



Super Insurance Guide

9 November 2020

This Insurance Guide explains the insurance you can have through your Mine Super account.

The information in this document forms part of the Product Disclosure Statement (PDS) for the Mine Superannuation Fund.

You should read the PDS and this Insurance Guide before deciding if this insurance is appropriate. You can find these documents at mine.com.au/super-pds

Insurance offered through Mine Super is provided by TAL Life Limited ABN 70 050 109 450, AFS licence 237848 (TAL or Insurer).

While the PDS sets out general information about insurance, the Mine Superannuation Fund's [Fund] Trust Deed and the insurance policy documents set out the full terms on which insurance is offered and, to the extent that there's any inconsistency, override the PDS. To read the Fund's Trust Deed and our insurance policy documents, call 13 64 63, email help@mine.com.au or visit our office during business hours.

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Why insurance

Protect your biggest asset – you!

Your family probably relies on your income to put a roof over their head, so it makes sense to protect that income as part of a complete financial plan. Most Australians don't think twice before insuring assets like their home and car, but it's equally important to think of yourself as an asset. Consider that the average wage earner would make around \$3.45 million over their working life¹. That's worth protecting! If you become sick, disabled or die, your family can use your insurance proceeds to maintain their lifestyle, rather than finding other ways to make ends meet.

What's on offer?

We offer a range of flexible insurance options designed to protect you and your family if you're unable to work because of illness or injury, become permanently disabled or die:

- + Death and Terminal Illness (DTI) insurance – provides a lump sum payment if you die or become terminally ill.
- + Total and Permanent Disablement (TPD) insurance – provides a lump sum payment if you're unlikely to ever work again due to an illness or injury.
- + Income Protection (IP) insurance – provides a temporary income if you're unable to work due to an illness or injury.

The benefits of having insurance through your Mine Super account

- + If you're eligible, you'll receive Basic Insurance Cover, which is made up of DTI and TPD insurance, and standard IP insurance. You don't need to apply for this insurance or, for Basic Insurance Cover, have your health assessed. You also have the option to apply for extra DTI and TPD insurance.
- + Our insurance caters for people working in mining and supporting industries, who can find it hard to obtain adequate and reasonably priced insurance due to their jobs.

- + We have a dedicated claims team to help you through the claims process, including your own personal case manager.
- + Simple ways to update and review your insurance, including the ability to apply for Voluntary Insurance Cover, change your insurance and make a claim over the phone.
- + Access to Mine Super Financial Advice. They aim to make sure you receive the right advice to make the most of your individual situation, and it won't cost the world. Visit mine.com.au/advice for more information.

Why insure through super

- + Affordability – We can negotiate competitively priced premiums with our insurer because of the large group of members covered.
- + Hassle free payments – Your insurance is easier to manage as the premiums are automatically deducted from your super account, so you don't need to worry about budgeting or making payments.
- + Automatic insurance cover – if you're eligible, insurance without having to provide medical and financial information.

Although there are advantages of insuring through your super, it might not be the best solution for everyone, particularly if you have an existing illness or injury and other insurance. You should talk to your financial adviser to see what's best for your situation.

Partnering with TAL

We've partnered with TAL Life Limited (TAL) ABN 70 050 109 450, AFS licence 237848, Australia's leading life insurance specialist, to provide you with insurances. TAL is one of Australia's largest insurers and a leading insurance provider for the super industry. They have been protecting people for over 140 years and today they insure more than 3.7 million Australians.

¹ Australian Bureau of Statistics. Based on full time adult average weekly ordinary times earnings as at November 2019, multiplied by 40 years of continuous employment.

Our insurance - DTI and TPD

What is it?

Death and Terminal Illness (DTI) insurance pays a lump sum if you die or you are terminally ill and medically certified to have less than 24 months to live.

Total and Permanent Disablement (TPD) insurance pays a lump sum if you're unlikely to ever work again due to an illness or injury.

There are two types of DTI and TPD insurance – Basic Insurance Cover and Voluntary Insurance Cover.

Basic Insurance Cover

What is it?

Basic Insurance Cover is DTI and TPD insurance that you don't need to apply for or have your health assessed. You'll receive a set amount of insurance based on your age.

You can only have Basic Insurance Cover on one account.

Who can have it?

Generally, Basic Insurance Cover is added to your account after all the following have occurred:

- + Your account balance is \$6,000 and above.
- + You're aged 25 to 64.
- + You're employed and your employer makes their first contribution to your account.

If you're not eligible for Basic Insurance Cover because your balance is below \$6,000 and / or you're under 25 years of age, you can still choose to have it added by completing a **Your super account essentials** form. You'll need to be aged 15 to 64 and be employed, with your employer making their first contribution to your account.

You can't have this insurance on your account if at the time your account started, you'd been paid or were entitled to be paid a terminal illness benefit. If you've previously been paid or were entitled to be paid a TPD benefit, then you'll receive Limited Cover. Go to page 23 for more information.

When is Basic Insurance Cover added to your account?

- + If it's added to your account automatically - the later of the date your employer makes their first eligible contribution to your account OR the date you reach age 25 and your balance reaches \$6,000 and above.
- + If you ask to add it to your account - the later of the date your employer makes their first eligible contribution to your account or the date you ask us to add this insurance.

What type of Basic Insurance Cover am I eligible for?

If you're eligible, initially Limited Basic Insurance Cover will be added to your account.

If your cover has been applied automatically, your employer makes a contribution within 180 days of the date your cover commenced and you're in Active Employment for 30 consecutive days, your cover will update to Standard Basic Insurance Cover. If however your employer makes a contribution outside of 180 days, your cover will remain Limited Basic Insurance Cover for a minimum period of 24 months followed by 30 consecutive days in Active Employment.

If you ask us to add cover to your account, within 180 days of you commencing employment with your employer and you're in Active Employment for 30 consecutive days, your cover will convert to Standard Basic Insurance Cover. If you ask us to add cover to your account outside of 180 days of you commencing employment, your cover will remain Limited Basic Insurance Cover for a minimum period of 24 months followed by 30 consecutive days in Active Employment. Your cover will then convert to Standard Basic Insurance Cover. The update to Standard Basic Insurance Cover will occur the later of the date that we receive your application, your employer makes their first eligible contribution to your account, your employment commencement date or the date you ask us to add this insurance.

What are the default conditions of my cover?

When you receive Basic Insurance Cover, you'll automatically receive a 'mining' job classification. If your job doesn't fall under the 'mining' job classification, you should tell us as you could pay more for your insurance than you have to. Go to page 20 for more information.

What if I'm self-employed?

You can ask us to add Limited Basic Insurance Cover to your account. If you have Limited Basic Insurance Cover, you won't be covered for any medical conditions you had in the two years prior to your cover starting. If we have received a contribution to your account in the previous 16 months, your cover will start on the later of the date you reach age 25 and your balance reaches \$6,000 and above OR the date you ask us to add this insurance.

What if I've already been paid a TPD benefit?

If you've previously been paid a TPD benefit, or are entitled to be paid a TPD benefit before your cover commences or recommences, you'll be entitled to Limited Cover only.

Limited Cover means you're only covered for an illness that first becomes apparent or an injury that first occurs on or after the date your insurance started, restarted or increased. Go to page 23 for more information.

How much cover do I get?

Age	DTI	TPD
15-24	\$50,000	\$50,000
25-49	\$100,000	\$100,000
50-54	\$80,000	\$80,000
55-59	\$60,000	\$45,000
60	\$50,000	\$25,000
61	\$50,000	\$20,000
62	\$50,000	\$15,000
63	\$50,000	\$10,000
64	\$50,000	\$5,000

Your DTI cover will reduce by any amount of TPD cover you're paid by us.

You can apply for extra DTI and TPD or DTI only insurance cover. For more information go to page 9 under the heading 'Voluntary Insurance Cover'.

How much does my insurance cover cost?

This depends on the amount of your cover, your age, your gender and your job classification. Go to page 36 for the premium rates.

What aren't I covered for?

You're not covered if your claim is caused by war involving Australia or New Zealand or any other country you live in. If you have Limited Cover or Restricted Cover, other exclusions apply. For more information go to pages 23 and 25.

When does my Basic Insurance Cover stop?

When one of the following happens:

- + You turn 65.
- + You ask us to cancel your cover.
- + You die.
- + You're paid a terminal illness or TPD benefit. If you're paid a Basic TPD Insurance Cover benefit, any death cover above your TPD benefit will transfer to Voluntary Insurance Cover. The amount of your DTI insurance cover will be reduced by the amount of the TPD benefit you're paid.
- + There isn't enough money in your account to pay for your cover.
- + You start active service with the armed forces of any country, although if you're a member of the Defence Force Reserve your cover will stop only when you become the subject of a call out order.
- + You're no longer entitled to hold an interest in the Fund.
- + You no longer have a Mine Super account.
- + Your account hasn't had a contribution (including a transfer from another super fund) for 16 months and you haven't let us know you want to keep your insurance. If you're getting close to the 16 months, we'll try and let you know and give you a chance to keep your insurance if you want to.

Can I restart or reinstate my Basic Insurance Cover if it stops?

If your Basic Insurance Cover stopped because:

- + you had insufficient funds in your account to pay for your cover, we'll automatically restart your Basic Insurance Cover when an employer contribution is received within six months of the date your cover stopped
- + your account hasn't had a contribution for 16 months and you haven't let us know you want to keep your cover, we'll reinstate your Basic Insurance Cover if you tell us to within 60 days of the date your cover stopped.

In both instances your cover will only be restarted or reinstated if all premiums are paid in full from the date your cover stopped.

When your Basic Insurance Cover is restarted or reinstated it will be:

- + equal to the same type and amount of cover that was stopped and will be subject to the same exclusions or special conditions that applied
- + Limited Cover until you've been in Active Employment for 30 consecutive days.

