

Employer Super

Insurance booklet 1

1 July 2026

The information in this document forms part of the Product Disclosure Statement for the employer plans (Employer Super) in the Corporate Superannuation Division of the Mercer Super Trust dated 1 July 2026.

Contents

About this booklet.....	3
1. About the insurance cover in your Plan.....	4
2. Default insurance cover.....	5
3. Applying for or changing your cover.....	13
4. Cost of cover.....	19
5. What are the benefits.....	20
6. What's not covered.....	26
7. Other important information.....	27
8. What happens to your cover when you leave your Employer.....	30
9. How to make a claim.....	31
10. Insurance definitions.....	33
Appendix A.....	40
How to contact us.....	41

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About this booklet

This *Insurance* booklet (Booklet) is a summary of the key terms, conditions and exclusions of the insurance arrangements that may be available to you in Employer Super (your Plan) in the Corporate Superannuation Division of the Mercer Super Trust (Mercer Super) and forms part of your Plan's Product Disclosure Statement (PDS).

You should read and consider the information in this Booklet, the PDS and the other incorporated booklets before making a decision about your super. You can get a copy of the PDS and the incorporated booklets that are part of the PDS at mercersuper.com.au/pds or by calling the Helpline.

It is important that you understand the information in this Booklet. Ask us or a person you trust, such as your adviser, for help if you have difficulty understanding any information about your super or the options available to you.

If you are having difficulty due to a disability, understanding English or for any other reason, we have accessibility support. Please contact our Helpline.

See section 10 'Insurance definitions' for clarification on capitalised terms used in this Booklet.

Any insured benefit is subject to the terms, conditions and exclusions of the applicable insurance policy. Other conditions and restrictions may apply. Any benefit payable may be reduced if the Insurer does not pay out any or all of the insured benefit if a claim is made.

You should not rely on this Booklet as a full and complete description of the terms, conditions and exclusions of the insurance policy. All terms, conditions and exclusions of the insurance policy prevail over any inconsistency in this Booklet.

The trustee has the right to change the Insurer for your Plan.

Your Plan Guide

Your Plan Guide contains more specific information about your insurance arrangements including the insurance designs in your Plan. Your Plan Guide is not part of the PDS.

Please refer to your Plan Guide for any different terms, conditions and exclusions to those outlined in this Booklet that may apply to your Plan.

Once you are a member, you can access your Plan Guide by using your personal login at mercersuper.com.au/login or by calling the Helpline to request a copy.

Your Employer is as defined in your Plan Guide.

If you Exercise Choice or leave your Employer, your super account balance and any Death only or Death and TPD cover you had in your Plan may be automatically transferred to the Individual Section of the Mercer SmartSuper Plan (see 'Leaving your Employer or Plan' section in the *How Your Super Works* booklet). The fees and insurance arrangements, including insurance terms, conditions and exclusions in the Individual Section, including the cost of cover, may be different to your Plan. This could include increased fees and costs, or a reduction in benefits. You should read the PDS and incorporated booklets for the Individual Section at mercersuper.com.au/pds for more information to decide if the Individual Section is right for you. See your Plan Guide for details if any different arrangements apply to your Plan, such as moving into a Retained category.

Updated information

The information in this Booklet, the PDS and the other incorporated booklets that are part of the PDS are current as at the date of publication. Information in this Booklet may change from time to time and if the change is not materially adverse, will be made available online at mercersuper.com.au/pds.

A paper copy of any updated information will be given or an electronic copy made available on request at no charge by calling the Helpline.

We will advise you directly of any material changes as required by law.

Definitions

We aim to make information about insurance in this Booklet as straightforward as possible.

Some terminology has a specific meaning to the insurance policy and for clarification, those terms are capitalised in this Booklet.

Please see section 10 'Insurance definitions' for the meaning of the terms and conditions used throughout this Booklet.

This Booklet contains general information only and does not take into account your individual objectives, personal financial situation or needs. Before acting on this information, you should consider whether it is appropriate to your individual objectives, personal financial situation and needs. You should get financial advice tailored to your personal circumstances. The product's Target Market Determination setting out the class of people for whom the product may be suitable can be found at mercersuper.com.au/tmd.

1. About the insurance cover in your Plan

Employer Super offers insurance cover that can help provide financial support to you and your beneficiaries in the event of your death or disablement.

It allows you to focus on what's most important if the unexpected occurs, such as stopping work due to injury or illness. The cost of your insurance cover is deducted from your super account and may reduce your retirement savings over time.

1.1 Types of insurance cover available

Type of cover	Benefit payable
Death cover (including Terminal Illness)	Death cover pays a lump sum benefit if you die. Death cover can also be paid before you die if you are diagnosed with a Terminal Illness.
Total and Permanent Disablement (TPD) cover	TPD cover pays a lump sum benefit if you are unlikely to ever work again due to an injury or illness.
Income Protection (IP) cover	IP cover pays a Monthly Benefit if you can't work at all or if you are working in a reduced capacity because of an injury or illness. This IP Monthly Benefit can help you to focus on your recovery, return to work and ease financial pressures. Not all plans offer IP cover.

To be paid an insurance benefit you must meet the Insurer's definition of Terminal Illness, TPD, Partial Disablement or Total Disablement, and satisfy any other applicable conditions found throughout this Booklet and the incorporated booklets that form part of the PDS. You must also meet any condition of release required under superannuation law.

1.2 How this Booklet applies to you

Insurance cover is available to you automatically without the need to answer any health or lifestyle questions, when you meet the eligibility requirements. See section 2 'Default insurance cover' for information on the types of cover available and the eligibility requirements.

You can choose to tailor your cover by selecting the type and amount of cover that best suits your needs. This can be more or less than the amount of default cover offered in your Plan.

You can elect to Opt-in or Opt-out of receiving default cover or to cancel or adjust your cover at any time. See section 3 'Applying for or changing your cover' for more information.

Financial advice

Considering getting financial advice tailored to your personal circumstances? If you don't have a financial adviser, as a member of Mercer Super, you can access a range of limited financial advice and support tools.

Find out more at mercersuper.com.au/advice

Your Employer may meet the cost of some or all of your insurance cover through an additional contribution or reimbursement. These arrangements are between your Employer and the relevant/applicable employees and may cease at any time. You will pay the full amount of these costs from your super account balance if your Employer stops meeting the cost of some or all of your insurance cover. See your Plan guide for details.

2. Default insurance cover

If eligible, you may automatically receive default Death, TPD, and IP cover (if this has been made available) in your Plan.

The types and amount of default cover provided to you is dependent on the insurance design selected by your Employer.

Your Plan Guide

Your Plan Guide contains more specific information about your insurance arrangements including the insurance designs in your Plan. Your Plan Guide is not part of the PDS.

Please refer to your Plan Guide for any different terms, conditions and exclusions to those outlined in this Booklet that may apply to your Plan.

Once you are a member, you can access your Plan Guide by using your personal login at mercersist.com.au/login or by calling the Helpline to request a copy.

2.1 Types of cover designs explained

The amount of cover provided to you is subject to minimum and maximum limits (see section 2.3 'Default cover limits').

Insurance design	What it is	Options available	Examples
Whole of life units of cover (unitised cover)	Death only or Death and TPD cover which increases or decreases based on your age. Cover is provided as units. The amount of cover at each age for 1 unit is shown in your Plan Guide	Up to 6 units depending on your Plan. Your Employer will choose the number of units available in your Plan.	Sophie is 42 years old and she has 3 units of Death and TPD default cover. If each unit provides \$97,500 of Death and TPD cover, Sophie's total amount insured would be \$292,500 (3 x \$97,500) of Death and TPD cover.
Percentage of Income cover (percentage of Income)	Death only or Death and TPD cover which is calculated based on a percentage of your Income for each year and complete month (each complete month counts as 1/12th of a year) to age 65. If your Income is adjusted due to working reduced hours, we will calculate your cover based on your actual annual Income, not the annualised equivalent Income. Where your cover is calculated based on a percentage of your Income by years and complete months to your 65th birthday, the amount of your Death and TPD cover will be fixed and remain the same from age 64 to your Cover Expiry Age.	Up to 30% of your income. Your Employer will choose the percentage of Income cover amount available in your Plan. The percentage of your Income amounts generally chosen are: • 5% • 10% • 15% • 20% • 25% • 30% This is calculated as: Percentage of your Income multiplied by years and complete months to your 65th birthday.	Jack is aged exactly 45 years and 6 months old with an Income of \$100,000. If Jack's Employer chose the option of 15%, his amount insured would be calculated as: 15% x \$100,000 x 19.5 (the number of years and complete months from age 45.5 to age 65). Jack's total amount insured would be \$292,500 of Death and TPD cover.

Insurance design	What it is	Options available	Examples
Units of cover (unitised cover)	Death only or Death and TPD cover where the amount insured is calculated based on the number of units you hold. Cover is provided as units. The amount of cover for 1 unit is shown in your Plan Guide.	Up to 5 units depending on your Plan. Your Employer will choose the number of units available in your Plan.	Amy's Employer has chosen a unit of cover design with \$100,000 fixed amount insured per unit. She has 3 units of Death and TPD default cover. As each unit provides \$100,000 of Death and TPD cover, so her amount insured would be calculated as: 3 x \$100,000. Mary's total amount insured would be \$300,000 of Death and TPD cover and will not change with her age.
Multiple of Income cover (multiple of your Income)	Death only or Death and TPD cover where the amount insured is calculated based on a multiple of your Income. If your Income is adjusted due to working reduced hours, we will calculate your cover based on your actual annual Income, not the annualised equivalent Income. Your cover may also be subject to TPD tapering (see section 2.7.1 'Tapering of TPD cover').	Up to 5 times your Income. Your Employer will choose the multiple of Income option available in your Plan. The options generally chosen are: 1, 2, 3, 4 or 5 times your Income.	Mary is 37 years old with an Income of \$100,000. Mary's Employer has chosen the multiple of 3 times Income option, so her amount insured would be calculated as: 3 x \$100,000. Mary's total amount insured would be \$300,000 of Death and TPD cover.
IP cover	IP cover will only be provided automatically to you if it's included in your Employer's insurance design. IP cover generally pays an IP Monthly Benefit (percentage of Income) if you cannot work due to injury or illness, and you become Totally Disabled or Partially Disabled.	Benefit Period options: • 2 years • 5 years • To Age 65 Waiting Period options: • 30 days • 60 days • 90 days Your IP Monthly Benefit amounts may be up to 75% of your Income. Your Employer may also choose to cover a portion of your employer superannuation contributions.	Damien is 38 years old with an Income of \$120,000. He has IP cover with a 2-year Benefit Period and a 90-day Waiting Period. Damien's IP Monthly Benefit would be: $75\% \times \\$120,000 / 12 = \\$7,500$

Your Plan's default cover insurance design will be provided in your Plan Guide.

2.2 Are you eligible for default cover?

Eligibility requirements

To be eligible for default cover, all the following applies:

- You must be a member of your Plan
- You must be:
 - aged at least 14 years old, and
 - less than age 65on the date you become eligible for cover
- Unless you are an Exempt Member, you must meet the legislative provisions that require you to be 25 years old or over and have a super account balance of at least \$6,000 to be eligible to receive default cover*
- You must be an Australian Resident on the date you become eligible for cover
- You must have not opted out of cover
- Your Employer must pay superannuation guarantee (SG) contributions on your behalf to the Mercer Super Trust
- For IP cover, you need to be working 15 hours or more per week. If you are a Casual Employee, you need to have worked for your Employer for 12 consecutive months and for 15 hours or more per week on average in that 12-month period.

* You can apply for insurance cover before age 25 and before reaching a super account balance of \$6,000 by Opting-in.
To Opt-in, see section 2.5 'How to Opt-in to default cover sooner' for details.

Cover and options available to you

You may have specific rules relevant to your Plan. If applicable, refer to your Plan Guide for details about the type of cover you are eligible for, including the levels of cover, and other options available to you in your Plan.

Your employment status may also impact the types of default cover available to you

Please refer to your Plan Guide for any special arrangements that may apply to your Plan.

