

**ANZ SMART CHOICE SUPER  
FOR EMPLOYERS AND THEIR EMPLOYEES  
METLIFE INSURANCE LIMITED  
CISCO SYSTEMS AUSTRALIA PTY LTD  
SUPERANNUATION PLAN**

INSURANCE GUIDE | ISSUED 1 DECEMBER 2024  
DEATH AND TOTAL AND PERMANENT DISABLEMENT COVER



# ANZ SMART CHOICE SUPER

## ENTITY DETAILS IN THIS INSURANCE GUIDE

Name of legal entity	Registered numbers	Abbreviated terms used throughout this Insurance Guide
Retirement Portfolio Service	ABN 61 808 189 263 RSE R1000986	Fund
OnePath Custodians Pty Limited	ABN 12 008 508 496 AFSL 238346 RSE L0000673	OnePath Custodians, OPC, Trustee, us, we, our
MetLife Insurance Limited	ABN 75 004 274 882 AFSL 238096	Insurer
Australia and New Zealand Banking Group Limited	ABN 11 005 357 522 AFSL 234527	ANZ
Oasis Asset Management Limited	ABN 68 090 906 371 AFSL 553529	Oasis Asset Management, Administrator
Cisco Systems Australia Pty Ltd	ABN 52 050 332 940	Cisco, Employer
Cisco Systems Australia Pty Ltd Superannuation Plan		Employer Plan

## CONTENTS

Important information	3	Cover ceases after inactivity	8
Insurance in ANZ Smart Choice Super	4	Continuation of cover	8
What type and amount of cover is available?	4	Additional Features	9
When are you eligible for cover?	4	How to make a claim	9
What is Default Cover?	5	Duty to take reasonable care not to make a misrepresentation	10
What is Voluntary Cover?	5	Insurance risks	11
When does cover commence?	5	Appendix	12
What are the Benefits?	6	Definitions	24
What are the costs of insurance?	7	Insurance Fee Schedule	27
When does your cover cease?	8		

## IMPORTANT INFORMATION

This Insurance Guide must be read together with the ANZ Smart Choice Super for employers and their employees Product Disclosure Statement (ANZ Smart Choice Super PDS) dated 1 December 2024.

ANZ Smart Choice Super for employers and their employees (ANZ Smart Choice Super) is part of the Fund. When an employer joins ANZ Smart Choice Super, their nominated employees become members of the Fund. OnePath Custodians is the Trustee of the Fund and is the issuer of this Guide.

This Guide is issued for the information of new members joining the Employer Plan on or after the issue date of this Guide. Other members should refer to the insurance guide that they received on joining the Employer Plan because the information in this Guide might not be accurate for them.

OPC is a member of the Insignia Financial group of companies, comprising Insignia Financial Ltd (ABN 49 100 103 722) and its related bodies corporate (Insignia Financial Group). The ANZ brand is a trademark of ANZ and is used by OPC under licence from ANZ.

The information in this Guide is of a general nature and has been prepared without taking into account your objectives, financial situation or needs. You should obtain financial advice tailored to your personal circumstances. Before acting on the information or advice, you should consider whether it is appropriate for you, having regard to your objectives, financial situation and needs. You should obtain a copy of the ANZ Smart Choice Super PDS before making any decision about whether to acquire, or to continue to hold, the superannuation product. You can obtain a copy of the PDS by contacting Customer Services on 13 12 87.

The Fund is governed by a trust deed (**Trust Deed**). Together with superannuation law, the Trust Deed sets out the rules and procedures under which the Fund operates and the Trustee's duties and obligations. If there is any inconsistency between the Trust Deed and the PDS or this Guide, the terms of the Trust Deed prevail. A copy of the Trust Deed is available from us at no extra charge.

In the case of this Guide, cover is provided by MetLife Insurance Limited (**the Insurer**) under a group policy issued to the Trustee. In respect of such a policy, the Trustee reserves the right to change insurer, or vary the Benefits or rates for Insurance fees (premium) from time to time.

Where the Insurer imposes loadings or exclusions as a result of the member's health, pastimes or other individual circumstances, the Insurer will write to the Trustee and provide specific details relating to the member's cover. The member will receive notification where this occurs.

The Trustee is responsible for the contents of this Guide.

The ANZ Smart Choice Super PDS is comprised of the following documents:

- ANZ Smart Choice Super for employers and their employees Product Disclosure Statement dated 1 December 2024;
- ANZ Smart Choice Super for employers and their employees Additional Information Guide (AIG);
- ANZ Smart Choice Super for employers and their employees Fees Guide;
- ANZ Smart Choice Super Buy-Sell Spread Guide; and
- This Guide.

The information in this document forms part of the ANZ Smart Choice Super PDS dated 1 December 2024.

The purpose of this Guide is to give you more information and/or specific terms and conditions referred to in the PDS. You should consider all that information before making a decision about ANZ Smart Choice Super.

If you invest in ANZ Smart Choice Super, you can access a copy of the ANZ Smart Choice Super PDS and any matter that is applied, adopted or incorporated in the PDS from our website at [www.anz.com.au/smartchoicesuper](http://www.anz.com.au/smartchoicesuper) > Downloads – important documents.

To the extent that you are provided with cover as set out in this Guide, these terms and conditions will prevail over those set out in the ANZ Smart Choice Super for employers and their employees Insurance Guide(s) dated 1 December 2024. This Guide, the link to which was included in your Welcome Pack or Insurance Activation Letter (as applicable), contains all the information about the insurance applicable to your Employer Plan.

You may also request a copy of all information (including this Guide) at no extra charge by contacting Customer Services on 13 12 87. A Target Market Determination for the product is available at [www.anz.com.au/support/rates-fees-terms/target-market-determinations/](http://www.anz.com.au/support/rates-fees-terms/target-market-determinations/)

### Trustee contact details

OnePath Custodians Pty Limited  
ABN 12 008 508 496 AFSL 238346 RSE L0000673

GPO Box 5107  
Sydney NSW 2001

Phone: 13 12 87 weekdays between  
8.30am and 6.30pm (AEST/AEDT)

Email: [smartchoice@insigniafinancial.com.au](mailto:smartchoice@insigniafinancial.com.au)

Website: [www.anz.com.au/smartchoicesuper](http://www.anz.com.au/smartchoicesuper)

## INSURANCE IN ANZ SMART CHOICE SUPER

This Guide has been prepared to provide general information about the insurance your **Employer** has arranged with the **Trustee** on behalf of its employees who are members of your **Employer Plan**. It explains the terms and conditions of the insurance policy (**Policy**) the Trustee has entered into with the Insurer for those members of your Employer Plan who are insured.

**This Guide summarises the insurance arrangements for your Employer Plan and is specific to this Employer Plan. If you are not part of this Employer Plan then please contact Customer Services to obtain the relevant and appropriate insurance guide for your arrangement. Income Protection (IP) cover is not offered by your Employer Plan.**

Each Policy, Policy Schedule and endorsements to the Policy form the complete terms and conditions between the Insurer and the Trustee. This Guide sets out the main terms of the Policy covering your Employer Plan within ANZ Smart Choice Super. This Guide is not a legally binding contract of insurance with the Insurer.

Insurance cover is subject to eligibility, acceptance and other terms and conditions of the Policy. In the event of any inconsistency between the terms and conditions of the Policy and this Guide, the Policy terms and conditions will prevail. The Trustee may change the Insurer and/or terms (including Insurance fee rates) of the insurance cover at any time with appropriate notice.

Details of the type of insurance cover and the value of cover in place for you will be shown on your Welcome Pack or Insurance Activation Letter (as applicable) and subsequent Annual Statements each year.

To view, manage and consolidate your super, simply log on to **[www.anz.com.au/smartchoiceaccess](http://www.anz.com.au/smartchoiceaccess)** or the ANZ App\*, or call Customer Services on 13 12 87.

Any material alteration to the terms and conditions outlined in this Guide will be advised in writing.

\*Not available on ANZ Plus App.

When reading this Guide, some expressions (shown capitalised, and bold when first used) have a special meaning. The meaning is either explained in context or in the Appendix or Definitions sections to this Guide.

## WHAT TYPE AND AMOUNT OF COVER IS AVAILABLE?

Your Employer can select:

- **Death only cover**; and/or
- **Death and Total and Permanent Disablement (TPD) cover.**

Your Employer may also choose an amount of **Default Cover** to apply to your Employer Plan.

The type of cover, and the amount of Default Cover, your Employer has selected for your Employer Plan is set out in the Appendix.

The particular **Benefits** arranged for you will be specified in the Welcome Pack sent to you or Insurance Activation Letter (as applicable). Benefits described in this Guide that are not listed in your Welcome Pack may not be available to you.

You may also be eligible to apply for additional cover or cover that differs from the Default Cover applicable to your Employer Plan. This is **Voluntary Cover**.

Please refer to the 'What is Default Cover?' and 'What is Voluntary Cover?' sections of this Guide for further details.

Generally, if you are a member who is eligible for insurance, you will be covered 24 hours a day, 365 days a year, worldwide. The Appendix will specify whether there are any restrictions on cover while you are overseas.

## WHEN ARE YOU ELIGIBLE FOR COVER?

To be eligible for the insurance cover established for your Employer Plan, you will generally be required to meet pre-determined eligibility criteria. These criteria, which are set out in the Policy, may include the following items:

- your age;
- occupation;
- **Employment** status;
- residency status; and/or
- hours of work.

The Trustee and the Insurer will assess eligibility to the extent possible based on the details provided by your Employer. To avoid being charged insurance fees for cover you are ineligible for, please ensure that you notify us if you are aware of any reason why you may not be eligible or contact us if you would like to discuss whether you are eligible for Default Cover.

If the Trustee and/or the Insurer are told or otherwise become aware that they have accepted insurance fees for cover for which the member is ineligible, the relevant insurance fees will be refunded and no insurance cover will apply for any period during which the member was ineligible. You can elect to cancel, opt-out of or reduce your Default Cover at any time by contacting Customer Services on 13 12 87.

For the specific eligibility criteria that applies to your Employer Plan, refer to the Appendix.

## WHAT IS DEFAULT COVER?

Your Employer may have chosen Default Cover for your Employer Plan.

Default Cover is cover that is provided to eligible members, without the member being required to provide any evidence of health. When referring back to the insurance policy (**Policy**) you will see Default Cover being referred to as 'Standard Cover'.

At the time your account is created, your Employer is required to give us the details necessary to:

- determine your eligibility for insurance cover;
- calculate the sum insured that you are entitled to; and
- determine the insurance fee rates and any loadings that are applicable to you.

If your Employer does not provide this information, or until this information is provided, we cannot establish insurance cover in your ANZ Smart Choice Super account. If the information is not provided to us within 180 days of you commencing employment with your Employer, you may no longer be eligible for Default cover. In this instance, you may need to apply to the Insurer for cover, and it will be at the discretion of the Insurer as to whether this cover is provided to you and the terms applicable to that cover.

To ensure your details have been set up correctly by your Employer, check the details found in your Welcome Pack, or Insurance Activation Letter (as applicable) including gender, occupational category (if applicable), date of birth, types of insurance and sum insured. If you believe that any of this information is incorrect, you must advise both us and your Employer immediately.

You can also view the sum insured, type of insurance and your insurance fees via [www.anz.com.au/smartchoiceaccess](http://www.anz.com.au/smartchoiceaccess). Alternatively you can call Customer Services on 13 12 87 for assistance with your account or to register for online access.

If you are eligible, the level of Default Cover you receive will be determined by the Benefit Design for your Employer Plan and specifically the membership category applicable to you. The Plan's benefit design, is set out in the Appendix. To find out the membership category applicable to you, call Customer Services on 13 12 87. If you believe that you are in an incorrect membership category, please contact both us and your Employer immediately as your eligibility for a future benefit or claim may be affected if you are not in the appropriate membership category.

Default Cover will be provided up to a maximum amount, called the **Automatic Acceptance Limit (AAL)**. The Insurer may have the right to vary or remove the AAL. Refer to the Appendix for further details about the AAL.

Depending on the Benefit Design for your Employer Plan, your **Sum Insured** may also increase or decrease. Any increase in the Sum Insured will be limited to that allowed under the AAL.

**Note:** If the Benefit Design uses your **Salary** to calculate a Benefit, your Employer must notify us of all Salary changes as they occur. If we are not notified of a change in Salary, and no additional Insurance fee has been paid, in the event of a claim the Insurer may pay a lower Benefit based on the Salary previously advised, or the Salary at the last review date.

