North

Issue number 2, 22 October 2026

North Protect

Insurance Guide - North Super and Pension

Insurer - TAL Life Limited

To be read in conjunction with North Super and Pension product disclosure statement (PDS).
Issued by N. M. Superannuation Proprietary Limited (ABN 31 008 428 322, AFSL 234654), the Trustee of the Wealth Personal Superannuation and Pension Fund (ABN 92 381 911 598).

Important information

About the Trustee and the Fund

North Super (USI 92381911598002) and North Pension (USI 92381911598001) comprises a suite of plans offered as a part of the Wealth Personal Superannuation and Pension Fund (the Fund) ABN 92 381 911 598. The Trustee of the Fund and issuer of this North Protect insurance guide - North Super and Pension (Insurance Guide) is N.M. Superannuation Pty Limited (NM Super, Trustee, we or us) ABN 31 008 428 322 AFSL 234654. NM Super is a member of the AMP group of companies.

The Trustee is a Registrable Superannuation Entity (RSE) licensee under the *Superannuation Industry (Supervision) Act 1993* (Cth) (SIS Act), meaning it meets the licensing requirements set by the Australian Prudential Regulation Authority (APRA). The Trustee is responsible for the oversight and management of the Fund for the benefit of members, in accordance with the Fund's governing rules and applicable legislation. North Super and Pension is a resident regulated superannuation fund within the meaning of the SIS Act and is not subject to a direction not to accept superannuation contributions.

What you need to know

The information contained in this Insurance Guide is incorporated by reference into and forms part of the **North Super and Pension product disclosure statement (PDS)** and should be read in conjunction with the PDS (including incorporated information).

Certain terms in this Insurance Guide have been intentionally capitalised, as they have a special meaning which can be found in the **defined terms** section of this document.

It is important that you read this Insurance Guide carefully as it contains important details about group insurance cover available under the North Protect Group Policy through the Fund. It is also important that you understand the terms and conditions you need to satisfy before you apply for, or change, your insurance cover.

The information in this Insurance Guide is general information only and does not take into account your personal objectives, financial situation, needs or circumstances. Before acting on this information, you should consider its appropriateness for you having regard to your personal objectives, financial situation and needs. Before making a decision about whether to acquire or continue to hold the product or an investment or insurance available in the product, you should read and consider the PDS (including incorporated information). You can access and print this Insurance Guide, the PDS, **additional information booklet**, **North investment options** document and relevant **target market determination (TMD)** at **northonline.com.au**. You can obtain a paper copy at no extra cost by contacting your financial adviser or the North Contact Centre at **north@amp.com.au** or on1800 667 841.

About the Insurer and Group Policy

Group life and income protection insurance cover available through the Fund via North Protect is provided by TAL Life Limited (ABN 70 050 109 450, AFSL No 237848 (Insurer) under a group insurance policy issued to the Trustee (Group Policy). Group insurance cover and benefits are subject to the terms and conditions of the Group Policy. Your eligibility for an insured benefit will be determined under the terms of the Group Policy applicable to you and is subject to the Insurer's acceptance of your claim. If there is any inconsistency between the Group Policy and information in this Insurance Guide, the PDS or your Welcome Letter, the terms and conditions of the Group Policy will prevail.

This Insurance Guide provides a summary of the key terms and conditions applicable to insurance cover under the Group Policy. For further information about the insurance cover available under the Group Policy, contact your financial adviser or the North Contact Centre at **north@amp.com.au** or on 1800 667 841.

Updated information

Information in this Insurance Guide may change from time to time due to (but not limited to) product, regulatory or legislative change. If fees increase, we will provide you with at least 30 days' prior notice. For other material changes, we will notify you before or as soon as practicable after the change occurs. We may update information that is not materially adverse by issuing a PDS update at **northonline.com.au/product-updates**. You can obtain a paper copy of the update free of charge by contacting your financial adviser or the North Contact Centre at **north@amp.com.au** or on 1800 667 841.

We may also change the Insurer or insurance terms and conditions where we consider this to be in the best financial interests of members. We will notify you if this occurs.

Consents

Any statement made by third party or based on a statement by a third party in this Insurance Guide has been included in a form and context in which it appears with the consent of the third party, which has not been withdrawn as at the date of this Insurance Guide.

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North Protect insurance

North Protect offers group insurance cover through your North Super account, that can be tailored with the help of your financial adviser, to support you and your family's peace of mind.

