

EISS Super

Insurance in Your Super | 1 October 2021

The information in this document forms part of the EISS Super PDS dated 1 October 2021.

Insurance overview

EISS Super provides you with flexible insurance cover options to provide protection for you and your family if you are unable to work due to sickness, injury, disablement or death.

Insurance cover provides you with peace of mind knowing that in the event that you can no longer work and earn an income, you may still be able to meet your living expenses and support your family.

As a new member of EISS Super you will be provided with Default Death and TPD Cover if you are eligible. Refer to page 3 for further information including the level of default cover you will receive based on your Age Next Birthday.

We offer insurance to suit you

We recognise that everyone's needs are different and we provide you with the ability to tailor your insurance to your needs.

Our insurance provides you with:

- worldwide cover, 24 hours a day, 7 days a week;
- different cover options to suit you;
- the ability to change your cover as and when required;
- monthly deductions from your super account (no change to your take home pay); and
- access to Default Cover which is provided without the need to complete any health questionnaires.

The Default Cover provided may not be enough to cover you and your family in times of need so you can also apply to increase your level of cover by applying for Voluntary Insurance Cover.

It is important to have the right level of insurance cover in place and everyone's needs are different. To assist you, please see our insurance calculator available at eisuper.com.au/calculators.

EISS Super offers the following Voluntary Insurance Cover which you can hold either in addition to, or instead of your Default Cover:

- Life Event Cover;
- Voluntary Death Only Cover;
- Voluntary Total and Permanent Disablement (TPD) Only Cover;
- Voluntary Death and TPD Cover; and
- Voluntary Salary Continuance Insurance (SCI).

Inactive accounts

The insurance you have through your EISS Super account may be cancelled if your account is inactive (i.e. has not received a contribution or rollover for 16 months) or more, unless you opt-in to keep your insurance.

When your account becomes inactive for 9, 12 and 15 months we'll notify you and provide you with the opportunity to tell us that you want to keep your insurance.

If we don't receive any contributions or a rollover into your account for 16 months or more and you don't let us know you'd like to keep your insurance, your insurance cover will be cancelled. If your insurance cover is cancelled due to inactivity of your account it can be reinstated if you tell us within 60 days of cancellation and you have enough funds in your account to pay the premiums owed for the period your cover was cancelled.

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Insurance offered through EISS Super is provided by TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL or Insurer). The insurance cover provided is subject to the terms and conditions contained in the insurance policies issued to the Trustee by the Insurer. The terms and conditions of the insurance policies prevail over any inconsistency between the information in this document and the insurance policies. The policies, Trust Deed and relevant law determine your eligibility for insurance cover.

The information contained within this guide is only a summary of the main features of the policies, is general in nature and does not relate to your specific individual circumstances. Words starting with capitals are generally defined terms within the policies. To help you understand some of these terms we have defined them on pages 20 to 27.

1. Default Cover

What is Default Cover?

All new members who join EISS Super and meet the eligibility criteria will be provided with Default Cover without the need for any health checks. Default Cover is unitised which means you receive cover in units that each have a specified value. The number of units available to an eligible member is based on your Age Next Birthday as shown in the table below:

Age Next Birthday	Units of Default Cover
16-45	3
46-65	2

Default Cover consists of:

- **Death Cover** - provides a lump sum if you die or if you have a terminal illness with less than twenty four (24) months to live; and
- **Total and Permanent Disablement (TPD) Cover** - provides a lump sum if you become totally and permanently disabled.

Eligibility for Default Cover

To be eligible for Default Cover you must be:

- a member or applying for membership of EISS Super;
- an Australian Resident; and
- aged between 25 and 65 years with a balance in your EISS Super account of at least \$6,000; or
- you are aged between 15 and 65 years and have opted in for cover (regardless of your account balance).

Cost of Default Cover

Default Cover is provided in units which have a specified benefit value and cost dependent on age and occupational classification. All members are initially considered as having an occupational classification of Standard unless we receive an application form for a change of classification to White-Collar which if approved will result in a lower premium being charged. The cost of Standard Default Cover per unit is between \$2.01 per month and \$37.03 per month. The cost of White-Collar Default Cover per unit is between \$1.61 per month and \$29.62 per month (see tables on page 4 for further details).

This amount will be deducted directly from your EISS Super account.

Occupational Classification

Default Cover provides for the following two occupational classifications:

Occupational Classification	Description
Standard	Any occupation other than White-Collar occupation.
White-Collar	Occupations involving no manual work e.g. you only perform clerical or administrative activities in an office based environment.

When you become eligible for Default Cover your occupational classification will automatically be recorded as Standard and premiums will be payable based on the Standard rate. However, you can apply at any time once you are eligible to receive Default insurance, to change your occupational classification to White-Collar if you satisfy the work description in the above table and complete the 'Application to change Default occupational classification' form.

If your application to be classified as White-Collar is approved, you will pay a 20% reduced premium then that payable for the Standard rate.

Commencement of Default Cover

Default Cover can commence:

- automatically from the date you have an account balance of at least \$6,000 and are aged 25 or over and are not considered to be inactive¹; or
- when you opt-in early (prior to meeting the automatic eligibility requirements noted above). In this case Default Cover will commence from the later of the date:
 - the opt-in is received by EISS Super; and
 - there is a sufficient account balance available in the account for the payment of the insurance premium.

1 If you are considered an inactive member, i.e. your account has not received a contribution or rollover for 16 months or more, then Default Cover will not commence automatically unless you have provided us with a valid opt-in or you are subsequently considered active.

How to opt-in early

If you have joined online or through your employer please visit eisuper.com.au/GetInsurance for more information about how to opt-in early.

Alternatively, if you are joining by completing a paper based application form you can opt-in early by completing Step 6 of the EISS Super 'Application form'.

Increasing your Default Cover by one (1) unit

For a limited time after your Default Cover commences, you are able to apply for one (1) additional unit of cover. This additional unit of cover will be provided at the same cost as the other units of cover provided to you and the cost and value of the unit is based on your age.

This option is only available if you apply within 120 days from the date your Default Cover commenced. To apply for the additional unit of Default Cover, you can:

- select this on the 'EISS Super Application Form' when joining EISS Super; or
- complete a 'Change or Cancel Insurance Cover' form available at eisuper.com.au/insurance or by contacting us on **1300 369 901**. This form must be received and accepted within 120 days of the date your Default Cover commences.

Limitations and exclusions

Limited Cover

Default Cover that commences will be Limited Cover (refer to section 4 Definitions for details):

- until you are At Work for 60 consecutive days following the date Default Cover commenced if a Superannuation Guarantee (SG) contribution is received within 180 days of Default Cover commencing; or
- in all other cases 12 months.

Cancellation or reduction of Default Cover

If eligible, you will be provided with Default Cover, but you have the option of cancelling or reducing the number of units you are paying for at any time. However, if you cancel or reduce your Default Cover or your Default Cover is cancelled automatically, you will need to apply for Voluntary Insurance Cover should you wish to obtain or increase your cover at a later date.

If you cancel your Default Cover within 90 days of Default Cover commencing, any insurance fees paid will be refunded to your account provided you did not opt-in to Default Cover.

If you would like to reduce or cancel your Default Cover, you will need to complete the 'Change or Cancel Insurance Cover' form available at eisuper.com.au/insurance or by contacting us. You can also cancel your Default Cover via your online account.

If your Default Cover is cancelled, you are still eligible to apply for Voluntary Insurance Cover.

When does each TPD Definition apply?

Definition 1 (Unlikely to do a suited occupation ever again) or Definition 2 (Unlikely to do Basic Activities associated with work ever again and Psychiatric Impairment) applies if:

- a. the Insured Member was below age 65 at the date of disablement; and
- b. the Insured Member's claim has been notified to the Insurer in writing within five years immediately following the date of disablement¹; and
- c. the Insured Member was employed immediately prior to the date of disablement; or
- d. the Insured Member was unemployed for less than 24 months.

For any other Insured Member that does not satisfy the criteria above then only Definition 2 applies.

¹ Subject to potential application of Section 37 and Section 54 of the Insurance Contracts Act 1984 (Cth).

Where there is likely to be or there is any significant delay in paying a TPD insurance payment, the payment will be invested in the EISS Super Cash investment option. This is to protect your payment against market fluctuations.

Insurance premium rates

Standard insurance premium rates - Default Cover

Age Next Birthday	Standard monthly premium per unit of Default cover	Number of Default Cover units	Total Standard monthly premium
16-20	\$2.01	3	\$6.03
21-25	\$4.48	3	\$13.44
26-30	\$6.36	3	\$19.08
31-35	\$7.83	3	\$23.49
36-40	\$10.51	3	\$31.53
41-45	\$15.73	3	\$47.19
46-50	\$23.83	2	\$47.66
51-55	\$29.49	2	\$58.98
56-60	\$33.11	2	\$66.22
61-65	\$37.03	2	\$74.06

White-Collar insurance premium rates - Default Cover

Age Next Birthday	White-Collar monthly premium per unit of Default cover	Number of Default Cover units	Total White-Collar monthly premium
16-20	\$1.61	3	\$4.83
21-25	\$3.58	3	\$10.74
26-30	\$5.09	3	\$15.27
31-35	\$6.26	3	\$18.78
36-40	\$8.41	3	\$25.23
41-45	\$12.58	3	\$37.74
46-50	\$19.06	2	\$38.12
51-55	\$23.59	2	\$47.18
56-60	\$26.49	2	\$52.98
61-65	\$29.62	2	\$59.24

Value of Default Death and TPD Cover

The table below shows the number of Default Units and amount of Default Cover, based on your Age Next Birthday.

Age Next Birthday	Default Units of Cover	Default Cover \$	Age Next Birthday	Default Units of Cover	Default Cover \$
16	3	\$81,000	45	3	\$204,000
17	3	\$81,000	46	2	\$130,000
18	3	\$81,000	47	2	\$124,000
19	3	\$81,000	48	2	\$118,000
20	3	\$81,000	49	2	\$112,000
21	3	\$174,000	50	2	\$106,000
22	3	\$174,000	51	2	\$100,000
23	3	\$174,000	52	2	\$94,000
24	3	\$174,000	53	2	\$88,000
25	3	\$174,000	54	2	\$82,000
26	3	\$228,000	55	2	\$76,000
27	3	\$228,000	56	2	\$70,000
28	3	\$228,000	57	2	\$64,000
29	3	\$228,000	58	2	\$58,000
30	3	\$228,000	59	2	\$52,000
31	3	\$249,000	60	2	\$46,000
32	3	\$249,000	61	2	\$40,000
33	3	\$249,000	62	2	\$36,000
34	3	\$249,000	63	2	\$32,000
35	3	\$249,000	64	2	\$28,000
36	3	\$249,000	65	2	\$24,000
37	3	\$249,000			
38	3	\$249,000			
39	3	\$249,000			
40	3	\$249,000			
41	3	\$240,000			
42	3	\$231,000			
43	3	\$222,000			
44	3	\$213,000			

Cost and value of one (1) additional unit of Death and TPD Cover – Standard occupation

The table below shows the cost and value of one (1) additional unit of Death and TPD Cover based on your Age Next Birthday and Standard occupation rating.

