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VIS Nominees Pty Ltd  
ABN 11 006 586 367  
AFSL Number 235097  
RSE Licence Number L0000321

GPO Box 4974  
Melbourne VIC 3001  
Telephone: 1300 660 027  
Email: [super@vissf.com.au](mailto:super@vissf.com.au)  
Website: [www.vissf.com.au](http://www.vissf.com.au)



For further information  
about the methodology  
used by Chant West see  
[www.chantwest.com.au](http://www.chantwest.com.au)

Insurance Guide

# Accumulation Section

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The information in this Insurance Guide forms part of the  
VISSSF Product Disclosure Statement (PDS) for Accumulation members

The Victorian Independent Schools Superannuation Fund

ABN 37 024 873 660 RSE Registration Number R1000436 . MySuper Authorisation 37024873660599

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## 1. OVERVIEW OF VISSF INSURANCE

VISSF offers a range of flexible insurance options that provide protection for you in the event that you are unable to work due to Partial Disablement, Total Disablement, Total and Permanent Disablement, Terminal Illness or you die.

The insurance cover is provided through insurance policies held by the Trustee with TAL Life Limited ABN 70 050 109 450 AFSL 237848 (the **Insurer**).

### Default Cover

Some insurance cover will be provided automatically as Default Cover upon being eligible to join VISSF. Default Cover is provided as units of cover based on your age last birthday for:

- Death, including Terminal Illness;
- Total and Permanent Disablement (**TPD**); and
- Income Protection, covering partial and total disablement situations.

Further information about Default Cover is provided in the **Default Cover upon joining VISSF** section of this Insurance Guide.

### Voluntary Cover

You can apply for Voluntary Cover by using insurance online at [www.vissf.com.au/cover-request](http://www.vissf.com.au/cover-request) or by completing and submitting the relevant application form available at [www.vissf.com.au/forms-you-need](http://www.vissf.com.au/forms-you-need), for either:

- Death;
- TPD; and/or
- Income Protection, covering partial and total disablement situations.

Death or TPD cover can be applied for as units of Voluntary Cover in addition to your Default Cover. You can also apply to fix the amount of your existing Default Cover.

You can apply to alter your Income Protection cover to either:

- increase the amount of your Monthly Benefit with extra units of Voluntary Cover; or
- convert your unitised Default Cover to Fixed Cover and have a Benefit Period of either 2 years, 5 years or to age 65.

Income Protection cover has a 90 day Waiting Period.

Further information about Voluntary Cover is provided in section 8 of this Insurance Guide.

### How to contact us

Telephone: 1300 660 027

GPO Box 4974

Melbourne VIC 3001

Email: [super@vissf.com.au](mailto:super@vissf.com.au) or

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

## Maximum Benefits

Cover Type	Amount of Maximum Benefit
Death	unlimited
Terminal Illness	\$5 million
Total and Permanent Disablement	\$5 million
Income Protection	the lesser of: <ul style="list-style-type: none"> <li>• 85% of Salary (with 75% payable to the Insured Member and 10% payable as a superannuation contribution); and</li> <li>• \$25,000 per month.</li> </ul>

This cover will change accordingly as you age. However, if you apply to vary the number of units of your Death and/or TPD Default Cover, the number of units of the cover type that was varied will remain unchanged as you age. Refer to page 4 of this Insurance Guide for the age-based Default Cover table.

## Changes to cover

Members can apply to have their cover cancelled, reduced, fixed or increased at any time by notifying the Trustee in writing. Cancellation of cover can occur immediately upon receipt and acknowledgement of written notification by the Trustee, however other changes to insurance cover are subject to acceptance by the Insurer.

## Cost of cover

Insurance fees are deducted from your Member Account near the end of each month. It is your responsibility to ensure you have enough funds in your account to allow the insurance fees to be deducted each month. The Trustee does not allow any account to go into a negative or overdraft situation to pay outstanding insurance costs. If you do not have sufficient funds in your account to pay the insurance fees, your cover may lapse and you risk losing the benefits of that insurance cover.

Unless a person declines to acquire Default Cover or cancels it, the cost of the cover will be deducted from the person's account or from the person's contributions (as applicable).

## 2. DEFAULT COVER UPON JOINING VISSF

### Permanent employees of a Participating Employer of VISSF

Depending on your age when you join VISSF, you will be provided with Default Cover of:

- between two and six units of Death cover;
- between four and six units of TPD cover; and
- between zero and eight units of Income Protection cover, based on a 90 day Waiting Period and 5 year Benefit Period.

This cover will change accordingly as you age. However, if you apply to vary the number of units of your Death and/or TPD Default Cover, the number of units of the cover type that was varied will remain unchanged as you age. Refer to page 4 of this Insurance Guide for the age-based Default Cover table.

Limited Cover applies to your Default Cover if you are not At Work on the day cover commences and will continue to apply until you are At Work at which time you will be fully covered.

Furthermore, if you were previously in receipt of a benefit for a permanent disability of permanent incapacity under VISSF, your Default Cover will always be Limited Cover unless the Insurer has agreed otherwise.

Default Cover provision is dependent on receipt of an Employer Contribution and commences on the later of:

- a) the earlier of the date:
  - (i) you satisfy the Eligibility Conditions listed on page 4 of this Insurance Guide; or
  - (ii) the date you joined your Participating Employer, subject to VISSF receiving an Employer Contribution within 120 days after you joined your Participating Employer; and
- b) the date VISSF receives an Employer Contribution in respect of you.

If VISSF does not receive an Employer Contribution in respect of you within 120 days, Limited Cover conditions for the initial 12 months will apply.

On expiry of this initial 12 month period, your cover will depend on whether you are At Work on the day after the expiry date, where if you are:

- a) At Work - Limited Cover ceases to apply and you will be fully covered; or
- b) not At Work - Limited Cover will continue to apply until you are At Work at which time you will be fully covered.

You also have the option to vary your Default Cover within 60 days of the date your VISSF Welcome Letter is issued as follows:

- for Death and/or TPD cover, 12 units including the number of Default Cover units; and/or
- for Income Protection:
  - a) six units in addition to the number of Default Cover units, subject to a maximum benefit of 85% of Salary; and/or
  - b) change Benefit Period to:
    - (i) 2 years; or
    - (ii) to age 65

## Casual employees

Default Cover is not available to casual employees. However, an option is provided to apply for up to four units of Death and TPD cover without the same level of Evidence of Insurability as the Insurer normally requires, within 60 days of their VISSF Welcome Letter being issued.

If a casual employee subsequently becomes a permanent employee, they will be able to receive the same cover as new permanent employees, subject to Eligibility Conditions.

Members who change employment status from casual or part time and less than the Minimum Hours, to either full time or part time and are working the Minimum Hours, based on information provided by their Employer, will be covered for Default Income Protection Cover from the next 1 February, provided that all standard Eligibility Conditions are met.

## Changes to Default Cover

You may decline to acquire or cancel the Default Cover at any time by notifying the Trustee in writing. Cover will cease immediately upon receipt and acknowledgement of your notice by the Trustee.

## Eligibility Conditions

To receive the Default Cover, you must:

- be a member, or be applying for membership of VISSF;
- be an Australian Resident;
- be at least 15 years of age;
- be under age 69 for Death cover and under age 64 for TPD and Income Protection cover; and
- satisfy any further eligibility criteria applicable, or the Insurer agrees in writing to accept you for cover.

For Income Protection cover, you must be working the Minimum Hours and not working in a Hazardous Occupation.

## Default Death & TPD – Sum Insured & Cost

Age last birthday	Value of 1 unit of cover	Default units	Default Cover	Weekly Cost of Default Cover	Default units	Default Cover	Weekly Cost of Default Cover
	Death and/or TPD	Death	Death	Death	TPD	TPD	TPD
15 - 24	\$62,700	2	\$125,400	\$0.564	4	\$250,800	\$1.296
25 - 29	\$62,700	4	\$250,800	\$1.128	4	\$250,800	\$1.296
30 - 40	\$62,700	6	\$376,200	\$1.692	4	\$250,800	\$1.296
41	\$53,850	6	\$323,100	\$1.692	4	\$215,400	\$1.296
42	\$45,050	6	\$270,300	\$1.692	4	\$180,200	\$1.296
43	\$36,200	6	\$217,200	\$1.692	5	\$181,000	\$1.620
44	\$27,400	6	\$164,400	\$1.692	6	\$164,400	\$1.944
45	\$24,850	6	\$149,100	\$1.692	6	\$149,100	\$1.944
46	\$22,400	6	\$134,400	\$1.692	6	\$134,400	\$1.944
47	\$19,850	6	\$119,100	\$1.692	6	\$119,100	\$1.944
48	\$17,300	6	\$103,800	\$1.692	6	\$103,800	\$1.944
49	\$14,800	6	\$88,800	\$1.692	6	\$88,800	\$1.944
50	\$13,300	6	\$79,800	\$1.692	6	\$79,800	\$1.944
51	\$11,850	6	\$71,100	\$1.692	6	\$71,100	\$1.944
52	\$10,350	6	\$62,100	\$1.692	6	\$62,100	\$1.944
53	\$8,850	6	\$53,100	\$1.692	6	\$53,100	\$1.944
54	\$7,400	6	\$44,400	\$1.692	6	\$44,400	\$1.944
55	\$7,000	6	\$42,000	\$1.692	6	\$42,000	\$1.944
56	\$6,700	6	\$40,200	\$1.692	6	\$40,200	\$1.944
57	\$6,350	6	\$38,100	\$1.692	6	\$38,100	\$1.944
58	\$6,000	6	\$36,000	\$1.692	6	\$36,000	\$1.944
59	\$5,650	6	\$33,900	\$1.692	6	\$33,900	\$1.944
60	\$5,350	6	\$32,100	\$1.692	6	\$32,100	\$1.944
61	\$5,000	6	\$30,000	\$1.692	6	\$30,000	\$1.944
62	\$4,600	6	\$27,600	\$1.692	6	\$27,600	\$1.944
63	\$4,300	6	\$25,800	\$1.692	6	\$25,800	\$1.944
64 - 69	\$3,950	6	\$23,700	\$1.692	6	\$23,700	\$1.944

