8. Insurance in your super

Additional guide

This statement was prepared on **5 March 2026**

The information in this document forms part of the Product Disclosure Statement of Super Saver Australian Services Union dated **1 July 2026**

The information in this additional guide ('Guide') is a summary only and forms part of the Product Disclosure Statement (PDS) for the Super Saver ASU.

This Guide is issued by the Trustee and is general information only and has been prepared without taking into account your personal objectives, financial situation or needs. You should consider whether this information is appropriate to your personal circumstances before acting on it and, if necessary, you should also seek professional financial advice. Where tax information is included you should consider obtaining personal taxation advice.

This Guide is up to date at the time it was prepared. Information in this Guide is subject to change from time to time. If a change does not materially affect you, we may update the information by notice on our website **visionsuper.com.au** and/or inclusion in the next newsletter.

You can also call our Contact Centre on **1300 300 820**. A paper copy of the updated information will be given to you without charge on request.

Vision Super Pty Ltd ABN 50 082 924 561 AFSL No. 225054, RSE Licence L0000239 ('the Trustee' or 'we' or 'us') is the Trustee of the Local Authorities Superannuation Fund ('Vision Super' or 'the Fund') ABN 24 496 637 884. The final authority on any issue relating to the Fund is the Trust Deed governing the Fund, the relevant provisions of the Commonwealth legislation and the relevant insurance policy (if applicable).

Our Target Market Determinations are available at **visionsuper.com.au/tmd/**

What would happen to you if you were unable to work due to illness or injury, or to your dependants if you were to die suddenly?

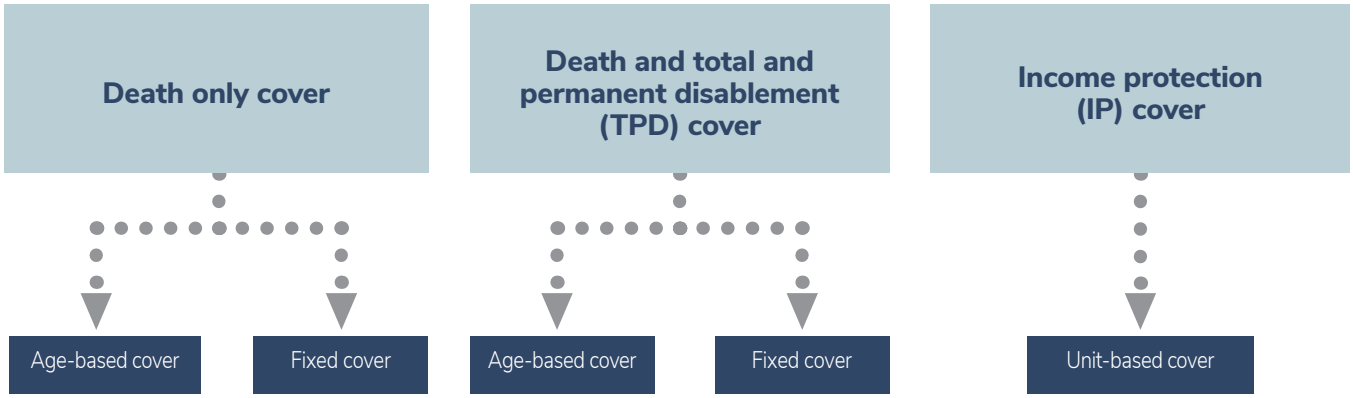
No one wants to contemplate the impact of unforeseen events but people's lives are thrown into chaos every day when the unexpected occurs. With Super Saver ASU, it is comforting to know that your financial future, and that of your loved ones, can be protected through the insurance cover available to you.

We urge you to give the cover serious consideration because having the right level of insurance cover is an important element in protecting you and your family's financial security.

The insurance cover offered through Vision Super is provided by Acenda (Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 AFSL 230694, trading as Acenda) (the 'Insurer').

If you would like to discuss the appropriate cover for your circumstances, please call our Contact Centre on **1300 300 820**, who can refer you to a Vision Super Financial Planner.

Your Super Saver ASU insurance options at a glance



Death only and Death and TPD cover

- Any member who is having superannuation guarantee or employer contributions paid to the Fund can apply for insurance cover.
- Eligible non-casual employees receive automatic default Death and TPD cover without having to provide medical evidence once you meet the eligibility criteria* in the insurance policy.
- You can apply for optional cover, additional cover or to cancel or reduce cover at any time.
- You have the option to choose the type of cover that best suits you – Death only cover, or Death and TPD cover.
- You can also choose the style of cover that best suits your needs – age-based cover or fixed cover.

Income protection cover

- Eligible non-casual employees can apply for income protection cover of up 85% of income once you meet the eligibility criteria* in the insurance policy.
- The waiting period starts from the date a medical practitioner certifies you as unfit for work. You can choose a 30, 60 or 90 day waiting period (available on application subject to Insurer approval).
- Each unit of cover provides a benefit of $500 per month.
- The benefit payment period is 2 years.
- You can apply to insure up to 85% of your income. If entitled to a benefit, the first 75% of your income will be paid to you directly. Any amounts in excess of 75% of your income (to a maximum of 10% of your income) must be paid as a superannuation contribution to your Super Saver ASU account.

***Refer to page 4 and 9 (Death and TPD) and page 10 and 15 (IP) for further information about the eligibility criteria.**

Important information about your insurance cover

The Federal Government has made changes to insurance cover. As a result of these changes, Vision Super is no longer able to provide default insurance cover to members aged under 25 years (irrespective of account balance) or members aged over 25 years with an account balance of less than $6,000, unless the member makes an election to opt-in to receive insurance cover. The changes also mean that we can no longer provide insurance cover (including any insurance for death, total and permanent disablement and income protection) for members whose account has been 'inactive' for more than 16 consecutive months, unless the member makes an election to opt-in to receive insurance cover.

Will I receive insurance cover as a result of these changes?

Your default insurance cover with Vision Super will automatically start once you are 25 years of age or older, your account balance reaches $6,000 or more and you meet all the other eligibility criteria* in the insurance policy.

If you are a new member, you can make an election to receive default insurance cover if you are aged under 25 years (irrespective of your account balance) or aged 25 or over with an account balance of less than $6,000.

Contact us for further information about insurance cover and other options to make an election.

Will I lose my insurance cover as a result of these changes?

Your insurance cover with Vision Super will only be cancelled if:

- You are an 'inactive member' and
- We do not receive notification from you electing to keep your insurance cover.

You are an **inactive member** if the trustee does not receive any contributions for you or any amounts rolled over into your account from another super fund within a 16 month continuous period. If an amount, such as a contribution or rollover, is received into your account at least once every 16 months, your account will be active.

If you elect to keep your insurance notwithstanding 16 months of continuous inactivity, your insurance cover can still cease for other reasons. Your election will not override the other circumstances in which cover can cease under the terms of the policy. For more details on when cover ceases, **please refer to page 8 & 15**.

If your account is at risk of cancellation due to inactivity, we will contact you prior to cancelling your insurance to provide options to keep your cover.

What can I do to keep my insurance?

You have two options – either your employer or you contribute money to your account at least once every 16 months or tell us you'd like to keep your insurance (or you can do both).

Make a contribution or rollover into your account

If you wish to do this to ensure you don't lose your cover, we will need to receive a contribution or rollover before your account becomes inactive for 16 consecutive months. It doesn't matter how much the contribution or rollover is, or who pays the contribution.

For information about contributions or rollovers, visit the grow your super page at **visionsuper.com.au/super/making-contributions**. Here you can find details on how to make contributions via BPAY or EFT. Or, you can refer to the How super works additional guide found on our publications page of the website.

