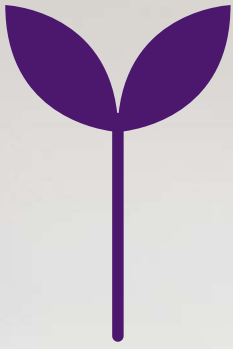




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# Plum Super

## National Australia Bank Group Superannuation Fund A Insurance Guide

Preparation date  
1 August 2021

Issued by the Trustee  
NULIS Nominees (Australia) Limited  
ABN 80 008 515 633  
AFSL 236465

The Fund  
MLC Super Fund  
ABN 70 732 426 024

The Insurer  
Insurance is issued by MLC Limited  
ABN 90 000 000 402  
AFSL 230694

This guide gives you information about the insurance available through your super. A financial adviser can help you decide if this insurance is right for you.



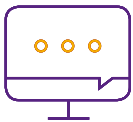
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The information in this document forms part of the Plum Super Product Disclosure Statement (PDS) dated 1 June 2021.

Together with the **Claims Guide, Investment Menu and Fee Brochure**, these documents should be considered before making a final decision that suits your circumstances. They're available when you log on to [plum.com.au](http://plum.com.au)



This document has been prepared on behalf of NULIS Nominees (Australia) Limited, ABN 80 008 515 633, AFSL 236465 (NULIS) as Trustee of the MLC Super Fund, ABN 70 732 426 024 (the Fund). NULIS is part of IOOF Holdings Ltd ABN 49 100 103 722 and its related bodies corporate (IOOF Group).

The information in this *Insurance Guide* is general in nature and doesn't take into account your objectives, financial situation or individual needs. Before acting on any of this information you should consider whether it is appropriate for you. You should consider obtaining financial advice before making any decisions based on this information.

References to 'we', 'us' or 'our' are references to the Trustee, unless otherwise stated.

MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the IOOF Group.

This offer is made in Australia in accordance with Australian laws.

Subject to super law, the final authority on any issue relating to your account is the Fund's Trust Deed, the relevant insurance policy and participation agreement, which govern your rights and obligations as a member.

This *Insurance Guide* provides a summary of the main features of the insurance policy covering the Plan. Other conditions may apply. This *Insurance Guide* should not be relied upon as a full and complete description of the terms and conditions of the insurance cover.

The insurance cover provided is subject to the terms and conditions contained in the insurance policies (policies) issued to the Trustee by the Insurer. The terms and conditions of the policies prevail over any inconsistent information in the **PDS** or this *Insurance Guide*. The insurance information provided in the **PDS** and the *Insurance Guide* is based on the policies issued by the Insurer, and information provided by the Insurer about the operation of the policies. The Insurer has given and not withdrawn its consent for this information to be included in the **PDS** and the *Insurance Guide* in the form and context in which it appears.

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

The information in this *Insurance Guide* may change from time to time. Any updates or changes that aren't materially adverse will be available at [plum.com.au](http://plum.com.au) You also can obtain a paper copy of these updates at no additional cost by contacting us.

An online copy of this Insurance Guide is available at [plum.com.au](http://plum.com.au)

# Your insurance in the National Australia Bank Group Superannuation Fund A (Plan)

We offer flexible insurance in the Plan when you become an Employee of NAB (Employer) so you can make sure you have the cover that suits your needs.

MLC Limited (**Insurer**) is the insurer and when your cover starts we deduct premiums from your super account balance to pay them for your insurance cover.

We can change the Insurer at any time if we believe this is in the best interest of members.

## Make sure you're eligible for cover

If you're a NAB Employee, you're eligible for cover if:

- you're engaged in Permanent Employment or Fixed Term Employment
- you're under the age of 70 for death and Total & Permanent Disablement (TPD) cover and under the age of 65 for Income Protection cover
- you're an Australian Resident or are eligible to work in Australia, unless otherwise agreed by the Insurer
- you're a member of the Plan, and
- you meet any other criteria set out in the insurance policy.

If you're in Casual Employment, or in Seasonal or Contract Employment, you're not eligible for any insurance cover in the Plan.

If you're an Ex-employee member, you're eligible for cover if:

- you're under age 70 immediately on ceasing to be employed by NAB, and
- you're eligible to transfer to the Ex-employee division (for Ex-employee members).

If you're a Spouse member, you're eligible for cover:

- if you're under age 70, and
- your application for cover is accepted by the Insurer.

If you make a claim and you weren't eligible to have insurance, your claim will be declined and all premiums refunded.

## Types of cover

### Standard cover

The following types of standard cover are offered through the Plan subject to your eligibility:

- death cover
- TPD cover, and
- Income Protection cover to protect your income.

We'll let you know in writing once your insurance has started, including the start date, cover type and amount. These details can then be viewed online by logging in to your account at [plum.com.au](http://plum.com.au)

## Automatic Acceptance Limit (AAL) for Income Protection cover

Where you're eligible for standard Income Protection cover, the Insurer will provide automatic acceptance and increases of that cover to reflect your Fund Salary increases up to a limit without you having to provide health evidence. This is referred to as the automatic acceptance limit (AAL).

The AAL for standard Income Protection cover is \$20,000 per month.

## To find out more

If you would like to find out more about insurance, whether you require cover, what expenses you want your policy to cover after you die and how much cover you may need, the Australian Securities and Investments Commission (ASIC) website [www.moneysmart.gov.au](http://www.moneysmart.gov.au) has information about life insurance including a Life Insurance Calculator to help you estimate this.

You might like to check out our insurance calculator at [plum.com.au/insurance-calculator](http://plum.com.au/insurance-calculator) which may help you determine the most appropriate insurance cover for you



### Insurance Definitions

Some words in insurance have specific meanings such as Fund Salary are capitalised. You can see more about these terms in the *Definitions* section of this guide.

## When will your default standard cover start?

If you're a NAB Employee member, your default standard cover starts as set out in the table and your cover may be Limited Cover, as explained below.

Super law requires that where insurance premiums are not fully paid by your employer, insurance cannot start until:

- you're age 25 or over, and have an account balance of \$6,000 or greater, or
- you've completed a *Choose if you want insurance cover in super* form.

In addition, cover cannot be provided if your super account hasn't received a contribution or rollover into it for a continuous period of 16 months. You will need to complete the *Choose to Keep My Insurance Cover* form, or make sure a contribution or rollover is received.

