Insurance guide



1 October 2026

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Important Information

The information in this document forms part of the First Super Product Disclosure Statement (PDS) for Employer-Sponsored and Personal Members dated 1 October 2026. You should consider this information and the information in the First Super PDS before making a decision to invest in First Super.

Insurance is provided under group insurance policies taken out by the Trustee and issued by TAL Life Limited ABN 70 050 109 450 AFSL 237848. In case of inconsistency between the Insurance Guide and the insurance policies, the policies shall prevail.

1. First Super's insurance cover

- **Comprehensive:** covered 24 hours a day, 7 days a week.
- **Easy:** premiums are deducted from your First Super account.
- **Flexible:** you can increase your cover to suit your needs and situation (subject to meeting the Insurer's health evidence requirements).
- **Affordable premiums:** each unit of Death and Total and Permanent Disablement (TPD) cover costs $2.68 per week (Blue Collar/manual), $1.22 per week (White Collar/non-manual) and $1.11 per week (Professional). For Death cover only, the cost is $0.77 per week (Blue Collar/manual), $0.36 per week (White Collar/non-manual) and $0.31 per week (Professional). Rates are inclusive of an insurance handling fee (4.67% of member premiums) and Stamp Duty.

First Super provides eligible members with insurance cover for:

Death and Total and Permanent Disablement (TPD)

This provides a financial benefit if you die or if you become totally and permanently disabled. Cover is available for Death, Terminal Illness and TPD, and ceases at age 70.

Voluntary Income Protection

You can choose to apply for Income Protection cover, which provides a monthly income to help you meet your living expenses and other financial commitments for up to two years if you are totally or partially disabled due to illness or injury and unable to work. This cover is voluntary and is not automatically provided to members. Cover ceases at age 65.

The key definitions applicable to these insurances can be found from pages 19 to 23 of this document.

See *eligibility conditions* on page 5

Please note that *Putting Members' Interests First* legislation requires super funds to provide insurance on an 'opt-in' basis only to:

- members whose super balances are below $6,000 on or after 1 November 2019; and
- members who are under age 25 and hold a new super account from 1 April 2020.

See **www.firstsuper.com.au/PMIF** or phone us on **1300 360 988** for more details.

2. Death and TPD insurance cover in more detail

Death (and Terminal Illness) and TPD insurance

When you join First Super you will be covered automatically for 4 units of Death and TPD, provided you are aged between 11 and 69 years, subject to eligibility conditions being met (see page 5). You then have several options, including:

- dropping some or all of the automatic (default) insurance cover
- keeping the automatic (default) insurance cover provided
- changing to the lower cost White Collar/non-manual or Professional rates if you qualify for them
- doubling your automatic (default) insurance cover without the need to provide health evidence (Employer-Sponsored members only)
- fixing the value of your automatic (default) insurance cover so it doesn't decline over time
- applying for more units of insurance
- applying for a fixed amount of insurance; or
- transferring other insurance you have into First Super subject to conditions.

Note: if you have previously been paid or been eligible to receive a Total and Permanent Disablement benefit, your Total and Permanent Disablement insurance will be Limited Cover.

The automatic (default) insurance cover you receive

Automatic (also known as 'default') insurance cover of 4 units of Death and TPD is provided automatically to all eligible members and to those who have made a Valid Election (opted in). This costs $10.72 per week ($4.90 per week if you are eligible for White Collar/non-manual rates and $4.43 per week if you are eligible for Professional rates), subject to eligibility conditions being met.

For a new Employer-Sponsored member:

1. If a Superannuation Guarantee (SG) Contribution is received on your behalf within six (6) months from the first date your employer is required to make a SG Contribution, then:
   - provided you are in Active Employment for thirty (30) consecutive days prior to your insurance cover commencing, Limited Cover will not apply.
   - if you are not in Active Employment for thirty (30) consecutive days prior to your insurance cover commencing, Limited Cover will apply until you are in Active Employment for thirty (30) consecutive days.
2. If a Superannuation Guarantee (SG) Contribution is received on your behalf more than six (6) months from the date your employer is required to make a SG contribution, Limited Cover will apply for a minimum of twenty-four (24) months from the date cover commences. Limited Cover will no longer apply if you are in Active Employment at the end of the twenty-four (24) month period, otherwise until you are in Active Employment for thirty (30) consecutive days.

You can apply to have Limited Cover removed by contacting First Super. Please note that you will be required to provide health evidence.

For Personal members

For an insured member who receives automatic cover, Limited Cover will apply for at least 24 months. If at the end of the 24-month period the insured member is in Active Employment, the cover will become full cover, otherwise Limited Cover will continue to apply until the insured member returns to Active Employment for 30 consecutive days.

If you wish to cancel some or all of the automatic insurance cover, please tell us in writing or call the Member Services team, otherwise your automatic insurance cover will continue and premiums will be charged to your account. Each unit of Death and TPD cover dropped will reduce your insurance cost by $2.68 per week (Blue Collar/manual), $1.22 per week (White Collar/non-manual) and, $1.11 per week (Professional).

The value of automatic (default) insurance cover declines over time according to the table below:

Age at Death/TPD	Value of 4 units of insurance	Age at Death/TPD	Value of 4 units of insurance	Age at Death/TPD	Value of 4 units of insurance
11 to 34	$200,000	**46**	$98,000	**58**	$32,800
35	$180,000	**47**	$92,800	**59**	$27,200
36	$152,400	**48**	$87,200	**60**	$22,000
37	$146,800	**49**	$81,600	**61**	$17,200
38	$141,600	**50**	$76,400	**62**	$13,600
39	$140,000	**51**	$70,800	**63**	$11,600
40	$130,800	**52**	$65,200	**64**	$11,600
41	$125,600	**53**	$60,000	**65***	$5,400
42	$120,000	**54**	$54,400	**66***	$5,400
43	$114,400	**55**	$48,800	**67***	$5,400
44	$109,200	**56**	$43,600	**68***	$5,400
45	$103,600	**57**	$38,400	**69***	$5,400

*Please see the definition of Total and Permanent Disablement on page 22. The Total and Permanent Disablement definitions Tier 2–3 apply from age 65 until you turn 70.

Eligibility for automatic cover

Automatic cover for a new member is provided if you meet General Eligibility and satisfy the following requirements:

- you are aged 25 and above; and
- your account balance has reached at least $6,000 at least once

OR

- you have elected that cover should continue to be provided even if you are aged under 25 or have an account balance below $6,000.

Eligibility for automatic cover (opt-in)

Automatic cover for a member is provided on an opt-in basis if you meet General Eligibility, and satisfy the following requirements:

- cover has not already commenced (cover via automatic commencement)
- you have not previously opted out or cancelled cover or cover ceased for any reason
- the Fund receives a Valid Election from you for automatic cover to commence.

If you wish to keep your automatic insurance cover, then no action is required. Your automatic insurance cover will continue if you have sufficient funds in your account to cover the cost of premiums and your account does not become inactive for a period of 16 months. You can opt out of automatic insurance cover at any time by contacting us on **1300 360 988** or emailing us at **mail@firstsuper.com.au**.

If you think you qualify for White Collar/non-manual or Professional rates, you should apply to have the cost of your insurance decreased.

You can apply for lower cost rates when you complete your application form or by using the *Application to Vary Your Insurance Cover Form* available from **www.firstsuper.com.au/forms**, or by contacting First Super by phone or email.

You may qualify for White Collar/non-manual insurance rates if you:

- are solely engaged in a professional, managerial, marketing, accounting, administrative or clerical occupation;
- spend at least 80 per cent of all working time in an office environment; and
- are, at the date of the application form, in Active Employment.

You may qualify for Professional insurance rates if you:

- are solely engaged in a professional, managerial, marketing, accounting, administrative or similar white collar occupation;
- perform duties that are entirely undertaken within an office environment;
- earn more than $125,000 a year from your profession;
- are in a senior management role, or hold tertiary qualifications, or are a member of a professional institute, or registered by a government body related to your profession; and
- are, at the date of the application form, in Active Employment.

New Member Offer for new Employer-Sponsored members

If you wish to increase your automatic insurance cover by up to double the number of units, you may be able to do this if you are a new Employer-Sponsored Member who joined First Super within 6 months of starting with your employer, are in Active Employment and have never been paid or been eligible to be paid a TPD benefit.

Employer-Sponsored Members who first join the Fund by receipt of an On-time contribution and have received automatic cover will be eligible to apply for an increase in cover without medical underwriting, subject to the following:

- you can increase cover by either 1,2,3 or 4 units of the Insured Benefit Scale in addition to the amount of automatic cover received; and
- the application to increase the automatic cover is received by us within the first 6 months of commencing with your employer.

