover, White Collar cover may be for you

What White Collar cover means for your premiums:

White Collar cover for Standard Death and TPD Assist

- ✓ Entitles you to 50% more cover than Standard Death and TPD Assist cover at no additional cost to you.

or

White Collar cover for Opt-in Income Protection

- ✓ Entitles you to Opt-In Income Protection at a reduced cost.
- ✓ Depending on your salary, it may also entitle you to more cover than Opt-In Income Protection cover.

Check your eligibility for White Collar cover

To be eligible for White Collar cover:

- you must have Standard Death and TPD Assist cover
- you must not be a casual employee
- you must be working at least 15 hours per week
- at least 80% of the work you perform must be in an office environment (excluding travel from one job to another)
- you must be performing duties limited to clerical, administration, managerial (or similar) which do not involve more than 10% light manual duties.

How to apply for White Collar cover

This table shows you how you can apply depending on how long it's been since you joined us.

Within 120 days of joining us

Member Online to request White Collar cover

Open an Accumulation Account form

New Member Options form

After 120 days of joining us

Increase or update your insurance cover form (you will need to answer health questions)

How your health may impact your cover

When you apply for cover, the Insurer may ask questions about your health, your work situation, your family history and your hobbies.

Depending on your answers, they may apply a higher premium, called a loading, or a benefit exclusion as a condition for accepting your Tailored cover. The exclusion will apply to a specified condition or pastime. They may also decline your application for cover.

We will advise you of any premium loadings or benefit exclusions as a special acceptance offer. You will need to either accept or decline the offer within 30 days. Interim cover will apply until you accept or decline the terms. We will consider that you have declined the offer if you don't respond within 30 days. We'll then cancel your application, and the interim cover will stop. If you accept the terms of the special acceptance offer, your increased insurance cover will start on the date you accept.



Changes to your situation

On your birthday

We recalculate your premium along with any change in your cover amount on or around your birthday each year and will notify you in writing of any changes at this time.

If you change jobs or stop work

Any existing Death, TPD and Income Protection cover will continue when you leave your employer. We'll continue to deduct your premiums from your Accumulation account balance.

So that we can update your records and determine the impact of any changes, it is important that you notify us if:

- you change occupation
- your income changes
- you cease employment
- you change employer.

Your premium may change, or you may need to review your needs. You should contact us to find out the impact of any changes.

Where you have Income Protection cover, a change in work hours or 'income' can impact the benefit you receive at claim time. When calculating your benefit, the Insurer looks at your 'income' before you stop work due to injury or sickness. Please let us know if your work situation changes. You must let us know if you wish to reduce or cancel your insurance cover.

If you become unemployed

Becoming unemployed affects your Income Protection cover.

If you are unemployed at the 'date of disablement' and have been unemployed for a period of more than 12 months, you will **not** be eligible to make a claim for an income protection benefit.

You must let us know if you wish to cancel your Income Protection cover.

If you are employed under the terms of a work visa

If you are employed under the terms of a work visa, you are eligible for Standard cover and may also apply for Income Protection and Tailored cover.

Your Death and TPD cover continues when your visa expires or when you permanently depart Australia.

Your income protection benefit will be limited to the duration you are legally eligible to work in Australia under the terms of the work visa.

If you go overseas on holiday or for work

If you are traveling or working overseas your cover will continue with no travel restrictions. But you do need to be aware of a few additional restrictions, these include:

- Income Protection cover will only continue while you temporarily reside overseas and remain in active employment with your Australian-based employer (or an international subsidiary or associated company of your Australian employer).
- Where you temporarily reside overseas during a period of 'unpaid leave', your Income Protection cover will stop after 24 months.
- Income Protection benefit payments may stop where you are residing overseas and you have received 12 months of benefit payments.
- If you become disabled while based overseas, we may require you, at your expense, to return to Australia for assessment of any Income Protection, terminal illness or Total & Permanent Disablement claim.

Any Income Protection claim will depend on your employment status at the time you become disabled. The 'Total & Permanent Disability' definition that will generally apply will be the definition that applied while you were working.

We'll continue to deduct total premiums from your Accumulation account while you are overseas. You are responsible for making sure enough money is in your Accumulation account while you are on leave to pay your premiums.

If you cancel your cover, you will need to reapply for cover if you require it later down the track. You will need to supply satisfactory evidence of your health to restart this cover.



If you're on unpaid leave or parental leave

If you're on 'unpaid leave' or parental leave your cover will continue. But you do need to be aware of a few additional restrictions, these include:

- Your Death and TPD cover will continue. The 'Total & Permanent Disability' definition that will generally apply will be the definition that applied while you were working, but is dependent on the duration of your leave.
- Your Income Protection cover will stop after 24 months.

We'll continue to deduct your premiums from your Accumulation account during the period of leave. You need to ensure you have enough money in your Accumulation account during the period of leave to pay your premiums. Your cover may still stop while you are on 'unpaid leave' or parental leave if any of the conditions and exclusions for when cover stops occur.



Warning

If your account does not receive an 'eligible contribution' for at least a 12-month period and you haven't informed us in writing that you wish to keep your insurance cover, your cover will normally stop 12 months after your last 'eligible contribution'.

Important information

If you have multiple Accumulation accounts

If you have 2 or more Super Savings Accumulation accounts with the same insurer, you will only be entitled to insurance cover from one account (does not include Super Savings - Corporate Accumulation accounts and Super Savings - Business Accumulation accounts).

Contributions after you leave us

If the following happens:

- you roll out or withdraw your whole Accumulation account balance, and
- the employer who had been paying into your Super Savings account before your roll out or withdrawal makes another Superannuation Guarantee contribution to us on your behalf within 6 months

then you will generally not be eligible for any Standard Death and TPD Assist, or Opt-In Income Protection cover on the new account created by this contribution.

If you're self-employed, unemployed or doing unpaid domestic duties

If you are a 'self-employed person' and we are not receiving SG contributions from your employer, are unemployed or are engaged in unpaid 'domestic duties' in your own home, you are eligible to apply for Tailored cover.



Your duty to take reasonable care not to make a misrepresentation

About your duty

When you apply for life insurance as a member with us, the Insurer may conduct a process called underwriting. It's how the Insurer decides whether it will cover you, and if so on what terms and at what cost. If your application is underwritten, you will be asked questions that the Insurer needs to know the answers to. These will be about your personal circumstances and may include questions about your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you provide in response to the questions is vital to the Insurer's decision.

The duty to take reasonable care

When applying for insurance which is to be underwritten, you have a legal duty to take reasonable care not to make a misrepresentation before your application is accepted by the Insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

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

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

Guidance for answering questions

When answering questions as part of an application for insurance cover, you should:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us or the Insurer before you respond.
- Answer every question.
- Answer truthfully, accurately and completely.
- If you are unsure about whether you should include information or not, you should include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), you should check every answer (and if necessary, make any corrections) before the application is submitted.
- You must not assume that we or the Insurer will contact your doctor for any medical information.

Changes before your cover starts

Before your application is accepted, the Insurer may ask about any changes that mean you would now answer the questions differently. As any changes might require further assessment or investigation, it could save time if you let us, or the Insurer, know about any changes when they happen.

If you need help

It's important that you understand this information and the questions that you are asked. Ask us or the Insurer for help if you have difficulty understanding the process of applying for insurance or answering our or the Insurer's questions. If you're having difficulty due to a disability, understanding English or for any other reason, we are here to help and can provide additional support for anyone who might need it.

What the Insurer can do if the duty is not met

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to the Insurer. These are set out in the *Insurance Contracts Act 1984 (Cth)*. These are intended to put the Insurer in the position they would have been in if the duty had been met.

For example, the Insurer may:

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

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

- whether you took reasonable care not to make a misrepresentation (this depends on all of the relevant circumstances)
- what the Insurer would have done if the duty had been met, for example, whether they would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

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

A construction worker wearing a red hard hat and a high-visibility orange and yellow safety vest is standing next to a large piece of yellow machinery. He is holding onto a metal railing of the machinery. The background shows a clear blue sky and some distant hills.

How to make a claim

In this section, learn how to make a claim and find forms and links you may need.

We show you:

- The steps to making a claim
- Plus, find your list of links and forms to apply for or change your cover

How to make a claim

If you're sick or injured, it can be stressful to think about making an insurance claim. We're here to help and guide you through this challenging time so you don't feel overwhelmed or confused. We're committed to ensuring we pay all eligible insurance claims as quickly as possible.