If you are not eligible to obtain Default Cover, or you have Default Cover, but want a greater amount of cover (including an amount above the AAL), you must apply to the Insurer by submitting an application for Voluntary Cover. For further information see 'What is Voluntary Cover?'

## WHAT IS VOLUNTARY COVER?

Depending on the Benefit Design your Employer has chosen, if you are not eligible for Default Cover, or you may wish to have alternative or additional cover to the Default Cover, you may be able to apply for:

- Death only cover; and/or
- Death and TPD cover.

The Appendix sets out the types of cover you can apply for and any eligibility criteria you must meet to be able to apply for cover. You cannot apply for TPD cover without **Death cover**, and your TPD cover cannot exceed your Death cover. When referring back to the insurance policy (**Policy**) you will see Voluntary Cover being referred to as 'Underwritten Cover'.

You can also apply to increase your existing Sum Insured, up to the **Maximum Benefit Level**. The Appendix sets out the Maximum Benefit Level that applies to your Employer Plan. A different Maximum Benefit Level may apply to the different types of cover available.

You can apply to increase the Sum Insured of your Death cover only or TPD cover only, or the Sum Insured for both your Death and TPD cover. However, you cannot apply to increase the Sum Insured of your TPD cover above that of your Death cover.

All applications for Voluntary Cover will be subject to the Insurer's acceptance, following the provision of medical evidence as required by the Insurer. The Insurer reserves the right to offer modified acceptance terms or decline applications for Voluntary Cover for any reason.

To apply for Voluntary Cover, please contact Customer Services on 13 12 87. You may be contacted by us for additional evidence or further information.

While your application is being considered by the Insurer, you may be eligible for **Interim Accident Cover** (if applicable). Refer to the Appendix for more information.

## WHEN DOES COVER COMMENCE?

The **Commencement Date** of your cover depends on whether it is Default Cover or Voluntary Cover.

### DEFAULT COVER

The commencement date of Default Cover is determined by the terms and conditions applicable to your Employer Plan. In some cases this will also be determined by the category established for you by your Employer. Refer to the Appendix for more information.

## VOLUNTARY COVER

Cover commences on the date the Insurer approves your application provided there are sufficient funds in your account to pay for the Insurance fees. We will send a letter to you confirming your cover and the date that your cover commenced.

## REDUCING, OPTING-OUT OF OR CANCELLING YOUR COVER

You can reduce the amount of your cover, opt-out of or cancel your cover, at any time by contacting Customer Services on 13 12 87. You cannot reduce your Death **Sum Insured** to an amount below your TPD Sum Insured.

If you reduce, opt-out of or cancel your cover (including Default Cover), your cover may not be increased or reinstated if you wish to do so at a later time. You must apply for any increase in cover.

If you cancel your cover within the first 30 days of its commencement, some or all of the premiums in respect of any cancelled cover may be refunded to your superannuation account in some circumstances. For more information, call Customer Services.

## 14-DAY COOLING-OFF PERIOD

If you feel that this insurance cover does not meet your needs, you can request for it to be cancelled, provided you have not made a claim. Your insurance fee will be refunded in full to your superannuation account. You must make this request within 14 days of the insurance cover starting.

The cooling-off period also applies to an automatic increase in insurance cover. Should your insurance cover automatically increase, you can request to cancel the increased portion of insurance cover within 14 days from the date we notify you of the increase. If you exercise this option, your cover will be limited to the amount of cover you had prior to the automatic increase. If you require cover or wish to increase your insurance cover in the future, you will need to apply through underwriting with the Insurer. You may be required to provide additional information including medical and lifestyle information for underwriting purposes. Where insurance cover has been cancelled under this cooling-off period option, the **Insured Cover** will be considered not to have started or increased.

## COVER FOR LOW-BALANCE ACCOUNTS AND FOR MEMBERS UNDER THE AGE OF 25 YEARS

Under the Putting Members' Interests First (PMIF) legislation, unless covered by an exception, default insurance cover cannot be automatically provided to:

- members under 25 years old; or
- members who have a superannuation balance of less than \$6,000 (regardless of their age).

You may still opt in to add insurance cover to your super account or to retain your existing insurance coverage. You will receive notification explaining the changes and how you can retain your insurance cover.

Please note that an exception may apply if your Employer fully meets the cost of your insurance cover.

## WHAT ARE THE BENEFITS?

### DEATH BENEFIT AND TERMINAL ILLNESS BENEFIT

Subject to any restrictions that apply to your cover, your lump sum **Death Benefit** will be paid if you die while your Death cover is in place and current.

The amount of your Death Benefit will be your Sum Insured for Death cover on the date of death plus your superannuation account balance.

You can claim a lump sum **Terminal Illness Benefit** (if available) if you become **Terminally Ill** while your Death cover is in place and current. The Appendix sets out the definition of Terminally Ill.

**Note:** If you have insurance within your super, it is important to understand the terms and conditions as you may not be able to claim a Terminal Illness benefit until your life expectancy is limited to 12 months. If you withdraw your super balance when your life expectancy is 24 months, you may wish to consider maintaining some money in your super account to keep the account open and to ensure a sufficient balance to pay any insurance fees.

Withdrawing your full balance could result in the loss of valuable insurance cover.

You must meet the Insurer's claim requirements and satisfy the Insurer on medical and other evidence that you meet the definition of Terminal Illness before the insured Benefit will be paid.

Other restrictions may also apply to your Employer Plan. Refer to the Appendix for more information.

### TOTAL AND PERMANENT DISABLEMENT (TPD) BENEFIT

You can claim a lump sum TPD Benefit if you become **Totally and Permanently Disabled** while your TPD cover is in place and current. The Appendix sets out the definition of **Total and Permanent Disablement** applicable to your Employer Plan, and in some cases to your particular category.

You must meet the Insurer's claim requirements and satisfy the Insurer on medical and other evidence that you meet the definition of Total and Permanent Disablement before the insured Benefit will be paid.

Other restrictions may also apply to your Employer Plan. Refer to the Appendix for more information.

### AMOUNT OF DEATH BENEFIT AND TPD BENEFIT

The Sum Insured for each type of cover you have cannot exceed the Maximum Benefit Level for that type of cover, as set out in the Appendix.

Generally, payment of a Terminal Illness Benefit will reduce the Sum Insured of your Death cover. If your **Sum Insured** for Terminal Illness cover and Death cover are the same amount, your Death cover will cease. Refer to the Appendix for more information.



Payment of a TPD Benefit will also reduce the Sum Insured of your Death cover. If your Sum Insured for TPD cover and Death cover are the same amount, your Death cover will cease.

The Sum Insured for your TPD cover cannot exceed the Sum Insured for your Death cover.

TPD tapering may apply to your TPD cover. TPD tapering is the gradual reduction of the amount of TPD cover to zero, generally in the final five years before reaching age 65 or the benefit expiry age. If TPD tapering applies to you, more information on this can be found in the Appendix.

## WHEN WE WON'T PAY BENEFITS

The Insurer won't pay benefits in certain circumstances. These circumstances are set out in the Appendix.

It is important that you are aware of when a benefit will not be paid.

## WHO IS A BENEFIT PAID TO?

As the insurance policy is issued to the Trustee and cover is offered to you under the policy as a member of ANZ Smart Choice Super, the Insurer will pay any benefits to the Trustee. Once we receive the proceeds from the Insurer these will be held in the superannuation environment, in the ANZ Smart Choice Cash investment option. If you would like to switch this amount to another investment option you can do so online via [www.anz.com.au/smartchoiceaccess](http://www.anz.com.au/smartchoiceaccess) or by calling Customer Services. Upon meeting a condition of release, you will receive the benefit amount in accordance with the Fund's Trust Deed, adjusted positively or negatively, for investment earnings. We do not guarantee the payment of an insured benefit or the performance of the Insurer.

Any claims made on the Policy must be made through the Trustee as the Policy owner. Before the Trustee can pay any insurance Benefit to you or your beneficiary(ies), the claim must be accepted by the Insurer and approved by the Trustee.

The Trustee may only release a Benefit (including any Terminal Illness or TPD Benefit paid to the Trustee by the Insurer) where you have met a 'condition of release' under superannuation law. Conditions of release are explained in the AIG under 'Accessing your Super'. If the Trustee cannot release your Benefit, any proceeds will be credited to your super account and paid when you meet a condition of release.

The Trustee will pay any Death Benefit (comprising your account balance and any sum insured amounts admitted by the Insurer as per the terms of the insurance policy for cover in place and current) at the claim date, to the beneficiary(ies) you have nominated in your non-lapsing nomination, unless there is no nomination or your nomination is defective or has been cancelled. See 'Nominating a Beneficiary' in the AIG for more information about nominating beneficiaries, non-lapsing nominations and how the Trustee determines a claim if there is no nomination on your account.

If the Insurer rejects, reduces or defers a claim, the Trustee may reduce the Benefit payable to take into account the Insurer's refusal, reduction or deferral. However, after the Trustee has reviewed all relevant medical reports and documents that the Insurer relied upon to make its decision, if the Trustee is of the view that the claim has a reasonable prospect of success, the

Trustee will do everything that is reasonable to pursue the matter on your behalf.

## WHAT ARE THE COSTS OF INSURANCE?

### INSURANCE FEES

The Insurance fees applicable to your Employer Plan are set out in the Appendix. The Insurance fee that applies to you may depend on a variety of factors, including but not limited to:

- the type and level of cover;
- your age and gender;
- your Salary;
- any relevant rating factors applicable to your Employer Plan; and/or
- your health and pastimes.

### PAYMENT OF INSURANCE FEES

Insurance fees are calculated daily and deducted monthly in advance from your account balance.

If you do not have sufficient funds in your account to cover the Insurance fee, you will be advised in writing. You will be given prior notice to contribute the required funds to your account before your cover may be cancelled.

Your Employer may agree to pay your Insurance fees on your behalf, by way of an Employer additional contribution to reimburse for the Insurance fees deducted from your account. Your Employer may also cancel such an arrangement at any time. Under these conditions, including if you leave your Employer, you may be liable to pay the Insurance fee, including any unpaid fees owing. If your Employer agrees to pay Insurance fees for your Default Cover, and you wish to cancel or opt out of such cover, you should co-ordinate this with your Employer.

Exceptions apply for insurance only members, such that the deduction of Insurance fees will await the Employer's additional contributions and the Employer may not withdraw their consent to incur fees in respect of such arrangements, except with our approval.

Aside from the arrangements for insurance only members, your Employer's arrangement with us to incur the cost of any fees is voluntary and consent for such arrangement may be withdrawn at any time. If this is the case, you will receive 30 days prior notification. We will let you know of the options available to you.

If your Employer terminates its Employer Plan in ANZ Smart Choice Super, your insurance cover – any default and voluntary amounts, will cease and your account will no longer be linked to your Employer. This is to avoid you having duplicate Default Cover established and incurring multiple Insurance fees. You will receive notification prior to this occurring.

The actual Insurance fee payable for your cover will be advised in the Welcome Pack provided upon joining ANZ Smart Choice Super or Insurance Activation Letter (as applicable), and then for each subsequent year in the Annual Statement issued as at 30 June.

If your Employer pays your Insurance fees and you wish to cancel your insurance, you will need to make this request through your Employer.

Further details of your Insurance fees are detailed in the Appendix.

## TAXES AND EXPENSES

Insurance fees are inclusive of any applicable:

- administration fees the Insurer charges;
- Federal, State or Territory taxes, or other **Government Charges**; and
- expenses incurred in administering any function required by a Federal, State or Territory Government under any legislation in relation to the Policy.

Where a tax deduction is available under the applicable laws in respect to the insurance fee, the benefit of that deduction will be passed on to you, provided that the Fund has received the benefit of that deduction and you remain a member of the Fund at the time the Benefit is credited to your account.

The Insurer may vary or otherwise adjust any amounts (including but not limited to Insurance fees, charges and benefits), under the Policy in the manner and to the extent the Insurer determines to be appropriate to take account of the tax.

## WHEN DOES YOUR COVER CEASE?

Your cover will end on the earliest date you meet any of the criteria specified in the 'When does cover cease?' section of the Appendix of this Guide.

It is very important that you be aware of the dates your cover will end, as depending on the event, you may not receive prior notification of your cover ceasing from either the Trustee or the Insurer.

## COVER CEASES AFTER INACTIVITY

Death, TPD and Income Protection cover (if applicable) will cease if we have not received a contribution or rollover into your account for a period of 16 consecutive months and you have not notified us in writing that you want the cover to continue, unless an employer-sponsor contribution or Australian Defence Forces exception applies.