Death (including Terminal Illness) and TPD cover

Available to Permanent Employees, Contractors, Casual Employees and Non-Employees (if available under your Plan).

IP cover with a 2-year Benefit Period

Available to Permanent Employees, Contractors and Casual Employees who have worked in paid employment for their Employer for 12 consecutive months and have worked on average 15 hours or more per week in that 12-month period.

IP cover with a 5-year or To Age 65 Benefit Period

Only available to Permanent Employees.

Cover Expiry Age

Your insurance cover stops when you reach the Cover Expiry Age shown in the table below.

Cover type	Cover Expiry Age
Death cover (including Terminal Illness)	11.59pm on the day before your 70th birthday.
TPD cover	11.59pm on the day before your 70th birthday.
IP cover	11.59pm on the day before your 65th birthday.

No health checks

You do not have to undergo underwriting (health checks) to be eligible to receive default cover.

Important

You can't hold multiple default Death only or Death and TPD cover, or more than one default IP cover in respect of the same period of employment with the same Employer.

Your Plan Guide

Your Plan Guide contains more specific information about your insurance arrangements including the insurance designs in your Plan. Your Plan Guide is not part of the PDS. Please refer to your Plan Guide for any different terms, conditions and exclusions to those outlined in this Booklet that may apply to your Plan.

Once you are a member, you can access your Plan Guide by using your personal login at mercersuper.com.au/login or by calling the Helpline to request a copy.

2.3 Default cover limits

The amount of default cover provided to you is subject to minimum and maximum limits as shown in the following table.

	Minimum default cover amount	Maximum default cover amount
Death cover (including Terminal Illness)	Minimum amount of Death cover is determined by your age, as described below: • Age 20–34 = \$50,000 • Age 35–39 = \$35,000 • Age 40–44 = \$20,000 • Age 45–49 = \$14,000 • Age 50–55 = \$7,000	The cover amount is capped at your Employer's Automatic Acceptance Limit (AAL).
TPD cover	Minimum amount of TPD cover is determined by your age, as described below: • Age 20–34 = \$50,000 • Age 35–39 = \$35,000 • Age 40–44 = \$20,000 • Age 45–49 = \$14,000 • Age 50–55 = \$7,000	The cover amount is capped at your Employer's AAL.
IP cover	No minimum.	The maximum IP Monthly Benefit you can receive is the lesser of: • 75% of your Income plus (if applicable) the employer superannuation contribution benefit, or • An IP Monthly Benefit amount capped at your Employer's AAL.

What is an Automatic Acceptance Limit (AAL)?

Each Employer and cover type has its own AAL which means you are automatically covered up to specified limits without having to provide any health or lifestyle information.

If your insurance design would result in a level of cover being higher than the AAL, or if you require an amount of cover above the AAL, you will need to apply for this cover (the cover in excess of the AAL) and your application is subject to acceptance by the Insurer. Your cover will be limited to the AAL until you are assessed and accepted by the Insurer.

Example

Jenny's Plan's default insurance design is 3 times her Income and the AAL is \$1,500,000. As Jenny's Income is \$545,000, her insurance design of 3 times her Income would be \$1,635,000 (3 x \$545,000). Subject to meeting eligibility requirements, Jenny would be provided with default cover of \$1,500,000 (her Plan's AAL). If Jenny wanted to be covered for an amount above the AAL she would need to apply for this cover and have her application accepted by the Insurer.

Note

You can apply to tailor your cover which may be more or less than the default cover offered (subject to maximum cover limits). See section 3 'Applying for or changing your cover' for more information.

2.4 When your default cover starts

Your default cover will start from the date you meet the eligibility requirements, and

- You reach age 25 and have a super account balance of at least \$6,000, or
- You Opt-in for default cover before you reach age 25 and/or before your super account balance reaches \$6,000 (see section 2.5 'How to Opt-in to default cover sooner'), or
- You are an Exempt Member.

If your default cover automatically starts when you reach age 25 and you have a super account balance of \$6,000 or more, or you are an Exempt Member, your default cover will be subject to New Events cover until you are At Work for 30 consecutive days from when your default cover starts. The requirement to be At Work for 30 consecutive days is also known as the 'At Work' condition.

Opt-in for default cover before you reach the minimum age and minimum super account balance requirements

If you Opt-in for default cover before you reach the minimum age and minimum super account balance requirements (see section 2.5 'How to Opt-in to default cover sooner') the information in the following table applies:

Timeframe to opt-in	Conditions
Within 120 days of you starting work with your Employer	Your default cover will be subject to New Events cover until you are At Work for 30 consecutive days from when your default cover starts.
After 120 days of you starting work with your Employer	Your default cover will be subject to New Events cover for 6 months from the date your default cover starts. New Events cover will continue to apply until you are At Work for 30 consecutive days after the end of the 6-month period, at which time, you will have full cover. How to remove the New Events cover restriction earlier 1. Within 120 days of your cover starting, you can cancel your existing insurance cover (of the same insured benefit type) with your existing fund (and that cover is not replaced elsewhere) by either cancelling: • All cover, or • Cover up to the default sum insured amount provided (as shown in your Welcome letter). New Events cover will apply until you are At Work for 30 consecutive days from the date your default cover starts, at which time, you will then have full cover. Please note, in the event of a claim, you will be required to provide evidence to the Insurer of cancellation of cover under the previous fund. 2. At any time, you can apply to remove the New Events cover restriction by completing the relevant form. If the Insurer accepts your application, we'll let you know the date the New Events restriction will end. An exclusion for suicide and intentional self-inflicted acts will apply for 13 months from the date your default cover commences.

You can Opt-out of default cover at any time but, if you Opt-out, any future request for insurance cover will need to be approved by the Insurer.

Important

If you have opted-out of default cover, you will not have default insurance cover.

2.5 How to Opt-in to default cover sooner

To Opt-in for default cover before you are aged 25 and/or before your super account balance reaches \$6,000:

- Complete the relevant form available online using your personal login at mercercsuper.com.au/login, or
- Call the Helpline for a copy of the form.

You may not be eligible for default cover if we do not receive the mandatory information (e.g. Income details, date of birth) required to start your cover.

Important

You can apply to remove the 6-month New Events cover, refer to section 2.6 'When New Events cover applies to your default cover'.

2.6 When New Events cover applies to your default cover

In the circumstances set out below, your default cover will be limited to New Events cover. This means while New Events cover applies, you are only covered for claims arising from an illness which first became apparent, or an injury which first occurred, on or after the date your insurance cover started and that existing illnesses or injuries may not be covered.

New Events cover applies to your default cover in the following situations:

When New Events cover applies	When New Events cover ends
Once you have satisfied the eligibility requirements and you have been given default cover under automatic acceptance.	Once you have been At Work for 30 consecutive days from when cover, or the increase in cover, started (provided that you do not have New Events cover for any other reason).
If applicable, in the event where you decide to change your default cover via Opt-up (see section 3.1 'Increase your cover through Opt-up' for more information).	The same At Work and New Events cover restriction as your default cover will apply on the increased portion of cover.
If applicable, in the event where you decide to change your cover via Life Events cover (see section 3.5 'Life Events cover' for more information).	Once you have been At Work for 30 consecutive days from when the increase in cover started and will only apply to the increased portion of cover (provided that you do not have New Events cover for any other reason).
Where your default cover increases as a result of the AAL of your Employer increasing, and you are not At Work for 30 consecutive days immediately prior to the date the increase in cover starts. (Any New Events cover applied under this scenario will only apply to the increased portion of your cover).	Once you have been At Work for 30 consecutive days from when your cover started or increased, as applicable (provided that you do not have New Events cover for any other reason).
If you do not meet the eligibility conditions for default cover when you join your Plan, but you do later.	
Your request to Opt-in to start your default cover is received within 120 days of the date you commenced employment with your Employer.	

When New Events cover applies

If you do not meet the minimum age and minimum super account balance requirements for default cover and your request to 'Opt-in' to start your default cover is received more than 120 days after you commenced employment with your Employer.

When New Events cover ends

Your default cover will be subject to New Events cover for **6 months** from the date your default cover starts.

New Events cover will continue to apply until you are At Work for 30 consecutive days after the end of the 6-month period, at which time, you will have full cover.

How to remove the New Events cover restriction earlier

1. Within 120 days of your cover starting, you can cancel your existing insurance cover (of the same insured benefit type) with your existing fund (and that cover is not replaced elsewhere) by either cancelling:
 - All cover, or
 - Cover up to the default sum insured amount provided (as shown in your Welcome letter).

New Events cover will apply until you are At Work for 30 consecutive days from the date your default cover starts, at which time, you will then have full cover. Please note, in the event of a claim, you will be required to provide evidence to the Insurer of cancellation of cover under the previous fund.

2. At any time, you can apply to remove the New Events cover restriction by completing the relevant form.
If the Insurer accepts your application, we'll let you know the date the New Events restriction will end.

An exclusion for suicide and intentional self-inflicted acts will apply for 13 months from the date your default cover commences.

Example

Ariel is a 24 year old Corrections Officer who started with her new Employer on 1 June. She has requested to 'Opt-in' to her default cover, as she is under age 25 and does not yet have a super account balance of \$6,000. Her cover commences on 2 June with New Events cover applying from this date. While New Events cover applies, she is only covered for claims arising from an illness which first became apparent, or an injury which first occurred, on or after the date her insurance cover starts. This means that for an existing illness or injury she may not be covered. Once she has been At Work continuously up to the 1 July, the New Events cover will cease and Ariel will have full cover.

2.7 Automatic changes to your default cover

Adjustments are made to your default cover amount automatically each year on 1 July. The annual review date for some Employer Plans may be different, refer to your Plan Guide for more information.

Default cover designs and these adjustments help manage the amount and cost of your cover as you age without any action required from you.

2.7.1 Tapering of TPD cover

Tapering of TPD cover will apply if you are age 60 and above and your amount of TPD cover does not automatically reduce with your age. This applies to the following benefit designs:

- Multiple of Income, or
- A fixed benefit amount.

TPD Tapering may also apply to units of cover where the amount insured per unit does not change by age, refer to your Plan Guide for more information.

Additionally, tapering will also apply to any fixed Voluntary TPD cover you have. See section 3.2 'Underwritten cover' for more information.

Each 1 July from your 60th birthday, your TPD cover will reduce annually by 15% of your amount insured. From 1 July after age 64, your amount of cover will become fixed until the Cover Expiry Age. The table below shows an example of tapering where the amount insured at age 59 was a fixed amount of \$100,000.

Age	TPD cover reduction	Example Amount insured \$100,000
59	0%	\$100,000
60	15%	\$85,000
61	30%	\$70,000
62	45%	\$55,000
63	60%	\$40,000
64	75%	\$25,000
65	90%	\$10,000
66	90%	\$10,000
67	90%	\$10,000
68	90%	\$10,000
69	90%	\$10,000
70	100%	Nil

2.7.2 Adjustments due to changes in Income

Where you have an insurance design based on your Income (for example – multiple of Income or IP cover), your Employer may provide updated details from time to time. In this case, the amount of your Death, TPD and IP cover will be recalculated at the date we receive your updated Income.

This may mean the cost of your cover increases, especially if you have had a recent pay rise and as a result the amount of your Death, TPD or IP cover increases. Refer to your Plan Guide for further information about how to estimate the cost of your insurance cover.

3. Applying for or changing your cover

You can tailor the type and amount of your cover by applying to increase or adjust your insurance to better meet your needs.

Collectively, Opt-up, Life Events, Underwritten cover and the transfer of existing insurance from another super fund or insurance policy are referred to as Voluntary cover.

Ways cover can be increased or changed	Death and TPD cover	IP cover (if available)
Opt-up ¹	✓	No
Apply for a nominated amount and type of cover (Underwritten cover)	✓	✓
Transfer insurance from another super fund or insurance policy	✓	✓
Apply for a Life Events increase	✓	No
Change your Benefit Period and/or Waiting Period (IP cover)	N/A	✓
Reduce your cover	✓	✓
Cancel your cover	✓	✓

¹ You are unable to Opt-up if you do not have default cover or one of the cover types shown in 3.1 'Increase your cover through Opt-up'.