There are generally 6 steps in our claims process:

1. Contact us

You can call us on **13 11 84** or via **Member Online**. You can use our online claims eligibility tool to begin the process.

Our claims representatives will guide you through the process and introduce you to our early intervention services as soon as possible, if it applies to you.

2. Claim eligibility check

We will ask you to provide us with information about your claim. This will allow us to provide you with the correct claim pack.

3. Claim pack

We tailor our claim pack to your injury or sickness. The claim pack explains what information we need about your claim and how to submit it to us.

Find out more at art.com.au/claim

4. Claim assessment

After we receive all your claim information, our Insurer will assess your claim.

5. Trustee review

By law we need to review our Insurer's assessment of your claim to make sure it is fair and transparent and that all final claim decisions are fair and reasonable.

6. Confirmation

We will contact you to let you know the outcome of your claim.

Our easy online service

Our easy-to-use online Claims Eligibility Tool allows you to start the process. Just go to **Member Online**, select Insurance, and follow the prompts.

The claims eligibility tool can help you:

- determine if you are eligible to make a claim
- notify us of your need to make a claim
- with information about your insurance cover and any claim requirements
- (if eligible) lodge your claim electronically via *eClaims*.

eClaims allows you to lodge and monitor your claim online. It also allows other parties such as your employers and doctors to complete and submit claim information directly online for the Insurer to assess.



Super Savings insurance claims guides

We have guides to help step you through the various claims processes.

Please find our guides and more information at art.com.au/claim



If your claim is declined



If the Insurer declines your claim, we will complete an independent review of the Insurer's decision. If we agree the Insurer's decision is fair and reasonable and you disagree with this, you may lodge a complaint at no additional cost to you.



Contact us

Here's how to contact us to discuss your complaint.

Phone: 13 11 84

Mail: Australian Retirement Trust
The Complaints Manager
GPO Box 2924
Brisbane Qld 4001

Email: art.com.au/contact-us

In person: Please see our address in our Complaints Handling Guide at art.com.au/complaint



Contact AFCA

If you're unhappy about the outcome of your complaint or believe an issue has not been resolved, you can lodge a complaint with the Australian Financial Complaints Authority (AFCA).

AFCA provides fair and independent complaint resolution for financial services. Their service is free to use. Here's how you can contact AFCA.

Phone: 1800 931 678 (free call)

Mail: Australian Financial Complaints Authority
GPO Box 3
Melbourne Vic 3001

Web: www.afca.org.au

Email: info@afca.org.au



How to apply

This table shows you the type of cover you can apply for. It shows you the links and forms you need to apply.

What are you applying for?	When should you apply?	How can you apply?	Where can you go to apply?
Standard Death and Total & Permanent Disability (TPD) Assist cover	Standard cover is provided automatically when you have attained age 25 and reached an account balance of \$6,000 (subject to you meeting the other eligibility criteria).	N/A - automatic cover	N/A
	After joining Australian Retirement Trust, you can opt in to Standard cover before attaining age 25 or reaching a balance of \$6,000, at any time (subject to you meeting the other eligibility criteria).	Member Online or Call us	Member Online 13 11 84
White Collar cover — Death and TPD Assist	Within 120 days of joining Australian Retirement Trust (and you are eligible for Standard Death & TPD Assist cover)	Open an Accumulation Account form or New Member Options form	In the PDS, visit art.com.au/pds art.com.au/insurance-forms
	On joining Australian Retirement Trust	Join online or via Member Online	art.com.au/join
	Outside 120 days of joining Australian Retirement Trust and you have Standard Death and TPD Assist cover	Increase or update your insurance cover form in Member Online	Member Online
Life and age events	Not more than 180 days after the Life or age event, you are less than age 67 and you have either Standard Death and TPD Assist or White Collar cover	Increase or update your insurance cover form in Member Online	Member Online
Tailored cover	Anytime If you wish to apply for Tailored Death and/or TPD or Tailored TPD Assist cover	Online application via Member Online	Member Online
		Tailored insurance application form or	art.com.au/insurance-forms
Opt-In Income Protection cover	Within 120 days of joining Australian Retirement Trust	Open an Accumulation Account form or	In the PDS, visit art.com.au/pds
		New Member Options form	art.com.au/insurance-forms
White Collar — Income Protection cover	On joining Australian Retirement Trust	Join online or via Member Online	art.com.au/join
	Within 120 days of joining Australian Retirement Trust (and you are eligible for Opt-In Income Protection cover)	Open an Accumulation Account form or New Member Options form	In the PDS, visit art.com.au/pds art.com.au/insurance-forms
	Outside 120 days of joining Australian Retirement Trust (and you have Opt-In Income Protection cover)	Increase or update your insurance cover form in Member Online	Member Online

What are you applying for?	When should you apply?	How can you apply?	Where can you go to apply?
Tailored cover — Income Protection	Anytime If you wish to apply for Tailored Income Protection cover, or decrease your existing 'waiting period' or increase your existing 'benefit period'	Tailored insurance application form or	art.com.au/insurance-forms
		Online application via Member Online	Member Online
Tailored cover — restarting insurance cover on transfer from Super Savings - Corporate or Super Savings - Business	Within 60 days of us being notified of you ceasing employment with your Super Savings - Corporate or Super Savings - Business employer	Insurance transfer application form	art.com.au/insurance-forms
Reducing or cancelling your insurance cover	Anytime To reduce or cancel some or all of: <ul style="list-style-type: none"> • Death and TPD • Death only • TPD only • Income Protection <ul style="list-style-type: none"> - Increase your existing 'waiting period' - Decrease your existing 'benefit period' 	Online application via Member Online or	Member Online
		Call us or	13 11 84
		Contact us in writing	art.com.au/contact-us or Reply Paid 2924 Brisbane, QLD, 4001
Tailored cover — improving your occupational category	Anytime To apply for a better occupational category than you have within Tailored cover	Online application via Member Online	Member Online
Transfer of insurance cover to Australian Retirement Trust	Anytime (but do not cancel your existing cover until your transfer is accepted by the Insurer)	Transfer of insurance cover form	art.com.au/insurance-forms



Definitions

In this section, learn what the defined words we use throughout this guide mean in the insurance policy.

We show you the definitions for words we use when we're talking about:

- Standard and Tailored Total & Permanent Disability Assist
- Total & Permanent Disability
- Income Protection

Total & Permanent Disability Assist means:

Part A – Loss of limbs and/or sight and/or cognitive impairment

- a) As a result of an injury or sickness you have suffered, at the 'date of disablement', the total and irrecoverable loss of:
- the use of 2 limbs, or
 - the use of the sight of both eyes, or
 - the use of one limb and the sight of one eye
(where a limb means the whole hand or the whole foot), or
- b) you have suffered 'cognitive impairment' (this has a 3 consecutive month waiting period), and
- c) the Insurer, after considering all relevant evidence which is reasonably available, then determines that you will be unable ever again to be gainfully employed in any occupation for which you are reasonably suited by education, training or experience, **or**

Part B1 - Unable to do a suited occupation ever again – 'date of lodgement'

Where, solely by reason of an injury or sickness:

- a) you have been continuously unable to perform your occupational duties since the 'date of disablement' and remain so at the 'date of lodgement' solely due to the injury or sickness, and
- b) you are under the care of, and following the advice and treatment of a 'medical practitioner', and
- c) the Insurer determines in its opinion that you, as at the 'date of lodgement', will be unable ever again to be gainfully employed in any occupation for which you are reasonably suited by education, training or experience.

The determination made by the Insurer under paragraph (c) is to be made after considering all relevant evidence which is reasonably available to the insurer as at the 'date of lodgement', including any education, training or experience acquired by you up to the 'date of lodgement', **or**

Part B2 - Unable to do a suited occupation ever again – date of new assessment

Where, solely by reason of an injury or sickness:

- a) you have been continuously unable to perform your occupational duties since the 'date of disablement' and remain so at the 'new assessment date' solely due to the injury or sickness, and
- b) you are under the care of, and following the advice and treatment of a 'medical practitioner', and
- c) either:

- i. you have not been required by the Insurer to participate in an 'occupational rehabilitation program', or
- ii. have been required by the Insurer to participate in an 'occupational rehabilitation program' and are fully participating in the 'occupational rehabilitation program' to the satisfaction of the Insurer*, and
- d) the Insurer determines in its opinion that you, as at the 'new assessment date', will be unable ever again to be gainfully employed in any occupation for which you are reasonably suited by education, training or experience.