How default standard cover is provided	When does default standard cover start? <sup>1</sup>	When does Limited Cover apply? <sup>1</sup>
<p><b>Automatic cover</b></p>	<p>Provided you meet the eligibility requirements set out in the <i>Make sure you're eligible for cover</i> section above (referred to in this table as the 'Eligibility Requirements'), cover will start automatically from the later of the date:</p> <ul style="list-style-type: none"> <li>• you reach age 25, and</li> <li>• you have a balance of at least \$6,000 in your super account.</li> </ul> <p>We'll write to you to confirm that cover has started, and the date it started.</p>	<p>You'll receive default standard cover in the form of Limited Cover if one of the following applies:</p> <ul style="list-style-type: none"> <li>• You obtain cover within 130 days of the later of starting work or otherwise meeting the Eligibility Requirements and you're not At Work on the date that your cover starts. Limited Cover applies until you have been At Work for 60 consecutive days.</li> <li>• You obtain cover after 130 days of the later of starting work or otherwise meeting the Eligibility Requirements. Limited Cover applies until you've been Employed continuously for 24 months.</li> </ul> <p>See the <i>Definitions</i> section for the meaning of At Work.</p>
<p><b>Election of cover</b></p>	<p>Provided you meet the Eligibility Requirements, you can elect to have the default level of cover without providing health evidence before:</p> <ul style="list-style-type: none"> <li>• you reach age 25, or</li> <li>• you have a balance of at least \$6,000 in your super account,</li> </ul> <p>by completing a <i>Choose if you want insurance cover in super</i> form which is included in your Welcome Kit.</p> <p>Cover will start on the date we receive your <i>Choose if you want insurance cover in super</i> form.</p> <p>We'll write to you to confirm that cover has started, and the date it started.</p>	

<sup>1</sup> not applicable to Spouse members and Ex-employee members

<sup>1</sup> Limited Cover

Means you are only covered for claims arising from:

- an illness that first became apparent, or
- an injury which first occurred

on or after the date you first became eligible for cover.

## Extra cover

We know that everybody's needs are different. The insurance that meets your needs will depend on a range of factors including your family and financial commitments, income and lifestyle. That's why we also offer extra death only or death and TPD insurance so you can make sure you have the cover that suits your needs.

Extra death only and death and TPD cover allows you to apply for insurance cover in addition to your standard death and TPD cover, subject to your eligibility. You'll need to provide satisfactory health evidence before any extra cover is granted.

## Insurance in super

Insurance through super may be tax effective for you and may be a more affordable way for you to take care of your beneficiaries.

Having both insurance cover and super savings can be important but the cost of any insurance cover deducted from your account can reduce your super balance.

Things you need to consider are:

- insurance can help provide a more secure future and support you when things don't go to plan
- having the right type and level of insurance cover for your needs and knowing how much it costs, and
- making sure that you're not paying for multiple policies that you may not need.

## Information about insurance claims

### Claims philosophy

Our claims philosophy is to:

- make prompt payments
- communicate the process clearly
- at all times treat our claimants, members and their beneficiaries with the utmost respect and empathy, and
- pursue claims on the member's behalf that we consider both reasonable and have reasonable prospect of success.

We adopt a professional, compassionate and positive approach to claim management and actively seek to keep members at the heart of everything we do. We acknowledge that each claim is unique and must be dealt with on its own merits and we're committed to being easy to deal with and providing outcomes to our members in a timely manner.

### How to make a claim

If you'd like more information on how to lodge an insurance claim, please see the [Claims Guide](#).

### Declined claim

If your claim is declined and you don't agree with the decision, please call us on **1300 55 7586**.

If you're still not satisfied with the outcome, you can lodge your complaint with the Australian Financial Complaints Authority (AFCA) by calling 1800 931 678 (free call) or emailing [info@afca.org.au](mailto:info@afca.org.au)

AFCA provides fair and independent financial services complaint resolution that is free to consumers.

### When we refund premiums as part of the claims process

If you make a claim on your insurance and we identify that you were not eligible for cover for any reason, we'll refund the premiums paid from your super account for the period you were ineligible.

If you make a claim that's accepted, and your cover ceases under the terms of the policy on the date you became eligible to claim, we'll refund the premiums paid from your super account back to the date you became eligible to claim.

If you have other Income protection policies, and you make a claim on another policy, then it may be that no benefit is payable under this policy. If that's the case, we'll give you the option of a refund of the Income protection premiums paid from your super account, calculated over the period your insurance covers overlapped, to a maximum of six years. If you take this option, we'll also cancel your Income protection insurance cover with us.

All refunds are made directly to your super account.

## Changing or cancelling your cover

You can apply to change or cancel your insurance cover at any time, simply complete the *Application for insurance cover* form available at [plum.com.au](http://plum.com.au) or by contacting us on **1300 55 7586**.

If you cancel your default insurance cover within 14 days of us telling you we've:

- provided that cover to you, or
- increased that cover

it'll be cancelled effective from the date the cover started or increased (as applicable). We'll refund any premium deducted from your account. This means you can't later make a claim on that cover.

If you decrease or cancel your insurance cover and later change your mind, you can increase or reinstate your insurance, but you'll need to provide satisfactory health evidence.

You can apply to increase your cover up to the maximum cover limit as follows, with any request to increase your cover being subject to health evidence being provided to and accepted by the Insurer.

Insurance type	Maximum cover
Death	Spouse members Unlimited
Death and TPD	<b>NAB Employee members</b> Standard cover plus up to \$1 million of extra cover* <b>Ex-employee members</b> The amount of cover you hold on the day you ceased employment with your Employer and up to \$1 million of extra cover*
Income Protection	<b>NAB Employee members</b> \$30,000 per month

\*Extra cover must be applied for in units of \$50,000, up to a maximum of 20 units.

If you are a NAB Employee member or Ex-employee member applying for extra cover or a Spouse member applying for or increasing your cover, acceptance of cover will generally be subject to health evidence being provided to and accepted by the Insurer.

To provide health evidence, you'll need to complete the personal statement available at [plum.com.au](http://plum.com.au) or by contacting us on **1300 55 7586**.

If we need any further information from you, we'll let you know.

The Insurer may decline or place conditions or restrictions on your insurance cover as a result of its assessment of the health evidence you provide.

You may also be entitled to apply for additional death and TPD cover without providing health evidence. See the *Life events cover* section in this guide.

If the Insurer accepts your application, you'll be advised when your new level of cover will commence and premiums are payable from that date.

A reduction or cancellation will be effective from the date your request is received.

If your insurance is cancelled, you can't claim for an illness or injury for an event that occurs after the cancellation date. However, you'll still be able to make a claim for an illness or injury for an event that has occurred before your cover was cancelled.

The Insurer will assess any claim you make, and we'll let you know if it has been accepted or declined.

Before you consider cancelling any existing insurance you have with another provider, you need to make sure your insurance is right for you. Please wait for us to confirm that you're insured before you cancel any existing insurance arrangements.

If you're replacing this cover with alternative cover, you should make sure your replacement cover is in place before you cancel this cover. Before cancelling your cover, consider speaking with your financial adviser.

The type and amount of insurance cover that's right for you depends on your personal, family and financial circumstances—as well as your income and lifestyle. To decide which options are best for you, your financial adviser can help, or you can call us for more information.