Got a question or want to apply for or change your cover?

To help you identify how to access key information explained in this section or perform common transactions with us, refer to the table below. For any other enquiries call the Helpline.

Transactions	Use your personal login at mercersuper.com.au/login	Paper form/written request
Opting into cover before meeting the minimum age of 25 and minimum account balance of \$6,000 requirements	Download the form	✓
Electing to Opt-out of default cover	Download the form	✓
Applying for, increasing or reducing your cover	Download the form	✓
Applying for Life Events cover	Download the form	✓
Transferring cover from another super fund or insurance policy	Download the form	✓
Cancelling cover	✓	✓

3.1 Increase your cover through Opt-up

You may have the option to Opt-up your cover amount without the need to provide evidence of health.

To Opt-up cover, you need to have existing default cover and apply within 60 days of your default insurance cover starting.

Cover	Within 60 days of your default insurance cover starting	Examples
Extra units (Whole of life units of cover, or units of cover)	You can apply for up to 3 additional units subject to a maximum total of units of: • 6 units for whole of life units of cover • 5 units for units of cover.	Pedro has whole of life default cover with 3 units of Death and TPD cover. Pedro can apply for an additional 1, 2 or 3 units so his total cover could be no more than 6 units. If Pedro had default cover with 4 units of Death and TPD cover, he could apply for an additional 1 or 2 units so his total cover could be no more than 6 units (the maximum available).
Percentage of your Income by years and months to your 65th birthday	You can apply for up to 3 additional levels above the value in your default design¹. This will generally be an additional 5%, 10% or 15% so your total cover becomes 20%, 25% or the maximum 30% x your Income x years and complete months to age 65.	Molly has a default insurance design of 10% x Income x years and complete months to age 65. Molly can apply for an additional 5%, 10% or 15% so her total cover could be no more than 25% x Income x years and complete months to age 65. If Molly had a default design of 20% x Income x years and complete months to age 65, she could apply for an additional 5% or 10% so her total cover could be no more than 30% x Income x years and complete months to age 65 (the maximum available).
Multiple of your Income	You can apply for an additional 1, 2 or 3 times the value in your default benefit design to a maximum of 5 x your Income.	Cleo has a default design of 2 x Income. Cleo can apply for an additional 1, 2 or 3 times their Income so their total cover could be no more than 5 x their Income. If Cleo had a default design of 3 x Income then they could apply for an additional 1 or 2 x their Income so their total cover could be no more than 5 x their Income (the maximum available).

¹ See your Plan Guide for full details.

Opt-up offer conditions

Your Opt-up cover will start on the day your application is approved.

Any At Work or New Events cover conditions applicable to your default cover will also apply to your Opt-up cover.

The amount of cover you applied for cannot exceed either:

- Your Employer's AAL, or
- The maximum cover amount described in the previous table.

To increase your cover amount under Opt-up, complete the relevant form available online using your personal login at mercersuper.com.au/login or call the Helpline for a copy of the form.

Voluntary cover is subject to maximum cover amounts as described in section 3.2 'Underwritten cover'.

3.2 Underwritten cover

Underwritten cover is where the Insurer assesses your personal circumstances to determine your eligibility for cover. You can apply for a nominated amount of fixed cover that can continue until the Cover Expiry Age.

You can apply for:

- Death only cover, or
- Death and TPD cover (subject to section 2.7.1 'Tapering of TPD cover'), and
- IP cover (if available in your Plan).

The Insurer will consider your application for cover by taking into account your occupation, lifestyle, current health, Income details, past medical history and your family medical history. This process is referred to as underwriting.

To start the underwriting process, you will generally be required to complete a personal statement. The Insurer may ask you for further information or require you to attend health examinations based on their assessment.

The Insurer may either accept your application, decline it or accept it with special conditions such as an exclusion, restriction or premium loading (Underwriting terms).

If your application is accepted, we'll let you know the date your cover starts and if the Insurer accepted your application with special conditions.

You can apply for any lump sum amount, as long as the total amount of your cover will not exceed the maximum amount of insurance cover available as set out in the following table.

Cover type	Maximum amount
Death cover (including Terminal Illness)	Unlimited.
TPD cover	Before your 65th birthday: \$5,000,000. On and from your 65th birthday until the Cover Expiry Age: \$3,000,000.
IP cover	IP cover with a 2-year Benefit Period: \$40,000 per month. IP cover with a 5-year or To Age 65 Benefit Period: \$30,000 per month. The above amounts include any employer superannuation contribution benefit that may be payable (if any).

To apply for underwritten cover, complete the relevant form which is available to you via your personal login at mercersist.com.au/login or call the Helpline.

3.3 Interim cover

If you apply for underwritten cover (for example, by applying for new cover or by increasing existing cover), the Insurer will provide Interim cover once they've received a fully completed application and while they're assessing your application.

The Insurer will, if applicable, provide cover for:

- Accidental Death when you apply for Death cover
- Accidental TPD when you apply for TPD cover
- Partial Disablement or Total Disablement due to Accidental Injury when you apply for IP cover.

Interim cover starts from the date we receive your insurance application. It ends on the earlier of any of the following events occurring:

- 120 days after you signed the application for underwritten cover.
- The date your application is accepted or declined by the Insurer.
- The date you withdraw your application for underwritten cover.
- The date the Interim cover benefit becomes payable.

A benefit will not be payable if during the Interim cover period your Accidental Death, Accidental TPD or Accidental Injury (as applicable) is caused directly or indirectly by you engaging in any sport or pastime for which, at the time of application the Insurer would not normally provide cover for at standard rates or terms.

Sport or pastime includes but is not limited to abseiling, aviation (other than a passenger on a recognised airline), football (all codes), long-distance sailing, scuba diving, motor racing, parachuting, powerboat racing, mountaineering or martial arts. Other exclusions may also apply as outlined in section 6 'What's not covered'.

All other terms and conditions of the Policy apply to Interim cover including section 6 'What's not covered'.

There are no premiums to be paid for the Interim cover during the period of interim cover.

Interim cover will be for the same amount of insurance cover you applied for, subject to a maximum of:

- \$2 million for Death cover
- \$2 million for TPD cover
- \$20,000 per month for IP cover.

For IP the benefit will be paid from the first day after the Waiting Period until the earliest of the following:

- The date you no longer satisfy the Total Disablement or the Partial Disablement definition
- The expiry of the maximum 2-year Benefit Period
- You reaching age 65
- Your death.

3.4 Transferred cover

You may be able to transfer any existing cover that you hold with another super fund(s) or any insurance company to your existing account.

The maximum amount that can be transferred is:

- \$1 million for Death only or Death and TPD cover
- \$10,000 per month for IP cover.

Your total amount insured after the transfer is subject to the maximum cover limits (see table in section 3.2 'Underwritten cover').

3.4.1 Applying to transfer cover

To apply to transfer cover, you need to meet all of the following:

- Be under the age of 60 at the date of your application.
- You haven't been paid, aren't eligible to be paid, and have not made a claim for a Terminal Illness, TPD or IP Monthly Benefit with us, another insurance company or superannuation fund as at the date of transfer.
- You haven't been diagnosed with a Terminal Illness with a life expectancy of less than 24 months as at the date of transfer.
- You are not restricted, because of an illness or injury, from carrying out the usual duties of your current and normal occupation for at least 30 hours per week as at the date of transfer.
- You are in Gainful Employment and physically capable of undertaking Gainful Employment for at least 30 hours per week as at the date of transfer.
- You haven't been absent from work, because of an illness or injury, for more than 10 days in the last 12 months as at the date of transfer.
- You haven't had an application for Death, TPD or IP cover declined by any insurer.

You cannot transfer TPD cover only.

If your other cover is subject to a premium loading(s) and/or exclusion(s), you can only transfer cover where the premium loading is no more than 100% and/or there are no more than 2 cover exclusions. Any loadings, restrictions or exclusions that apply to your cover before it is transferred will also continue to apply after it is transferred.

If you are applying to transfer IP cover the following also applies:

- IP cover must be available in your Plan
- Your other cover has the same Benefit Period, and
- Your other cover has the same or shorter Waiting Period as the benefit design under your Plan.

Example

If your Plan has a 2-year Benefit Period and a 90-day Waiting Period and your other cover has a 2-year Benefit Period and a 90, 60 or 30 day Waiting Period, then you can apply to transfer the other cover.

Your cover in the Plan will have a 2-year Benefit Period and a 90-day Waiting Period.

This means, if you transfer your other cover, your Waiting Period could be a longer period than what previously applied to your other cover.

It is a condition of the transfer cover process that you cancel your other cover once your transferred cover starts.

This means your cover will not start until the later of the date:

- We accept your application to transfer cover, or
- The cover you are applying to transfer has been cancelled with the other superannuation fund or insurance company.

Important

You should not cancel your other insurance until we've confirmed with you that your transfer cover application has been accepted.

3.4.2 How to apply to transfer cover

To apply to transfer cover, complete the relevant form available online using your personal login at mercersuper.com.au/login or call the Helpline for a copy of the form.

You will need to provide evidence to support your request, and this evidence needs to have been issued within 6 months of your application date. If you are transferring cover from another super fund, you'll need to send us a copy of an annual statement or a certificate of currency. If you are transferring cover from an insurance policy, you'll need to send us a copy of a certificate of currency.

Transfer cover applications are subject to approval by the Insurer.

3.5 Life Events cover

Life Events cover provides you the opportunity to increase your Death only or Death and TPD cover without the need for underwriting when certain 'life events' occur.

The life events are:

- Marriage or commencement of a De facto Relationship
- Divorce or ending a De facto relationship in accordance with the applicable state or territory law
- Reaching the age of 30 or 40
- Changing employment
- The birth or adoption of a child by either you or your Spouse
- Taking out a mortgage on the initial purchase of your primary residence
- Taking out a new mortgage or an increase to an existing mortgage on your primary residence for the purpose of a renovation/extension (minimum \$50,000).

You can increase cover by electing a fixed amount up to the lesser of:

- A fixed amount you elect up to 25% of your total amount insured, and
- \$200,000.

3.5.1 How and when to apply for Life Events cover

To apply for Life Events cover you must meet all of the following conditions:

- Have existing Death only or Death and TPD cover which was accepted/provided on standard terms (for example, your existing cover cannot have any premium loadings), and
- The date of the life event needs to be on or after the date you were first covered under the Policy, and
- Submit your application within 60 days of the life event occurring, and
- Be under aged 65 on the date of completing the Life Events application, and
- Have not made, and are not eligible to make, a claim for Terminal Illness, TPD or IP benefit under any fund or policy, and
- Have not previously been restricted for cover as a result of underwriting.

If you do not complete the application correctly or the evidence submitted is unsatisfactory, the Insurer may not accept your application.

There is a limit to the number of times you can apply

Excluding age-based life events, you can only be accepted for Life Events cover:

- Once in any 12-month period, or
- Up to 3 times while you have cover in your Plan.

If you exceed these limits, then in the event of a claim, the Insurer will decline to pay the amount of cover obtained through Life Events cover outside these terms and premiums will be refunded.

For changes to your relationship status, you are only allowed one life event per relationship.

You can apply to increase your cover due to a life event by completing the relevant form, available online using your personal login at merceraustralia.com.au/login or call the Helpline for a copy of the form.

The maximum cover amounts (see section 3.2 'Underwritten cover') also apply where cover is being increased by Life Events.

Example

Luna has just turned 30 years old and recently got married to Henry. She has \$100,000 Death and TPD cover.

As part of her insurance Luna can apply for Life Events cover.

- For her first life event, turning 30 years old, Luna is eligible to increase her Death and TPD cover by up to \$25,000. This is the lesser of:
 - a fixed amount up to 25% of her current amount insured (i.e. \$25,000), and
 - \$200,000.
- Luna can also apply to increase her cover by up to another 25% (i.e. up to \$156,250) based on her recent marriage to Henry.