We will write to you during this period of inactivity about your options to keep your cover. You will also be able to request in writing that the Trustee reinstates your cover, within 60 days of the insurance cover ceasing. Your insurance cover will be reinstated with any pre-existing condition exclusions, loadings or restrictions backdated to cessation and any insurance fees since it ceased will be collected.

## CONTINUATION OF COVER

If your Employer notifies us that you have left employment with them, your account will no longer be linked to your Employer's Plan and your Default and Voluntary cover will be converted to a fixed amount of Choose Your Own cover within ANZ Smart Choice Super. The cover will be provided by Zurich Australia Limited, the insurer for Choose Your Own cover within ANZ Smart Choice Super under a separate policy. The cover amount will be equal to the amount of cover held on the date that you have left employment with your Employer. Where your cover is converted to a fixed amount of Choose Your Own cover, your Insurance fees will be based on the rates for Choose Your Own cover (rather than the Employer Plan's tailored arrangement) and will be effective from the date we process your conversion to Choose Your Own cover or an earlier date. The Choose Your Own terms and conditions will be applicable from the date you left employment with your Employer.

For more information on Choose Your Own cover, please refer to the Standard Employer Plans Insurance Guide which can be found at [www.anz.com.au/smartchoicesuper](http://www.anz.com.au/smartchoicesuper) > Downloads – important documents or by calling Customer Services.

### What happens if the Employer terminates the Employer Plan?

At a future date, the Employer Plan in ANZ Smart Choice Super may be terminated. This may occur for various reasons including, but not limited to, a decision by the Employer to establish a new or replacement default superannuation plan, or the cessation of the Employer's business.

Once the Trustee receives an official written request from your Employer to terminate the Employer Plan in ANZ Smart Choice Super, you will receive a letter from the Trustee advising you of this and the implications for your insurance cover. If your insurance cover will cease or change, we will provide you with notification.

### What is the effect of conversion to Choose Your Own cover?

The rates applicable to Choose Your Own cover are generally higher than rates that apply to tailored employer plans. This means the cost of your cover will generally increase in the event that your Employer notifies us that you have left employment with them.

The rates applicable to Choose Your Own cover are based on your age, gender, type of cover, your occupational category and amount of cover. Any special acceptance terms which apply to your cover including conditions, restrictions, exclusions, limitations and loadings will continue to apply to your converted Choose Your Own cover.

You can apply to change your occupational category which will impact on the cost of your cover. Where your occupational category is known this will be retained even after you are no longer linked to your Employer. If your occupational category is not known and you or your Employer do not tell us otherwise, your insurance fee will be calculated in line with premiums for the 'Light Blue collar' occupational category.

This will determine the loadings that are applied to your Insurance fees. You can contact us at any time to advise us of the occupational category that is applicable to you.

Any change to your Insurance fee loadings will be applied from the next business day after the Acceptance Date.



Choose Your Own rates are included in the ANZ Smart Choice Super for employers and their employees Insurance Guide for Standard Employer Plans, which you can find on our website at [www.anz.com.au/smartchoicesuper](http://www.anz.com.au/smartchoicesuper) > Downloads – important documents or by calling Customer Services.

You may also have the following options to obtain personal insurance cover as outlined below:

1. You may be able to take up personal insurance cover with the Employer Plan's Insurer through a Continuation Option. You may need to do so within a prescribed time frame from the cessation of your employment, generally this is within 60 days of leaving the service of your Employer. Refer to the Appendix for further information in relation to the Continuation Option. If you elect to exercise a Continuation Option then Choose Your Own cover within ANZ Smart Choice Super is not available.
2. You may apply for insurance cover through OneCare Super. OneCare Super is issued by the Trustee as the Trustee of the Fund and offers Life and/or TPD cover, Income Secure cover and Extra Care cover. Premiums are payable for cover provided through OneCare Super. You can apply for this cover by following the instructions in the OneCare Super PDS. If you elect to apply for insurance cover through OneCare Super at the time of leaving your employer then Choose Your Own cover within ANZ Smart Choice Super is not available.

For full terms and conditions about OneCare Super, refer to the OneCare Super PDS which is available at [www.onepathsuperinvest.com.au](http://www.onepathsuperinvest.com.au), from your financial adviser or by contacting Customer Services. You should consider the OneCare Super PDS in deciding whether to acquire, or continue to hold, OneCare Super. Underwriting criteria applies. Zurich Australia Limited is the insurer for OneCare Super. Target Market Determinations for OneCare Super can be obtained from [www.onepath.com.au/content/dam/onepath/documents/tmd/onecare-super-tmd.pdf](http://www.onepath.com.au/content/dam/onepath/documents/tmd/onecare-super-tmd.pdf).

The information in respect of OneCare Super has been prepared without taking into account your personal objectives, financial situation or needs and you should consider its appropriateness with regard to these factors before acting on it. You should obtain the OneCare Super PDS and consider it before making any decisions about whether to acquire OneCare Super.

## ADDITIONAL FEATURES

If your Employer has selected additional features for your Employer Plan, these will be detailed in an 'Additional features' section of the Appendix. You should be aware that in order to access some of these features, a time period within which to apply may be applicable.

## HOW TO MAKE A CLAIM

In the event of a claim, the process has been made as easy as possible.

For more information about making a claim:

- contact Customer Services on 13 12 87
- email Customer Services at [smartchoice@insigniafinancial.com.au](mailto:smartchoice@insigniafinancial.com.au)
- visit the ANZ website at [www.anz.com.au/superclaims](http://www.anz.com.au/superclaims)

The Insurer requires you, your Employer or us to notify them in writing of any claim within the time limit specified in the Policy. Please refer to the Appendix for further details.

If the Insurer does not receive notice in writing within the required time, the Insurer may reduce or refuse to pay the benefit to the extent its assessment of the claim is prejudiced.

The Insurer will generally send us or your Employer claim forms as soon as reasonably possible after receiving notice of a claim. The sending of claim forms does not constitute an admission of liability in respect of any claim lodged.

Claim forms must be completed as soon as it is reasonably practicable for you to do so.

The Insurer generally asks for medical information and evidence to enable the claim to be assessed. If a claim is lodged, you may be required to be interviewed and attend medical and vocational assessments and rehabilitation. You, your Employer and we are also required to provide the Insurer with all information required in order to determine your eligibility for benefits. If you are residing or travelling overseas, in the event of a claim the Insurer may require you to return to Australia for medical treatment and assessment. The Insurer will not pay any costs relating to your return to Australia, and if you do not return to Australia within 6 months of the date of any request you will not be entitled to claim unless otherwise agreed between you and the Insurer.

Once we receive the proceeds from the Insurer these will be held in the superannuation environment, in the ANZ Smart Choice Cash investment option. If you would like to switch this amount to another investment option you can do so online via [www.anz.com.au/smartchoiceaccess](http://www.anz.com.au/smartchoiceaccess) or by calling Customer Services. Upon meeting a condition of release, you will receive the benefit amount in accordance with the Fund's Trust Deed, adjusted positively or negatively, for investment earnings.

# DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

When applying for insurance, you have a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer to a question of the Insurer is given that is false, only partially true, or that does not fairly reflect the truth.

The Insurer’s questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to the Insurer’s questions are very important. They use them to decide if they can provide cover to you and, if they can, the terms of the cover and the premium they will charge.

Care must be taken to answer all questions the Insurer asks as part of your insurance application honestly and accurately.

Otherwise, you may not be able to rely on your insurance when it’s needed most.

The duty to take reasonable care not to make a misrepresentation also applies if you seek to extend, reinstate or make changes to existing insurance.

You are responsible for all answers given, even if someone assists you with your application.

The Insurer may later investigate the answers given in your application, including at the time of a claim.

## CONSEQUENCES OF NOT COMPLYING WITH THE DUTY

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance cover, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided.	This means your cover will be treated as if it never existed.	Any claim that has been made will not be payable.
The amount of your cover being changed.	Your cover level could be reduced.	If a claim has been made, a lower benefit may be payable.
The terms of your cover being changed.	The Insurer could, for example, add an exclusion to your cover meaning claims for certain events will not be payable.	If a claim has been made for an event that is now excluded, it will not be payable.

If the Insurer believes there has been a breach of the duty to take reasonable care not to make a misrepresentation, they will let you know their reasons and the information they rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, the Insurer will consider all relevant circumstances.

The rights they have if there has been a failure to comply with the duty will depend on factors such as what the Insurer would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If the Insurer decides to take some action on your cover, they will advise you of their decision and the process to have this reviewed or make a complaint if you disagree with their decision.

## GUIDANCE FOR ANSWERING THE INSURER’S QUESTIONS

- When answering their questions, please:
- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask the Insurer before you respond.
  - Answer every question that they ask you.
  - Do not assume that the Insurer will contact your doctor for any medical information.
  - Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with the Insurer.
  - Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before your application is submitted.

## OTHER IMPORTANT INFORMATION

Your application for cover will be treated as if you are applying for an individual ‘consumer insurance contract’. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

Before your cover starts, the Insurer may ask about any changes and you have the opportunity to answer their questions differently. As any changes might require further assessment or investigation, it could save time if you let the Insurer know about any changes when they happen.

If after your cover starts, you think you may not have met your duty, please contact the Insurer immediately and they will let you know whether it has any impact on the cover.

*It’s important that you understand this information and the questions the Insurer asks, so if you have any queries please contact us.*

## INSURANCE RISKS

As your Employer has included insurance as part of its superannuation arrangements, under ANZ Smart Choice Super, there are a number of insurance risks you should be aware of:

- if the Insurance fees are not paid to the Insurer within the time limits under the Policy, the Insurer may cancel or terminate the insurance cover by written notice to the Trustee without notice to you;
- if you are transferred to another super fund or to the Australian Taxation Office (ATO) as lost or unclaimed monies your cover will cease (see the AIG for more details);
- the amount or type of insurance cover selected by your Employer may not be sufficient to provide adequate insurance cover in the event of injury or illness;
- your Insurance fee or benefit may be adjusted if your age is mis-stated;
- if your benefit is calculated using your **Salary** while you are in the Employer Plan, we are reliant upon your Employer's notification of any Salary changes. Where we are not notified of a change in Salary and no additional Insurance fee is paid, in the event of a claim, the Insurer may pay a lower benefit based on the Salary that was previously advised or Salary at the last review date;
- if you or your Employer do not disclose to the Insurer every matter that they know or could reasonably be expected to know, that would be relevant to the Insurer's decision whether to accept the risk of the insurance and if so, on what terms, the Insurer may avoid the contract within three years of entering into it. If you or your Employer's non-disclosure is fraudulent, the Insurer may avoid the contract at any time. Refer to the 'Duty to take reasonable care not to make a misrepresentation' section within this Guide for more details;
- if you have been paid a TPD Benefit or Terminal Illness Benefit and have residual Death cover remaining you may wish to consider maintaining some money in your super account to keep the account active and to ensure there is sufficient balance to pay any insurance fees;
- you may not be paid a benefit because an exclusion or restriction applies, based on your personal circumstances;
- insurance fees may increase over time; and
- the Trustee relies on information provided by your Employer about you at the time that you are admitted into ANZ Smart Choice Super, including the appropriate category of membership, as well as changes in your information over the course of your membership, for example changes in salary. Some of the information your Employer provides may determine your benefits according to your eligibility. Where any information is found to be inaccurate, the Trustee will not be responsible for the inaccuracy or any reliance on it. Inaccurate information may result in eligibility being denied or benefits being declined.

You should check your insurance cover with your Employer to ensure your insurance accurately reflects your current Employment details.

# APPENDIX

This Appendix forms part of the Guide dated 1 December 2024 for the Cisco Systems Australia Pty Ltd Superannuation Plan.