## What happens if you stop working?

When VISSF is notified that you have ceased working for your employer, your Death and TPD cover you held as an active member will continue automatically, unless you decide to reduce or opt out of your cover. Any Income Protection cover may continue if:

- You elect to continue your cover by completing the relevant form within 60 days of the date of your letter from VISSF advising that your benefit has been classified as inactive; and
- The Insurer agrees to provide cover based on the information provided in the relevant form.

All insurance cover will cease automatically where there is insufficient funds in your account to pay for the cost of the insurance cover.

Any conditions, exclusions or restrictions which apply to your cover when an active member will continue to apply and if your cover was Limited Cover, this will also continue to apply until the expiry of the Limited Cover.

### Default Income Protection – Sum Insured & Cost

Age last birthday	Weekly Cost of 1 unit of Default Cover	Default units	Default Cover per month	Weekly Cost of Default Cover
15 - 19	\$0	0	\$0	\$0.000
20 - 24	\$0.132	4	\$2,000	\$0.528
25 - 29	\$0.141	6	\$3,000	\$0.846
30 - 34	\$0.174	8	\$4,000	\$1.392
35 - 39	\$0.240	8	\$4,000	\$1.920
40 - 44	\$0.388	8	\$4,000	\$3.104
45 - 49	\$0.653	7	\$3,500	\$4.571
50 - 54	\$1.091	5	\$2,500	\$5.455
55 - 59	\$1.752	4	\$2,000	\$7.008
60 - 64	\$1.711	3	\$1,500	\$5.133

One unit of Default Income Protection cover is equal to a Monthly Benefit of \$500. The above costs for Income Protection include 10% Government Stamp Duty.

## 3. DEATH COVER

Death cover provides a lump sum insured amount in the event of your death or Terminal Illness.

### Death Benefit

If you die, the Insurer will pay the Sum Insured into your Member Account. The amount payable will be the Sum Insured, less any TPD benefit or Terminal Illness benefit (if any) already paid out by the Insurer.

If you die, the process adopted by the Trustee for paying out your death benefit (which includes the lump sum insurance amount and any other amount you have in VISSF) is set out in the Member Guide, which forms part of the VISSF Product Disclosure Statement – Accumulation Section.

### Terminal Illness Benefit

If you become Terminally Ill, the Insurer will pay the Sum Insured into your Member Account.

You may be eligible to request the Trustee to pay you the insurance amount, and any other amounts you have in your Member Account, in accordance with your payment instructions.

### Definition of Terminal Illness and Terminally Ill

Terminal Illness and Terminally Ill means:

- two Medical Practitioners have, separately or jointly, certified in writing, that an Insured Member suffers from an illness, or has incurred an injury, that is likely to result in the death of the Insured Member within a period ('the certification period') that ends not more than 12 months after the date of the certification;
- at least one of the registered Medical Practitioners is a specialist Medical Practitioner practicing in an area related to the illness or injury suffered by the Insured Member;
- the illness and certification referred to in paragraph (a) occur while the Member has cover under the Policy;
- for each of the certificates, the certification period has not ended; and
- the Insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment, the illness or injury will lead to the Insured Member's death within 12 months of the date of the certifications.

## 4. TOTAL AND PERMANENT DISABLEMENT (TPD) COVER

Total and Permanent Disablement cover provides a lump sum insured amount in the event that you become Totally and Permanently Disabled (as defined below).

### Benefit

If the Insurer is satisfied that you are TPD, it will pay the Sum Insured into your Member Account. Where the TPD cover benefit paid into your Member Account is less than your Death cover, the remaining balance of the Death cover will continue.

In order for you to access the insurance amount from VISSF (and any other amount you have in VISSF), the Trustee must also be satisfied that you are Totally and Permanently Disabled (as defined below, substituting the word "Insurer" with "Trustee").

### Application of TPD definition

The TPD definition comprises parts A, B, C and D.

The Insurer determines which part/s of the TPD definition apply to you at the time of any claim, in accordance with the following criteria:

- (a) All Insured Members with TPD cover are covered under Part C;
- (b) An Insured Member who is under age 65 is also covered under Part A;
- (c) An Insured Member who is under age 65 is also covered by:
  - (i) Part B, provided that the Insured Member, immediately prior to the Date of Disablement:
    1. is not employed in a Hazardous Occupation and working at least 15 hours per week; or
    2. has been unemployed for a period of less than six months and, immediately prior to being unemployed, was not employed in a Hazardous Occupation for at least 15 hours per week; or
  - (ii) Part D, provided that the Insured Member, immediately prior to the Date of Disablement, was solely engaged in Domestic Duties.

This means that if you are aged 65 – 69, you are only covered by Part C of the TPD definition.

### Definition of Totally and Permanently Disabled / Total and Permanent Disablement

Total and Permanent Disablement / Totally and Permanently Disabled means in the Insurer's opinion, you are:

1. under the care of and following the advice of a Medical Practitioner; and
2. have suffered ill-health (whether physical or mental) that makes it unlikely that you will engage in Gainful Employment for which you are reasonably qualified by education, training or experience; and
3. meets one of the following definitions Parts A, B, C or D, subject to the section "Application of TPD definition" above.

#### Part A. Permanent Loss

Solely because of illness or injury, you have suffered the permanent loss of:

- (i) the use of two limbs;
  - (ii) the sight in both eyes; or
  - (iii) the use of one limb and the sight in one eye, where limb is defined as the whole hand or the whole foot;
- or

#### Part B. Any Occupation

Solely because of illness or injury, you have been continuously absent from your employment or have been continuously unable to accept employment for at least three consecutive months from the Date of Disablement, and are disabled to such an extent as to render you unlikely to ever again be engaged in any Occupation for which you are reasonably suited by your education, training or experience;

or

#### Part C. Activities of Daily Living

Solely because of illness or injury, at the Date of Disablement, you are unlikely ever to be able to perform at least two of the following activities of daily living. The activities of daily living are:

- (i) Bathing – the ability to shower or bathe without assistance;
- (ii) Dressing – the ability to put on and take off clothing without assistance;
- (iii) Toileting – the ability to use a toilet, including getting on and off, without assistance;
- (iv) Feeding – the ability to get food from a plate into the mouth without assistance; or
- (v) Mobility – to get in and out of bed or a chair, or move from place to place without assistance,

Where 'assistance' means the physical assistance of another person and despite the use of appropriate assistive aids.

or

#### Part D. Domestic Duties

Solely because of illness or injury, the Insured Member:

- (i) is unable to perform those Domestic Duties;
- (ii) is unable to leave their home unaided;
- (iii) has not engaged in any Gainful Employment or Domestic Duties for at least three consecutive months from the Date of Disablement; and
- (iv) at the end of the three month period, is disabled to such an extent as to render them unlikely to ever engage in Domestic Duties or any Occupation for which the Insured Member is reasonably suited by their education, training or experience.

## Reduction of Fixed Cover TPD benefits

Where you have Fixed Cover TPD benefits, the amount of the Sum Insured will be reduced where you are within five years of the Benefit Ceasing Age (age 70), as shown in the following table:

Years to Benefit Ceasing Age	Proportion of Sum Insured payable on TPD (%)
4 years or more	100
3 years but less than 4 years	80
2 years but less than 3 years	60
1 year but less than 2 years	40
Less than 1 year	20

## 5. SPECIAL CONDITIONS, EXCLUSIONS, LIMITATIONS AND CESSATION OF COVER – DEATH AND TOTAL AND PERMANENT DISABLEMENT COVER

### Exclusions on cover

A benefit will not be payable if the claim arises directly or indirectly from any of the following with respect to an Insured Member:

- (a) any event in respect of which the Insurer has placed an exclusion on cover;
- (b) any event subject to Limited Cover conditions;
- (c) active service in the armed forces of any country, not including normal activities as a Reservist with the Australian Defence Force, but including operational deployment on active service with the Australian Defence Force; or
- (d) if the death, Terminal Illness or TPD is caused directly or indirectly by an intentional self-inflicted act, intentional self-inflicted injury, suicide or attempted suicide within the first 13 months after the commencement, reinstatement or increase in cover under the Policy.