Age Next Birthday	Additional Monthly Premium	Value of one (1) Death and TPD unit	Age Next Birthday	Additional Monthly Premium	Value of one (1) Death and TPD unit
16	\$2.01	\$27,000	46	\$23.83	\$65,000
17	\$2.01	\$27,000	47	\$23.83	\$62,000
18	\$2.01	\$27,000	48	\$23.83	\$59,000
19	\$2.01	\$27,000	49	\$23.83	\$56,000
20	\$2.01	\$27,000	50	\$23.83	\$53,000
21	\$4.48	\$58,000	51	\$29.49	\$50,000
22	\$4.48	\$58,000	52	\$29.49	\$47,000
23	\$4.48	\$58,000	53	\$29.49	\$44,000
24	\$4.48	\$58,000	54	\$29.49	\$41,000
25	\$4.48	\$58,000	55	\$29.49	\$38,000
26	\$6.36	\$76,000	56	\$33.11	\$35,000
27	\$6.36	\$76,000	57	\$33.11	\$32,000
28	\$6.36	\$76,000	58	\$33.11	\$29,000
29	\$6.36	\$76,000	59	\$33.11	\$26,000
30	\$6.36	\$76,000	60	\$33.11	\$23,000
31	\$7.83	\$83,000	61	\$37.03	\$20,000
32	\$7.83	\$83,000	62	\$37.03	\$18,000
33	\$7.83	\$83,000	63	\$37.03	\$16,000
34	\$7.83	\$83,000	64	\$37.03	\$14,000
35	\$7.83	\$83,000	65	\$37.03	\$12,000
36	\$10.51	\$83,000			
37	\$10.51	\$83,000			
38	\$10.51	\$83,000			
39	\$10.51	\$83,000			
40	\$10.51	\$83,000			
41	\$15.73	\$80,000			
42	\$15.73	\$77,000			
43	\$15.73	\$74,000			
44	\$15.73	\$71,000			
45	\$15.73	\$68,000			

Cost and value of one (1) additional unit of Death and TPD Cover – White-Collar occupation

The Table below shows the cost and value of one (1) additional unit of Death and TPD Cover based on your Age Next Birthday and White-Collar occupation rating.

Age Next Birthday	Additional Monthly Premium	Value of one (1) Death and TPD unit	Age Next Birthday	Additional Monthly Premium	Value of one (1) Death and TPD unit
16	\$1.61	\$27,000	46	\$19.06	\$65,000
17	\$1.61	\$27,000	47	\$19.06	\$62,000
18	\$1.61	\$27,000	48	\$19.06	\$59,000
19	\$1.61	\$27,000	49	\$19.06	\$56,000
20	\$1.61	\$27,000	50	\$19.06	\$53,000
21	\$3.58	\$58,000	51	\$23.59	\$50,000
22	\$3.58	\$58,000	52	\$23.59	\$47,000
23	\$3.58	\$58,000	53	\$23.59	\$44,000
24	\$3.58	\$58,000	54	\$23.59	\$41,000
25	\$3.58	\$58,000	55	\$23.59	\$38,000
26	\$5.09	\$76,000	56	\$26.49	\$35,000
27	\$5.09	\$76,000	57	\$26.49	\$32,000
28	\$5.09	\$76,000	58	\$26.49	\$29,000
29	\$5.09	\$76,000	59	\$26.49	\$26,000
30	\$5.09	\$76,000	60	\$26.49	\$23,000
31	\$6.26	\$83,000	61	\$29.62	\$20,000
32	\$6.26	\$83,000	62	\$29.62	\$18,000
33	\$6.26	\$83,000	63	\$29.62	\$16,000
34	\$6.26	\$83,000	64	\$29.62	\$14,000
35	\$6.26	\$83,000	65	\$29.62	\$12,000
36	\$8.41	\$83,000			
37	\$8.41	\$83,000			
38	\$8.41	\$83,000			
39	\$8.41	\$83,000			
40	\$8.41	\$83,000			
41	\$12.58	\$80,000			
42	\$12.58	\$77,000			
43	\$12.58	\$74,000			
44	\$12.58	\$71,000			
45	\$12.58	\$68,000			

Cessation of Default Cover

Default Cover will cease in any of the following circumstances:

- the date the policy terminates;
- the date you cease to be a member of EISS Super;
- the date you reach age 65;
- the date you die;
- the date a full TPD benefit is paid to you under the policy;
- a request is received from you by the Trustee to cancel your cover;
- 60 days after the full amount of the premium owing has not been paid (for example if your account balance is insufficient to meet the cost of the premiums); or
- you have not opted in to continue cover in the event the account is Inactive.

Cover while on employer approved leave

Subject to the exclusions noted in this document, an Insured Person will continue to be covered during a period of employer approved leave, subject to the policy conditions.

If the Insured Person has Total and Permanent Disablement cover, in the event of a Total and Permanent Disablement claim:

- during the first twelve (12) months of employer approved leave, the Insured Person will be assessed based on their occupation before they took the leave for the purposes of the application of the relevant definition of Total and Permanent Disablement; and
- after the first twelve (12) months of employer approved leave the Insured Person will only be assessed against Definition 2 of the Total and Permanent Disablement definition.

Ceasing employment

If you cease employment with your EISS Super employer your Default Cover, and any Voluntary Cover will continue, subject to your account not being subject to one of the cessation events listed above and you continue to meet the other terms and conditions of the policy. You should ensure that your account balance is sufficient to meet the ongoing cost of the insurance cover.

Worldwide cover

All Insured Persons will be covered worldwide 24 hours a day, 7 days a week, subject to the exclusions.

2. Voluntary Insurance Cover

If you would like cover in addition to your Default Cover, EISS Super offers additional insurance cover.

Voluntary Insurance Cover is taken up as a fixed dollar amount. This means that the amount of cover will not change when you have a birthday and will remain as a fixed amount unless you decide to change it.

All Voluntary Insurance Cover is subject to acceptance by the Insurer after receiving all required information.

Types of cover available

There are five (5) types of Voluntary Insurance Cover offered to a member of EISS Super:

1. Life Event Cover

You can apply to increase your Death and TPD cover when you experience a major life event. Life Event Cover provides you with access to additional cover with a simple health and lifestyle questionnaire. You can only apply for one Life Event increase every twelve (12) months. For further details, please see page 10.

2. Death Only Cover (including Terminal Illness benefit)

You may apply for any amount of cover in \$1,000 multiples, with a minimum amount of cover of \$50,000. The maximum amount of Death Cover you can have is unlimited.

A Terminal Illness benefit also applies to you if you have Death Only Cover, however this has a maximum benefit of \$3 million (the maximum takes into account your current level of Default Cover).

3. TPD Only Cover

You may apply for any amount of cover in multiples, with a minimum amount of cover of \$50,000 and a maximum of \$3 million (the maximum takes into account your current level of Default Cover).

4. Death (including Terminal Illness benefit) and TPD Cover

You may apply for any amount of cover in \$1,000 multiples, with a minimum amount of cover of \$50,000 and a maximum of \$3 million for Terminal Illness and TPD (the maximum takes into account your current level of Default Cover).

5. Salary Continuance Insurance (SCI)

You may apply for any amount of cover in \$100 per month multiples, with a minimum amount of cover of \$1,000 per month and a maximum of \$25,000 per month.

In the event of a claim the highest level of salary continuance benefit that you can receive, if you are disabled (regardless of how much cover you have applied and been accepted for) is the lesser of:

- 75% of your monthly salary and 10% of your monthly salary as a superannuation contribution; or
- your insured monthly benefit.

You may choose from two (2) benefit periods for SCI cover:

- a short-term benefit payment period of up to two (2) years; or
- a long-term benefit payment period where the payment ends at age 65.

In either case, when you apply you can nominate the waiting period as either 30, 60 or 90 days. If you do not nominate a waiting period the standard waiting period which will be applied is 90 days.

Eligibility for Voluntary Insurance Cover

To be eligible for Voluntary Insurance Cover you must be:

- a member of EISS Super;
- an Australian Resident;
- aged between 15 years and 70 years of age and apply for Death Only, TPD Only or Death and TPD Cover;
- aged between 15 years and 65 years of age and apply for SCI cover; and
- for SCI cover employed on a permanent full-time or part-time basis, i.e. not a casual employee and must work at least 15 hours per week on average over a six (6) month period.

If you cease work, we recommend that you review your insurance arrangements.

Applying for Voluntary Insurance Cover

To apply for Voluntary Insurance Cover you must complete the 'Member's Personal Statement' which is available at eisuper.com.au/insurance or by calling us. You must also provide any additional medical information required for the level of cover you are seeking.

All applications for Voluntary Insurance Cover are assessed by our Insurer, who will make the decision as to whether or not to accept your application for cover and if so, whether or not special conditions and/or exclusions will apply.

Duty to take reasonable care

If you apply for life insurance, you will be treated as if you are applying for cover under an individual consumer insurance contract. The Insurer will conduct a process called underwriting. This is how the insurer decides whether it can cover you, and if so on what terms and at what cost.

As part of underwriting, the Insurer will ask questions it needs to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance.

The information you provide in response to those questions will be vital to the Insurer's decision. As such, when applying for life insurance you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed.

This may also result in a claim being declined or a benefit being reduced. Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

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

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Occupational classifications for calculating premiums for Voluntary Insurance Cover:

Class 1	Heavy Manual (Unskilled)	Any occupation involving manual work that does not require qualifications or any supervisory element e.g. garden maintenance or road workers.
Class 2	Heavy Manual (Skilled)	Occupations involving manual work where the person holds trade qualifications or is in a supervisory capacity e.g. tradesmen, linesmen or roadwork supervisors.
Class 3	Light Manual	Those occupations that are predominantly sedentary but may involve up to 20% of light manual activity e.g. retail sales or industry sales representative.
Class 4	White-Collar	Occupations involving no manual work e.g. you only perform clerical or administrative activities in an office based environment.
Class 5	Professional	Totally White-Collar sedentary occupations where the individuals have tertiary qualifications that apply to their current occupation or are in executive or managerial positions earning \$100,000 or more per annum. The earning threshold may be reviewed annually in line with salary inflation.

Please note, some members may not be eligible for insurance cover due to risk factors, such as their condition of health or the high risk nature of their occupation. The above classifications are guidelines only and the final determination is at the Insurer's discretion.

The Insurer determines your occupational classification from the information you provide on your application for cover. **If you change occupations or believe that your current occupational classification is incorrect, it is your responsibility to contact us immediately.**

Life Event Cover

Life Event Cover provides you with access to additional insurance cover when you have a major life event, without the need to answer the same level of detail about your health and lifestyle as you would in a 'Member's Personal Statement'.

To increase your sum insured for a Life Event, you must apply using the 'Application for Increased Insurance - Life Event Cover' form within 90 days of the Life Event occurring.

Eligible Life Events are:

- the birth of your child;
- the adoption of a child;
- marriage or commencement of a De Facto Relationship;
- divorce or the termination of a De Facto Relationship; or
- taking out a new mortgage to purchase your primary residence (sole or joint), or increasing an existing mortgage to renovate your primary residence by at least \$100,000 with a mortgage provider or lender who holds an Australian Credit Licence.

You can apply for one Life Event increase per year if you have not had a cover increase in the last twelve (12) months.

The maximum increase you can apply for as a result of a Life Event is the lesser of:

- 25% of your existing cover;
- \$200,000; or
- the total amount of, or the amount of increase of, the mortgage on the purchase of an Insured Person's primary place of residence (where applicable).

Please note, the total Sum Insured after the increase in cover cannot exceed \$3 million.

To apply for an increase for a Life Event:

- you must be under age 60;
- you must not be engaged in a Hazardous Occupation;
- you must apply within 90 days of the Life Event;
- you must be At Work;
- you must still have cover in force;

- you must not have been absent from work due to illness or injury for seven (7) days or more in the twelve (12) months preceding the date of application;
- you must not have been diagnosed with, or suffer from any illness or injury that may cause permanent inability to work or reduces, or is likely to reduce, your life expectancy to less than twenty four (24) months from your application date;
- you must not have had an application for death, TPD or salary continuance cover declined or been offered cover on alternate terms (except where the Insurer is satisfied with the alternate terms);
- you must have not been paid a claim, or be eligible, entitled or applying to claim for any injury or illness through EISS Super, Workers' Compensation, other Government Benefits (for example sickness or invalid pension) or any insurance policy providing TPD, terminal illness or salary continuance cover or accident or sickness cover;
- you must not have had a cover increase in the previous twelve (12) months; and
- your total Sum Insured after the increase cannot exceed \$3 million.