Make an election to keep your insurance cover

If this is your preferred option, you can call our Contact Centre on **1300 300 820**. You are required to make a separate election to opt-in to receive cover before you meet the eligibility criteria and a separate election to maintain cover if your account becomes inactive.

What happens if I do nothing?

If we don't receive a contribution or rollover into your account or an election from you or your employer, your insurance cover with Vision Super will be cancelled unless cover ceases earlier for some other reason.

If your insurance cover is cancelled due to at least 16 continuous months inactivity and your inactive account balance is less than $6,000 as at 31 October or 30 April each year, your account balance must be paid to the Australian Taxation Office (ATO) except in certain circumstances, for example, if you notify us that you do not want your account transferred to the ATO, if you have made or amended a binding death benefit beneficiary nomination or if you have made an investment choice in the last 16 months. If your account balance is paid to the ATO, the ATO will try to reunite it with an active account elsewhere or you may claim the amount (if you have met certain conditions) or transfer it to a super fund you nominate.

If my insurance cover is cancelled can it be reinstated later?

If your cover ceases because you become an inactive member, your cover can be reinstated from the date it ceased provided we receive a written request to do so within 30 days of your cover ceasing and premiums are paid from the date cover was ceased. Where a request for reinstatement is not received Death and TPD cover will recommence from the date you next meet the eligibility criteria* again, including having an account balance of $6,000 and receiving superannuation guarantee contributions from your employer.

If your cover ceases due to your account balance being insufficient to pay the insurance premiums, or as a result of your joining the armed services then Death and TPD cover will recommence when you next meet the eligibility criteria* again, including having an account balance of $6,000 and receiving superannuation guarantee contributions from your employer. Any special conditions that previously applied to your cover will apply to the recommenced cover.

After cancellation, you will not usually be able to have your cover reinstated unless you apply to the insurer for the insurance cover and meet the insurer's underwriting requirements which may include providing medical evidence. Any changes to your personal medical situation may make it difficult or impossible for you to obtain insurance cover again. Different terms and conditions may apply to any subsequent cover provided to you by the insurer.

Can I change my mind after electing to keep my cover?

Yes – If you tell us you want to keep your insurance, you can change your mind at a later date and cancel your cover at any time. **Please see page 4 & 7 for more details**.

What if I want to keep only some of my insurance?

You can elect to keep some, but not all of your insurance cover, subject to certain restrictions. For example, if you have Death and Total and Permanent Disablement (TPD) insurance cover, you can make an election to keep the Death cover only, or you can elect to keep a reduced amount of Death and TPD cover. Please note that you cannot cancel the Death cover and keep only the TPD cover.

You can alter your cover by going online to our website to download an Insurance Application/Variation Form and a Personal Statement. Alternatively, please call our Contact Centre on **1300 300 820**, to obtain these forms, or download them from our website **visionsuper.com.au/resources/forms-and-publications**.

Tax rebate provided to you

The benefit of any tax deduction available to the Fund for insurance costs deducted from your account is rebated to your account. This refund is currently 15% of the insurance premiums deducted from your account. You should consider your personal circumstances when deciding whether to keep your insurance. This includes your current and future insurance needs plus the impact the cost of the insurance cover may have on your retirement savings.

Default Cover – Opt In

Default death and TPD insurance will be provided on an opt in basis to new eligible members who are:

- Aged under 25 years (irrespective of account balance), or
- Aged 25 or over with an account balance of less $6,000.

Default cover is subject to meeting all eligibility criteria. All default cover provided by Vision Super is subject to a two-year Pre-Existing Condition (PEC) exclusion*.

Default Cover – Opt Out

Default death and TPD insurance will be provided on an opt out basis to new eligible members once you are 25 years or older and your account balance reaches $6,000 or more.

Default cover is subject to meeting all eligibility criteria.

All default cover provided by Vision Super is subject to a two-year Pre-Existing Condition (PEC) exclusion*.

* This means that no benefit will be paid if you are totally and permanently disabled, terminally ill or die as a direct or indirect result of a pre-existing medical condition in the first two years of your insurance cover. You can apply to remove the pre-existing condition exclusion when you join by filling in a Personal Statement. Please call our Contact Centre on **1300 300 820** for a copy of the Personal Statement.

Any insurance cover that is given to you when you apply and fill in a Personal Statement does not have a two-year PEC exclusion.

Super Saver ASU Default Death and TPD cover

If you are an eligible non-casual employee (permanent full time or permanent part time employees) and a Super Saver ASU member, you will automatically receive Death and TPD cover once you meet the eligibility criteria. If you are eligible for default cover you will receive 3 units of age-based. The premiums are deducted from your Super Saver ASU account each quarter.

Eligibility criteria

Default Death and TPD cover will generally commence from the date you meet the eligibility criteria or when Vision Super is advised that you have become a non-casual employee who meets the eligibility criteria, provided that on that date all of the following conditions are satisfied:

- Your employer is a participating employer of Vision Super, being the Australian Services Union (ASU)
- You are a 'Super Saver ASU' member
- You are not a casual employee
- You are aged 25 or more and your Vision Super account balance is $6,000 or more
- You are aged less than 65 years of age
- Superannuation Guarantee contributions have been paid for you or are payable on your behalf by your employer and are subsequently paid to your Super Saver ASU account, and
- You are not in any armed forces (whether voluntary or not), other than the Australian Armed Forces Reserve

Alternatively, you can make an election to receive default cover if you are aged under 25 years or aged over 25 with an account balance of less than $6,000. If your default insurance cover is cancelled for whatever reason, you may not be eligible for default cover in the future.

Cost of your cover

It is important to be aware that the cost of cover depends on whether you have age-based cover or fixed cover. Death and TPD cover is age-based cover. You should refer to the tables over the page for full details.

Want to apply for or amend your cover?

You can go online to download an Insurance Application/Variation Form and a Personal Statement. Please call our Contact Centre on **1300 300 820**, to obtain these forms, or download them from our website **visionsuper.com.au/forms-and-resources/forms**.

Age-based cover

With this type of cover your level of cover reduces as you get older and the cost per unit varies by age. Table 1 on page 5 shows the level of cover per unit and cost per unit (depending on your age) for Death only and Death and TPD cover.

- Premiums are deducted from your Super Saver ASU account at the end of each quarter.

Fixed cover

This type of cover allows you to retain a constant level of cover (up until age 61), however your premiums will increase each year. Table 2 over the page shows the annual cost per $1,000 of fixed cover for Death only and Death and TPD cover. Premiums increase each year on your birthday and are deducted from your Super Saver ASU account at the end of each quarter. You cannot make an application to convert to fixed cover if you are aged 60 or over.

Duty To Take Reasonable Care

Where an application for insurance or an increase to the benefit amount needs to be made by you, the duty to take reasonable care not to make a misrepresentation to the insurer will apply when answering any questions.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