Those members who opt-in to automatic cover by providing a Valid Election or where cover recommences will not be eligible for the New Member Officer.

A completed Membership Application Form electing to increase your cover up to eight (8) units must be made to the Fund within six months of you commencing employment with your employer.

Each additional unit of Death and TPD cover taken will cost $2.68 per week (Blue Collar/manual), $1.22 per week (White Collar/non-manual) and $1.10 per week (Professional). Each additional unit of Death-only insurance you take will cost $0.77 per week (Blue Collar/manual), $0.36 per week (White Collar/non-manual) and $0.31 per week (Professional).

If you wish to:

- fix the value of your automatic insurance cover so it doesn't decline over time;
- apply for more units of insurance; or
- apply for a fixed amount of insurance,

you can do this at any time by using forms available from **www.firstsuper.com.au/forms** or by contacting First Super via phone on **1300 360 988** or email **mail@firstsuper.com.au**.

Maximum Benefit Levels are:

- **Death Benefit** – Unlimited.
- **TI Benefit** – $5 million
- **TPD** – $2 million.

The rates applicable to fixed insurance appear on page 10 of this document. Alternatively, you can contact First Super for a quote.

If your application for a fixed amount of insurance cover is successful, any Death and TPD insurance units in place will be cancelled. Therefore, it is important you apply for the amount of insurance cover you require. If your application for a fixed amount of insurance cover is unsuccessful, any Death and TPD insurance units you had will remain in place.

If you wish to apply to transfer other insurance cover you have into First Super, you can do this at any time by completing the *Application to Transfer Insurance Cover Form,* available from **www.firstsuper.com.au/forms**.

Transferring insurance

You may be able to transfer your current insurance arrangement so that the total cover amount after transfer cannot exceed $1.5 million provided:

- you satisfactorily complete the *Application to Transfer Insurance Cover Form*;
- you provide Evidence of Previous Cover; and
- you cancel the previous cover which is being transferred.

If the Insurer accepts your application to transfer cover, you acknowledge that it is accepting the risk on the basis that your existing cover had been validly accepted by your previous insurer based on accurate and complete information. You therefore confirm that you have disclosed all relevant matters in accordance with your duty to take reasonable care not to make a misrepresentation (whichever applied at the time of application for the existing insurance) and did not make any misrepresentations when you applied for your existing cover. In the event that you have made a non-disclosure or misrepresentation when applying for your existing cover and this would enable an insurer to exercise a remedy under the *Insurance Contracts Act 1984 (Cth)*, including but not limited to avoiding the contract, you understand that the Insurer may exercise that remedy as though your non-disclosure or misrepresentation had been made directly to it.

For more information contact the Member Services Team on **1300 360 988** or email **mail@firstsuper.com.au**.

What happens when you apply to increase insurance cover?

The Insurer will consider most applications using the information collected on the *Application for Insurance Cover Form*. However, the Insurer may contact you directly to ask further questions regarding your health. In some instances, the Insurer may also request further medical information in the form of medical tests. Should this be required, it will be at the Insurer's expense.

If the Insurer approves your application subject to an exclusion, for example, for medical reasons. We will advise of your the insurer's decision and you will have ninety (90) days to accept the offer of insurance cover. If you accept the offer, the insurance cover including the exclusion will commence from the date you accept the offer. If you do not accept the offer within ninety (90) days, then the insurance cover will not commence.

We will notify you of the Insurer's decision. While your application for increased cover is being assessed, you will be provided with Interim Accident cover for up to ninety (90) days. Interim Accident cover is provided at the same level and type of cover as the cover applied for, or the difference between the level of increased cover applied for and the current level of cover, up to a maximum of $2 million.

Generally, Interim Accident cover pays a benefit if (depending

on the cover you have applied for) you have an accident. It does not include Death or Total and Permanent Disablement caused by a pre-existing illness, disease, injury, deformity or infirmity of any type or arising in circumstances where you have deliberately assumed a risk or courted disaster.

When does your insurance cover start?

Cover commencement (automatic default cover)

If an Active Contribution is received within sixteen (16) months prior to the requirements as covered under 'Eligibility for automatic cover' on page 5 are met, cover will commence on the date when these requirements are met.

If an Active Contribution is received by the Fund after 16 months of satisfying the requirement under Eligibility for automatic cover' on page 5, cover will commence on the date when the Fund receives the first Active Contribution on your behalf.

Cover commencement (opt-in automatic cover)

Where you satisfy eligibility for commencement of automatic cover, cover will commence on the later of the date your election (opt-in) form is received or the date First Super receives a contribution or roll-in amount into your account (as relevant).

Other insurance cover starts when the Insurer advises it has accepted your application for cover.

When does Death and TPD insurance cover end?

Insurance cover will end on the earliest of:

- the date the insurance policy ends
- the date you reach the expiry age for Death or Total and Permanent Disablement insurance (currently age 70);
- the date you die;
- the date you cease to be a member of the Fund;
- the date we receive your request for cover to end (unless the request specifies a later date, in which case, that date);
- the last day of the month in which your account has insufficient funds to pay insurance premiums;
- the date a Death benefit, Total and Permanent Disablement benefit, or a Terminal Illness benefit is paid or payable under the insurance policy in respect of the insured member (if applicable). Unless you held higher death cover than TPD cover. Then your death cover will be reduced by your insured TPD payment;
- the date we advise you that cover has to end due to some unknown or unexpected circumstance; or
- the Friday immediately prior to a continuous 16-month period during which no Active Contribution has been received on your behalf, unless a Valid Election has been made.



3. How we pay Death & TPD benefit payments

Recommencement of cover

Where cover ceases due to lack of Active Contribution for 16 months or more:

- Automatic cover (Blue Collar/manual member rating) recommences on the date an Active Contribution is received, where you:
  - are aged 25 and above; and
  - have an account balance that reached $6,000 or more at least once; or
  - upon the application for underwritten cover and acceptance by the Insurer.

Limited Cover will apply for at least twenty-four (24) months. If at the end of the twenty-four (24) month period you are in Active Employment, the Limited Cover restriction will be removed and full cover will be provided. If you are not in Active Employment, Limited Cover will continue until you are in Active Employment for thirty (30) consecutive days.

A member whose cover recommences shall not be eligible for the New Member Offer.

Where cover has ceased on 1 April 2020 due to an account balance being less than $6,000

Automatic cover will recommence on the date an Active Contribution is received and you have satisfied the eligibility requirements set out in 'Eligibility for automatic cover' on page 5.

The cover that recommences will be automatic cover (Blue Collar/manual member rating), and Limited Cover conditions apply.

A member whose cover recommences shall not be eligible for the New Member Offer.

Exclusions: What isn't covered by Death and TPD insurance cover?

Death and TPD insurance cover doesn't cover claims caused directly or indirectly by:

- war or an act of war outside of Australia, although the Insurer may offer to continue insurance cover in exchange for increased premium rates in some circumstances; or
- by Active Service in any armed forces.

First Super and its service providers must comply with the law when making benefit payments, and a benefit cannot be paid where to do so is likely to breach an applicable legal obligation. This includes situations in which sanctions and embargoes are imposed under a United Nations resolution or the laws and regulations of (among others) the European Union, Australia, or the USA. Your insurance cover is likely to be affected if you become personally subject to such sanctions or embargoes, if you travel to a place that is subject to such sanctions or embargoes or if payment of a benefit to any party would breach such sanctions or embargoes.

Cancelling your insurance cover

If you wish to cancel some or all of your insurance cover, you can do so:

- in writing, to First Super, PO Box 666, Carlton South, VIC 3053
- by phone, on **1300 360 988**
- by email at **mail@firstsuper.com.au**

Death benefits

If you die while you are a member of the Fund, your account balance will be paid as a lump sum. In addition, any insured benefit may also become payable provided the Insurer admits a claim made for payment. To whom your Death benefit will be given when you die depends on the law and what you instruct us to do. You have four options:

1. Do nothing, in which case the law requires the Trustee to pay your benefit to your dependants or estate (see below for the meaning of 'dependant');
2. Make a Non-Binding Nomination of Beneficiary (see below for more information).
3. Make a Lapsing Binding Nomination of Beneficiary (see below for more information); or
4. Make a Non-Lapsing Binding Nomination of Beneficiary (see below for more information).

Non-Binding Nomination of Beneficiary: This allows you to nominate the people you would prefer to receive your Death benefit should you die while a member of the Fund. The Trustee will take this into account when making a payment, but will ultimately decide who should receive your Death benefit according to the Fund's Trust Deed. Payment will be made to one or more of your dependants or your legal personal representative.