## Keeping your details up to date

The information we hold about you helps us determine your insurance cover. If your Occupation, Salary, nature of your employment, or any other personal details change, or are incorrect, it could impact your cover, premiums and your ability to claim.

If your circumstances change, please contact us.



## Overriding insurance policy and super law

Eligibility for and payment of an insured benefit is subject to super law and the terms and conditions of the applicable insurance policy.

Your benefit may be reduced if the Insurer refuses or restricts your cover or doesn't pay out all or part of the insured benefit when a claim is made.

## Death and Total & Permanent Disablement (TPD) cover

Death and TPD cover can help you and your family remain financially secure if the unexpected happens.

Death cover provides a lump sum benefit to your beneficiaries or your legal personal representative if you die or to you if you're diagnosed with a Terminal Illness.

TPD cover pays you a lump sum if you become totally and permanently disabled and you're unable to ever work again due to illness or injury.

If you're in Casual Employment, or Seasonal or Contract Employment, you're not eligible for any insurance cover in this Plan.

### Standard Death and TPD cover

#### NAB Employee members in Permanent Employment or Fixed Term Employment

Provided you meet the eligibility requirements set out in the *Make sure you're eligible for cover* section above, standard death and TPD cover is provided to you through the Plan.

Your standard death and TPD cover is calculated as follows:

If you're aged less than 60:

**17.5% x Fund Salary x Future Service to age 60 (subject to a minimum of 1 x Fund Salary)**

If you're aged 60 or over:

**1 x Fund Salary**

Your TPD cover will continue to reduce each year from age 60 and cease at age 70 (see *Reduction of standard and extra TPD cover* table below).

See the *Definitions* section for the meanings of Fund Salary and Future Service.

### Extra Death-only and Death and TPD cover

#### NAB Employee members in Permanent Employment or Fixed Term Employment

NAB Employee members are eligible to apply for Extra death only and death and TPD cover provided you meet the requirements set out in the *Make sure you're eligible for cover* section above. You can apply for Extra death only or death and TPD cover based on units of \$50,000 each up to a maximum of 20 units as outlined in the *Changing or cancelling your cover* section of this guide by completing the *Application for insurance cover form*. Extra cover is subject to health evidence being provided to and accepted by the Insurer.

#### Ex-employee members

Provided you meet the eligibility requirements set out in the *Make sure you're eligible for cover* section above, you'll be provided with death and TPD cover transferred from your NAB Employee member account when joining the Ex-employee division. This cover remains at a fixed level and will be the equivalent cover that you held as at the date you ceased employment with the Employer (subject to TPD cover reducing 10% each year from age

61). You can apply for extra cover once you have joined the Ex-employee division based on units of \$50,000 each up to a maximum of 20 units. Further information is available in the *Keeping your insurance when you leave your Employer* section of this guide.

#### Spouse members

Provided you meet the eligibility requirements set out in the *Make sure you're eligible for cover* section above, Spouse members can apply for death only cover of a fixed dollar amount as nominated and accepted by the Insurer. You'll need to indicate on the *Spouse Account Application* form whether you require death cover and the amount of cover being applied for. Underwriting is required, and a completed personal statement will need to be attached to the *Spouse Account Application* form.

### Reduction of standard and extra TPD cover

Your TPD cover will reduce each year once you turn 61 to the following percentages of your cover at 60:

Age	TPD cover amount
60	100%
61	90%
62	80%
63	70%
64	60%
65	50%
66	40%
67	30%
68	20%
69	10%
70	nil



## Example of a Death and TPD benefit



### NAB Employee members

John has just reached age 40 and has elected to have insurance. His Fund Salary is \$55,000 pa and his super account balance is \$60,000.

John applied for Extra death and TPD cover of \$100,000 (2 units), which was accepted by the Insurer.

If John were to die or become Totally and Permanently Disabled, his insurance cover would be:

$$17.5\% \times \$55,000 \times 20 = \$192,500$$

His total death and TPD benefit would be:

Standard cover	\$192,500
Extra cover	\$100,000
Super account balance	\$60,000
<b>Death and TPD benefit</b>	<b>\$352,000</b>



### Spouse members (Death-only benefit)

Maria is aged 40. She has applied for:

\$100,000 of death cover which has been accepted by the Insurer and her account balance is \$60,000.

Her total Death benefit would be:

Death cover	\$100,000
Super account	\$60,000
<b>Death benefit</b>	<b>\$160,000</b>



### Ex-employee members

Frank left employment with NAB in 2020. As his account balance was more than \$5,000, his benefits were transferred to the Ex-employee division.

At the time he ceased employment with NAB, he had standard and Extra death and TPD cover totalling \$273,580 which he will continue to have in the Ex-employee division.

## Additional features of death and TPD insurance

<b>Cover while overseas</b>	Your cover will generally continue while you're overseas provided that premiums continue to be paid. Worldwide cover is provided to members 24 hours a day.
<b>Insurance consolidation</b>	<p>You can apply to transfer your death only or death and TPD insurance that you hold with another superannuation fund, group insurer or retail policy (<b>External Insurance</b>) into your super account subject to:</p> <ul style="list-style-type: none"> <li>• a maximum of \$2 million (inclusive of cover you already have), and</li> <li>• the maximum benefit limits set out on page 4.</li> </ul> <p>To transfer insurance, you must read, complete and sign the <i>Transfer your insurance</i> form available at <a href="http://plum.com.au">plum.com.au</a> and provide all the requested details.</p> <p>Any exclusions, premium loadings or special conditions which apply to the External Insurance will continue to apply to the insurance offered under this Plan.</p> <p>Once the Insurer confirms acceptance of your application to transfer insurance, you must cancel the External Insurance within 60 days.</p> <p>If you do not cancel the External Insurance, any benefit that is payable on the occurrence of an event under the Policy (eg your death) will be reduced by any benefit that you're entitled to receive for the same event under the External Insurance.</p> <p>The Insurer won't accept an application to transfer External Insurance if you're currently claiming or you're entitled to claim on the External Insurance or a similar insurance policy.</p> <p>Transferred cover will be rounded to the nearest highest unit value of cover (unit value = \$50,000) subject to the maximum cover limit not being exceeded.</p>
<b>Interim Accident cover</b>	<p>If you have an Accident which causes you to die or become TPD while the Insurer is assessing your application for cover, the Insurer may pay you a lump sum benefit equal to the amount of death or TPD cover you've applied for (or death only cover in the case of a Spouse member), subject to a maximum of \$1 million.</p> <p>Interim Accident cover will commence from the date the Insurer receives a fully completed personal statement and declaration of health in the form that the Insurer requires.</p> <p>Interim Accident cover will cease on the earliest of, 90 days from the date the Insurer receives your fully completed application, the day your request for cover is withdrawn or cancelled, the date the Insurer provides notice that they have approved or declined your request for cover or the date you cease to meet the eligibility requirements.</p> <p>An Interim Accident benefit will not be payable if:</p> <ul style="list-style-type: none"> <li>• the injury occurred prior to the date you became eligible for cover</li> <li>• an injury is caused by your participation in hazardous pastimes or sports that would not be covered under the Insurer's normal assessment guidelines, or</li> <li>• the cover applied for would have been declined or you claim for an event/condition excluded under the Insurer's normal assessment guidelines.</li> </ul> <p>The Insurer will not pay more than one benefit for any one Accident to any person.</p>