Type of Cover available	Death (including Terminal Illness) and Total and Permanent Disablement (TPD) Cover. Income Protection Cover is not available through the Employer Plan.
Eligibility Conditions	<p>To be eligible for cover under this policy, you must:</p> <ul style="list-style-type: none"><li>• be an <b>Australian Resident</b> or holder of a temporary work visa approved by the Insurer and issued by the Department of Home Affairs (or any department that replaces it), and</li><li>• be Employed by the Employer as either a <b>Permanent Employee</b> or a <b>Contractor</b> (fixed term employee).</li></ul> <p>There are further requirements that you would need to satisfy to be eligible for Default Cover as set out in the 'Eligibility criteria for Default Cover' section of this Appendix.</p>
Category descriptions	<p><b>Category 1</b> – Compulsory Default Cover and also Voluntary Cover for all persons Employed as a Permanent Employee or as a Contractor (fixed term employee), immediately upon commencement of Employment with the Employer.</p> <p><b>Category 2</b> – Insurance only members.</p> <p><b>Category 3</b> – Compulsory Default Cover and also Voluntary Cover for all Graduate employees who are Permanent Employees, immediately upon commencement of Employment with the Employer.</p>
What is the Maximum Benefit Level?	<p>The Maximum Benefit Level is the maximum sum insured that will be paid under the Policy for an <b>Insured Person</b>.</p> <p><b>Category 1 and 2:</b></p> <p>Despite any other condition, the Insured Cover for an Insured Person will not exceed the following:</p> <ul style="list-style-type: none"><li>• For Death and Terminal Illness cover: Unlimited (subject to acceptance by the Insurer).</li><li>• For TPD cover: \$5 million.</li></ul> <p><b>Category 3:</b></p> <p>Despite any other condition, the Insured Cover for an Insured Person will not exceed the following:</p> <ul style="list-style-type: none"><li>• For Death and Terminal Illness cover: Unlimited</li><li>• For TPD cover: \$5 million</li></ul>
What is the Maximum Insurable Age?	<p>Maximum Insurable Age means the maximum age for which a person can hold Insured Cover, as follows:</p> <ul style="list-style-type: none"><li>• Death and Terminal Illness cover: 70th birthday.</li><li>• Total and Permanent Disablement cover: 70th birthday.</li></ul>
What is the Maximum Entry Age?	<p>64 years.</p> <p>The <b>Maximum Entry Age</b> above is the maximum age a person can be to qualify for Default Cover.</p>
When does cover commence?	<p>The date cover starts will depend on the type of cover as follows:</p> <ul style="list-style-type: none"><li>• <b>Default Cover:</b> For a person who obtains cover by way of automatic acceptance, cover starts from the:<ul style="list-style-type: none"><li>– date they first become an <b>Eligible Person</b> if this happens on or after the Commencement Date, or</li><li>– the Commencement Date if they first became an Eligible Person before the Commencement Date and remain so on the Commencement Date.</li></ul></li><li>• <b>Voluntary Cover:</b> For a person who obtains Voluntary Cover, cover starts when the Insurer accepts the Eligible Person for cover.</li><li>• <b>Takeover Cover:</b> For a person who obtains Takeover Cover, cover starts on the Commencement Date.</li><li>• <b>Transferred Cover:</b> For a person who obtains Transferred Cover, cover starts on the later of the date:<ul style="list-style-type: none"><li>– the Insurer accepts the transferred cover application, and</li><li>– the existing insurance cover under the former superannuation fund is cancelled.</li></ul></li></ul>

<b>When does cover commence?</b> <b>(continued)</b>	<p>The Insurer may agree to use another date if they are provided with satisfactory evidence, and this will be specified in the <b>Policy Schedule</b>.</p> <p>For members under 25 years old or who have an account balance less than \$6,000, Default Cover starts:</p> <ul style="list-style-type: none"> <li>• the day an application and signed election are received. If the application is received within 180 days of joining, <b>Limited Cover</b> restrictions will apply if you are not in <b>Active Employment</b> on the day cover commences, until you are in Active Employment for 30 consecutive days after which full cover is provided; or</li> <li>• the day an application and signed election are received. If the application is received outside 180 days of joining; You will be restricted to Limited Cover, for 12 months. If you are in Active Employment for the final 30 days of that period, you will be provided with unrestricted cover. If you are not in Active Employment, Limited Cover will continue until you have been in Active Employment for 30 consecutive days after which unrestricted cover is provided;</li> <li>• There are times where you will have cover applied without an opt-in election. This includes the day the following PMIF thresholds are met. This includes: <ul style="list-style-type: none"> <li>– reaching an account balance of \$6,000 or more</li> <li>– turning 25; and</li> <li>– having received a contribution into your account; or</li> </ul> </li> <li>• an exception is met.</li> </ul>
<b>Default Cover (Benefit Design)</b>	
<b>What Default Cover is available?</b>	<p>Every Eligible Person who is under the Maximum Entry Age will receive Default Cover through <b>Automatic Acceptance</b>.</p> <p>The Default <b>Death and TPD cover</b> (subject to eligibility) applicable to your Employer Plan is:</p> <p><b>Category 1:</b> 5 times Income</p> <p><b>Category 2:</b> 5 times Income</p> <p><b>Category 3:</b> Fixed sum of \$50,000</p>
<b>Eligibility criteria for Default Cover</b>	<p>To be eligible for Default Cover under this policy, you must:</p> <ul style="list-style-type: none"> <li>• be a member of the Cisco Systems Australia Pty Ltd Superannuation Plan in ANZ Smart Choice Super,</li> <li>• be engaged in an occupation for which Default Cover is available,</li> <li>• be at least 15 years of age* and no older than the Maximum Insurable Age,</li> <li>• have an account balance of \$6,000 or over*,</li> <li>• be an Australian Resident or holder of a temporary work visa approved by the Insurer and issued by the Department of Immigration and Citizenship,</li> <li>• be <b>Employed</b> by the <b>Employer</b> as either a Permanent Employee or a Contractor (fixed term employee),</li> <li>• not be entitled to receive <b>Takeover Cover</b>, and</li> <li>• become insured within 120 days of first becoming eligible for Default Cover.</li> </ul> <p>Note there are circumstances where the Default Cover you obtain through automatic acceptance will be subject to Limited Cover conditions. Refer to the 'What is Limited Cover?' and 'When will Limited Cover Conditions apply?' sections of the Appendix on when Limited Cover conditions would apply.</p> <p>* You must provide an opt-in election if you are under 25 or with an account balance less than \$6,000, unless you are covered by a PMIF exception.</p>
<b>Automatic Acceptance</b>	<p>Automatic Acceptance means that the Insurer will accept an Eligible Person for Insured Cover up to the <b>Automatic Acceptance Limit</b> without the need for underwriting.</p> <p>Unless otherwise agreed by the Insurer in writing, to be eligible for automatic acceptance the following conditions must be satisfied at all times:</p> <ul style="list-style-type: none"> <li>• at least 75% of the persons who meet the Eligibility Conditions must be Insured Persons; and</li> <li>• when the Trustee is a Regulated Superannuation Fund, then the fund is the 'default fund' for superannuation contributions as per the <i>Superannuation Guarantee (Administration) Act 1992</i> (Cth) of the Employer.</li> </ul> <p>A default fund as referred to above, is a fund that an Employer remits superannuation contributions in respect of an employee to, if the employee does not elect to choose a superannuation fund for his or her contributions to be paid into.</p>

<b>Automatic Acceptance Limit</b>	<p>The Automatic Acceptance Limit is the amount for which the Insurer may accept a person for Insured Cover without application.</p> <p>The Automatic Acceptance Limit for cover under the Policy is as follows:</p> <p><b>Default Death and TPD cover:</b></p> <p><b>Category 1:</b> Default Cover: \$1,500,000</p> <p><b>Category 2:</b> Default Cover: \$1,500,000</p> <p><b>Category 3:</b> Default Cover: \$50,000</p>
<b>Non Automatic Acceptance criteria</b>	<p>An Eligible Person who:</p> <ul style="list-style-type: none"> <li>• is not permitted to obtain cover under Automatic Acceptance, or</li> <li>• seeks cover above the cover they obtained under Automatic Acceptance, must obtain cover through underwriting.</li> </ul> <p>In order to consider the Eligible Person's application, the Insurer may require additional information on them, including medical and lifestyle information. The Insurer will only ask for personal information that they are permitted to ask for by law and their relevant industry Code of Practice, and which the Insurer believes is necessary for their underwriting purposes.</p> <p>After considering an application for cover, the Insurer may accept cover or refuse cover. Furthermore cover may be accepted with special terms or conditions, for example placing an exclusion on the cover. Acceptance of an application for cover with conditions or refusal of the application will not affect any existing cover the Eligible Person may have.</p> <p>The Insurer will notify the Trustee of their decision in relation to an application, including any special terms or conditions which will apply.</p>
<b>Automatic increases and decreases in cover</b>	<p>The amount of cover in respect of an Insured Person will increase or decrease in line with the calculation of an Insured Person's Insured Cover. An automatic increase in cover will only occur if the Insurer's written acceptance of cover is not otherwise required according to the provisions of the Policy relating to the Automatic Acceptance Limit.</p> <p>The premium will be adjusted to take into account the variation in the cover in respect of an Insured Person.</p>
<b>Voluntary Cover</b>	
<b>Is Voluntary Cover available?</b>	<p>Voluntary Death only or Voluntary Death and TPD cover is available to all eligible members by individual application to the Insurer and may be provided by the Insurer subject to their approval and the application of any loadings, exclusions or special conditions imposed by them. The cover will be provided as a fixed level of cover of a nominated dollar amount, in multiples of \$1,000 subject to the Maximum Benefit Level.</p>
<b>What types of cover can members apply for?</b>	<ul style="list-style-type: none"> <li>• Death cover</li> <li>• Death and TPD cover</li> </ul> <p>Voluntary Cover is available to all Eligible Persons subject to Insurer acceptance under Non-Automatic Acceptance Criteria.</p>
<b>Is Accident Benefit (Interim Accident Cover) available for Death and TPD cover applications?</b>	<p>Yes.</p> <p><b>Death or TPD by Accident Benefit</b></p> <p>If an Eligible Person applies for Voluntary Cover, they will be covered for the types of benefit that they have applied for (other than Terminal Illness) while the Insurer is considering their application. This cover is only provided where their death or TPD occurs as a direct result of an <b>Accident</b>.</p> <p>The Interim Accident Cover period starts on the date the Insurer receives the Eligible Person's application for Voluntary Cover and ends on the earliest of the date:</p> <ul style="list-style-type: none"> <li>• the application is withdrawn,</li> <li>• the Insurer accepts the application,</li> <li>• the Insurer rejects the application,</li> <li>• an Interim Accident Cover benefit becomes payable,</li> <li>• 90 days have passed from the date the Insurer receives the person's application for this cover, and</li> <li>• cover would otherwise cease under this policy for the person.</li> </ul>



<p><b>Is Accident Benefit (Interim Accident Cover) available for Death and TPD cover applications? (continued)</b></p>	<p>The Insurer will pay a Death benefit if a person who has applied for Death cover dies as a direct result of an Accident that occurs during the Interim Accident Cover period defined above. Similarly the Insurer will pay a TPD benefit if a person who has applied for TPD cover becomes Totally and Permanently Disabled as a direct result of an Accident that occurs during the Interim Accident Cover period defined above.</p> <p>Note that:</p> <ul style="list-style-type: none"> <li>• The Accident and resulting <b>Date of Disablement</b> must occur during the Interim Accident Cover period for a TPD Accident benefit to be paid.</li> <li>• The death as a result of the Accident must occur during the Interim Accident Cover period for this benefit to be paid.</li> <li>• The benefit and payment will be the lesser of the amount nominated as the Insured Cover under that person's application and \$2,000,000.</li> <li>• If the Insurer pays an <b>Interim Accident Benefit</b>, the application for Voluntary Cover will be cancelled and the Trustee will be unable to apply for any further cover for that person under this policy. Any existing cover for that person under this policy will also be cancelled.</li> </ul>
<b>Death Cover</b>	
<p><b>Is a Death Benefit provided?</b></p>	<p>Yes.</p> <p>When an Insured Person dies while the Policy is in place and current, subject to the provisions of the Policy and the Insurer's agreement to the eligibility for Benefit, the Insurer will pay the Insured Cover in respect of that Insured Person as soon as practical after the required claims procedures and documentation requirements have been satisfied.</p>
<p><b>Is a Terminal Illness Benefit provided?</b></p>	<p>Yes.</p> <p>When an Insured Person is diagnosed as having a Terminal Illness while the Policy is in place and current, subject to the provisions of the Policy and the Insurer's agreement to the eligibility for this Benefit, the Insurer will pay the Insured Cover in respect of that Insured Person as soon as practical after the required claims procedures and documentation requirements have been satisfied. Note that no benefit will be payable for Terminal Illness where a person has been paid or is eligible to be paid a Terminal Illness or similar benefit under the <b>Previous Policy</b>.</p>
<p><b>What does Terminal Illness mean?</b></p>	<p>Terminal Illness means:</p> <ol style="list-style-type: none"> <li>a. an Insured Person suffering from an illness that despite reasonable medical treatment will lead to the Insured Person's death within 12 months of the <b>Date of Certification</b>; and</li> <li>b. the Insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment the illness will lead to the Insured Person's death within 12 months of the Date of Certification referred to in paragraph (a).</li> </ol> <p>The Date of Certification must be made while the Insured Person is covered under this policy.</p>
<b>TPD Cover</b>	
<p><b>Is a TPD Benefit provided?</b></p>	<p>Yes.</p> <p>When an Insured Person is determined as having a Total and Permanent Disablement (if the Insured Person has this cover) while the Policy is in place and current subject to the provisions of the Policy and the Insurer's agreement to the eligibility for this Benefit, the Insurer will pay the Insured Cover in respect of that Insured Person as soon as practical after their required claims procedures and documentation requirements have been satisfied.</p>

**What is the definition of TPD?**

**Total and permanent disablement (TPD)/totally and permanently disabled means:**

- For an Insured Person who is under the age of 65 immediately prior to their Date of Disablement, the Insured Person satisfies either Part 1, Part 2, Part 3, Part 4 or Part 5.
- For an Insured Person who is aged 65 or older immediately prior to their Date of Disablement, the Insured Person satisfies either Part 2, Part 3, Part 4 or Part 5.