How can I cancel my Basic Insurance Cover?

Call us on 13 64 63 or fill out a **Cancel my insurance** form which you can find at mine.com.au/super-forms

If Basic Insurance Cover has been applied automatically and you cancel it within 90 days of the date your insurance started we will refund your premiums to your account.

What can I customise on my Basic Insurance Cover?

Your job classification

You can update your job classification to reflect the type of job you have. If your job doesn't fall under the 'mining' job classification, you should tell us as you could pay more for your insurance than you have to. Go to page 20 for more information.

To update your job classification, call us on 13 64 63 or fill out a **Change my insurance** form which you can find at mine.com.au/super-forms

For more information on the job classifications go to page 20.

Can I convert my Basic Insurance Cover to Voluntary Insurance Cover?

Yes but you need to do this before you turn age 65. The cost of your insurance will be based on Voluntary Insurance Cover premium rates.

You might want to consider this:

- + to lock in your cover amount as Basic Insurance Cover reduces from age 50
- + if you want to continue with your cover after age 65 when your Basic Insurance Cover ends.

Special offer – Introductory Cover Option

You can increase your Basic Insurance Cover under our 'Introductory Cover Option'. Under this option, you can apply to double your Basic Insurance Cover within 60 days of the date on your insurance welcome letter.

If you're over 50 we'll ask you some basic questions about your health.

You can only use this option once and you need to use it the first time Basic Insurance Cover is added to your account.

The cost of this extra cover is based on Basic Insurance Cover premium rates.

To increase your insurance under this option, you'll need to complete a **Double your Basic Insurance Cover** form or **Your super account essentials** form. You can find these forms at mine.com.au/super-forms

Voluntary Insurance Cover

What is it?

Voluntary Insurance Cover is DTI and TPD insurance cover that you've applied to have added to your account. You can have different amounts of DTI and TPD cover but you can't have TPD cover by itself or for an amount more than your DTI cover. If you have just DTI cover you can apply to have TPD cover added later on.

Who can have it?

Any member aged between 15 and 69 for DTI cover and between 15 and 64 for TPD cover.

Our insurer will assess your application and might apply special conditions to your insurance because of your health, lifestyle and pastimes. Your application might also be declined.

How do I apply for Voluntary Insurance Cover?

You can apply over the phone by calling 13 64 63 or by filling out an **Apply for Voluntary Insurance Cover** form.

Am I covered while my application is being assessed?

While your application is being assessed you'll have 'Interim Accident Cover'. For more information go to page 23.

How much cover do I get?

You can choose the amount of Voluntary Insurance Cover you want to apply for. You can apply for any amount of DTI cover and up to a maximum of \$2 million of TPD cover. The terminal illness component of your DTI cover is a maximum of \$2.5 million. The amount you apply for must be a multiple of \$10,000.

Your Voluntary TPD Cover reduces after you turn age 65.

It reduces by 20% each year on your birthday until it reaches zero when you reach age 70. This is outlined in the table below.

From age 65, you'll also only be able to make a TPD claim under Part 2 of Definition one of Total and Permanent Disablement on page 26.

Age	TPD benefit
65	100%
66	80%
67	60%
68	40%
69	20%
70	0%

How much does my insurance cover cost?

This depends on the amount of your cover, your age, your gender, your job classification and if you smoke. Go to pages 36 - 38 for the premium rates.

What aren't you covered for?

You're not covered:

- + if your claim is caused by war involving Australia or New Zealand or any other country you live in
- + for any exclusions applied to your cover by our insurer.

When does my Voluntary Insurance Cover stop?

When one of the following happens:

- + You turn 70.
- + You ask us to cancel your cover.
- + You die.
- + You're paid a terminal illness or TPD benefit. The amount of your DTI insurance cover will be reduced by the amount of the TPD benefit you're paid.
- + There isn't enough money in your account to pay for your cover.
- + You join any armed forces other than the Australian Defence Force Reserves when not on a call out order.
- + You're no longer entitled to hold an interest in the Fund.
- + You no longer have a Mine Super account.
- + Your account hasn't had a contribution (including a transfer from another super fund) for 16 months and you haven't let us know you want to keep your insurance. If you're getting close to the 16 months, we'll try and let you know and give you a chance to keep your insurance if you want to.

How can I cancel my Voluntary Insurance Cover?

Call us on 13 64 63 or fill out a **Cancel my insurance** form which you can find at mine.com.au/super-forms

What can I customise on my Voluntary Insurance Cover?

You can change the amount you're covered for

You can apply to change the amount you're covered for at any time. If you're increasing your insurance, your application will be assessed by our insurer and they might apply conditions to your extra cover or decline your application.

You can change your cover over the phone by calling 13 64 63 or by filling out a **Change my insurance** form which you can find at mine.com.au/super-forms

Changing your job classification

If you change jobs, you should update your job classification. To do this, call us on 13 64 63 or fill out a **Change my insurance** form which you can find at mine.com.au/super-forms

For more information on the job classifications go to page 20.

Special offer - Significant Life Event Option

There are eight events when you can increase your Voluntary Insurance Cover without having your health assessed:

- + Taking out a mortgage or increasing it by \$100,000.
- + Having or adopting a child.
- + Marrying.
- + Divorcing.
- + A dependent child starting high school.
- + Completing an undergraduate degree.
- + Becoming a carer.
- + Death of a spouse.

You must apply within 180 days of the event and provide proof the event occurred. You'll only be able to do this three times overall and only once in any 12 month period. To be eligible you must also be under 60 and not be eligible, have received or applied for a permanent or temporary incapacity benefit or terminal illness benefit.

The amount of extra insurance you can add each time is a maximum of \$100,000 (with the amount required to be divisible by \$10,000).

The cost of this extra cover is based on Voluntary Insurance Cover premium rates.

Transfer cover

You can transfer DTI / TPD insurance cover you have elsewhere to your Mine Super account as Voluntary Insurance Cover. You'll need to complete an application form and answer some health questions. Our insurer will assess your application and decide whether or not to add this cover to your account.

Any restrictions such as exclusions or premium loadings will transfer over but you won't be charged for these. Any restrictions on your current cover will also apply.

There are risks you should consider when transferring your existing cover, such as the loss of any accrued benefits, the possibility of waiting periods having to start again and the implications if you don't disclose all relevant information on an application form (even if unintentional).

You shouldn't cancel any existing cover until your application is accepted by our insurer. Once your cover has been transferred, you must cancel your other policy.

The maximum amount of DTI / TPD insurance cover you can transfer is \$1 million. The maximum amount of TPD insurance you can have on your account is \$2 million. The amount you transfer will need to be the same amount of insurance you have elsewhere, rounded up to the nearest \$10,000.

Our insurance – Income Protection insurance

What am I covered for?

If you join Mine Super and you're eligible, you'll receive standard IP insurance. If you're not eligible, you can ask to have standard IP insurance added to your account or apply for IP insurance.

What is standard IP insurance?

If you receive standard IP insurance, you're covered for:

- + illnesses – if you have full cover, you're covered for illnesses that first became apparent before and after your insurance started, while if you have Limited Cover you're only covered for illnesses that first become apparent after your insurance starts.
- + injuries - ones that occur after your insurance starts. You're not covered for injuries that occurred before your insurance started.

If standard IP insurance has been applied automatically and your employer makes a contribution within 180 days of the date your cover commenced, you'll have Limited IP Cover until you've been in Active Employment for 30 consecutive days, when it will convert to full standard IP insurance. If however your employer makes a contribution outside of 180 days, your cover will remain Limited IP Cover for a minimum period of 24 months followed by 30 consecutive days in Active Employment.

If you ask us to add standard IP to your account within 180 days of you commencing employment with your employer, you'll have Limited IP Cover until you've been in Active Employment for 30 consecutive days, when it will convert to full standard IP insurance. If you ask to add standard IP insurance to your account more than 180 days of you commencing employment, you'll have Limited IP Cover until the later of 24 consecutive months and the date you've been the in Active Employment for 30 consecutive days following the end of the 24 month period.

Who receives standard IP insurance?

Generally, standard IP insurance is added to your account after all the following have occurred:

- + Your account balance is \$6,000 and above.
- + You're aged 25 to 64.
- + You're employed and your employer makes their first contribution to your account.

If you're not eligible for standard IP cover because your balance is below \$6,000 and / or you're under 25 years of age, you can still choose to have it added by completing a **Your super account essentials** form. You'll need to be aged 15 to 64 and be employed, with your employer making their first contribution to your account.

When is standard IP insurance added to your account?

- + If it's added to your account automatically - the later of the date your employer makes their first eligible contribution to your account OR the date you reach age 25 and your balance reaches \$6,000 and above.
- + If you ask us to add it to your account - the later of the date the Fund receives your request to add IP insurance to your account, your employment commencement date, your employer makes their first eligible contribution to your account or the date you ask us to add this insurance.

What if I've applied to have IP insurance added to my account?

If you don't have standard IP insurance but applied to add IP insurance to your account, you won't be covered for any illnesses or injuries you had at the time you applied.

Go to page 32 for definitions of illness and injury.

What are the conditions of my IP insurance?

If you don't make any changes your IP insurance will have a:

- + Waiting period – 60 days
- + Benefit period – 2 years if you're under 65 and if you're aged between 65 and 70:
 - for illnesses – 12 weeks or to age 70, whichever occurs first
 - for injuries – 52 weeks or to age 70, whichever occurs first

If you're already being paid a benefit at age 65, you'll receive a further 12 weeks' payments for illnesses and 52 weeks' payments for injuries, but only to a total maximum benefit period of two years.