The determination by the Insurer under paragraph (d) is to be made after considering all relevant evidence which is reasonably available to the Insurer, as at the 'new assessment date', or subsequently given to the Insurer and relevant to the assessment of you as at the relevant 'new assessment date', including any 'occupational rehabilitation program' and any education, training or experience acquired by you up to the relevant 'new assessment date', **or**

*** Note:** Where you cease participating in a required 'occupational rehabilitation program' on the advice of your treating 'medical practitioner', the Insurer will consider whether they should vary the 'occupational rehabilitation program' or withdraw its requirement that you participate in the 'occupational rehabilitation program' and in doing so will consider any independent evidence in its consideration as well as any written documentation from your treating 'medical practitioner' addressing the following:

- a) outlining the reasons you have been advised to cease participating in the 'occupational rehabilitation program', and
- b) stipulating the duration of any required period of cessation and the anticipated timeframe for return to the 'occupational rehabilitation program', and
- c) whether any variations can be made to the 'occupational rehabilitation program' that would enable you to participate, and
- d) all medical information relied upon by the treating 'medical practitioner' in forming their opinion.



Part C – Suffering a specifically defined medical condition and permanently unable to work because of that medical condition

Where you were 'employed' immediately prior to the 'date of disablement' and are absent from all work and have been certified by a 'medical practitioner' as being unable to perform your occupational duties since the 'date of disablement':

- a) solely as a result of suffering one or more of the following; primary pulmonary hypertension, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, dementia and Alzheimer's disease, Parkinson's disease, chronic lung disease, cardiomyopathy, or paraplegia (including quadriplegia, hemiplegia and tetraplegia), and
- b) the Insurer, after considering all relevant evidence which is reasonably available, then determines that you are unable to ever again to be gainfully employed in any occupation for which you are reasonably suited by education, training or experience.

Note: A different total and permanent disability definition may apply to some members and if this applies to you, you will be informed separately by letter confirming your insurance details when your cover starts.

Total & Permanent Disability means:

Part A – Loss of limbs and/or sight and/or cognitive impairment

- a) As a result of an injury or sickness you have suffered, at the 'date of disablement', the total and irrecoverable loss of:
 - the use of 2 limbs, or
 - the use of the sight of both eyes, or
 - the use of one limb and the sight of one eye.(where a limb means the whole hand or the whole foot), or
- b) you have suffered 'cognitive impairment' (this has a 3 consecutive month waiting period), and
- c) the Insurer, after considering all relevant evidence which is reasonably available, then determines that you will be unable ever again to be gainfully employed in any occupation for which you are reasonably suited by education, training or experience, **or**

Part B – Unable to do a suited occupation ever again

Where, solely by reason of an injury or sickness:

- a) you are unable to perform your occupational duties for a period of 3 consecutive months since the 'date of disablement' solely due to the injury or sickness, and
- b) you are under the care of, and following the advice and treatment of a 'medical practitioner', and
- c) the Insurer, after considering all relevant evidence which is reasonably available, then determines that you will be unable ever again to be gainfully employed in any occupation for which you are reasonably suited by education, training or experience, **or**

Part C – Suffering a specifically defined medical condition and permanently unable to work because of that medical condition

Where you were 'employed' immediately prior to the 'date of disablement' and are absent from all work and have been certified by a 'medical practitioner' as being unable to perform your occupational duties since the 'date of disablement':

- a) solely as a result of suffering one or more of the following: primary pulmonary hypertension, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, dementia and Alzheimer's disease, Parkinson's disease, chronic lung disease, cardiomyopathy, or paraplegia (including quadriplegia, hemiplegia and tetraplegia), and
- b) the Insurer, after considering all relevant evidence which is reasonably available, then determines that you are unable to ever again to be gainfully employed in any occupation for which you are reasonably suited by education, training or experience.

Note: A different total and permanent disability definition may apply to some members and if this applies to you, you will be informed separately by letter confirming your insurance details when your cover starts.



The following terms are used throughout this guide

Accident

Accident means a physical injury that is caused solely and directly by violent, visible, external and unexpected means that is not traceable, even indirectly, to any pre-existing mental or physical condition.

Approved leave

Approved leave means parental leave, annual leave, bereavement leave, long service leave or any other leave approved by your employer for reasons other than related to injury or sickness.

At work

At work means you are:

- a) actively performing or capable of performing all of your normal duties, without limitation or restriction due to injury or sickness, and where working you are working normal hours, and
- b) in the Insurer's opinion, not restricted by injury or sickness from being capable of actively performing your full and normal duties on a full-time basis (for at least 30 hours per week) even though actual employment may be on a full-time, part-time, casual or contract basis, and
- c) not in receipt of, or entitled to claim, any income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits (including government support benefits).

You will be considered to be at work on the applicable date, as the context requires, if you are on 'approved leave' for reasons other than injury or sickness, and not taking into account the leave, are able to meet the at work definition.

In addition for death and total and permanent disability cover only, at work also means if you are not gainfully employed but are engaged in full-time 'domestic duties' you will meet the at work requirement if you are able to actively perform your normal full-time 'domestic duties' without limitation or restriction due to injury or sickness.

Benefit period

Benefit period means the maximum period of time for which benefits will be paid for any one period of 'total disability', 'limited total disability' or 'partial disability'.

Cognitive impairment

Cognitive impairment means the loss of intellectual capacity which renders your mini-mental state examination, or equivalent thereof, score deteriorates to 24 or less, as confirmed by a consultant neurologist, psychiatrist or geriatrician, and requires you to be under the continuous care and supervision of another adult person for at least 3 consecutive months and, at the end of that 3-month period, you are likely to require permanent ongoing continuous care and supervision by another adult person.

Contractor

Contractor means a person who has been provided a written contract of employment for a minimum period of six (6) months by their employer to perform identifiable duties, and who may be paid annual leave or sick leave as per their written contract of employment, and superannuation guarantee contributions are being paid to us.

Date of disablement (Income Protection)

The date of disablement means where you are:

- a) working and then cease work as a result of a sickness or injury, the last day you worked provided this was as a result of a sickness or injury and which has been certified by a registered 'medical practitioner', or
- b) on 'approved leave' or unemployed and suffer a sickness or injury which prevents you from returning to work as a result of that sickness or injury, the date of disablement will be determined based on the certification provided by your 'medical practitioner' as at the date on which you became disabled.



Date of disablement (Total & Permanent Disability Assist)

The date of disablement depends on your employment status and the type of injury or sickness that caused your permanent disablement.

When claiming under TPD Assist Part A – Loss of limbs and/or sight

Your date of disablement: The date you suffer the loss of the use of 2 limbs (where limb is defined as the whole hand or the whole foot), the sight in both eyes, or the sight in one eye and the use of one limb, or the date that is 3 months after total and permanent deterioration or loss of intellectual capacity.

When claiming under TPD Assist Part B – Unable to do a suited occupation ever again – date of lodgement

Your date of disablement: The first day you permanently ceased all work solely as a result of the injury or sickness, or where you have been unemployed or on 'domestic duties', the date you are medically certified by a 'medical practitioner' that the injury or sickness is preventing you from being able to work, even though work may not be available at that time.

When claiming under TPD Assist Part C – Suffering a specifically defined medical condition and permanently unable to work because of that medical condition

Your date of disablement: The first day you ceased all work solely as a result of suffering one or more of the listed 'medical conditions' outlined in Part C of the 'Total & Permanent Disability Assist' definition, or where you have been unemployed less than 6 months on the first day on which you are medically certified by a 'medical practitioner' as suffering one or more of the listed 'medical conditions' outlined in Part C of the 'Total & Permanent Disability Assist' definition.

Date of disablement (Total & Permanent Disability)

The date of disablement depends on your employment status and the type of injury or sickness that caused your permanent disablement.

When claiming under TPD Part A – Loss of limbs and/or sight

Your date of disablement: The date you suffer the loss of the use of 2 limbs (where limb is defined as the whole hand or the whole foot), the sight in both eyes, or the sight in one eye and the use of one limb, or the date that is 3 months after total and permanent deterioration or loss of intellectual capacity.