**Part 1 – Unlikely to work**

The Insured Person has been absent from their occupation with the Employer through injury or illness for 3 consecutive months and has provided proof to the Insurer's satisfaction that the Insured Person has become incapacitated to such an extent as to render the Insured Person unlikely ever to engage in or work for reward in any occupation or work for which he or she is reasonably qualified by reason of education, training or experience.

**Part 2 – Loss of use**

The Insured Person:

- has suffered
  - the permanent loss of use of 2 limbs, or
  - the sight of both eyes, or
  - the permanent loss of use of one limb and the sight of one eye (where limb is defined as the whole hand or the whole foot), and
- has been absent from their occupation with the Employer through injury or illness for at least 3 consecutive months and has provided proof to the Insurer's satisfaction that the Insured Person has become incapacitated to such an extent as to render the Insured Person unlikely ever to engage in or work for reward in any occupation or work for which he or she is reasonably qualified by reason of education, training or experience.

**Part 3 – Basic Work Activities**

Solely because of injury or illness, and having provided proof to the Insurer's satisfaction, the Insured Person:

- a) has been unable to perform at least two **Basic Work Activities** for at least 3 consecutive months,
- b) is unable to perform at least two Basic Work Activities for the rest of their life, without the help of another person, and
- c) has been absent from their occupation with the Employer through injury or illness for at least 3 consecutive months and has become incapacitated to such an extent as to render the Insured Person unlikely ever to engage in or work for reward in any occupation or work for which he or she is reasonably qualified by reason of education, training or experience.

**Part 4 – Severe Psychiatric Impairment**

The Insured Person has a psychiatric disorder which:

- 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 Person has been receiving Psychiatric Treatment for at least 12 months prior to the Insured Person's treating psychiatrist assessing the psychiatric disorder as chronic and unlikely to improve in the foreseeable future with or without further treatment, and

the Insurer determines that solely because of their psychiatric disorder, the Insured Person has suffered from the following incapacity for at least 12 consecutive months, and is likely to continue to be so incapacitated for the rest of their life:

- has received an established diagnosis of Schizophrenia or Schizophreniform Disorder from their treating psychiatrist, or
- is 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 Person's care by Court order, or

- is 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 Person’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 Person is not capable of managing their day-to-day financial affairs as a result of their psychiatric disorder, or
- is unable to live independently, requiring a Care Provider to provide daily care and supervision to the Insured Person, or
- requires 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, and

the Insured Person has been absent from their occupation with the Employer through injury or illness for at least 3 consecutive months and has provided proof to the Insurer’s satisfaction that the Insured Person has become incapacitated to such an extent as to render the Insured Person unlikely ever to engage in or work for reward in any occupation or work for which he or she is reasonably qualified by reason of education, training or experience.

**Part 5 – Loss of intellectual capacity**

Solely because of injury or illness, and having provided proof to the Insurer’s satisfaction, the Insured Person:

- a) is suffering from the permanent deterioration or loss of intellectual capacity that has required the Insured Person to be under continuous care and supervision by another adult person for at least 3 consecutive months and this care is likely to be ongoing on a permanent daily basis, and
- b) has been absent from their occupation with the Employer through injury or illness for at least 3 consecutive months and has become incapacitated to such an extent as to render the Insured Person unlikely ever to engage in or work for reward in any occupation or work for which he or she is reasonably qualified by reason of education, training or experience.

What does Date of Disablement mean?

Means the later of the date on which a Medical Practitioner examines and certifies in writing that the Insured Person is disabled and the Insured Person ceases all work.

Does TPD tapering apply?

Yes.

An Insured Person’s TPD cover will automatically taper from the **Annual Review Date** following their 60th birthday (Age Next Birthday 61) up to their 69th birthday (Age Next Birthday 70). The below table shows the percentage which the Insured Person’s TPD cover will reduce by together with an example of the impact on an \$100,000 sum insured:

Age Next Birthday (at 1 July each year)	Percentage reduction of TPD cover	Example \$100,000 TPD Sum Insured
Up to 60	Nil	\$100,000
61	10%	\$90,000
62	20%	\$80,000
63	30%	\$70,000
64	40%	\$60,000
65	50%	\$50,000
66	60%	\$40,000
67	70%	\$30,000
68	80%	\$20,000
69	90%	\$10,000
70	100%	\$0

Income Protection Cover	
Is Income Protection cover available?	No.
When the Insurer won't pay	
Exclusions	<p>The following exclusions apply to an Insured Person's cover:</p> <p><b>Acts of war</b></p> <p>The Insurer will not pay a benefit for an Insured Person if their death, Terminal Illness or TPD is caused directly or indirectly by an act of <b>War</b>.</p> <p>While acts of War are excluded, if an Insured Person dies while on service with the Australian Armed Forces Reserve they will still be covered.</p> <p><b>Suicide or self-inflicted injury</b></p> <p>Where cover for an insured person is increased cover that is not as a result of a standard formula, or is underwritten cover or is subject to 12 months of Limited Cover we will not pay a benefit if Death, Terminal Illness or TPD is directly or indirectly caused by or attributed to suicide, attempted suicide, an intentional self inflicted injury or infection and this takes place within the first 13 months of the relevant cover starting, increasing or recommencing.</p> <p><b>Previous terminal illness benefit</b></p> <p>No benefit will be payable for Terminal Illness where a person has been paid or is eligible to be paid a Terminal Illness or similar benefit under the Previous Policy.</p> <p><b>Sanctions</b></p> <p>Despite anything else in this policy, neither the Trustee nor the Insurer will be required to provide any premium, benefit, cover or payment under this policy where doing so would violate any laws or regulations.</p> <p>The payment of any Benefit under the Policy in respect of an Insured Person shall always be subject to:</p> <ul style="list-style-type: none"> <li>• the terms and conditions of the Policy; and</li> <li>• any special conditions; and</li> <li>• any special terms and conditions of acceptance for membership of that Insured Person.</li> </ul>
Insurance fees	
Insurance fees (premiums) payable	Means the money paid to the Insurer or owed to the Insurer for the insurance cover they provide under the Policy. See 'Insurance Fee Schedule'.
Does the Employer pay the Insurance fees?	<p><b>Category 1</b></p> <ul style="list-style-type: none"> <li>• Default Cover: Yes, the Employer pays.</li> <li>• Voluntary Cover: No, the member pays.</li> </ul> <p><b>Category 2</b></p> <ul style="list-style-type: none"> <li>• Default Cover: Yes, the Employer pays.</li> <li>• Voluntary Cover: Not available for this category.</li> </ul> <p><b>Category 3</b></p> <ul style="list-style-type: none"> <li>• Default Cover: No, the member pays.</li> <li>• Voluntary Cover: No, the member pays.</li> </ul> <p>The above arrangement is current at the date of this Guide, but may change. Please refer to the section 'Payment of Insurance fees' in this Guide for further information.</p>

## When does cover cease?

### When does an Insured Person's cover cease?

#### Cessation of cover for an Insured Person

Under the Policy, an Insured Person will cease to be covered from the earliest date of any of the following:

- the date the Insured Person ceases to be Employed by the Employer. Refer to the **Extension of Cover** section of this appendix for information on cover extensions applicable; or
- the date the Insured Person ceases to be a member of the Employer Plan; or
- the date a Benefit has been paid in respect of that Insured Person; or
- the date the Insured Person commences duty with the military services (other than the Australian Armed Forces Reserve and is not on active duty outside Australia) of any country; or
- the date the Insured Person attains the Maximum Insurable Age for the relevant Benefit; or
- the date the Policy is cancelled or terminated for any reason; or
- the date the Insurer receives a written request from the Trustee to cancel or terminate the Insured Person's cover and the Insurer agrees to terminate or cancel the cover for this Insured Person; or
- the premium remains unpaid for a period of more than two calendar months after the **Premium Due Date**. The Insured Person will be covered up to and including the last day of the second calendar month following the Premium Due Date. For example, premiums for July are due on 1 July and if premiums are still outstanding by 31 August cover will be cancelled and the Insured Person will only be covered up to and including 31 August; or
- the end of a 16 month period in which no Active Contribution is received in respect of the Insured Person's account and they have not notified us that they want the cover to continue, unless an employer-sponsor contribution exception applies; or
- the date the Insured Person leaves the fund; or
- the date the Insured Person dies; or
- the date the Insured Person is no longer an Australian Resident or no longer permanently in Australia or eligible to work in Australia; or
- the date the Insured Person transfers their cover to another group insurance policy issued to the fund; or
- the date the Insured Person no longer meets the conditions for their cover to continue while Employed overseas – refer to the **Worldwide Cover** section of this Appendix for the particular restrictions applicable to cover while you are overseas; or
- the date the Insured Person no longer meets the conditions for their cover to continue during **Leave of Absence** – refer to the 'Cover during leave without pay' section of this Appendix; or
- the date the Insured Person ceases to hold a temporary work visa issued by the Department of Home Affairs (or any department that replaces it) and approved by the Insurer; and
- the day your PMIF exception is no longer applicable.

#### Cessation of the Insurer's Liability under the Policy

The Insurer's liability to pay a Benefit under the Policy will cease in the following circumstances:

- Death and Terminal Illness cover will cease on the day the Policy terminates.
- If on the day the Policy terminates, an Insured Person is not At Work, then the Insurer will continue to cover the Insured Person for TPD, but only for the reason they were not At Work on the last working day immediately before the termination of the Policy, and this cover will cease on the earliest of the following:
  - the Insured Person has returned to work after the termination of the Policy and actively performed all the duties of their occupation and working their usual hours free from any limitation due to illness or injury and is not entitled to or is not receiving income support benefits of any kind; or
  - the Insured Person attains the Maximum Insurable Age; or
  - the person no longer meets the requirements to be an Insured Person of the Employer Plan; or
  - the Insurer makes a decision on any claim on the Insured Person.

#### Cancellation of the Policy

The Trustee may cancel the Policy at any time by giving prior written notice and the Insurer shall refund any premium paid by reference to the unexpired period of risk.

The Insurer may cancel the cover provided under the Policy when any premium (or any instalment of premium) has not been paid within 30 days of the Premium Due Date.