**Leave of absence** Your death and TPD cover will continue for up to 24 months if you commence Employer-approved leave, such as maternity or study leave, provided:

- premiums continue to be paid
- prior to your leave, your Employer has approved the period and any subsequent extension (not exceeding 24 months in total) of leave of absence in writing
- immediately prior to commencing your period of leave you were At Work
- you don't join the armed forces of any country (not including the Australian Army Reserve)
- you remain an employee of your Employer and a member of the Plan, and
- no more than 16 months has elapsed since your last contribution or rollover into your account or you have provided us with your written election to retain your cover.

The Insurer may approve cover beyond this period. You should request an extension by writing to us at least 60 days before your cover is due to cease. Please do not assume your cover has been extended until you have received written confirmation.

If you apply for additional cover during a leave of absence, underwriting terms will apply and the increased cover will not commence until the Insurer provides notice of acceptance of your application and you return to work.

If any of the events set out in the *Cessation of insurance cover* section below occur before the end of the period of approved leave, cover will cease at that time and the Insurer will refund premiums to that date.

**Life events cover** You may be able to apply for an increase in cover without providing medical evidence, if you are under age 70 and you apply and provide the required documents within 90 days of the following Life events occurring:

Life event	Document required
<b>you have, or legally adopt, a child</b>	a certified copy of the birth certificate or adoption papers
<b>you get married or divorced</b>	a certified copy of your marriage certificate or divorce papers
<b>you complete your first undergraduate degree at an Australian university</b>	a certified copy of the degree qualification
<b>you have dependent children starting secondary school</b>	a certified copy of the enrolment confirmation from the secondary school
<b>you are granted a home loan from a financial institution when you initially purchase your principal residence or a granted a home loan when you renovate your principal place of residence</b>	a certified copy of the loan documents from the mortgage lender, or a letter from the lender (if renovating) including the amount of the drawdown loan
<b>your spouse passes away</b>	a certified copy of the death certificate
<b>you become a carer for the first time</b>	a certified copy of the documentation from Centrelink

For the purpose of this cover, **dependent child** is defined as your natural child, stepchild, adopted child or a child under your legal guardianship.

You can apply to increase your cover using this feature only once in any 12-month period and a maximum of three times in total. The amount of additional cover for each event is limited to one additional unit of cover (if applicable), 25% of your existing benefit, and \$200,000, whichever is greatest. The maximum total amount of all life event increases is \$1 million.

Cover is subject to proof of the event taking place being provided to and accepted by us.

You are not eligible to apply to increase your Death or Death and TPD cover under this feature if:

- you've previously been declined for cover, or
- you've received, or are eligible to receive, any disability or Terminal Illness benefit payment, or are in the process of lodging a disability claim under a group life policy or any other disability insurance policy.

In addition, within the first 13 months following any increase in your cover under this feature, no benefit will be paid in respect of the amount of increased cover if your death, Terminal Illness or TPD was caused by suicide, attempted suicide or self-inflicted injury or illness.

Any increase in your insurance cover under this option will be subject to the same underwriting decisions and exclusions that apply to your existing insurance cover.

To apply for Life events cover you will need to complete the *Increase your insurance without medical evidence* form available at [plum.com.au](http://plum.com.au) or contact us on 1300 55 7586.

**Terminal Illness benefit**

The Insurer may pay your death benefit in advance if you suffer a Terminal Illness. The Insurer will pay the lesser of your Death benefit amount, or \$3 million.

Where the Terminal Illness benefit paid to you is less than your death only cover or death and TPD cover, the difference will become your new death only cover or death and TPD cover. Following payment of the Terminal Illness benefit, premiums will be reduced in line with any reduced level of insurance cover.

## Definition of TPD

TPD means

**Total and Permanent Disability (TPD) - unlikely to do a suited occupation ever again (Any Occupation) definition:**

You've been absent from your Occupation solely through injury or illness for three (3) consecutive months and you're incapacitated to such an extent that, in the Insurer's opinion, after consideration of medical and other relevant evidence, at the end of the period of three (3) consecutive months absence from employment, you're unlikely to ever engage in or work for reward in any occupation for which you are reasonably suited by education, training or experience.

For further information about what happens to your TPD cover when you leave your Employer, see the *Cessation of insurance cover* section and the *Keeping your insurance cover* when you leave your Employer section. If you make a claim for an event that occurs during a period of Employer-approved leave of absence, your claim will be assessed under the Any Occupation definition. For further information, please refer to the Leave of absence section.

## Temporary Disablement (Income Protection) cover

Income Protection cover provides you with ongoing income and financial support, should you become temporarily unable to work due to an injury or illness. It can help to give you the peace of mind that you have income that can help pay your expenses while you focus on your health and recovery.

### Standard Income Protection cover

#### NAB Employee members

If you're engaged in Permanent Employment or Fixed Term Employment with the Employer, provided you meet the eligibility requirements set out in the *Make sure you're eligible for cover* section above, standard Income Protection cover is provided to you through the Plan.

If you have Income Protection cover, and you've been Totally Disabled for the Waiting Period, you'll be paid a benefit of up to (subject to the Plan's AAL):

**75% x Fund Salary, up to a maximum of \$30,000 per month\***

\*Health evidence is required for cover above the Plan's AAL of \$20,000 per month.

This is paid monthly in arrears while you're Totally Disabled, for up to a maximum period of two years following the end of the 90-day Waiting Period.

You can select to reduce your standard Income Protection cover to a nominated fixed-dollar amount. If you reduce your Income Protection insurance, cover will be provided as the lesser of:

- your nominated amount, and
- 75% x Fund Salary,

applicable to you as at the Date of Claim.

If you reduce your Income Protection cover and later change your mind, you can increase your cover, but you'll need to apply and provide satisfactory health evidence.

Further, if your standard Income Protection cover is limited to the AAL, you may be able to apply for additional cover above the AAL, subject to you providing satisfactory health evidence to the Insurer.

#### Ex-employee members

You're not eligible to retain your Income Protection cover in the Plan, but you can continue your cover with the Insurer in a personal policy. Further information is available in the *Keeping your insurance when you leave your Employer* section of this Guide.



#### Example of Income Protection benefit

From our earlier example, John is eligible for Income Protection cover and has a Fund Salary of \$55,000 pa.