Through North Protect, you can choose between two types of insurance cover - 'standard cover' or 'tailored cover'. You may also apply to transfer existing cover from another superannuation fund, another group policy in the Fund or another insurer.

Standard cover – a basic level of cover with default settings, designed to recognise that you may need more insurance at certain stages of your life.

Tailored cover – cover that can be tailored by you and your adviser to suit your personal circumstances.

Transfer of existing cover – apply to transfer the amount of your group insurance cover from another superannuation fund, other group policy in the Fund, or other insurer into North Protect.

The type and amount of insurance available to you will depend on factors such as your age, occupation and personal health. Below is an overview of the insurance cover options available to you under North Protect through your North Super account:

DEATH COVER

Also known as life cover, which pays a lump sum to your beneficiaries or estate if you die, or to you if you become Terminally Ill.

TOTAL AND PERMANENT DISABLEMENT (TPD) COVER

Provides a lump sum benefit in the event that you become Totally and Permanently Disabled.

INCOME PROTECTION (IP) COVER

Pays a monthly benefit if you're totally (or then partially) disabled.

This is only available under Tailored Cover.

See the **types of insurance cover in detail** section for further information on each type of cover.

Standard Cover

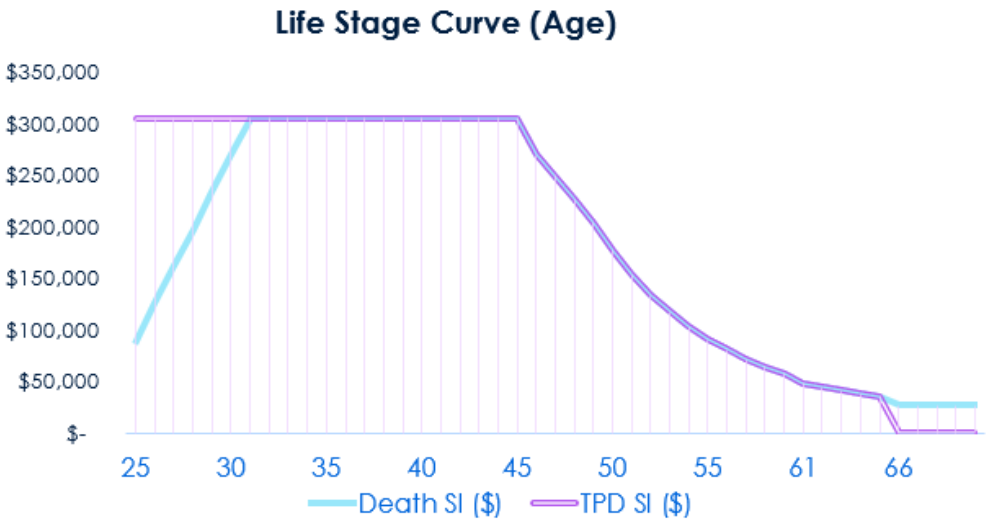
Within the Standard Cover application window commencing 30 September 2026 and ending 15 March 2027 (**Standard Cover Application Window**), you may apply for Death only or Death and TPD cover under the Standard Cover option by answering a short number of health and lifestyle questions.

The Standard Cover option is designed to provide you with a basic level of cover for Death and TPD (see table below) based on your age and a life stage approach that recognises you may need greater insurance at certain stages in life. This means the amount and cost of your cover is generally lower when you're younger, then increases as you get older (and your need for cover increases), then reduces again as you approach retirement. This cover is referred to as Lifestages cover.

The amount of your cover will be determined based on your age next birthday according to the table below.

Death cover includes Terminal Illness cover. IP cover is not available through the Standard Cover option.

Level of cover for Standard Cover option



Age next birthday	Lifestages cover - 9 Units		Age next birthday	Lifestages cover - 9 units	
	Death ($)	TPD ($)		Death ($)	TPD ($)
17-25	90,000	306,000	53	117,900	117,900
26	126,000	306,000	54	103,500	103,500
27	162,000	306,000	55	90,900	90,900
28	198,000	306,000	56	81,000	81,000
29	234,000	306,000	57	72,000	72,000
30	270,000	306,000	58	64,800	64,800
31-45	306,000	306,000	59	58,500	58,500
46	270,000	270,000	60	53,100	53,100
47	250,200	250,200	61	48,600	48,600
48	227,700	227,700	62	45,000	45,000
49	204,300	204,300	63	41,400	41,400
50	177,300	177,300	64	38,700	38,700
51	154,800	154,800	65(i)	36,000	36,000
52	134,100	134,100	66-70(ii)	27,000	0

(i) TPD cover ceases on your 65th birthday.