If an Insured Member has multiple accounts within VISSF with cover in each account, any benefit that is paid will be subject to the Maximum Benefit payable across all accounts.

### Special Conditions

#### Worldwide cover

Cover will be provided anywhere in the world, twenty-four hours per day, seven days per week, subject to the following conditions.

#### Employment overseas

An Insured Member who is temporarily residing, travelling or employed overseas can continue their cover, provided premiums continue to be paid, whereby:

- (a) Death cover continues;
- (b) TPD cover continues, where:
  - (i) for the first 24 months the Insured Member's employment status immediately prior to their travel would be used to determine their applicable Total and Permanent Disablement definition; and

- (ii) thereafter, the TPD definition will revert to Parts A, C or D.

If the Insured Member returns to work with the same employer and is At Work, all parts of the TPD definition will recommence applying.

#### Cover while on leave without pay

An Insured Member's cover will continue whilst on employer approved leave without pay, provided premiums continue to be paid, with TPD cover:

- (a) for the period of leave without pay up to a maximum of 24 months, the Insured Member's employment status immediately prior to their leave without pay would be used to determine their applicable TPD definition; and
- (b) thereafter, the applicable TPD definitions will revert to Parts A, C or D.

If the Insured Member returns to work with the same employer and is At Work, all the parts of the TPD definition will recommence applying.

### Cessation of Cover

Cover for an Insured Member will cease on the earliest of the date:

- (a) the Policy terminates;
- (b) the Insured Member ceases to be a Member of VISSF;
- (c) the Insured Member attains age 70;
- (d) the Insured Member dies;
- (e) the Insurer pays the full Sum Insured for the Insured Member due to their Terminal Illness or TPD;
- (f) the Trustee accepts an Insured Member's request to terminate their cover;
- (g) the Insured Member leaves Australia permanently; or
- (h) the Insured Member has insufficient funds in their account to pay their premiums after the Trustee has issued them with a lapse notice and their outstanding premiums remain unpaid within 30 days of the date of their lapse notice.

## 6. INCOME PROTECTION COVER

Income Protection cover provides you with an income during periods of Partial Disability or Total Disability.

### Total Disability benefit

If an Insured Member with Total Disability cover suffers Total Disability and they are entitled to a Total Disability benefit, a Total Disability benefit will be paid.

Totally Disabled/Total Disability is defined as follows:

<b>Totally Disabled/Total Disability</b>	<p>means that in the Insurer's opinion you, while insured under the Policy, solely as a result of an illness or injury:</p> <ul style="list-style-type: none"> <li>(a) are unable to perform at least one Income Producing Duty of your Occupation;</li> <li>(b) are not working in any capacity, in Gainful Employment or otherwise; and</li> <li>(c) are under the regular care of a Medical Practitioner and, in the Insurer's opinion, are complying with the advice and treatment given by that Medical Practitioner.</li> </ul>
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### Entitlement to a Total Disability benefit

In order to be entitled to a Total Disability benefit, the Insured Member must have been Totally Disabled for a continuous period longer than the Waiting Period and the Insured Member is Totally Disabled immediately after the Waiting Period has ended.

### Payment of Total Disability benefit

A Total Disability benefit is payable until the earliest of:

- (a) the first day on which the Insured Member is not Totally Disabled;
- (b) the date the Insured Member turns 65;
- (c) the date the Insured Member dies;
- (d) the end of the Benefit Period; or
- (e) in the case where the Insured Member is residing or travelling outside Australia, six months after the date of commencement of the benefit, unless the Insurer agrees otherwise before the expiry of the six month period.

### Partial Disability benefit

If an Insured Member with Total Disability cover suffers Partial Disability and is entitled to a benefit, a Partial Disability benefit will be paid.

Partially Disabled/Partial Disability is defined as follows:

<b>Partially Disabled/Partial Disability</b>	<p>means that in the Insurer's opinion, solely as a result of an illness or injury, you:</p> <ul style="list-style-type: none"> <li>(a) do not have the capacity to work in your Occupation at the same level that you were working at prior to commencement of Total Disability; and</li> <li>(b) are earning Return to Employment Income that is less than your Pre-disability Income; and</li> <li>(c) are under the regular care of a Medical Practitioner; and</li> <li>(d) are complying with the advice and treatment given by that Medical Practitioner.</li> </ul>
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### Entitlement to a Partial Disability benefit

In order to be entitled to a Partial Disability benefit, the Insured Member must have been Totally Disabled or Partially Disabled for a continuous period longer than the Waiting Period and the Insured Member is Partially Disabled from the later of:

- (a) immediately after the Waiting Period has ended; or
- (b) in respect of whom a Total Disability benefit was payable, is Partially Disabled immediately after ceasing to be Totally Disabled due to the same or related cause.

### Payment of Partial Disability benefit

A Partial Disability benefit is payable until the earliest of:

- (a) the first day on which the Insured Member is not Partially Disabled;
- (b) the date the Insured Member turns 65;
- (c) the date the Insured Member dies;
- (d) the end of the Benefit Period; or
- (e) in the case where the Insured Member is residing or travelling outside Australia, six months after the date of commencement of the benefit, unless the Insurer agrees otherwise before the expiry of the six month period.

### Amount of Partial Disability benefit

The amount of the benefit for Partial Disability is calculated by the formula:

$$\left( \frac{\text{Pre-disability Income} - \text{Return to Employment Income}}{\text{Pre-disability Income}} \right) \times \text{Total Disability Benefit}$$



## Death benefit

If an Insured Member dies while receiving a Total Disability benefit or Partial Disability benefit, the Insurer will pay an additional benefit equal to one quarter of the annual Total Disability benefit.

## Nursing Care benefit

If an Insured Member suffers Total Disability during the Waiting Period and is continuously confined to bed and certified by a Medical Practitioner to require the continuous care of a registered nurse for more than five days, the nursing care benefit is payable for each day (including the first five days) where nursing care continues beyond the fifth day up to a maximum of sixty days, but not beyond the end of the Waiting Period applicable to the Insured Member. The daily amount of the nursing care benefit shall be one thirtieth of the Monthly Benefit.

## Rehabilitation benefit

An Insured Member may submit a written request to the Insurer for payment of the cost of the Approved Rehabilitation Program if they are entitled to, or are in receipt of, a Total Disability or Partial Disability benefit. Acceptance of such a request, and the direct payment to the provider of any amount for the program, is subject to Insurer approval and must be requested prior to the commencement of the program. This benefit is payable in addition to any Total Disability or Partial Disability benefit.

## Superannuation Contributions benefit

Total Disability benefits include a Superannuation Contributions component. Where the Monthly Benefit and the Superannuation Contributions benefit exceeds the Maximum Benefit payable, the Insurer will only pay the Maximum Benefit payable reducing the Superannuation Contributions benefit as required to meet the Maximum Benefit payable. This may mean that the Superannuation Contribution benefit payable is nil.

## Waiting Period

No benefit for Total Disability or Partial Disability is payable until the Waiting Period has ended. The Waiting Period will commence on the Date of Disablement and continue for the period for 90 days.

If, during the Waiting Period, an Insured Member returns to Gainful Employment:

- (a) for five days or less, and becomes Totally Disabled or Partially Disabled as a result of the same illness or injury, then those days for which the Insured Member was in Gainful Employment will be added to the Waiting Period; or
- (b) for more than five days, then the Waiting Period will recommence.

If an Insured Member is unsuccessful in returning to Gainful Employment at the same capacity as prior to becoming disabled, having participated in an Approved Rehabilitation Program which included a return to Gainful Employment during the Waiting Period, the Waiting Period will still be deemed to commence as at the first date the Insured Member became Totally Disabled and will not recommence if the return to work associated with the Approved Rehabilitation

Program is greater than five days. Any days of work as part of the Approved Rehabilitation Program will not be added to the Waiting Period.

## Benefit Period

The Benefit Period starts as soon as the Waiting Period is completed. There are no further benefits in connection with an injury or illness once the Benefit Period applicable to that injury or illness, or a related injury or illness, expires.

## Recurrent Disability benefit

If within six months after the cessation of Total Disability benefit or Partial Disability benefit payments, an Insured Member again becomes Totally Disabled or Partially Disabled due to the same or related illness or injury, the Insurer will waive the Waiting Period and will treat this as a continuation of the previous claim and add both periods of disability (and any subsequent periods) together to determine when the Benefit Period for the Insured Member ends.