Please note, the Insurer has the right to accept or decline your application.

Additional insurance costs apply to any increased cover and the insurance cover will be subject to the same exclusions, special conditions and limits that apply to your existing cover and, general exclusions which apply to Voluntary Insurance Cover also apply. The Insurer may also impose any individual restrictions, conditions or exclusions to the Life Event Cover.

To find out if you are eligible to apply for a Life Event increase please complete the 'Application for Increased Insurance - Life Event Cover' form available at eisuper.com.au/insurance or by calling us on **1300 369 901**.

Voluntary Death Only Cover

The cost of Voluntary Death Only Cover will depend on your age, sex, occupational classification, health status and the amount of cover selected by you and approved by the Insurer. The cost of insurance is calculated monthly and is adjusted when you have a birthday or change your level of cover.

Calculating the cost of Voluntary Death Only Cover

The cost of insurance is determined by first calculating the Base Premium.

The Base Premium is calculated by multiplying the amount of cover (as multiples of \$1,000) by the Premium Rate (set out in the Premium Table from page 28) for your age.

Once the Base Premium has been calculated, this is multiplied by the Rating Factor (see the table below) which will give you your Annual Premium.

To calculate the Monthly Premium, divide the Annual Premium by 12.

Base Premium = (Amount of cover / \$1,000) x Premium Rate

Annual Premium = Base Premium x Occupation factor

Monthly Premium = Annual Premium / 12

Occupation factors (Death Only Cover)

Occupation category	Class 5	Class 4	Class 3	Class 2	Class 1
Rating factor	0.75	0.80	0.80	1.00	1.20

Example

John is 35 (36 age next birthday). John wants \$220,000 of Death Only Cover and is in a Light Manual occupation (Class 3).

John's annual cost is:

$\$220,000 \div \$1,000 \times \text{the premium rate of } \$0.79 = \$173.80$, then $\$173.80 \times \text{Occupation factor } 0.80 = \139.04 per year.

When is a benefit payable for Voluntary Death Cover?

A benefit is payable if you die or become terminally ill while insured for Death Cover.

A Terminal Illness benefit is payable if you meet the definition of Terminal Illness. Please refer to the Definitions section from page 20 for further details.

When does Voluntary Death Only Cover commence?

Voluntary Death Only Cover commences from the date the Insurer accepts your application for cover.

When does cover cease?

Cover will cease in any of the following circumstances, whichever is the first to occur:

- the date the policy terminates;
- the date you cease to be a member of EISS Super;
- the date you reach age 71;
- the date you die;
- the date a full Terminal Illness benefit is paid to you under the policy¹;
- a request is received from you by the Trustee to cancel your cover;
- 60 days after the full amount of the premium owing has not been paid (for example if your account balance is insufficient to meet the cost of the premiums); or
- you have not opted in to continue cover in the event the account is Inactive.

¹ If an amount is paid as the result of a claim under this condition and is less than the whole Sum Insured, Death Cover will continue in force, subject to the conditions of the policy but only for the remaining balance of the Sum Insured.

Exclusions for Voluntary Death Only Cover

No benefit shall be payable where the claim arises directly or indirectly from any of the following:

- suicide within the first 13 months after the commencement or reinstatement of cover;
- an intentional self-inflicted act or intentional self-inflicted injury within the first 13 months after the commencement or reinstatement of cover;
- any exclusion or restriction the Insurer applies to an Insured Person as a condition of acceptance of cover; or
- service in the armed forces of any national or international organisation other than the Australian Armed Forces Reserve (during scheduled Army Reserve exercises, but not if called up for active service).

Interim Accident Death Cover

If you make an application for additional Death Only Cover, while that application is being assessed, you will be provided with interim Death Only Cover. This will provide you with cover in the event of an Accident occurring while your application is being assessed.

Interim Accident cover is limited to 90 days from the date we receive your fully completed 'Member's Personal Statement' and ceases the earlier of the date:

- of the Insurer's decision in respect of your application;
- your application is withdrawn;
- you cease to be a member of EISS Super; or
- the expiration of the 90 days.

Interim Accident Cover for accidental death is the lesser of the amount of cover that you have applied for (less any existing cover) and \$750,000 and is subject to the Exclusions for Voluntary Insurance set out as above. Other terms and conditions apply as outlined in the policy.

Payment of Interim Accident Cover

A benefit will not be paid if the illness or injury suffered is as a result of:

- a pre-existing condition¹; or
- participation in any travel, occupation, sport or pastime or any other activity for which the Insurer would have declined or excluded to provide the voluntary insurance cover.

¹ Subject to potential application of Section 47 of the Insurance Contracts Act 1984 (Cth).

Voluntary Total and Permanent Disablement (TPD) Only Cover

The cost of Voluntary TPD Only Cover will depend on your age, sex, occupational classification, health status and the amount of cover selected by you and approved by the Insurer. The cost of insurance is calculated monthly and is adjusted when you have a birthday or change your level of cover.

Calculating the cost of Voluntary TPD Only Cover

The cost of insurance is determined by first calculating the Base Premium.

The Base Premium is calculated by multiplying the amount of cover (as multiples of \$1,000) by the Premium Rate (set out in the Premium Table from page 28) for your age.

Once the Base Premium has been calculated, this is multiplied by the Rating Factor (see the table below) which will give you your Annual Premium.

To calculate the Monthly Premium, divide the Annual Premium by 12.

Base Premium = (Amount of cover / \$1,000) x Premium Rate

Annual Premium = Base Premium x Occupation factor

Monthly Premium = Annual Premium / 12

Occupation factors (TPD Only Cover)

Occupation category	Class 5	Class 4	Class 3	Class 2	Class 1
Rating factor	0.75	0.80	1.20	1.60	2.00

Example

Mark is 40 (41 age next birthday) and wants \$300,000 of TPD Only Cover and is in a White-Collar occupation (Class 4).

Mark's annual cost is:

\$300,000 divided by \$1,000 x the premium rate of \$0.85 = \$255.00, then \$255.00 x Occupation factor 0.80 = \$204.00 per year.

When is a benefit payable for Voluntary TPD Only Cover?

For a TPD benefit to be paid, an Insured Person has to meet any of the parts of the TPD definition applicable to him or her as set out in the Definitions section from page 20.

When does Voluntary TPD Only Cover commence?

Voluntary TPD Only Cover commences from the date the Insurer accepts your application for cover.

When does cover cease?

Cover will cease in any of the following circumstances, whichever is the first to occur:

- the date the policy terminates;
- the date you cease to be a member of EISS Super;
- the date you reach age 71;
- the date you die;
- the date a full Terminal Illness benefit is paid to you under the policy
- a request is received from you by the Trustee to cancel your cover;
- 60 days after the full amount of the premium owing has not been paid (for example if your account balance is insufficient to meet the cost of the premiums); or you have not opted in to continue cover in the event the account is Inactive.

Exclusions for Voluntary TPD Only Cover

No benefit shall be payable where the claim arises directly or indirectly from any of the following:

- suicide within the first 13 months after the commencement or reinstatement of cover;
- an intentional self-inflicted act or intentional self-inflicted injury within the first 13 months after the commencement or reinstatement of cover;
- any exclusion or restriction the Insurer applies to an Insured Person as a condition of acceptance of cover; or
- service in the armed forces of any national or international organisation other than the Australian Armed Forces Reserve (during scheduled Army Reserve exercises, but not if called up for active service).

Interim Accident TPD Cover

If you make an application for additional TPD Only Cover, while that application is being assessed, you will be provided with interim TPD Only Cover. This will provide you with cover in the event of an Accident occurring while your application is being assessed.

Interim Accident cover is limited to 90 days from the date we receive your fully completed 'Member's Personal Statement' and ceases the earlier of the date:

- of the Insurer's decision in respect of your application;
- your application is withdrawn;
- you cease to be a member of EISS Super; or
- the expiration of the 90 days.

Interim Accident Cover for accidental TPD is the lesser of the amount of cover that you have applied for (less any existing cover) and \$750,000 and is subject to the Exclusions for Voluntary Insurance set out on page 11. Other terms and conditions apply as outlined in the policy.

Payment of Interim Accident Cover

A benefit will not be paid if the illness or injury suffered is as a result of:

- a pre-existing condition¹; or
- participation in any travel, occupation, sport or pastime or any other activity for which the Insurer would have declined or excluded to provide the voluntary insurance cover.

¹ Subject to potential application of Section 47 of the Insurance Contracts Act 1984 (Cth).

When does each TPD Definition apply?

Definition 1 (Unlikely to do a suited occupation ever again) or Definition 2 (Unlikely to do Basic Activities associated with work ever again and Psychiatric Impairment) applies if:

- a. the Insured Member was below age 65 at the date of disablement; and
- b. the Insured Member's claim has been notified to the Insurer in writing within five years immediately following the date of disablement; and
- c. the Insured Member was employed, immediately prior to the date of disablement; or
- d. the Insured Member was unemployed for less than 24 months immediately prior to the date of disablement.

For any other Insured Member that does not satisfy the criteria above then only Definition 2 applies.

Please refer to the Definitions section from page 20 to determine which definition would apply to you.

How is a TPD claim paid?

If a claim is approved, the Insured Member is entitled to receive 100% of their TPD sum insured as a lump sum.

Where there is likely to be or there is any significant delay in paying a TPD insurance payment, the payment will be invested in the EISS Super Cash investment option. This is to protect your payment against market fluctuations.

Voluntary Death and TPD Cover

The cost of Voluntary Death and TPD Cover will depend on your age, sex, occupational classification, health status and the amount of cover selected by you and approved by the Insurer. The cost of insurance is calculated monthly and is adjusted when you have a birthday or change your level of cover.

Calculating the cost of Voluntary Death and TPD Cover

The cost of insurance is determined by first calculating the Base Premium.

The Base Premium is calculated by multiplying the amount of cover (as multiples of \$1,000) by the Premium Rate (set out in the Premium Table from page 28) for your age.

Once the Base Premium has been calculated, this is multiplied by the Rating Factor (see the table below) which will give you your Annual Premium.

To calculate the Monthly Premium, divide the Annual Premium by 12.

$$\text{Base Premium} = \text{Amount of cover} / \$1,000) \times \text{Premium Rate}$$

$$\text{Annual Premium} = \text{Base Premium} \times \text{Occupation factor}$$

$$\text{Monthly Premium} = \text{Annual Premium} / 12$$

Occupation factors (Death and TPD Cover)

Occupation category	Class 5	Class 4	Class 3	Class 2	Class 1
Rating factor	0.75	0.80	1.00	1.30	1.60

Example

John is 35 (36 age next birthday). John wants \$220,000 of Death and TPD cover and is in a Light Manual occupation (Class 3).

John's annual cost is:

$$\$220,000 \div \$1,000 \times \text{the premium rate of } \$1.17 = \$257.40, \text{ then } \$257.40 \times \text{Occupation factor } 1.00 = \$257.40 \text{ per year.}$$

When is a benefit payable for Voluntary Death and TPD Cover?

A Death benefit is payable if you die while insured.

For a TPD benefit to be paid, an Insured Person has to meet any of the parts of the TPD definition applicable to him or her, as set out in the Definitions section from page 20.

A Terminal Illness benefit is payable if you meet the definition of Terminal Illness. Please refer to the Definitions section from page 20 for further details.

When does Voluntary Death and TPD Insurance Cover commence?