(ii) Death cover (including Terminal Illness cover) ceases on your 70th birthday.

Eligibility for Standard Cover

You are eligible for Standard Cover if you:

- provide us with a fully completed application form for the cover during the Standard Cover Application Window
- are applying for death cover only, are aged between 16 and 69 (inclusive) on the cover commencement date
- are applying for death and TPD cover
  - are aged between 16 and 64 (inclusive) on the cover commencement date
  - are working in an occupation that the Insurer has not classified as ineligible for TPD cover or as requiring referral to the Insurer's underwriters and
- have answered all occupation, health and lifestyle questions in the application form to the Insurer's satisfaction.

Generally, the Insurer will not verify your eligibility for cover until you make a claim. You should therefore consider the eligibility criteria above before applying for Standard Cover. Insurance fees will be deducted from your North Super account, even if you are not eligible. However, if we, or the Insurer, determine at claim time that you were not eligible, your insurance fees will be refunded. To apply for Standard Cover, please check with your financial adviser.

If the Standard Cover Application Window has closed, you will not be eligible to apply for Standard Cover, but you may apply for Tailored Cover, subject to the applicable eligibility requirements, underwriting and acceptance by the Insurer.

When Standard Cover starts

Standard Cover commences when:

1. you have answered all occupation, health and lifestyle questions in the application form to the Insurer's satisfaction
2. we have notified you of acceptance of your application for cover, and
3. your relevant North Super account has a minimum balance of $1,000 or the amount of your first month's premium, whichever is higher.

Your North Super account must reach a balance of $1,000 or the amount of your first month's premium, whichever is higher, within 60 days of the date your application is accepted, otherwise cover will not commence and a new application for cover must be made.

If the Standard Cover Application Window has closed, you will not be able to make a new application, but you may apply for Tailored Cover.

Tailored Cover

You can apply for Tailored Cover (subject to the Minimum Cover Limit, the Maximum Cover Limit and eligibility requirements set out below) if you:

- you have Standard Cover and would like to increase your Death only or Death and TPD cover
- have Tailored Cover and would like to increase your existing level(s) of cover
- would like to apply for TPD and/or Death Cover that is not Standard Cover or IP Cover, or
- would like to transfer the amount of existing group insurance cover from another super fund, another group policy in the Fund, or another insurer.

Applications for Tailored Cover are subject to underwriting and acceptance by the Insurer. As part of this process, you will need to provide information about your personal circumstances, including your health, lifestyle and occupation, for assessment by the Insurer. To apply for Tailored Cover, please reach out to your financial adviser.

Death and TPD cover

You may select a fixed amount of Death only cover or Death and TPD cover, subject to the Maximum Cover Limits. TPD cover is not available on its own and cannot exceed the amount of your Death cover.

The minimum amount you can apply for is $10,000 for either Death only cover or Death and TPD cover. Death cover includes Terminal Illness cover, subject to the Maximum Cover Limit.

If you have TPD cover through the Tailored Cover option, the amount of TPD cover automatically reduces from age 60 as follows:

Age next birthday	Amount of TPD Cover after tapering
61	90%
62	80%
63	70%
64	60%
65	50%

This reduction also applies to TPD cover originally obtained under Standard Cover if you subsequently increase or decrease the amount of that cover as it becomes Tailored Cover.

Income protection cover

You have the option to apply for the following combinations of IP cover up to the Maximum Cover Limit:

- Up to 75% of Earnings with a 2-year Benefit Period and a 30, 60 or 90 day Waiting Period, or
- Up to 75% of Earnings with a 5-year Benefit Period and a 30, 60 or 90 day Waiting Period.

Certain occupations classified as Hazardous Occupations (refer to **Occupational Rating Factors** table under **Premium Rates Tables** section of this Insurance Guide) may be restricted to a 2-year Benefit Period.

The minimum amount of IP cover you can apply for is $1,250 per month (excluding Superannuation Contribution Benefit cover). You do not need to hold Death cover or Death and TPD cover to apply for IP cover.

When applying for IP cover, you may also apply for Superannuation Contribution Benefit cover of up to 15% of your Earnings.

IP insurance cover is only available under Tailored Cover, by providing the Insurer with evidence of your occupation, health and lifestyle.

General eligibility for Tailored Cover

To be eligible for cover you must be in between the ages shown below:

- **Death cover:** ages 16–69 (inclusive) on the cover commencement date
- **TPD and IP cover:** ages 16–64 (inclusive) on the cover commencement date.