## Benefit Escalation

If the Insurer pays a benefit for an Insured Member, the Monthly Benefit will, at the end of each consecutive 12 month period for which benefits are payable, increase by the lesser of the Consumer Price Index and 5%.

## Payment of Total Disability or Partial Disability benefits

After the conclusion of the Waiting Period, the Insurer will pay the Total Disability or Partial Disability benefit (as applicable) monthly in arrears during the month following that in which the entitlement to the benefit arose.

## Benefit Limits

A benefit will not be payable for the Benefit Period more than once in respect of any one Injury or Illness and will never be more than the Maximum Benefit payable.

## Benefit Offsets

The amount of any Monthly Benefit payable in respect of a person for a month will be reduced by any Other Disability Income, which accrues to that person during that month.

If the entitlement of an Insured Member to Other Disability Income is in Dispute, the Insurer will at their discretion pay the full amount of the Benefits due under the Policy on a conditional basis until the Dispute is resolved. If the Insurer chooses to pay and you receive Other Disability Income, the Insurer may offset those payments received from future benefits or recover the amount of the benefit that has been paid which would have been offset.

The amount of any Benefit payable for a month will be reduced by any Other Disability Income, which accrues to that person during that month, so that the amount of Benefit payable is no more than 75% of the Insured Member's Pre-disability Income.

## 7. SPECIAL CONDITIONS, EXCLUSIONS, LIMITATIONS AND CESSATION OF COVER – INCOME PROTECTION COVER

### Exclusions on cover

A Total Disability benefit or Partial Disability benefit will not be payable if the claim arises directly or indirectly from any of the following with respect to an Insured Member:

- (a) an intentional self-inflicted act, intentional self-inflicted injury, suicide or attempted suicide;
- (b) uncomplicated pregnancy or childbirth, unless disability continues for longer than three months after the pregnancy ends, in which case the disability will be considered to have commenced at the later of:
  - (i) the Date of Disablement; or
  - (ii) the date the pregnancy ends;
- (c) active service in the armed forces of any country, not including normal activities as a Reservist with the Australian Defence Force, but including operational deployment on active service with the Australian Defence Force; or
- (d) any exclusion the Insurer might apply to an Insured Member as a condition of acceptance of cover; or
- (e) the payment of the benefit would contravene any provision of the Private Health Insurance Act 2007 (Cth) or other related legislation.

### Special Conditions

#### Worldwide cover

Cover will be provided anywhere in the world, twenty-four hours per day, seven days per week, subject to the following conditions.

#### Employment Overseas

An Insured Member who is temporarily residing, travelling or employed overseas can continue their cover for up to three years, provided premiums continue to be paid.

At the conclusion of the three year period, all cover will cease unless the Insurer provides prior written consent to continue the cover.

#### Cover While on Leave Without Pay

An Insured Member's cover will continue whilst on employer approved leave without pay, provided premiums continue to be paid for up to three years.

At the conclusion of the three year period, all cover will cease unless the Insurer provides prior written consent to continue the cover.

If an Insured Member's cover ceased whilst on employer approved leave without pay due to either non-payment of premiums or the period of leave exceeded three years and the Insurer's approval was not received for cover to continue, then if the Insured Member returns to work with the same Participating Employer on their agreed return to work date and satisfies the Eligibility requirements, including being At Work on the date they return to work and Employer Contributions recommence for the person, the Insured Member will have the same level of cover as they had prior to their cover ceasing.

### Cessation of Cover

Cover for an Insured Member will cease on the earliest of the date:

- (a) the Policy terminates;
- (b) the Insured Member ceases to be a Member of VISSF;
- (c) 60 days after the date the Insured Member ceases to be employed by the Participating Employer if they were not classified as an inactive member upon ceasing Employment with a Participating Employer;
- (d) the Insured Member attains age 65;
- (e) the Insured Member dies;
- (f) the Trustee accepts an Insured Member's request to terminate their cover;
- (g) the Insured Member leaves Australia permanently;
- (h) the Insured Member's employment conditions change so that they no longer work Minimum Hours;
- (i) the three year period for employment overseas or cover while on leave without pay expires; and
- (i) the Insured Member has insufficient funds in their account to pay their premiums after the Trustee has issued them with a lapse notice and their outstanding premiums remain unpaid within 30 days of the date of their lapse notice.

## 8. VOLUNTARY COVER (INCLUDING LIFE EVENTS COVER)

### Voluntary Cover

#### Conditions

In addition to any Default Cover, you can apply for Death, TPD and/or Income Protection Voluntary Cover:

- for additional units;
- for additional Fixed Cover; or
- to convert your unitised Default Cover to Fixed Cover

If accepted, your total Sum Insured can be:

- all unitised cover; or
- all Fixed Cover; or
- a combination of unitised Default Cover and Fixed Cover.

Voluntary Cover can be obtained in three ways as follows:

- (a) underwritten cover;
- (b) Life Events cover; or
- (c) transfer individual cover.

This can be arranged by using insurance online at [www.vissf.com.au/cover-request](http://www.vissf.com.au/cover-request) or by completing and submitting the relevant application form available at [www.vissf.com.au/forms-you-need](http://www.vissf.com.au/forms-you-need).

Please note that if you vary the number of units of your Death and/or TPD Default Cover, then the number of units of the cover type that was varied will remain unchanged as you age.

For Income Protection cover, you can also change your Benefit Period to either of:

- (i) 2 years;
- (ii) 5 years; or
- (iii) to age 65

Please note that changing your Default Cover Benefit Period will change your unitised cover to Fixed Cover.

The provision of Voluntary Cover is subject to acceptance by the Insurer, including any terms or restrictions the Insurer applies.

#### Commencement of Voluntary Cover

Your Voluntary Cover (if accepted) begins:

- (a) on the date the Insurer notifies the Trustee that it has accepted you for Voluntary Cover; or
- (b) if the Voluntary Cover is subject to a condition, restriction or premium loading, on the date the Trustee receives a notification from you that you have accepted the terms that apply to the Insurer's offer.

#### Amount of Voluntary Cover

##### Death and TPD cover

The amount of Voluntary Cover will be the Sum Insured stated by the Insurer in its written acceptance of cover subject to the relevant maximum benefits for Death and TPD cover.

The Sum Insured for TPD for an Insured Member cannot exceed twice the amount of their Death cover.

##### Income Protection cover

The amount of Voluntary Cover will be the lesser of:

- (a) the Monthly Benefit stated in the Insurer's acceptance
- (b) the amount which will take the person's total Monthly Benefit under the Policy to that applicable to them.

##### Underwritten cover

Application for Voluntary Cover increases for death, TPD and/or Income Protection cover though underwriting requires you to provide Evidence of Insurability.

Any cover accepted by the Insurer that may be subject to a condition, restriction or premium will only apply to the increased cover amount.

**Cost of Fixed Cover**

Premiums are calculated at the commencement of cover and then annually based on your Age Last Birthday with deductions made from your Member Account near the end of each month. Fixed Cover premiums are charged based on the amount of cover and your Age Last Birthday as shown in the following tables:

Death & TPD cover - Fixed Cover				
Annual Insurance Fee Rates per \$1,000 Sum Insured				
Age Last Birthday	Death (\$)		TPD (\$)	
	Male	Female	Male	Female
15	0.317	0.176	0.025	0.025
16	0.379	0.176	0.025	0.025
17	0.405	0.176	0.038	0.025
18	0.432	0.176	0.064	0.025
19	0.432	0.159	0.064	0.025
20	0.432	0.159	0.076	0.025
21	0.432	0.141	0.076	0.025
22	0.414	0.141	0.089	0.025
23	0.405	0.123	0.102	0.025
24	0.379	0.123	0.115	0.025
25	0.361	0.115	0.102	0.038
26	0.344	0.106	0.102	0.025
27	0.317	0.106	0.102	0.051
28	0.291	0.088	0.127	0.076
29	0.282	0.088	0.140	0.089
30	0.273	0.106	0.127	0.076
31	0.264	0.106	0.127	0.102
32	0.264	0.115	0.127	0.127
33	0.264	0.123	0.140	0.153
34	0.264	0.141	0.165	0.178
35	0.273	0.150	0.165	0.204
36	0.282	0.176	0.204	0.242
37	0.308	0.185	0.242	0.293
38	0.335	0.211	0.254	0.318
39	0.361	0.247	0.318	0.356
40	0.388	0.264	0.382	0.433
41	0.423	0.282	0.445	0.496
42	0.467	0.335	0.496	0.547