## What happens when an employee leaves their Employer?

<b>Choose Your Own Cover</b>	If your Employer notifies us that you have left employment with them, your Default and Voluntary cover will be converted to a fixed amount of Choose Your Own cover within ANZ Smart Choice Super. The cover will be provided by Zurich Australia Limited, the insurer for Choose Your Own cover within ANZ Smart Choice Super. The cover amount will be equal to the amount of cover held on the date that you have left your Employer.
<b>Is Extension of Cover available?</b>	Yes, for members that leave their Employer and choose not to receive Choose Your Own cover within ANZ Smart Choice Super.
<b>What are the conditions of the Extension of Cover?</b>	<p>If cover ceases because the Insured Person ceases to be Employed by the Employer, the Insurer will extend cover for up to 90 days from the date the cover ceased for that person. Premiums are not payable for this extension of cover.</p> <p>The extended cover period ceases on the earlier of the following:</p> <ul style="list-style-type: none"> <li>• 90 consecutive days have elapsed since their cover ceased,</li> <li>• the date that an application for a continuation option has been accepted or declined by the Insurer,</li> <li>• the date the person obtains insurance for the same or similar benefit provided under this policy with any other insurer as determined by the Insurer, or</li> <li>• the date that cover would otherwise cease in accordance with any other condition in the 'When does cover cease?' section of this Appendix.</li> </ul>
<b>Is Continuation Option available?</b>	Yes, for members that leave their Employer and choose not to receive Choose Your Own cover within ANZ Smart Choice Super. Not available if you cease to be a member of the Fund.
<b>What are the conditions of the Continuation Option?</b>	<p>If cover for an Insured Person under the Policy ceases because they cease to be Employed by the Employer, or they are no longer a member of the Fund, he or she may apply to continue their Death only or their Death and Total and Permanent Disablement cover with the Insurer through a new individual policy without having to provide medical evidence. The Continuation Option will only be available if all of the following circumstances are satisfied:</p> <ul style="list-style-type: none"> <li>• the Policy is still in place and current and the person was covered under the Policy at the time his or her cover ended;</li> <li>• the person is under age 60 when applying for the Continuation Option;</li> <li>• the person is no longer an employee of the Employer;</li> <li>• the person is not leaving Employment due to injury or illness;</li> <li>• the person is no longer a member of the Fund;</li> <li>• the person is an Australian Resident;</li> <li>• the person was Employed as a Permanent Employee, and At Work on the last day before their cover ended;</li> <li>• the person does not join any military forces (other than the Australian Armed Forces Reserve and is not on active duty outside Australia);</li> <li>• the person is not entitled to any benefit under this Policy or any other policy issued by the Insurer;</li> <li>• the person's premium payments are not overdue;</li> <li>• the person meets the Insurer's standard minimum requirements for a new individual policy including the Insurer's occupation and pastimes underwriting requirements; and</li> <li>• within 90 days of cover ending in respect of the Insured Person under the Policy, the Insurer receives the application for the Continuation Option with the correct premium for the cover being applied for.</li> </ul> <p>Cover under any policy will be issued for Death only or for Death and Total and Permanent Disablement cover only (depending upon the nomination made by the applicant);</p> <ul style="list-style-type: none"> <li>• at a level of cover not exceeding the cover provided under the Policy and with the same exclusions and loadings that the Insurer accepted the Insured Person under the Policy, at the date the cover ended for the Insured Person; and</li> <li>• on the terms and conditions (including the premium rates) applicable to the individual policy.</li> </ul>



Additional features	
<b>Worldwide cover</b>	<p>Cover for an Insured Person applies worldwide. However, if an Insured Person:</p> <ul style="list-style-type: none"> <li>• is not an Australian Resident, (including a holder of a temporary work visa approved by the Insurer), and</li> <li>• is temporarily <b>Employed</b> overseas,</li> </ul> <p>they will only have cover for 90 days from the date they leave Australia.</p> <p>Where an Insured Person who is an Australian Resident is temporarily Employed overseas, cover will continue provided premiums continue to be paid.</p> <p>An Insured Person may be required by the Insurer to return to Australia at their own expense to be assessed for Total and Permanent Disablement or Terminal Illness. Unless otherwise agreed with the Insurer, they will not be entitled to claim if they do not return to Australia within 6 months of the date of any request.</p>
<b>Cover during leave without pay</b>	<p>An Insured Person who is given a Leave of Absence will continue to be covered under the Policy for a period up to 24 months after the commencement of the Insured Person's leave, if all of the following are satisfied:</p> <ul style="list-style-type: none"> <li>• the Employer approves the period of leave in writing before the Insured Person goes on leave; and</li> <li>• premiums continue to be paid for the Insured Person during their Leave of Absence.</li> </ul> <p>Cover for an Insured Person who is on Leave of Absence will cease at the earliest of when the Insured Person's:</p> <ul style="list-style-type: none"> <li>• Leave of Absence commences, if an Insured Person has not satisfied the criteria set out above; or</li> <li>• Leave of Absence ceases and he or she does not return to their Employment; or</li> <li>• Leave of Absence exceeds 24 months or any extended period the Insurer has agreed to in writing, and he or she does not return to their Employment, unless otherwise agreed by the Insurer; or</li> <li>• cover otherwise ceases under the Policy.</li> </ul> <p>Note that <b>Leave Without Pay</b> is referred to as <b>Leave of Absence</b>.</p>
<b>Life Events cover (Guaranteed Future Insurability)</b>	<p>An Insured Person may elect to increase their cover without health or other evidence being required if they apply to the Insurer upon undergoing one of the following events:</p> <ol style="list-style-type: none"> <li>a. getting married</li> <li>b. getting into a registered relationship (including a same sex relationship) as evidenced by a certified copy of their certificate of registration of relationship issued by the State's Register of Births, Death and Marriages (or equivalent);</li> <li>c. adopting or becoming the natural parent of a child;</li> <li>d. obtaining a mortgage on a newly purchased property in which the Insured Person intends to reside in immediately after its purchase; or</li> <li>e. getting divorced from a spouse.</li> </ol> <p>The Insured Person must apply for and provide the Insurer with the relevant evidence satisfactory to them to confirm that any of the above events has taken place within 60 days of the event occurring.</p> <p>Where an Insured Person is not in Active Employment on the day the Insurer receives their application to increase cover, Limited Cover will apply to the amount of the increase in cover until the Insured Person returns to Active Employment for 30 consecutive days.</p> <p>Any increase in cover is limited to the lesser of</p> <ul style="list-style-type: none"> <li>• \$200,000, or</li> <li>• 25% of the Default Cover held by the Insured Person, or</li> <li>• 25% of the amount of the mortgage.</li> </ul> <p>The election may only be used once per Insured Person.</p>
General	
<b>Notice of claim</b>	<p>The Trustee must notify the Insurer in writing as soon as possible if the Trustee becomes aware of a claim or potential claim.</p> <p>If the Trustee or the Insured Person delays telling the Insurer and that prejudices the Insurer's interests, they may reduce the benefit or not pay the claim. The Insurer's interests include the ability to obtain the evidence they require or would have obtained for the period of the illness or injury.</p>

<b>Proof of claim</b>	<p>It is a condition of payment of any Benefit that the Insured Person provide the Insurer with such evidence to substantiate the claim as they may reasonably require.</p> <p>The Insured Person must submit at the Insurer's expense to a medical examination conducted by a Medical Practitioner or other health professional appointed by the Insurer as they deem necessary. Satisfactory proof of age may be required prior to any payment of Benefits.</p>
<b>Payment of Benefits</b>	<p>All Benefits to be paid in respect of an Insured Person shall be paid to the Trustee (or a person nominated by the Trustee) who may hold the monies in trust for the benefit of that Insured Person and when applicable, in accordance with the terms of any trust deed.</p> <p>When the Insurer's claim requirements have been satisfied in respect of an Insured Person the Benefit shall be paid as a lump sum payment.</p> <p>Subject to the terms and conditions in the Policy, where it is determined by the Insurer that an Insured Person is eligible for the payment of a Benefit, the amount payable is the amount of the Insured Person's Insured Cover at their <b>Incident Date</b>.</p> <p>All payments shall be made in Australian dollars.</p>
<b>When the Insurer can vary the Policy</b>	<p>The Insurer has the right to vary the <b>Premium Rates</b> or Automatic Acceptance Limit at any time after the end of the <b>Premium Guarantee Period</b> and will give the Trustee 90 days written notice before they do this.</p> <p>The Insurer may vary the terms and conditions (including the Premium Rates) with immediate effect and confirm that change in writing, even before the end of the Premium Guarantee Period, if:</p> <ul style="list-style-type: none"> <li>• the number of Insured Persons covered under this policy changes by more than 25% from the number of Insured Persons at the commencement of the previous Premium Guarantee Period; or</li> <li>• the number of Insured Persons covered under this policy becomes less than 75% of <b>Eligible Persons</b>; or</li> <li>• the business activity of the Employer results in unusual changes in the number of Insured Persons (such as due to mergers or takeovers) which leads, in the Insurer's opinion, to a major change in the risk.</li> </ul>
<b>Takeover terms</b>	<p>Existing cover held under the Previous Policy on the day prior to the Commencement Date will continue for an Insured Person for the same type of benefit they had under the Previous Policy. For example, if a person only had Death cover under the Previous Policy, the Insurer will only provide <b>Takeover Cover</b> terms on Death cover under this policy, even if they are eligible for other cover types.</p> <p>Any individual conditions, exclusions or restrictions that applied to the transferred cover under the Previous Policy on the day before the Commencement Date will continue to apply until they expire according to their terms. This includes any limited cover and exclusions.</p> <p>Any takeover of cover is limited to the <b>Maximum Benefit Level</b>. The Insurer will provide cover and determine their liability for claims made in respect of the transferred cover by applying <b>FSC Guidance Note 11</b> as the 'incoming insurer'.</p> <p>If there is any inconsistency between the terms and conditions of this policy and FSC Guidance Note 11, the Policy terms and conditions prevail to the extent of the inconsistency.</p>
<b>Transferred Cover</b>	<p>If an Insured person has existing cover through another superannuation (former superannuation fund), they can either:</p> <ul style="list-style-type: none"> <li>• replace their cover under this policy up to the transferred cover amount, or</li> <li>• increase their cover under this policy by up to the transferred covered amount.</li> </ul> <p>Any exclusions, restrictions, premium loadings and other special conditions which applied to the Insured Person's cover in the former superannuation fund will apply under this policy, until they expire according to their terms. The Insurer may also apply any exclusions and special conditions that would apply under this policy.</p>

**Transferred Cover continued**

When applying for individual transfer of cover:

- the person must be under age 60,
- the person must complete the insurance transfer application to the Insurer's satisfaction,
- the transferred cover was provided through a complying superannuation fund under a group insurance policy or an individual policy linked to superannuation,
- the person is not terminally ill with a life expectancy of less than 2 years,
- the person is At Work,
- the person has not been paid, is not eligible to be paid and have not lodged a claim for:
  - TPD benefits from the fund or another superannuation fund, or
  - a lump sum, under workers' compensation or another insurance policy, and
- the person has provide a recent statement (sent to the Insurer within six months of the issue date), or certificate of currency (sent to the Insurer within 60 days of issue date), as evidence of the transferred cover that was held in the former super fund.

The Transferred Cover amount cannot exceed \$2 million for death cover and \$1.5 million for TPD cover. The Transferred Cover, together with any cover already provided under this policy, cannot exceed \$3.5 million in death cover and \$2.5 million in TPD cover without underwriting by the Insurer. Any transferred cover is limited to the Maximum Benefit Level.

For a person who obtains Transferred Cover, cover starts on the later of the date:

- the Insurer accepts the transferred cover application, and
- the existing insurance cover under the former superannuation fund is cancelled.

The Insurer reserves the right to see evidence of this cancellation at any time. If the person does not cancel the cover with the former superannuation fund, the Insurer will not pay a benefit on the amount of the transferred cover.

The Insurer may also apply further terms and conditions from time to time. If they do this it will be communicated.

**Limited Cover**

**What is Limited Cover?** We will only pay a benefit for an illness or an injury if it becomes apparent or first occurs on or after the date the Insured person's cover started or increased.

**When will Limited Cover Conditions apply?**

For **Default Cover**:

- Limited Cover Conditions apply where the Insured Person is not in Active Employment on the date Default Cover commences or the date their Default Cover increases due to a change in the Benefit Design.
- Limited Cover Conditions will apply until they have returned to Active Employment for 30 consecutive days as illustrated by the below diagram.

For **Life Events Cover**:

- Limited Cover Conditions apply where the Insured Person is not in Active Employment on the date the application to increase cover is received.
- Limited Cover Conditions will apply until they have returned to Active Employment for 30 consecutive days.