Table 1: Death & TPD cover – Age-based cover

Current age	Cover per unit	Weekly cost per $1,000 sum insured	
		Death and TPD	Death only
15	$87,500	$0.074	$0.032
16	$87,500	$0.075	$0.033
17	$87,500	$0.076	$0.033
18	$87,500	$0.077	$0.034
19	$87,500	$0.078	$0.034
20	$87,500	$0.079	$0.035
21	$87,500	$0.079	$0.035
22	$87,500	$0.079	$0.035
23	$87,500	$0.079	$0.035
24	$87,500	$0.080	$0.035
25	$87,500	$0.079	$0.035
26	$87,500	$0.080	$0.035
27	$87,500	$0.080	$0.035
28	$87,500	$0.081	$0.035
29	$87,500	$0.081	$0.035
30	$87,500	$0.082	$0.036
31	$87,500	$0.083	$0.036
32	$87,500	$0.084	$0.036
33	$87,500	$0.085	$0.037
34	$87,500	$0.087	$0.038
35	$87,500	$0.089	$0.039
36	$87,500	$0.091	$0.040
37	$87,500	$0.093	$0.041
38	$87,500	$0.095	$0.041
39	$84,500	$0.095	$0.043
40	$76,000	$0.096	$0.042
41	$67,800	$0.096	$0.042
42	$59,200	$0.096	$0.043
43	$51,800	$0.097	$0.042
44	$45,600	$0.097	$0.043
45	$39,700	$0.106	$0.047
46	$34,700	$0.116	$0.051
47	$30,400	$0.127	$0.056
48	$26,900	$0.139	$0.062
49	$23,500	$0.152	$0.067
50	$20,500	$0.168	$0.074
51	$17,600	$0.184	$0.081
52	$15,200	$0.202	$0.089
53	$13,300	$0.221	$0.097
54	$11,400	$0.241	$0.107
55	$9,800	$0.263	$0.116
56	$8,700	$0.286	$0.126
57	$7,700	$0.312	$0.138
58	$6,800	$0.337	$0.149
59	$6,000	$0.367	$0.162
60	$5,500	$0.398	$0.175
61	$4,900	$0.431	$0.190
62	$4,100	$0.468	$0.205
63	$3,800	$0.511	$0.224
64	$3,400	$0.559	$0.247

A TPD benefit is only payable if you satisfy the relevant criteria under the TPD definition on page 9 of this guide. The above premiums are subject to premium loadings that may be applied by the Insurer, where your cover is subject to medical underwriting.

Table 2: Death & TPD cover – Fixed cover

Current age	Weekly cost per $1,000 sum insured	
	Death and TPD	Death only
15	$0.074	$0.032
16	$0.075	$0.033
17	$0.076	$0.033
18	$0.077	$0.034
19	$0.078	$0.034
20	$0.079	$0.034
21	$0.079	$0.034
22	$0.079	$0.034
23	$0.079	$0.034
24	$0.079	$0.034
25	$0.079	$0.034
26	$0.079	$0.034
27	$0.080	$0.035
28	$0.080	$0.035
29	$0.081	$0.035
30	$0.082	$0.036
31	$0.083	$0.036
32	$0.084	$0.036
33	$0.085	$0.037
34	$0.087	$0.038
35	$0.089	$0.039
36	$0.090	$0.039
37	$0.093	$0.040
38	$0.095	$0.041
39	$0.095	$0.043
40	$0.095	$0.042
41	$0.095	$0.042
42	$0.096	$0.042
43	$0.096	$0.042
44	$0.097	$0.043
45	$0.106	$0.047
46	$0.116	$0.051
47	$0.126	$0.056
48	$0.138	$0.061
49	$0.152	$0.067
50	$0.167	$0.074
51	$0.183	$0.081
52	$0.201	$0.089
53	$0.220	$0.097
54	$0.241	$0.106
55	$0.262	$0.116
56	$0.286	$0.126
57	$0.310	$0.137
58	$0.336	$0.148
59	$0.365	$0.161
60	$0.395	$0.174
61	$0.429	$0.190
62	$0.466	$0.206
63	$0.509	$0.225
64	$0.559	$0.247

The TPD component of fixed cover will be reduced by 20% each year commencing from age 61 to age 64. You cannot make an application to convert to fixed cover if you are aged 60 or over. The above premiums are subject to premium loadings that may be applied by the Insurer, where your cover is subject to medical underwriting.

Changing your cover from age-based cover to fixed cover

You may apply to convert your age-based Death only or age-based death and TPD cover to the equivalent level of fixed cover (rounded up to the nearest $1,000). To convert to fixed cover you will need to complete the Insurance Application Variation Form 2. The conversion of your cover will not commence until your application has been approved in writing by the insurer. You will be notified of the insurer's decision in writing.

If you choose to convert your current age-based cover to fixed cover you will not need to provide medical evidence. However, if you wish to increase your level of fixed cover you will need to complete an Insurance Application Variation Form 2 with a Personal Statement and submit it to us within 30 days of your request to convert your cover. You cannot apply for or convert age-based cover to fixed cover if you are under age 15 or over age 60.

After your conversion to fixed cover, your premiums will be calculated in accordance with Table 2 on the previous page. Also, the TPD component of your fixed cover will be reduced each year from age 61. Any premium loadings, exclusions and/or other special conditions that applied to your age-based Death only or death and TPD cover will also apply to your fixed cover, unless varied by the Insurer.

Conversion of fixed cover to age-based cover

You may convert your fixed Death only or fixed death and TPD cover to age-based cover at any time. To convert to fixed cover you will need to complete the Insurance Application Variation Form 2. The conversion of your cover will not commence until the Insurer has approved your application. You will be notified of the Insurer's decision in writing.

Once your fixed cover is converted to age-based cover, your fixed level of cover will be replaced with an equivalent number of age-based units. Where a part of a unit is required, cover will be rounded down to the next whole unit. However, you must be 'at work' (as defined in the Policy), and submit the request within 30 days of you signing your request to convert your cover.

After your conversion to age-based cover, your premiums will be calculated in accordance with the age-based premium rates (per unit) shown on page 5 of this guide. Any premium loadings, exclusions and/or other special conditions that applied to your fixed Death only or death and TPD cover will also apply to your age-based cover, unless varied by the Insurer.

Applying for cover

You may apply at any time to increase your cover or change your cover type. To increase your cover you will need to complete the Insurance Application/Variation Form with a Personal Statement, and forward both forms to us. You may also need to provide medical evidence in support of your application. We will advise you if any additional information is required. Any increase in cover will not commence until the Insurer has approved your application. You will be notified of the Insurer's decision in writing.

Please note that your premium will be recalculated each time you increase your cover to reflect the relevant increase in your cover.

The Insurer may decide to decline your application, or to accept your application subject to premium loadings, exclusions and/or other special conditions each time you undergo the Insurer's underwriting requirements.

Insurance application forms are available on our website (**visionsuper.com.au**) and can also be obtained by contacting our Contact Centre on **1300 300 820**.

Please note: increased insurance cover for key life events is available to eligible members, without undergoing the Insurer's full underwriting requirements.

Maximum cover level you can have

The maximum level of insurance cover you can have at any point in time through your Super Saver ASU account is:

- $5 million for death cover
- $2.5 million for terminal illness cover - if the terminal illness benefit is paid, it will be an advance payment of your insured death benefit, with the remainder (if any) of your insured death benefit being payable on your death (assuming you remain an insured member of the Fund), and
- $2.5 million for TPD cover (or the death cover amount if it is lower).

You may have different levels of death and TPD cover. However, your TPD cover cannot exceed the value of your death cover and you cannot have TPD only cover. Death only and death and TPD cover must be age-based cover or fixed cover, but not a combination of the two.

Cancelling or reducing your cover

You may cancel or reduce your cover at any time by sending us:

- A written notification to cancel or reduce your cover
- A completed Insurance Application/Variation Form, or
- Calling our Contact Centre on **1300 300 820**.

You may also cancel your TPD cover and retain Death only cover. Any reduction or cancellation of cover will take effect from the date on which we receive your request or the date specified in your request (provided it is after the date on which we receive your request).

Important information

If you cancel or reduce your cover, and subsequently decide that you want to reinstate or increase your cover in the future, you will need to make an application to the Insurer and may need to supply medical evidence in support of your application. Cover will not commence until the Insurer has approved your application and confirmed it in writing, and it may be subject to exclusions, special conditions and/or premium loadings.

When does cover cease?