Death & TPD cover - Fixed Cover				
Annual Insurance Fee Rates per \$1,000 Sum Insured				
Age Last Birthday	Death (\$)		TPD (\$)	
	Male	Female	Male	Female
43	0.511	0.361	0.598	0.636
44	0.555	0.388	0.687	0.725
45	0.608	0.432	0.802	0.814
46	0.670	0.476	0.942	0.903
47	0.731	0.511	1.056	1.031
48	0.802	0.555	1.196	1.145
49	0.863	0.599	1.374	1.310
50	0.934	0.652	1.565	1.463
51	1.004	0.687	1.768	1.667
52	1.092	0.740	1.959	1.870
53	1.172	0.802	2.214	2.099
54	1.269	0.837	2.456	2.392
55	1.366	0.899	2.723	2.710
56	1.471	0.951	3.015	3.054
57	1.595	1.004	3.321	3.461
58	1.709	1.075	3.664	3.842
59	1.841	1.128	4.008	4.249
60	1.982	1.198	4.415	4.631
61	2.141	1.260	4.809	5.038
62	2.317	1.330	5.216	5.420
63	2.502	1.401	5.674	5.840
64	2.705	1.480	6.158	6.222
65	3.048	1.709	6.832	6.909
66	3.445	1.938	7.583	7.647
67	3.973	2.229	8.410	8.499
68	4.581	2.564	9.313	9.440
69	5.242	2.925	10.357	10.496

Income Protection cover - Fixed Dollar						
Annual Insurance Fee Rates per \$1,000 annual benefit						
90 day waiting period						
Age Last Birthday	2 year Benefit Period		5 year Benefit Period		to age 65 Benefit Period	
	Male \$	Female \$	Male \$	Female \$	Male \$	Female \$
15	0.826	0.898	1.122	1.275	1.887	2.213
16	0.836	0.917	1.163	1.326	1.917	2.284
17	0.857	0.938	1.203	1.335	1.968	2.345
18	0.877	0.969	1.213	1.346	2.019	2.396
19	0.877	0.979	1.223	1.418	2.070	2.488
20	0.887	0.989	1.254	1.407	2.101	2.550
21	0.836	1.010	1.203	1.438	2.019	2.610
22	0.795	1.030	1.122	1.469	1.958	2.692
23	0.785	1.030	1.081	1.488	1.906	2.743
24	0.734	1.051	1.041	1.499	1.846	2.794
25	0.714	1.060	1.010	1.530	1.784	2.896
26	0.704	1.122	1.010	1.631	1.784	3.131
27	0.704	1.153	1.010	1.724	1.784	3.293
28	0.714	1.223	1.020	1.774	1.825	3.467
29	0.724	1.264	1.060	1.866	1.887	3.640
30	0.734	1.306	1.070	1.948	1.958	3.814
31	0.776	1.346	1.132	2.039	2.019	4.017
32	0.785	1.407	1.142	2.111	2.101	4.201
33	0.826	1.459	1.203	2.192	2.202	4.435
34	0.836	1.530	1.254	2.314	2.345	4.681
35	0.898	1.621	1.326	2.467	2.488	4.986
36	0.938	1.724	1.397	2.631	2.641	5.364
37	1.030	1.856	1.530	2.866	2.896	5.822
38	1.111	1.999	1.662	3.131	3.150	6.333
39	1.213	2.202	1.805	3.427	3.436	6.985

Income Protection cover - Fixed Dollar						
Annual Insurance Fee Rates per \$1,000 annual benefit						
90 day waiting period						
Age Last Birthday	2 year Benefit Period		5 year Benefit Period		to age 65 Benefit Period	
	Male \$	Female \$	Male \$	Female \$	Male \$	Female \$
40	1.326	2.417	1.989	3.773	3.793	7.689
41	1.459	2.661	2.173	4.181	4.160	8.473
42	1.591	2.926	2.407	4.630	4.589	9.361
43	1.724	3.222	2.651	5.129	5.078	10.360
44	1.906	3.559	2.947	5.690	5.619	11.472
45	2.101	3.905	3.253	6.322	6.230	12.654
46	2.335	4.313	3.661	7.026	6.975	13.960
47	2.610	4.772	4.110	7.821	7.770	15.398
48	2.926	5.272	4.589	8.657	8.597	16.876
49	3.253	5.803	5.190	9.616	9.422	18.446
50	3.651	6.383	5.853	10.666	10.269	20.119
51	4.089	6.985	6.618	11.747	11.420	21.781
52	4.589	7.637	7.465	12.920	12.685	23.403
53	5.170	8.320	8.433	14.214	14.032	25.065
54	5.803	9.055	9.555	15.582	15.489	26.615
55	6.505	9.851	10.789	17.049	17.008	28.103
56	7.301	10.656	12.186	18.599	18.548	29.347
57	8.168	11.503	13.736	20.220	20.088	30.357
58	9.127	12.370	15.479	21.934	21.588	31.019
59	10.218	13.297	17.426	23.728	22.923	31.264
60	11.420	14.245	18.579	23.983	23.983	30.978
61	12.747	15.214	19.078	23.290	24.657	30.040
62	14.266	16.284	19.007	21.781	24.534	28.113
63	12.900	14.011	16.418	17.834	21.220	23.066
64	6.486	6.139	8.260	7.801	10.687	10.075

The above costs for Income Protection include 10% Government Stamp Duty.

## Life Events Cover

### Option to increase cover due to the occurrence of specified Life Events

If you experience a Life Event (defined on page 21), you can apply for additional units without the same level of Evidence of Insurability as the Insurer normally requires.

To be valid, an application must be satisfactorily completed and submitted within:

- (a) 90 days of the Life Event occurring; or
- (b) 30 days of the date the Fund issues your annual benefit statement following the Life Event.

### Eligibility conditions

An Insured Member may apply for an increase in cover if they meet the following:

- (a) is aged under 60;
- (b) is not engaged in a Hazardous Occupation;
- (c) has not had any increase of cover in VISSF during the 12 months preceding the date of their latest application;
- (d) has not been absent from work or unable to fully perform, due to illness or injury for more than six days in the last 12 months preceding the date of application;
  - (i) the duties of their usual Occupation (whether employed, Self-employed or unemployed); or
  - (ii) in the case of Death and TPD cover, their unpaid Domestic Duties;
- (e) has not been diagnosed with or does not suffer from an illness or injury that may cause permanent inability to work or reduces, or is likely to reduce their life expectancy to less than 12 months;
- (f) has not had an application for Death, TPD or Income Protection (including accident or sickness) type cover declined, deferred or been offered on alternate terms; and
- (g) has never been paid a claim, is not eligible to be paid a claim, has never claimed, is not entitled to claim, and is not applying for a claim, for any injury or illness through:
  - (i) VISSF;
  - (ii) Workers' Compensation or other Government benefits (for example, sickness benefit or invalid pension);
  - (iii) any insurance policy providing TPD, Terminal Illness or Income Protection cover; or
  - (iv) accident or sickness type cover.

An Insured Member will not be eligible for Life Events cover if the cover will cause their Sum Insured to exceed the Maximum Benefit.

## Start of Life Events cover

Life Events cover begins:

- (a) on the date the Insurer notifies the Trustee that it has accepted an Insured Member for Life Events cover; or
- (b) if the Life Events cover offered by the Insurer is subject to a condition, restriction or premium loading, on the date the Insured Member notifies the Trustee that they have accepted the terms that apply to the Insurer's offer.

The Insured Member will receive Interim Accident Cover from the date the Trustee receives the completed Life Event application form to the earlier of:

- (a) the date the Insurer accepts the application for Life Events cover;
- (b) 90 days from the date the Trustee receives the application for Life Events Cover; and
- (c) the date Interim Accident cover otherwise ceases.

### Type and amount of Life Events cover

The maximum amount of increase is 2 units of cover per Life Event for either Death, TPD and/or Income Protection cover.

The total Sum Insured after the increase due to a Life Event cannot exceed \$3,000,000 for Death and/or TPD cover.

### Exclusions and Restrictions on Life Events cover

Any exclusions, restrictions or special conditions (including premium or occupational loadings) which apply to an Insured Member's existing cover will apply to the Life Events cover.

Further, if the Insured Member is not At Work on the date of the increase of cover, their increased cover will be subject to Limited Cover conditions for a continuous period of at least 12 months, and will continue until the Insured Member has been At Work for 10 consecutive working days.

## Interim Accident Cover

While your application for Voluntary Cover (including Life Events cover) is being assessed by the Insurer, you will receive Interim Accident Cover. It commences on the date the Insurer receives your completed application.