If John were to become Totally Disabled, his insured benefit (after the Waiting Period) would be:

**75% x \$55,000 = \$41,250 pa**

**(\$3,437.50 per month)**

The applicable pay as you go (PAYG) tax would be withheld from this aspect of John's benefit.

### Definition of Totally Disabled

You're considered to be Totally Disabled if the Insurer is satisfied that because of injury or illness, you're continuously:

- unable to perform at least one of the Important Duties of your Own Occupation, that could be performed at any place of work
- under the care of and following the regular and continuous advice for treatment from a Doctor in relation to that illness or injury, and
- not engaged in any occupation, paid or unpaid.

### When will benefits be reduced?

Your Income Protection cover will be reduced by benefits or other income which you might be entitled to from other sources (whether or not that income was actually received), so that your total monthly benefit does not exceed 75% of your Fund Salary.

Any benefits you may be entitled to from other sources such as (but not limited to) other disability benefits, workers' compensation, or other compensation benefits will be considered when determining the amount of your Income Protection benefit. In particular, you should check to see if you have any other Income Protection or Salary Continuance Insurance (SCI) policies.

### When do Income Protection payments cease?

If payable, your benefit will continue until the earliest of the following:

- the date your disability ceases
- the date you turn 65
- benefit payments have been made for a period of two years
- the date of your death, subject to payment of a bereavement benefit
- you're no longer under the regular and continuous care of a Doctor, or
- you fail to provide us with all requested information and other evidence reasonably required to assess your claim.

## Additional features of Income Protection

<b>Bereavement benefit</b>	Payable on your death during receipt of an Income Protection benefit. This benefit will be paid as a lump sum amount equivalent to three times your monthly benefit from the date of your death.
<b>Cover while overseas</b>	<p>Your insurance cover will continue while you're overseas and working for the Employer, provided premiums continue to be paid.</p> <p>Your benefit will only be provided in full if you're continuously residing in Australia or one of the Approved Countries listed below. For other countries, Income Protection benefits won't be paid for more than 12 months, unless and until you return to Australia or an Approved Country.</p> <p><b>Approved Countries:</b></p> <p>Hong Kong, New Zealand, Singapore, Japan, Switzerland, Belgium, Denmark, France, Germany, Italy, Netherlands, Sweden, the United Kingdom, the United States of America, Canada, or any other country agreed to by the Insurer in writing.</p>
<b>Interim Accident cover</b>	<p>If you apply for Income Protection cover, and you become Totally Disabled as a result of an Accident while the Insurer is assessing your application, the Insurer will pay you the lesser of:</p> <ul style="list-style-type: none"> <li>• the Monthly Benefit being applied for</li> <li>• the Monthly Benefit the Insurer would allow under its normal assessment guidelines, and</li> <li>• \$15,000 per month.</li> </ul> <p>Interim Accident cover will commence from the date the Insurer receives a fully completed personal statement and declaration of health.</p> <p>Interim Accident cover will cease on the earliest of 90 days from the date the Insurer receives your fully completed application, the day your request for cover is withdrawn, the date the insurer provides notice that they have approved or declined your request for cover, or the date you cease to meet eligibility requirements.</p> <p>An Interim Accident benefit won't be payable if:</p> <ul style="list-style-type: none"> <li>• the injury occurred prior to the date you became eligible for cover</li> <li>• the injury is caused by your participation in hazardous pastimes or sports that wouldn't be covered under the Insurer's normal assessment guidelines, or</li> <li>• the cover applied for would've been declined or you claim for an event/condition excluded under the Insurer's normal assessment guidelines.</li> </ul> <p>The Insurer won't pay more than one benefit for any one Accident to any person.</p>
<b>Parental leave / Leave of absence</b>	<ul style="list-style-type: none"> <li>• before your leave, your Employer has approved the period and any subsequent extension (not exceeding 24 months in total) of the leave of absence in writing</li> <li>• immediately prior to commencing the period of leave you were At Work</li> <li>• you remain employed by your Employer and/or remain a member of the Plan</li> <li>• premiums continue to be paid</li> <li>• you don't join the armed forces of any country (not including the Australian Army Reserve), and</li> <li>• no more than 16 months has elapsed since your last contribution or rollover into your account, or you have provided us with your written election to retain your cover.</li> </ul> <p>Any benefit will become payable from the later of:</p> <ul style="list-style-type: none"> <li>• the end of the 90-day Waiting Period, or</li> <li>• the nominated date of your return to work, which was approved by your Employer.</li> </ul> <p>The Insurer may approve cover beyond the 24-month leave of absence period. You should request an extension by writing to us at least 60 days before the end of your initial 24-month period. Please do not assume your cover has been extended until you've received written confirmation.</p> <p>If you apply for additional cover while you're on such leave, underwriting terms will apply and the increased cover won't commence until the Insurer provides notice of acceptance of your application and you return to work.</p> <p>If any of the events in the <i>Cessation of insurance cover</i> section below occur before the end of the period of approved leave, cover will cease at that time and the insurer will refund premiums to that date.</p>

<p><b>Partial disability benefit</b></p>	<p>You may be considered Partially Disabled when after your Waiting Period has ended and following a period of at least 14 consecutive days of Total Disability and as a direct result of injury or Illness which caused the Total Disability, you have returned to work in your Own Occupation or another occupation and:</p> <ul style="list-style-type: none"> <li>• you're continuously unable to perform the Important Duties of your Own Occupation, and</li> <li>• you're under the continuous care and following the advice for treatment of a Doctor in relation to that Illness or injury, and</li> <li>• at reduced earnings.</li> </ul> <p>Your partial disability benefit is calculated as follows:</p> $\frac{A - B}{A} \times C$ <p>where:</p> <p>A is your earned monthly income, immediately prior to becoming Totally Disabled</p> <p>B is the actual monthly income earned by you during the month in which you became Partially Disabled</p> <p>C is your insured monthly benefit.</p> <p>This benefit will be payable for up to the maximum benefit period of two years, while you remain Partially Disabled or until the date your monthly income earned equals or exceeds your monthly income immediately prior to your Total Disability commencing or you die or reach age 65.</p>
<p><b>Recurrent disability benefit</b></p>	<p>If you were paid an Income Protection benefit, and your disability from the same or a related Illness or injury recurs within six months of your return to full time work, the Insurer will waive your Waiting Period and treat your disability as a continuation of the original claim.</p> <p>Benefits will be payable for up to the remainder of the two-year benefit period while you remain disabled.</p>
<p><b>Rehabilitation expenses benefit</b></p>	<p>While you're receiving Total Disability or Partial Disability benefits, the Insurer will reimburse you where you incur expenses as a result of your participation in a rehabilitation program, to help you return to work.</p> <p>The expenses must be incurred directly to assist you in returning to work in a gainful occupation or in undertaking a vocational retraining program because of your disability.</p> <p>The maximum amount reimbursed is equal to 24 times your monthly benefit, less any amount that can be claimed from any other source for those expenses. The Insurer must approve the rehabilitation program in writing prior to commencement. Your Doctor must also approve the rehabilitation program. This benefit is payable at the Insurer's discretion.</p>
<p><b>Waiver of premiums</b></p>	<p>Your premiums will be waived while you're in receipt of an Income Protection benefit.</p>