Lapsing Binding Nomination of Beneficiary: This allows you to provide a written instruction to the Trustee about who you wish to receive your benefit in the event of your death. The Trustee is legally bound to follow your instruction, provided that the nomination is legally valid and the person(s) nominated qualify for payment under the Fund's Trust Deed when the benefit is paid. A Lapsing Binding Nomination is valid for three years and overrides any Non-Binding Nomination you have made.

Non-Lapsing Binding Nomination of Beneficiary: This allows you to provide a written instruction to the Trustee about who you wish to receive your benefit in the event of your death. The Trustee is legally bound to follow your instruction, provided that the nomination is legally valid and the person (s) nominated qualify for payment under the Fund's Trust Deed when the benefit is paid. A Non-Lapsing Binding Nomination is valid indefinitely unless you cancel or amend it.

You can make a Non-Binding or Non-Lapsing Binding nomination by completing the relevant form available in the PDS or online.

You can make a Lapsing Binding nomination by completing the relevant form in the PDS.

Who is a dependant?

Under superannuation law, a dependant is generally a child, spouse, financial dependant, or a person with whom you have an interdependency relationship. Two people may have an interdependency relationship if:

- they have a close personal relationship;
- they live together;
- one or each of them provides the other with financial support; and
- one or each of them provides the other with domestic support and personal care.

An interdependency relationship may also exist where there is a close personal relationship between two people who do not satisfy other criteria because either or both of them suffer from a physical, intellectual or psychiatric disability.

To claim a Death benefit your spouse, employer, legal personal representative or some interested party must notify First Super in the event of your death. If you had insurance cover, First Super will lodge a claim with the Insurer and pay the entire amount to the relevant party/ies.

Terminal Illness benefit

If you are diagnosed as having a terminal illness while you are a member of the Fund, provided you have not been paid or have qualified for a TPD payment, an amount equivalent to your Death benefit, up to a maximum insured benefit of $5 million, may become payable while you are still alive, provided the Insurer admits a claim made for payment. To lodge a claim for a Terminal Illness benefit, contact First Super as soon as reasonably possible to obtain the relevant claim forms.

Total and Permanent Disablement benefit

If you become totally and permanently disabled (TPD), the balance of your account may become payable. In addition, any insured benefit may also become payable provided the Insurer admits a claim made for payment.

All TPD benefits must be assessed by the Trustee before any payment is made to ensure all payments are made in accordance with legislation. As each claim is assessed by the Trustee and Insurer separately, it is possible for the Trustee to conclude that you qualify for a TPD benefit while the Insurer concludes that you do not qualify for the benefit. If this occurs, the Trustee will pay your account balance portion of the TPD benefit and attempt to convince the Insurer that it should consider your claim for the insured portion of the TPD benefit.

The Trustee has no obligation to pay the insured portion of the TPD benefit to you until it is paid by the Insurer.

The TPD waiting period: depending on your disability, you must be disabled for a period of 3 to 12 months before a claim for a TPD benefit can be paid.

Note: you can lodge a claim at any time.

Members employed and aged under 65 years: If you suffered from an injury or illness and are unlikely to do a suited occupation ever again, a TPD benefit is payable under Tiers 1, 2 or 3 of the definition of Total and Permanent Disablement at the rear of this document.

Members aged 65 years and over: If you suffered from an injury or illness and are unable to do basic activities associated with work ever again, or you are suffering from a permanent severe psychiatric incapacity, a TPD benefit is payable if you become disabled before age 70 according to any of Tiers 2 or 3 of the definition of Total and Permanent Disablement at the back of this document.

Unemployed and retired members: If you have been unemployed or retired for the 24 months immediately prior to the Incident Date and you suffered from an injury or illness which resulted in you being unable to do basic activities associated with work ever again, or you are suffering from a permanent severe psychiatric incapacity, a TPD benefit is payable if you become disabled before age 70 according to any of Tiers 2 or 3 of the definition of Total and Permanent Disablement at the rear of this document.

Claiming a TPD benefit

To lodge a claim for a Total and Permanent Disablement benefit, contact First Super as soon as reasonably possible to obtain the relevant claim forms. You must return the claim forms to the Fund, including medical reports from your Medical Practitioner. Please note, provision of these forms does not constitute an admission of liability in respect of any claim lodged.

On receipt of the completed claim forms and medical reports on your condition, your claim will be assessed by the Insurer in accordance with the relevant definitions and policy terms.

Sound medical evidence is vital to a proper and fair assessment. It may be necessary for you to provide further information, provide signed authorities to approach other organisations to access financial information, and undergo one or more medical examinations with Medical Practitioners nominated by the Insurer, or undergo vocational assessment or rehabilitation, while your claim is being assessed.

Depending on the nature of your claim and the evidence provided, there may be a waiting period as part of the assessment process. The insurer will meet the cost of any additional medical examinations, vocational assessment or rehabilitation, which it reasonably requires you to undergo, and any costs of you being interviewed. You must be under the regular care of, and following the advice and treatment recommended by your Medical Practitioner.

Where you have taken out insurance cover and a claim is not accepted by the Insurer and Trustee, no insured benefit will be payable.

Fixed Cover Death or Death and TPD Rates – Premium

The following table shows the yearly premium rates per $1,000 of cover.

Age Attained	Premium rates per $1,000 sum insured					
	Death Only			Death and TPD		
	Blue Collar/ manual ($)	White Collar/ non-manual ($)	Professional ($)	Blue Collar/ manual ($)	White Collar/ non-manual ($)	Professional ($)
11 to 16	0.81	0.38	0.33	2.84	1.35	1.20
17	0.81	0.38	0.33	2.84	1.35	1.20
18	0.81	0.38	0.33	2.84	1.35	1.20
19	0.81	0.38	0.33	2.84	1.35	1.20
20	0.81	0.38	0.33	2.84	1.35	1.20
21	0.81	0.38	0.33	2.84	1.35	1.20
22	0.81	0.38	0.33	2.84	1.35	1.20
23	0.81	0.38	0.33	2.84	1.35	1.20
24	0.81	0.38	0.33	2.84	1.35	1.20
25	0.81	0.38	0.33	2.84	1.35	1.20
26	0.81	0.38	0.33	2.84	1.35	1.20
27	0.81	0.38	0.33	2.84	1.35	1.20
28	0.81	0.38	0.33	2.84	1.35	1.20
29	0.81	0.38	0.33	2.84	1.35	1.20
30	0.81	0.38	0.33	2.84	1.35	1.20
31	0.81	0.38	0.33	2.84	1.35	1.20
32	0.81	0.38	0.33	2.84	1.35	1.20
33	0.81	0.38	0.33	2.84	1.35	1.20
34	0.81	0.38	0.33	2.84	1.35	1.20
35	0.91	0.42	0.38	3.15	1.45	1.32
36	1.07	0.50	0.45	3.74	1.73	1.56
37	1.11	0.51	0.47	3.88	1.79	1.61
38	1.15	0.52	0.48	4.03	1.85	1.68
39	1.16	0.54	0.49	4.07	1.88	1.69
40	1.25	0.59	0.52	4.34	2.00	1.80
41	1.29	0.59	0.54	4.54	2.11	1.88
42	1.36	0.62	0.56	4.71	2.22	2.02
43	1.43	0.67	0.59	4.95	2.30	2.05
44	1.49	0.69	0.62	5.23	2.41	2.17
45	1.57	0.73	0.66	5.47	2.53	2.29
46	1.66	0.76	0.69	5.81	2.70	2.41
47	1.76	0.81	0.73	6.14	2.84	2.55
48	1.86	0.87	0.78	6.53	3.01	2.72
49	2.00	0.93	0.83	6.98	3.24	2.91
50	2.14	0.99	0.89	7.43	3.45	3.09
51	2.31	1.06	0.96	8.06	3.73	3.35
52	2.50	1.15	1.05	8.73	4.03	3.61
53	2.72	1.26	1.14	9.49	4.38	3.95
54	3.00	1.38	1.25	10.47	4.80	4.34
55	3.35	1.55	1.38	11.67	5.39	4.85
56	3.74	1.73	1.56	13.04	6.05	5.44
57	4.25	1.97	1.77	14.82	6.84	6.16
58	4.98	2.30	2.06	17.36	8.05	7.24
59	6.01	2.78	2.49	20.91	9.69	8.72
60	7.42	3.43	3.09	27.66	12.80	11.53
61	9.49	4.38	3.95	37.63	17.41	15.69
62	12.00	5.54	5.00	50.47	23.32	20.98
63	14.07	6.51	5.85	62.51	28.91	26.06
64	14.07	6.51	5.85	65.89	30.49	27.47
65*	30.23	13.97	12.57	141.58	65.46	58.92
66*	30.23	13.97	12.57	141.58	65.46	58.92
67*	30.23	13.97	12.57	141.58	65.46	58.92
68*	30.23	13.97	12.57	141.58	65.46	58.92
69*	30.23	13.97	12.57	141.58	65.46	58.92

* Total and Permanent Disablement insurance cover applies as per Tier 2-3.