### Cessation of Interim Accident Cover

Interim Accident Cover ceases on the earliest of:

- (a) 90 days after the Insurer receives a completed application form;
- (b) the date the application for cover is withdrawn;
- (c) the date the Insurer declines your application for cover;
- (d) if the Insurer advises the Trustee of its decision to accept the person's application for cover without imposing special terms, exclusions or premium loadings, the earlier of:
  - (i) the date both of the following apply:
    1. you are a Member of VISSF; and
    2. premiums for cover applied for are paid, or will be paid
  - (ii) 30 days after the Insurer advises the Trustee of its decision;
- (e) if the Insurer advises the Trustee of its decision to accept your application for cover subject to special terms, exclusions or premium loadings, the earlier of:
  - (i) the date all of the following apply:
    1. you are a Member of VISSF;
    2. the date the Insurer notifies the Trustee in writing that it has accepted you for cover subject to special terms, exclusions or premium loadings; and
    3. premiums for the cover applied for are paid, or will be paid;
  - (ii) 30 days after the Insurer advises the Trustee of its decision;
- (f) the date all cover under the Policy terminates;
- (g) the date you cease to meet the eligibility criteria;
- (h) the date any of the conditions under Cessation of Cover are satisfied;
- (i) the date a benefit under Interim Accident Cover becomes payable to you;
- (j) the date you die or become Totally and Permanently Disabled;
- (k) the date a Terminal Illness benefit is payable to you; and
- (l) for an application to increase existing cover, the date you cease to be an Insured Member.

### Amount of Interim Accident cover

#### Death only and Death and TPD cover

Interim Accident Cover is the lesser of:

- (a) the Sum Insured applied for; and
- (b) \$1,000,000 less any existing Sum Insured for the person in respect of death or TPD.

#### Income Protection cover

Interim Accident Cover will be the lesser of:

- (a) the amount of Monthly Benefit applied for; and
- (b) \$6,000 less any existing Monthly Benefit.

### Exclusions on Interim Accident Cover

No benefit is payable in relation to a person as a consequence of Interim Accident Cover if their death, TPD or disablement arises directly or indirectly from any of the following:

- (a) any exclusion the Insurer would have applied during underwriting; or
- (b) if the Insurer would have declined the application for Voluntary Cover; or
- (c) active service in the armed forces of any country, not including normal activities as a Reservist with the Australian Defence Force, but including operational deployment on active service with the Australian Defence Force; or
- (d) from an intentional self-inflicted act, intentional self-inflicted injury, suicide or attempted suicide; or
- (e) you have failed to comply with your disclosure obligations under the Insurance Contracts Act 1984 (Cth), when applying for cover.

### Payment of an Interim Accident benefit

If as a result of an Accident (which means an unforeseen violent, external and visible event), you have Interim Accident Cover for:

- (a) death, and you die; or
- (b) TPD, and you suffer Total and Permanent Disablement; or
- (c) Total Disability, and you suffer Total Disablement, the Insurer will pay an Interim Accident benefit.

A benefit will only be paid once in respect of any Accident. If you concurrently have more than one amount of Interim Accident Cover in force and you die or become Totally and Permanently Disabled or become Totally Disabled as a result of an Accident, the benefit payable will be for the greater amount.

### Option to transfer individual cover

An Insured Member may apply for Transferred Cover equal to the Sum Insured for either Death, TPD or the monthly benefit for Income Protection provided under a Previous Policy, without the same level of Evidence of Insurability as the Insurer normally requires, provided that the Insured Member:

- (a) satisfactorily completes and submits the application for Transferred Cover;
- (b) is under age 60;
- (c) is not engaged in a Hazardous Occupation;
- (d) agrees to cancel cover under the Previous Policy on the commencement of cover under the Policy;
- (e) is At Work on the day immediately preceding the day that the Transferred Cover is due to start;
- (f) in the last 12 months preceding the date of application, has not been absent from work or unable to fully perform, due to illness or injury for more than six days:
  - (i) the duties of their usual Occupation (whether employed, Self-employed or unemployed); or
  - (ii) their unpaid Domestic Duties (for Death and TPD only);
- (g) has not been diagnosed with, or does not suffer from, an illness or injury that reduces, or is likely to reduce, their life expectancy to less than 12 months;
- (h) has not had an application for death, total and permanent disablement or income protection (including accident or sickness) type cover declined, deferred or been offered cover on alternate terms;
- (i) has never been paid a claim, is not eligible to be paid a claim, has never claimed, is not entitled to claim, and is not applying for a claim, for any injury or illness through:
  - (i) VISSF;
  - (ii) Workers' Compensation or other Government benefits (for example, sickness benefit or invalid pension);
  - (iii) any insurance policy providing total and permanent disablement, terminal illness or income protection cover; or
  - (iv) accident or sickness type cover; or
- (j) has agreed not to exercise any continuation option nor requested reinstatement or recommencement of cover under the Previous Policy.

### Commencement of Transferred Cover

Transferred Cover will commence from the date the Insurer advises the Trustee in writing of the Insurer's acceptance and the conditions of the Insurer's acceptance.

Transferred Cover only commences subject to the cancellation of the person's cover under the Previous Policy on the Insurer's acceptance of the application to transfer cover.

### Type and Amount of Transferred Cover

Unless otherwise agreed by the Insurer, Transferred Cover shall be for an amount that:

- (a) is necessary to provide the person with cover as close as possible to the cover the person had under the Previous Policy which is being transferred;
- (b) is limited to a maximum amount of \$2,000,000 for Death or TPD cover;
- (c) does not exceed \$10,000 per month for Income Protection cover even if cover was higher under the Previous Policy;
- (d) does not cause the Insured Member's total Sum Insured in VISSF to exceed \$3,000,000 for Death or TPD cover after the increase; and
- (e) does not exceed a total Monthly Benefit after the increase of \$25,000 per month for Income Protection cover.

Any Transferred Cover that comes into force is in addition to any existing cover in respect of the Insured Member under the Policy.

### Exclusions and Restrictions on Transferred Cover

Where an Insured Member's cover comes into effect:

- (a) any restrictions, exclusions or special conditions (including premium or occupational loadings) which applied to the Insured Member under the Previous Policy will apply to the Transferred Cover and the Insurer may impose additional conditions, exclusions, restrictions or alternative terms to this cover; and
- (b) any Forward Underwriting Limit that applied to the Insured Member under the Previous Policy will not apply under the Policy.

### Premiums payable with respect to Transferred Cover

Premiums for Transferred Cover will be payable from the date cover commences and are not refundable if the cover under the Previous Policy is not cancelled.



## 9. HOW TO MAKE A CLAIM

### Application

The Trustee must be notified as soon as reasonably possible of any event that is likely to give rise to a claim.

You can get your insurance claim sorted quickly using the easy online claim process at

[www.vissf.com.au/claim-online](http://www.vissf.com.au/claim-online) or telephone VISSF on 1300 660 027. Upon receipt of a notification of claim:

- (a) the Trustee will provide you with claim forms, which must be completed to the Insurer's satisfaction and provided to the Trustee with the information, documentation and authorities the Insurer may reasonably require before the Insurer is obliged to assess the claim; and
- (b) the Insurer may require the Insured Member to provide additional information the Insurer considers necessary for the assessment of the claim on an ongoing basis or otherwise, including but not limited to health certificates, Medical Practitioners' reports, employer reports, financial statements and records, income tax returns and assessments and evidence of claim.

### Costs

The Trustee and Insurer are not responsible for any costs associated with completing and providing the claim forms and the information that the Insurer may require for assessment of a claim as outlined above.

### Assessment

Upon receipt of the completed claim forms with respect to an Insured Member, the Insurer may require the Insured Member to:

- (a) undergo an examination by a Medical Practitioner of the Insurer's choice or other relevant professional of the Insurer's choice or provide further medical evidence from their own Medical Practitioner; or
- (b) attend a meeting with the Insurer or their representative to enable the Insurer to access any information reasonably necessary to assess the claim, whether to provide the authority for the access or otherwise.

The Insurer may reimburse the expenses incurred by the Insured Member in obtaining any evidence the Insurer requests from a specialist Medical Practitioner as outlined in the above paragraph. However, if an Insured Member fails to attend any prearranged medical examination or provides insufficient notice of an inability to attend, they will be liable to pay any fees incurred.

If an Insured Member makes a claim from outside Australia:

- (a) the Insurer may require the Insured Member to return to Australia at their expense for assessment of any claim; and
- (b) the Insured Member must provide the Insurer with a medical certification issued by a Medical Practitioner approved by the Insurer and any other information or evidence the Insurer may reasonably require.

Termination of the Policy or the cessation of cover in respect of a person shall not prejudice any right to claim in relation to an event that happened before the Policy terminated or cover ceased in respect of that person.

## 10. DUTY OF DISCLOSURE

Before you enter into a life insurance contract, including when you have cover included your Member Account, you have a duty to tell the Insurer anything that you know, or could reasonably be expected to know, that may affect the Insurer's decision to insure you and on what terms. You have this duty until the Insurer agrees to insure you. You have the same duty before you extend, vary or reinstate your cover. You do not need to tell the Insurer anything that:

- (a) reduces the risk the Insurer insures you for;
- (b) is common knowledge;
- (c) the Insurer knows or should know as an insurer; or
- (d) the Insurer waives your duty to tell them about.

If the insurance is for the life of another person and that person does not tell the Insurer everything they should have, this may be treated as a failure by you to tell the Insurer something that you must tell them. In exercising the following rights, the Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the Insurer may apply the following rights separately to each type of cover.