# DEFINITIONS

Accident	Bodily injury caused solely and directly by accidental, external and visible means, independent of any other cause.
Active Contribution	An amount received by the Trustee that the Trustee determines prevents the person's account from being 'inactive' under the <i>Superannuation Industry (Supervision) Act 1993</i> (Cth) for the purposes of providing insurance.
Active Employment	means a person who is Employed by the Employer and in the Insurer's opinion is capable of performing their identifiable duties without restriction by any illness or injury for at least 35 hours per week (whether or not they are actually working those hours).
Annual Review Date	means 1st of July each year during the currency of the Policy.
At Work	means actively performing all the duties of their occupation, working their usual hours free from any limitation due to illness or injury and not entitled to or receiving income support benefits of any kind.
Australian Resident	means a person who: a. resides in Australia and is either an Australian citizen or is a holder of a permanent visa as identified by the Australian Department of Immigration and Border Protection (or its predecessor or successor), or b. is a citizen of New Zealand and the holder of a <b>Special Category Visa</b> while residing in Australia indefinitely.
Automatic Acceptance Limit	has the meaning set out in the 'Automatic Acceptance Limit' section of the Appendix.
Basic Work Activities	<p>means any of the following six activities:</p> <p><b>1. Mobility (walking or bending):</b></p> <p>(a) Walk, with or without a walking aid*, more than 200m on a level surface without stopping; or (b) Bend, kneel or squat to pick something up from the floor from standing position and straighten up again.</p> <p>*Such as a walking stick, crutches or walking frames.</p> <p><b>2. Vision (reading):</b></p> <p>Read, with visual aids, to the extent that an Ophthalmologist can certify that:</p> <p>(a) visual acuity is equal to, or better than, 6/48 in both eyes; or (b) constriction is, within or greater than, 20 degrees of fixation in the eye with the better vision.</p> <p><b>3. Lifting:</b></p> <p>Using one or both hands to hold an object weighing at least 5kg above their own waist height continuously for 60 seconds.</p> <p><b>4. Manual dexterity:</b></p> <p>With at least one hand, without the use of aids:</p> <p>(a) type words using a computer keyboard; or (b) pick up a small object such as a coin or pen.</p> <p><b>5. Hearing:</b></p> <p>Clearly hear with or without an aid, where the inability to hear clearly must be due to permanent hearing loss of at least 90 dB in both ears, averaged over frequencies of 500Hz, 1000Hz and 2000Hz, as certified by an appropriate Medical Specialist.</p> <p><b>6. Communicating (verbal or written):</b></p> <p>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.</p>
Care Provider	means a professional carer who is paid on a commercial basis.
Casual Employee	<p>A person being engaged in <b>Employment</b> of a temporary nature where:</p> <ul style="list-style-type: none"><li>• continuity of Employment is not guaranteed by the Employer, regardless of hours worked or the period of Employment, and</li><li>• the person is not entitled to annual leave or sick leave.</li></ul>
Commencement Date	means 1 July 2019.

<b>Contractor</b>	A person who is contracted for a fixed period of Employment determined at the commencement of their Employment and where that person is entitled to have benefits such as superannuation contributions and sick leave.
<b>Date of Certification</b>	The most recent date that two Medical Practitioners, one of whom specialises in the Insured Person's illness, certify that the illness will lead to the Insured Person's death within 12 months.
<b>Date of Disablement</b>	has the meaning as set out in the 'What does Date of Disablement' mean?' section of the Appendix.
<b>Default Cover</b>	The acceptance of Insured Cover by the Insurer without the need for underwriting for an amount up to the Automatic Acceptance Limit. 'Default Cover' is referred to as 'Standard Cover' in the insurance Policy.
<b>Default Fund</b>	A complying superannuation fund that an employer makes superannuation contributions to on behalf of an Employed person where there is no chosen fund for the Employed person.
<b>Eligibility Conditions</b>	has the meaning set out in the 'Category descriptions', 'Eligibility Conditions' and 'Eligibility Criteria for Default Cover' sections of the Appendix that detail how an Insured Person can become eligible for Insured Cover.
<b>Eligible Person</b>	A person who meets the Eligibility Conditions.
<b>Employed or Employment</b>	A person being engaged by the Employer under a contract of employment and includes a: <ul style="list-style-type: none"> <li>• Permanent Employee</li> <li>• Casual Employee, and</li> <li>• Contractor.</li> </ul>
<b>Employer</b>	means Cisco Systems Australia Pty Limited.
<b>FSC Guidance Note 11</b>	FSC Guidance Note No. 11 Group Insurance Takeover Terms as amended from time to time (the current version of which is dated 9 May 2013).
<b>Government Charges</b>	means any fee, charge, levy or tax payable to a government body or other public authority in relation to the Policy and includes stamp duty, other duties, fees, taxes and other charges.
<b>Incident Date</b>	means Date of Disablement, date of death or the date the Insurer agrees the Insured Person is certified to have a Terminal Illness.
<b>Income</b>	The total regular income received by the Insured Person from the Employer for personal exertion for their occupation including salary sacrifice amounts and a motor vehicle allowance, but excluding overtime payments, profit distributions, director's fees and any other non-regular payments.
<b>Insured Cover</b>	has the following meaning: <ul style="list-style-type: none"> <li>• For Default Cover, the amount of Default insurance cover held by the Insured Person as determined by the table in 'What Default Cover is Available?' section of the Appendix.</li> <li>• For Voluntary Cover, the amount of Voluntary Cover held by the Insured Person as determined by the Insurer in accordance with the 'Voluntary Cover' section of the Appendix.</li> </ul>
<b>Insured Person</b>	An Eligible Person who has cover in force under this policy, other than Interim Accident Cover.
<b>Interim Accident Benefit</b>	The benefit payable for Interim Accident Cover as described in the 'Is Accident Benefit (Interim Accident Cover) Available for Death and TPD cover applications?' section of the Appendix.
<b>Interim Accident Cover</b>	has the meaning set out in the 'Is Accident Benefit (Interim Accident Cover) Available for Death and TPD cover applications?' section of the Appendix.
<b>Leave of Absence</b>	Any period of absence by the Insured Person, unpaid, that has been approved by the Employer in writing prior to such absence.
<b>Limited Cover</b>	has the meaning set out in the 'What is Limited Cover?' and 'When will Limited Cover Conditions apply?' sections of the Appendix.
<b>Limited Cover Conditions</b>	The limitations on an Insured Person's cover as described in the 'What is Limited Cover?' and 'When will Limited Cover Conditions apply?' sections of the Appendix.
<b>Maximum Benefit</b>	has the meaning set out in the 'What is the Maximum Benefit Level?' section of the Appendix.
<b>Maximum Entry Age</b>	has the meaning set out in the 'What is the Maximum Entry Age?' section of the Appendix.
<b>Maximum Insurable Age</b>	has the meaning set out in the 'What is the Maximum Insurable Age?' section of the Appendix.

<b>Medical Practitioner</b>	means a person, accepted by the Insurer, who is registered and practicing as a medical practitioner in Australia other than the: <ul style="list-style-type: none"> <li>• Insured Person; or</li> <li>• Insured Person's spouse or partner, parent, child or sibling.</li> </ul>
<b>Medical Specialist:</b>	means a medical practitioner who is registered as a Specialist with the Australian Health Practitioner Regulation Agency (or any other body which replaces it).
<b>Permanent Employee</b>	Employment under an agreement or award in which a person works a minimum number of hours and is entitled to conditions and benefits normally associated with permanent employment such as annual leave and sick leave.
<b>Policy Owner</b>	OnePath Custodians Pty Limited
<b>Policy Schedule</b>	Any document issued to the Trustee which contains the specific terms and conditions that apply to the insurance Policy.
<b>Policy Term</b>	This policy commences on the Commencement Date and will end on the earliest of: <ul style="list-style-type: none"> <li>• the date the Insurer receives the Trustee's written request to cancel this policy,</li> <li>• a date the Insurer agrees to in writing with the Insurer,</li> <li>• the date cover ends for all Insured Persons, or</li> <li>• the date the Insurer gives the Trustee in writing if a premium is more than 30 days overdue.</li> </ul>
<b>Premium Due Date</b>	The first business banking day of each month.
<b>Premium Guarantee Period</b>	1 July 2019 to 30 June 2022.
<b>Premium Rates</b>	The rates stated in the 'Insurance Fees Schedule' section of this Appendix.
<b>Previous Policy</b>	means a life insurance policy issued under the <i>Life Insurance Act 1995</i> that was owned by the Trustee providing group life cover for the Insured Persons and for which the Policy is a replacement. It is a requirement that the previous policy was in place and current on the day before the Commencement Date and that the Insurer agrees to acknowledge the previous policy for the purposes of the Policy.
<b>Psychiatric treatment</b>	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).
<b>Salary</b>	Refer to definition of Income above.
<b>Schizophrenia</b>	means Schizophrenia (Multiple Episodes or Continuous), diagnosed in accordance with Diagnostic and Statistical Manual of Mental Disorders (DSM) 5.
<b>Schizophreniform Disorder</b>	means Schizophreniform Disorder (Multiple Episodes or Continuous), diagnosed in accordance with Diagnostic and Statistical Manual of Mental Disorders (DSM) 5.
<b>Special Category Visa</b>	has the meaning given to it in section 32 of the <i>Migration Act 1958</i> (Cth).
<b>Standard Cover</b>	The acceptance of Insured Cover by us without the need for underwriting for an amount up to the Automatic Acceptance Limit. 'Standard Cover' is referred to as 'Default Cover' in this insurance guide.
<b>Sum Insured</b>	has the same meaning as set out for 'Insured Cover' in the definitions section of the Appendix.
<b>Takeover Cover</b>	The cover described in the 'Takeover terms' section of this Appendix.
<b>Terminal Illness</b>	has the meaning set out in the 'What does Terminal Illness mean?' section of the Appendix.
<b>Total and Permanent Disablement (TPD)/Totally and Permanently Disabled</b>	has the meaning set out in the 'What is the definition of TPD?' section of the Appendix.
<b>Voluntary Cover</b>	means cover that is not Default Cover and in relation to an Insured Person is the type of cover and sum insured that the Insurer accepts in respect of an Insured Person following their assessment of any information that they may reasonably require, including information about the person's personal and family medical history. The Insurer's acceptance is at their absolute discretion and on such terms and conditions as they require. 'Voluntary Cover' is referred to as 'Underwritten Cover' in the insurance Policy.
<b>War</b>	includes any act of war (whether declared or not), revolution, invasion, rebellion or civil unrest.



# INSURANCE FEE SCHEDULE

Your Insurance fees will be based on the premium rates that have been customised and set for your Employer’s Plan and agreed between the Employer, the Insurer and us.

Different rates apply to the different cover types and membership categories. Refer to the ‘Category descriptions’ section of this Appendix for the membership category definitions applicable.

The premium you pay for Death Only or Death and TPD may be dependent upon some or all factors such as your age, gender, type of cover, membership category and amount of cover. The following formula shows how to calculate annual premiums using the relevant unitised rates from the table below.

$$(\text{Premium rate} \times \text{sum insured}) \div 1,000 = \text{annual Insurance fee (premium)}$$

The cost of your insurance cover may differ to the premium rates shown in the table below as the rates that will apply to you may be affected by medical or other loadings applied by the Insurer and are indicative only. The premium rates shown are inclusive of any applicable taxes that may be charged. Insurance fees are calculated based on:

- A unitised rate for the Default Cover of Category 1 & 2 Insured Persons, and
- A rate based on your gender and your Age Next Birthday (ANB) for the Voluntary Cover of Category 1 & 3 Insured Persons and Default Cover of Category 3 Insured Persons. Your Age Next Birthday will be determined as at 1 July, or on the effective date of any change to your level of insurance cover.

## INSURANCE FEE TABLE FOR CATEGORY 1 & 2 MEMBERS’ DEFAULT DEATH AND TPD COVER PER \$1,000 OF SUM INSURED\*

Death	TPD
0.614	0.578

\* A monthly frequency loading is included in these premium rates.