When claiming under TPD Part B – Unable to do a suited occupation ever again

Your date of disablement: The first day of the 3 month qualification period being the day you permanently ceased all work solely as a result of the injury or sickness, or where you have been unemployed, or on 'domestic duties', the first day of the 3 month qualification period, being the date you are medically certified by a 'medical practitioner' that the injury or sickness is preventing you from being able to work, even though work may not be available at that time.

When claiming under TPD Part C – Suffering a specifically defined medical condition and permanently unable to work because of that medical condition

Your date of disablement: The first day you ceased all work solely as a result of suffering one or more of the listed 'medical conditions' outlined in Part C of the 'Total & Permanent Disability' definition, or where you have been unemployed less than 6 months on the first day on which you are medically certified by a 'medical practitioner' as suffering one or more of the listed 'medical conditions' outlined in Part C of the 'Total & Permanent Disability' definition.

Date of lodgement

Date of lodgement means the date you lodge a claim for a 'Total & Permanent Disability Assist' benefit with Australian Retirement Trust under the 'Total & Permanent Disability Assist Part B1' definition and provide all mandatory documentation required by the Insurer in relation to the claim to commence assessment.

Domestic duties

Domestic duties means you have chosen to remain at home and perform unpaid home duties as your primary occupation. The choice to remain at home should not be due to unemployment or as a result of a sickness or injury.

Eligible contribution

Eligible contributions include Superannuation Guarantee contributions, additional employer contributions, personal contributions (including voluntary contributions, and contributions made by a spouse), rollovers and automatic transfers from other funds. They do not include government contributions, including co-contributions or the low income super tax offset.

Employed

Employed means:

- a) you are engaged under a contract of employment with an Australian employer (which includes on secondment or transfer to an international subsidiary or an associated or affiliated company of an Australian employer), or
- b) you are self-employed and earning an income under an ABN registered entity, or
- c) you have been unemployed for less than 6 months, or
- d) you have been on 'unpaid leave' for less than 24 months with an Australian employer, or
- e) you are working for an overseas employer for at least 15 hours per week, or
- f) you are engaged in unpaid 'domestic duties' in your own home.

Fixed cover

Fixed cover basis means your amount of insurance cover stays the same until you reach age 61, but your weekly premium will generally increase as you get older.

Fixed premium

Fixed premium basis means your weekly premium stays the same, but your insurance cover will generally decrease as you get older.

Income (Income Protection)

Income means your pre-tax income derived from your occupation, less any expenses incurred in deriving that income. Unless otherwise agreed with the Insurer, income does not include director's fees, overtime payments, commissions, bonuses, penalty or shift allowances, mandated superannuation contributions, investment income, income received from deferred compensation plans, disability income policies, retirement plans or any income derived from non-vocational activities.

For 'self-employed persons', income means the income generated by the business or practice due to your personal exertion or activities, less your share of necessarily incurred business expenses.

Limited cover

Limited cover means you are only covered for claims arising from a sickness which first manifests itself or an injury which occurred on or after the date your cover commenced, or most recently commenced or increased (where applicable) under the policy and was not related to the condition that occurred before the date your cover commenced or most recently commenced or increased (where applicable) under the policy.

Manifests means that symptoms exist which would cause an ordinary prudent person to seek diagnosis, care or treatment, or that medical advice or treatment has been recommended by or received from a 'medical practitioner'.

Limited total disability or Limited totally disabled (Income Protection)

Limited total disability or limited totally disabled means as a result of sickness or injury, you:

- a) have been incapacitated to such an extent as to render yourself unable to engage in your usual occupation or any occupation for which you are reasonably suited by education, training and experience, and
- b) remain under the regular care, attendance and following the advice of a registered 'medical practitioner' in relation to that sickness or injury, and
- c) are not engaged in any occupation (whether paid or unpaid).



Medical conditions

The following are the definitions for the specified medical conditions as per the 'Total & Permanent Disability Assist' and 'Total & Permanent Disability' definitions:

Cardiomyopathy means:

A condition of impaired ventricular function of variable aetiology (often not determined), resulting in significant permanent physical impairment i.e. Class III on the New York Heart Association classification of cardiac impairment.

The New York Heart Association classifications are:

- a) Class I – no limitation of physical activity, no symptoms with ordinary physical activity.
- b) Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.
- c) Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.
- d) Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Chronic lung disease means:

End stage respiratory failure requiring continuous and permanent oxygen therapy and is confirmed by a medical specialist, excluding Intermittent Oxygen Therapy.

Dementia/Alzheimer's disease means:

The definite (clinical) diagnosis of dementia as confirmed by a consultant neurologist, psychiatrist or geriatrician resulting in significant cognitive impairment. Significant cognitive impairment means deterioration in your mini mental state examination, or equivalent thereof, scores to 24 or less.

Dementia as a result of alcohol or drug abuse is excluded.

Major head trauma means:

An accidental head injury resulting in permanent neurological deficit, resulting in you either:

- being totally and permanently unable to perform any one of the activities of daily living where these activities include bathing, dressing, feeding, toileting and mobility; or
- suffering at least a 25% impairment of whole person function as defined in Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association.

Diagnosis must be confirmed by a consultant neurologist.

Motor neurone disease means:

The unequivocal diagnosis of motor neurone disease confirmed by a consultant neurologist.

Multiple sclerosis means:

The unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist.

Muscular dystrophy means:

The unequivocal diagnosis of muscular dystrophy confirmed by a consulting neurologist.

Paraplegia (including quadriplegia, hemiplegia and tetraplegia):

Paraplegia means the total and permanent loss of function of the lower limbs due to spinal cord injury or disease, or brain injury or disease.

Quadriplegia/tetraplegia means the total and permanent loss of function of the lower and upper limbs due to spinal cord injury or disease, or brain injury or disease.

Hemiplegia means the total and permanent loss of one side of the body due to spinal cord injury or disease, or brain injury or disease.

Parkinson's disease means:

The unequivocal diagnosis of idiopathic Parkinson's disease as confirmed by a consultant neurologist. All other types of Parkinsonism are excluded (e.g. secondary to medication).

Primary pulmonary hypertension means:

Primary pulmonary hypertension established by cardiac catheterisation, resulting in significant permanent physical impairment which is classified as Class III or greater under the New York Heart Association classification of cardiac impairment.

The New York Heart Association classifications are:

- a) Class I – no limitation of physical activity, no symptoms with ordinary physical activity.
- b) Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.
- c) Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.
- d) Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.



Medical practitioner

Medical practitioner means a legally qualified and registered medical practitioner. It does not include your employer, you, or a member of your or your employer's immediate family or business partner(s). The Insurer may, in their absolute discretion, accept a similarly qualified person who is registered and practising as a medical practitioner in another country with a similar standard of medical care as that in Australia, and who has a formal qualification that is generally equivalent to that required to practise in Australia. The Insurer may, in their absolute discretion, seek an independent opinion from a qualified registered medical practitioner in Australia to review such overseas medical evidence.

Where medical evidence is provided in a language other than English, you will bear the cost of any translation of medical evidence.

New assessment date

New assessment date means the date a claim is lodged for a Total & Permanent Disability Assist benefit with Australian Retirement Trust under the Total & Permanent Disability Assist 'Part B2 - Unable to do suited occupation ever again - date of new assessment' definition and provides all mandatory documentation required by the Insurer in relation to the claim to commence assessment, and cannot be less than 12 months after the later of:

- a) the date your claim is accepted following the 'date of lodgement', and
- b) the previous new assessment date at which you met the 'Total & Permanent Disability Assist' Part B2 definition.

Occupational categories

The following occupational categories apply within Tailored cover. The Professional and White occupational categories also apply to White Collar cover.

Professional

White collar professionals performing no manual duties (e.g. doctor, lawyer, accountant). Usually those with a tertiary qualification or registered with a professional body (and they must be using these qualifications in their occupation).

White

Clerical, administration and managerial occupations involving office duties only. Includes those who do less than 10% light manual duties (e.g. administrator, bookkeeper, computer operator).

Light blue

Certain light manual skilled workers (e.g. photocopy/TV repairers), purchasing officers, travelling sales representatives, claims/loss assessors, business owners in non-hazardous industries involved in light manual work (e.g. coffee shop owner) and supervisors of workers in Medium blue occupational categories.

Medium blue

Qualified tradespeople involved in non-hazardous industries doing light manual work (e.g. qualified tradespeople such as cabinetmaker, carpenter, plumber, mechanic).

Heavy blue

Heavy manual workers, unskilled or performing higher risk occupations, tradespeople involved in heavier manual work (e.g. brick layer (qualified), interstate bus driver, warehouse worker, carpet layer, house removalist).