If you do not tell the Insurer anything you are required to, and the Insurer would not have insured you if you had told the Insurer, the Insurer may avoid the Policy within three years of entering into it.

If the Insurer chooses not to avoid the Policy, the Insurer may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told the Insurer everything you should have. However, if the contract has a surrender value, or provides cover on death, the Insurer may only exercise this right within three years of entering into the Policy.

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

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

## 11. DEFINITIONS

For the purposes of the insurance Policies held by the Trustee with the Insurer, the following terms are defined as follows.

Term	Definition
<b>Accident</b>	means an unforeseen violent, external and visible event.
<b>Approved Rehabilitation Program</b>	means a program, device or course of treatment, certified in writing by a Medical Practitioner and agreed in writing by the Insurer, that will assist the Insured Member's recovery and their return to Gainful Employment. The program costs are to be pre-approved by the Insurer and exclude any program providing hospital treatment or an ancillary health service within the meaning of the National Health Act 1953 (Cth) or any other program which might cause the Policy to cease to be exempt from the National Health Act 1953 (Cth) or Health Insurance Act 1973 (Cth) or any similar applicable legislation in connection with health insurance.
<b>At Work</b>	<p><b>For the purposes of Death only and Death and Total and Permanent Disablement cover</b></p> <p>means the person is:</p> <p>(a) fully performing or, in the Insurer's opinion, capable of fully performing all the duties and work hours of their usual Occupation with their employer or their Self-employment, free from any limitation or restriction due to illness or injury on a Full-time Basis even if not working on a Full-time Basis; or</p> <p>(b) if unemployed and carrying out Domestic Duties is, in the Insurer's opinion, capable of fully performing all of their Domestic Duties free from any limitation or restriction due to illness or injury on a Full-time Basis; and</p> <p>(c) is not in receipt of, or entitled to receive or claim in relation to an illness or injury from any source including but not limited to workers' compensation benefits, statutory transport accident benefits and disability income benefits.</p> <p>A person who does not meet these requirements is correspondingly described as not At Work.</p>

<b>At Work</b>	<p><b>For the purposes of Income Protection (Partial Disability and Total Disability) cover</b></p> <p>means the person is:</p> <p>(a) fully performing or, in the Insurer's opinion, capable of fully performing all the duties and work hours of their usual Occupation with their employer or their Self-employment, free from any limitation or restriction due to illness or injury on a Full-time Basis even if not working on a Full-time Basis; and</p> <p>(b) is not in receipt of, or entitled to receive or claim in relation to an illness or injury from any source including but not limited to workers' compensation benefits, statutory transport accident benefits and disability income benefits.</p> <p>A person who does not meet these requirements is correspondingly described as not At Work.</p>
<b>Australian Resident</b>	means a person who is entitled to hold an interest in an Australian superannuation fund.
<b>Automatic Acceptance</b>	means the amount of insurance cover which the Insurer will provide without requiring Evidence of Insurability.
<b>Benefit(s)</b>	<p>means an insured Benefit provided under the Trustee's Insurance Policies for:</p> <p>(a) Death;</p> <p>(b) Total and Permanent Disablement;</p> <p>(c) Terminal Illness;</p> <p>(d) Total Disability; or</p> <p>(e) Partial Disability.</p>
<b>Benefit Ceasing Age</b>	<p>means</p> <ul style="list-style-type: none"> <li>Age 70 for Death, Total and Permanent Disablement and Terminal Illness; and</li> <li>Age 65 for Total Disability and Partial Disability, or based on the agreed design for any defined benefit arrangements.</li> </ul>
<b>Consumer Price Index (CPI)</b>	<p>means the percentage change in the Consumer Price Index (Weighted Average All Capital Cities) as last published by the Australian Bureau of Statistics prior to the effective date of the calculation under the Policy. If the CPI is no longer published, the Insurer will use another index similar to it.</p> <p>If the percentage change in the CPI, or any substitute for it is negative, then the CPI will be taken as zero.</p>

<p><b>Date of Disablement</b></p>	<p><b>For the purposes of Death and Total and Permanent Disablement cover</b></p> <p>means the later of the date:</p> <p>(a) a Medical Practitioner examines the Insured Member and first certifies in writing that the Insured Member suffers from an illness or injury that is the subject of the Total and Permanent Disablement claim being made by the Insured Member and the principal cause of the Insured Member’s inability to work; and</p> <p>(b) the Insured Member, due to the illness or injury that is the subject of the claim:</p> <p>(i) being employed or Self-employed, ceases all work; or</p> <p>(ii) being unemployed, ceases to be able to perform their usual Occupation; or</p> <p>(iii) being engaged exclusively in unpaid Domestic Duties, ceases to be able to perform their unpaid Domestic Duties.</p> <p><b>For the purposes of Income Protection (Partial Disability and Total Disability) cover</b></p> <p>means the later of the date:</p> <p>(a) a Medical Practitioner examines the Insured Member and first certifies in writing that the Insured Member suffers from an illness or injury that is the subject of the Income Protection claim being made by the Insured Member and the principal cause of the Insured Member’s inability to work; and</p> <p>(b) the Insured Member, due to the illness or injury that is the subject of the claim:</p> <p>(i) being employed or Self-employed, ceases all work; or</p> <p>(ii) being unemployed, ceases to be able to perform their usual Occupation.</p>	<p><b>Domestic Duties</b></p> <p>means the unpaid duties performed by an Insured Member and may include (but are not limited to):</p> <p>(a) purchasing cleaning items and cleaning the family home;</p> <p>(b) laundering and ironing clothing items for the household;</p> <p>(c) purchasing food items and preparing meals for the household; and</p> <p>(d) taking care of dependent children, but excludes any tasks performed for salary.</p> <p>Insured Members who are Gainfully Employed or seeking Gainful Employment or are performing unpaid Domestic Duties on less than a Full-time Basis will not be deemed to be performing Domestic Duties.</p>	
		<p><b>Employee</b></p> <p>means a person employed under a contract of employment, or applicable award, with a Participating Employer.</p>	
<p><b>Default Cover</b></p>	<p>means cover level and design which is provided under Automatic Acceptance without the need for a Member to apply up to a maximum of the Automatic Acceptance Limit.</p>		
<p><b>Dispute</b></p>	<p>means circumstances where:</p> <p>(a) the Trustee and Insurer does not agree about paying a claim; or</p> <p>(b) the Trustee or an Insured Member disputes a decision in relation to payment of a claim.</p>		

Term	Definition	Forward Underwriting Limit	
<b>Employer Contribution</b>	<p>means unless the Insurer otherwise agrees in writing:</p> <p>(a) superannuation contributions made by, or on behalf of, the Participating Employer to VISSF in relation to an Employee, that:</p> <ul style="list-style-type: none"> <li>(i) reduce the Participating Employer's potential liability for the superannuation guarantee charge imposed by section 5 of the Superannuation Guarantee Charge Act 1992 (Cth), or any succeeding legislation; or</li> <li>(ii) are payments of shortfall components (as that expression is defined in the Superannuation Guarantee (Administration) Act 1992 (Cth) or any succeeding legislation);</li> </ul> <p>(b) superannuation contributions made by, or on behalf of, the Participating Employer to VISSF in relation to the Employee in or towards satisfaction of the Participating Employer's obligation to make contributions for the Employee, being an obligation under an agreement certified by or registered with an industrial authority or an award made by an industrial authority or under any legislation; or</p> <p>(c) superannuation contributions made by, or on behalf of, the Participating Employer to VISSF in relation to the Employee in satisfaction of the Participating Employer's binding obligation to make contributions for the Employee under a legally enforceable contract between the Participating Employer and the Employee.</p>	<b>Full-time Basis</b>	means at least 30 hours per week.
		<b>Gainfully Employed/ Gainful Employment</b>	means employed or Self-employed for gain or reward.
		<b>Hazardous Occupation(s)</b>	means an Occupation that the Insurer determines as an Occupation involving hazardous or very heavy manual work or presenting particular underwriting difficulties.
		<b>Income Producing Duty</b>	means a duty performed as part of a person's employment that generates at least 20% of the Insured Member's Pre-disability Income.
<b>Evidence of Insurability</b>	means a fully completed personal statement and/or application for cover and such other medical, financial, employment, occupational and other relevant information the Insurer may require at the Insurer's sole discretion to assess and underwrite an application for cover under the Policy.		
<b>Fixed Cover</b>	means a fixed dollar amount of Voluntary Cover (in multiples of \$1,000) that does not vary with age, except in respect of Total and Permanent Disablement cover which reduces in accordance with the Total and Permanent Disablement Benefit Tapering set out in the Schedule.		