That means she can increase her cover for the two life events, as the age event is excluded from the number of events she can apply for in a 12-month period.

3.5.2 When does Life Events cover start?

Life Events cover will start on the date your application is accepted by the Insurer. We'll let you know this date.

3.5.3 Exclusions and restrictions

Life Events cover is subject to the standard Death and TPD conditions and exclusions outlined throughout this Booklet.

If you have been accepted for Life Events cover, New Events cover will apply to the increased portion of your cover until you are At Work for 30 consecutive days from when this cover starts.

Life Events cover will also not be paid if:

- Within 13 months from the date the Life Events cover commenced
 - your death or Accidental Death was caused by suicide; or
 - your Terminal Illness, TPD or Accidental TPD was caused by attempted suicide or any deliberate self-inflicted injury or illness.
- The evidence you submitted in your application for Life Events cover is unsatisfactory or incorrect.

3.6 Changing your Benefit Period and/or Waiting Period (IP cover only)

You may have the option to adjust your Benefit Period should you want to be paid IP Monthly Benefit payments if you become Totally Disabled or Partially Disabled for a shorter or longer period.

You can also change your Waiting Period so that the period you have to wait before receiving IP Monthly Benefit payments (for an approved claim) is shorter or longer.

Generally, a shorter Benefit Period and longer Waiting Period reduces your IP cover premium, however you should consider your personal circumstances before making any changes.

To apply to change your Benefit Period or Waiting Period, please complete the relevant form available at mercersuper.com.au/login or call the Helpline to obtain a copy of the form.

When New Events cover applies

When New Events cover applies	When New Events cover ends
Your application to reduce your Waiting Period has been accepted but you were not At Work for 30 consecutive days immediately before the new Waiting Period starts.	Once you have been At Work for 30 consecutive days from the date your reduced Waiting Period started. New Events cover will apply to the new reduced Waiting Period only.
Your application to increase your Benefit Period has been accepted but you were not At Work for 30 consecutive days immediately before the new Benefit Period starts.	Once you have been At Work for 30 consecutive days from the date your increased Benefit Period started. New Events cover will apply to the new increased Benefit Period only.

3.7 When your cover starts

If you apply for:

- Opt-up cover
- Underwritten cover
- Life Events cover
- A different Benefit Period or Waiting Period
- Transfer of cover from another super fund or insurance policy,

cover will only commence on the date the Insurer approves your application provided you satisfy the eligibility requirements.

3.8 Cancelling or reducing your cover

Cancelling default cover

If you cancel your default cover within 14 days of the date of our confirmation letter to you about the start of your default cover, it will be cancelled from the start and it will be as if this cover never existed.

Any payments made to cover the cost of your insurance cover during the 14-day period will be refunded to your super account.

If you cancel your cover after the 14-day period has ended, it will be cancelled effective the date we receive your request.

Cancelling or reducing other cover

You can cancel or reduce your Death only cover, Death and TPD cover or IP cover at any time.

Your request to cancel or reduce cover will be processed effective the date we receive your request. Any associated premiums will no longer be deducted from your super account.

If you choose to cancel your cover it is important to note that you will not be able to make a claim for insurance benefits for an illness or injury that arises after your cover has been cancelled. Also, if you want cover in the future, you may need to apply for cover and your application may be subject to acceptance by the Insurer and require underwriting.

You can cancel your TPD cover only and retain your Death cover. However, you cannot cancel your Death cover and retain your TPD cover. Your TPD amount insured cannot exceed your Death amount insured.

If you want to cancel or reduce your cover or need more information about the cancellation process, use your personal login at mercersuper.com.au/login or call the Helpline to discuss your options.

Check if you already have cover

It's important to check if you have other insurance cover.

If you have one or more Income Protection policies, you may only be able to claim on one of the benefits, as one policy may offset the other.

Consider getting financial advice tailored to your personal circumstances.

4. Cost of cover

4.1 Estimating the cost of cover

The rate tables in your Plan Guide give an indication of the cost of insurance cover (premiums) that may be payable in respect of each type of cover.

These premium rates are indicative only. The actual premium rates charged may differ slightly to the premium rates shown in your Plan Guide which have been rounded to two decimal places.

The premium payable will depend on some or all of the following:

- Your age on the date premiums are calculated (see section 4.3 'When premiums are calculated and charged')
- Your gender
- The type and amount of cover you have
- The number of days in the month
- Your Plan Rating Factor (refer to section 4.2 'Your Plan Rating Factor (PRF)')
- Any discounts or loadings that may have been negotiated by your Employer
- Any underwriting requirements (which may take into account the state of your present health, and any other relevant factors).

For further information about how to estimate the cost of your insurance, please refer to your Plan Guide.

4.2 Your Plan Rating Factor (PRF)

Your PRF is one of the factors that is used to determine the cost of your insurance. It is based on the Insurer's assessment of the collective risk of the employees in your Plan, which includes assessing the industry your Employer is in, the size of the company, and your Employer's claims history.

The premium rates shown in your Plan Guide include the PRF that applies to your Plan.

4.3 When premiums are calculated and charged

We generally review your insurance on 1 July each year. If we or you adjust your cover at any other time, premiums will be recalculated, and the new premium will apply from the date the change to your cover is processed.

Insurance premiums are payable monthly in arrears and inclusive of stamp duty. MOAPL receives up to 12.25% (inclusive of GST) of the premiums payable by you as a fee for administering your Plan's insurance arrangements including underwriting and claims processing.

The cost of your insurance cover is deducted monthly from your super account. You or your Employer may meet the cost of your insurance cover. Your Plan Guide details whether your Employer meets some or all of the insurance costs for you.

The trustee will let you know of any change in the cost of cover. You'll receive at least 30 days' notice of any increase:

- In the cost of the premium rates, or
- Any other factors shown in your Plan Guide.

If your Employer pays insurance costs

Your Employer may make additional contributions to your account to meet or reimburse the cost of some or all of the insurance fees. These arrangements are between your Employer and the relevant/applicable employees and may cease at any time. If your Employer pays for some of the cost of your cover, you will pay for the costs not met by your Employer from your super account.

Where this occurs, you should be aware that this contribution from your Employer will be included in your concessional contributions cap.

Refer to the *Contributions* Fact Sheet at mercersuper.com.au/pds for details about contribution caps.

You will pay the full amount of the insurance fees from your super account balance if your Employer stops meeting these fees.

5. What are the benefits

When you need to make a claim, a benefit is payable subject to you meeting the insurance policy terms and conditions (summarised in this section).

5.1 Paying your benefits

5.1.1 Death (Terminal Illness) or TPD benefit

You'll need to meet the Insurer's definition of Terminal Illness or TPD before being eligible for a Terminal Illness or TPD benefit.

The trustee can only pay an insured benefit for Death, Terminal Illness or TPD if:

- The Insurer has accepted the claim, and
- The insurance proceeds have been received from the Insurer, and
- You satisfy a relevant condition of release under superannuation law.

Refer to the *Accessing Your Super* Fact Sheet at mercersuper.com.au/pds for details about the conditions of release under superannuation law. We will deduct any applicable tax from your benefit payment. Refer to the *Tax on super payouts* Fact Sheet for more information.

Each type of claim has a different process. For more details about what's involved, the process and timeframes, please select the relevant guide and/or frequently asked questions (FAQs) on our website at mercersuper.com.au/insurance-with-your-super/making-an-insurance-claim/

5.1.2 Income Protection benefit

You'll need to meet the definition of Partial Disablement or Total Disablement before being eligible for an IP Monthly Benefit payment.

If your claim is accepted, your IP Monthly Benefit will be paid monthly in arrears. Payments will usually be made at the end of each month commencing from the day following the end of the Waiting Period, up to the maximum Benefit Period as long as you remain Totally Disabled or Partially Disabled.

Example

Helen has IP cover with a 30-day Waiting Period that ends on 20 March 2026.

As payments are made monthly in arrears, Helen's first IP Monthly Benefit payment (for the period 21 March 2026 to 20 April 2026), would be made on 20 April 2026 (i.e. 60 days from the start of Helen's Waiting Period).

A pro-rated IP Monthly Benefit payment will be made where a benefit is payable for less than a whole month.

If you are Partially Disabled, you will receive a portion of the IP Monthly Benefit. See section 5.3.1 'Income Protection' subsection 'Partial Disablement benefit' for more information.

Exclusions and additional conditions apply to IP cover. See section 6 'What's not covered' for more information.

Pay As You Go (PAYG) tax will be deducted from each IP Monthly Benefit payment.

The premiums for your IP cover will stop being deducted from your super account while you are receiving, or are entitled to receive, a Total Disablement or Partial Disablement IP Monthly Benefit.

The Insurer will generally review your case monthly to determine if you remain eligible for your IP Monthly Benefit. You will need to provide the Insurer with medical and other information it requires as part of their review.

5.2 How your insured benefit payment is calculated

Insured benefit	How insured benefit payments are calculated
Death (including Terminal Illness)	If you die, a lump sum will be paid equal to the amount of your Death cover calculated as at your date of death. If you are diagnosed with a Terminal Illness, a lump sum will be paid equal to the amount of your Death cover calculated on the date the last Doctor certifies you as having a Terminal Illness (2 Doctors need to certify that you meet the definition of Terminal Illness). Your Death benefit will be reduced by: - Any TPD benefit paid or payable under your Death and TPD cover, and - Any Terminal Illness benefit paid or payable under your Death only or Death and TPD cover.
TPD	If you are TPD, a lump sum will be paid equal to the amount of your TPD cover calculated as at the Date of Disablement (subject to the maximum amount insured).
Income Protection Total Disablement benefit	If you become Totally Disabled because of injury or illness, you'll generally be eligible to receive an IP Monthly Benefit¹ after the Waiting Period. Your IP Monthly Benefit will be the lesser of: 75% of your monthly Income² plus the employer superannuation contribution benefit³ (if applicable) at the Benefit Calculation Date, or - Your amount insured, or - The maximum benefit amount.

Example

Lauren's Income is \$10,000 per month and her amount insured is \$6,000 per month.

Her IP Monthly Benefit will be the lesser of:

- 75% of her monthly Income ($75\% \times \$10,000 = \$7,500$), or
- Her amount insured (\$6,000), or
- The maximum benefit amount of \$40,000.

If Lauren became Totally Disabled, she would be entitled to an IP Monthly Benefit of \$6,000 per month from the end of her Waiting Period.

Income Protection Partial Disablement benefit

If you become Partially Disabled because of injury or illness and return to work with an employer but in a reduced capacity, you'll generally be eligible to receive an IP Monthly Benefit¹ after the Waiting Period for up to the maximum Benefit Period.

The IP Monthly Benefit is based on the formula:

$$(((A - B) / A) \times C) - \text{benefit offset}^1$$

where:

A is your monthly Income as at the Benefit Calculation Date.

B is your Income during the month in which you are Partially Disabled.

C is the IP Monthly Benefit (amount insured).

Example

Paul is working at 50% capacity due to injuries sustained in a motorbike accident. He is earning \$4,500 per month compared to his normal Income of \$9,000. His amount insured is \$5,000.

Paul would be entitled to a Partial Disablement benefit of:

$$(((A - B) / A) \times C) - \text{benefit offset}$$

$$((\$9,000 - \$4,500) / \$9,000) \times \$5,000 = \$2,500$$

¹ Certain conditions apply. See section 5.3 'Terms and conditions' for more information.

² Monthly Income means 1/12th of your Income.

³ The super contributions amount will be paid to your nominated super fund.

5.3 Terms and conditions

5.3.1 Income Protection

Maximum period an IP Monthly Benefit is payable

The Benefit Period applicable to you is the maximum period that IP Monthly Benefits are paid for each claim. It applies to payments for Total Disablement or Partial Disablement benefits.

Income used in IP Monthly Benefit calculations

If your Income is adjusted due to reduced working hours, we will calculate your cover based on your actual annual Income, not the annualised equivalent Income.

SG contributions

If your Income includes SG contributions paid by your Employer, then the portion of your IP Monthly Benefit relating to this component will be paid to your super account in your Plan on your behalf.