Prices include insurance handling fee and stamp duty and have been rounded to two decimal places.

4. Income Protection insurance cover in more detail

Income Protection insurance cover provides you with a regular income for up to two years to help you pay bills and meet the normal costs of living if you cannot work because you are Totally Disabled or Partially Disabled due to illness or injury. Income Protection insurance is not provided as automatic insurance cover, which means you have to apply to be covered by Income Protection insurance.

Who can apply?

You can apply for Income Protection insurance cover if you:

- are aged between 16 and 64 years of age inclusive; and
- work on a permanent full-time basis, or part-time and working at least 15 hours per week on a regular basis. Casual employees are not eligible for Income Protection cover.

Cover is subject to the Insurer's acceptance on such terms and conditions as required.

You will be required to make a Valid Election (opt in) if you:

- are under age 25;
- have an account balance that has not reached $6,000 or more at least once since 1 November 2019; or
- have an account that has not received an Active Contribution for at least 16 continuous months.

How to apply for Income Protection insurance cover

You can apply for Income Protection insurance cover by:

- applying to transfer Income Protection cover you already hold into First Super; or
- applying to set up Income Protection insurance cover in First Super without transferring existing cover.

If you already have Income Protection insurance cover, transferring it into First Super could be advantageous, especially if you are not paying the premiums through your super. However, because terms and conditions can vary, it may not be possible to exactly match all the terms and conditions attaching to cover that is transferred.

Applications must be in writing using the Application for Insurance Cover Form. The Insurer will consider your application and may request medical and other information about you before deciding whether or not to approve your application. If your application is accepted, you will be notified of the acceptance and the date on which the insurance cover, or increase in insurance cover, starts.

If you transfer Income Protection insurance cover into First Super:

- the total cover amount you have through First Super cannot exceed $10,000 per month;
- you must validly cancel the cover which is being transferred;
- you satisfactorily complete the *Application to Transfer Insurance Cover Form*; and
- provided Evidence of Previous Cover.

Whether you transfer existing cover into First Super or set up Income Protection insurance in First Super without transferring existing cover, the Insurer may apply special terms, conditions and exclusions to your cover. You will be advised of these, if any, before your cover starts.

How much insurance cover can I apply for?

Each unit of Income Protection insurance cover provides a gross benefit of $100 per month. You can insure up to 75% of your annual salary plus a 10% contribution to super (85% in total) to a maximum of $25,000 per month.

Interim Accident insurance cover

While your application is being assessed, you will be provided with Interim Accident insurance cover to the lesser of the amount applied for or $15,000 per month, but only if the condition which gives rise to the benefit is the sole and direct result of an Accident occurring during the period in which Interim Accident insurance cover applies, and is not affected by any pre-existing condition.

Interim Accident insurance cover starts from the time First Super receives your application, and continues until the earlier of the date the Insurer accepts or rejects your application, the date you withdraw your application, or 90 days after the Interim Accident insurance cover started. First Super does not charge a separate premium for Interim Accident insurance cover. In the event an application is accepted, premiums will be charged from the effective date of any cover we approve. If an application for cover is not accepted by us, no premium will be charged for the period in which Interim Accident cover was provided.

The cost of insurance cover

This will depend on:

- the waiting period you select (30, 60 or 90 days);
- whether you qualify for Blue Collar/manual, White Collar/non-manual or Professional rates;
- the amount of insurance cover you select (which can be any number of units up to the maximum available for your annual salary); and
- whether you are male or female.

Premium rate tables are set out on pages 15 to 17 of this document.

The waiting period is the period of days that must elapse after you are disabled before any benefit is payable. The waiting period will commence on the later of the date you are certified by a Medical Practitioner as being Totally Disabled or Partially Disabled and the date you cease all work due to illness or injury. First Super offers a choice of three waiting periods: 30, 60 or 90 days. Premiums are generally lower for longer waiting periods. No benefits accrue or are payable during the waiting period. As any benefits are payable monthly in arrears you may wish to consider this when choosing your waiting period.

Occupation categories

An occupation category classifies the usual activities of your job into three categories: **Blue Collar/manual, White Collar/ non-manual or Professional rates.** Different rates apply to different occupations because some occupations have more risks attached to them than others. Blue Collar/manual rates apply to all occupations that are not classified as White Collar/non-manual or Professional.

You may qualify for White Collar/non-manual insurance rates if at the date of the Application you:

- are solely engaged in a professional, managerial, marketing, accounting, administrative or clerical occupation;
- spend at least 80 per cent of all working time in an office environment; and
- are in Active Employment.

You may qualify for Professional insurance rates if:

- you are solely engaged in a professional, managerial, marketing, accounting, administrative or similar white collar occupation;
- your duties are entirely undertaken within an office environment;
- you earn more than $125,000 a year from your profession;
- you are in a senior management role, or hold tertiary qualifications, or are a member of a professional institute, or registered by a government body related to your profession; and
- you are, at the date of the application form, in Active Employment.

In addition, the cost and conditions of cover may be affected by your personal circumstances. Blue Collar/manual, White Collar/ non-manual and Professional rates are shown on pages 15 to 17. To calculate the cost of cover:

1. Find your age and gender on the rate table that best describes your occupation, then decide the waiting period you want to wait before payments start. Let's say White Collar/non-manual rates for a 25-year-old female and a 90-day waiting period.
2. Work out how much income protection you need. If your salary is $50,000, and you might want cover of $3,500 per month before tax (just less than 85% of monthly income).
3. Each rate table shows annual premiums per $100 of monthly cover. So to get $3,500 per month before tax you need 35 units of cover.

To work out the cost of cover, you need to multiply the relevant factor in the correct Male or Female column of the White Collar/ non-manual rate table that corresponds to your current age and selected waiting period. For example, if you are factor $0.78, to get $3,500 cover per month costs 35 x $0.78 or $27.30 a year.

How long is the benefit paid for?

If you make a claim that the Insurer admits, the benefit is payable monthly in arrears for up to two years. This means that the first payment will occur a month after the end of the waiting period. Benefit payments will cease when the earliest of the following events occur:

- you reach the age of 65;
- you are no longer totally or partially disabled (that is, you recover or return to work);
- the maximum two-year benefit period expires; or
- you die.

When does insurance cover end?

Income Protection insurance cover will end on the earliest of the following:

- the date the insurance policy ends;
- the date you reach the Benefit Expiry Age (65);
- the date you die;
- the date you cease to be a member of First Super;
- the date you write to us asking to cancel your cover (unless you specify a later date in the request);
- the last day of the month in which your First Super account has insufficient funds to pay the premium; or
- the Friday immediately prior to a continuous 16-month period during which no Active Contribution has been received on your behalf, unless a Valid Election has been made.

To work out the cost of cover, you need to multiply the relevant factor in the correct Male or Female column of the White Collar/ non-manual rate table that corresponds to your current age and selected waiting period. For example, if you are factor $0.78, to get $3,500 cover per month costs 35 x $0.78 or $27.30 a year.

Recurring disability

If you were engaged in full-time work prior to a period of disability and then return to full-time work, or were engaged in part-time work prior to a period of disability and then return to full-time or part-time work after such period of disability, and you suffer a recurrence of the disability, which was the cause of the earlier claim, within six months of that earlier claim ending, and the insurance policy and your cover are still in place, the recurrence will be treated as a continuation of the earlier claim.

This means the waiting period will not apply again. If the recurrence of the disability occurs more than six (6) months after the end of the original claim and your insurance cover is still active, this will be treated as a new claim.

Regardless of whether the recurrence of the same illness or injury is treated as a new claim, the benefit period will be reduced by the period for which benefits were paid under the original claim and the recurrent claim and will count toward the maximum benefit period of two years.

Payment of the Partial Disability Benefit

If you become Partially Disabled, we will pay a portion of your monthly benefit, calculated as follows:

(A – B) / A x monthly benefit where:

- A is your monthly Pre-disability salary
- B is the greater of:
  - your Salary; and
  - the Salary you are capable of earning, for the month that the Partial Disability benefit is payable
- and 'monthly benefit' is the lesser of the benefit you are covered for, 75% of your monthly salary, the level of cover agreed between you and the Insurer, and $25,000.