## Other things you need to know about insurance

### When might you need to provide health evidence?

You may, in certain circumstances, be required to provide health evidence to the Insurer, including:

- if you don't meet the terms of automatic acceptance
- you apply to increase your cover above the AAL
- if your Fund Salary or sum insured increases by more than 30% in any 12-month period, the amount in excess of 30% may be subject to provision of satisfactory health evidence
- if your standard cover exceeds the AAL, or any other limits as detailed in the group insurance policy
- if you don't comply with the terms of automatic acceptance, underwriting applies in respect of the total amount of cover and any subsequent increases in cover
- if an AAL doesn't apply
- if your cover is reduced to nil for a period of time and then subsequently reinstated, and
- any other circumstances outlined in the policy.

We'll advise you if health evidence is required.

This may be in the form of a personal medical statement and/or various medical examinations as required.

The Insurer may decline or place restrictions on your insurance cover as a result of this medical evidence.

Your sum insured could be reduced or a benefit declined by the Insurer if you provide inadequate medical evidence or false or misleading information to the Insurer.

### Your duty of disclosure to the insurer

Before you enter into an insurance contract, you have a duty to tell the Insurer anything that you know, or could reasonably be expected to know, which may affect its decision to insure you and on what terms.

You have this duty until the Insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You don't need to tell the Insurer anything that:

- reduces the risk it insures you for, or
- is common knowledge, or
- the Insurer knows or should know as an Insurer, or
- the Insurer waives your duty to tell it about.

### If you don't tell the Insurer something

If you do not tell the Insurer anything you're required to and the Insurer would not have insured you if you had told the Insurer, the Insurer may avoid the contract within 3 years of entering into it. If your failure to tell the Insurer is fraudulent, the Insurer may have the right to refuse to pay a claim and treat the contract as if it never existed.

In exercising the right to avoid the contract, and any of the following rights, the Insurer may consider whether different types of cover can constitute separate contracts of insurance. If they do, the Insurer may apply the following rights separately to each type of cover.

If the Insurer chooses not to avoid the contract, the Insurer may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would've been payable if you'd told the Insurer everything you should have. However, if the contract has a surrender value, or provides cover on death, the Insurer may only exercise this right within three years of entering into the contract.

If your failure to tell the Insurer is fraudulent, the Insurer may have the right to refuse to pay a claim and treat the contract as if it never existed.

## Cessation of insurance cover

Death, TPD, and Income Protection cover ceases immediately under the insurance policy, on the earliest of the following:

- you reach age 70 for death and TPD and 65 for Income Protection cover
- 60 days after you cease to satisfy the eligibility requirements set out in the *Make sure you're eligible for cover* section above
- 60 days after you cease to be employed by your Employer
- the day you cease to be a member of the Fund
- the date a death or TPD or Partial Disability benefit is paid
- for death and TPD cover, the date a Terminal Illness Benefit is paid which isn't less than your death cover
- the date of your death
- if overdue premiums have not been paid within the time period set out in a written notice to you
- the day before you commence duty with the armed forces of any country (not including the Australian Army Reserve)
- the date a continuation option is accepted by the Insurer
- the day after you continue to be on unpaid leave for a period in excess of that allowed under the Plan's insurance policy (unless otherwise approved by the Insurer)
- you make a fraudulent claim
- you request to cancel your cover
- at the end of the period for which premiums have been paid, if your super account hasn't received a contribution or rollover into it for a continuous period of 16 months, and you haven't provided us your written election to retain your cover
- for SCI cover, 60 days after the date you retire or cease Permanent Employment or Fixed Term Employment
- if your Employer fully pays for any of your cover in the Plan, the date the Employer ceases to pay the full premiums for that cover and you:
  - are under age 25, and/or
  - have an account balance under \$6,000, and
  - haven't completed a *Choose if you want insurance cover in super form*, or
- any other terms under the group insurance policy.

If you wish to keep your insurance cover regardless of whether your account is an Inactive Account or should your account ever become an Inactive Account, the form to retain insurance cover is available at [plum.com.au/superinsurance](https://plum.com.au/superinsurance)

## Reinstating your cover

If your insurance has ceased because there hasn't been a contribution or rollover into your account for a continuous period of 16 months, and you hadn't provided us with your written election to retain your cover, you can reinstate your cover by applying in writing within 60 days of cover ceasing.

Where a request for reinstatement is received within the Reinstatement Period and cover is reinstated:

- the same exclusions, premium loading, and/or special conditions that applied to you prior to your cover ceasing (if any) will continue to apply, and
- premiums are payable from the date cover originally ceased.

Any request to reinstate cover received after the 60-day reinstatement period will be subject to health evidence being provided to and accepted by the Insurer.

Reinstatement of cover may require you to pay unpaid premiums for your account. Should your account balance be insufficient to cover any unpaid premiums, we'll provide you an opportunity to make contributions to your account to top up the balance.

If your insurance has ceased for any other reason, you can apply for insurance cover, subject to health evidence being provided to and accepted by the Insurer.

Reinstatement of cover may require you to pay unpaid premiums from your account. Should your account balance be insufficient to cover any unpaid premiums, we'll provide you an opportunity to make contributions to your account to top up the balance.

## Keeping your insurance when you leave your Employer

If you have insurance cover when you leave your Employer, you may be able to keep your insurance cover by choosing one of the following options:

### 1. Automatic transfer of cover when you join the Ex-employee division

Once your Employer tells us you're no longer their employee, we'll transfer your super account to the Ex-employee division if you have a super account balance of at least \$5,000.

If you have insurance cover when you transfer to the Ex-employee division, it will continue to be provided:

- you're age 25 or over and your balance is \$6,000 or greater, or
- you have completed a *Choose if you want insurance cover in super* form.

Provided we can transfer the exact amount of cover that you hold at the time you leave your Employer, it will remain a fixed-dollar amount in the Ex-employee division (except for TPD cover which reduces 10% each year from age 61). You can apply to change these amounts at any time.

Your Income Protection cover will cease 60 days after the day you ceased to be an employee of your Employer unless you apply under a personal policy with the Insurer (further information below).

If your super account balance is less than \$5,000 at the time you cease employment, your death and TPD cover will cease 60 days after you cease employment (if you haven't already closed your account and transferred out of the Plan). Your super benefit will then be transferred to the Trustee's Eligible Rollover Fund after 60 days if you don't provide alternative payment instructions to the Trustee.