Your death and Total and Permanent Disablement cover under the Super Saver ASU plan will cease on the earliest of the following:

- On the date a terminal illness benefit is admitted or paid to you under the Policy
- On the date a Total and Permanent Disablement benefit is admitted or paid to you under the Policy
- When you reach age 65
- When you are no longer a member of the Super Saver ASU plan
- When you cease to be permanently employed with the ASU
- When you die
- If you join any armed forces of any country other than the Australian Army Reserve (during scheduled Army Reserve exercises, but not if called up for active service)
- When the Policy with the Insurer is terminated or cancelled for whatever reason
- If there are insufficient funds to pay your premiums (ie the cost of the insurance cover)
- If you elect to opt out after reaching age 55, or
- You are an inactive member and we do not receive notification from you electing to keep your insurance cover prior to you becoming one

Note: If you elect to keep your insurance despite being an Inactive Member, your insurance cover can still cease for other reasons. Your election will not override the other circumstances in which cover can cease. For more details for when cover ceases, please see above.

While death and TPD cover within the Super Saver ASU plan may cease on you no longer being permanently employed with ASU, you should note that you will retain any Death and TPD cover you have as at the date you leave the employment of the ASU, within another division of the Fund if you remain a member of the Fund. This cover is retained in the Fund's Super Saver Division but only if you remain a member of the Fund after cessation of employment with ASU and provided cover has not ceased for some other reason.

The level and type of cover that you had on your last day of employment with the ASU is transferred across as fixed cover.

You will be responsible for paying, by way of deduction from your Super Saver account, the total cost of this cover based on the premium rates for fixed cover shown in the Super Saver PDS and Insurance Guide, based on your age and occupational grouping. The fixed cover will be subject to the terms and conditions applicable to fixed cover in the Super Saver Division. Refer to the table of premium rates for fixed cover at the end of this Guide.

Exclusions

If you are an insured member, an insured benefit will not be payable by the Insurer where your death, TPD or terminal illness occurs as a direct or indirect result of a pre-existing medical condition (that is, in summary, as a direct or indirect result of an illness, injury or disability which the insured member was subject to prior to the commencement or recommencement of insured cover under the Policy). You should refer to the definition of 'pre-existing' medical conditions appearing later in the Guide for further details.

However, the exclusion outlined above will not apply in respect of an insured member to any amount of cover that the Insurer accepts under provisions in the Policy that allow members to make applications for insurance cover (including changes or increases to cover).

The exclusion above will not apply in respect of an insured member if the member's death, TPD or terminal illness occurs, after 2 years from the date of commencement of default cover, the insured member has been in active employment for at least 2 consecutive months following the end of the 2-year period (that is, the entire 2 consecutive months of active employment must take place after the end of the relevant 2-year period).

You should refer to the definition of 'pre-existing medical condition' appearing later in this Guide. An illness, injury or disability that was disclosed to the Insurer and in respect of which the Insurer has expressly agreed (in writing) to provide an amount of cover for, may not be considered a pre-existing medical condition.

You can apply to have the pre-existing clause removed by completing a Pre-existing Condition Form and have it assessed by our Insurer.

Also an insured benefit will not be payable by the Insurer in the following circumstances:

- If your death, terminal illness or TPD arises from a condition or conditions which have been excluded under your particular cover (ie. as a result of an exclusion or special condition specific to your cover) or under the Policy
- If your death or TPD is directly or indirectly caused by war. War includes any act of war (whether declared or not), revolution, invasion, civil uprising or rebellion. Please note that this condition does not exclude the payment of a benefit to you if you die on war service
- If your death, terminal illness or TPD (in the Insurer's opinion) is directly or indirectly caused by suicide, attempt at suicide (terminal illness and TPD only), self-inflicted injury within 12 months of the cover commencing, recommencing, or increasing, regardless of whether or not you are sane or insane. This exclusion will apply to insured cover which was provided:
  - **a.** As a result of an application for cover including an application to convert age-based cover to fixed cover and for any application cover for which underwriting occurs.
  - **b.** As a result of a change or increase in your cover, including the occurrence of a Key Life Event – in the case of an increase in your cover, only the increased benefit won't be payable under this exclusion, or
  - **c.** Where a new member joins the fund more than 120 days after you had started employment with a participating employer.

Interim accident cover

If you apply for cover or to increase your cover you will be provided with interim accident cover (up to a maximum benefit of $1,000,000) until the Insurer has assessed your application. Terms and conditions apply. For further information, contact us.

Making a claim

Claim forms can be obtained by calling our Contact Centre on **1300 300 820**. Your insurance cover will continue while you are outside Australia subject to the terms and conditions of the Policy. However, you may be required to return to Australia at your own expense for assessment of a claim as soon as medically possible.
When you return to Australia, you must be under the immediate care of a medical practitioner.

Death

In the event of your death, Vision Super must be notified as soon as possible. The appropriate paperwork will then be sent to your dependants and/or the executor of your Will for completion.

Once the claim has been processed, any death benefits paid by the Insurer under the policy (based on the Insurer's assessment) and account balance will be paid to your beneficiary or beneficiaries, as determined by the Trustee.

TPD

Assessment of a claim by the Insurer and Trustee may take some time so it is important that you notify us as soon as possible after you become aware of any claim or potential claim. We will then send you the appropriate paperwork that needs to be completed.

You will be required to provide, at your expense, reasonable evidence to support your TPD claim. The Insurer may require you to undergo, at their expense, medical examinations or other assessments that are considered necessary to determine your eligibility for payment of a benefit. If your claim is successful, your insured TPD benefits will be paid in addition to your account balance.

Terminal Illness

To apply for a terminal illness benefit, you will need to notify Vision Super as soon as possible and we will send you the appropriate paperwork that needs to be completed.

You will need to submit your claim as soon as possible, along with the relevant medical evidence – please refer to the definition of 'terminal illness' under the definitions section of this Guide and the Policy for further information about the definition of 'terminal illness' that applies under the policy.

An insured terminal illness benefit may be payable if you are diagnosed with a terminal illness and you have death cover at the time of the diagnosis. The amount of the terminal illness benefit will be the lesser of:

- The amount of death cover that you have as at the date that a medical practitioner first certifies that the illness that you are suffering from will lead to your death within 12 months of the date of their certification, and
- $2.5 million.

Please note that if an insured terminal illness benefit is paid:

- Any TPD cover that you may have under the Policy will end, and
- The amount of death cover that you have under the Policy will be reduced by the value of the terminal illness benefit that you receive, with the remainder of your insured death benefit (if any) being payable on your death, assuming you remain an insured member of Vision Super.

Main Definitions as per the Policy for Death or Death and TPD

Note: This is a summary of relevant definitions. Please refer to the Policy, available on request, for further details.

Active employment means the insured member:

a. Is employed or engaged by the employer to carry out identifiable duties;
b. Is actually performing these duties; and
c. In the Insurer's opinion, is not restricted by illness or injury from being capable of performing those duties on a full time basis and the duties of his or her normal occupation on a full time basis (even if not then working on a full time basis).

Date of disablement means a date which is the later of:

a. The date of final termination of all employment or such later date as determined by the Trustee, and
b. The date on which a medical practitioner examines the person and certifies in writing that the person suffers from the illness or injury that is the principal cause of the total and permanent disablement for which a claim is made, and
c. The date the person ceases all work.

However:

i. If the definition of total and permanent disablement for which a claim is made is that set out under paragraph (b) of the definition, date of disablement means the date on which a medical practitioner examines the person and certifies in writing that the person suffers from one of the conditions set out in paragraphs i., ii. or iii. of the relevant definition.
ii. If a person participates in a rehabilitation program and is incapable of returning to work within 12 months from the date the person commenced his or her absence from work, the date of disablement is the date that would have applied if the person had not participated in the rehabilitation program.

Eligibility criteria means the following criteria:

a. A person who is an employee of ASU,
b. The person is a member of the fund,
c. The person is:
  i. aged 25 or more and has an account balance with the fund of at least $6,000, or
  ii. aged 15 or more and has made a written election opt-in for cover,
d. the person is less than 65 years,
e. the person is not a member of any armed forces (whether voluntary or not), other than the Australian Armed Forces Reserve; and
f. the person satisfies such other criteria as agreed between the insurer and the fund from time to time.