Hazardous

There are other occupations classified as hazardous including airline crew and pilots, fire fighters, professional sports people, police, underground workers, miners, abalone divers, asbestos workers, bouncers and those working at heights above 10 metres. For hazardous occupations, the insurer reserves the right to assess applications for cover on a different premium basis to the 5 occupational categories listed above.



Occupational rehabilitation program

Occupational rehabilitation program means any program which, at the 'date of lodgement' and each 'new assessment date' or any other date the Insurer deems appropriate, the Insurer in its sole discretion determines will assist you to improve your ability to work in your own occupation or another occupation for which you are, or may be at the conclusion of rehabilitation or retraining, reasonably suited by education, training or experience through the skills acquired during any occupational rehabilitation program.

In determining these rehabilitation services, the Insurer may take into account the following criteria and any other criteria the Insurer considers appropriate:

- a) your current or potential vocational abilities, and
- b) available medical evidence, and
- c) the nature, scope, objective and costs of any rehabilitation or re-training program.

The Insurer may require at its own cost an independent examination(s) to assist in designing and implementing an occupational rehabilitation program that is appropriate for you to participate in. You will not be required to pay for any occupational rehabilitation program. Any occupational rehabilitation program must be designed in accordance with any criteria agreed between the Insurer and Australian Retirement Trust and amended or replaced from time to time. Any occupational rehabilitation program will not include any program providing hospital treatment or general treatment within the meaning of the *Private Health Insurance Act 2007 (Cth)* or any other program which might cause the policy to cease to be exempt from the relevant health insurance legislation.

Partial disability or partially disabled (Income Protection)

Partial disability and partially disabled means that, following a period of 'total disability' or 'limited total disability' (for seven (7) out of the first ten (10) working days of the 'waiting period') and while you continue to be either 'totally disabled' or partially disabled during the 'waiting period' you:

- a) have returned to work in your usual or an alternative occupation, and
- b) are under the care of and complying with the reasonable advice given by a registered 'medical practitioner', and
- c) as a result of the disability, you have suffered and continue to suffer loss of income as a direct result of the injury or sickness.

Permanent incapacity

Permanent incapacity is a condition of release of superannuation benefits defined in the *Superannuation Industry (Supervision) Regulations 1994 (Cth)*. A member of a superannuation fund is taken to be suffering permanent incapacity if the Trustee of the fund is reasonably satisfied that the member's ill-health (whether physical or mental) makes it unlikely that the member will engage in gainful employment for which the member is reasonably qualified by education, training or experience.

Pre-disability income (Income Protection)

Pre-disability income means the higher of the gross monthly 'income' you earned at the 'date of disablement' or an average of the gross monthly 'income' earned by you over the 3 months immediately prior to the 'date of disablement'.

If you are a casual or 'contractor', or unemployed, the pre-disability income means the average of the gross monthly 'income' earned over the 12 months (or if employed less than 12 months, over your period of employment) immediately prior to the 'date of disablement'.

If you are a 'self-employed person', pre-disability income means the greater of the average of the gross monthly 'income' earned over the 12 months and the latest financial year immediately prior to the 'date of disablement'.

Self-employed person

A self-employed person means a person who operates a business or profession as a sole proprietor, partner in a partnership, independent contractor (except for those who satisfy the 'contractor' definition) and reports 'income' earned from self-employment.

For the avoidance of doubt, any person who meets the above but is receiving superannuation guarantee contributions from their employer will not be considered to be a self-employed person.

Terminal illness

Terminal illness means you are suffering from an illness, or have incurred an injury, that is likely to result in your death within a period of 24 months from the date of certification of the terminal illness by 2 registered 'medical practitioners' (one being a specialist physician in the particular medical field), both acceptable to the Insurer and the certification periods have not ended.

The benefit the insurance policy pays out is termed as a terminal illness benefit.



Terminal medical condition

Terminal medical condition is a condition of release of superannuation benefits defined in the *Superannuation Industry (Supervision) Regulations 1994 (Cth)*.

Total disability or totally disabled

Total disability or totally disabled means that, as a direct result of injury or sickness, you are:

- a) continuously and completely unable to perform at least one of the major duties of your usual occupation based on the work performed at the time of injury or sickness, and
- b) under the regular care of and complying with the reasonable advice given by a registered 'medical practitioner' in respect of that injury or sickness, and
- c) not in any occupation for which a person would normally expect to receive remuneration or profit.

A major duty is an income-producing duty of your regular occupation, which involves at least 20% of your overall occupational tasks.

Unpaid leave

Unpaid leave means leave (not being cessation of employment) without pay from your employer. This leave must be:

- a) approved by your employer or authorised by:
 - the Commonwealth, a State or a Territory, or
 - a certified agreement or award made by a tribunal or body having the authority to do so under the law of the Commonwealth, a State or a Territory.
- b) in relation to which you have a statutory or contractual right to resume employment at the end of the leave, and
- c) in relation to which you are not being paid by the employer.

Unpaid leave excludes leave:

- a) that is due to your injury or sickness, or
- b) during which you receive or are entitled to receive:
 - income benefits, or
 - disability income benefits, or
 - social security sickness benefits, or
- c) due to strike or lockout.

Waiting period

The waiting period is the number of continuous days which you must remain off work due to an injury or sickness before the 'total disability' benefit, 'limited total disability' benefit or 'partial disability' benefit begins to accrue. The waiting period commences from the date you are 'totally disabled' or 'limited totally disabled' and unable to work, as certified by a registered 'medical practitioner'.



Premiums



Standard Death and Total & Permanent Disability Assist

Standard cover and White Collar cover (premium table 1)

Use the following table to determine the Standard Death and Total & Permanent Disability (TPD) Assist cover and White Collar cover available to eligible members, and the premiums that apply. Refer to the Support payments and maximum benefit section on page 26 to see the initial and subsequent support payments that apply for Standard TPD Assist cover.

From time to time, our Insurer may need to change premium rates on a simultaneous and consistent basis across all cover of the same kind which may result in an increase or decrease to your premiums.

Your age	Amount of cover (\$)				Premium (\$) per week ³			
	Standard cover		White Collar cover		Death only		Death and TPD Assist	
	Death	TPD Assist ² (Maximum Benefit)	Death	TPD Assist ² (Maximum Benefit)	Male	Female	Male	Female
15 to 21	62,500	125,000	93,750	187,500	1.04	0.60	3.08	1.80
22 to 29	125,000	175,000	187,500	262,500	2.08	1.16	5.24	3.44
30 to 33		250,000		375,000				
34		246,000		369,000	4.16	2.32	9.24	6.16
35		240,000		360,000				
36		230,000		345,000				
37		219,000		328,500				
38		209,000		313,500				
39		197,000		295,500				
40		186,000		279,000				
41		176,000		264,000				
42		163,000		244,500				
43		152,000		228,000				
44		142,000		213,000				
45		132,000		198,000				
46		122,000		183,000				
47		113,000		169,500				
48		103,000		154,500				
49		93,000		139,500				
50		83,000		124,500				
51		75,000		112,500	4.52	2.48	11.32	8.84
52		66,000		99,000				
53		57,000		85,500				
54		48,000		72,000				
55		42,000		63,000				
56		36,000		54,000				
57		32,000		48,000				
58		29,000		43,500				
59		27,000		40,500				
60		25,000		37,500				
61		23,000		34,500				
62		21,000		31,500				
63		19,000		28,500				
64		17,000		25,500				
65 to 66		16,000		24,000				
67 to 69 ¹	16,000	N/A	24,000	N/A	4.52	2.48	N/A	N/A

¹ Cover from age 67 is Death only.

² If you are approved for a TPD Assist benefit you may be paid up to 6 support payments over a minimum of 5 years (where you continue to meet the 'Total & Permanent Disability Assist' definition). If your 'date of disablement' is on or after 1 October 2020, the initial support payment is calculated as 25% of your maximum benefit amount at the 'date of disablement'. The subsequent support payments (up to a maximum of 5 payments) are each calculated as 15% of your maximum benefit amount at the 'date of disablement'. The maximum benefit shown is the sum of the initial support payment and all 5 subsequent support payments. If your 'date of disablement' was on or after 1 July 2016 and prior to 1 October 2020 then each support payment is equal to one sixth of your maximum benefit amount at the 'date of disablement'.

³ Premiums for partial weeks are not pro-rated.