Voluntary Death and TPD Insurance Cover commences from the date the Insurer accepts your application for cover.

When does cover cease?

Cover will cease in any of the following circumstances, whichever is the first to occur:

- the date the policy terminates;
- the date you cease to be a member of EISS Super;
- the date you reach age 71;
- the date you die;
- the date a full TPD benefit is paid to you under the policy;
- the date a full Terminal Illness benefit or is paid to you under the policy¹;
- a request is received from you by the Trustee to cancel your cover;
- 60 days after the full amount of the premium owing has not been paid (for example if your account balance is insufficient to meet the cost of the premiums); or
- you have not opted in to continue cover in the event the account is Inactive.

1. If an amount is paid as the result of a claim under this condition and is less than the whole Sum Insured, Death Cover will continue in force, subject to the conditions of the policy but only for the remaining balance of the Sum Insured.

Interim Accident Death and TPD Cover

If you make an application for additional Death and TPD Cover, while that application is being assessed, you will be provided with Interim Death and TPD Cover. This will provide you with cover in the event of an Accident occurring while your application is being assessed.

Interim Accident Cover is limited to 90 days from the date we receive your fully completed 'Member's Personal Statement' and ceases the earlier of the date:

- of the Insurer's decision in respect of your application;
- your application is withdrawn;
- you cease to be a member of EISS Super; or
- the expiration of the 90 days.

Interim Accident Cover for death and TPD as a result of an Accident is the lesser of the amount of cover that you have applied for (less any existing cover) and \$750,000, and is subject to the Exclusions for Voluntary Death and TPD Cover set out below. Other terms and conditions apply as outlined in the policy.

Exclusions for Voluntary Death and TPD Cover

No benefit is payable where the claim arises directly or indirectly from any of the following:

- suicide within the first 13 months after the commencement or reinstatement of cover;
- an intentional self-inflicted act or intentional self-inflicted injury within the first 13 months after the commencement or reinstatement of cover;
- any exclusion or restriction the Insurer applies to an Insured Person as a condition of acceptance of cover; or
- service in the armed forces of any national or international organisation other than the Australian Armed Forces Reserve (during scheduled Army Reserve exercises, but not if called up for active service).

When does each TPD Definition apply?

Definition 1 (Unlikely to do a suited occupation ever again) or Definition 2 (Unlikely to do Basic Activities associated with work ever again and Psychiatric Impairment) applies if:

- a. the Insured Member was below age 65 at the date of disablement; and
- b. the Insured Member's claim has been notified to the Insurer in writing within five years immediately following the date of disablement; and
- c. the Insured Member was employed immediately prior to the date of disablement; or
- d. the Insured Member was unemployed for less than 24 months.

For any other Insured Member that does not satisfy the criteria above then only Definition 2 applies.

Please refer to the Definitions section from page 20 to determine which definition would apply to you.

How is a TPD claim paid?

If a claim is approved, the Insured Member is entitled to receive 100% of their TPD sum insured as a lump sum.

Where there is likely to be or there is any significant delay in paying a TPD insurance payment, the payment will be invested in the EISS Super Cash investment option. This is to protect your payment against market fluctuations.

Salary Continuance Insurance (SCI)

Salary Continuance Insurance (SCI) cover provides you with an income if you are unable to work temporarily through illness, injury or accident. A partial disability benefit may also be payable to you if you return to work in a reduced capacity.

SCI provides partial income replacement following the expiry of either the 30, 60 or 90 day Waiting Period.

There are two (2) types of cover to choose from:

- short-term: the benefit is payable for a maximum period of two (2) years for any related disability; or
- long-term: the benefit is payable for a maximum period to age 65.

The Total Disability benefit provides a benefit of the lesser of:

- the amount of cover approved by the Insurer; and
- 75% of your Declared Earned Income prior to the disability occurring, plus the Superannuation Contributions Benefit (of 10% of your Declared Earned Income paid as a SG contribution), subject to a maximum of \$300,000 per year.

What is Declared Earned Income?

Declared Earned Income means the lesser of:

- your earnings most recently agreed by you and the Insurer in writing; or
- the sum calculated in accordance with the Earned Income definition specified in the policy.

Please note that for the purpose of calculating Earned Income for an Insured Person, an employer’s superannuation guarantee contributions in respect of an Insured Person are not included in Earned Income and Declared Earned Income (see section 4 Definitions for further information).

When should you review your level of cover?

As the maximum benefit is 85% of Declared Earned Income, which can only be established at the time of disability, you may wish to review your level of cover when your Declared Earned Income changes, e.g. if you have a salary increase you may wish to increase your cover.

If your salary decreases (for example, you change from full-time to part time work) you may be paying for more cover than you will be entitled to claim in the event of Total Disability.

Benefit Offsets

Total and Partial Disability benefit payments are subject to Benefit Offsets. This means that the benefit is reduced by all amounts (that arise because of the sickness or injury that caused the Total or Partial Disability) derived for the relevant month, whether these benefits were actually received or not and includes benefits from the following sources:

- benefits under other salary continuance policies;

- workers compensation, Statutory compensation, pension, social security or similar schemes or other similar State, Federal or Territory legislation;
- state or federal legislation such as the Department of Veteran Affairs;
- employer funded sick leave entitlements and other income payments; and
- any other disability income paid in regards to this Total or Partial Disability.

What is the cost of SCI cover?

The insurance cost depends on the benefit period you select (2 years or to age 65), your age, sex, occupational classification, health status and the amount of cover selected by you and approved by the Insurer.

These costs are calculated each month and adjusted when you have a birthday or change your level of cover. They may change in the future. The cost of insurance is determined by first calculating the premium.

The premium is calculated by multiplying the amount of cover (as multiples of \$100) by the premium rate (set out in the Annual Premium Rates table from page 28) for your age then multiplying this by the Occupation Factor (see the table in the next column).

To calculate the monthly premium, divide the annual premium by 12.

$$\text{Annual Premium} = (\text{Amount of cover per month} / \$100) \times \text{Occupation Factor} \times \text{Premium Rate}$$

$$\text{Monthly Premium} = \text{Annual Premium} / 12$$

Example

John is 35 (36 age next birthday). John has an annual salary of \$80,000 including 10% superannuation contributions. He would like SCI cover, with a 90 day waiting period and a benefit period until he reaches age 65. John is in a Light Manual occupation (class 3).

John’s annual cost is:

$$75\% \times \$80,000 = \$60,000 \text{ per year or } \$5,000 \text{ per month.}$$

$$\$5,000 \div \$100 \times 1.50 \times \$10.70 = \$802.50 \text{ per year.}$$

Occupation factors

Class	Occupation	Factor
5	Professional	0.80
4	White-Collar	1.00
3	Light Manual	1.50
2	Heavy Manual (Skilled)	1.75
1	Heavy Manual (Unskilled)	2.50
H	Hazardous	Cover not available for Salary Continuance

When is a Salary Continuance benefit payable?

A benefit is payable if you suffer an injury or illness and meet the definition of Total Disability or Partial Disability in the Policy. Please note, if you suffer from a 'Partial Disability' a reduced benefit is payable. The amount of the benefit is determined by a formula which takes into account the amount of your post disability income that you are receiving or could reasonably be expected to earn.

If your claim is approved, for the first two (2) years of receiving a Salary Continuance benefit, you will be assessed against your ability to return to the Material and Substantial Duties of your Usual Occupation. If your claim continues after two (2) years, the assessment criteria may change for you to continue receiving your benefit. Please refer to section 4 Definitions for more information.

When does the SCI benefit payment cease?

Your benefit payments will cease for one of the following reasons, whichever is the first to occur:

- first day on which the Insured Person is not Totally or Partially Disabled (as applicable);
- date the Insured Person attains the Benefit Ceasing Age;
- date of death of the Insured Person; and
- end of the Benefit Period.

When does SCI cover cease?

Cover ceases for one of the following reasons, whichever is the first to occur:

- the date the policy terminates;
- the date you cease to be a member of EISS Super;
- the date you reach age 65;
- the date you die;
- after twelve (12) months of employer approved leave, unless agreed by the Insurer in writing before the expiry of the twelve (12) months;
- a request is received from you by the Trustee to cancel your cover;
- 60 days after the full amount of the premium owing has not been paid (e.g. if your account balance is insufficient to meet the cost of the premiums); or
- you have not opted in to continue cover in the event the account is Inactive.

What happens if the disability recurs?

Within six (6) months of the cessation of disability benefit payments	If you suffer a recurrence of either a Total or Partial Disability due to the same or a related injury or illness, the waiting period will be waived and the recurrence will be treated as a continuation of the previous claim.
After six (6) months of the cessation of disability benefit payments	This will be treated as a new claim, a new waiting period will apply but the period for which the claim is made will be added to the period which applies to the previous claim for the purposes of determining whether the benefit period has been reached for that illness or injury.

Are rehabilitation costs covered?

If you are suffering from a Total Disability or Partial Disability the Insurer may, if it is reasonably considered that the rehabilitation program is likely to assist in the member's rehabilitation, pay for the cost of the program in addition to the benefits otherwise payable.

Are premiums payable while I am receiving a SCI benefit?

No premiums for SCI are payable while a SCI benefit is being paid.

Indexation increases

If you have SCI cover with a benefit period to age 65 and a benefit has been paid continuously for twelve (12) months, the Insurer will, from each anniversary date of the commencement of the benefit period increase the benefit by the lesser of:

- the increase in the Consumer Price Index (CPI) for that period; and
- five percent (5%).

If benefit payments cease, the benefit will revert to the original sum insured.

Exclusions for SCI Cover

A benefit is not payable under the policy if your Total Disability or Partial Disability results directly or indirectly from:

- an intentional self-inflicted act or intentional self-inflicted injury irrespective of whether the Insured Person was sane or not at the time;
- uncomplicated pregnancy or childbirth;
- service in the armed forces of any national or international organisation, other than the Australian Armed Reserves (during scheduled Army Reserve exercises, but not if called up for active service);
- war and Other Conflicts (which includes actively taking part in terrorist activities or organisations);
- any event in respect of which the Insurer has placed an exclusion on cover;
- an illness or injury resulting from an illegal or criminal act committed by the Insured Person; or
- any exclusion or restriction the Insurer applied to an Insured Person as a condition of acceptance of cover.

Please note, a Benefit will not be paid in respect of an Insured Person who was not in Gainful Employment within the 90 day period immediately prior to the Date of Disablement.

Interim Accident SCI

If you make an application for SCI cover, while that application is being assessed, you will be provided with interim SCI cover. This will provide you with cover in the event of an Accident occurring while your application is being assessed.

Interim Accident cover is limited to 90 days from the date we receive your fully completed 'Member's Personal Statement' and ceases the earlier of:

- the Insurer's decision in respect of your application;
- your application is withdrawn;
- you cease to be a member of EISS Super; or
- the expiration of the 90 days.

Payments made under Interim Accident Cover for Total Disability or Partial Disability as a result of an Accident will cease for any one of the following reasons, whichever is the first to occur:

- the Total Disability or Partial Disability ceases;
- the completion of a period of two (2) years of benefit payment;
- you reach age 65; or
- death.

What is the amount of Interim Accident Cover?

The amount of Interim Accident Cover is the lesser of:

- the amount of monthly cover that you have applied for, less the amount of the monthly benefit for which the cover is otherwise in force under the policy for the member; and
- \$15,000 per month.

This amount is subject to Benefit Offsets and Exclusions as set out earlier.

Death benefit whilst on claim

If you die while receiving a Total Disability Benefit or Partial Disability Benefit payment, the Insurer will pay an additional sum equal to three (3) times the Monthly Benefit.