- + Insured salary – \$80,000
- + Job classification – Mining

You can ask us to change these to reflect your personal circumstances. We'll also update your salary if your employer gives us your salary when they make your super contributions, unless you've already advised us of your salary.

What if I am self-employed?

You'll need to apply to add IP insurance to your account by filling out an **Apply for Income Protection insurance** form. You won't be covered for any illnesses or injuries you had at the time you applied.

How my IP benefit is calculated?

If you meet the requirements for an IP claim you will receive the **lesser of**:

- + 75% of your insured salary at the date you become disabled plus 9.5% of this salary paid as a super contribution to your Mine Super account, or
- + 75% of your actual salary (go to the next page for how to calculate this) plus 9.5% of this salary paid as a super contribution to your Mine Super account.

Your IP benefit amount is capped at a maximum of \$18,461.54 per fortnight if your job classification is Professional or White Collar or \$11,538.46 per fortnight if your job classification is Light Manual, Heavy Manual or Mining.

Payments to help you return to work

If you become sick or suffer an injury, you might also be able to get up to \$25,000 for:

- + modifying your home or workplace to help you return to work
- + vocational training, including counselling.

These payments are paid directly by the insurer.

How is my salary calculated for a claim?

The salary used to calculate your insurance benefit is:

- + **If you're employed** – the total income you earn before tax in the 12 months immediately prior to the date you became disabled. It includes incentive payments and bonuses, overtime, shift loadings and allowances, any salary package you can take as cash and nil amounts for periods of unemployment. If you started working for a participating employer of the Fund for the first time in the previous year, your salary will be based on your average salary for the time you've worked for a participating employer. Your salary doesn't include super contributions your employer pays for you.
- + **If you're self-employed** – what you earned from your own personal exertion in your business before tax is taken out (gross salary) in the 12 months immediately prior to the date you became disabled, less your business expenses in earning that income.

How much does my insurance cover cost?

This depends on the amount of your cover, your age, your gender, your job classification and, for some types of cover, if you smoke. Go to page 39 for the premium rates.

What am I not covered for?

You're not covered if your injury or illness:

- + is intentionally self-inflicted, including attempted suicide
- + is from a normal and uncomplicated pregnancy and childbirth
- + relates to any act of war, whether declared or not, revolution, invasion, rebellion or civil unrest
- + is caused by you participating in a criminal act
- + can't be paid due to relevant legislation governing this insurance
- + occurred participating in professional sporting activities and your IP insurance started after 31 March 2017. Professional sportspeople are not eligible to hold IP insurance.

If you've been paid a benefit for the maximum benefit period, you will no longer have cover for that illness or injury. You will still be covered for any other unrelated illnesses or injuries.

What happens to my benefit if I'm getting other income?

If you're working in a reduced capacity, and your income is less than the income you earned before you were disabled, you might be eligible for a partial disability benefit. For more information go to the 'Important definitions and meanings' section on page 22.

Other income that might reduce your benefit includes things like sick leave, workers compensation payments, payments from other insurance policies or income from a job that's not your usual one. Income from investments, lump sum TPD and trauma insurance benefits and genuine gifts won't reduce the amount you receive.

If you're being paid a benefit and also receiving workers compensation payments, your IP benefit payment will stop when a doctor considers that you're fit to return to work. If you're appealing a Workers Compensation Authority decision, then you might be able to continue receiving benefits under this policy, subject to you agreeing to repay benefits at the conclusion of the appeal.

When will my Income Protection insurance cover stop?

When any one of the following occurs:

- + You turn 70.
- + 12 months after you stopped working for your participating employer.
- + You're on approved leave (including parental leave) for more than 24 months.
- + You're no longer a member of the Fund.
- + You retire permanently.
- + You cancel your insurance.
- + You no longer have enough money in your account to cover the cost of this insurance.
- + You start service with the defence forces of any country, except if you're in the defence force reserves and not overseas.
- + You make a fraudulent claim.
- + You die.
- + The insurance policy we have with the insurer, as a whole, is terminated.
- + Your account hasn't had a contribution (including a transfer from another super fund) for 16 months and you haven't let us know you want to keep your insurance. If you're getting close to the 16 months, we'll try and let you know and give you a chance to keep your insurance if you want to.

Can I restart or reinstate my Income Protection insurance if it stops?

If your IP insurance stopped because:

- + you had insufficient funds in your account to pay for your cover, or you stopped working for your participating employer for 12 months, we'll automatically restart your IP insurance when an employer contribution is received within 180 days of the date your cover stopped
- + your account hasn't had a contribution for 16 months and you haven't let us know you want to keep your cover, we'll reinstate your IP insurance if you tell us to within 60 days of the date your cover stopped.

In both instances your cover will only be restarted or reinstated if all premiums are paid in full from the date your cover stopped.

When your IP insurance is restarted or reinstated it will be:

- + equal to the same type and amount of cover that was stopped and will be subject to the same exclusions or special conditions that applied
- + Limited Cover until you've been in Active Employment for 30 consecutive days.

How can I cancel my Income Protection insurance?

Call us on 13 64 63 or fill out a **Cancel my insurance** form which you can find at mine.com.au/super-forms. If you cancel your standard IP insurance within 90 days of the date your insurance started, we'll refund your premiums to your account.

What can I customise on my Income Protection insurance?

We've designed our IP insurance so you can customise it to meet your personal circumstances. You can change your:

- + insured salary
- + waiting period
- + benefit period
- + job classification
- + smoking status.

If you improve your cover (ie. increase your salary, decrease your waiting period and / or extend your benefit period) more than 60 days of the date on your insurance welcome letter, you won't be covered for existing illnesses or injuries for the improved part of your cover.

There are exceptions to this. You'll be covered for existing illness for the improved part of your cover if:

- + you make this change within 60 days of the date on your insurance welcome letter
- + the increase to your salary is part of a documented promotion or pay-rise by your employer
- + the increase to your salary is a normal variation, for example overtime.

Special offer to improve your IP insurance

Under our special offer, you can improve your standard IP insurance and be covered for existing illnesses on the improved part of your cover if:

- + you apply within 60 days of the date on your insurance welcome letter, and
- + you're in 'Active Employment' on the date your cover started and when you signed the form to make the change, and
- + you don't suffer an injury or illness between the date your insurance started and when we received your form to make this change.

An improvement to your cover is when you decrease your waiting period from 60 days to 30 days and / or extend your benefit period from 2 years to 5 years. Higher premiums do apply for improved cover.

Changing your insured salary

You can change the salary you're covered for at any time, provided the amount isn't more than your actual salary and is below the maximum limits. If, at the time you make a claim, your actual salary over the past 12 months is less than your 'nominated salary', you'll only be covered for your actual salary.

An example

John's cover was based on a salary of \$100,000 when his cover started. A year after his cover started, John asked us to increase the salary recorded on his account to \$120,000. At the time John told us his higher salary, he had a heart condition. John then made a claim for this heart condition. He's covered for his original benefit based on the \$100,000 salary but not the \$20,000 increase as he already had the heart condition at the time he increased his cover. However, if John's claim related to a new condition, for example a new condition such as cancer, John's cover would be based on the salary of \$120,000.

Changing your waiting period

You won't be paid a benefit during the waiting period. After your waiting period ends, benefits will start to be paid.

You can change the standard 60 day waiting period to suit your individual circumstances. You can change it to 30 days, 90 days, 120 days or up to 2 years. The cost of your IP insurance generally decreases the longer you wait to be paid a benefit.

If you apply for a 30 day waiting period within 60 days of your Income Protection insurance starting but you:

- + weren't in 'Active Employment' when your Income Protection insurance started, or
- + weren't in 'Active Employment' on the day you made this change, or
- + incurred an injury or illness between the day your Income Protection insurance started and when we received your change application form,

the 30 day waiting period won't take effect until you've been in 'Active Employment' for 30 consecutive days. Also, you'll still have a 60 day waiting period for any claim that relates to the illness or injury which caused you to not be in 'Active Employment', or which occurred before we received your change application form, until 12 consecutive months have passed without you missing work due to that injury or illness.

Extending your waiting period to up to two years – Policy Extension Option

Generally it's not cost effective to have two IP policies at the same time as any benefits paid will offset each other and you'll not get the full amount of the benefits you've been paying for. If you already have IP elsewhere though you might consider taking up our Policy Extension Option. This option allows you to extend the waiting period on your Mine Super IP insurance to up to two years to match the benefit period of your other IP policy. This means that when benefit payments stop on your other insurance, you can start having benefits paid from your Mine Super insurance.

Under the Policy Extension Option:

- + the cost of your insurance won't change.
- + it's only available if you have a two year benefit period and 60 day waiting period.
- + must be taken up within 90 days of the date on your insurance welcome letter or within your current waiting period after you become sick or injured.

Extend your waiting period to the end of your sick leave

If your employer makes you take sick leave for a period longer than your waiting period, you can extend your waiting period until your sick leave ends. The benefit of doing this is that your benefit payments won't be reduced by the amount of your sick leave payments.

To do this:

- + you must have a two year benefit period and a 60 day waiting period
- + your waiting period can only be extended up to a maximum of two years
- + you must apply for this extension during your existing waiting period

Changing the benefit payment period

You can increase the standard two year benefit period to five years. The cost of your insurance will increase by 80% as this improves your cover. If you make this change after 60 days of the date on your insurance welcome letter, you'll also be charged 20% extra if you smoke.

There are some restrictions for medical conditions you had before applying to make this change. For more information go to the section titled 'Important definitions and meanings' on page 22.