<b>Insured Member</b>	means being a Member of VISSF who has cover under the Policy by operation of Automatic Acceptance under the Policy or whom the Insurer has accepted in writing to provide cover for under the Policy, excluding persons who are only entitled to Interim Accident Cover.	<b>Medical Practitioner</b>	means, unless the Insurer agrees otherwise:  (a) a person legally qualified and registered to practice medicine in Australia; or  (b) if the claimed condition is a psychological condition diagnosed in accordance with the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), means a person who is legally qualified and registered as a practicing psychiatrist by the relevant medical registration boards and/or the Specialist Recognition Advisory Committee coordinated through the Australian Health Insurance Commission;  but shall not include chiropractors, physiotherapists, psychologists or alternative health providers.  The medical practitioner cannot be:  (i) the Insured Member;  (ii) the Insured Member's spouse or partner in a de facto relationship, parent, child, sibling or close family relative;  (iii) the Insured Member's business partner, associate, employer or employee; or  (iv) a fellow shareholder or unit holder of the Insured Member in a company or trust that is not a publicly listed company or trust.
<b>Insurer</b>	means TAL Life Limited (ABN 70 050 109 450, AFSL 237848).		
<b>Interim Accident Cover</b>	means cover that the Insurer may provide to a Member while assessing his or her application for Voluntary Cover.		
<b>Life Event(s)</b>	means one of the following events that occurs in respect of an Insured Member:  (a) the birth of the Insured Member's child;  (b) the adoption of a child by the Insured Member;  (c) the marriage of the Insured Member;  (d) a dependent child of the Insured Member starts secondary school;  (e) the divorce of the Insured Member;  (f) effecting a mortgage with an accredited mortgage provider on the purchase of the Insured Member's primary place of residence (either alone or jointly with another person); or  (g) increasing an existing mortgage with an accredited mortgage provider for the purposes of building or renovation on the Insured Member's primary place of residence.		
<b>Limited Cover</b>	means cover provided under the Policy for the Insured Member is only with respect to claims arising from:  (a) an illness the symptoms of which first became apparent; or  (b) an injury which first occurred;  on or after the date the insured cover last commenced, was reinstated or increased for the Insured Member.  The illness or injury referred to in paragraph (a) and (b) above cannot be caused directly or indirectly from an illness or injury where the signs or symptoms existed prior to the commencement of Limited Cover.	<b>Member(s)</b>	means a member of VISSF as defined in the VISSF Trust Deed.
		<b>Minimum Hours</b>	means 15 hours or more per week on a regular basis averaged over the 13 week period prior to the Date of Disablement or recommencement of cover (as applicable) or such shorter period if employed less than 13 weeks immediately prior to the Date of Disablement or recommencement (as applicable).
		<b>Monthly Benefit</b>	for Total Disability and Partial Disability benefits means the insured Benefit amount calculated in respect of the Insured Member under the Policy.
<b>Maximum Monthly Benefit</b>	\$25,000	<b>Occupation</b>	means the employment or activity in which the Insured Member is principally employed or Self-employed.

Term	Definition
<b>Other Disability Income</b>	<p>means any income (other than a Benefit under the Policy or Return To Employment Income) which an Insured Member may derive during a month for which the amount of the Benefit that applies to them under the Policy is being assessed, whether that income was actually received or not and includes:</p> <p>(a) any benefit payable under other income protection insurance policies;</p> <p>(b) any benefit payable under legislation such as workers' compensation, statutory compensation, pension, social security or similar schemes or other similar State, Federal or Territory legislation;</p> <p>(c) any benefit paid under the State or Federal legislation such as the Department of Veteran Affairs; and</p> <p>(d) any claimed employer funded sick leave entitlements and other income payments paid or payable as a result of the Insured Member's illness or injury.</p> <p>Other Disability Income excludes income the Insured Member receives from investments, deferred compensation plans, or retirement plans except in relation to benefits received under (a) above.</p> <p>Any Other Disability Income which is in the form of a lump sum or is commuted for a lump sum that has a monthly equivalent of one sixtieth (1/60) of the lump sum over a period of 60 months.</p> <p>If it can be shown that a portion of the lump sum represents compensation for pain and suffering, or the loss of use of a part of the body, the Insurer will not take that portion into account as Other Disability Income.</p>
<b>Participating Employer</b>	means an employer that participates in VISSF and pays Employer Contributions on behalf of its Employees in accordance with the VISSF Trust Deed.
<b>Policy</b>	means a policy document and its schedules, as amended from time to time, held by the Trustee with the Insurer.
<b>Pre-disability Income</b>	means the Insured Member's Salary on a monthly basis, immediately prior to the Date of Disablement.

<b>Previous Policy</b>	<p>means a 'life policy' as defined under the Life Insurance Act 1995 (Cth) which;</p> <p>(a) provided death cover, death and totaland permanent disablement cover or income protection cover for a Member in another superannuation fund or with an insurer;</p> <p>(b) was in force on the day before the relevant life insured's cover commenced with VISSF; and</p> <p>(c) the Insurer agrees to treat as a previous policy for the purposes of Transferred Cover.</p>
<b>Privacy Laws</b>	means the Privacy Act 1988 (Cth), any regulations or principles made under that Act, including the Australian Privacy Principles.
<b>Retained Member(s)</b>	means a Member who has ceased employment with their Participating Employer and has been classified as an inactive member.
<b>Retirement</b>	means a Member has ceased to be Gainfully Employed and they do not intend to again become Gainfully Employed, either on a full-time or part-time basis.
<b>Return to Employment Income</b>	<p>means the gross income (before tax) received by the Insured Member during the month in respect of which a Partial Disability Benefit may be payable, and which is earned as a consequence of his or her personal exertion (including commissions, bonus and other payments that the Insurer reasonably considers forms part of the Insured Member's remuneration package), less all expenses incurred by the Insured Member in connection with earning that income during that month.</p> <p>For the purpose of calculating the Insured Member's Return to Employment Income, Employer Contributions are not included; and if Self-employed, his or her share of business expenses are not deducted.</p>

<p><b>Salary</b></p>	<p>means:</p> <p><b>For an employed person:</b></p> <p>The annual remuneration received from personal exertion provided by the person's employer including:</p> <p>(a) base salary and fringe benefits in the last 12 months; and</p> <p>(b) the monetary value of benefits provided including motor vehicles, regular overtime, regular allowances, bonuses, fees and regular commissions, provided as an additional benefit or as a direct substitution of salary, averaged over three years immediately preceding the Date of Disablement;</p> <p>but not including Employer Contributions, investment income, income received from deferred compensation plans, disability income policies or retirement plans.</p> <p><b>For a Self-employed person:</b></p> <p>The annual income generated by the Insured Member from his or her personal exertion, before the deduction of income tax for the business (or the relevant portion for part of a financial year), calculated by averaging the Insured Member's Net Income per year for the two years immediately preceding the Date of Disablement, or the period of time since the Insured Member commenced to be Self-employed if Self-employed for less than a period of two years. Where Net Income means the Insured Member's gross income from personal exertion, less all expenses incurred by the Insured Member in earning that income.</p>	<p><b>Trustee</b></p>	<p>means VIS Nominees Pty Ltd (ABN 11 006 586 367, AFSL Number 235097, RSE Licence Number L0000321)</p>
<p><b>Voluntary Cover</b></p>	<p>means cover that can be provided to an Insured Member that is not provided under Automatic Acceptance and is obtained by satisfying the Insurer's underwriting requirements.</p>	<p><b>Waiting Period</b></p>	<p>means the continuous period commencing from the Date of Disablement before a Benefit can be paid subject to the terms and conditions of the Policy. The Waiting Period is 90 days.</p>
<p><b>War</b></p>	<p>means a state of armed conflict between different nations or states or different groups within a nation or state, excluding acts of terrorists or other insurgent organisations unless they are related to a War.</p>	<p><b>Welcome Letter</b></p>	<p>means the statement issued by VISSF confirming membership.</p>
<p><b>you or your</b></p>	<p>means the Insured Member.</p>		
<p><b>Self-employed / Self-employment</b></p>	<p>means the Insured Member is performing activities for remuneration, gain, reward, or expectation of gain or reward in a business of which they directly or indirectly own all or part.</p>		
<p><b>Spouse</b></p>	<p>means the husband, wife, widower or widow of the Insured Member or defacto, having lived in a bona fide domestic basis as husband or wife of the Insured Member, subject to relevant superannuation laws.</p>		
<p><b>Sum Insured</b></p>	<p>means the amount of Death, and if applicable Total and Permanent Disablement, cover for an Insured Member which is in force under the Policy for an Insured Member.</p>		
<p><b>Transferred Cover</b></p>	<p>means cover transferred to VISSF from a Previous Policy.</p>		
<p><b>Trust Deed</b></p>	<p>means the governing trust deed of VISSF and the annexed governing rules, as amended from time to time, under which VISSF is governed.</p>		



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The Victorian Independent Schools Superannuation Fund

Phone 1300 660 027

Post GPO Box 4974 Melbourne VIC 3001

Email [super@vissf.com.au](mailto:super@vissf.com.au)

Web [www.vissf.com.au](http://www.vissf.com.au)