### If you do not have insurance when you join the Ex-employee division

If you don't have insurance when you transfer to the Ex-employee division, you can apply for cover subject to health evidence being provided to and accepted by the Insurer.

To provide health evidence you'll need to complete the personal statement available at [plum.com.au](http://plum.com.au) or by contacting us on **1300 55 7586**.

If we need any further information from you, we'll let you know.

### 2. You can continue your death and TPD cover, and/or Income Protection cover under a personal policy with the Insurer if you leave the Fund

If you're under 60 years of age at the date you cease being employed by your Employer, you may without providing health evidence, transfer your insurance to an individual retail insurance policy held directly with the Insurer (this option expires 60 days from when you cease employment with your Employer).

In order to continue your cover, you must ensure you:

- are under age 60
- start Permanent Employment within 90 days of ceasing employment with the Employer
- are a permanent resident of Australia
- haven't ceased employment with your Employer due to ill health, and
- haven't commenced duty in the armed forces of any country (not including the Australian Army Reserve).

If you transfer your insurance to an individual policy, any special terms and conditions, including loadings or exclusions that are in place, will also be transferred to your individual policy and must also satisfy the Insurer's underwriting criteria in relation to occupation, pastimes, smoking status and residency status. The cover will be provided on the rates that apply to individual policies. These rates may be higher than the premium rates that you pay under the Plan's insurance policy.

You can't transfer your insurance if you choose to leave the Plan, but there is no change to your employment or if you've received or are eligible to receive any disability benefits or similar payments under any other policy.

Should you wish to discuss your cover, please contact us on **1300 55 7586**.

You should notify us of your intention to take up a continuation option at least 10 days prior to the continuation option expiry date, to ensure there is sufficient time for communication with the Insurer.

Further information about continuing your cover can be found in materials which will be supplied to you at the time you leave your employment with your Employer.

## Cost of Insurance

The premiums associated with standard and Extra cover are deducted monthly from your super account balance.

Premiums are calculated based on the type and amount of insurance you have, using age-based premium rates.

For spouse (Death-only) and Ex-employee members, premiums are calculated based on the type and amount of insurance you have, using age-based and gender-split premium rates.

If we ask you to provide evidence of your health, your premium can also be influenced by factors such as your:

- medical history, and
- lifestyle and leisure activities.

We'll start deducting premiums for your cover based on the details we have for you. Please let us know if any of the details shown in your Welcome Kit or Your Insurance Summary are incorrect or need updating, as this could impact the type and cost of your insurance - you could be paying a higher premium than necessary.

The actual premium calculated for you may vary slightly due to the rounding and is inclusive of any statutory charges including stamp duty.

### Will premiums change?

Your premiums may be adjusted for:

- your age
- changes to your insurance, or
- changes in your circumstances, such as changes to your Occupation or Employment.

The Insurer may also make changes to premium rates, which could increase or decrease your premiums. We'll tell you about any material increases to premium rates 30 days before they take effect. Notification of any non-material changes may be made available online at [plum.com.au](http://plum.com.au) but you may not be directly notified of these updates. You may obtain a paper copy of these change communications on request.

## Example of Premiums



### Standard cover

In our earlier example John, aged 40 (41 next birthday) had standard death and TPD insurance cover of \$192,500. John's premium, that would be deducted from his super account balance, is calculated as follows:

$$(\$192,500 \div \$1,000) \times \$0.95 = \$182.88 \text{ pa}$$

(approximately \$15.24 per month)

### Extra cover

In our earlier example John, aged 40 (41 next birthday) was accepted for extra death and TPD cover of \$100,000 (2 units).

John's premium, that would be deducted from his super account balance, is calculated as follows:

$$(\$100,000 \div \$1,000) \times \$0.95 = \$95.00 \text{ pa}$$

(approximately \$7.92 per month)

### Income Protection

In our earlier example, John's Fund Salary was \$55,000 pa and he was entitled to an annual Income Protection benefit of \$41,250 with a waiting period of 90 days and two-year benefit period.

John's premium, that would be deducted from his super account balance, is calculated as follows:

$$(\$41,250 \div \$1,000) \times \$2.50 = \$103.13 \text{ pa}$$

(approximately \$8.59 per month)

## NAB Employee members

### Cost of standard and extra Death-only and Death and TPD cover

Annual cost per \$1,000 cover (\$)					
Age next birthday	Death-only	Death & TPD	Age next birthday	Death-only	Death & TPD
16	0.21	0.30	44	0.64	1.25
17	0.26	0.35	45	0.72	1.41
18	0.31	0.41	46	0.80	1.57
19	0.34	0.44	47	0.88	1.74
20	0.37	0.48	48	0.97	1.94
21	0.40	0.51	49	1.05	2.16
22	0.40	0.50	50	1.14	2.40
23	0.40	0.50	51	1.25	2.68
24	0.40	0.50	52	1.35	3.00
25	0.40	0.51	53	1.47	3.35
26	0.36	0.47	54	1.59	3.71
27	0.36	0.49	55	1.73	4.14
28	0.35	0.50	56	1.88	4.61
29	0.35	0.50	57	2.02	5.11
30	0.35	0.51	58	2.19	5.70
31	0.35	0.52	59	2.42	6.25
32	0.35	0.53	60	2.68	6.86
33	0.35	0.54	61	2.96	7.52
34	0.35	0.58	62	3.26	8.23
35	0.36	0.62	63	3.60	9.01
36	0.37	0.65	64	3.92	9.94
37	0.39	0.71	65	4.29	11.02
38	0.40	0.75	66	4.67	12.42
39	0.42	0.81	67	5.10	14.03
40	0.45	0.87	68	5.57	15.85
41	0.50	0.95	69	6.17	18.01
42	0.53	1.03	70	6.84	20.44
43	0.58	1.13			

## Cost of Income Protection cover

Annual cost per \$1,000 cover (\$)			
Age next birthday	Income Protection	Age next birthday	Income Protection
16	1.58	41	2.50
17	1.58	42	2.77
18	1.58	43	3.05
19	1.58	44	3.39
20	1.58	45	3.77
21	1.61	46	4.22
22	1.62	47	4.70
23	1.62	48	5.26
24	1.63	49	5.91
25	1.64	50	6.61
26	1.56	51	7.40
27	1.49	52	8.30
28	1.44	53	9.73
29	1.41	54	11.37
30	1.40	55	13.25
31	1.40	56	15.43
32	1.41	57	17.91
33	1.45	58	20.76
34	1.50	59	24.04
35	1.58	60	27.77
36	1.69	61	32.03
37	1.79	62	36.86
38	1.93	63	27.87
39	2.10	64	15.50
40	2.30	65	3.14