Life and age event options cover and premiums (premium table 2)

Use the following table to determine the cover and premiums for our Life and age event options. The cover and premiums listed are in addition to your Death and Total & Permanent Disability (TPD) Assist or White Collar cover and premiums once accepted by the Insurer.

From time to time, our Insurer may need to change premium rates on a simultaneous and consistent basis across all cover of the same kind which may result in an increase or decrease to your premiums.

Your age	Amount of cover (\$)				Premium (\$) per week ⁴			
	Life and Age Event options		White Collar and Life and Age Event options		Death only		Death and TPD ¹ Assist	
	Death	TPD ¹ Assist (Maximum Benefit) ²	Death	TPD ¹ Assist (Maximum Benefit) ²	Male	Female	Male	Female
15 to 21	15,625.00	31,250.00	23,437.50	46,875.00	0.26	0.15	0.77	0.45
22 to 29	31,250.00	43,750.00	46,875.00	65,625.00	0.52	0.29	1.31	0.86
30 to 33		62,500		93,750				
34		61,500		92,250	1.04	0.58	2.31	1.54
35		60,000		90,000				
36		57,500		86,250				
37		54,750		82,125				
38		52,250		78,375				
39		49,250		73,875				
40		46,500		69,750				
41		44,000		66,000				
42		40,750		61,125				
43		38,000		57,000				
44		35,500		53,250				
45		33,000		49,500				
46		30,500		45,750				
47		28,250		42,375				
48		25,750		38,625				
49		23,250		34,875				
50		20,750		31,125	1.13	0.62	2.83	2.21
51		18,750		28,125				
52		16,500		24,750				
53		14,250		21,375				
54		12,000		18,000				
55		10,500		15,750				
56		9,000		13,500				
57		8,000		12,000				
58		7,250		10,875				
59		6,750		10,125				
60		6,250		9,375				
61		5,750		8,625				
62		5,250		7,875				
63		4,750		7,125				
64		4,250		6,375				
65 to 66		4,000		6,375				
67 to 69 ³	4,000	N/A	6,000	N/A	1.13	0.62	N/A	N/A

¹ TPD means Total & Permanent Disability.

² If you are approved for a 'Total & Permanent Disability Assist' benefit you may be paid up to 6 support payments over a minimum of 5 years (where you continue to meet the 'Total & Permanent Disability Assist' definition). If your 'date of disablement' is on or after 1 October 2020, the initial support payment is calculated as 25% of your maximum benefit amount at the 'date of disablement'. The subsequent support payments (up to a maximum of 5 payments) are each calculated as 15% of your maximum benefit amount at the 'date of disablement'. The maximum benefit shown is the sum of the initial support payment and all 5 subsequent support payments. If your 'date of disablement' was on or after 1 July 2016 and prior to 1 October 2020 then each support payment is equal to one sixth of your maximum benefit amount at the 'date of disablement'.

³ Cover from age 67 is Death only. You can only apply for Life event options up to age 67.

⁴ Premiums for partial weeks are not pro-rated.

Notes: Different cover and premium arrangements may exist; you will have been informed separately by letter confirming your insurance details when your cover started if this applies.



Tailored cover

Tailored Death, Tailored Total & Permanent Disability cover, Tailored Total & Permanent Disability Assist cover (premium table 3)

Annual premiums for each \$1,000 insured benefit for white occupational category. Premiums are shown as \$ per year.

From time to time, our Insurer may need to change premium rates on a simultaneous and consistent basis across all cover of the same kind which may result in an increase or decrease to your premiums (if you have fixed cover) or to your cover (if you have fixed premiums).

Your age	Male			Female		
	Death	TPD ¹	TPD ¹ Assist	Death	TPD ¹	TPD ¹ Assist
15	0.41	0.08	0.07	0.13	0.05	0.04
16	0.41	0.08	0.07	0.13	0.05	0.04
17	0.45	0.08	0.07	0.13	0.05	0.04
18	0.47	0.17	0.14	0.15	0.05	0.04
19	0.52	0.15	0.13	0.16	0.05	0.04
20	0.53	0.20	0.17	0.15	0.08	0.07
21	0.55	0.24	0.20	0.15	0.08	0.07
22	0.56	0.26	0.23	0.13	0.05	0.04
23	0.57	0.29	0.25	0.13	0.04	0.04
24	0.57	0.35	0.30	0.13	0.12	0.10
25	0.57	0.39	0.32	0.13	0.07	0.06
26	0.57	0.34	0.28	0.13	0.07	0.06
27	0.55	0.38	0.32	0.15	0.12	0.10
28	0.54	0.40	0.34	0.15	0.13	0.11
29	0.54	0.45	0.38	0.17	0.16	0.14
30	0.54	0.45	0.38	0.19	0.19	0.16
31	0.54	0.47	0.39	0.19	0.22	0.18
32	0.54	0.47	0.39	0.20	0.22	0.18
33	0.56	0.47	0.39	0.23	0.26	0.23
34	0.58	0.53	0.45	0.24	0.32	0.27
35	0.59	0.62	0.52	0.27	0.35	0.30
36	0.61	0.73	0.62	0.30	0.41	0.35
37	0.65	0.82	0.69	0.31	0.48	0.41
38	0.68	0.89	0.76	0.34	0.57	0.48
39	0.71	1.02	0.86	0.39	0.61	0.52
40	0.74	1.13	0.96	0.44	0.70	0.59
41	0.77	1.26	1.07	0.48	0.79	0.66
42	0.8	1.40	1.18	0.52	0.92	0.78
43	0.84	1.55	1.33	0.56	1.02	0.86
44	0.89	1.77	1.50	0.61	1.17	0.99
45	0.95	2.00	1.71	0.65	1.31	1.11
46	0.99	2.22	1.89	0.70	1.44	1.23
47	1.07	2.39	2.03	0.75	1.60	1.37
48	1.16	2.56	2.17	0.81	1.78	1.51
49	1.26	2.78	2.36	0.88	2.00	1.69
50	1.4	3.04	2.58	0.94	2.20	1.88
51	1.54	3.70	3.15	1.00	2.46	2.09
52	1.72	4.33	3.68	1.10	2.68	2.28
53	1.92	4.92	4.17	1.19	3.00	2.55
54	2.15	5.46	4.64	1.30	3.34	2.83
55	2.4	6.08	5.16	1.43	3.78	3.20
56	2.69	6.77	5.74	1.58	4.30	3.65
57	2.95	7.80	6.63	1.77	4.87	4.13
58	3.28	9.00	7.64	1.98	5.58	4.74
59	3.64	10.00	8.49	2.19	6.37	5.42

Your age	Male			Female		
	Death	TPD ¹	TPD ¹ Assist	Death	TPD ¹	TPD ¹ Assist
60	4.05	11.23	9.53	2.46	7.29	6.19
61	4.44	12.22	10.38	2.74	8.33	7.07
62	4.94	12.51	10.62	3.07	9.52	8.08
63	5.89	15.35	13.03	3.42	10.62	9.01
64	7.04	17.89	15.19	3.83	11.85	10.07
65	7.96	27.14	23.03	4.27	18.64	15.82
66	8.85	31.01	26.33	4.73	21.73	18.45
67	9.73			5.23		
68	11.27	n/a	n/a	5.77	n/a	n/a
69	12.85			6.29		

Occupational categories

'Occupational category'	Death	TPD ¹ / TPD ¹ Assist
Professional	0.85	0.85
White	1.00	1.00
Light Blue	1.20	1.60
Medium Blue	1.30	2.10
Heavy Blue	1.40	2.50
Hazardous	4.20	15.80

¹ TPD means Total & Permanent Disability.

Notes:

- You can only hold one type of disability cover, being either TPD or TPD Assist.
- TPD cover and TPD Assist cover end when you turn 67 and Death cover ends when you turn 70.
- Cover is available on a 'fixed premium' or 'fixed cover' basis.
- Rounding variations may occur when calculating premiums.
- Different cover and premium arrangements may exist; you will have been informed separately if this applies.

Cost of Tailored cover

To calculate the annual cost of Tailored cover, locate the annual premium for your age, gender and type of cover, then calculate as follows:

Annual premium = (Amount of cover / 1,000) x Annual premium rate x 'occupational category' rating.

You will need to calculate each type of cover separately as a different 'occupational category' rating may apply. To calculate the weekly premiums divide the total premium by 52.