The Insurer will calculate the amount you are capable of earning, including an assessment based on medical advice, which will include the opinion of your Medical Practitioner, and all other relevant information.

How benefit payments are taxed

Income Protection benefits paid to you as replacement income are subject to income tax in the same way as your salary. Benefits paid as super contributions will have contributions tax deducted in the same way as employer contributions.

What isn't covered?

Income Protection insurance does not cover claims which are caused directly or directly by:

- war, or an act of war;
- active service in the armed forces;
- your intentional self-inflicted act;
- pregnancy or childbirth, except where you are disabled for more than three (3) months after the end of the pregnancy, in which case the waiting period starts on the later of the date Total Disability begins and the end of the pregnancy; and
- participation in a criminal act which results in you being charged by the police unless you are found not guilty or the charges are dismissed or withdrawn.

First Super and its service providers must comply with the law when making benefit payments, and a benefit cannot be paid where to do so is likely to breach an applicable legal obligation. This includes:

- situations in which sanctions and embargoes are imposed under a United Nations resolution or the laws and regulations of (among others) the European Union, Australia, or the USA. Your insurance cover is likely to be affected if you become personally subject to such sanctions or embargoes, if you travel to a place that is subject to such sanctions or embargoes, or if payment of a benefit to any party would breach such sanctions or embargoes; or
- any payments which could cause the insurer to to infringe on any legislation in relation to health insurance.

In addition, benefits may be reduced or refused in some circumstances, including where premiums have not been paid, reasonable claims have not been met, or if you did not notify First Super as soon as reasonably possible after a disability started if this affects the Insurer's ability to assess or manage the claim. Benefits may also be declined while a person is imprisoned, or subject of a custodial sentence as a consequence of being convicted of a criminal offence.

Effect of other income while you are disabled

The benefit otherwise payable in respect of an insured member is reduced by other payments (including settlement or commutation amounts) received by you, First Super or your employer on your behalf:

- by way of workers' compensation
- by way of social security or other statutory or governmental payment in respect of loss of income (whether under legislation or otherwise)
- under any statutory accident compensation scheme or as part of any common law award or settlement whether or not modified by statute
- as benefits under any other disability, injury or sickness insurance Policy (except for lump sum benefits received for total and permanent disablement under such insurance policy).

Should this happen a lump sum payment would be converted to an equivalent monthly amount by dividing the lump sum payment by the lesser of:

- the number of months in the Benefit Period; or
- 60.

However, sick leave, long service leave, inheritances, tax refunds, investment income, and similar payments are not taken into account when assessing whether a benefit should be reduced by other payments.

Example

Jason has 35 units of Income Protection insurance cover to provide a monthly benefit of $3,500. He is receiving workers' compensation of $2,000 per month. His First Super Income Protection insurance will pay him $1,125 per month, to top up his workers' compensation payments to a total of $3,125 (75% of his Pre-disability salary). A further $375 would be paid to Jason's First Super account.

Overseas travel

If you are receiving income protection benefits and travel or reside overseas for more than 12 months after benefit payments begin, payment of benefits will continue as long as, in the Insurer's opinion, evidence verifying entitlement can be, and is being, provided in the form, and at the times, reasonably required by the Insurer.

If benefit payments cease, they will resume only if entitlement is established during a period you reside in Australia or in any other country approved by the Insurer.

Repayment of benefits

The Insurer may require repayment, to the extent permitted by law, of all or any part of a benefit paid where:

- the Insurer was entitled to reduce the benefit paid, but did not do so for any reason; or
- the benefit, or part of the benefit, was not payable under the insurance policy.

If the Insurer determines that the monthly benefit that was paid by the Insurer was incorrect, the Insurer can recalculate the monthly benefit that should have been paid and either:

- pay any amounts that were underpaid,
- require you to pay the Insurer any amounts that were overpaid, and/or
- reduce the amount of any future monthly benefit payable until any overpaid amounts have been recovered.

Claiming an Income Protection benefit

To lodge a claim for an Income Protection benefit, you or your representative should contact First Super as soon as reasonably possible to obtain the relevant claim forms. You must return the claim forms to the Fund, including medical reports from your Medical Practitioner. Please note, provision of these forms does not constitute an admission of liability in respect of any claim lodged.

On receipt of the completed claim forms and medical reports on your condition, your claim will be assessed by the Insurer in accordance with the relevant definitions and policy terms.

Sound medical evidence is vital to a proper and fair assessment, and it may be necessary to require you to provide further information, provide signed authorities to approach other organisations to access financial information, and to undergo one or more medical examinations with Medical Practitioners nominated by the Insurer, or undergo vocational assessment or rehabilitation while your claim is being assessed.

Depending on the nature of your claim and the evidence provided, there may be a waiting period as part of the assessment process. The Insurer will meet the cost of any additional medical examinations, vocational assessment or rehabilitation which it reasonably requires you to undergo, and any costs of you being interviewed. You must be under the regular care of and following the advice and treatment recommended by your Medical Practitioner.

Where you have taken out insurance cover and a claim is not accepted by the Insurer and Trustee, no insured benefit will be payable.

Income Protection Insurance Rates – Blue Collar/manual

The following table shows the annual premium rates per $100 monthly sum insured.

Benefit Period	2 year					
Waiting Period	30 day		60 day		90 day	
Age Attained	Male ($)	Female ($)	Male ($)	Female ($)	Male ($)	Female ($)
Up to 19	5.51	6.11	2.83	3.11	1.81	1.98
20	5.58	6.19	2.87	3.15	1.84	2.00
21	5.66	6.24	2.93	3.20	1.84	2.03
22	5.73	6.32	2.97	3.24	1.85	2.04
23	5.81	6.39	3.02	3.30	1.87	2.04
24	5.89	6.49	3.07	3.34	1.90	2.05
25	5.89	6.65	3.07	3.43	1.84	2.15
26	5.96	6.87	3.12	3.56	1.80	2.25
27	6.09	7.15	3.20	3.71	1.79	2.29
28	6.27	7.49	3.30	3.89	1.79	2.36
29	6.49	7.89	3.41	4.10	1.81	2.40
30	6.76	8.34	3.50	4.26	1.85	2.46
31	7.04	8.84	3.65	4.52	1.91	2.56
32	7.39	9.38	3.84	4.82	1.98	2.65
33	7.76	9.99	4.06	5.14	2.07	2.76
34	8.21	10.63	4.29	5.47	2.19	2.91
35	8.67	11.31	4.54	5.84	2.32	3.09
36	9.19	12.06	4.82	6.22	2.48	3.32
37	9.77	12.84	5.12	6.64	2.66	3.58
38	10.38	13.67	5.44	7.08	2.90	3.89
39	11.04	14.55	5.81	7.54	3.12	4.24
40	11.77	15.47	6.42	8.36	3.41	4.67
41	12.55	16.45	6.83	8.88	3.74	5.14
42	13.39	17.49	7.29	9.45	4.14	5.67
43	14.32	18.56	7.82	10.04	4.56	6.28
44	15.28	19.71	8.38	10.68	5.05	6.95
45	15.62	20.91	8.96	11.33	5.62	7.67
46	16.75	22.19	9.64	12.05	6.28	8.49
47	17.83	23.57	10.34	12.78	7.00	9.29
48	18.83	25.27	11.14	13.58	7.83	10.19
49	20.51	26.55	11.98	14.43	8.69	11.14
50	21.85	28.18	13.91	16.28	9.46	12.14
51	23.33	29.96	15.01	17.32	10.39	13.32
52	25.19	31.85	16.26	18.42	11.38	14.59
53	27.24	33.90	17.64	19.63	12.76	16.02
54	30.08	36.13	19.18	20.93	14.33	17.38
55	32.33	38.56	20.86	22.36	16.07	18.76
56	35.16	41.22	22.74	23.93	18.04	20.21
57	38.33	44.14	24.88	25.66	20.51	21.71
58	41.86	47.36	27.28	27.57	23.91	23.26
59	45.83	50.97	29.97	29.68	27.21	24.82
60	49.84	54.95	34.70	32.35	30.72	26.40
61	54.81	59.20	38.24	34.92	34.21	27.94
62	65.11	62.10	40.09	35.90	34.87	27.17
63	44.34	42.16	25.76	23.04	19.75	14.94
64	14.63	13.91	8.50	7.60	6.53	4.93

Rates are inclusive of 9% Stamp Duty.

Premiums include insurance handling fee and stamp duty. Premiums have been rounded to two decimal places.

Income Protection Insurance Rates – White Collar/non-manual

The following table shows the annual premium rates per $100 monthly sum insured.