## Spouse (death only) and Ex-employee members

### Male members

Annual cost per \$1,000 cover (\$)					
Age next birthday	Death-only	Death & TPD	Age next birthday	Death-only	Death & TPD
16	0.23	0.32	44	0.70	1.47
17	0.29	0.38	45	0.77	1.61
18	0.35	0.44	46	0.86	1.78
19	0.39	0.48	47	0.95	1.97
20	0.43	0.52	48	1.05	2.20
21	0.45	0.54	49	1.16	2.48
22	0.47	0.56	50	1.27	2.80
23	0.47	0.56	51	1.40	3.19
24	0.48	0.58	52	1.54	3.63
25	0.47	0.58	53	1.70	4.13
26	0.43	0.56	54	1.87	4.67
27	0.41	0.55	55	2.06	5.26
28	0.40	0.55	56	2.27	5.89
29	0.40	0.56	57	2.50	6.57
30	0.39	0.57	58	2.76	7.30
31	0.39	0.58	59	3.04	8.07
32	0.39	0.61	60	3.36	8.91
33	0.38	0.63	61	3.71	9.84
34	0.38	0.66	62	4.09	10.85
35	0.39	0.70	63	4.52	11.99
36	0.39	0.75	64	4.99	13.30
37	0.40	0.80	65	5.51	14.82
38	0.41	0.86	66	6.07	16.79
39	0.43	0.93	67	6.70	19.05
40	0.45	1.00	68	7.37	21.59
41	0.50	1.10	69	8.12	24.49
42	0.56	1.22	70	8.92	27.73
43	0.63	1.35			

## Spouse (death only) and Ex-employee members

### Female members

Age next birthday	Annual cost per \$1,000 cover (\$)				
	Death-only	Death & TPD	Age next birthday	Death-only	Death & TPD
16	0.12	0.15	44	0.53	1.40
17	0.12	0.15	45	0.61	1.60
18	0.14	0.17	46	0.67	1.80
19	0.16	0.19	47	0.76	2.05
20	0.18	0.21	48	0.85	2.31
21	0.18	0.21	49	0.94	2.57
22	0.17	0.21	50	1.03	2.85
23	0.17	0.21	51	1.13	3.15
24	0.16	0.21	52	1.20	3.44
25	0.16	0.22	53	1.26	3.73
26	0.16	0.23	54	1.33	4.05
27	0.17	0.26	55	1.39	4.38
28	0.18	0.28	56	1.46	4.72
29	0.18	0.31	57	1.52	5.06
30	0.19	0.34	58	1.63	5.45
31	0.19	0.37	59	1.72	5.83
32	0.19	0.40	60	1.86	6.26
33	0.20	0.44	61	2.01	6.71
34	0.21	0.48	62	2.17	7.20
35	0.23	0.54	63	2.34	7.71
36	0.26	0.61	64	2.52	8.31
37	0.29	0.68	65	2.72	9.04
38	0.31	0.75	66	2.93	10.21
39	0.33	0.82	67	3.16	11.55
40	0.36	0.91	68	3.41	13.07
41	0.38	1.00	69	3.68	14.80
42	0.42	1.11	70	3.98	16.75
43	0.47	1.24			



## Definitions

You can find the specific details about the terms and conditions of your insurance in the Plan's insurance policy. Contact us on 1300 55 7586 for a copy.

### Accident

Means an event where bodily injury is caused directly and solely by external and visible means, independent of all other causes.

### At Work

Means you're at work for the normal daily hours of work and are actively performing the full, unrestricted or unmodified duties of your normal Occupation for which you were employed or would have been had the day not been a day of leave (other than due to Illness or injury), public holiday or weekend day.

### Australian Resident

Means you:

- have always lived in Australia or have come to Australia to live, and
- are eligible to work in Australia.

### Casual Employment

Means you're engaged in employment of a temporary nature where continuity of employment is not guaranteed by your Employer, regardless of hours worked or the period of employment.

### Date of Claim (Income Protection Cover)

Means the date you last worked prior to your disability.

### Doctor or Medical Practitioner

Means a registered medical practitioner who is qualified in an appropriate speciality and who is not you, your spouse, your family member, your business partner, your employee or Employer.

### Ex-employee member

Means a member who ceases to be employed by the Employer and remains an eligible insured person of the Plan.

### Fixed Term Employment/Fixed Term Employee

Means you're employed for a fixed period of employment determined at the commencement of your employment and where you're in receipt of leave, sick leave, superannuation and other entitlements normally associated with Permanent Employment.

### Fund Salary (death and TPD cover)

Means your annual total remuneration package derived from your Occupation and as advised to the Insurer.

### Fund Salary (Income Protection cover)

Means one-twelfth of your annual total remuneration package derived from your Occupation and as advised to the Insurer.

### Future Service

Means the number of years and complete months to age 60, as calculated by the total number of months divided by 12.

### Illness

Means a sickness, disease or medical disorder.

### Important Duties

Means the duties of your Occupation which are essential in producing a salary.

### Inactive Account

Means your super account hasn't received a contribution or a rollover into it for a continuous period of 16 months.

### Limited Cover

Means you're only covered for claims arising from:

- an Illness that first became apparent, or
- an injury which first occurred,

on or after the date you first became eligible for insurance cover.

### Occupation

Means the Employment or activity in which you're Employed.

### Own Occupation (Income Protection cover)

Means the normal occupation in which you are employed immediately prior to becoming Totally Disabled.

### Permanent Employment/Permanent Employee

Means engaged in permanent employment for the standard number of hours (including permanent part-time employment), where the Employer guarantees continuity of employment and you receive entitlements normally associated with permanent employment.

### Seasonal or Contract Employment

Means you're not in Casual Employment or Fixed Term Employment but you're employed or contracted in your own name or in your business name or through an agency, to complete a specific job and without guarantee of continuity of employment, irrespective of the hours worked or the period of employment.

### Spouse member

Means a spouse (as defined by the relevant law) of a Plan member.

## **Terminal Illness**

Means:

- you suffer from an Illness or have incurred an injury that two Medical Practitioners, (at least one of whom is a specialist practising in an area related to the Illness or injury) have certified jointly or separately, is likely to result in your death within a period (Certification Period) that ends not more than 24 months after the date of the certification
- the Certification Period in each of the certificates has not yet expired, and
- the reduced life expectancy occurred while you were covered for an insured Death benefit under the Plan's insurance Policy.

## **Waiting Period**

Means the period of continuous disability commencing from the first day of Total Disability during which no Total Disability or partial disability benefits are payable. It starts on the date you first get medical advice and you're confirmed to have a Total Disability by a Doctor.

If you return to work during the Waiting Period and:

- the return to work proves unsuccessful due to the injury or Illness causing Total Disability, and  
the period of return to work is less than five days in total within the Waiting Period

then the original Waiting Period will continue and will be extended by the number of days the Insured Member returned to work within the Waiting Period.





## Contact us

For more information visit [plum.com.au](https://plum.com.au) or call us on **1300 55 7586** between 8am and 7pm AEST (8pm daylight savings times), Monday to Friday

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