Your eligibility for cover will be assessed when you provide all of the occupation, health and lifestyle evidence required by the Insurer.

When your Tailored Cover commences

Your application will be assessed by the Insurer. The Insurer may accept your application, offer cover subject to loadings, restrictions or other conditions, or decline your application. Once the assessment is complete, you will be notified of the outcome. If your application is accepted, your cover details will be confirmed, including cost of cover, and any loadings, restrictions or other conditions that apply.

If your application has been accepted by the Insurer, your cover will commence only when your relevant North Super account has sufficient funds to pay at least one month's premium. If the required amount is not available within 60 days after the Insurer accepts your application, your cover will not commence and a new application for cover must be made.

Transfer of existing cover from a super fund or insurer

If you are under age 60 and already have existing group insurance through another super fund, another group policy in the Fund or another insurer, you may apply to transfer the amount of your cover to North Protect. This option is designed to help you move the amount of your existing insurance cover to your North Super account without undergoing full medical underwriting. North Protect terms and limits will apply to transferred cover amounts.

You may apply to transfer your cover, subject to eligibility requirements. If your application is accepted and you already have cover under North Protect, the transferred cover amount will generally be added to your existing cover, subject to the terms and limits of the Group Policy.

Who can apply and what's required

To apply for Transfer Cover, you must:

- be under age 60
- not have previously been declined cover under the Group Policy
- if your existing insurance includes both Death and TPD cover, you must transfer both cover amounts together
- provide the Insurer with satisfactory Evidence of your existing insurance cover, including the type and amount of cover and details of any exclusions, loadings, restrictions or limitations
- agree to:
  - not transfer your existing insurance to another super fund or insurer
  - not exercise any right or entitlement to continue your existing insurance cover
  - cancel that cover upon the Insurer's written acceptance of your application, and
- meet any other conditions agreed by the Insurer and Trustee in writing from time to time.

When applying to transfer cover to North Protect, you will be required to answer a small number of health, lifestyle, occupation and eligibility questions. Full medical underwriting is generally not required.

How much cover can be transferred

The amount of cover that can be transferred is subject to the transfer limits available under this option and the Maximum Cover Limits under the Group Policy.

The amount that can be transferred is the lesser of the amount of your previous cover held and the following maximum transfer amounts:

Cover type	Maximum transfer amount
Death only	$2 million
Death and TPD	Death: $2 million TPD: $2 million
Income Protection	The lesser of: - up to 75% of your Earnings or up to 90% of your Earnings (including any Superannuation Contribution Benefit cover, if applicable), and - $20,000 per month.

Following the transfer, your total TPD cover under the Group Policy cannot exceed your total Death cover.

If you wish to obtain cover above the transfer limits available under this transfer option, you may apply for additional cover. Any additional cover will be subject to underwriting and the Insurer's acceptance and must not exceed the Maximum Cover Limits under the Group Policy.

Waiting periods and benefit periods

If you apply to transfer the amount of IP cover, your existing waiting period and benefit period will generally be retained where those options are available under the Group Policy.

If your existing waiting period is not available, the next longest waiting period available under the Group Policy will apply.

If your existing benefit period is not available, the next shortest benefit period available under the Group Policy will apply.

When your transferred cover commences

If your application is accepted, your transferred cover amount into North Protect will commence from the date the Insurer confirms its acceptance in writing, provided your North Super account has sufficient funds to pay the applicable insurance premiums at that time.

If there are insufficient funds available to pay the insurance premiums when cover is due to commence, the cover will be deemed not to have started and a new application for cover must be made.

Any accepted Death and TPD cover transferred under this option will be treated as Tailored Cover.

Any future increases to transferred cover will be subject to underwriting and the Insurer's acceptance.

Important things to keep in mind

Any loadings, exclusions, restrictions or limitations that applied to your previous insurance cover will continue to apply to the amount of cover transferred to the Group Policy.

Your financial adviser can assist you in determining your insurance needs, including whether transferring your existing insurance cover amount to North Protect is appropriate for your circumstances.

Your insurance needs may change over time

It's a good idea to regularly review your insurance to make sure it continues to suit your circumstances.

As life changes — for example, if you buy a home, start a family, change jobs, or get older — your insurance needs and the cost of your cover may also change. Reviewing your insurance helps ensure you have the right level of protection for your current situation.

North Protect is flexible and designed to adapt as your needs change. You can:

- apply to increase your cover within your North Super account
- reduce or cancel some or all of your cover at any time.