**For example:**

**Default Death and TPD for Category 1 Members**

John is a Category 1 member and has \$300,000 of Default Death and TPD cover. The applicable Insurance fees for his cover will be as per the Category 1 Default Death and TPD table below:

Death: \$0.614

TPD: \$0.578

As his level of cover is \$300,000, the annual Insurance fee that he will pay is:

$$[\$300,000 \times (0.614 + 0.578)] \div 1,000 = \$357.60$$

INSURANCE FEE TABLE FOR CATEGORY 3 MEMBERS’ DEFAULT DEATH AND TPD COVER PER \$1,000 OF SUM INSURED\*

Age Next Birthday	Male			Female		
	Death	TPD	Death & TPD	Death	TPD	Death & TPD
16	0.322	0.037	0.359	0.121	0.032	0.153
17	0.322	0.037	0.359	0.121	0.032	0.153
18	0.359	0.043	0.402	0.133	0.025	0.158
19	0.378	0.045	0.423	0.144	0.021	0.165
20	0.383	0.045	0.428	0.144	0.019	0.163
21	0.378	0.045	0.423	0.143	0.018	0.161
22	0.366	0.044	0.410	0.138	0.017	0.155
23	0.350	0.041	0.391	0.137	0.017	0.154
24	0.331	0.039	0.370	0.137	0.017	0.154
25	0.313	0.037	0.350	0.134	0.027	0.161
26	0.298	0.035	0.333	0.137	0.039	0.176
27	0.279	0.041	0.320	0.138	0.050	0.188
28	0.261	0.050	0.311	0.141	0.062	0.203
29	0.248	0.062	0.310	0.144	0.075	0.219
30	0.239	0.075	0.314	0.148	0.086	0.234
31	0.235	0.089	0.324	0.153	0.099	0.252
32	0.237	0.104	0.341	0.160	0.111	0.271
33	0.244	0.123	0.367	0.168	0.124	0.292
34	0.258	0.142	0.400	0.178	0.138	0.316
35	0.276	0.160	0.436	0.190	0.155	0.345
36	0.299	0.182	0.481	0.204	0.173	0.377
37	0.326	0.204	0.530	0.218	0.195	0.413
38	0.359	0.227	0.586	0.236	0.219	0.455
39	0.396	0.250	0.646	0.255	0.249	0.504
40	0.436	0.277	0.713	0.279	0.281	0.560
41	0.479	0.306	0.785	0.303	0.321	0.624
42	0.525	0.338	0.863	0.331	0.368	0.699
43	0.573	0.374	0.947	0.362	0.420	0.782
44	0.624	0.414	1.038	0.399	0.482	0.881
45	0.678	0.458	1.136	0.437	0.552	0.989
46	0.737	0.509	1.246	0.482	0.631	1.113
47	0.796	0.569	1.365	0.530	0.720	1.250
48	0.860	0.636	1.496	0.582	0.820	1.402

	Male			Female		
Age Next Birthday	Death	TPD	Death & TPD	Death	TPD	Death & TPD
49	0.927	0.717	1.644	0.641	0.929	1.570
50	1.002	0.810	1.812	0.706	1.050	1.756
51	1.082	0.918	2.000	0.776	1.183	1.959
52	1.171	1.046	2.217	0.853	1.327	2.180
53	1.271	1.194	2.465	0.938	1.481	2.419
54	1.381	1.365	2.746	1.029	1.647	2.676
55	1.509	1.565	3.074	1.129	1.825	2.954
56	1.654	1.795	3.449	1.236	2.015	3.251
57	1.820	2.060	3.880	1.352	2.212	3.564
58	2.012	2.364	4.376	1.477	2.420	3.897
59	2.235	2.714	4.949	1.614	2.635	4.249
60	2.491	3.112	5.603	1.758	2.858	4.616
61	2.789	3.565	6.354	1.914	3.087	5.001
62	3.130	4.077	7.207	2.081	3.321	5.402
63	3.526	4.658	8.184	2.259	3.556	5.815
64	3.980	5.310	9.290	2.449	3.793	6.242
65	4.503	6.044	10.547	2.651	4.027	6.678
66	5.088	6.830	11.918	2.996	4.551	7.547
67	5.750	7.717	13.467	3.386	5.143	8.529
68	6.497	8.721	15.218	3.826	5.811	9.637
69	7.342	9.854	17.196	4.322	6.567	10.889
70	8.296	11.135	19.431	4.885	7.420	12.305

\* Rates are inclusive of Stamp Duty and frequency loading.

**For example:**  
**Default Death and TPD cover for Category 3 Members**

Mary is a female Category 3 member aged 24 ANB and has \$50,000 of Default Death and TPD cover. The applicable Insurance fees for her cover will be as per the Category 3 Default Death and TPD table below:

Death: \$0.137  
TPD: \$0.017

As her level of cover is \$50,000, the annual Insurance fee that she will pay is:

$$[\$50,000 \times (0.137+0.017)] \div 1,000 = \$7.70$$

INSURANCE FEE TABLE FOR CATEGORY 1 VOLUNTARY DEATH AND TPD COVER PER \$1,000 OF SUM INSURED\*

Age Next Birthday	Male			Female		
	Death	TPD	Death & TPD	Death	TPD	Death & TPD
16	0.460	0.070	0.530	0.186	0.032	0.218
17	0.460	0.070	0.530	0.186	0.032	0.218
18	0.460	0.070	0.530	0.186	0.032	0.218
19	0.460	0.070	0.530	0.186	0.032	0.218
20	0.460	0.070	0.530	0.186	0.032	0.218
21	0.435	0.078	0.513	0.177	0.036	0.213
22	0.409	0.085	0.494	0.169	0.039	0.208
23	0.384	0.090	0.474	0.157	0.041	0.198
24	0.359	0.094	0.454	0.147	0.043	0.190
25	0.336	0.098	0.434	0.138	0.045	0.182
26	0.314	0.101	0.415	0.130	0.046	0.175
27	0.296	0.104	0.400	0.122	0.048	0.170
28	0.284	0.110	0.394	0.119	0.054	0.173
29	0.278	0.118	0.396	0.117	0.061	0.178
30	0.274	0.126	0.400	0.118	0.068	0.186
31	0.270	0.134	0.404	0.120	0.078	0.198
32	0.269	0.143	0.412	0.127	0.089	0.215
33	0.272	0.156	0.428	0.136	0.103	0.240
34	0.277	0.170	0.447	0.147	0.120	0.268
35	0.283	0.186	0.469	0.159	0.140	0.299
36	0.287	0.201	0.488	0.172	0.163	0.334
37	0.294	0.219	0.512	0.186	0.190	0.376
38	0.306	0.242	0.547	0.203	0.221	0.424
39	0.322	0.270	0.592	0.220	0.258	0.478
40	0.341	0.303	0.644	0.239	0.299	0.538
41	0.369	0.346	0.715	0.263	0.351	0.614
42	0.400	0.397	0.797	0.285	0.408	0.693
43	0.437	0.457	0.894	0.304	0.464	0.767
44	0.478	0.528	1.007	0.318	0.519	0.838
45	0.524	0.610	1.134	0.332	0.578	0.910
46	0.567	0.695	1.263	0.344	0.639	0.982
47	0.614	0.792	1.406	0.360	0.714	1.073
48	0.665	0.902	1.567	0.382	0.810	1.191
49	0.720	1.027	1.747	0.409	0.928	1.337
50	0.779	1.168	1.948	0.440	1.067	1.507
51	0.843	1.327	2.170	0.481	1.223	1.704
52	0.909	1.504	2.413	0.532	1.388	1.920
53	0.980	1.701	2.681	0.583	1.561	2.144
54	1.054	1.922	2.975	0.634	1.744	2.378
55	1.133	2.140	3.273	0.689	1.918	2.607

Age Next Birthday	Male			Female		
	Death	TPD	Death & TPD	Death	TPD	Death & TPD
56	1.218	2.358	3.576	0.749	2.085	2.834
57	1.315	2.609	3.923	0.813	2.261	3.074
58	1.427	2.904	4.331	0.877	2.440	3.318
59	1.553	3.245	4.798	0.945	2.628	3.573
60	1.691	3.629	5.320	1.017	2.828	3.844
61	1.840	4.057	5.897	1.097	3.051	4.148
62	1.996	4.527	6.523	1.194	3.321	4.515
63	2.156	5.034	7.190	1.315	3.659	4.974
64	2.321	5.584	7.905	1.461	4.064	5.525
65	2.495	6.191	8.685	1.626	4.522	6.148
66	3.263	6.739	10.002	2.214	4.725	6.939
67	3.722	7.401	11.122	2.557	5.096	7.653
68	4.239	8.112	12.351	2.950	5.489	8.439
69	4.844	8.877	13.720	3.380	5.903	9.283
70	5.463	9.696	15.159	3.860	6.340	10.200

\* Rates are inclusive of Stamp Duty and frequency loading.

For example:

**Category 1 Voluntary Death and TPD**

John (the member from the first example) wishes to apply for \$100,000 of Voluntary Death and TPD cover over and above his \$300,000 Default Death and TPD cover so that he will have \$400,000 of Death and TPD cover in total. As at 1 July John is 38 years old. His next birthday is on 1 May, at which time he will be 39.

As John's Age Next Birthday is 39, the applicable Insurance fees for his cover will be:

Death: \$0.614 for his \$300,000 of Default Cover and \$0.322 for his \$100,000 of Voluntary Cover.

TPD: \$0.578 for his \$300,000 of Default Cover and \$0.270 for his \$100,000 of Voluntary Cover.

As his additional level of cover is \$100,000, the annual Insurance fee for the Voluntary Death and TPD cover is:

$$[\$100,000 \times (0.322+0.270)] \div 1,000 = \$59.20$$

The Insurance fees for his total \$400,000 Death and TPD cover will be:

$$\$357.60 + \$59.20 = \$416.80$$

INSURANCE FEE TABLE FOR CATEGORY 3 VOLUNTARY DEATH AND TPD COVER PER \$1,000 OF SUM INSURED\*


Age Next Birthday	Male			Female		
	Death	TPD	Death & TPD	Death	TPD	Death & TPD
16	0.387	0.045	0.432	0.145	0.039	0.184
17	0.387	0.045	0.432	0.145	0.039	0.184
18	0.430	0.051	0.481	0.159	0.029	0.188
19	0.454	0.054	0.508	0.173	0.025	0.198
20	0.460	0.054	0.514	0.173	0.023	0.196
21	0.454	0.054	0.508	0.172	0.022	0.194
22	0.440	0.053	0.493	0.166	0.020	0.186
23	0.419	0.050	0.469	0.164	0.020	0.184
24	0.398	0.046	0.444	0.164	0.020	0.184
25	0.376	0.045	0.421	0.161	0.033	0.194
26	0.358	0.042	0.400	0.164	0.046	0.210
27	0.334	0.050	0.384	0.166	0.060	0.226
28	0.313	0.060	0.373	0.169	0.074	0.243
29	0.297	0.074	0.371	0.173	0.090	0.263
30	0.286	0.090	0.376	0.178	0.104	0.282
31	0.282	0.107	0.389	0.184	0.119	0.303
32	0.285	0.125	0.410	0.192	0.133	0.325
33	0.293	0.147	0.440	0.201	0.149	0.350
34	0.310	0.170	0.480	0.214	0.166	0.380
35	0.331	0.192	0.523	0.228	0.186	0.414
36	0.359	0.218	0.577	0.245	0.207	0.452
37	0.392	0.245	0.637	0.262	0.234	0.496
38	0.430	0.272	0.702	0.283	0.263	0.546
39	0.475	0.300	0.775	0.306	0.299	0.605
40	0.523	0.333	0.856	0.334	0.337	0.671
41	0.574	0.367	0.941	0.364	0.385	0.749
42	0.630	0.406	1.036	0.398	0.441	0.839
43	0.687	0.449	1.136	0.435	0.505	0.940
44	0.749	0.497	1.246	0.478	0.579	1.057
45	0.814	0.549	1.363	0.525	0.662	1.187
46	0.884	0.611	1.495	0.579	0.757	1.336
47	0.955	0.683	1.638	0.636	0.864	1.500
48	1.032	0.763	1.795	0.698	0.984	1.682
49	1.113	0.861	1.974	0.769	1.114	1.883
50	1.203	0.972	2.175	0.847	1.260	2.107
51	1.299	1.102	2.401	0.932	1.419	2.351
52	1.405	1.255	2.660	1.023	1.593	2.616
53	1.525	1.433	2.958	1.125	1.777	2.902
54	1.658	1.638	3.296	1.235	1.977	3.212
55	1.811	1.878	3.689	1.354	2.190	3.544
56	1.984	2.155	4.139	1.483	2.418	3.901



Age Next Birthday	Male			Female		
	Death	TPD	Death & TPD	Death	TPD	Death & TPD
57	2.184	2.472	4.656	1.622	2.655	4.277
58	2.415	2.837	5.252	1.772	2.904	4.676
59	2.682	3.257	5.939	1.936	3.162	5.098
60	2.989	3.735	6.724	2.110	3.430	5.540
61	3.346	4.278	7.624	2.297	3.704	6.001
62	3.757	4.893	8.650	2.497	3.986	6.483
63	4.232	5.589	9.821	2.710	4.267	6.977
64	4.777	6.372	11.149	2.939	4.552	7.491
65	5.403	7.253	12.656	3.181	4.832	8.013
66	6.106	8.196	14.302	3.596	5.461	9.057
67	6.900	9.261	16.161	4.063	6.171	10.234
68	7.796	10.465	18.261	4.591	6.973	11.564
69	8.810	11.825	20.635	5.187	7.880	13.067
70	9.956	13.362	23.318	5.862	8.905	14.767


\* Rates are inclusive of Stamp Duty and frequency loading.

Customer Services:

 13 12 87 weekdays between 8.30am and 6.30pm (AEST/AEDT)

 [smartchoice@insigniafinancial.com.au](mailto:smartchoice@insigniafinancial.com.au)

 [www.anz.com.au/smartchoicesuper](http://www.anz.com.au/smartchoicesuper)

 Chat to us online at [hub.anzsmartchoice.com.au](http://hub.anzsmartchoice.com.au), weekdays between 8.30am and 6.30pm (AEST/AEDT)