If you apply for a five year benefit period within 60 days of your Income Protection insurance starting but:

- + weren't in 'Active Employment' when your Income Protection insurance started, or
- + weren't in 'Active Employment' on the day you made this change, or
- + incurred an injury or illness between the day your Income Protection insurance started and when we received your change application form,

the five year benefit period won't take effect until you've been in 'Active Employment' for 30 consecutive days. Also, you'll still only have a two year benefit period for any claim that relates to the illness or injury which caused you to not be in 'Active Employment', or which occurred before we received your change application form, until 12 consecutive months have passed without you missing work due to that injury or illness.

You can't have a five year benefit payment period together with a waiting period of up to two years.

Changing your job classification

If you change roles, you should update your job classification. To do this, call us on 13 64 63 or fill out a **Change my insurance** form which you can find at mine.com.au/super-forms

For more information on the job classifications go to page 20.

Changing your smoking status

If you improve your cover or have applied for cover, ie. don't have standard IP insurance, you'll have answered questions about whether you smoke or not because there are additional premiums on that type of cover for smokers. If you have that type of cover and start smoking or no longer smoke, you need to tell us as it affects the cost of your insurance and could impact a claim if you need to make one. To update your smoking status, call us on 13 64 63 or fill out a **Change my insurance** form which you can find at mine.com.au/super-forms

Transfer cover

You can transfer IP insurance you have elsewhere to your Mine Super account. You'll need to complete an application form and answer some health questions. Our insurer will assess your application and decide whether or not they're happy to take on this cover.

Any restrictions such as exclusions will transfer over but you won't be charged for these. Any restrictions on your current cover and premium loadings under our policy will apply. There are risks you should consider when transferring your existing cover, such as the loss of any accrued benefits, the possibility of waiting periods having to start again and the implications if you don't disclose all relevant information on an application form (even if unintentional).

You shouldn't cancel any existing cover until your application is accepted by our insurer. Once your cover has been transferred, you must cancel your other policy.

The maximum amount of cover you can transfer is a fortnightly benefit payment amount of \$6,923.08 (\$180,000 pa) and the maximum time you can be covered for is five years even if you were covered for longer on your previous policy.

If the waiting and benefit payment periods on your other insurance are different from the ones on your Mine Super account, you'll receive the next longest waiting period and the next shortest benefit period.

How do I make a claim?

We have a dedicated claims team to assist you through the claims process. We'll provide you with a dedicated claims officer who will work with you and our insurer throughout your claim. If you need to make a claim, or would like to discuss making a claim please call us on 13 64 63. It's important that if you believe you might be eligible for a benefit, you lodge your claim as soon as possible.

To make the claims process easier for you, we'll ask our insurer to contact you by phone to talk to you about your claim. This means less forms for you to complete! Of course, if you'd still like to complete a form, we can send one to you.

What if I'm overseas and claiming a TPD or terminal illness benefit?

If you make a claim our insurer can ask you to return to Australia at your expense so your claim can be properly assessed.

Claim type	What is it?	How is it paid?	How do I access the benefit?
Death	Lump sum payment	To your Mine Super account.	As your benefit is paid to your super account, it forms part of your death benefit which is then paid to your dependants or estate.
Terminal illness (TI)	Lump sum payment	To your Mine Super account.	To receive your benefit you must also meet a 'condition of release' under super law. Once you meet one of these conditions, you can access your benefit. In most circumstances if you're paid a TI or TPD benefit you'll also meet a condition of release.
Total and permanent disablement (TPD)	Lump sum payment	To your Mine Super account.	
Income Protection (IP)	Fortnightly payments	Your fortnightly benefit is paid to your bank account and the super contribution is paid to your Mine Super account. No payment is paid for your Waiting Period. Your payments are paid in arrears and the first payment is two weeks after your waiting period ends.	We've arranged for the insurer to pay the benefits directly to you. We only allow access to the insured component of your account if you suffer temporary incapacity.

What if I'm overseas and either on claim or wanting to claim an Income Protection benefit?

If you're overseas when you submit a claim, the maximum benefit period is nine months while you're overseas. If you return to Australia benefits will continue for the rest of your benefit period or until you're able to work again.

If you make a claim our insurer can, if it's reasonable, ask you to return to Australia at your expense for assessment of your claim.

Do I get any of my premiums back?	Special considerations	Can I claim more than one type of benefit at a time?	Where can I find more information?
Premiums will be refunded back to the date you died.	Nominate your beneficiaries and have a say in who receives your benefit when you pass away. Go to mine.com.au/nominate	No, as all insurance cover stops at the time you die.	Call us on 13 64 63 or read our What happens to super when a person dies? factsheet at mine.com.au/super-factsheets
Premiums will be refunded back to the date you were certified as terminally ill by two doctors.	None.	You can claim a TPD or TI benefit along with an IP benefit. You can't claim both a TI and TPD benefit.	Call us on 13 64 63 or for more information on the conditions of release, read our When can I access my super? factsheet at mine.com.au/super-factsheets
If you're certified as totally and permanently disabled by us and your date of disablement is on or after 1 April 2017, we'll refund your premiums back to the day after your date of disablement. If your date of disablement is prior to 1 April 2017 your premiums will be refunded to 1 April 2017.	You need to be off work for six months before you're able to receive a TPD benefit unless you're suffering from one of the 'defined' TPD conditions. Go to page 26 for more information.	If you're paid a TPD benefit, your death and TI cover will reduce by the amount of TPD benefit paid to you. If you have the same amount of DTI and TPD, your cover will stop.	
If you're certified as totally and permanently disabled by us and your date of disablement is on or after 1 April 2017, we'll refund your IP premiums back to the day after your date of disablement. If your date of disablement is prior to 1 April 2017 your premiums will be refunded to 1 April 2017. Your IP insurance will then stop.	There are various factors assessed at the time you make a claim.	You can claim IP alongside TPD or TI.	Call us on 13 64 63 or for more information on the conditions of release, read our When can I access my super? factsheet at mine.com.au/super-factsheets

Your job classification

The cost of your insurance depends on the type of insurance you have and your circumstances, including the amount of your cover, your salary, your age, your gender, if you smoke and the job classification you have. There are five job classifications.

If you don't tell us your job classification, we'll give you a 'mining' job classification. If your job doesn't fall under the 'mining' job classification, you should tell us as you could pay more for your insurance than you have to. Open cut miners are classified as Heavy Manual, not Mining.

To tell us your correct job classification give us a call on 13 64 63 or fill out a **Change my insurance** form, which you can find at mine.com.au/super-forms

Professional

You work in a predominantly office based sedentary occupation for over 80% of your total work time and earn more than \$80,000 pa, excluding employer super contributions, so long as you're not defined as 'mining'.

White collar

You work in a predominantly office based sedentary occupation for over 80% of your total work time and earn \$80,000 pa or less, excluding employer super contributions, so long as you're not defined as 'mining'.

For the professional and white collar classification, it's important to select the classification that reflects your circumstances. We will record your job classification according to what you tell us.

Light manual

You perform light manual work for more than 20% of your total work time and spend less than 5% of your work time in an underground mine, so long as you're not defined as 'heavy manual' or 'mining'. This category includes duties such as carpenter, electrician, plumber and factory production manager.

Heavy manual

You perform heavy manual work or work in an open-cut mine for more than 20% of your total work time and spend less than 5% of your work time in an underground mine, so long as you're not defined as 'mining'. This category includes duties such as bricklayer, roof carpenter and truck, forklift or bulldozer driver.

Mining

You perform light or heavy manual work in an underground mine for more than 5% of your total work time or work in any other high risk occupation agreed between the insurer and Mine Super.

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their 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 do not need to tell the insurer anything that:

- + reduces the risk they insure you for; or
- + is common knowledge; or
- + they know or should know as an insurer; or
- + they waive your duty to tell us about.

If you do not tell us something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they 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 have been payable if you had told them 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 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

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

Important definitions and meanings

Death and Terminal Illness, Total and Permanent Disablement

General definitions

Accident

means bodily injury caused solely and directly by accidental, external and visible means independent of any other cause.

Active Service

refers to an Insured Member's occupation as part of the military force (including without limitation the Defence Force Reserve, the army, the navy, the air force or the like). Reserve duty is excluded.

Activities of Daily Living

means:

- (a) Bathing - bathing and showering
- (b) Dressing - dressing and undressing
- (c) Feeding - eating and drinking
- (d) Mobility - mobility, to the extent of being able to get in and out of bed or a chair, and move from place to place without using a wheelchair
- (e) Toileting - the ability to use a toilet, without the assistance of another person or suitable aids.

Active Employment

means an Eligible Person:

- i) is:
 - (a) gainfully employed and working at the relevant time and not on leave - he or she is actively performing all the usual duties of his or her normal occupation, working his or her usual hours free from any limitation due to illness or injury; or
 - (b) gainfully employed and not working at the relevant time for reasons other than injury or illness or is on leave approved by their Employer - he or she is capable of actively performing all the usual duties of his or her normal occupation and capable of working his or her usual hours free from any limitation due to illness or injury; or
 - (c) engaged exclusively in Domestic Duties at the relevant time - he or she is actively performing all their unpaid Domestic Duties free from any limitation due to illness or injury; or
 - (d) unemployed at the relevant time for reasons other than illness or injury - he or she is capable of actively performing all the usual duties of his or her normal occupation (being the occupation performed by the Eligible Person when they last worked) and capable of working his or her usual hours free from any limitation due to illness or injury; and
- ii) is not in receipt of and/or entitled to claim income support benefits from any source Including but not limited to workers' compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits).

Date of Disablement

means the later of the following dates:

- (a) the date the Insured Member suffers from the illness or injury that is the principal cause of the Insured Member's Total and Permanent Disablement; and
- (b) the date the Insured Member ceases all work.

The date of disablement must occur while the Insured Member is covered under the Policy.

Domestic Duties

means the tasks performed by a person whose sole occupation is to maintain their family Home. These tasks include unassisted cleaning of the Home, cooking of meals for their family, doing their family's laundry, shopping for their family's food and taking care of dependent children (where applicable). It does not include duties performed outside the person's Home for salary, reward or profit.