Partial Disablement benefit

If you become Partially Disabled, you may be eligible for a Partial Disablement benefit after the expiry of the Waiting Period if:

- During the Waiting Period you are Totally Disabled for at least 7 out of 12 consecutive days, and
- You continue to be Totally Disabled or Partially Disabled for the balance of the Waiting Period, and
- You continue to be Partially Disabled after the expiry of the Waiting Period, or
- After receiving a Total Disablement benefit and where the maximum Benefit Period has not been reached, you are no longer Totally Disabled but are Partially Disabled for the same or related condition.

You'll generally be reviewed by the Insurer monthly to determine if you remain eligible for your Partial Disablement benefit. You will need to give the Insurer relevant medical and other information.

The premiums for your IP cover will stop being deducted from your super account while you are receiving a benefit.

5.3.2 When your Total Disablement or Partial Disablement benefit stops

Your Total Disablement or Partial Disablement benefit stops on the earliest date of one of the following events occurring:

- For Total Disablement only, when you are gainfully employed with your Employer or another employer.
 - You may still be able to claim a Partial Disablement Benefit if you are Partially Disabled but are no longer Totally Disabled.
- You are no longer Totally Disabled or Partially Disabled (as applicable).
- You reach the Cover Expiry Age.
- You make a fraudulent claim.
- You reach the end of the Benefit Period.
- You are no longer under Medical Care.
- You refuse to return from overseas for medical treatment or assessment at the Insurer's request and the Insurer does not consider your assessment or treatment overseas to be equivalent to Australian standards.
- You refuse to undertake reasonable treatment or Rehabilitation which could, in the Insurer's opinion, expect to assist with your return to work.
- You fail to provide the evidence required to assess your claim within 60 days of the Insurer's request.
- You are no longer an Australian Resident or do not permanently reside in Australia, and you are not working for the Employer overseas, after 6 months of benefit payments have been made.
- You die (your beneficiaries may be entitled to the Death benefit – see section 5.4 'If you die whilst claiming IP Monthly Benefits').

5.3.3 When IP Monthly Benefits may be reduced

Offsets

Your Total Disablement or Partial Disablement benefit can be reduced (offset) by any of the following amounts, regardless of how they are paid:

- (a) All benefits or other payments which are paid to you, or are required to be paid to you in relation to your injury or illness under any:
 - (i) workers' compensation scheme, motor accident compensation, or similar legislation;
 - (ii) statute or common law, whether for loss of income, loss of earning capacity or any other economic loss;
 - (iii) disability income type insurance policy (including any benefits or payments received for work injury damages), whether paid as a lump sum or not;
- (b) Any other loss of income, loss of earning capacity or any other economic loss component of a lump sum payment (other than a lump sum TPD benefit or lump sum superannuation payment);
- (c) Any sick leave received by you at the same time we are paying a benefit to you; and
- (d) Any other income, benefit or payment received by you from your Employer that is not as a result of your own personal exertion at the same time we are paying a benefit to you.

If your IP Monthly Benefit (amount insured) includes SG contributions, your Total Disablement or Partial Disablement benefit will be reduced by any SG contributions your Employer makes on your behalf.

Your benefit will not be reduced by any amount received for annual leave, long service leave or social security benefits.

The purpose of the reduction is to ensure that the amount received from the above sources, when combined with any Total Disablement or Partial Disablement benefits payable to you and any actual Income you receive (if you are Partially Disabled) will not exceed:

- 75% of your monthly Income at the date you ceased work due to illness or injury in the event you are Totally Disabled, or
- 100% of your monthly Income at the date you ceased work due to illness or injury in the event you are Partially Disabled.

Other Reductions

Your insurance benefit may not be payable or may be reduced, subject to applicable law where you do not notify us as soon as reasonably possible after you first become disabled, in circumstances where such a delay has prejudiced the Insurer's ability to assess and manage a claim.

See the following tables for examples of the IP offset calculation.

IP Total Disablement benefit offset

Example 1: Jane earns \$10,000 per month, is unable to work and has IP cover of \$7,500. Jane is receiving workers' compensation of \$3,000 per month following an injury at work for her Total Disablement.

Income	\$10,000 per month	Jane's monthly Income prior to the Benefit Calculation Date.
IP Monthly Benefit (amount insured)	\$7,500 per month	Jane has an IP Monthly Benefit design based on 75% of Income. $75\% \times \$10,000 = \$7,500$.
Amount received	\$3,000 per month	Amount Jane received for workers' compensation.
Potential income from all sources	$\$7,500 + \$3,000 = \$10,500$	IP Monthly Benefit plus the amount received for workers' compensation. As the income from all sources (\$10,500) is more than 75% of Jane's Income (\$7,500) prior to the Benefit Calculation Date, an offset will apply.
Total offset	$\$10,500 - \$7,500 = \$3,000$	Potential income from all sources less 75% of pre-disability Income.
Benefit payable	$\$7,500 - \$3,000 = \$4,500$	The IP Monthly Benefit less the total offset amount.

IP Partial Disablement benefit offset

Example 2: Paul is working at 50% capacity following a motorbike accident and is receiving monthly motor accident compensation of \$5,000 per month.

Income	\$9,000 per month	Paul's monthly Income prior to the Benefit Calculation Date.
IP Monthly Benefit (amount insured)	\$5,000 per month	Paul applied for, and received, IP cover with an IP Monthly Benefit of \$5,000 per month.
Income earned	\$4,500 per month	Paul's monthly Income whilst he is working in a reduced capacity due to his injury.
Partial Disablement benefit	$(\$9,000 - \$4,500) / \$9,000 \times \$5,000 = \$2,500$	$((A-B)/A \times C)$ – benefit offsets where: A is your pre-disability Income B is the Income earned C is the IP Monthly Benefit
Amount received	\$5,000 per month	Amount Paul receives as motor accident compensation.
Potential income from all sources	$\$2,500 + \$4,500 + \$5,000 = \$12,000$	IP Monthly Benefit plus Income earned plus the amount received for motor accident compensation.
Total offset	$\$12,000 - \$9,000 = \$3,000$	Potential income from all sources less 100% of Paul's pre-disability Income.
Benefit payable	$\$2,500 - \$3,000 = \$0$	The calculated Partial Disablement benefit is \$0, as the Partial Disablement benefit (\$2,500) is less than the total offset amount (\$3,000). Paul is receiving a total of \$9,500 (\$4,500 from his reduced earnings plus \$5,000 motor accident compensation) which is more than 100% of his Income (\$9,000) prior to the Benefit Calculation Date.

By applying the above reductions, your benefit may be reduced to nil. If this applies, you will be deemed to be receiving a benefit even though you are receiving no money.

Where your benefit is reduced to nil as a result of you being paid benefits under another default insurance policy with another superannuation fund, your cover in your Plan will cease, and you will be refunded all premiums to the shorter of the following:

- The period cover overlapped, and
- Six years.

If any of the above reductions are payable as a lump sum, your benefit will only be reduced by the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss for the same period, as determined by the Insurer at their discretion.

You will need to provide to the Insurer as far as reasonably practicable, a breakdown of the lump sum including the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss, the amount claimed in respect of each head of damage or loss (to the extent applicable) and any other information the Insurer reasonably require in relation to the lump sum.

If you do not provide sufficient particulars to reasonably allow the Insurer to make a determination, the lump sum will be converted to an equivalent monthly payment of 1/60th of the lump sum over a period of 60 months from the date of the lump sum payment.

Example

A lump sum paid for \$180,000 for loss of income due to a motor vehicle accident would be converted to a monthly amount of \$3,000 (\$180,000/60). The offset would then be applied as per the IP Partial Disablement benefit offset example shown.

5.3.4 Paid Rehabilitation expenses

In addition to the IP Monthly Benefit, you may be eligible for a Rehabilitation expense amount if you have occupational rehabilitation costs. You must be Totally Disabled or Partially Disabled for longer than the Waiting Period and you must have all of the following:

- Prior written approval from the Insurer, and
- A written statement from your Medical Practitioner (to which the Insurer agrees) that you need to incur these expenses as part of your occupational rehabilitation, and
- No other source of reimbursement for these expenses.

The rehabilitation expense amount could cover the cost of joining any pre-approved rehabilitation program or purchasing goods or equipment.

This amount will be paid directly to the rehabilitation service provider.

Six times your IP Monthly Benefit is the maximum amount payable while you have IP cover in your Plan.

The Insurer will not pay a rehabilitation expense amount if this contravenes the National Health Act 1953, Health Insurance Act 1973, Private Health Insurance Act 2007, Private Health Insurance (Prudential Supervision) Act 2015 or any similar health insurance legislation or regulation.

5.3.5 Escalation benefit

The escalation benefit is only available with either a 5-year or a To Age 65 Benefit Period option.

If you have been receiving a Total Disablement or Partial Disablement benefit for 12 consecutive months, the amount of your IP Monthly Benefit will increase by the lesser of:

- The Consumer Price Index, and
- 5%.

This will occur annually so long as you continue to be Totally Disabled or Partially Disabled and have been paid an IP Monthly Benefit continuously for the 12 months. The IP Monthly Benefit will not increase above the maximum cover amount.

5.3.6 Recurrent disablement

If you return to work and subsequently become Totally Disabled or Partially Disabled again for the same or related cause to the previous claim, your new claim will be treated as a:

- Continuation of the previous claim if your new claim is made within 6 months from when IP Monthly Benefits under your previous claim ceased. (The Waiting Period does not apply. The Benefit Period will be adjusted to account for any prior IP Monthly Benefit payments).
- New claim if you returned to work for at least 6 months from when IP Monthly Benefits under your previous claim ceased. The Waiting Period will apply. IP Monthly Benefits can be paid for the full Benefit Period.

Example

Stephan has IP cover with a 30-day Waiting Period and a 2-year Benefit Period.

Stephan injured his back and received IP Monthly Benefits for 4 months when his claim ceased as he had recovered and returned to work. Unfortunately, after returning to work for 3 months, Stephan aggravated his back injury and needed to claim IP Monthly Benefits.

As this new claim occurred within 6 months of the previous claim ceasing, Stephan would not have to wait 30 days (the Waiting Period) before IP Monthly Benefit payments could start. As Stephan was previously paid benefits for 4 months, the maximum period he could be paid under this new claim would be 20 months (i.e. the 2-year Benefit Period less the 4 months paid previously).

If Stephan had returned to work for 8 months (rather than 3 months) before aggravating his injury after his original claim ceased this would be treated as a new claim. Stephan would:

- Need to wait 30 days (the Waiting Period) before any IP Monthly Benefits could be paid, and
- Be able to claim IP Monthly Benefits for a maximum of 2 years (i.e. his full Benefit Period).

5.4 If you die whilst claiming IP Monthly Benefits

If you die while we are paying you a benefit, or you are eligible to be paid a benefit because you are Totally Disabled or Partially Disabled, we will pay a lump sum amount equal to 3 times your IP Monthly Benefit.

This will be paid in addition to any insured death benefit from your Plan (if you have Death only or Death and TPD cover and are eligible for a death claim).

6. What's not covered

As with every insurance policy, there are certain exclusions you need to be aware of.

In addition to the exclusions in this section, the Insurer will not make any benefit payment if:

- The payment would cause the Insurer to infringe any Health Insurance Legislation, or
- Where the Insurer has imposed a specific exclusion that applies to you as a result of underwriting.

The following table shows situations when a benefit will not be payable (i.e. when you are not covered).