Inactive member means an insured member whose account has not received an amount for a continuous period of 16 months.

Occupation means an occupation that the person can perform on a full-time or part-time basis based on the skills and knowledge the person has acquired through education, training or experience.

Pre-existing medical condition in relation to an insured member, means any illness, injury or disability which the insured member was subject to prior to the commencement or recommencement of insured cover under the Policy, being an illness, injury or disability:

a. That they were aware of, or a reasonable person in the circumstances could have been expected to have been aware of; and

b. For which they sought or intended to seek medical help, or for which a reasonable person in the circumstances would have sought medical help,

unless such illness, injury or disability was disclosed to the Insurer and the Insurer has expressly agreed in writing to cover the insured member in respect of it.

In this definition, medical help means any medical consultation, treatment, care or services, including tests, other diagnostic procedures or a referral to a specialist.

Terminal Illness means an illness which:

A terminal illness exists in relation to a person at a particular time under the policy if the following circumstances exist:

a. Two medical practitioners have certified in writing, jointly or separately, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a period (the "certification period") that ends not more than 12 months after the date of the certification

b. At least one of the medical practitioners is a specialist practising in an area related to the illness or injury suffered by the person

c. For each of the certificates, the certification period has not ended; and

d. The Insurer is satisfied, based on medical or other evidence that the illness or injury will, despite reasonable medical treatment, lead to the insured member's death within the certification period.

Total and Permanent Disablement

In relation to an insured member under this policy, means the permanent inability of the insured member due to a continuing or recurring injury, disease or infirmity to be able to engage in any occupation or in any occupation for which he or she would be suited as a result of retraining, on the basis of medical and/or other evidence satisfactory to us.

Income Protection cover

If you are an eligible non-casual employee, permanent full time or part time employee, you can opt-in or apply to get Income Protection (IP) cover when you meet the eligibility criteria as a Super Saver ASU member.

Income protection features:

- You can choose from a 30, 60 or 90 waiting period – that means if you chose a 60 day waiting period then you'd have to be unable to work for 60 days before you can receive benefit payments
- Covers you for up to two years of payments if you make a successful claim
- Covers up to 75% or 85% of your income (as defined in the relevant IP policy) up to a limit of $128,000 in income a year. Please make sure that you are covered for your current salary. Income Protection cover is based on your salary at the time you joined Vision Super and does not update automatically
- You can apply to insure up to 85% of your income. If entitled to a benefit, the first 75% of your income will be paid to you directly. Any amounts in excess of 75% of your income (to a maximum of 10% of your income) must be paid as a superannuation contribution to your Super Saver ASU account
- If you earn more than $128,000 a year, you can apply to increase your cover, but you may need to supply the Insurer with medical evidence
- Your cover is calculated in units and the insurer only provides cover in whole units. Each unit of cover you hold will give you up to $500 of benefit a month if you make a successful claim. The benefit you receive directly cannot exceed 75% of your salary. The maximum number of units of automatic cover per month is 16 units (or $96,000 per year).

Example

If you are earning $48,000 a year as a permanent employee, your monthly salary is $4000 a month. 75% of $4000 is $3000, so you are automatically given six units of IP cover (6 x $500 = $3000) when you meet the eligibility criteria. If you cannot work due to an illness or injury and your insurance claim is approved, your benefit will be up to $3,000 per month. Any sick leave, income protection payments, WorkCover or other legislated payments you are receiving will affect your income protection benefits.

IP eligibility criteria

To be entitled to opt-in or apply for IP cover, you must meet all of the following conditions:

- You are employed by the ASU on a permanent basis and work at least 14 hours per week
- You are a 'Super Saver ASU' member
- You are less than 65 years of age
- You are not a member of any armed forces (whether voluntary or not), other than the Australian Armed Forces Reserve
- Your employer has paid Superannuation Guarantee (SG) contributions for you, or will be commencing SG contributions for you that are subsequently paid into your Super Saver ASU account
- You satisfy any other criteria as stipulated by the Insurer from time to time.

Opting-In or Applying for Income Protection

New members can opt-in to income protection cover within 90 days of receiving their welcome letter from the Fund with no medical underwriting, however cover is subject to a two-year Pre-Existing Condition (PEC) exclusion.

If your insurance cover is not enough, or if you did not opt-in to income protection cover within 90 days of receiving your welcome letter from the Fund, you may apply for income protection at any time. To start or increase your cover you will need to complete the Insurance Application/ Variation Form with a Personal Statement, and forward both forms to us. You may also need to provide medical evidence in support of your application. We will advise you if any additional information is required. Any increase in cover will not commence until the Insurer has approved your application. You will be notified of the Insurer's decision in writing.

Please note that your premium will be recalculated each time you change your cover to reflect the relevant change in your cover.

The Insurer may decide to decline your application, or to accept your application subject to premium loadings, exclusions and/or other special conditions each time you undergo the Insurer's underwriting requirements.

Increasing your cover

You can apply to increase your IP cover from 75% of your income to 85% of your income (up to $30,000 a month). The Insurer may ask you for medical evidence before they decide if they will increase your cover.

However, you should be aware that if you increase your cover to 85%, you will still only receive an immediate benefit of 75% of your income – any benefit over the 75% will be paid as a superannuation contribution into your Vision Super Saver account.

Example

If you are earning $48,000 a year, your monthly salary would be $4,000 a month. After the waiting period, your IP cover would provide you with $3,000 a month for up to two years if your claim is approved by the insurer. This is because you would have been given six units of cover at the time your insurance began (6 x $500 = $3,000).

If you decide that you want to increase your Income Protection cover from up to 75% to up to 85% of your income, you can do so.

If you decide to increase your insurance to up to 85% of your $48,000 salary, you will need to pay for more units of insurance. If you can't work due to an illness or injury and your claim is accepted, you will receive up to $3,000 per month and $400 will be put into your superannuation account. This means that you are still contributing to your superannuation account even when you are temporarily unable to work.

Please note that you can only have whole units of cover, but that any payments made under the policy cannot exceed 75% or 85%, depending on your chosen level of cover. In the example above, you are purchasing seven units of cover, even though 85% of your salary would be covered by 6.8 units. This is because the Insurer only provides cover in whole units. In the example above, you would be paid up to $3,400 a month if you make a successful claim, not $3,500.

Premium loadings, exclusions or other special conditions may be imposed by the Insurer:

- When you undergo the Insurer's underwriting requirements, or
- If an increase in cover is above the automatic acceptance limit this is the amount of cover that applies for a person without the insurer requiring medical or other evidence.

Waiting period

IP cover offers a waiting period of 30, 60 or 90 days. The waiting period starts from the date a medical practitioner certifies that you are unfit for work.

Benefit period

Your IP cover will pay you a benefit for up to two years, if you make a successful claim. The weekly cost of this cover for each waiting period is shown in the table on page 12.

Interim accident cover

If you amend your cover, you will be provided with interim accident cover (up to a maximum benefit of $15,000 a month) until the Insurer has assessed your application. Terms and conditions apply. For further information, contact us.

The cost of your IP cover

The weekly cost of your IP cover depends on:

- Your age
- The number of units of cover you have
- Whether you have a 30 day, 60 day or a 90 day waiting period.

As you get older, the cost of your cover goes up. Table 3 (on the following page) show the cost of each unit of your cover. This is called the premium.