Calculating your cover if you have Fixed premiums

If you have Tailored cover on a Fixed premium basis, you can also calculate your cover using Premium table 3 by locating the annual premium for your age, gender and type of cover, then calculating as follows:

Annual cover = (Annual premium x 1,000) / (Annual premium rate x 'occupational category' rating).

You will need to calculate each type of cover separately as a different 'occupational category' rating may apply.



Opt-In Income Protection and White Collar Income Protection cover

90 day waiting period, 2 year benefit period (premium table 4)

From time to time, our Insurer may need to change premium rates on a simultaneous and consistent basis across all cover of the same kind which may result in an increase or decrease to your premiums.

Your age	Income Protection premium (\$) per week ¹ (per \$500 monthly benefit)			
	Opt-In Income Protection		White collar Income Protection	
	Male	Female	Male	Female
15 to 21				
22 to 29				
30 to 33				
34	0.39	0.56	0.26	0.37
35				
36				
37				
38				
39				
40				
41				
42				
43				
44	0.88	1.40	0.59	0.93
45				
46				
47				
48				
49				
50				
51				
52				
53				
54				
55				
56				
57	2.18	2.78	1.45	1.85
58				
59				
60				
61				
62				
63				
64				

¹ Premiums for partial weeks are not pro-rated.

The following notes apply to Premium tables 4, 5, 6, 7:

- These premiums include stamp duty.
- Rounding variations may occur when calculating premiums.

White Collar eligibility

To be eligible for White Collar Income Protection cover:

- you must have Standard Death and TPD Assist cover
- you must be working at least 15 hours per week
- at least 80% of the work you perform is in an office environment (excluding travel from one job to another)
- you must be performing duties limited to clerical, administration, managerial (or similar) which do not involve more than 10% light manual duties.



Tailored Income Protection cover

2 year benefit period (premium table 5)

Annual premiums for each \$1,000 insured benefit for white occupational category. Premiums are shown as \$ per year.

From time to time, our Insurer may need to change premium rates on a simultaneous and consistent basis across all cover of the same kind which may result in an increase or decrease to your premiums.

Your age	Male				Female			
	'Waiting Period'							
	30 days	60 days	90 days	180 days	30 days	60 days	90 days	180 days
15	2.92	2.05	1.38	1.00	3.79	2.56	1.44	1.03
16	2.95	2.08	1.40	1.00	3.81	2.59	1.47	1.04
17	2.95	2.11	1.40	1.00	3.83	2.61	1.47	1.04
18	3.00	2.11	1.40	1.00	3.87	2.66	1.47	1.03
19	3.03	2.14	1.40	1.00	3.91	2.66	1.51	1.05
20	3.08	2.15	1.40	1.00	3.96	2.69	1.51	1.07
21	2.97	2.08	1.31	0.92	3.97	2.70	1.52	1.07
22	2.92	2.02	1.22	0.89	4.00	2.73	1.52	1.11
23	2.81	1.96	1.14	0.84	4.08	2.75	1.52	1.11
24	2.77	1.88	1.10	0.79	4.11	2.79	1.58	1.16
25	2.71	1.88	1.04	0.77	4.14	2.79	1.58	1.16
26	2.71	1.86	1.01	0.72	4.25	2.91	1.67	1.22
27	2.77	1.88	1.00	0.72	4.37	2.98	1.72	1.27
28	2.79	1.88	1.00	0.72	4.54	3.13	1.80	1.34
29	2.88	1.90	1.00	0.72	4.73	3.23	1.85	1.39
30	2.95	1.97	1.00	0.74	4.98	3.37	1.92	1.44
31	3.08	2.04	1.04	0.79	5.22	3.56	1.96	1.47
32	3.19	2.14	1.04	0.79	5.53	3.77	2.03	1.51
33	3.35	2.23	1.10	0.84	5.88	3.94	2.11	1.61
34	3.51	2.33	1.14	0.87	6.22	4.17	2.19	1.71
35	3.70	2.47	1.22	0.93	6.62	4.37	2.32	1.80
36	3.92	2.59	1.27	1.00	7.02	4.60	2.47	1.89
37	4.15	2.73	1.40	1.07	7.47	4.91	2.66	2.07
38	4.37	2.92	1.48	1.17	7.94	5.22	2.85	2.24
39	4.63	3.11	1.59	1.25	8.45	5.62	3.09	2.47
40	4.95	3.30	1.73	1.40	8.98	6.02	3.37	2.69
41	5.25	3.54	1.88	1.51	9.52	6.50	3.69	2.96
42	5.61	3.80	2.08	1.66	10.12	6.96	4.04	3.27
43	5.95	4.05	2.28	1.84	10.73	7.41	4.49	3.63
44	6.33	4.36	2.55	2.04	11.37	7.94	4.95	4.00
45	6.78	4.67	2.79	2.29	12.08	8.48	5.45	4.48
46	7.27	5.06	3.14	2.59	12.78	9.04	6.01	4.95
47	7.76	5.44	3.51	2.92	13.56	9.69	6.62	5.51
48	8.32	5.88	3.89	3.26	14.36	10.33	7.31	6.08
49	8.92	6.34	4.33	3.64	15.19	11.05	8.01	6.73
50	9.62	6.92	4.88	4.08	16.12	11.77	8.81	7.40
51	10.32	7.51	5.47	4.63	17.06	12.58	9.59	8.17
52	11.14	8.14	6.10	5.23	18.07	13.41	10.48	8.91
53	11.98	8.85	6.85	5.86	19.17	14.30	11.44	9.81
54	12.95	9.68	7.65	6.60	20.35	15.28	12.41	10.68
55	14.00	10.52	8.62	7.47	21.60	16.28	13.40	11.60

Your age	Male				Female			
	'Waiting Period'							
	30 days	60 days	90 days	180 days	30 days	60 days	90 days	180 days
56	15.13	11.50	9.68	8.44	22.95	17.36	14.47	12.62
57	16.40	12.56	10.79	9.45	24.40	18.51	15.55	13.62
58	17.83	13.77	12.05	10.59	25.98	19.76	16.66	14.68
59	19.36	15.07	13.47	11.91	27.67	21.11	17.83	15.76
60	21.05	16.48	15.03	13.32	29.56	22.51	19.04	16.88
61	22.97	18.10	16.73	14.89	31.59	24.03	20.22	18.01
62	25.10	19.87	18.65	14.99	33.83	25.67	21.47	17.24
63	21.64	18.34	15.99	12.88	32.66	27.32	22.68	18.25
64	13.91	10.96	8.73	7.14	20.96	16.55	13.18	10.79

These premiums include a 5% insurance fee to offset Australian Retirement Trust's cost of providing the cover.

Occupational categories

Occupational category	Income Protection
Professional	0.85
White	1.00
Light Blue	1.40
Medium Blue	1.70
Heavy Blue	2.50
Hazardous	10.00

'Occupational categories' are applied to each of the 'benefit period' and 'waiting period' options available (refer to Premium tables 5-7).

Cost of Tailored Income Protection cover

To calculate the annual cost of Tailored Income Protection cover, locate the annual premium for your age, gender and elected 'waiting period', then calculate as follows:

Insured benefit = Annual Salary x up to 85%.

Annual premium = (Insured benefit / 1,000) x Annual premium rate x 'occupational category' rating.

To calculate the weekly premiums divide the total premium by 52.



Tailored Income Protection cover

5 year benefit period (premium table 6)

Annual premiums for each \$1,000 insured benefit for white occupational category. Premiums are shown as \$ per year.

From time to time, our Insurer may need to change premium rates on a simultaneous and consistent basis across all cover of the same kind which may result in an increase or decrease to your premiums.