Type of benefits	Exclusions
Death, or Accidental Death	An insurance benefit won't be paid if: 1. Your death is caused wholly or partly, directly or indirectly by your active service in the armed forces of any country or territory or foreign or international organisation after your cover started¹, unless you are on war service for Australia only. 2. Your death is caused by suicide within 13 months of your: (a) Underwritten cover commencing or increasing, or (b) Life Events cover commencing, or (c) Cover starting, where you Opted-in to default cover more than 120 days after commencing work with your Employer.
Terminal Illness, TPD, or Accidental TPD	An insurance benefit won't be paid if: 1. Your injury or illness is caused wholly or partly, directly or indirectly by your active service in the armed forces of any country or territory or foreign or international organisation after your cover started¹. 2. Your injury or illness is caused by attempted suicide or deliberate self-inflicted act within 13 months of your: (a) Underwritten cover commencing or increasing, or (b) Life Events cover commencing, or (c) Cover starting, where you Opted-in to default cover more than 120 days after commencing work with your Employer.
IP, or Accidental Injury cover	An insurance benefit won't be paid if an illness or injury is directly or indirectly caused by: • Active service in the armed forces of any country or territory or foreign or international organisation after your cover started¹, or • Deliberate self-inflicted injury or illness (whether sane or insane), or • Uncomplicated pregnancy or childbirth.

¹ If you are enrolled in the Australian Defence Forces Reserve, the active service exclusion only applies where you have been called up for active service.

If you've transferred cover to us, and your previous cover had specific exclusions, restrictions or New Events cover, these will continue to apply unless we've told you otherwise.

7. Other important information

7.1 When your cover ends

Your Death, TPD and IP cover stops if any of the following events occur:

- You reach your Cover Expiry Age.
- You no longer meet the eligibility criteria of your Plan.
- You die.
- When premiums are not paid.
- When your amount insured reduces to nil under your cover design (for Death cover and TPD cover only).
- If you make a fraudulent claim.
- If you do not return to work from your Employer approved leave without pay on the specified return to work date, your cover will automatically stop 30 days after the specified return to work date.
- The insurance policy terminates.
- For TPD cover, when a Terminal Illness or TPD benefit becomes payable.
- For Death cover, when a Terminal Illness or TPD benefit becomes payable. Where your Death cover is greater than your TPD cover, your Death cover will reduce by the amount of TPD benefit paid and Death cover will continue until another condition under this section is met.
- If you are unable to claim under the Policy from the date cover started for cover that did not require any underwriting.
- The date we receive your request to cancel cover.
- Your account has become Inactive (see section 7.2 'Account inactivity' for more information, including how you may be able to reinstate cover). This does not apply if you've provided a written election to keep cover before your account becomes Inactive, or you are an Exempt Member.
- Where your Employer made additional contributions to your account to cover the cost of your default cover, on the date they stop doing so and you have not met the minimum age and minimum super account balance eligibility requirements for default cover and have not provided an election to keep your cover (see section 7.3 'Reinstatement of cover' for more information, including how you may be able to reinstate cover).

Income Protection cover will also end when:

- You cease employment with your Employer.
- We agree with your Employer that IP cover will no longer be provided in your Plan.
- For IP default cover, if you make a claim and your benefits are reduced to nil because you are being paid under a different IP policy with automatic acceptance cover.

7.2 Account inactivity

If we have not received any contributions or rollovers into your account for a continuous period of 16 months, and you have not elected to have or keep your cover, we are required by law to cancel your cover due to inactivity (also referred to as 'Inactive' throughout this Booklet). The cancellation of insurance cover is aimed at reducing the erosion of super account balances by insurance premiums for cover that you may not require.

This does not apply if you are an Exempt Member.

We'll contact you before we cancel your cover and you'll have an opportunity to ask us to keep your cover even if your account becomes or is Inactive. If you want to elect to maintain your insurance cover, even if your account becomes Inactive, please complete the relevant form available at mercersuper.com.au/login or contact the Helpline to request the relevant form.

If your cover is cancelled, the cost of all insurance cover will stop being deducted from your super account. You may be able to reinstate cover subject to certain conditions. See section 7.3 'Reinstatement of cover' for more information.

7.3 Reinstatement of cover

You may be able to reinstate cover, subject to certain conditions, if your cover has been cancelled due to account inactivity, non-payment of premiums, or if your default cover ended because your Employer stopped fully paying for it. You have 60 days from when your cover ended to provide a written election to request the reinstatement of cover.

Where a reinstatement request is received within the 60 days of your cover being cancelled, cover will be reinstated back to the date cover stopped. Your cover will continue as long as premiums are paid from this date. Any premium loadings, exclusions, or restrictions that applied to the cover before it ended will also continue to apply.

Where a reinstatement request is received outside of the 60 days of cover ending, you will need to go through underwriting to obtain cover again. You will not be covered until the date that your application is accepted by the Insurer.

Please call the Helpline to apply to reinstate your cover.

7.4 Cover during approved leave

Where your Employer approves a period of leave without pay (including parental leave) and you have agreed and documented a return to work date before you start that leave without pay, your cover will continue for up to four years as long as premiums continue to be paid.

You will also need to elect to keep your cover in the event your account becomes Inactive, so we do not have to cancel your cover (see section 7.2 'Account inactivity').

For Death (including Terminal Illness) and TPD cover

If you die, are diagnosed with a Terminal Illness or become Totally and Permanently Disabled when you are on leave without pay, then to calculate your benefit amount we will use:

- Where you have units of cover or a fixed amount of cover, your amount insured at the date immediately before the Benefit Calculation Date, or
- Where your amount insured is based on a percentage or multiple of income, your Income at the date immediately before you started your leave without pay.

If applicable, the three consecutive month period from the Date of Disablement will start from the date a Medical Practitioner confirms you are unable to work due to injury or illness.

For IP cover

For IP cover, your approved leave without pay must be for reasons other than injury or illness.

If you become Totally Disabled or Partially Disabled during the period of leave without pay:

- The Waiting Period will start from the date a Medical Practitioner issues a medical certificate stating that you are unable to work due to injury or illness.
- Your IP Monthly Benefit will start from the later of:
 - your specified return to work date, or
 - the expiry of your Waiting Period.
- Your IP Monthly Benefit at the date immediately before you started your leave without pay will be used to calculate the amount of any Total Disablement or Partial Disablement benefits.
- The Income used to calculate the amount of any Total Disablement or Partial Disablement benefits will be based on your Income immediately before you started your leave without pay.

Example

Margaret has been on leave without pay for 18 months and sustains an eye injury shortly before her specified return to work date.

Margaret has IP cover with a Monthly Benefit of \$7,000 and when she started her leave without pay, Margaret earned \$10,000 per month.

This means the maximum IP Monthly Benefit Margaret may be entitled to is \$7,000 and the Income used to calculate any Total Disablement or Partial Disablement will be \$10,000 per month, even though Margaret had no earnings in the previous 12 months.

For all cover

When you return to work, your amount insured will be calculated based on your age and Income as at the date you return to work.

If you do not return to work, your cover will automatically stop on the earlier of 30 days after the specified return to work date or after you have been on approved leave for four years.

If your cover stopped because you did not return to work by the specified date, you can apply for cover. This cover will be subject to underwriting and acceptance of cover by the Insurer.

You must advise us if you are going to be on leave without pay for longer than four years or for longer than your specified return date. We will need to get the Insurer's approval to continue cover.

7.5 Cover while travelling or working overseas

Working overseas

Your insurance cover will continue if you are working overseas for your Employer as long as:

- Your Employer provides details of your overseas arrangements to the Insurer when requested.
- You remain employed by your Australian Employer.
- Premiums for your cover continue to be paid.
- Your super account does not become Inactive (unless you make an election to keep cover regardless of your account inactivity).

TPD or IP claims while overseas

If you make a TPD or IP claim, you may have to return to Australia at your own expense for medical treatment or assessment, or the Insurer may require your medical treatment and/or assessment to be equivalent to Australian standards, which may be at your cost. A TPD or IP Monthly Benefit may not be paid if you do not comply with these requirements.

For an IP claim, where you are no longer:

- An Australian Resident, or
- Residing permanently in Australia, or
- Eligible to work in Australia

and claim while overseas, your IP Monthly Benefit Period will be limited to a maximum period of 6 months for each claim that occurs while overseas, unless you return to Australia for assessment and treatment for the duration of your claim.

This restriction does not apply where you are working overseas for your Employer.

Other important details while overseas

You need to let us know if you are working overseas permanently or if you no longer intend to work in Australia whilst being a member of your Plan. Keep your contact details up to date by contacting the Helpline so we can provide you with more information about what will happen to your insurance arrangements and other benefits under your Plan.

Your benefits are provided based on the information we hold on file. If your personal details are not up to date, this may result in your insurance cover being cancelled or you incurring premiums for cover you are ineligible to claim on.

Got a question or want to keep, reinstate or cancel your cover?

To help you identify how to access key information explained in this section or perform common transactions with us, refer to the table below. For any other enquiries call the Helpline.

Transactions	Use your personal login at mercersuper.com.au/login	Paper form/written request
Electing to have or keep cover due to inactivity	X	✓
Reinstating cover	X	✓
Cancelling cover	✓	✓

Important

To keep up-to-date with your insurance arrangements, you can login to your personal account at mercersuper.com.au/login to view your insurance cover. You'll also receive regular newsletters, an annual member statement and the *Mercer Super Trust Annual Report (Fund Information Statement)*.

8. What happens to your cover when you leave your Employer

8.1 Your existing insurance cover may continue

When we are notified that you have left your Employer or Exercised Choice, your super account may be automatically transferred to the Individual Section of the SmartSuper Plan, a plan in the CSD of Mercer Super.

Any existing Death only cover or Death and TPD cover that you hold may continue (subject to you meeting eligibility requirements) as a fixed amount of cover. Any IP cover you have in your Plan will cease. The cost of your cover will still be based on your age, gender and the amount of cover you hold but the amount you pay may change. The date of the transfer of your super account to the Individual Section is the date your Employer notifies us that you have left their employment. See the *How Your Super Works* booklet for further details about what happens when you leave your Employer.

See your Plan Guide for details if any different arrangements apply to your Plan, such as moving into a Retained category within your Plan where you retain your Death only cover or Death and TPD cover, or if you are in an Insurance Only category where cover ceases on leaving employment.

8.2 What happens if your insurance was previously paid for by your Employer

If your Employer made an additional contribution to your account to help meet the cost of your insurance cover, and you have not met the minimum age and minimum account balance eligibility requirements, you will need to Opt-in to keep your insurance cover after you leave your Employer within 60 days of ceasing employment. To Opt-in, complete the relevant form available online using your personal login at mercersuper.com.au/login or call the Helpline.

If we cancel this cover, it can restart if you make an election to reinstate the cover within 60 days of it stopping.

You will need to pay for any insurance cover you now have in the Individual Section or Retained category section of your Plan.

This section does not apply to Insurance Only category members whose insurance cover ceases on ceasing employment.

8.3 What happens if I have no insurance?

If you did not meet the eligibility criteria to obtain default cover before you were moved to the Individual Section, and you subsequently meet the eligibility requirements, you will not be provided with default insurance cover but you may be able to apply for cover.

8.4 Other important information

Claim conditions

If you Exercise Choice or leave employment because of an injury or illness and are in the process of lodging a Terminal Illness, TPD or IP claim, the entitlement to claim will be assessed against your benefits as recorded in your Plan prior to leaving employment.

While you can still claim IP Monthly Benefits against the cover you held in your Plan prior to leaving employment, your IP cover will not continue in the Individual Section.

In the event of an IP claim, the IP Monthly Benefit will be calculated as described in section 5.2 'How your insured benefit payment is calculated'.

Special Terms

- Any AALs that applied to you in your Employer Plan end when you move to the Individual Section.
- Any Underwriting terms such as loadings or exclusions that applied to you in your Employer Plan will continue when you move to the Individual Section.
- If your cover was subject to New Events cover before it was transferred to the Individual Section, New Events cover will continue to apply to you, under the equivalent conditions, until such time as those conditions expire.

A licensed or appropriately authorised financial adviser can help you decide the most appropriate way to continue your cover for your personal needs and circumstances.

9. How to make a claim

A claim for Death, Terminal Illness, TPD or IP may be made if you die or have an injury or illness.

How to make a claim

If you find yourself in a situation where you need to make an insurance claim, we understand you are already going through a challenging time. Our goal is to make the claims process as easy as possible and to provide support every step of the way.

Getting started

These are typically the key steps involved in making a claim.