Table 3: Income Protection cover

> Weekly cost per $500 sum insured

Current age	Default cover	Voluntary cover	
	2 year benefit period	2 year benefit period	
	90 days waiting period	60 days waiting period	30 days waiting period
Age 15 to 20	$2.44	$3.65	$4.38
21	$2.44	$3.65	$4.39
22	$2.45	$3.66	$4.39
23	$2.45	$3.66	$4.40
24	$2.45	$3.67	$4.41
25	$2.46	$3.69	$4.44
26	$2.47	$3.69	$4.45
27	$2.47	$3.69	$4.45
28	$2.47	$3.70	$4.46
29	$2.47	$3.70	$4.47
30	$2.48	$3.72	$4.48
31	$2.48	$3.73	$4.50
32	$2.49	$3.74	$4.52
33	$2.49	$3.76	$4.55
34	$2.50	$3.79	$4.59
35	$2.51	$3.82	$4.62
36	$2.52	$3.84	$4.66
37	$2.53	$3.88	$4.70
38	$2.55	$3.91	$4.74
39	$2.57	$3.94	$4.78
40	$2.59	$3.97	$4.82
41	$2.62	$4.01	$4.86
42	$2.64	$4.04	$4.89

Current age	Default cover	Voluntary cover	
	2 year benefit period	2 year benefit period	
	90 days waiting period	60 days waiting period	30 days waiting period
43	$2.67	$4.08	$4.94
44	$2.70	$4.12	$4.98
45	$2.73	$4.16	$5.02
46	$2.78	$4.20	$5.07
47	$2.82	$4.25	$5.13
48	$2.87	$4.31	$5.19
49	$2.93	$4.37	$5.25
50	$2.99	$4.44	$5.32
51	$3.05	$4.51	$5.40
52	$3.13	$4.59	$5.49
53	$3.20	$4.67	$5.59
54	$3.29	$4.77	$5.68
55	$3.39	$4.88	$5.80
56	$3.51	$5.01	$5.93
57	$3.63	$5.14	$6.08
58	$3.76	$5.29	$6.23
59	$3.92	$5.47	$6.41
60	$4.10	$5.65	$6.61
61	$4.26	$5.84	$6.81
62	$3.70	$5.28	$6.25
63	$3.05	$4.45	$5.30
64	$2.47	$3.70	$4.46

These rates include stamp duty.

The above premiums may be subject to premium loadings that may be applied by the Insurer, where your cover is subject to medical underwriting.

To get the total weekly cost of your cover, you need to multiply the amount in the table by the number of units of cover you have. Premiums are deducted from your Super Saver ASU account at the end of each quarter. You cannot claim a tax deduction for your premiums because they are paid out of your superannuation account.

Keeping your cover up to date

Your income will probably go up over the course of your working life. If you get a pay rise, your IP cover does not automatically increase – you will still be covered for a percentage of your old income.

If you want to increase your cover when you get a pay rise, you should tell Vision Super. We need to know within two months of you getting the pay rise or when you were first aware of the increase. We will also need confirmation from your employer. The Insurer will automatically accept your increase in cover if you let us know before the two months is up, as long as it is not an increase of more than three units of cover in a single financial year, or an increase to 16 units of cover overall. You can still increase your insurance if it is a bigger increase, but you will have to apply to the insurer rather than getting an automatic acceptance, and you may need to provide medical evidence. Any increase in cover will attract additional premiums.

If your income goes down – for example if you start working part time instead of full time, or you move to a lower paid position, you should consider whether to decrease your units of cover. If you do reduce your cover, but then want to increase it again in the future, you will need to apply to the Insurer, and they may ask you for medical evidence before they decide whether or not to cover you.

Parental leave and leave without pay

Your cover will continue while you are on employer approved parental leave or leave without pay ("on leave"), provided that you were employed by the ASU on a permanent basis and were working at least 14 hours per week immediately before you went on leave, and your premiums under the IP Policy continue to be paid.

If you make a claim whilst on leave, benefit entitlements will not accrue and payments will not commence until the end of your Waiting Period or your return to work date, whichever is the later.

Making a claim

If you believe that you may have a claim or a potential claim, it is important that you let Vision Super know as soon as possible, preferably within 30 days of becoming disabled. Please call our Contact Centre on **1300 300 820** if you think you may need to make a claim.

Your waiting period starts on the date that a medical practitioner examines you and certifies that, due to your illness or injury, you are totally or partially disabled – please refer to the definitions of total disability and partial disability later in this guide.

You must be totally disabled for at least 7 out of the first 12 consecutive days of the waiting period to qualify for a disability benefit. If you return to work at full capacity during the waiting period, the waiting period will start again unless your return to work happens once and it is for no more than 5 consecutive days. If this happens, the number of days worked is added to your waiting period.

You will need to satisfy the definition of total disability or partial disability for longer than the waiting period to be eligible for an IP benefit. However you don't have to wait until the waiting period has ended in order to let us know that you may have a claim.

Once your benefit becomes payable, you will be paid monthly in arrears, which means you will be paid for the previous month. If you are only disabled for part of a month, your benefit will be paid proportionately – for example if you are only disabled for one week, you will only be paid for that week, not for the whole month.

If you get better and go back to work and your benefit payments stop but you become disabled again from the same (or a related) sickness or injury within six months of the date for which your disability benefit was last paid, your disability will be treated as a continuation of your original claim. This means you will not have to wait for your usual waiting period of 30, 60 or 90 days – your benefit payments will start again as soon as your claim is approved and will continue, generally until you have once again recovered or you have reached the end of your benefit payment period, unless an event listed in the 'How long will my benefits be paid?' section of this Guide (over page) occurs.

If you leave Australia, your insurance cover will continue subject to the terms and conditions of the IP Policy. However, if you need to claim, you may be required to return to Australia (at your own expense) for assessment of a claim as soon as medically possible. Payment of a benefit under the IP Policy is conditional on you returning to Australia when the Insurer believes that it is reasonable for you to return for your claim to be assessed. The maximum time for which the Insurer will pay you a benefit while you are outside Australia is 12 months.

What benefits will I be paid?

You will be paid whichever is the lowest amount of:

- The number of units of cover for which you are insured immediately before your date of disablement
- 85% of your pre-disability income or $30,000 per month.

Any benefit greater than 75% of your pre-disability income will be paid as a superannuation contribution to your Super Saver ASU account, up to a maximum of 10% of your pre-disability income.

Any superannuation contributions paid by your employer will reduce any superannuation contribution benefit which may be payable by the Insurer to your Super Saver ASU account, so that the total superannuation contribution you receive while entitled to a benefit will still be 10%.

Please keep in mind that if you receive certain types of other income while you're unable to work, some or all of your insured benefit with Vision Super may be reduced (offset). This is to make sure that the total income you receive while temporarily disabled is not higher than what you would've received beforehand, i.e. when you were working before becoming unwell. This is a standard practice for income protection benefits, so it may be worthwhile checking any other insurance cover you may hold, individually or through another superannuation fund.

Total disability & benefit offsets

If you are deemed to be totally or partially disabled, the maximum monthly benefit that you can receive will be reduced (offset) by any income, or lump sum of income, which is paid or payable as a result of your sickness or injury, including:

- Any payment paid to you by an employer on account of your illness or injury including sick leave payments (but not including annual or long service leave);
- Any amounts payable under legislation, such as worker's compensation or motor accident compensation (but not including Centrelink or Department of Veterans' Affairs);
- Any benefits payable under other income protection policies; and
- Any monies paid in respect of any claim for past or future economic loss arising from any claim by you for personal injury.

However, this will only occur to ensure that the total of these amounts, and the total or partial disability benefit you're receiving from us, is not more than 75% of your pre-disability income.