Benefit Period	2 year					
Waiting Period	30 day		60 day		90 day	
Age Attained	Male ($)	Female ($)	Male ($)	Female ($)	Male ($)	Female ($)
Up to 19	1.99	2.21	1.03	1.12	0.66	0.72
20	2.03	2.25	1.04	1.14	0.66	0.72
21	2.05	2.25	1.06	1.16	0.66	0.73
22	2.07	2.29	1.08	1.18	0.67	0.74
23	2.10	2.32	1.10	1.19	0.68	0.74
24	2.13	2.35	1.12	1.21	0.69	0.74
25	2.13	2.40	1.12	1.25	0.66	0.78
26	2.17	2.49	1.13	1.29	0.65	0.81
27	2.21	2.59	1.16	1.34	0.64	0.83
28	2.26	2.71	1.19	1.41	0.64	0.85
29	2.35	2.86	1.24	1.49	0.66	0.87
30	2.44	3.02	1.27	1.54	0.67	0.89
31	2.55	3.20	1.31	1.65	0.70	0.93
32	2.67	3.40	1.39	1.75	0.72	0.97
33	2.81	3.62	1.47	1.85	0.75	1.00
34	2.97	3.86	1.55	1.98	0.79	1.06
35	3.14	4.10	1.65	2.12	0.85	1.12
36	3.32	4.37	1.75	2.25	0.91	1.20
37	3.53	4.65	1.85	2.40	0.97	1.30
38	3.76	4.96	1.98	2.56	1.04	1.41
39	3.99	5.27	2.10	2.74	1.13	1.53
40	4.26	5.61	2.32	3.03	1.24	1.69
41	4.54	5.96	2.48	3.22	1.36	1.85
42	4.85	6.34	2.65	3.43	1.50	2.05
43	5.19	6.72	2.83	3.64	1.65	2.27
44	5.55	7.14	3.04	3.87	1.84	2.52
45	5.94	7.58	3.25	4.11	2.04	2.78
46	6.37	8.04	3.49	4.36	2.27	3.07
47	6.84	8.54	3.74	4.63	2.53	3.39
48	7.36	9.07	4.03	4.92	2.84	3.73
49	7.91	9.62	4.34	5.23	3.19	4.10
50	8.53	10.20	5.04	5.90	3.58	4.49
51	9.22	10.85	5.44	6.28	3.99	4.90
52	9.97	11.54	5.89	6.68	4.49	5.33
53	10.80	12.29	6.39	7.12	5.04	5.81
54	11.72	13.09	6.95	7.58	5.66	6.30
55	12.74	13.97	7.55	8.10	6.34	6.80
56	13.88	14.94	8.24	8.67	7.10	7.33
57	15.16	16.00	9.02	9.30	7.96	7.87
58	16.60	17.16	9.88	9.99	8.92	8.43
59	18.23	18.47	10.86	10.75	9.98	8.99
60	20.04	19.90	12.57	11.72	11.13	9.57
61	22.05	21.45	13.86	12.66	12.39	10.12
62	23.60	22.50	14.52	13.00	12.63	9.84
63	16.07	15.28	9.33	8.35	7.15	5.42
64	5.30	5.04	3.08	2.75	2.37	1.79

Rates are inclusive of 9% Stamp Duty.

Premiums include insurance handling fee and stamp duty. Premiums have been rounded to two decimal places.

Income Protection Insurance Rates – Professional

The following table shows the annual premium rates per $100 monthly sum insured.

Benefit Period	2 year					
Waiting Period	30 day		60 day		90 day	
Age Attained	Male ($)	Female ($)	Male ($)	Female ($)	Male ($)	Female ($)
Up to 19	1.80	1.99	0.93	1.01	0.59	0.65
20	1.82	2.03	0.94	1.03	0.60	0.65
21	1.84	2.04	0.96	1.04	0.60	0.66
22	1.86	2.06	0.97	1.06	0.60	0.66
23	1.90	2.08	0.98	1.08	0.61	0.66
24	1.92	2.12	1.00	1.09	0.62	0.67
25	1.92	2.17	1.00	1.12	0.60	0.70
26	1.95	2.25	1.02	1.16	0.59	0.73
27	1.98	2.33	1.04	1.21	0.58	0.74
28	2.04	2.44	1.08	1.27	0.58	0.77
29	2.12	2.58	1.12	1.34	0.59	0.78
30	2.20	2.72	1.14	1.39	0.60	0.81
31	2.29	2.88	1.19	1.48	0.62	0.83
32	2.40	3.07	1.25	1.57	0.65	0.86
33	2.52	3.26	1.31	1.67	0.68	0.91
34	2.67	3.47	1.39	1.79	0.72	0.95
35	2.82	3.69	1.48	1.90	0.75	1.00
36	3.00	3.93	1.57	2.03	0.81	1.08
37	3.19	4.18	1.67	2.17	0.87	1.16
38	3.39	4.46	1.77	2.31	0.94	1.27
39	3.60	4.75	1.90	2.46	1.02	1.38
40	3.84	5.04	2.09	2.72	1.12	1.52
41	4.08	5.36	2.23	2.90	1.23	1.67
42	4.37	5.70	2.38	3.08	1.35	1.85
43	4.67	6.06	2.55	3.28	1.49	2.05
44	5.00	6.42	2.74	3.48	1.65	2.26
45	5.35	6.82	2.93	3.70	1.84	2.50
46	5.74	7.24	3.14	3.93	2.05	2.77
47	6.15	7.68	3.37	4.17	2.28	3.05
48	6.61	8.16	3.63	4.43	2.56	3.35
49	7.12	8.65	3.91	4.71	2.86	3.68
50	7.68	9.19	4.54	5.31	3.22	4.04
51	8.29	9.77	4.90	5.65	3.60	4.41
52	8.96	10.39	5.30	6.00	4.04	4.81
53	9.71	11.05	5.75	6.40	4.54	5.23
54	10.54	11.79	6.25	6.82	5.09	5.67
55	11.46	12.57	6.80	7.29	5.70	6.12
56	12.49	13.44	7.42	7.81	6.40	6.59
57	13.65	14.39	8.12	8.37	7.16	7.08
58	14.94	15.44	8.89	8.99	8.03	7.58
59	16.40	16.61	9.78	9.68	8.97	8.09
60	18.04	17.91	11.31	10.54	10.01	8.61
61	19.85	19.31	12.47	11.39	11.15	9.11
62	21.24	20.24	13.07	11.71	11.37	8.86
63	14.45	13.76	8.40	7.51	6.43	4.87
64	4.77	4.54	2.78	2.48	2.13	1.61

Rates are inclusive of 9% Stamp Duty.

Premiums include insurance handling fee and stamp duty. Premiums have been rounded to two decimal places.

5. Other important information about insurance

Changing arrangements

The Trustee may from time to time renegotiate some or all of its insurance arrangements. This may result in changes to:

- eligibility criteria and exclusions;
- premiums;
- the cover provided (for example, the definitions of Total and Permanent Disablement);
- the Insurer providing insurance cover to the Trustee; or
- the amount of cover per unit or the cost per unit of cover or both.

If changes are not materially adverse, First Super may include information on our website firstsuper.com.au or in the next Annual Report to members. Otherwise, you will be advised in writing.

Insurance cover issued in error

Insurance cover issued in error is invalid. If you have been allocated any insurance cover by First Super and it is subsequently discovered you were ineligible to receive it for any reason (unless you breached your duty to take reasonable care not to make a misrepresentation), all premiums paid will be refunded to your account along with an allowance for any investment earnings lost.

Cancellation of insurance cover in inactive accounts

If you have not received a contribution or rollover into your account for a continuous period of 16 months, and have not made a Valid Election to maintain your insurance cover, any Death, TPD or Income Protection cover held through First Super will be cancelled on the last Friday of the month immediately prior to the 16-month period.

If you wish to keep insurance within First Super, you must formally elect to stop your cover from being cancelled. You can do this through the Fund's online opt-in form at **firstsuper.com.au/opt-in**. Otherwise, contact our Member Services Team to request a printed opt-in form, which will need to be signed and returned in the mail.

Once a contribution is made to your account, your cancelled cover will recommence as Limited Cover for a minimum period of twenty-four (24) months. If you are in Active Employment on the last day of the 24-month period after recommencement you will receive full cover. If not, then Limited Cover will continue until you are in Active Employment for 30 consecutive days.

For full details of the conditions, contact our Member Services Team.

Insurance fees and costs

Insurance fees and costs are calculated and deducted from accounts at the end of each month.

Information from the Insurer (TAL) – The duty to take reasonable care not to make a misrepresentation

The duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

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

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

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

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

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.

Guidance for answering the questions in Insurance Forms

You are responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

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

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason - we're here to help and can provide additional support and we'll let you know whether it has any impact on the cover.