1. Contact us

Please contact us at the earliest possible time to let us know you need to make a claim. You'll be given a representative to guide you through the claims process, and they'll stay with you right up until the end of the process.

Call our claims consultants on **1300 008 605** Monday to Friday, 9am-5pm (AEST/AEDT) or visit [mercersuper.com.au](https://www.mercersuper.com.au) for more information.

2. Confirm eligibility

We will ask you to provide us with information about your claim so that we can identify if you are eligible to make an insurance claim.

If we determine that you are not eligible to make an insurance claim, we'll explain this in writing and give you the opportunity to provide more information.

3. Claims pack

A claims pack will be emailed or posted to you within five business days of you notifying us you would like to make a claim. You will need to meet the costs associated with completing the claims pack (including the completion of any forms).

4. Claims assessment

You and your Medical Practitioner(s) must provide the necessary documents and complete all requirements to make a claim.

Once we have received all required documents and claim information, the Insurer will commence their assessment.

Where the Insurer needs further information to assess your claim, the Insurer may pay the cost to obtain this information.

4a. Timing

Each type of claim has a different process. For more details about what's involved, the process and timeframes, please select the relevant guide and/or frequently asked questions (FAQs) on our website at [mercersuper.com.au](https://www.mercersuper.com.au)

4b. Costs

If you are overseas, you may have to return to Australia at your own expense for medical treatment or assessment, or the Insurer may require your medical treatment and assessment to be equivalent to Australian standards. If you are living or travelling overseas you will need to pay the cost of returning to Australia.

The Insurer may, subject to law, consider your claim withdrawn or refuse to pay your claim if you do not meet the Insurer's requirements.

4c. Refunds

We may refund the premiums to your super account either:

- For the period the Insurer identifies you are not eligible to claim for any automatic (default) cover.
- If you make a claim that is accepted and your cover ceases under the terms of the Policy on the date you became eligible to claim.

5. Trustee review

The trustee is committed to ensuring that the Insurer's assessment of your claim is fair and transparent, and that all final claim decisions are fair and reasonable.

We have an independent team who review your claim, and in some cases, may challenge the decision on your behalf with the Insurer.

6. Confirmation

We'll contact you with the outcome of your claim and discuss the next steps with you.

9.1 Key claim conditions for all claims

If you were ineligible when cover commenced and cover was provided in error, no benefits will be payable and any overpaid premiums will be refunded to your super account, unless otherwise agreed between us and the Insurer.

The Insurer reserves the right to require that you return to Australia (at your expense) for claim assessment and examination prior to payment of any Terminal Illness benefit, TPD benefit or continued payment of any IP Monthly Benefits. The Insurer may not pay benefits or may cease to pay IP Monthly Benefits where you don't return to Australia.

The Insurer also reserves the right to arrange for you to be examined by a Medical Practitioner, at the Insurer's expense, to determine your insurance entitlement.

9.2 What happens if you have multiple insurance policies

If you have cover outside your Plan, you should consider the impacts of having multiple insurance policies (of the same or similar cover) because you may not be able to claim on multiple policies. If you are unsure about what to do about any duplicate cover you may hold, call the Helpline.

Duplicate claims will not be paid where the cause of the duplicated cover is due to administration errors by your Employer or us, whether fraudulent or not. Where an error is identified, the duplicate cover will be cancelled from inception and any insurance premiums paid for the duplicated cover will be refunded to your super account. Your original claim will still be considered and paid when accepted by the Insurer.

Got a question about claims?

Refer to our claims guide at mercersuper.com.au

10. Insurance definitions

This section explains capitalised terms used throughout this Booklet.

Accident

Means bodily injury caused directly and solely by a violent, accidental, external and visible event.

Accidental Death

Means death which is a result of an Accident.

Accidental Injury

Means an injury to you which first occurred after your cover began, including any Interim cover, and is caused directly and solely because of an accidental event where the event was violent, external, and visible and which was not caused by attempted suicide, or was not self-inflicted by you on purpose.

Accidental Total and Permanent Disablement (TPD)

Means TPD which is a result of an Accident.

At Work

Means that you are actively performing all the duties of your usual occupation with your Employer free from any limitation due to injury or illness and you are not receiving and/or are not entitled to claim income support payments from any source including workers' compensation payments, statutory transport accident payments or disability income payments. If you are absent from work for reasons other than injury or illness, you will be considered to be At Work as long as you are At Work on the day before the first day of your Employer approved leave. If you do not meet any of these conditions, you will be considered to be not At Work.

Australian Defence Force (ADF) Super member

Means a member of the Permanent Forces or a continuous full-time Reservist, defined in the Australian Defence Force Superannuation Trust Deed 2015 as a 'serving ADF Super member'.

Australian Resident

For insurance purposes, means you are legally permitted to reside and work for reward in Australia.

Automatic Acceptance Limit (AAL)

Is the maximum amount of cover that you can have without having to provide any health or lifestyle information.

Benefit Calculation Date

Means for:

- (a) Death cover, the date of death.
- (b) Terminal Illness the date on which the last Medical Practitioner certifies you as Terminally ill.
- (c) TPD cover the Date of Disablement.
- (d) IP cover the last day at work prior to injury or illness.

Refer to section 7.4 'Cover during approved leave' as the Benefit Calculation Date may be different based on your leave.

Benefit Period

The maximum period for which a Total and/or Partial Disablement benefit, other than for Interim cover, will be paid to you. It starts from the date you are first entitled to be paid a Total and/or Partial Disablement benefit and stops when any of the events under section 5.3.3 'When your Total Disablement or Partial Disablement benefit stops' occurs.

Where your claim is considered to be a continuation of a previous claim (see section 5.3.6 'Recurrent disablement'), the maximum Benefit Period will include the total of any period where you were Totally Disabled or Partially Disabled due to the same or related cause, unless otherwise agreed between the Insurer and the trustee.

Casual Employee

Means you are employed on a casual basis by your Employer, regardless of the number of hours you work and you are not a Permanent Employee, Non-Employee or a Contractor.

Consumer Price Index (CPI)

Means the Australian National All Groups Consumer Price Index rated average of 8 capital cities combined.

Contractor

Means you are:

- Contracted by your Employer where the contract duration is for a fixed term as agreed between you and your Employer,
- Contracted by your Employer to personally perform the duties that you are contracted for, and
- Not a Permanent Employee, Non-Employee or a Casual Employee.

Cover Expiry Age

Means 11.59pm on the day immediately prior to the age cover ceases as specified in Section 2.2 'Are you eligible for default cover?'.

Date of Disablement

For TPD cover means:

- (a) The date that is the first day of the three consecutive month period you have been absent from employment solely due to injury or illness, or
- (b) Where you first become unable to work due to injury or illness while not working or on employer approved unpaid leave, the date you are first unable to work solely due to injury or illness as certified by a Medical Practitioner.

De facto or de facto Relationship

For insurance purposes means a relationship between you and another person (whether of the same sex or different sexes) where you and the other person:

- Are not legally married to each other; and
- Having regard to all the circumstances of your relationship
 - you and the other person have a relationship as a couple living together on a genuine domestic basis, or
 - such other meaning as set out in the Family Law Act 1975 (Cth).

Disability Income

Means the monthly (or pro rata) amount earned by you, while you are Partially Disabled, as a result of your own personal exertion from any employment.

The amount earned may include employer superannuation contributions.

Employer

Your employer (referred to as your Employer through this *Insurance* booklet) has chosen to provide superannuation (super) and insurance benefits for its employees through Employer Super. Your Employer has been admitted to participate in Employer Super in accordance with the terms of the trust deed for the Plan.

Exempt Member

You are an Exempt Member when:

- Your Employer pays an additional contribution (in addition to its SG obligations) to pay the cost of your default cover, or
- You are a defined benefit member, or
- You are an Australian Defence Force (ADF) Super member. Additionally, if you are a person who would be an ADF Super member if you had not chosen a fund. You need to tell us if this applies to you.

Exercise Choice or Exercising Choice

Means where, after joining your Plan, you advise your Employer to make contributions to another super fund.

Gainful Employment

Means employment or self-employment for gain or reward in any business, trade, profession, vocation, calling, occupation, or employment.

Important Duties

Means one or more duties that involve 20% or more of your overall occupational tasks which are important and essential in producing Income.

Inactive

Means your account has not received a contribution or rollover in a continuous period of 16 months.

Income

Income for the purposes of **Death and TPD cover** means your regular remuneration under the terms of your employment as advised by your Employer.

This includes fringe benefits and may include superannuation contributions, but excludes any commissions, bonuses, investment and interest income unless otherwise agreed to by us.

Income for the purposes of **IP cover** means your regular remuneration under the terms of your employment immediately prior to the Benefit Calculation Date as advised by your Employer, including:

- Fringe benefits
- Regular bonuses and commissions
- Regular overtime earnings, and
- May, where agreed to by us, include employer superannuation contributions.

The annual rate of regular bonuses, regular overtime earnings, and regular commissions will be calculated based on the average of the last 3 years (or where you have been employed for less than 3 years, averaged across your period of employment). Only regular bonuses, regular overtime earnings and regular commissions received by you, whilst insured in your Plan, will be included as Income.

Irregular commissions, irregular bonuses, investment, and interest income are not considered Income.

If you are a Casual Employee, Income as described above, will be averaged over the 12 months immediately prior to the Benefit Calculation Date.

Medical Care

Means that you must be receiving and following medical treatment or advice reasonably recommended by a Medical Practitioner who has personally assessed you and been provided with full clinical details of your case, and you will continue to be reviewed in these circumstances on at least a monthly basis unless otherwise agreed by the Insurer.

Medical Practitioner or Doctor

Means a person who is registered as such and who is appropriately qualified to treat your injury or illness. The Medical Practitioner cannot be you or a family member, business partner, employee or your Employer.

The Insurer may, in their absolute discretion, accept a similarly qualified person who is registered and practicing as a medical practitioner in another country with a similar standard of medical care as that in Australia. The Insurer may, in their absolute discretion, seek an independent opinion from a medical practitioner in Australia to review such overseas medical evidence.

For Terminal Illness and TPD claims, where reasonable, the Insurer may require the Medical Practitioner to be a specialist practising in the area related to the injury or illness suffered by you, specifically if the condition is more commonly diagnosed and treated by a specialist.

Monthly Benefit

Means the lesser of:

- 75% of monthly Income plus the employer superannuation contribution benefit (if applicable) at the Benefit Calculation Date
- The amount insured; and
- Maximum benefit amount.

New Events cover

Means you are only covered for claims arising from an illness which became apparent or an injury which occurred on or after the date your insurance cover started or most recently started under your Plan.

Partial Disablement/Partially Disabled

For IP cover with a 5-year or a To Age 65 Benefit Period option where an "own" occupation definition applies

Means because of an injury or illness, you:

- (a) Are unable to perform the Important Duties of your regular occupation, and
- (b) Have returned to work in your regular occupation or an alternative occupation, and
- (c) Are earning a Disability Income from your regular occupation or alternative occupation which is less than your monthly Income at the last day you were at work prior to your injury or illness, and
- (d) Are capable of working (whether or not for reward), and
- (e) Remain under Medical Care.

For IP cover with a 5-year or a To Age 65 Benefit Period option where an "any" occupation definition applies

Means because of an injury or illness, you:

- (a) For the first two years of the Benefit Period, you:
 - (i) Are unable to perform the Important Duties of your regular occupation, and
 - (ii) Have returned to work in your regular occupation or an alternative occupation, and
 - (iii) Are earning a Disability Income from your regular occupation or alternative occupation which is less than your monthly Income at the last day you were at work prior to your injury or illness, and
 - (iv) Are capable of working (whether or not for reward), and
 - (v) Remain under Medical Care.
- (b) After the expiry of the first two years and for any balance of the Benefit Period, you:
 - (i) Continue to work but are unable to perform the Important Duties of your occupation or all other occupations for which you are reasonably qualified by education, training or experience, and
 - (ii) Are earning a Disability Income from your occupation or alternative occupation which is less than your monthly Income at the last day you were at work prior to your injury or illness, and
 - (iii) Are capable of working (whether or not for reward), and
 - (iv) Remain under Medical Care.