Your age	Male				Female			
	'Waiting Period'							
	30 days	60 days	90 days	180 days	30 days	60 days	90 days	180 days
15	6.07	4.46	2.93	2.27	7.89	5.61	3.15	2.38
16	6.21	4.58	2.97	2.29	8.00	5.70	3.20	2.44
17	6.31	4.60	3.04	2.30	8.10	5.73	3.26	2.44
18	6.40	4.69	3.09	2.34	8.21	5.85	3.27	2.45
19	6.51	4.75	3.10	2.36	8.35	5.90	3.27	2.45
20	6.59	4.88	3.13	2.40	8.49	6.05	3.32	2.59
21	6.43	4.69	2.97	2.30	8.59	6.11	3.42	2.62
22	6.31	4.58	2.75	2.11	8.74	6.22	3.45	2.69
23	6.24	4.46	2.64	2.06	8.89	6.28	3.51	2.74
24	6.17	4.39	2.52	1.95	9.05	6.39	3.55	2.87
25	6.03	4.28	2.40	1.89	9.11	6.48	3.60	2.87
26	6.17	4.28	2.34	1.89	9.43	6.72	3.85	3.10
27	6.24	4.36	2.30	1.88	9.76	6.98	4.05	3.27
28	6.36	4.46	2.30	1.88	10.23	7.33	4.21	3.44
29	6.52	4.58	2.34	1.89	10.73	7.66	4.37	3.55
30	6.80	4.69	2.40	1.95	11.35	8.04	4.52	3.72
31	7.10	4.94	2.45	1.99	12.01	8.50	4.68	3.87
32	7.44	5.10	2.52	2.06	12.77	9.00	4.89	4.05
33	7.85	5.39	2.68	2.27	13.61	9.59	5.12	4.27
34	8.24	5.68	2.75	2.30	14.55	10.17	5.37	4.52
35	8.77	6.03	2.97	2.52	15.54	10.90	5.71	4.84
36	9.33	6.43	3.22	2.71	16.60	11.57	6.12	5.21
37	9.86	6.88	3.38	2.93	17.76	12.43	6.57	5.63
38	10.53	7.29	3.68	3.13	18.98	13.33	7.13	6.12
39	11.26	7.85	3.96	3.42	20.32	14.27	7.77	6.71
40	12.03	8.42	4.39	3.87	21.67	15.37	8.56	7.39
41	12.87	9.00	4.81	4.22	23.17	16.50	9.41	8.21
42	13.81	9.73	5.29	4.65	24.73	17.72	10.34	9.07
43	14.77	10.43	5.88	5.20	26.38	19.02	11.50	10.12
44	15.87	11.29	6.52	5.79	28.14	20.45	12.77	11.29
45	17.00	12.26	7.29	6.51	30.01	22.00	14.19	12.62
46	18.32	13.30	8.17	7.29	31.95	23.66	15.72	14.01
47	19.71	14.41	9.17	8.23	34.05	25.39	17.44	15.65
48	21.25	15.63	10.26	9.30	36.29	27.27	19.31	17.40
49	22.91	17.05	11.56	10.43	38.65	29.26	21.27	19.24
50	24.79	18.55	12.99	11.81	41.12	31.45	23.46	21.27
51	26.81	20.32	14.70	13.40	43.82	33.76	25.81	23.51
52	28.97	22.17	16.48	15.11	46.70	36.27	28.32	25.90
53	31.48	24.29	18.62	17.08	49.83	38.92	30.95	28.36
54	34.15	26.62	21.00	19.29	53.12	41.72	33.76	31.05
55	37.12	29.18	23.65	21.75	56.70	44.78	36.75	33.79
56	40.36	32.00	26.62	24.57	60.57	47.99	39.84	36.76
57	43.97	35.16	29.87	27.66	64.75	51.45	43.03	39.84
58	47.93	38.63	33.56	31.15	69.27	55.16	46.33	43.00
59	52.41	42.55	37.64	33.17	74.21	59.14	49.83	43.91
60	57.30	46.83	42.19	36.14	79.64	63.41	53.31	45.66
61	56.56	46.44	42.25	34.37	76.44	60.62	50.48	41.07
62	53.82	44.27	40.55	32.60	70.91	55.89	45.80	36.75
63	35.63	30.21	26.32	21.22	52.56	43.98	36.53	29.37
64	22.90	18.05	14.36	11.74	33.75	26.64	21.22	17.38

These premiums include a 5% insurance fee to offset Australian Retirement Trust's cost of providing the cover.



Tailored Income Protection cover

Benefit period to age 65 (premium table 7)

Annual premiums for each \$1,000 insured benefit for white occupational category. Premiums are shown as \$ per year.

From time to time, our Insurer may need to change premium rates on a simultaneous and consistent basis across all cover of the same kind which may result in an increase or decrease to your premiums.

Your age	Male				Female			
	'Waiting Period'							
	30 days	60 days	90 days	180 days	30 days	60 days	90 days	180 days
15	9.63	7.41	5.17	4.46	14.92	10.83	6.72	5.78
16	10.21	7.79	5.41	4.65	16.06	11.68	7.26	6.29
17	10.59	8.12	5.67	4.88	16.62	12.03	7.50	6.43
18	10.95	8.40	5.83	5.04	17.16	12.43	7.73	6.65
19	11.37	8.73	6.05	5.19	17.76	12.88	7.96	6.82
20	11.81	9.04	6.25	5.41	18.33	13.28	8.27	7.13
21	11.81	8.85	5.97	5.22	18.95	13.68	8.48	7.42
22	11.85	8.83	5.71	5.00	19.57	14.19	8.74	7.65
23	11.92	8.73	5.58	4.88	20.20	14.61	9.06	7.96
24	12.00	8.69	5.33	4.75	20.87	15.07	9.28	8.33
25	12.12	8.69	5.22	4.65	21.55	15.55	9.62	8.59
26	12.41	8.83	5.22	4.65	22.60	16.47	10.37	9.26
27	12.89	9.07	5.27	4.69	23.75	17.40	11.01	9.90
28	13.43	9.43	5.33	4.82	25.13	18.41	11.62	10.46
29	14.10	9.78	5.48	4.98	26.75	19.45	12.17	11.01
30	14.82	10.24	5.67	5.08	28.56	20.61	12.72	11.55
31	15.72	10.76	5.86	5.33	30.56	21.93	13.26	12.09
32	16.65	11.42	6.16	5.61	32.71	23.28	13.88	12.67
33	17.65	12.08	6.50	5.90	35.05	24.82	14.55	13.29
34	18.81	12.80	6.89	6.33	37.59	26.48	15.37	14.07
35	20.02	13.69	7.38	6.80	40.28	28.27	16.29	14.96
36	21.36	14.63	7.85	7.21	43.08	30.26	17.40	16.05
37	22.86	15.72	8.45	7.85	46.06	32.36	18.67	17.23
38	24.37	16.78	9.15	8.45	49.11	34.65	20.16	18.70
39	26.00	17.98	9.96	9.24	52.31	37.11	21.93	20.33
40	27.73	19.30	10.86	10.05	55.65	39.76	23.89	22.14
41	29.60	20.74	11.89	10.99	59.05	42.56	26.12	24.28
42	31.56	22.33	13.04	12.18	62.52	45.53	28.56	26.56
43	33.65	23.96	14.32	13.35	66.03	48.67	31.31	29.10
44	35.78	25.80	15.83	14.74	69.60	51.93	34.30	31.90
45	38.02	27.73	17.44	16.25	73.24	55.31	37.49	34.94
46	40.48	29.86	19.29	17.98	76.81	58.78	40.84	38.03
47	42.97	32.09	21.25	19.83	80.39	62.34	44.42	41.43
48	45.61	34.52	23.50	21.85	83.88	65.92	48.11	44.86
49	48.34	37.08	25.90	24.14	87.40	69.52	51.81	48.28
50	51.15	39.76	28.51	26.51	90.71	73.06	55.58	51.76
51	54.05	42.68	31.30	29.06	93.95	76.49	59.26	55.14
52	57.05	45.61	34.34	31.85	97.07	79.81	62.80	58.28
53	60.04	48.71	37.46	34.68	99.91	82.89	66.13	61.27
54	63.12	51.86	40.77	37.65	102.51	85.70	69.18	63.83
55	66.15	55.06	44.11	40.52	104.77	88.13	71.73	65.92
56	69.16	58.23	47.51	43.45	106.58	90.04	73.80	67.38
57	71.74	61.08	50.69	45.96	107.57	91.09	74.93	67.88
58	73.75	63.41	53.34	47.78	107.52	91.09	74.99	67.20
59	74.84	64.92	55.28	48.71	106.03	89.70	73.64	64.86
60	57.30	46.83	42.17	36.14	79.63	63.39	53.32	45.66
61	56.56	46.44	42.25	34.38	76.44	60.62	50.48	41.07
62	53.82	44.27	40.55	32.60	70.91	55.91	45.80	36.76
63	35.63	30.20	26.32	21.21	52.56	43.98	36.51	29.38
64	22.90	18.06	14.36	11.76	33.75	26.65	21.22	17.38

These premiums include a 5% insurance fee to offset Australian Retirement Trust's cost of providing the cover.





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