Bed confinement benefit

The Insurer will pay a bed confinement benefit for each day during the Waiting Period if a Medical Practitioner certifies that, as a result of your Disability:

- a. you meet the following conditions:
 - i. if you were employed or self-employed for:
 - A. 15 hours or more per week at the Date of Disablement, and you are totally unable to perform all of the Material and Substantial Duties of your Usual Occupation; or
 - B. less than 15 hours per week at the Date of Disablement, and you are totally unable to perform all of the Material and Substantial Duties of any Gainful Employment reasonably suited to your education, training or experience taking into consideration, where relevant,

- ii. rehabilitation, retraining, re-skilling that has been or could be undertaken by you; and
 - iii. you are regularly attending and under the ongoing and appropriate care of a Medical Practitioner, including compliance with regular advice and treatment given by that Medical Practitioner; and
 - iii. you are not working in any occupation, whether or not for gain or reward, including expectation of gain or reward;
- b. you are confined to bed for a continuous period of at least 48 hours; and
 - c. you must remain in bed for a substantial part of each day; and
 - d. you require professional medical attention on a daily basis.

Waiting periods

Generally, a waiting period would be the period between making a claim and when a benefit becomes payable (the waiting period does not apply to a death benefit). The actual definition of waiting period is as defined in the policy terms and conditions.

For TPD Cover, the waiting period depends on the nature of the disability. For some conditions there is no waiting period for consideration of your claim, whilst for others there is a six (6) month waiting period. A detailed definition of TPD, plus the various waiting periods, can be found in the Definitions section of this document.

In relation to SCI, the waiting period will commence on the first day you are deemed to be Totally Disabled and you need to continue to be Totally Disabled for a minimum of 14 days followed by a period of Total or Partial Disability extending to the end of the waiting period accepted by the Insurer.

The standard waiting period for SCI is 90 days. However, members can elect when applying for SCI cover to have a 30 day or 60 day waiting period.

Please note that premiums are deducted from your account monthly and are pro-rated depending on when you commence, opt out or change your voluntary cover.

3. Transfer your other insurance cover into EISS Super

You can apply to transfer any Death, Death and TPD, TPD Only or SCI cover you may have with another super fund or insurance company into EISS Super.

To apply to transfer your cover you must be:

- a member of EISS Super;
- under age 60;
- not be engaged in a Hazardous Occupation;
- At Work on the date cover commences under the Policy;
- not off work due to any illness or injury for a total of seven (7) days or more in the last twelve (12) months prior to the date the cover commences under the Policy;
- not diagnosed with, or do not suffer from, any illness or injury that may cause permanent inability to work or reduces, or is likely to reduce, your life expectancy to less than twelve (12) months from the date the cover commences under the Policy;¹
- not had an application for death, total and permanent disablement or income protection cover declined or been offered cover on alternate terms (except where the Insurer is satisfied with the alternative terms);
- not eligible to be paid for a claim, has never claimed or have never been paid a claim, is not entitled to claim, and is not applying for a claim, for any illness or injury through the Fund, Workers' Compensation, other Government benefits (for example, sickness benefit or invalid pension) or any insurance policy providing total and permanent disablement, terminal illness or income protection cover, or accident or sickness type cover; and
- not restricted due to an illness or injury on the day immediately preceding the date the cover commences under the Policy.

In addition, your cover under your previous policy must be current and in force on the day immediately preceding the date the Insurer accepts the transferred cover and will cease on commencement of the transferred cover.

The Insurer has the right to accept or decline your application. If your transfer is accepted, you will be provided with the equivalent level and type of cover that your previous insurer provided and the transferred cover will be added in addition to any existing cover you hold in EISS Super.

Insurance provided will be subject to the same exclusions, special conditions and limits that apply to your transferring cover and your existing cover, subject to the maximum allowable cover after transfer.

¹ Subject to potential application of Section 47 of the Insurance Contracts Act 1984 (Cth).

Maximum amount of cover that can be transferred into EISS Super

Death Only, TPD Only and Death and TPD	\$2m
Salary Continuance/Income Protection	\$13,500

You should not cancel your insurance cover with your previous insurer until you are advised in writing that your insurance transfer application has been accepted by the Insurer and your insurance cover has commenced.

If the cover that the Insured Member has after a transfer of cover to EISS Super exceeds the cover they had in the super fund from which the cover was transferred, then Limited Cover conditions apply to the increased amount of cover over and above that amount the Insured Person had in their previous fund until the earliest of:

- the end of 12 months after the date cover commenced if the member is At Work for the last 60 consecutive days of the 12 month period; or
- after the end of the 12 months after the date cover commenced when the Insured Person has been At Work for 60 consecutive days if the Insured Person is not At Work for the last 60 consecutive days of the 12 month period.

To apply for a transfer of insurance cover, please complete the 'Insurance Transfer' form available at eisuper.com.au/insurance or by contacting us.

Health information

If you are applying for insurance or making a claim, we may be required, with your consent, to collect information about you and your family's medical history (health information) so the Insurer is able to assess your application or claim. In turn, the Insurer may pass this information to their reinsurers and/or contractors and third party service providers to assist them in assessing cover. The Insurer, their reinsurers, contractors and third party service providers are required to keep this information confidential but may use the information collected in assessing any application or claim you make and may pass this information on to any other party that assists them in assessing an application or claim.

If you make a claim under the policy, the Insurer may conduct investigations to assess the validity of the claim. This may involve the use of investigation agents, legal advisers and the collection of personal information, including health information that the Insurer believes is relevant.

We will only use the health information we collect for these or directly related purposes. You can write to us to access the information we hold about you and to tell us if the information needs to be updated. We try to give each member access to their information on request, but we will tell you if this is not possible.

Making a claim

You or your representative must notify the Trustee (preferably in writing) as soon as reasonably practicable after the occurrence of an event giving rise to a claim. The Insurer is not obliged to accept liability for any claim which, due to the delay in notifying in writing, they are prejudiced in making a decision.

As a condition of paying an insured benefit the Insurer may require you, or your legal personal representative to:

- substantiate the claim;
- be examined by a medical practitioner(s) appointed by the Insurer; and
- supply written authorities to enable the Insurer to access any information reasonably necessary to assess the claim.

If you make a claim under the policy, the Insurer may conduct investigations to assess the validity of the claim. This may involve the use of investigation agents, legal advisers and the collection of personal information, including health information that the Insurer believes is relevant.

Claiming a TPD benefit

In order to claim for a TPD benefit you need to complete an 'Application for Payment - Total and Permanent Disablement' form available by contacting us. The Insurer will then assess your application based on whether you meet the relevant definition of TPD.

In order to claim under Definition 1, the Insurer must receive your claim within five (5) years of your Date of Disablement.¹

A detailed definition of TPD, can be found in the Definitions section of this document.

If you meet Definition 1 or Definition 2 of the TPD definition, you will receive the full amount of TPD benefit that applies to you at that time, subject to the relevant policy terms.

¹ Subject to potential application of Section 54 of the Insurance Contracts Act 1984 (Cth).

Check your insurance details are correct

It is important that you ensure your account balance can cover your premiums each month or your insurance will lapse. The Trustee does not accept responsibility or liability for ensuring your insurance cover does not lapse if you do not maintain sufficient funds to pay premiums, or for informing you if your cover has lapsed or will lapse.

A member's eligibility for insurance cover and the terms and conditions that apply to cover are set out in the Policy. Where the Trustee and/or the Insurer accepts insurance costs for a type or level of cover for which a member is ineligible, the relevant insurance costs will be refunded and no insurance cover will apply for any period.

This document does not contain full details of the Policy and only offers a general guide to the insurance offered by EISS Super. The insurance is provided under the Policy. If there is any conflict between this document and the Policy, the Policy will prevail.

Insurance costs, benefit levels and conditions of cover are not guaranteed and may be varied from time to time without notice to you. When the Trustee confirms your insurance, please check the amount and type of insurance cover we have recorded for you. If you believe it is less than you expected, you must contact us immediately or the cover recorded will be the cover assessed should you make a claim. You should take note of this so that you are aware of this in the event that you make a claim.

4. Definitions

Term	Definition
Accident	means an unforeseen violent, external and visible event that occurs unexpectedly.
Australian Resident	means a person who is entitled to hold an interest in a registered Australian superannuation fund.
At Work	means an Insured Person: <ol style="list-style-type: none"> a. is fully performing, or in the Insurer's opinion, capable of fully performing, on a Full-time Basis free from any limitation or restriction due to illness or injury, all of: <ol style="list-style-type: none"> i. the duties of their usual occupation, if the Insured Person is employed with an employer or self-employed; ii. either of the following for an unemployed Insured Person: <ol style="list-style-type: none"> A. their Domestic Duties, if engaged exclusively in Domestic Duties; or B. the duties of their most recent usual occupation for which they were last employed or self-employed if the Insured Person does not satisfy (a) (ii) A above; and b. is not in receipt of, or is not entitled to receive or claim, in relation to an illness or injury from any source including but not limited to: <ol style="list-style-type: none"> i. workers' compensation benefits; ii. statutory transport accident benefits; and iii. disability income benefits.
Benefit	means a <ol style="list-style-type: none"> a. death benefit; b. Terminal Illness benefit; and c. Total and Permanent Disablement benefit. d. Total Disability Benefit; or e. Partial Disability Benefit.
Benefit Ceasing Age	SCI - when you reach age 65 Death and TPD cover - when you reach age 65 for unitised cover or age 71 for fixed Voluntary Cover.
Benefit Period	means the maximum period for which the Insurer will pay a Benefit in relation to the same or related illness or injury. The length of the Benefit Period may vary between the people for whom the Insurer provides cover under the Policy. The Benefit Period that applies is determined according to what is chosen by the Insured Person and accepted by the Insurer at the time the Insurer accept to cover the Insured Person.
Casual Employee	means an employee: <ol style="list-style-type: none"> a. whose employment with their employer is designated as casual under the relevant industrial award or agreement or where such award or agreement does not designate that person as a casual, an employee who has no entitlement to annual leave or sick leave and no guarantee of continued employment; or b. You have deemed them to be a casual employee in accordance with any written guidelines the Insurer have agreed to with EISS Super from time to time.
Date of Disablement (SCI)	means the latest of the date: <ol style="list-style-type: none"> a. that the Insured Person ceases working in any occupation, whether or not for gain or reward, including expectation of gain or reward, solely and directly as a result of illness or injury; b. that the Insured Person first receives medical advice from a Medical Practitioner about their illness or injury; and c. as at which the Medical Practitioner certifies that the Insured Person, solely and directly as a result of illness or injury: <ol style="list-style-type: none"> i. is totally unable to perform all of the Material and Substantial Duties of their Usual Occupation; and ii. is regularly attending and under the ongoing and appropriate care of a Medical Practitioner, including compliance with regular advice and treatment given by that Medical Practitioner.
Date of Disablement (TPD cover)	means the date the Insured Person, solely and directly because of the illness or injury that is the dominant and effective cause of the Total and Permanent Disablement claim: <ol style="list-style-type: none"> a. being employed or self-employed, ceases all work; or b. being unemployed, ceases to be able to perform any work; or c. being engaged exclusively in unpaid Domestic Duties, ceases to be able to perform their unpaid Domestic Duties.
Declared Earned Income	means the lesser of: <ol style="list-style-type: none"> a. the earnings of the Insured Person most recently agreed by You and Us in writing; or b. the sum calculated in accordance with the Earned Income definition specified below.