In the event of a claim, the Insurer has agreed that for the first six months that an insured member is in receipt of IP benefits for any insurance claim accepted on or after 1 July 2018, the Insurer will not reduce the amount of IP benefits paid by the amount of any discretionary 'top up' payments that you may receive from your employer (ASU). This will apply unless it would result in the member receiving more than 100% of their pre-disability income. At the end of the six months, if you remain entitled to IP benefits and receive top-up payments from your employer, the top-up payments will result in a reduction in the amount of your IP benefits

If an amount is commuted (or will be commuted) to a lump sum, then for the purposes of the offset calculation the lump sum will be converted to a monthly amount at the rate of 1/60th of the lump sum per month over a period of 60 months.

A TPD benefit would not be offset against the IP benefit in the policy.

Please refer below for examples on how offsets apply.

Partial disability

If after suffering a period of total disablement you become partially disabled, your monthly benefit will be reduced (offset) by the amount determined under the following formula:

$$\frac{\text{Current income}}{\text{Pre-disability income}} \times \text{Monthly benefit}$$

Here is an illustration:

You are injured and become totally disabled.

After serving your waiting period you start to receive a monthly benefit of $3,000 per month from the insurer (ie. 75% of your pre-disability income of $4,000 per month).

After a while you return to work in a partial capacity earning an income of $2,500 per month (your current income).

Assuming that you are not eligible for a partial superannuation contribution benefit and that there are no other benefit offsets, your monthly benefit would be reduced by the following amount:

$$\frac{\$2,500}{\$4,000} \times \$3,000 = \$1,875$$

Your partial disability benefit will therefore be $1,125 per month (ie. $3,000-$1,875).

Therefore, you total income (from your employer and the insurer) will be $3,625 per month.

If I make a successful claim, do I have to pay tax on my benefit?

IP benefits are taxed in the same way as your normal pay. Pay As You Go (PAYG) tax will be deducted from your benefit before it is paid to you.

The Insurer will ask you for your tax file number (TFN) before they start paying you. If you do not give the Insurer your TFN, they will have to deduct tax from your benefit at the maximum tax rate that applies at the time (at the date of this document, the maximum tax rate is 45% plus a Medicare levy of 2%). This may mean you pay more tax than you need to.

If you have increased your benefit above 75% of your income, then any amount over 75% of your income will be paid as a superannuation contribution to your Super Saver account and taxed as if it were an employer contribution.

Note: these statements are based on interpretation of current Australian tax law, which may change from time to time. You should consult a taxation adviser for advice on your personal circumstances.

Additional rehabilitation expenses benefit

If you become disabled, the Insurer will pay for rehabilitation expenses that are generally associated with the cost of a rehabilitation program, which a medical practitioner certifies as necessary for your rehabilitation, provided that:

- The expenses are approved in writing by the Insurer before they are incurred
- The expenses are incurred to directly assist you to return to work in a gainful occupation, or to undertake a vocational retraining program because of your disability, and
- It isn't an excluded rehabilitation program. The maximum amount of rehabilitation expenses that the Insurer will pay for in respect of any one disability is the lesser of:
  - The cost of the rehabilitation expenses
  - 24 times the monthly benefit, and
  - $120,000

  less any amounts that can be claimed from any other source for those expenses. This amount will be paid directly to the provider of the rehabilitation service, and in addition to a disability benefit.

How long will my benefits be paid?

IP benefits are payable from the end of the waiting period until one of the following events occurs:

- You reach the end of the benefit payment period (ie 2 years)
- You are no longer totally or partially disabled
- You reach 65 years of age, or
- You die.

Cancel or reduce your cover

You may cancel or reduce your cover at any time by:

- A written notification to cancel or reduce your cover
- A completed Insurance Application/Variation Form
- By telephone by contacting our personal Contact Centre on **1300 300 820**

The reduction or cancellation will take effect from the later of the date on which we receive your notification to reduce or cancel your cover and the date you specify in your notification, as the date the reduction or cancellation is to take effect.

It is important to consider that if you cancel or reduce your IP cover you will need to reapply for IP cover, and may need to provide the Insurer with medical evidence, if you subsequently want to reinstate or increase your cover in the future. Any changes to your personal medical situation may make it difficult or impossible for you to obtain cover again.

When does cover cease?

Your IP cover under the Super Saver ASU plan will cease on the earliest of the following:

- You are no longer an employee of the ASU on a permanent basis for at least 14 hours per week
- Your death
- The date we receive advice from you to cancel your cover
- The date your Super Saver ASU account balance is insufficient to cover the cost of the next premium deduction
- You are no longer a Super Saver ASU member
- You reach 65 years of age
- You are a member of any armed forces (other than the Australian Armed Forces Reserve)
- The date the IP Policy with the Insurer is terminated or cancelled for whatever reason, or
- Your are an inactive member and we do not receive notification from you electing to keep your insurance cover.

Note: If you elect to keep your insurance despite being an Inactive Member, your insurance cover can still cease for other reasons. Your election will not override the other circumstances in which cover can cease. For more details for when cover ceases, please see above.

Events excluded from cover

The Insurer will not pay an IP benefit in the following circumstances:

- If your disability occurs as a direct or indirect result of a pre-existing medical condition after the date in which your cover:
  - **a.** Commenced under the IP Policy because you opted-in to income protection cover within 90 days of receiving your welcome letter from the Fund; or
  - **b.** Recommenced under the IP Policy after your cover had ceased for one of the following reasons:
    - **i.** We had received a notification from you to cancel your cover;
    - **ii.** Your account balance could not cover the cost of a premium deduction; or
    - **iii.** You became a member of any armed forces (other than the Australian Armed Forces Reserve).

However, this exclusion will not apply if your disability occurs at least two years after your cover under the IP Policy has commenced under paragraph (a) or recommenced under paragraph (b) (the 'two year period'), and you have been in active employment for at least two consecutive months after the two year period has passed.

- If an illness, injury or medical condition is directly or indirectly caused by:
  - **i.** Intentional self-inflicted injury, attempted suicide (whether or not you are sane at the time)
  - **ii.** Normal pregnancy or childbirth, or
  - **iii.** War
- Any condition excluded by the Insurer on approval of the application for cover, or
- If the payment of the benefit would cause the Insurer to infringe the Health Insurance Act 1973 (Cth), the National Health Act 1953 (Cth), or the Private Health Insurance Act 1997 (Cth), or any succeeding legislation in connection with health insurance.

Benefits are payable for no more than one disability at a time.

Main definitions as per the IP Policy

Note: This is a summary of relevant definitions. Please refer to the Policy, available on request, for further details.

Active employment the insured member:

- **a.** Is employed or engaged by the employer to carry out identifiable duties;
- **b.** Is actually performing these duties; and
- **c.** In the Insurer's opinion, is not restricted by illness or injury from being capable of performing those duties on a full time basis and the duties of his or her normal occupation on a full time basis (even if not then working on a full time basis);

where full time basis means at least 35 hours per week.

Disabled/disability means partially disabled or totally disabled, as applicable. Disability has a corresponding meaning.

Election means the applicable instruction provided to the insurer:

- **a.** By an insured member to continue their cover if they become an inactive member.

Excluded Rehabilitation Program means 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 IP Policy to cease to be exempt from any legislation in connection with health insurance, including the Private Health Insurance Act 2007 (Cth).

Eligibility criteria means the following criteria:

- **a.** The person is employed by the ASU on a permanent basis and to work at least 14 hours per week,
- **b.** The person is a Super Saver ASU member,
- **c.** The ASU is paying superannuation contributions on the person's behalf to the fund or is accruing a liability to pay superannuation contributions on the person's behalf and subsequently pays those superannuation contributions to the fund,
- **d.** The person is aged more than 15 and less than 65 years,
- **e.** The person is not a member of any armed forces (whether voluntary or not), other than the Australian Armed Forces Reserve; and
- **f.** The person satisfies such other criteria as you and we agree from time to time.

Inactive member means an insured member whose account has not received an amount for a continuous period of 16 months.