Your financial adviser can help you assess your insurance needs and help you determine the right level of cover for you.

Insurance cover is subject to superannuation laws

Under the 'Protecting Your Superannuation' laws, if your North account does not receive contributions or rollovers for a continuous period of 16 months, it will be treated as an inactive account. If your North account becomes inactive and you have not elected to keep your insurance cover, we are required to cancel your cover under the Group Policy.

If your insurance cover has been cancelled due to your relevant North Super account being inactive for a continuous period of 16 months, your insurance cover will remain in place until the end of the period for which premiums have been paid.

Types of insurance cover in detail

DEATH COVER

Pays a lump sum to you, if you become Terminally Ill, or to your beneficiaries or estate if you die.

What is Death Insurance?

Death insurance, also known as life cover, provides a lump-sum payment if you die or are diagnosed with a Terminal Illness. The benefit is paid to you (in the case of a Terminal Illness) or, if you pass away, to your beneficiaries or estate.

Maximum amount of Death cover

There is no maximum limit on the amount of Death cover you can hold through North Protect. If you have Death cover through North Protect, you can view your current level of cover by logging in to North Online.

What happens if you die?

If you die while you're an Insured Member with Death cover, and are entitled to a death benefit under the Group Policy, a death benefit will be paid as a lump sum to us and credited to your North account.

The Death cover amount payable is the sum insured at the time of your death.

What is the Terminal Illness benefit and when is it paid?

If you suffer a Terminal Illness while you are a Insured Member with Death cover and entitled to a Terminal Illness benefit under the Group Policy, a Terminal Illness benefit will be paid as a lump sum to us and credited to your North account. This amount can only be paid from your North account if a condition of release under super laws has also been satisfied.

The Terminal Illness benefit allows for an early payment of your Death cover if you suffer a Terminal Illness. The Terminal Illness benefit paid will be your Death cover, calculated at the Terminal Illness Certification Date, subject to the Maximum Cover Limit.

Your Death cover or Death and TPD cover sum insured will be reduced by the amount of the Terminal Illness benefit paid. Insurance fees will be refunded back to the Terminal Illness Certification Date for the portion of Death Cover and/or TPD Cover that was reduced by the Terminal Illness Benefit.

What is excluded from your death cover?

The Insurer will not pay a Death benefit (or Terminal Illness benefit) if your death or Terminal Illness results from:

- suicide (for Death cover), or
- intentional self-inflicted illness or injury (for Terminal Illness cover).

where this occurs within 13 months of the insurance cover:

- commencement date,
- the date of reinstatement of the Death cover, or
- the date of increase in cover (the exclusion applies only to the increased portion of cover).

Other exclusions may also apply. If relevant, the Insurer will advise you of any additional exclusions at the time your application for cover is accepted.

TOTAL AND PERMANENT

TPD cover is a lump sum amount paid if you become Totally and Permanently Disabled.

What is TPD insurance?

TPD insurance cover provides a lump-sum payment if you become Totally and Permanently Disabled while you are an Insured Member with TPD cover and meet all other terms and condition for the payment of a TPD benefit under the Group Policy.

Maximum amount of TPD cover

TPD cover:

- is limited to a maximum of $5 million for Tailored Cover
- is limited to a maximum of $306,000 for Standard Cover, however the actual level of cover depends on your actual age.

If you have TPD cover through North Protect, you can view your current level of cover by logging into North Online.

Other important information about TPD cover

TPD cover is only available if you also hold Death cover, and you generally can't apply for an amount of TPD cover greater than your Death cover. The only exception applies where you have Standard Cover – Lifestages cover and you are between the ages of 16 and 30.

TPD cover automatically reduces from age 60, as described under **Death and TPD cover** in the **Tailored Cover** section above.

What is excluded in your TPD cover?

The Insurer won't pay a TPD benefit if your Total and Permanent Disablement is directly or indirectly caused by or results from intentional self-inflicted illness or injury. Other exclusions may apply and, if relevant, the Insurer will notify you of these if your application for cover is accepted.

What happens if you become Totally and Permanently Disabled?

If you become Totally and Permanently Disabled while you are an Insured Member with TPD cover and your claim is accepted by the Insurer, the TPD benefit will be paid to us and credited to your North Super account. This amount can only be paid from your North account if a condition of release under super laws has also been satisfied.

The definition of Totally and Permanently Disabled is set out in the **Defined Terms** section of this Insurance Guide.