For IP cover with a 2-year Benefit Period option

Means because of an injury or illness, you:

- (a) Are unable to perform the Important Duties of your regular occupation, and
- (b) Have returned to work in your regular occupation or an alternative occupation, and
- (c) Are earning a Disability Income from your regular occupation or an alternative occupation which is less than your monthly Income at the last day you were at work prior to your injury or illness, and
- (d) Are capable of working (whether or not for reward), and
- (e) Remain under Medical Care.

Permanent Employee

Means you are employed on a permanent basis, by your Employer, for an indefinite duration where you receive entitlements normally associated with permanent employment.

Rehabilitation

Means occupational rehabilitation for the purpose of returning you to your pre-disablement occupation or another occupation. Occupation rehabilitation may include initial rehabilitation assessment, physical conditioning program, graduated return to work program, vocational assessment and assistance to obtain new employment. Any occupational rehabilitation must be as part of a return to work program approved by the Insurer.

Spouse

Spouse means:

- (a) A party to a marriage; or
- (b) A party to a de facto relationship.

Terminal Illness

Means:

- Two Medical Practitioners have certified, jointly or separately, that an illness has caused a reduction in your life expectancy to 24 months or less and the Insurer agrees (based on medical evidence provided by your Medical Practitioners), that you suffer from an illness that is likely to result in your death within a period (the certification period) that ends not more than 24 months after the date of the certification, regardless of any treatment that might be undertaken, and
- At least one of the Medical Practitioners is a specialist practicing in an area related to the illness suffered by you, and
- For each of the certifications, the certification period has not ended.

The illness resulting in the Terminal Illness must occur, and the date any Medical Practitioner certifies you as being Terminally ill, must take place while you are covered under your Plan.

Terminally ill

Has a corresponding meaning to Terminal Illness.

Total and Permanent Disablement (TPD)

Means you:

- (a) Are under the care and following the advice of a Medical Practitioner, and
- (b) In the opinion of the Insurer, have become incapacitated due to ill-health (whether physical or mental) to such an extent that makes it unlikely that you will ever engage in or work for reward in any occupation or work for which you are reasonably qualified by education, training or experience, and
- (c) Have not worked in any capacity for at least three consecutive months since the Date of Disablement solely due to injury or illness or you have suffered a Specified Medical Condition.

Total Disablement/Totally Disabled (IP)

For IP cover with all benefit periods with an "own" occupation definition and you are working 15 hours or more per week on average over the 3 months immediately prior to the Benefit Calculation Date

Means that, because of an injury or illness, you:

- (a) Have been continuously absent from employment throughout the Waiting Period, and
- (b) Are not working in any occupation (whether paid or unpaid), and
- (c) Are under Medical Care, and
- (d) Are not capable of doing the Important Duties of your regular occupation.

For IP cover with a 5-year or a To Age 65 Benefit Period option and you are working 15 hours or more per week on average over the 3 months immediately prior to the Benefit Calculation Date

Means that, because of an injury or illness, you:

- (a) Have been continuously absent from employment throughout the Waiting Period, and
- (b) Are not working in any occupation (whether paid or unpaid), and
- (c) Are under Medical Care, and
- (d) Are not capable of:
 - (i) doing the Important Duties of your regular occupation, and
 - (ii) performing any occupation (whether paid or unpaid) for which you are reasonably qualified by education, training or experience.

The requirement of (d)(i) will apply for the first two years you are being paid a benefit and the requirement in (d)(ii) will apply thereafter.

For IP cover with a 2-year Benefit Period option and you are working 15 hours or more per week on average over the 3 months immediately prior to the Benefit Calculation Date

Means that, because of an injury or illness, you:

- (a) Have been continuously absent from employment throughout the Waiting Period, and
- (b) Are not working in any occupation (whether paid or unpaid), and
- (c) Are under Medical Care, and
- (d) Are not capable of doing the Important Duties of your regular occupation.

For IP cover with any Benefit Period option and you are working less than 15 hours or more per week on average over the 3 months immediately prior to the Benefit Calculation Date

Means that, because of an injury or illness, you:

- (a) Have been continuously absent from employment throughout the Waiting Period, and
- (b) Are not working in any occupation (whether paid or unpaid), and
- (c) Are under Medical Care, and
- (d) Are not capable of performing any occupation (whether paid or unpaid) for which you are reasonably qualified by education, training or experience.

Totally and Permanently Disabled

Has a corresponding meaning to Total and Permanent Disablement (TPD).

Underwriting terms

Means any special conditions (such as an exclusion, restriction or premium loading) where the Insurer has agreed to provide you, or increase your, cover after completion of the underwriting process as set out in section 3.2 'Underwritten cover'.

Voluntary cover

For **Death and TPD** cover includes:

- Opt-up cover
- Life Events cover
- Transferred cover
- Underwritten cover, or
- Any amount insured that is agreed to be Voluntary cover between the Insurer and us.

For **IP cover**, means any amount insured you elect or a change to your Benefit Period or Waiting Period that requires underwriting.

Waiting Period

The Waiting Period is the number of days that must elapse before an IP Monthly Benefit begins to accrue.

The Waiting Period commences from the later of the following:

- The date you are first examined and certified by a Medical Practitioner as Totally Disabled in relation to the injury or illness giving rise to the claim, and
- The date you cease work with your Employer due to that injury or illness.

If you consult a Medical Practitioner within 7 days of ceasing work with your Employer due to that injury or illness, the Waiting Period will commence from the date you ceased work.

If you return to work or participate in a Rehabilitation program after your Waiting Period has commenced and you then return to work for:

- Less than 10 consecutive days (on a 90-day Waiting Period), or
- Less than 6 consecutive days (on a 60-day Waiting Period), and then cease work again due to the same injury or illness, the number of days you returned to work or attended Rehabilitation will be added on to your Waiting Period.

If you returned to work for more than 10 or 6 consecutive days respectively, your Waiting Period will start again.

Specified Medical Conditions

Alzheimer's disease or other dementias means the diagnosis of dementia (including Alzheimer's disease) as confirmed by a consultant neurologist or geriatrician resulting in significant cognitive impairment. Significant cognitive impairment means deterioration in your mini-mental state examination scores, or equivalent thereof, scores to 20 or less.

Blindness means that as a result of disease or accident and certified by an ophthalmologist, the:

- (a) Visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes, or
- (b) Field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white test object), or
- (c) Combination of visual defects results in the same degree of vision impairment as that occurring in (a) or (b) above.

Cardiomyopathy means impairment of the ventricular function of variable aetiology resulting in significant and irreversible physical impairment to the degree of at least Class III of the New York Heart Association classification of cardiac impairment.

The New York Heart Association classifications are:

Class I – no limitation of physical activity, no symptoms with ordinary physical activity.

Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.

Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.

Class IV - symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Chronic lung disease means end stage respiratory failure requiring continuous and permanent oxygen therapy and is confirmed by a specialist Medical Practitioner, excluding intermittent oxygen therapy.

Diplegia means the total and permanent loss of the use of both sides of the body due to injury or sickness.

Hemiplegia means the total and permanent loss of the use of one side of the body due to injury or sickness.

Loss of hearing means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of injury or illness, as certified by an appropriate specialist Medical Practitioner.

Loss of limb and/or sight means you have suffered an injury or illness which first became apparent while you were insured in this Plan and as a result of the injury or illness you have suffered the total and irrecoverable loss of (or total loss of the use of):

- (a) Both hands, or
- (b) Both feet, or
- (c) One hand and one foot, or
- (d) The sight of both eyes, or
- (e) One hand and the sight in one eye, or
- (f) One foot and the sight in one eye.

where the loss of sight means to the extent that the visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Loss of speech means the complete and irrecoverable loss of the ability to speak as a result of injury or illness which must be established and the diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate specialist Medical Practitioner.

Major head injury means an accidental head injury resulting in permanent neurological deficit, resulting in you either:

- (a) Being totally and permanently unable to perform any one of the 'Activities of Daily Living' listed below, without assistance from another person:
 - bathing/showering
 - dressing/undressing
 - eating/drinking
 - using the toilet to maintain personal hygiene
 - getting in and out of bed, a chair, a wheelchair or moving from place to place by walking, a wheelchair or with a walking aid, or
- (b) Suffering at least a 25% impairment of whole person function as defined in Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association.

Diagnosis must be confirmed by a consultant neurologist.

Motor neurone disease means unequivocal diagnosis of motor neurone disease by a consultant neurologist and confirmed by neurological investigations.

Multiple sclerosis means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist.

Muscular dystrophy means the unequivocal diagnosis of muscular dystrophy confirmed by a consultant neurologist.

Paraplegia means the total and permanent loss of function of the lower limbs due to spinal cord injury or disease, or brain injury or disease.

Parkinson's disease means an unequivocal diagnosis of idiopathic Parkinson's disease as confirmed by a consultant neurologist. All other types of Parkinsonism are excluded (for example, secondary to medication).

Pulmonary arterial hypertension (primary) means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation, resulting in significant irreversible physical impairment of at least Class III of the New York Heart Association classification of cardiac impairment.

Pulmonary hypertension in association with chronic lung disease is specifically excluded.

Other forms of hypertension (involving increased blood pressure) are specifically excluded.

The New York Heart Association classifications are:

Class I – no limitation of physical activity, no symptoms with ordinary physical activity.

Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.

Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.

Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Quadriplegia means the total and permanent loss of use of the upper and lower limbs due to spinal cord injury or disease.

Tetraplegia means the total and permanent loss of use of the upper and lower limbs due to spinal cord injury or disease.

Appendix A

A.1 Estimating the cost of your insurance

To estimate the cost of your insurance, you will need to refer to your Plan Guide.

Your Plan Guide

Your Plan Guide contains more specific information about your insurance arrangements including the insurance designs in your Plan. Your Plan Guide is not part of the PDS.

Please refer to your Plan Guide for any different terms, conditions and exclusions to those outlined in this Booklet that may apply to your Plan.

Once you are a member, you can access your Plan Guide by using your personal login at mercersuper.com.au/login or by calling the Helpline to request a copy.

How to contact us

Phone

Call the Helpline on **1800 682 525** or if calling from outside Australia on **+61 3 8306 0900** from 8am to 7pm (AEST/AEDT) Monday to Friday.

We can help you in a number of languages, simply ask for a translator when you call.

Online

mercersuper.com.au

Our website is available 24 hours per day, seven days per week. However, the website may not be available when we need to carry out scheduled updates or maintenance. If, for any reason, our online services are not available, you may call the Helpline for assistance. If our online services are not available, we are not responsible for any loss because you were unable to perform transactions during that time.

Mail

Mercer Super Trust
GPO Box 4303
Melbourne VIC 3001

Please include your Plan name and your member number when writing to us.

Privacy

We collect, use and disclose personal information about you in order to manage your super benefits and give you information about your super. Our Privacy Policy outlines the type of information we keep about you and how we, and any organisations we appoint to provide services on our behalf, will use this information. If you do not provide the personal information requested, we may not be able to manage your super. You can read our Privacy Policy online at **mercersuper.com.au/privacy** or you can obtain a copy by calling the Helpline.

The Privacy Policy also includes details about how you may lodge a complaint about the way we have dealt with your information and how we will handle that complaint.

AIA Privacy

Your privacy is important to the Insurer. By becoming a member, or otherwise interacting or continuing your relationship with the Insurer directly or via a representative or intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of personal and sensitive information in the manner described in the AIA Australia Group Privacy Policy on the Insurer's website (**aia.com.au/en/privacy-policy**) as updated from time to time (AIA Australia Group Privacy Policy).

Keep your contact details up to date

We can only send you information if we have your current contact details. You can update your details by logging in at **mercersuper.com.au/login** or by calling the Helpline.

If the law permits, we may send member communications to you electronically (including member statements and significant event notices) by:

- Email, and/or
- SMS, and/or
- A link to a website so you can download them.

We can also post any documents to you. When you receive your personal login details, simply update your communication preferences online under 'My details' or call the Helpline.