Employer Contribution/s

means in relation to the relevant Member:

- (a) a superannuation contribution by an employer (as defined in section 12 of the Superannuation Guarantee (Administration) Act 1992 (Cth) for the purposes of that Act) for the benefit of the member including as a result of salary sacrifice by the member; or
- (b) any contribution for the benefit of the Member by a person that we determine consistent with our administrative business rules to treat as within this definition.

Event Date

means:

- (a) for TPD Definition 1, Part 1 and Part 2, the first day of the Waiting Period;
- (b) for TPD Definition 1, Part 3, the date the Insured Member is absent from all work because of a Specific Illness.

Gainful Employment

means any occupation that the person can perform on a fulltime or part time basis.

Gainfully Working / Gainfully Worked

means a person is:

- (a) employed or self-employed for reward or financial benefit, or the hope of reward or financial benefit, in any business, trade, profession, vocation, calling, occupation or employment; or
- (b) on Employer Approved Leave.

Interim Accident Cover

has the meaning it has in clause 10 of the Policy.

Interim Cover Benefit

means the amount the Insurer will pay under clause 10 and will be the lesser of:

- + \$500,000;
- + the amount applied for; and
- + the difference between the benefit amount applied for and any existing Insured Cover which is to be replaced.

Limited Cover

means the Insured Member is only covered for benefits arising from:

- + an illness that first becomes apparent; or
- + an injury that first occurs;

on or after the date Insured Cover last commenced, recommenced or, where the Insurer agrees in writing, was increased for the Insured Member under this Policy.

Medical Consultation

means any activity undertaken for the detection, treatment or management by a Medical Practitioner or allied health provider of an illness, injury, medical condition or related symptom, including but not limited to the application of prescribed drugs or therapy (whether conventional or alternative).

Medical Practitioner

means, unless the Insurer agrees otherwise:

- (a) a medical practitioner legally qualified and registered to practice in Australia; or
- (b) if the claimed condition is a psychiatric condition diagnosed in accordance with the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), a person who is legally qualified and registered as a practicing psychiatrist by the relevant medical registration boards and/or the Specialist Recognition Advisory Committee coordinated through the Australian Health Practitioner Health Regulation Agency;

but shall not include chiropractors, physiotherapists, psychologists or alternative health providers.

Medical Practitioner cannot be the Insured Member, or their:

- (i) spouse or partner with whom they are in a de facto relationship;
- (ii) close family relative;
- (iii) business associate or partner;
- (iv) fellow security holder in the same company/trust (other than a publicly listed entity); or
- (v) employer or employee.

Minimum Hours

means:

- (a) 15 hours per week; or
- (b) where the person's ordinary hours of work vary per week in accordance with a roster, an average of 15 hours per week over a person's Roster Cycle.

New Events TPD Cover

means an Insured Member will only be covered for Total and Permanent Disablement that arises directly from an illness which became apparent to the Insured Member, or an injury which occurred to the Insured Member, on or after the date that the Insured Member's cover last commenced or recommenced. To avoid doubt, New Events TPD Cover and Restricted Cover do not apply to Defined Benefit Cover.

Occupational Classification

is the classification that is applied to the nature of the Insured Member's occupation and which is used to determine the cost of an Insured Member's Insured Cover where the following classifications have the meanings set out below:

'mining' - perform light manual or heavy manual work and required to work in an underground mine for more than 5% of total work time; or work in any other occupation which we and the Insurer agree to insure as a high risk occupation.

'heavy manual' - perform heavy manual work or work in an open-cut mine for more than 20% of total work time and spend less than 5% of work time in an underground mine. The Insured Member's occupation must not be in 'mining' as defined above. The types of duties involved in the following occupation may fit this category: bricklayer, roof carpenter, truck driver, forklift driver, bulldozer driver.

'light manual' - perform light manual work for more than 20% of total work time and spend less than 5% of work time in an underground mine so long as the Insured Member's occupation is not defined as 'heavy manual' or 'mining' above. The types of duties involved in the following occupations may fit within this category: carpenter, electrician, plumber, factory production manager.

'white collar'- work in a predominantly office based sedentary occupation for over 80% of total work time, so long as they are not defined as 'mining' as defined above.

'professional'- work in a predominantly office based sedentary occupation for over 80% of total work time and earn more than \$80,000 per annum, so long as they are not defined as 'mining' as defined above.

Pre-Existing Condition

means an injury, illness, condition or related symptom, whether it was diagnosed by a Medical Practitioner or not, which:

- (a) the Insured Member (or a reasonable person in his or her position) was aware of, or should have been aware of;
- (b) the Insured Member had, or was intending to have, a Medical Consultation in respect of; or
- (c) a reasonable person in the circumstances of the Insured Member would have had a Medical Consultation in respect of,

as at date cover is to commence.

Restricted Cover

means death cover and New Events TPD Cover.

Roster Cycle

means the roster cycle that is agreed between the Insured Member and their Employer.

Self-employed

means a person who:

- (i) the Trustee determines is self-employed; and
- (ii) provides written confirmation that he or she is operating a business as a self-employed individual, partnership or through a controlled entity.

Specialist Medical Practitioner

means a Medical Practitioner practicing in an area related to the illness or injury suffered by an Insured Member.

Specific Illness

means one or more of the following:

- (a) Cardiomyopathy
- (b) Primary Pulmonary Hypertension
- (c) Major Head Trauma
- (d) Motor Neurone Disease
- (e) Multiple Sclerosis
- (f) Muscular Dystrophy
- (g) Paraplegia
- (h) Quadriplegia
- (i) Hemiplegia
- (j) Diplegia
- (k) Tetraplegia
- (l) Dementia and Alzheimer's Disease
- (m) Parkinson's Disease
- (n) Blindness
- (o) Loss of Speech
- (p) Loss of Hearing
- (q) Chronic Lung Disease
- (r) Severe Rheumatoid Arthritis

Standard Cover

means unrestricted death cover in addition to Full TPD cover (where applicable).

Terminal Illness/ Terminally Ill

means:

- (a) two Medical Practitioners have, separately or jointly, certified in writing that the Insured Member suffers from an illness, or has incurred an injury, that is highly likely to result in their death within a period ('the certification period') that ends not more than 24 months after the date of the certification;
- (b) at least one of the registered Medical Practitioners is a Specialist Medical Practitioner practicing in an area related to the illness or injury suffered by the Insured Member;

- (c)** each of the certificates referred to in clause (a) are completed while the Insured Member has death cover in force under the Policy;
- (d)** the certification period for each of the certificates has not expired at the time the claim is lodged; or
- (e)** the Insurer is satisfied that on other medical evidence, that despite reasonable medical treatment, the illness or injury is likely to result in the Insured Member's death within 24 months of the date of the certifications.

Total and Permanent Disability Benefit or TPD Benefit

is based on:

- a)** where the Insured Member holds Insured Basic Cover:
 - (i)** the number of Units of TPD cover allocated to the Insured Member's account as at the Event Date; and
 - (ii)** the Insured Member's age as at the Event Date;
- b)** where the Insured Member holds Insured Voluntary Cover that includes TPD, the amount of Fixed-Dollar Cover for TPD allocated to the Insured Member's account at the Event Date;
- c)** where the Insured Member holds Defined Benefit Cover, the amount of TPD cover determined for the Insured Member pursuant to Schedule Three as at the Event Date.

Total and Permanent Disablement / Total and Permanent Disability / Totally and Permanently Disabled / TPD

means one of the following two definitions:

Definition one

Part 1 An Insured Member satisfies all of the following (a), (b) and (d) or (a), (c) and (d):

- a)** is aged less than 65 years on the Date of Disablement; and
- b)** is Gainfully Working for at least the Minimum Hours on the day immediately prior to the Date of Disablement; or

- c)** Gainfully Working for at least the Minimum Hours within the twelve consecutive months immediately prior to the Date of Disablement; and
- d)** in the Insurer's opinion based on medical or other evidence satisfactory to the Insurer, because of injury or illness, the Insured Member:
 - (i)** has not worked during the Waiting Period; and
 - (ii)** is unlikely to work in any Gainful Employment for which he or she is reasonably qualified by education, training or experience.

or

Part 2 In the Insurer's opinion based on medical or other evidence satisfactory to the Insurer, because of injury or illness, the Insured Member:

- a)** is totally unable to perform at least two of the Activities of Daily Living during the Waiting Period; and
- b)** is:
 - (i)** permanently and irreversibly unable to perform at least two of the Activities of Daily Living; and
 - (ii)** unlikely to ever work in any Gainful Employment for which he or she is reasonably qualified by education, training or experience.

or

Part 3 An Insured Member satisfies the following (a) and (b):

- a)** is aged less than 65 years on the Date of Disablement; and
- b)** in the Insurer's opinion based on medical or other evidence satisfactory to the Insurer, because of a Specific illness, the Insured Member:
 - (i)** is absent from all work; and
 - (ii)** unlikely to ever work in any Gainful Employment for which he or she is reasonably qualified by education, training or experience, and the Insured Member is likely to be so disabled for life.