It's important that you understand this information and the questions we ask, so if you have any queries please contact the Fund on 1300 360 988.

Key definitions

The following key definitions were taken from the insurance policy documents held by First Super at the date of this document. Members, prospective members and their representatives can obtain a copy of the insurance policy/ies by contacting First Super.

Unless otherwise stated, the definitions below are drawn from the TAL insurance policies.

Unless otherwise stated, the definitions below are drawn from the TAL insurance policies and are capitalised throughout the Guide.

Key definitions for Death and TPD insurance

Accident

Means, for the purposes of this Policy, an injury caused wholly by violent, accidental, external and visible means.

For the avoidance of doubt, an Accident shall specifically exclude Death or Total and Permanent Disablement (if it applies):

a) arising out of, or contributed to in any way by, any pre-existing Illness, disease, Injury, gradual physical or mental deformity or infirmity known to the person insured at the effective date of their cover under this Policy; and

b) arising in circumstances where the Insured Member deliberately assumed the risk or courted disaster, irrespective of whether he or she intended or contemplated the results of his or her actions.

Where there is any doubt as to the cause of the Death or Total and Permanent Disablement sustained as a result of an Accident, the cause will be characterised as being the result of an Illness.

Active Contribution

Means a contribution (whether employer, member or otherwise) or a rollover into the Fund.

Active Employment means:

Employer-Sponsored Member a member who is employed by the employer and is capable of performing their identifiable duties without restriction by any illness or injury on a full-time basis (whether or not he or she is working those hours).

Personal Member a member, who in the Insurer's opinion, is capable of performing their identifiable duties without restriction as a result of any illness or injury for at least 35 hours a week (whether or not they are actually working those hours).

Basic Work Activities means any of the following 6 activities (Mobility (walking or bending), Vision (reading), Lifting, Manual dexterity, Hearing and Communicating (verbal or written)):

Mobility (walking or bending):

- Walk, with or without a walking aid*, more than 200m on a level surface without stopping; or
- Bend, kneel or squat to pick something up from the floor from standing position and straighten up again.

*Such as a walking stick, crutches or walking frames.

Vision (reading):
Read, with visual aids, to the extent that an ophthalmologist can certify that:

- visual acuity is equal to, or better than, 6/48 in both eyes; or
- constriction is, within or greater than, 20 degrees of fixation in the eye with the better vision.

Lifting:
Using one or both hands to hold an object weighing at least 5kg above their own waist height continuously for 60 seconds.

Manual dexterity:
With at least one hand, without the use of aids:

- type words using a computer keyboard; or
- pick up a small object such as a coin or pen.

Hearing:
Clearly hear with or without an aid, where the inability to hear clearly must be due to permanent hearing loss of at least 90dB in both ears, averaged over frequencies of 500Hz, 1000Hz and 2000Hz, as certified by an appropriate medical specialist.

Communicating (verbal or written):
Comprehend and express oneself through verbal or written language with clarity, where the inability to speak verbally or write with clarity must be due to dysfunction of the nervous system that is present on clinical examination, as certified by an appropriate medical specialist. Examples of dysfunction include dysarthria, aphasia and dysphasia.

Care Provider means a professional carer who is paid on a commercial basis.

Employer-Sponsored Member
A member has been accepted by the Fund as an employer-sponsored member by receipt of a superannuation guarantee, received from an employer contribution.

Evidence of Previous Cover
Evidence of Previous Cover means any of the following which is dated or issued within the last ninety (90) days and confirms the details of the type of cover, any loadings, exclusions, restrictions or limitations that apply and the amount of insured cover under the previous cover:

- the member statement from their other superannuation fund;
- a screenshot or print out of the member's other superannuation fund account;
- a statement from the member's other insurer; or
- an insurance certificate of currency.

General Eligibility
A member meets the General Eligibility criteria if:

1. he or she is aged between 11 and 69 (inclusive) and
2. he or she is not a person who elects not to have insurance cover held on his or her behalf and
3. has not been paid or been eligible to receive a Total and Permanent Disablement (TPD) benefit from any superannuation fund (including First Super) or any other policy of life insurance.

If a person has been paid or is eligible to receive a TPD benefit from any superannuation fund (including First Super) or any other policy of life insurance, any further TPD cover will be restricted to Limited Cover.

Incident Date
Date of death or the date the Insurer agrees the insured member has a Terminal Illness, or for Total and Permanent Disablement means the later date of the date on which a Medical Practitioner examines and certifies in writing the insured member is disabled and the insured member ceases employment.

Limited Cover
The member being covered only for claims arising from a New Event.

Limited Cover conditions (automatic default cover)
Employer-Sponsored members
For an insured member whose cover commenced with a contribution or whose cover recommences after cover ceased on 1 April 2020:

a) If the first On-time Superannuation Guarantee (SG) contribution received by the Fund is within six months of when the insured member was first entitled to receive a SG contribution from the Participating Employer (with whom they are employed when they first join the Fund), then Limited Cover will apply until the insured member is in Active Employment for 30 consecutive days.

b) If the first SG contribution is received by the Fund outside 6 months of when the insured member was first entitled to receive a SG contribution from the Participating Employer (with whom they are employed when they first join the Fund), then Limited Cover will apply for at least 24 months. If at the end of the 24-month period the insured member is in Active Employment, the cover will become full cover, otherwise Limited Cover will continue to apply until the insured member returns to Active Employment for 30 consecutive days.

Employer-Sponsored members
1. If a Superannuation Guarantee (SG) Contribution is received on your behalf within six (6) months from the first date your employer is required to make a SG Contribution, then:
   – provided you are in Active Employment for thirty (30) consecutive days prior to your insurance cover commencing, Limited Cover will not apply.

- if you are not in Active Employment for thirty (30) consecutive days prior to your insurance cover commencing, Limited Cover will apply until you are in Active Employment for thirty (30) consecutive days.
- if Superannuation Guarantee (SG) Contribution is received on your behalf more than six (6) months from the date your employer is required to make a SG contribution, Limited Cover will apply for a minimum of twenty-four (24) months from the date cover commences. Limited Cover will no longer apply if you are in Active Employment at the end of the twenty-four (24) month period, otherwise until you are in Active Employment for thirty (30) consecutive days.

Personal members

For a Personal Member who receives automatic cover, Limited Cover will apply for a minimum of twenty-four (24) months from the date cover commences. Limited Cover will no longer apply if you are in Active Employment at the end of the twenty-four (24) month period, otherwise until you are in Active Employment for thirty (30) consecutive days.

You can apply to have Limited Cover removed by contacting First Super. Please note that you will be required to provide health evidence.

Medical Practitioner

Means, unless We agree otherwise, a person legally qualified and registered with the Australian Health Practitioner Regulation Agency (AHPRA) to practice in Australia, but shall not include chiropractors, physiotherapists, psychologists or alternative health providers.

The Medical Practitioner cannot be:

a) the Insured Member;

b) the Insured Member's spouse or partner in a de facto relationship, parent, child, sibling or close family relative;

c) the Insured Member's business partner, associate, employer or employee; or

d) a fellow shareholder or unit holder of the Insured Member in a company or trust that is not a publicly listed company or trust.

New Event

An illness which first becomes apparent or an injury which first occurs on or after the date that cover last commenced, recommenced, or was reinstated in respect of the member.

On-time Superannuation Guarantee Contribution

Means a Superannuation Guarantee Contribution from the employer to whom the Member is employed when they first join the Fund, which is received by the Fund within six (6) months of the first date the Member's employer is legally required to make a Superannuation Guarantee Contribution.

Participating Employer

Means an employer who has entered into an agreement with First Super that it should be its default superannuation provider.

Personal Member

Personal Member means a Member who is a member of the Personal Division of the Fund, spouse member or non-member spouse (due to family law split as directed by court order).

Psychiatric Incapacity means any of the following 5 items:

1. an established diagnosis of Schizophrenia or Schizophreniform Disorder from their treating psychiatrist, or
2. Unable to care for their dependent children in any capacity due to the unacceptable risk that the dependent(s) will be exposed to physical, emotional or psychological harm, requiring the dependent(s) to be removed from the Insured Member's care by Court order, or
3. Unable to manage day-to-day financial affairs, including:
   - manage bank balance, or
   - pay bills on time without assistance,

   requiring the appointment of a guardian to manage the Insured Member's financial affairs, where the appointment of a guardian must be made by Court or Tribunal order and the Court or Tribunal must be satisfied through its own independent medical review that the Insured Member is not capable of managing their day-to-day financial affairs as a result of their psychiatric disorder, or
4. Unable to live independently, requiring a Care Provider to provide daily care and supervision to the Insured Member, or
5. Requiring ongoing Psychiatric Treatment and full-time residential care in a mental health facility to protect them and/or others from serious physical harm. The mental health facility must be authorised by the relevant Australian government (state or federal) to provide treatment and care to persons who have a mental illness.