Definitions

Term	Definition
Domestic Duties	<p>means the unpaid duties performed by an Insured Person and may include (but are not limited to):</p> <ol style="list-style-type: none"> purchasing cleaning items; cleaning the family home; laundering and ironing clothing items for the household; purchasing food items and preparing meals for the household; or undertaking child rearing at the family home. <p>Note: Insured Persons who are Gainfully Employed, seeking Gainful Employment or are performing unpaid Domestic Duties on less than a Full-time Basis will not be deemed to be performing Domestic Duties.</p>
Earned Income	<p>means:</p> <p>1. Definition 1 – For Insured Persons who are permanent employees working 15 or more Hours per Week: The amount last agreed between the employer and the Insured Person immediately before commencement of Total Disability as their normal annual wage or salary, plus:</p> <ol style="list-style-type: none"> any commission paid by the employer to the Insured Person in the twelve month period immediately before commencement of Total Disability; and all other regular payments or benefits provided to the Insured Person by the employer in the twelve month period immediately before commencement of Total Disability, which when combined with sub-paragraph (a) the Insurer reasonably consider as the Insured Person’s remuneration package; expressed as a monthly amount. <p>2. Definition 2 – For Insured Persons who are self-employed: The monthly income generated by the Insured Person from their personal exertion, calculated by averaging the Insured Person’s net income per year for the two years immediately preceding commencement of Total Disability. For the purposes of this definition, net income means the Insured Person’s gross income from personal exertion less all expenses incurred by the Insured Person in earning that income, but does not include investment income, profit distributions or similar payments.</p> <p>3. Definition 3 – Applies to all other Insured Persons: The amount equal to the average in the last 12 months immediately before commencement of Total Disability of the following:</p> <ol style="list-style-type: none"> the wages or salary paid to the Insured Person by their employer; any commission paid by the employer to the Insured Person; and all other regular payments or benefits provided to the Insured Person by the employer, which when combined with sub-paragraphs (a) and (b) the Insurer reasonably consider as the Insured Person’s remuneration package. <p>Please note that for the purpose of calculating Earned Income for an Insured Person, an employer’s superannuation guarantee contributions in respect of an Insured Person are not included in Earned Income and Declared Earned Income.</p>
Full-Time Basis	means at least 35 Hours Per Week.
Gainfully Employed / Gainful Employment	<p>means employed or self-employed for gain or reward, or in the expectation of ‘gain or reward’ in any business, trade, profession, vocation, calling, occupation or employment.</p> <p>Note: ‘gain or reward’ envisages the receipt of remuneration such as salary, wages, business income, bonuses, commissions, fees or gratuities, in return for personal exertion.</p>
Hazardous Occupation	means an occupation which the Insurer considers is hazardous and includes those involved in hazardous or very heavy manual work and/or presenting particular underwriting difficulties as determined by the Insurer including but not limited to abattoir workers, interstate truck drivers, linesmen working over 10 metres.
Health Insurance Legislation	means the National Health Act 1953 (Cth), Health Insurance Act 1973 (Cth), Private Health Insurance Act 2007 (Cth) or any similar legislation or regulation in connection with health insurance, as amended from time to time.
Hours Per Week (Death / TPD)	<p>means the hours worked in a week (including weekends) whilst employed.</p> <p>For the purposes of calculating a TPD benefit, the Hours per Week will be an average of the hours an Insured Person has worked over the 13 week period immediately prior to the Date of Disablement or such shorter period if employed for less than 13 weeks immediately prior to the Date of Disablement but excluding any period of approved and paid leave which was not taken due to illness or injury.</p>
Hours Per Week (SCI)	<p>means the hours worked in a week (including weekends) whilst employed.</p> <p>For the purposes of calculating a Partial Disability benefit or Total Disability benefit, the Hours per Week will be an average of the hours an Insured Person has worked over the 26 week period immediately prior to the Date of Disablement or such shorter period if employed for less than 26 weeks immediately prior to the Date of Disablement but excluding any period of approved and paid leave which was not taken due to illness or injury.</p>
Inactive	means we have not received an amount in respect of your account in a continuous period of 16 months.

Definitions

Term	Definition
Interim Accident Cover	means cover that comes into force as a consequence of Interim Accident cover details stated on pages 11, 13 and 14.
Life Event(s)	means one of the following events that occurs with respect to the Insured Person for which the Insurer may provide additional cover for the Insured Person in accordance with the Policy: <ol style="list-style-type: none"> the birth of an Insured Person's child; the adoption of a child by an Insured Person; marriage or commencement of a De Facto Relationship of Insured Person; divorce of Insured Person or the termination of a De Facto Relationship of the applicant; or the Insured Person takes out a new mortgage to purchase their primary residence (sole or joint), or increase an existing mortgage to renovate their primary residence by at least \$100,000 with a mortgage provider or lender who holds an Australian Credit Licence.
Limited Cover	means cover for the Insured Person is only for claims arising from: <ol style="list-style-type: none"> an illness the symptoms of which first became apparent; or an injury which first occurred; on or after commencement of cover or the date the cover recommenced or increased and the illness or injury is not directly or indirectly from an illness or injury the signs or symptoms of which existed prior to the commencement of the Limited Cover.
Medical Practitioner(s)	means, unless the Insurer agrees otherwise, a medical practitioner legally qualified and registered to practice in Australia, but shall not include chiropractors, physiotherapists, psychologists or alternative health providers. The Medical Practitioner cannot be: <ol style="list-style-type: none"> the Insured Person; the Insured Person's spouse or partner in a de facto relationship, parent, child, sibling or close family relative; the Insured Person's business partner, associate, employer or employee; or a fellow shareholder or unit holder of the Insured Person in a company or trust that is not a publicly listed company or trust.
Material and Substantial Duty / Material and Substantial Duties	means the material and substantial duty or duties which: <ol style="list-style-type: none"> are normally required for the purposes of an occupation; do not include exceptional duties which are not normally required to perform the duties of that occupation, trade or profession; cannot be reasonably omitted, modified or substituted by the Insured Person or, where applicable, the Insured Person's employer; and are essential to producing an income.
Maximum Monthly Benefit	means the lesser of: <ol style="list-style-type: none"> the Benefit as accepted by Us; the Monthly Benefit plus the Superannuation Contribution Benefit; or \$25,000 per month. The above is the maximum amount of benefits which will be paid under the Policy regardless of the number of accounts or amount of premium paid.
Monthly Benefit	means 75% of Earned Income.
Opting in / Opt in	means a written election provided to us that is made by a Member in accordance with the Superannuation Industry (Supervision) Act 1993 (Cth) to take out or maintain insurance.
Other Disability Income	means any income (other than income under the Policy or Return To Employment Income) which a person may derive during a month for which the amount of the Benefit that applies to them under the Policy is being assessed, whether that income was actually received or not, and includes: <ol style="list-style-type: none"> any benefit payable under other salary continuance insurance policies; any benefit under any workers compensation, statutory compensation, pension, social security or similar schemes or other similar State, Federal or Territory legislation; any benefit paid under state or federal legislation such as the Department of Veteran Affairs; and any employer funded sick leave entitlements and other income payments. Any Other Disability Income which is in the form of a lump sum or is commuted for lump sum, has a monthly equivalent of one sixtieth (1/60) of the lump sum over a period of sixty (60) months. 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.

Definitions

Term	Definition
Partial Disability / Partially Disabled	<p>Where the Insured Person was employed or self-employed for 15 hours or more per week at the Date of Disablement: means, in the Insurer's opinion, solely and directly as a result of an illness or injury, the Insured Person:</p> <ol style="list-style-type: none"> a. satisfies the following requirements: <ol style="list-style-type: none"> i. for the Waiting Period and for the first two years of the Benefit Period, the person is unable to return to performing all of the Material and Substantial Duties of their Usual Occupation, but is capable of working in that occupation to some extent or is working in another occupation; ii. for the remainder of the Benefit Period, the person is unable to return to performing all of the Material and Substantial Duties of Gainful Employment reasonably suited to the Insured Person's education, training or experience but is working in, or is capable of working in, Gainful Employment suited to the Insured Person's education, training or experience to some extent, or is working in another occupation; b. is regularly attending and under the ongoing and appropriate care of a Medical Practitioner, including compliance with regular advice and treatment given by that Medical Practitioner; and c. is only earning or is capable of only earning a Return to Employment Income that is less than 80% of their Earned Income. <p>Where the Insured Person was employed or self-employed for less than 15 hours per week at the Date of Disablement: means, in the insurer's opinion, solely and directly as a result of an illness or injury, the Insured Person:</p> <ol style="list-style-type: none"> a. for the Waiting Period and the Benefit Period, the person is unable to return to performing all of the Material and Substantial Duties of Gainful Employment reasonably suited to the Insured Person's education, training or experience but is working in, or is capable of working in, Gainful Employment suited to the Insured Person's education, training or experience to some extent, or is working in another occupation; b. is regularly attending and under the ongoing and appropriate care of a Medical Practitioner, including compliance with regular advice and treatment given by that Medical Practitioner; and c. is only earning or is capable of only earning a Return to Employment Income that is less than 80% of their Earned Income. <p>An Insured Person will not be considered unable to return to performing all of the Material and Substantial Duties of their Usual Occupation or Gainful Employment, as applicable, if they refuse to accept:</p> <ol style="list-style-type: none"> a. any reasonable omission, modification or substitution of duties; and/or b. the use of any appropriate assistive aids (including those available to them through Our Rehabilitation Service) that would allow the Insured Person to carry out those duties.
Permanently Incapacitated	means we are reasonably satisfied the Insured Person's ill-health (whether physical or mental) makes it unlikely that the Insured Person will engage in Gainful Employment for which the Insured Person is reasonably qualified by education, training or experience.
Psychiatric Impairment Rating Scale	means the scale for assessing the whole-person impairment of a psychiatric disorder as applied by a Specialist Medical Practitioner who has undergone appropriate training in this assessment method. If the Psychiatric Impairment Rating Scale is no longer used or published, we will use another scale similar to it for the determination as determined by the relevant medical body.
Rehabilitation Program	means a program, device or course of treatment certified in writing by a Medical Practitioner to be necessary for the rehabilitation of an Insured Person but excluding any program providing hospital treatment or an ancillary health service within the meaning of the National Health Act 1953 (Cth) or any other program which might cause the Policy to cease to be exempt from the relevant Health Insurance Legislation.
Rehabilitation Service	means a service to assess, assist and support a claimant to be capable of returning (or attempting to return) to their occupational duties or to adopt an alternative vocation. Such rehabilitation service arranged or nominated by the Insurer may include (but will not be limited to):
	<ol style="list-style-type: none"> a. engagement in a Rehabilitation Program; b. modifications to an Insured Person's work environment; c. modifications to an Insured Person's house and car; d. work experience programs providing Insured Persons with opportunities to gain work experience that the Insurer reasonably considers will assist in obtaining future ongoing employment; e. employment assistance through the provision of employment services to unemployed Insured Persons including counselling, action planning, job-search skills, job-placement services, the provision of labour market information, case management and follow-up; or f. retraining to assist Insured Persons with obtaining employment skills for their own reasonable re- training and re-skilling.