Definition two

Where the Insured Member's TPD cover commenced before 1 July 2014, the following Definition will apply:

- a) The Insurer is satisfied on medical and other evidence that the Insured Member has suffered, as a result of illness or injury;
 - (i) the total and permanent loss of the use of two limbs;
 - (ii) blindness in both eyes; or
 - (iii) the total and permanent loss of the use of one limb and blindness in one eye;

where limb means the whole hand below the wrist or whole foot below the ankle; and blindness means the permanent loss of sight to the extent that visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc;

or

- b) the Insured Member, as a result of illness or injury, has for 6 consecutive months from the Date of Disablement been totally unable to perform without the physical assistance of another person any two of the following activities of daily living:
 - (i) dressing - the ability to put on and take off clothing;
 - (ii) toileting - the ability to use the toilet, including getting on and off;
 - (iii) mobility - the ability to get in and out of bed and a chair;
 - (iv) continence - the ability to control bowel and bladder function;
 - (v) feeding - the ability to get food from a plate into the mouth;

and the Insured Member is permanently and irreversibly unable to do so for life

or

- c) the Insured Member;
 - (i) was employed for at least the Minimum Hours immediately prior to the Date of Disablement; or
 - (ii) was employed for at least the Minimum Hours within the 12 month period prior to the Date of Disablement; and
 - (iii) was, on the Date of Disablement, age 64 years or less; and

- (iv) as a result of illness or injury, has been absent from all work for 6 consecutive months from the Date of Disablement and the Insurer considers, on the basis of medical and other evidence satisfactory to the Insurer, the Insured Member is unlikely ever to be able to engage in any other Occupation

where Occupation means:

- for a mining industry employee, professional or senior management, the person's occupation based on the general area of expertise of the person; otherwise
- 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 previous education, training or experience

Notes

Mining industry employee means the member has been working within the Australian mining industry (including mining other than coal mining) as:

- + an employee with at least 5 consecutive years' service; or
- + an apprentice with at least 4 years' service out of the last 5 years; or
- + an employee with at least 5 years' service out of the last 8 years.

Professional means a person who:

- + has a university degree;
- + belongs, or is eligible to belong, to a professional body;
- + earns a salary greater than \$60,000 per annum; and
- + only works in an office environment and in a sedentary capacity.

Senior management means a person who:

- + is part of the senior management of an employer;
- + earns a salary greater than \$60,000 per annum;

or

- d) all of the following sub-clauses (i), (ii), (iii) and (iv) apply to the Insured Member;
 - (i) the Insured Member was, on the Date of Disablement, aged 64 years or less;

- (ii) the Insured Member is absent from all work as a result of suffering either of Cardiomyopathy, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Quadriplegia, Hemiplegia, Diplegia, Tetraplegia, Dementia and Alzheimer's Disease, Parkinson's Disease, Blindness, Loss of Speech, Loss of Hearing, Chronic Lung Disease or Severe Rheumatoid Arthritis;
- (iii) The insurer considers, on the basis of medical and other evidence satisfactory to the Insurer that as a result of a condition identified in clause (ii), the Insured Member is unlikely ever to be able to engage in any Occupation, whether or not for reward; and
- (iv) the Insured Member is likely to be so disabled for life;

where 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 previous education, training or experience.

The following definition is relevant to Definition 2 under the Policy:

Event Date means in relation to an Insured Member:

- a) who claims a TPD Benefit under sub-clause (a) of the TPD definition - the date the Insured Member suffers the loss of the use of two limbs (where 'limb is defined as the whole hand or the whole foot), blindness in both eyes, or the total and permanent loss of the use of one limb and the blindness in one eye; or
- b) who claims a TPD Benefit under sub-clause (b) of the TPD definition - the start of the 6 consecutive months from the Date of Disablement;
- c) who claims a TPD Benefit under sub-clause (c) of the TPD definition - the start of the 6 consecutive months from the Date of Disablement; or
- d) who claims a TPD Benefit under sub-clause (d) of the TPD definition - the date the Insured Member is absent from all work as a result of suffering either of Cardiomyopathy, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Quadriplegia, Hemiplegia, Diplegia, Tetraplegia, Dementia and Alzheimer's Disease, Parkinson's Disease, Blindness, Loss of Speech, Loss of Hearing, Chronic Lung Disease or Severe Rheumatoid Arthritis.

Transferred Cover

means existing cover the Insured Member applies to transfer from a Previous Life Policy to the Policy under clause 7.1.1.

Underwriting / Underwritten

means the process the Insurer undertakes to assess an Eligible Person's Application for Insured Cover including obtaining and considering information concerning their medical, health and employment status and such other information as the Insurer, in their reasonable discretion, require.

Waiting Period

means a 183 consecutive day period from the Date of Disablement (or any lesser period agreed between us and the Insurer).

War

means any act of war (whether declared or not), revolution, invasion, rebellion or civil unrest.

Medical definitions

Alzheimer's Disease

means the unequivocal diagnosis of Alzheimer's disease, made by a medical practitioner who is a consultant neurologist or geriatrician, confirming dementia due to failure of the brain function with cognitive impairment for which no other recognisable cause has been identified.

Blindness

means the permanent loss of sight in both eyes, whether aided or unaided, as a result of illness or injury such that visual acuity is 6/60 or less in both eyes, or such that the visual field is reduced to 20 degrees or less of arc.

Cardiomyopathy

means impaired ventricular function of variable aetiology resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Chronic Lung Disease

means end stage lung disease requiring permanent supplementary oxygen, as confirmed by a specialist medical practitioner.

Dementia

means the unequivocal diagnosis of dementia, made by a medical practitioner who is a consultant neurologist or geriatrician, confirming dementia due to failure of the brain function with cognitive impairment for which no other recognisable cause has been identified. A Mini-Mental State Examination score of 24 or less is required.

Diplegia

means the total loss of function of both sides of the body due to illness or injury where such loss of function is permanent.

Hemiplegia

means the total loss of function of one side of the body due to illness or injury, where such loss of function is permanent.

Loss of Hearing

means the total and permanent loss of hearing in both ears. Deafness does not cover the situation where a Insured Member or an insured child is able to hear, either partially or fully, with the assistance of an aid (apart from a Cochlear implant).

Loss of Speech

means the total and permanent loss of the ability to produce intelligent speech due to permanent damage to the larynx or its nerve supply or a disorder affecting the speech centres of the brain. Loss of speech related to any psychological cause is excluded.

Major Head Trauma

means cerebral injury resulting in permanent neurological deficit, as confirmed by a medical practitioner who is a consultant neurologist and/or an occupational physician, causing:

- + at least 25% permanent whole person impairment as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment' 4th edition, or an equivalent guide to impairment approved by the Insurer; or
- + a total and irreversible inability to perform at least one activity of daily living without the assistance of another adult person.

Motor Neurone Disease

means the unequivocal diagnosis of a progressive form of debilitating motor neurone disease, as confirmed by a medical practitioner who is a consultant neurologist.

Multiple Sclerosis

means the unequivocal diagnosis of multiple sclerosis made by a medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigation. There must be more than one episode of confirmed neurological deficit.

Muscular Dystrophy

means the unequivocal diagnosis of muscular dystrophy, as confirmed by a medical practitioner who is a consultant neurologist on the basis of confirmatory neurological investigation.

Paraplegia

means the permanent loss of use of both legs or both arms, resulting from spinal cord illness or injury.

Parkinson's Disease

means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease as characterised by the clinical manifestation of one or more of:

- + rigidity
- + tremor
- + akinesia from degeneration of the nigrostriatal system.

All other types of parkinsonism, including secondary parkinsonism due to medication, are excluded.

Primary Pulmonary Hypertension

means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation and resulting in significant permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment.

Quadriplegia

means the permanent loss of use of both arms and both legs resulting from spinal cord illness or injury.

Severe Rheumatoid Arthritis

means the diagnosis of severe rheumatoid arthritis by a rheumatologist. The diagnosis must be supported by, and evidence, all of the following criteria:

- + at least a six week history of severe rheumatoid arthritis which involves three or more of the following joint areas:
 1. proximal interphalangeal joints in the hands
 2. metacarpophalangeal joints in the hands
 3. metatarsophalangeal joints in the foot, or any joint of the wrist, elbow, knee or ankle
- + simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony overgrowth alone)
- + typical rheumatoid joint deformity

And at least two of the following criteria:

- + morning stiffness
- + rheumatoid nodules
- + erosions seen on x-ray imaging
- + the presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis. Degenerative Osteoarthritis and all other arthritides are excluded.

Tetraplegia

means the total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain illness or injury or spinal cord illness or injury.

Income Protection

General definitions

Active Employment

means an Eligible Person:

- i is:
 - (a) gainfully employed and working at the relevant time and not on leave - he or she is actively performing all the usual duties of his or her normal occupation, working his or her usual hours free from any limitation due to illness or injury; or
 - (b) gainfully employed and not working at the relevant time for reasons other than injury or illness or is on leave approved by their Employer - he or she is capable of actively performing all the usual duties of his or her normal occupation and capable of working his or her usual hours free from any limitation due to illness or injury; or
 - (c) engaged exclusively in Domestic Duties at the relevant time - he or she is actively performing all their unpaid Domestic Duties free from any limitation due to illness or injury; or
 - (d) unemployed at the relevant time for reasons other than illness or injury - he or she is capable of actively performing all the usual duties of his or her normal occupation (being the occupation performed by the Eligible Person when they last worked) and capable of working his or her usual hours free from any limitation due to illness or injury; and
- ii is not in receipt of and/or entitled to claim income support benefits from any source including but not limited to workers' compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits).

Annual Benefit

means the annualised amount of Fortnightly Benefit.

Any One Event

means all insured losses which arise directly from the same cause and which occur during the same period of time and in the same area. Such cause is understood to be the peril which directly occasions the losses or where there are several perils which, in an unbroken chain of causation, have occasioned the losses, the peril which triggered the chain of causation.

For example, as long as they are covered by the Policy, losses occasioned by the perils set out below at letters (a) to (g) shall constitute single events:

- (a) storm due to an atmospheric disturbance usually so designated by a meteorological institute,
- (b) hail and/or thunderstorms and/or tornadoes due to an atmospheric disturbance,
- (c) earthquake, tsunami, volcanic eruption,
- (d) flood by one and the same instance of high water which may have more than one peak and which may occur in one or more bodies of water,
- (e) conflagration,
- (f) strike, riot, civil commotion or violent demonstration occurring within the boundaries of one city, town or village,
- (g) any communicable disease arising from a single source or pathogen.