Psychiatric Treatment means following the advice of a treating psychiatrist in accordance with an established treatment plan and expert guidelines for the treatment of psychiatric conditions (guidelines must be recognised in Australia).

Schizophrenia means Schizophrenia (Multiple Episodes or Continuous), diagnosed in accordance with Diagnostic and Statistical Manual of Mental Disorders (DSM) 5.

Schizophreniform Disorder means Schizophreniform Disorder (Multiple Episodes or Continuous), diagnosed in accordance with Diagnostic and Statistical Manual of Mental Disorders (DSM) 5.

Terminally Ill

Having suffered an illness or injury that, in the written opinion of two Medical Practitioners, one of whom is an appropriate specialist in the illness or injury, and the Insurer agrees the illness or injury is likely to lead to the death of the insured member within 24 months from the date that the opinions are provided. The amount payable will be the value of the death benefit cover held on the date of the latest written certification.

"Terminal Illness" has a corresponding meaning. The illness or injury from which the insured member suffers must occur, and the date of the latest written opinion must be, while the insured member is covered under the insurance policy, and the insurance policy must be current at the time of the latest written opinion.

Total and Permanent Disablement and Totally and Permanently Disabled (TPD)

Total and Permanent Disablement and Totally and Permanently Disabled (TPD) means Tier One (1), Tier Two (2) or Tier Three (3) below as applicable. A member who holds TPD cover will be eligible to make a claim for TPD in the following circumstances:

Tier One (1) : Unlikely to do suited occupation ever again

If the Insured Member at the Incident Date is:

- under the age of sixty-five (65) years; and
- employed or engaged in a gainful occupation, business, profession or employment or within twenty- four (24) months of the date an Insured Member ceases to be employed or engaged:
  - that Insured Member has suffered an injury or illness and, as a result of that injury or illness, the Insured Member is totally unable to be employed or engaged in that occupation, business, profession or employment for a period of three (3) consecutive months; and
  - is determined by the Insurer at the date the Insurer makes a determination on the Insured Member's claim under the insurance policy to be permanently incapacitated to such an extent as to render the Insured Member unlikely ever to be employed or engaged in any gainful occupation, business, profession or employment for which the Insured Member is reasonably suited by education, training or experience.

NOTE: Tier 2 and 3 below apply if the Insured Member:

- between the ages of sixty-five (65) and seventy(70) years old at the Incident Date; or
- was unemployed for

the twenty-four (24) months immediately prior to the Incident Date.

OR

Tier Two (2): Unable to do basic activities associated with work ever again

The Insurer determines that solely because of injury or illness, the Insured Member:

- has been unable to perform at least two (2) Basic Work Activities for at least twelve (12) consecutive months;
- is unable to perform at least two (2) Basic Work Activities for the rest of their life, without the help of another person; and
- at the date the Insurer makes a determination on the Insured Member's claim under this insurance policy, is unlikely ever to work in any gainful employment for which they are reasonably suited by education, training or experience.

OR

Tier Three (3): Suffering a permanent severe psychiatric incapacity

The insured Member has an Illness:

- Which is a psychiatric disorder that:
  - has been diagnosed by a consultant psychiatrist and Fellow of RANZCP under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association; and
  - the Insured Member has been receiving Psychiatric Treatment for at least twelve (12) months prior to the Insured Member's treating psychiatrist exercising their clinical judgement in determining that the psychiatric disorder is chronic and unlikely to improve in the foreseeable future with or without further treatment;
- that the Insurer determines that solely because of their illness, the Insured Member suffered from at least one Psychiatric Incapacity for twelve (12) consecutive months or more, and is likely to continue to suffer that Psychiatric Incapacity for the rest of their life; and
- that as at the date the Insurer makes a determination on the TPD claim under this insurance policy, the Insured Member is unlikely ever to work in any gainful employment for which they are reasonably suited by education, training or experience.

Valid Election (opting in)

A Valid Election (or opting in) means an election in a form or manner acceptable to the trustee in which the member has formally elected that cover will be provided or will continue to be provided even if the member:

- is under the age of 25, or
- has not had an account balance with the Fund of at least $6,000 at any time since 1 November 2019, or
- has not received an amount into their account with the Fund for a continuous period of 16 months.

An election / opt in will only be a Valid Election in relation to the type of insurance cover that is covered by the election.

Key definitions for Income Protection insurance

Active Employment

The same definition as for Death and TPD insurance.

Partial Disability and Partially Disabled

In relation to an insured member, all the following applies:

- he or she has been Totally Disabled:
  - for a period during which a Total Disability benefit has been paid; or
  - for at least 7 days out of 12 consecutive days during the waiting period;
- then returns to work, or is then capable of returning to his or her usual occupation, but only in a limited capacity; and
- the salary the insured member is earning, or is capable of earning, is less than his or her pre-disability salary due to the injury or illness causing Total Disability.

Participating Employer

Means an employer (including any related body corporate of that employer, as that term is defined under the *Corporations Act 2001 (Cth)* whom You have accepted to participate in, and who contributes to, the Fund in respect of employees who are admitted as Members if the Fund.

Pre-disability salary

Means the total monthly value of salary received by you from your usual occupation, averaged over the lesser of:

- the 12-month period immediately prior to you becoming disabled
- the actual period of work (provided the period of work occurred in the 12-month period preceding the incurred date of claim).

The definition of Pre-disability salary relates solely to the calculation of the value of 'A' in the formula used to determine any Partial Disability benefit payable.

Salary

Means:

- in respect of an Insured Member employed by an employer, the total monthly value of salary received by the Insured Member from his or her Usual Occupation, averaged over the most recent twelve (12) month period prior to the commencement of the Waiting Period. Salary package items taken in lieu of cash are included as salary where the item must be funded by the Member in the event of Total Disability or Partial Disability. Regular over-time and shift allowances will be averaged over the previous twelve (12) month period or since the Member started their occupation, if the period is less than twelve (12) months. Performance related commission, bonuses and other monetary benefits will be averaged over the previous three (3) years or since the Insured Member started his or her current occupation; and
- in respect of an Insured Member who directly or indirectly owns all or part of the business from which he or she earns his or her usual income, the total amount earned by the business over the financial year as a direct result of the Insured Member's personal exertion or activities through his or her Usual Occupation, less his or her share of business expenses, but before the deduction of income tax, for that business (or the relevant proportion for part of a financial year).

Total Disability and Totally Disabled

Solely as a result of injury or illness, the insured member is incapable of performing one or more of the duties of his/her regular occupation necessary to produce income, as confirmed by a Medical Practitioner, and the insured member is not engaged in any occupation and is under regular treatment, and following the advice of a Medical Practitioner.

Disability and Disabled

In relation to an insured member, Total Disability or Partial Disability, as the context requires.

Valid Election (opting in)

Means an election in a form or manner prescribed and accepted by You in which the Insured Member has elected that insurance cover will be provided or will continue to be provided even if the

Member:

a) is under the age of twenty-five (25);

b) has not had an Account balance with the Fund of at least $6,000 at any time since 1 November 2019; or

c) has not received an amount in their Account for a continuous period of sixteen (16) months.

An election will only be a Valid Election in relation to the type of insurance cover that is covered by the election.

Waiting period

The number of consecutive days for which an insured member must be Totally Disabled or Partially Disabled, as the case may be, before the Total Disability or Partial Disability benefit is payable.

Important information

All benefits paid by First Super are subject to the relevant law and the trust deed. Payment of insurance benefits is also subject to the insurance policies in force from time to time. The First Super PDS and incorporation by reference (IBR) documents are summary documents only. Should these prove inconsistent with the law, the trust deed or a relevant insurance policy then the law, trust deed and/or insurance policy shall prevail.

You can obtain a copy of the trust deed or insurance policies by contacting First Super.

If you apply for a benefit that is subject to insurance, the Insurer reserves the right to investigate the claim, including but not limited to the use of investigative agents, conducting surveillance and requesting information and medical examinations.

Want to know more? We're here to help.

If you would like to join First Super or have any questions, please contact Member Services today.

1300 360 988
(8am to 6pm weekdays AEST/AEDT)

mail@firstsuper.com.au

First Super, PO Box 666,
Carlton South, VIC 3053

firstsuper.com.au

Download the First Super app to manage your account

Keep in touch

It's important you tell us if you change address, phone number or email address to continue to receive all information issued by First Super.

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