Definitions

Term	Definition
Return to Employment Income	<p>means, in respect of an Insured Person who suffers Partial Disability, the amount of income received by an Insured Person through personal exertion during that month which was payable in respect of that month, or which, though not actually received during that month, the Insurer reasonably apportions to them for the month in respect of which the Insurer is paying a Partial Disability Benefit, and any income which, in their opinion, the Insured Person could reasonably be expected to earn while disabled during that month from:</p> <ol style="list-style-type: none"> their Usual Occupation for the first two years of the Benefit Period; or for the remainder of the Benefit Period, Gainful Employment reasonably suited to the Insured Person's education, training or experience. <p>The Insurer will calculate the amount of earned income the Insured Person could reasonably be expected to earn based on medical advice, which may include the opinion of the Insured Person's Medical Practitioner, the advice of experts in remuneration levels in the occupations that the Insured Person is capable of performing, and other relevant information that the Insurer considers to be appropriate.</p> <p>Note: For the purpose of calculating the Insured Person's Return to Employment Income, if they are self-employed, their share of business expenses is not included.</p>
Severe cognitive impairment	<p>means Permanent severe cognitive impairment with 'below average' scores on neuropsychometric testing in three areas of function: intelligence, memory, language, attention, visual-spatial and executive functioning. Validity of neuropsychometric testing in all cases to include a TOMM (Test of Memory Malingering) score.</p>
Specialist Medical Practitioner	<p>means a person: who is a Medical Practitioner; and</p> <ol style="list-style-type: none"> who, if the claimed illness is a mental disorder, is a Medical Practitioner legally qualified as a practicing psychiatrist and registered with the Australian Health Practitioner Regulation Agency (AHPRA) (and we require the condition to have been diagnosed in accordance with the latest edition of the DSM by the Specialist Medical Practitioner); otherwise who is a Medical Practitioner who is a specialist as determined by the relevant medical registration boards and registered with the Australian Health Practitioner Regulation Agency (AHPRA), and is currently practicing in a specialist area related to the illness or injury that a claim is for.
Superannuation Guarantee contribution	<p>means unless the Insurer otherwise agree in writing:</p> <ol style="list-style-type: none"> superannuation contributions made by, or on behalf of, an employer to the Fund in relation to an employee, that: <ol style="list-style-type: none"> reduce the Employer's potential liability for the superannuation guarantee charge imposed by section 5 of the Superannuation Guarantee Charge Act 1992 (Cth), or any succeeding legislation; or are payments of shortfall components (as that expression is defined in the Superannuation Guarantee (Administration) Act 1992 (Cth) or any succeeding legislation); superannuation contributions made by, or on behalf of, an employer to the Fund in relation to the employee in or towards satisfaction of the Employer's obligation to make contributions for the employee, being an obligation under an agreement certified by or registered with an industrial authority or an award made by an industrial authority or under any legislation; or superannuation contributions made by, or on behalf of, an employer to the Fund in relation to the employee in satisfaction of an Employer's binding obligation to make contributions for the employee under a legally enforceable contract between the employer and the employee.
Terminal Illness and Terminally Ill	<p>means:</p> <ol style="list-style-type: none"> two Medical Practitioners have separately certified in writing, that an Insured Person suffers from an illness, or has incurred an injury, that is likely to result in the death of the Insured Person within a period ('the certification period') that ends not more than 24 months after the date of the certification; 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 Person; the illness and certification referred to in paragraph (a) occurs while the Member continues to have cover under the Policy; for each of the certificates, the certification period has not ended; and the Insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment, the illness or injury will lead to the Insured Person's death within 24 months of the date of the certifications.

Definitions

Term	Definition
Total and Permanent Disablement	<p>means one of the following as determined by the terms of the Policy:</p> <p>Definition 1: Unlikely to do a suited occupation ever again means in the Insurer’s opinion, solely and directly as a result of an illness or injury, that the Insured Person:</p> <ul style="list-style-type: none"> A. has been continuously absent from engaging in their occupation and any other occupation for an uninterrupted period of the greater of: <ul style="list-style-type: none"> i. six consecutive months immediately following the Date of Disablement; and ii. the period of time between the Date of Disablement and: <ul style="list-style-type: none"> a. the Initial Notification Date; or b. if applicable, the Subsequent Notification Date, and continuing up to the date the Insurer form their opinion; B. is regularly attending and under the ongoing and appropriate care and treatment of a Medical Practitioner, continuing up to the date the Insurer form their opinion; C. has exhausted all reasonable treatment options (medical or otherwise) which the Insurer require and is not expected to attain any further improvement or recovery from the illness or injury; D. is disabled to such an extent as to render them unlikely of ever engaging in any occupation for which the Insured Person is: <ul style="list-style-type: none"> i. at the end of the six consecutive month period immediately following the Date of Disablement; and ii. by the time the Insurer form their opinion at the Initial Notification Date or Subsequent Notification Date (as applicable), or can be expected following the time the Insurer form their opinion, to become, reasonably suited by education, training or experience. In forming the Insurer’s opinion, the Insurer will have regard to factors including but not limited to: <ul style="list-style-type: none"> i. any rehabilitation, retraining, re-skilling, work or voluntary work that has been undertaken by the time the Insurer form their opinion, or could reasonably be expected to be undertaken by the Insured Person following the time the Insurer form the opinion; and ii. all evidence available to the Insurer (medical or otherwise) for the period up to the time the Insurer form their opinion. For the purposes of paragraph C. and D. above, all reasonable treatment options (medical or otherwise), rehabilitation, training, retraining or re-skilling which the Insurer require will not exceed a period of 12 consecutive months from the later of: <ul style="list-style-type: none"> i. the date that the Insurer notifies the Insured Person of the rehabilitation, training, retraining or re-skilling that the Insurer requires them to undergo; or ii. the commencement of the rehabilitation, training, retraining or re-skilling that the Insurer considers to be necessary. <p>Definition 2: Unlikely to do Basic Activities associated with work ever again and Psychiatric Impairment means in the Insurer’s opinion, solely and directly as a result of an illness or injury that the Insured Person:</p> <ul style="list-style-type: none"> A. is regularly attending and under the ongoing and appropriate care and treatment of a Medical Practitioner, continuing up to the date the Insurer form their opinion; B. has exhausted all reasonable treatment options (medical or otherwise) which the Insurer requires and is not expected to attain any further improvement or recovery from the illness or injury; C. is permanently and irreversibly unlikely to ever perform at least three of six Everyday Working Activities without the physical assistance of another person, despite the use of appropriate assistive aids and appropriate prescribed medication and that permanent inability has lasted for at least an uninterrupted period of six consecutive months or more immediately following the Date of Disablement; where Everyday Working Activities means Mobility, Rising/Sitting, Communicating, Vision, Lifting and Manual Dexterity and: <ul style="list-style-type: none"> i. Mobility means the ability to walk more than 200m on a level surface without stopping due to breathlessness or severe pain in the body; ii. Rising/Sitting means the ability to rise and sit using a chair with arms; iii. Communicating means the Insured Person cannot do one of the following: <ul style="list-style-type: none"> a. speak in their first language so that they are understood in a quiet room, nor can they hear (with or without a hearing aid or other aid) an instruction given in a normal voice in their first language in a quiet room; or b. understand a simple message in their first language, and relay that message to another person; and iv. Vision means the Insured Person cannot, with or without glasses or contact lenses, read ordinary newsprint and pass the standard eyesight test for a car licence; and v. Lifting and carrying means the Insured Person cannot lift, carry or move objects weighing 5kg using their hands; and vi. Manual Dexterity means the Insured Person can use either or both hands or fingers to manipulate small objects with precision (such as picking up a coin or fastening shoelaces or buttons, using cutlery, or using a pen or keyboard). and D. is Permanently Incapacitated. E. if the Insured Person’s Illness is a mental disorder:

Term	Definition
	<ul style="list-style-type: none"> i. the Insured Person’s mental disorder has been diagnosed by a Specialist Medical Practitioner using criteria outlined in the DSM; ii. the mental disorder has solely and directly caused the Insured Person to be absent from all employment for 12 consecutive months from the Date of Disablement; iii. the Insured Person has been assessed by a suitably qualified Specialist Medical Practitioner, approved by Us, under the Psychiatric Impairment Rating Scale as having an impairment of 19% or above; or <p>F. if the Insured Person has a Cognitive Impairment:</p> <ul style="list-style-type: none"> i. the Insured Person has been absent from all employment for 12 consecutive months from the Date of Disablement; and ii. the Insured Person has been assessed by a Specialist Medical Practitioner, approved by the Insurer, as having reached Severe Cognitive Impairment due to the illness or injury.

Definitions

Term	Definition
Total Disability / Totally Disabled (SCI)	<p>Where the Insured Person was employed or self-employed for 15 hours or more per week at the Date of Disablement: means, in the Insurers opinion, solely and directly as a result of an illness or injury, the Insured Person:</p> <ul style="list-style-type: none"> a. satisfies the following requirements: <ul style="list-style-type: none"> i. for the Waiting Period and the first two years of the Benefit Period, the person is totally unable to perform all of the Material and Substantial Duties of their Usual Occupation; ii. for the remainder of the Benefit Period, the person is totally unable to perform all of the Material and Substantial Duties of any Gainful Employment reasonably suited to the Insured Person’s education, training or experience taking into consideration, where relevant, rehabilitation, retraining, re-skilling that has been or could be undertaken by the Insured Person; b. is regularly attending and under the ongoing and appropriate care of a Medical Practitioner, including compliance with regular advice and treatment given by that Medical Practitioner; and c. not working in any occupation, whether or not for gain or reward, including expectation of gain or reward. <p>Where the Insured Person was employed or self-employed for less than 15 hours per week at the Date of Disablement: means, in the Insurer’s opinion, solely and directly as a result of an illness or injury, the Insured Person:</p> <ul style="list-style-type: none"> a. for the Waiting Period and the Benefit Period, the person is totally unable to perform all of the Material and Substantial Duties of any Gainful Employment reasonably suited to the Insured Person’s education, training or experience taking into consideration, where relevant, rehabilitation, retraining, re-skilling that has been or could be undertaken by the Insured Person; b. is regularly attending and under the ongoing and appropriate care of a Medical Practitioner, including compliance with regular advice and treatment given by that Medical Practitioner; and c. not working in any occupation, whether or not for gain or reward, including expectation of gain or reward. <p>An Insured Person will not be considered to be totally unable to perform any of the Material and Substantial Duties of their Usual Occupation or Gainful Employment, as applicable, if they refuse to accept:</p> <ul style="list-style-type: none"> a. any reasonable omission, modification or substitution of duties; and/or b. the use of any appropriate assistive aids (including those available to them through Our Rehabilitation Service) that would allow the Insured Person to carry out those duties.
Usual Occupation/s:	<p>means:</p> <ul style="list-style-type: none"> a. where the person is employed by an employer, the role the Member is performing for the employer. If, however, there has been a change to that role due to illness or injury within the 12 months before the Date of Disablement on which this definition is being applied, with the result that the Member’s role changed or the Member’s duties and/or hours were reduced in that period, the Usual Occupation is the role the Member was performing for the employer before such illness or injury occurred; b. where the person is self-employed, the role which the Member is engaged in for the purposes of their business; and c. where the person does not fall under either paragraph (a) or (b), the role that the Member was engaged in for the longest period in the 12 months before the Date of Disablement on which this definition is being applied.