The following hours clause is then applied. An event shall thus encompass a continuous period of time starting with the occurrence of the Fund's first individual loss and lasting:

- (i) 72 hours for perils mentioned under (a), (b), (e) and (f),
- (ii) 168 hours for perils mentioned under (c) and (d) as well as those perils not referred to above but covered by the Policy,
- (iii) 504 hours for perils mentioned under (g).

In the case of differing perils which are not connected to each other by an unbroken chain of causation, the applicable number of hours corresponds to those of the peril which has caused the largest amount of damages.

In the case of more than one event, if it is impossible to allocate any losses, the Fund shall allocate them to the event whose cause is most likely to have occasioned them.

In case of uncertainty over scientific issues, the parties agree to seek expert advice from a neutral and recognised organisation.

Benefit

means either a:

(a) Total Disability Benefit; or

(b) Partial Disability Benefit,

inclusive of a Superannuation Contribution Benefit, where applicable.

Benefit Period

means the maximum duration for which the Insurer will pay a Total Disability or Partial Disability Benefit, and adding any previous claim durations made under the Policy, for the same claimant where the claim is directly or indirectly related to the cause of the previous claim.

Available Benefit Periods are specified in the Policy Schedule.

Continuous Cover

means an unbroken period of time that an Insured Member has been covered under the Policy.

If an Insured Member ceases cover, their continuous cover period ends on that date.

If an Insured Member recommences cover under the Policy their new continuous cover period commences on the date their cover recommences.

Disability

means either of:

(a) Total Disability; or

(b) Partial Disability.

Division

means the specifically defined division of the Fund to which the Eligible Person belongs because of the manner in which they have joined the Fund and includes the Employer Division and the Personal Division.

Employed

means working in any occupation for gain for reward.

Employer

means an employer (including any related body corporate of that employer, as that term is defined under the Corporations Act 2001 (Cth)) who engages a natural person under a contract of employment or who engages a Contractor.

Fortnightly Benefit

means the Fortnightly Benefit amount (including the Superannuation Contributions Benefit where applicable) calculated in accordance with the principles specified in the Policy Schedule unless the Insurer has expressly agreed a contrary amount or a contrary amount was agreed under the Previous Policy.

Fortnightly Income

means:

- (a) where the Insured Member does not directly or indirectly own part of their Employer their Fortnightly Income is 1/26th of their current annual pre-tax Salary, unless the Insurer has expressly agreed otherwise, or
- (b) where the Insured Member directly or indirectly owns part or all of a business or practice which is their Employer, their Fortnightly Income is 1/26th of the annual share of the income of that business or practice generated by their personal exertion in the previous 12 months after the deduction of their share of expenses in generating that income, or any other income the Insurer has expressly approved.

Illness

means:

- (a) Where an Insured Member is not subject to Limited Cover:
 - (i) a state of being ill which results in the Insured Member being continually absent from work for a period longer than the elected Waiting Period whilst insurance is in force under the Policy, but does not include an Injury, or
- (b) Where an Insured Member is subject to Limited Cover:

- (i) a state of being ill which is first contracted or which the Insured Member first becomes aware of on or after the date the Insured Member's cover last commenced or recommenced under the Policy and which results in the Insured Member being continually absent from work for a period longer than the elected Waiting Period, but does not include an Injury.

Injury

means a physical injury caused to an Insured Member directly or indirectly by a Violent, external and visible means which occurs fortuitously whilst this insurance is in force and which results in the Insured Member being continually absent from work for a period longer than the elected Waiting Period for that Insured Member, but does not include any condition which is an Illness.

In the circumstance where the Insured Member's condition is in the Insurer's opinion considered as both an Injury and an Illness, this condition will be considered an Injury.

Where an Insured Member on 18 March, 2013 was Actively At Work on 18 March, 2013:

Injury means a physical injury caused to an Insured Member directly or indirectly by a Violent, external and visible means which occurs fortuitously and which results in the Insured Member being continually absent from work for a period longer than the elected Waiting Period for that Insured Member, but does not include any condition which is an Illness.

In the circumstance where the Insured Member's condition is in the Insurer's opinion considered as both an Injury and an Illness, this condition will be considered an Injury.

Leave

means employer approved leave without pay (other than leave related to Illness or injury).

Medical Practitioner

means, unless the Insurer agrees otherwise:

- (a) a medical practitioner legally qualified and registered to practice in Australia; or

(b) if the claimed condition is a psychiatric condition diagnosed it is to be in accordance with the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) by, a person who is legally qualified and registered as a practicing psychiatrist by the relevant medical registration boards and/or the Specialist Recognition Advisory Committee coordinated through the Australian Health Practitioner Health Regulation Agency;

but shall not include chiropractors, physiotherapists, psychologists or alternative health providers.

Medical Practitioner cannot be the Insured Member, or their:

- (i) spouse or partner with whom they are in a de facto relationship;
- (ii) close family relative;
- (iii) business associate or partner;
- (iv) fellow security holder in the same company/trust (other than a publically listed entity); or
- (v) employer or employee.

New Events

means an Injury that first occurs or an Illness that first becomes apparent on or after the date that cover commences, recommences or is varied (whichever is applicable in the relevant circumstances) and such Injury or Illness is independent of and unrelated to the medical condition which is restricting the Insured Member from performing all the duties and hours of their usual occupation without restriction.

Occupational Category

means the occupational category and occupational description specified on pages 24 and 25.

Occupational Loading Factor

means an applicable loading factor as specified in Table Two, which is used to determine the cost of the Insured Member's cover.

Other Disability Income

means any income (other than income under the Policy) from personal exertion or in compensation for an inability to earn personal exertion income which an Insured Member may derive during a

fortnight for which a Fortnightly Benefit is paid to them under the Policy, whether that income was actually received or not, and includes:

- (a) any other income derived as a result of incapacity under any other income protection or substantially similar insurance policy, and
- (b) payment from a former employer, business partnership or other income source for the personal exertions of the person, and
- (c) payment by way of commission payments or similar remuneration relating to the period from which they are paid a Fortnightly Benefit under the Policy, and
- (d) any sick leave entitlements or any other work related payments, in relation to the Insured Member not being at work, and
- (e) any Statutory Benefit payment, and
- (f) any pension or allowance benefit payable as compensation for an inability to work under any worker's compensation insurer, motor accident compensation, or public liability insurer, or other similar State, Federal or Territory legislation, including any government authority or government instrumentally, but does not include:
 - (i) income earned from investments, and
 - (ii) any unused annual leave or long service leave entitlements, and
 - (iii) any lump sum total and permanent disablement benefit, lump sum superannuation benefit, lump sum trauma or terminal illness style of benefit, and
 - (iv) a genuine gift, gratuity or similar howsoever received.

Any Other Disability Income that is in the form of a lump sum, or is commuted for a lump sum, has a monthly equivalent of 1% of the lump sum for each month a disability benefit is paid.

If it can be shown that a portion of the lump sum represents compensation for pain and suffering, or the loss of use of a part of the body, the Insurer will not take that portion into account as Other Disability Income.

Where a common law, workers compensation or statute payment is received as a lump sum and pain and suffering cannot be isolated from loss of earnings, the Insurer will convert this to income on the basis of 1% of the lump sum for each month a Disability Benefit is paid.

Partial Disability

means as a result of an Injury or Illness, an Insured Member:

- (a) is prevented from engaging in a substantial part of his or her usual occupation with their Employer;
- (b) the Insured Member at the time the Partial Disability occurs, must be an Insured Member under the Policy; and
- (c) is under the regular care of, and acting in accordance with instructions or professional advice of a Medical Practitioner.

Participating Employer

means an employer who makes or agrees to make Employer superannuation contributions to the Fund respect of Eligible Persons but excludes an "employer" under the Coal Industry Superannuation Act 1989 (WA).

Personal Division

means the segment of the Fund in which Members who are not Members of the Employer Division are eligible to become Members.

Pre-Existing Illness

means any Illness that an Insured Member is having or has had treatment for or advice for treatment for in the six (6) calendar months prior to the date of commencement, recommencement or increase of his or her cover under the Policy, whichever is relevant. However such condition will be covered provided:

- (a) an Insured Member has, with the agreement of a legally qualified Medical Practitioner, ceased all treatment or advice for at least six (6) months during the Rate Guarantee Period; or
- (b) an Insured Member has had two years of Continuous Cover under the Policy prior to the time of their Total Disability and has been Actively At Work for the final two months of these two years but only in relation to the Injury or Illness which leads to the Total Disability or Partial Disability.

Pregnancy or Childbirth

means normal and uncomplicated pregnancy or childbirth, multiple pregnancy, caesarean birth, threatened miscarriage, participation in in-vitro fertilisation or other medically assisted fertilisation techniques and normal discomforts of pregnancy such as morning sickness, backache, varicose veins, ankle swelling and bladder problems.

Professional Sporting Activities

means participating in any sporting activity, including training for that activity, where the Insured Member earns more than 50% (including any sponsorship they receive) of their annual gross income from that activity. Cover is excluded for, but not limited to, registered players, coaches and non-playing officials.

Salary

will be the average of income of the Insured Member under paragraph (a) or (b) below (whichever is applicable) over the 12 months immediately prior to the date of Disability and including amounts of nil Salary for periods where the Insured Member is unemployed. Notwithstanding that, if an Insured Member has been employed by a Participating Employer for a shorter period than 12 months, the average will be taken from the period they have been employed by a Participating Employer:

- (a) where on the day immediately prior to the date of Disability an Insured Member was employed:

Salary will be gross income received by the Insured Member from their Employer(s) including:

- + incentive-based payments and bonuses,
- + overtime, shift loadings & allowances, and
- + any salary package amount the employee could take as cash, averaged over the 12 months immediately prior to the date of Disability.