Income means for:

1. Members employed on a permanent basis

The annual salary earned by the insured member from permanent employment with the ASU. Salary includes:

- **a.** Any packaged elements not received directly by the insured member as taxable earnings;
- **b.** Bonuses, overtime, and shift allowances for any one or more of the three years immediately preceding the date of disability, which will:
  - **i.** Be averaged over the lesser of:
    - three years; or
    - the number of complete years for which the insured member has been employed by the employer as at the date of disability;
  - **ii.** Where the insured member has been employed by the employer for less than one complete year as at the date of disability, be included on a pro-rata basis based on the number of months out of 12 for which the insured member has been employed by the employer;

iii. Only be included in salary to the extent that the average amount calculated in accordance with paragraph (i) or the pro-rata amount calculated in accordance with paragraph (ii), as applicable, does not exceed 20% of the amount which would be calculated as the insured member's income if bonuses, overtime and shift allowances were excluded from salary,

but excludes any director's fees, compulsory employer superannuation entitlements, commission, investment income and profit distribution.

Monthly Income means, if you suffer partial disability:

a. the earnings from employment received by you during that month which was payable in respect of that month, or which, though not actually received during that month, the Insurer reasonably apportion to you for the month in respect of which the Insurer is paying a partial disability benefit, and

b. any earnings from employment which, in the Insurer's opinion, you could reasonably be expected to earn in:
   i. your own occupation
   ii. the occupation you are working in, or
   iii. if you are unemployed, an occupation for which you are reasonably suited by education, training and experience

while disabled during that month.

Own occupation

Means the normal occupation or work carried out by the insured member before becoming disabled.

Partially disabled/partial disability – you are a person is partially disabled if you are not totally disabled but, because of illness or injury, you:

a. Has been totally disabled for at least 7 days out of 12 consecutive days of the waiting period;

b. Are unable to work in your own occupation at full capacity immediately after you became totally disabled because of the illness or injury that caused your total disability;

c. Are working or capable of working in his or her own occupation in a reduced capacity or working in another occupation, or where not employed is capable of working in an occupation reasonably suited by education, training and experience;

d. Earns or is capable of earning a monthly income that is less than your pre-disability income;

e. Are under the regular care of, and following the advice of, a medical practitioner; and

f. Are participating and continues to participate in an approved rehabilitation program or retraining program.

PMIF thresholds means that a person:

a. Is at least age 25; and

b. Has an account balance with the fund that has reached at least $6,000.

Pre-disability income means:

a. Subject to paragraph (b) the monthly value of the income earned by the insured member, immediately before becoming disabled; or

b. If the insured member satisfies conditions in the IP Policy that enable the member's IP cover to continue during approved parental leave or leave without pay (refer to 'Cover During Parental Leave or Leave Without Pay' on page 13 of this Guide for further details) the insured member's pre-disability income shall be determined by reference to the monthly income earned by the insured member from the employer and/or the participating employer immediately prior to going on the approved leave or the amount the Insurer last agreed in writing to apply to the insured member.

Pre-existing medical condition in relation to an insured member, means any illness or injury which that insured member was subject to prior to the commencement or recommencement of insured cover under the IP Policy, being an illness or injury:

a. That they were aware of, or a reasonable person in the circumstances could have been expected to have been aware of; and

b. For which they sought or intended to seek medical help, or for which a reasonable person in the circumstances would have sought medical help,

unless such illness or injury was disclosed to the Insurer and the Insurer has expressly agreed in writing to cover the insured member in respect of it.

In this definition, medical help means any medical consultation, treatment, care or services, including tests, other diagnostic procedures or a referral to a specialist.

Totally disabled/total disability – you are a person is totally disabled if, because of illness or injury, you have ceased to be gainfully employed and are:

a. Unable to perform the **Regular Duties** of your own occupation;

b. Where the person is not employed they are unable to perform any occupation reasonably suited by education, training and experience;

c. Under the regular care of, and following the advice of, a medical practitioner;

d. Participating and continues to participate in an **approved rehabilitation program** or retraining program; and

e. Not working in any occupation, whether or not for reward.

Regular Duties are the duties that are normally required to perform an occupation.

Approved rehabilitation program means an occupational or vocational rehabilitation program, device pre-approved by our insurer and a medical practitioner that will assist your rehabilitation and your return to performing most of the duties of your own occupation or another occupation but excluding any program providing hospital treatment or general treatment within the meaning of the Private Health Insurance Act 2007 (Cth) or any other program that might cause the policy to cease to be exempt from the National Health Act 1953 (Cth) or Health Insurance Act 1973 (Cth) or any similar legislation in connection with health insurance.

Further information

Extra insurance for Key Life Events (also known as a Qualifying event)

You may apply to increase your death, death and TPD or Income Protection four times during your membership of Vision Super through your Super Saver ASU account on the occurrence of a Key Life Event.

Key Life Events include:

- Getting married or starting a de facto relationship
- Adopting or becoming a parent to a child
- Taking out a mortgage to purchase your primary residence (excludes re-financing or purchasing an investment property)
- Getting divorced or ending a de facto relationship
- Death of a spouse or de facto spouse
- Child's first day at primary or secondary school, or
- Becoming eligible for a Centrelink carer's allowance.

On the occurrence of a Key Life Event you may apply to:

- Double your existing death-only or death and TPD cover, or
- Increase your death only or death and TPD cover by $200,000 (or if you have age-based cover, the equivalent number of units rounded up to the nearest whole unit), whichever is lesser.
- Increase your income protection cover by up to 25% of your existing units, subject to the maximum monthly benefit of $30,000 and the total number of units being rounded down to the nearest whole unit, or
- If applicable, reduce your income protection waiting period from 60 days to 30 days.

To apply for this additional cover you must be age 60 years or younger.

To apply for additional cover following a Key Life Event, you will need to submit an application form, provide evidence of the Key Life Event, and satisfactorily complete the Insurer's risk control questions within 90 days of the Key Life Event occurring. Please note that, depending on your responses to the Insurer's risk control question you may need to complete a personal statement and provide medical evidence. Should your cover be increased as a result of a Key Life Event, your premium will be recalculated to reflect the increase or change in cover.

Any exclusions, premium loadings or special conditions that applied to your cover prior to the occurrence of a Key Life Event will continue to apply to your cover after a successful Key Life Event application, unless varied by the Insurer.

Important note

The Insurance cover offered through the Super Saver ASU plan is provided under the Policy and the IP Policy between Vision Super (as the Trustee of the Fund) and the Insurer.

Insurance premiums are reviewed from time to time by the Insurer and may change. You will be notified of any change to premiums should they occur.

While every care has been taken in the preparation of this Guide, the Policy and the IP Policy between Vision Super and the Insurer will prevail to the extent of any inconsistency between the information contained in this Guide and the Policy and/or the IP Policy (collectively, the "Policies").

Please note that this Guide does not contain the complete terms and conditions of the Policies. The complete terms and conditions of the Policies are contained in the Policies, which are available on request.

Interpreting services

If you need an interpreter, please call TIS National on 131 450 and ask them to call Vision Super on **1300 300 820**. Our business hours are 8.30am to 5pm EST Monday to Friday.

You can also visit the TIS National website for translated information about the service TIS National provides.

Visit: **tisnational.gov.au**

National relay service

Vision Super welcomes calls through the National Relay Service (NRS) if you are Deaf or have a hearing and/or speech impairment. Call the NRS on **1300 555 727** and provide our phone number (**1300 300 820**) when asked by the relay officer.

Here to help

Telephone 1300 300 820 (8:30am to 5:00pm)
Monday – Friday (not including Victorian public holidays)
Email memberservices@visionsuper.com.au
Visit visionsuper.com.au
Write PO Box 18041, Collins Street East, VIC 8003

ABN 50 082 924 561 AFSL 225054
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