5. Premium rates for Voluntary Insurance Cover

Voluntary Insurance Cover - Death Only, Death and TPD and TPD Only rates

Annual Premium Rates per \$1,000 Sum Insured						
Age Next Birthday	Death Only		Death and Total and Permanent Disablement		Total and Permanent Disablement Only	
	Male	Female	Male	Female	Male	Female
16	\$0.94	\$0.53	\$0.97	\$0.54	\$0.03	\$0.02
17	\$1.09	\$0.53	\$1.16	\$0.54	\$0.07	\$0.02
18	\$1.20	\$0.51	\$1.27	\$0.54	\$0.07	\$0.03
19	\$1.25	\$0.50	\$1.39	\$0.54	\$0.14	\$0.04
20	\$1.29	\$0.48	\$1.44	\$0.50	\$0.15	\$0.02
21	\$1.29	\$0.45	\$1.46	\$0.49	\$0.17	\$0.04
22	\$1.25	\$0.43	\$1.46	\$0.45	\$0.21	\$0.02
23	\$1.20	\$0.41	\$1.42	\$0.44	\$0.22	\$0.03
24	\$1.17	\$0.38	\$1.39	\$0.42	\$0.22	\$0.04
25	\$1.12	\$0.36	\$1.36	\$0.42	\$0.24	\$0.06
26	\$1.06	\$0.31	\$1.27	\$0.40	\$0.22	\$0.10
27	\$0.99	\$0.30	\$1.22	\$0.40	\$0.24	\$0.12
28	\$0.92	\$0.30	\$1.19	\$0.42	\$0.29	\$0.14
29	\$0.89	\$0.28	\$1.14	\$0.42	\$0.26	\$0.15
30	\$0.84	\$0.28	\$1.09	\$0.45	\$0.26	\$0.19
31	\$0.79	\$0.30	\$1.07	\$0.49	\$0.31	\$0.20
32	\$0.76	\$0.31	\$1.04	\$0.55	\$0.31	\$0.26
33	\$0.74	\$0.33	\$1.04	\$0.60	\$0.32	\$0.31
34	\$0.74	\$0.38	\$1.07	\$0.69	\$0.36	\$0.34
35	\$0.76	\$0.41	\$1.11	\$0.77	\$0.37	\$0.39
36	\$0.79	\$0.45	\$1.17	\$0.90	\$0.41	\$0.51
37	\$0.84	\$0.50	\$1.26	\$1.00	\$0.44	\$0.56
38	\$0.89	\$0.54	\$1.39	\$1.16	\$0.54	\$0.68
39	\$0.96	\$0.61	\$1.56	\$1.32	\$0.66	\$0.78
40	\$1.06	\$0.69	\$1.71	\$1.49	\$0.71	\$0.88
41	\$1.14	\$0.76	\$1.91	\$1.69	\$0.85	\$1.04
42	\$1.24	\$0.86	\$2.16	\$1.88	\$1.00	\$1.12
43	\$1.37	\$0.94	\$2.43	\$2.11	\$1.16	\$1.29
44	\$1.49	\$1.06	\$2.75	\$2.36	\$1.38	\$1.45
45	\$1.65	\$1.16	\$3.08	\$2.65	\$1.56	\$1.65
46	\$1.78	\$1.25	\$3.48	\$2.95	\$1.87	\$1.87
47	\$1.95	\$1.39	\$3.90	\$3.27	\$2.16	\$2.07
48	\$2.13	\$1.52	\$4.32	\$3.65	\$2.41	\$2.36
49	\$2.33	\$1.62	\$4.86	\$4.02	\$2.79	\$2.65
50	\$2.52	\$1.77	\$5.39	\$4.47	\$3.16	\$2.99

Voluntary Insurance Cover – Death Only, Death and TPD and TPD only rates (continued)

Annual Premium Rates per \$1,000 Sum Insured						
Age Next Birthday	Death Only		Death and Total and Permanent Disablement		Total and Permanent Disablement Only	
	Male	Female	Male	Female	Male	Female
51	\$2.74	\$1.88	\$5.96	\$4.96	\$3.55	\$3.40
52	\$2.95	\$2.03	\$6.60	\$5.46	\$4.03	\$3.79
53	\$3.20	\$2.16	\$7.30	\$6.08	\$4.52	\$4.34
54	\$3.45	\$2.33	\$8.04	\$6.72	\$5.07	\$4.86
55	\$3.73	\$2.49	\$8.83	\$7.44	\$5.63	\$5.47
56	\$3.99	\$2.64	\$9.66	\$8.22	\$6.27	\$6.19
57	\$4.32	\$2.81	\$10.58	\$9.11	\$6.92	\$6.99
58	\$4.65	\$2.97	\$11.56	\$10.10	\$7.63	\$7.91
59	\$5.02	\$3.14	\$12.61	\$11.09	\$8.40	\$8.82
60	\$5.38	\$3.30	\$13.73	\$12.09	\$9.23	\$9.76
61	\$5.82	\$3.50	\$14.94	\$13.10	\$10.08	\$10.66
62	\$6.27	\$3.70	\$16.23	\$14.10	\$11.02	\$11.56
63	\$6.78	\$3.89	\$17.62	\$15.14	\$11.99	\$12.50
64	\$7.34	\$4.09	\$19.11	\$16.16	\$13.02	\$13.41
65	\$7.94	\$4.32	\$20.70	\$17.18	\$14.13	\$14.28
66*	\$7.84	\$4.17	\$15.32	\$11.62	\$8.23	\$8.25
67*	\$8.38	\$4.37	\$17.30	\$13.13	\$9.83	\$9.71
68*	\$8.91	\$4.57	\$19.51	\$14.84	\$11.70	\$11.39
69*	\$9.44	\$4.77	\$22.01	\$16.80	\$13.87	\$13.35
70*	\$9.98	\$4.98	\$24.84	\$18.98	\$16.42	\$15.54
71*	\$10.89	\$5.59	\$28.02	\$21.45	\$18.94	\$17.61

Rate table for additional insurance cover (net of commissions, fees, taxes or allowances).

*Only Definition 2 of Total and Permanent Disablement applies.

Salary Continuance Insurance (SCI) – Annual Premium Rates per \$100 Monthly Benefit

Age Next Birthday	Male						Female					
	30 day		60 days		90 days		30 days		60 days		90 days	
	2 year	To age 65	2 year	To age 65	2 year	To age 65	2 year	To age 65	2 year	To age 65	2 year	To age 65
16	3.50	11.51	2.65	8.72	2.23	7.32	5.13	25.44	3.89	19.27	3.27	16.19
17	3.50	11.51	2.65	8.72	2.23	7.32	5.13	25.44	3.89	19.27	3.27	16.19
18	3.50	11.51	2.65	8.72	2.23	7.32	5.13	25.44	3.89	19.27	3.27	16.19
19	3.50	11.50	2.64	8.72	2.22	7.32	5.13	25.43	3.89	19.27	3.26	16.18
20	3.50	11.50	2.64	8.72	2.22	7.32	5.12	25.43	3.89	19.27	3.26	16.18
21	3.49	11.50	2.64	8.72	2.22	7.32	5.12	25.42	3.88	19.26	3.26	16.18
22	3.52	11.88	2.66	9.00	2.24	7.56	5.16	25.89	3.90	19.61	3.28	16.47
23	3.55	12.26	2.69	9.28	2.26	7.80	5.19	26.37	3.93	19.97	3.30	16.78
24	3.57	12.65	2.71	9.58	2.27	8.05	5.22	26.84	3.95	20.33	3.32	17.08
25	3.61	13.05	2.73	9.89	2.30	8.31	5.25	27.30	3.99	20.69	3.35	17.37
26	3.67	13.58	2.78	10.29	2.34	8.64	5.31	27.90	4.03	21.14	3.38	17.76
27	3.67	13.86	2.78	10.51	2.34	8.83	5.33	28.21	4.04	21.38	3.39	17.96
28	3.66	14.11	2.77	10.69	2.33	8.98	5.38	28.70	4.08	21.74	3.43	18.26
29	3.66	14.33	2.77	10.85	2.33	9.12	5.48	29.36	4.16	22.24	3.49	18.68
30	3.66	14.53	2.77	11.01	2.33	9.25	5.62	30.20	4.26	22.88	3.57	19.22
31	3.67	14.75	2.78	11.18	2.34	9.39	5.79	31.24	4.39	23.67	3.68	19.88
32	3.69	14.98	2.79	11.35	2.35	9.53	6.00	32.97	4.55	24.97	3.82	20.98
33	3.73	15.23	2.82	11.53	2.37	9.69	6.26	34.87	4.74	26.43	3.99	22.19
34	3.77	15.58	2.86	11.80	2.40	9.92	6.57	36.98	4.98	28.02	4.18	23.53
35	3.84	16.16	2.91	12.24	2.45	10.28	6.92	39.30	5.24	29.77	4.41	25.01
36	3.93	16.81	2.98	12.74	2.50	10.70	7.32	41.81	5.54	31.68	4.66	26.61
37	4.05	17.54	3.08	13.29	2.58	11.17	7.77	44.52	5.88	33.72	4.94	28.33
38	4.20	18.39	3.18	13.94	2.68	11.71	8.25	47.41	6.25	35.92	5.25	30.17
39	4.40	19.35	3.32	14.66	2.79	12.31	8.78	50.49	6.65	38.25	5.59	32.12
40	4.62	20.46	3.50	15.50	2.95	13.02	9.37	53.72	7.09	40.70	5.96	34.18
41	4.90	21.70	3.70	16.44	3.11	13.81	10.01	57.10	7.58	43.26	6.37	36.33
42	5.21	23.11	3.94	17.50	3.31	14.71	10.70	60.62	8.10	45.92	6.81	38.58
43	5.57	24.66	4.21	18.68	3.54	15.69	11.46	64.23	8.67	48.66	7.29	40.87
44	5.97	26.37	4.53	19.98	3.80	16.79	12.28	67.93	9.30	51.46	7.82	43.22
45	6.43	28.23	4.87	21.39	4.09	17.97	13.18	71.65	9.99	54.28	8.38	45.59
46	6.96	30.26	5.27	22.92	4.43	19.26	14.14	75.37	10.71	57.10	9.00	47.97
47	7.56	32.41	5.73	24.55	4.81	20.62	15.18	79.03	11.50	59.87	9.66	50.29
48	8.23	34.69	6.24	26.27	5.24	22.07	16.30	82.56	12.35	62.54	10.38	52.54
49	8.99	37.05	6.81	28.07	5.72	23.58	17.50	85.89	13.26	65.07	11.13	54.66
50	9.83	39.46	7.45	29.89	6.26	25.11	18.77	88.97	14.22	67.41	11.95	56.62

Salary Continuance Insurance (SCI) – Annual Premium Rates per \$100 Monthly Benefit (continued)

Age Next Birthday	Male						Female					
	30 day		60 days		90 days		30 days		60 days		90 days	
	2 year	To age 65	2 year	To age 65	2 year	To age 65	2 year	To age 65	2 year	To age 65	2 year	To age 65
51	10.77	41.87	8.15	31.72	6.84	26.64	20.13	91.70	15.26	69.47	12.81	58.35
52	11.78	44.22	8.92	33.50	7.49	28.14	21.60	94.00	16.35	71.22	13.74	59.82
53	12.89	46.43	9.76	35.18	8.20	29.54	23.14	95.77	17.53	72.55	14.73	60.95
54	14.08	48.41	10.67	36.68	8.97	30.81	24.81	96.91	18.79	73.42	15.79	61.67
55	15.39	50.09	11.65	37.95	9.79	31.87	26.58	97.30	20.13	73.71	16.92	61.92
56	16.80	51.38	12.73	38.92	10.69	32.70	28.46	96.80	21.56	73.33	18.11	61.60
57	18.35	52.14	13.91	39.50	11.67	33.18	30.44	95.28	23.07	72.18	19.37	60.64
58	20.05	52.27	15.18	39.59	12.76	33.26	32.55	92.61	24.66	70.16	20.72	58.94
59	21.72	51.73	16.46	39.19	13.82	32.92	34.50	88.84	26.14	67.31	21.95	56.53
60	23.53	50.26	17.83	38.08	14.98	31.98	36.56	83.59	27.69	63.32	23.26	53.20
61	25.47	47.65	19.30	36.10	16.21	30.32	38.73	76.69	29.34	58.09	24.65	48.80
62	27.55	43.67	20.87	33.09	17.53	27.79	41.02	67.89	31.07	51.44	26.10	43.21
63	29.76	38.03	22.55	28.82	18.94	24.21	43.46	56.92	32.92	43.13	27.66	36.23
64	30.13	30.13	22.82	22.82	19.17	19.17	43.01	43.01	32.58	32.58	27.37	27.37
65	18.41	18.41	13.95	13.95	11.72	11.72	24.45	24.45	18.53	18.53	15.56	15.56

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