- (b) Where on the day immediately prior to the date of Disability an Insured Member was self-employed:

Salary will be the gross income earned from personal exertion by the Insured Member over the previous 12 months immediately prior to the date of Disability, less all business expenses incurred in earning that income.

Standard Cover

means Insured Member who has received cover without alteration or making any valid election:

- (a) the Fortnightly Benefit obtained by us from time to time in accordance with the terms of the Policy, or
- (b) the amount of cover expressly accepted by the Insurer as such in respect of an Insured Member.

Such an Insured Member will receive a Waiting Period of 60 days and a Benefit Period of 104 weeks.

Statutory Benefit

means a weekly benefit payment to an Insured Member as compensation for lost earnings or earning potential from a relevant Workers' Compensation Insurer or Authority or as a result of a transport accident.

Total Disability

means that as a result of Illness or Injury, an Insured Member is:

- (a) prevented from engaging in her or her usual occupation with their Employer;
- (b) at the time the Total Disability occurs, an Insured Member under the Policy; and
- (c) under the regular care of, and acting in accordance with the instructions or professional advice of a Medical Practitioner.

Violent

means bodily injury caused solely and directly by an accidental event.

War

means any act of war (whether declared or not), revolution, invasion, rebellion or civil unrest.

Premium rates

Under the terms of our insurance, the premiums we charge you can change in line with the terms of the policy. If the change is material, we'll let you know in writing at least 30 days before the changes take effect.

Basic Insurance Cover

Monthly cost of insurance for males

Age	Amount of cover		Monthly cost males				
	DTI	TPD	Professional	White Collar	Light Manual	Heavy Manual	Mining
15-24	\$50,000	\$50,000	\$2.79	\$3.20	\$6.07	\$7.63	\$10.41
25-29	\$100,000	\$100,000	\$5.28	\$6.03	\$11.46	\$14.40	\$19.68
30-34	\$100,000	\$100,000	\$14.10	\$16.16	\$30.68	\$38.54	\$52.64
35-39	\$100,000	\$100,000	\$14.67	\$16.82	\$31.92	\$40.09	\$54.76
40-44	\$100,000	\$100,000	\$17.24	\$19.78	\$37.50	\$47.11	\$64.37
45-49	\$100,000	\$100,000	\$18.93	\$21.72	\$41.19	\$51.75	\$70.66
50-54	\$80,000	\$80,000	\$16.18	\$18.56	\$35.20	\$44.22	\$60.40
55-59	\$60,000	\$45,000	\$11.61	\$13.32	\$25.24	\$31.63	\$43.26
60	\$50,000	\$25,000	\$8.24	\$9.44	\$17.83	\$22.28	\$30.52
61	\$50,000	\$20,000	\$7.57	\$8.67	\$16.36	\$20.41	\$27.98
62	\$50,000	\$15,000	\$6.90	\$7.90	\$14.89	\$18.54	\$25.44
63	\$50,000	\$10,000	\$6.23	\$7.13	\$13.42	\$16.67	\$22.90
64	\$50,000	\$5,000	\$5.56	\$6.36	\$11.95	\$14.80	\$20.36
65	Nil	Nil	n/a	n/a	n/a	n/a	n/a

Monthly cost of insurance for females

Age	Amount of cover		Monthly cost females				
	DTI	TPD	Professional	White Collar	Light Manual	Heavy Manual	Mining
15-24	\$50,000	\$50,000	\$2.22	\$2.46	\$5.09	\$5.90	\$9.43
25-29	\$100,000	\$100,000	\$4.18	\$4.65	\$9.60	\$11.15	\$17.81
30-34	\$100,000	\$100,000	\$11.19	\$12.43	\$25.70	\$29.84	\$47.66
35-39	\$100,000	\$100,000	\$11.65	\$12.94	\$26.74	\$31.05	\$49.57
40-44	\$100,000	\$100,000	\$13.68	\$15.21	\$31.41	\$36.49	\$58.29
45-49	\$100,000	\$100,000	\$15.03	\$16.70	\$34.49	\$40.07	\$63.99
50-54	\$80,000	\$80,000	\$12.85	\$14.26	\$29.49	\$34.25	\$54.69
55-59	\$60,000	\$45,000	\$9.21	\$10.21	\$21.13	\$24.53	\$39.15
60	\$50,000	\$25,000	\$6.52	\$7.20	\$14.91	\$17.32	\$27.60
61	\$50,000	\$20,000	\$5.98	\$6.60	\$13.68	\$15.88	\$25.30
62	\$50,000	\$15,000	\$5.45	\$6.00	\$12.44	\$14.44	\$22.99
63	\$50,000	\$10,000	\$4.91	\$5.40	\$11.21	\$13.01	\$20.69
64	\$50,000	\$5,000	\$4.38	\$4.80	\$9.97	\$11.57	\$18.38
65	Nil	Nil	n/a	n/a	n/a	n/a	n/a

Voluntary Insurance Cover

To work out the annual cost of your Voluntary Insurance Cover, follow these steps.

- Step 1:** Choose a cover amount.
- Step 2:** Divide this by \$10,000.
- Step 3:** Times this by the premium rate which is the rate for you from the table on page 38 (if you want both DTI and TPD add the amounts together)
- Step 4:** Times this by the job classification factor that relates to you.

Job classification factors

Job Classification	Male		Female	
	Smoker	Non-Smoker	Smoker	Non-Smoker
Professional	1.05	0.85	0.80	0.65
White Collar	1.20	1.00	0.90	0.75
Light Manual	1.70	1.40	1.25	1.05
Heavy Manual	2.50	2.05	1.95	1.60
Mining	3.00	2.50	2.35	1.95

Annual cost of insurance

Age	Voluntary DTI and TPD insurance rates per \$10,000 pa	
	DTI	TPD
15	7.155	0.934
16	8.364	1.456
17	9.900	1.556
18	10.040	1.578
19	9.330	1.512
20	8.364	1.589
21	7.701	1.533
22	7.003	1.345
23	6.584	1.456
24	6.444	1.589
25	6.189	1.856
26	5.898	1.689
27	6.748	1.334
28	6.329	1.856
29	6.444	2.156
30	6.584	2.601
31	7.155	2.768
32	7.562	3.246
33	8.120	3.412
34	8.667	3.445
35	8.934	4.179
36	9.493	4.346
37	10.040	4.968
38	10.854	5.858
39	11.959	6.368
40	13.052	7.436
41	14.286	8.369
42	15.391	9.425

Age	Voluntary DTI and TPD insurance rates per \$10,000 pa	
	DTI	TPD
43	16.764	10.802
44	17.857	12.581
45	19.522	13.826
46	21.150	15.637
47	23.070	17.749
48	25.420	20.472
49	28.165	23.351
50	30.911	26.796
51	34.075	29.986
52	37.379	33.598
53	40.951	37.810
54	45.069	42.623
55	50.001	47.924
56	55.108	55.059
57	60.866	63.373
58	66.241	70.241
59	72.826	76.932
60	80.388	84.122
61	88.484	91.892
62	97.559	101.294
63	109.378	113.453
64	122.280	128.490
65	138.102	148.262
66	156.785	171.168
67	178.621	198.764
68	204.727	232.217
69	235.370	270.539
70	n/a	n/a

Income Protection

To work out the monthly cost of your IP insurance, follow these steps.

Job classification factors

Job Classification	Factor
Professional	0.85
White Collar	1.00
Light Manual	1.60
Heavy Manual	3.20
Mining	3.20

Step 1: Your salary x 84.5% (this is 75% of your salary and 9.5% of this as a super contribution).

Step 2: Divide this by \$1,000.

Step 3: Times by the premium rate relevant to you from the table below.

Step 4: Times this by the job classification factor relevant to you.

Step 5: Times this by the waiting period factor relevant to you.

+ 30 days: 1.5

+ 60 days: 1.0

+ 90 days: 0.9

+ 120 days: 0.8

+ Up to two years: 1.0

Step 6: Times this by the Benefit Period factor relevant to you.

+ 2 years: 1.0

+ 5 years: 1.8

Step 7: Times this by the smoking factor of 1.2 if applicable.

Monthly income protection premiums per \$1,000 of cover

Age	Male	Female
15-23	0.147	0.196
24-28	0.147	0.208
29	0.160	0.233
30-31	0.172	0.241
32	0.176	0.241
33	0.196	0.278
34	0.208	0.282
35	0.216	0.306
36	0.241	0.335
37	0.241	0.339
38	0.266	0.372
39	0.278	0.388
40	0.306	0.429
41	0.323	0.449
42	0.339	0.478
43	0.367	0.515
44	0.384	0.527
45	0.404	0.572
46	0.441	0.617

Age	Male	Female
47	0.478	0.666
48	0.511	0.711
49	0.555	0.784
50	0.608	0.854
51	0.661	0.918
52	0.711	0.996
53	0.784	1.090
54	0.849	1.184
55	0.915	1.278
56	0.996	1.400
57	1.090	1.527
58	1.205	1.686
59	1.327	1.854
60	1.466	2.050
61	1.596	2.238
62	1.657	2.323
63	1.290	1.809
64-69	0.576	0.808
70	n/a	n/a

Mine Super

Locked Bag 2020 Newcastle NSW 2300

t 13 64 63 | f 02 4962 3469

e help@mine.com.au | mine.com.au

Newcastle | Warners Bay | Wollongong | Moranbah | Brisbane | Mackay | Rockhampton | Collie

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