Key information about TPD claims

If a TPD benefit is paid, your Death cover will be reduced by the amount of the TPD benefit paid, and you'll only pay insurance fees on any remaining Death cover. Insurance fees relating to your TPD cover will be refunded back to the Benefit Calculation Date. Insurance fees relating to the portion of Death cover reduced by the TPD benefit will also be refunded back to the Benefit Calculation Date. If the TPD benefit paid is equal to your Death cover, your Death cover will cease upon payment of the TPD benefit.

What happens if you are claiming a TPD benefit and you die before the claim has been accepted?

If you die before the Insurer has accepted your TPD claim, the Insurer may assess the claim under either your Death cover or your TPD cover. You won't ever receive both the insured Death and TPD benefits. However, if a TPD benefit is paid and your Death cover was higher than the amount paid, any remaining Death cover may still apply.

INCOME PROTECTION (IP)

Pays a monthly benefit if you're too injured or sick to work.

What is IP insurance?

If you become Disabled or Partially Disabled while you are an Insured Member with IP cover, and entitled to a benefit under the Group Policy, a Total Disability Benefit or Partial Disability Benefit (see further details below) will be paid as a monthly payment in arrears, subject to any exclusions (Refer to **what restrictions apply to your IP cover** below). It helps replace your income if you ever become Disabled or Partially Disabled.

Waiting periods and benefit payment periods

Waiting Period	Benefit Period
The Waiting Period is the number of consecutive days that must pass before monthly benefits begin to accrue	The Benefit Period is the maximum period for which you may receive IP payments for.
30 days 60 days 90 days	2 years 5 years
You don't receive IP benefit payments during, or for, the Waiting Period.	Benefits are paid until the end of the Benefit Period, or the date you're no longer eligible for a payment, whichever comes first. Refer to the **what happens if you suffer from a recurrent disability?** section for more information.
The Waiting Period starts when you first become Disabled due to illness or injury.	
Benefit payments start one month after the Waiting Period has ended and are made monthly (in arrears).	

Total Disability Benefit

If you become Disabled while you are an Insured Member with IP cover, and entitled to a Disability benefit under the Group Policy, a Monthly Benefit will be paid in accordance with the terms and conditions of the Group Policy.

The amount of the Monthly Benefit is calculated as the lesser of:

- 75% of your monthly Pre-Disability Income as at the date you became Disabled; and
- the Insured Monthly Benefit (subject to the Maximum Cover Limit), less the Superannuation Contribution Benefit amount (if applicable).

subject to reductions by Offsets (Refer to **how does income from other sources impact the amount of IP benefits you receive?** section below).

Partial Disability Benefit

If you become Partially Disabled while you are an Insured Member with IP cover and are entitled to a Partial Disability benefit under the Group Policy, a Partial Disability benefit will be paid in accordance with the terms and conditions of the Group Policy.

The Insurer will pay a Partial Disability Benefit monthly in arrears at the end of the Waiting Period if you:

- were Disabled for at least the first 2 weeks of the Waiting Period;
- returned to work after a period of Disability, and
- are Partially Disabled

subject to reductions by Offsets (Refer to **How does income from other sources impact the amount of IP benefits you receive?** section below).

If a Partial Disability benefit is payable, the benefit is calculated using the following formula:

$$\frac{(A-B)}{A} \times C$$

Where:

A = Your monthly Pre-Disability Income.

B = The current monthly amount you earn from working.

C = The Monthly Benefit (see **Total Disability Benefit** section above).

If the Insurer was already paying a Total Disability Benefit when you become Partially Disabled, the Insurer will keep paying on the same dates, but the benefit will be reduced to the Partial Disability benefit amount. The Waiting Period will not apply again.

If the Insurer is not already paying a Total Disability Benefit, then the Insurer will start to pay the Partial Disability benefit when the Waiting Period ends. If you cease to be disabled during the Waiting Period, the rules set out in the section **returning to work during the Waiting Period** apply.

Superannuation Contribution Benefit

If you hold Superannuation Contribution Benefit cover as part of your IP cover, and you are entitled to an IP benefit under the Group Policy, the Insurer will pay the Superannuation Contribution Benefit to the Trustee monthly (or as otherwise agreed between the insurer and the Trustee), which will be paid to your North Super account. The monthly Superannuation Contribution Benefit amount will be calculated based on the lesser of:

1. the amount equivalent to the insured percentage rate multiplied by the Pre-Disability Income, and
2. the amount of the Superannuation Contribution Benefit cover the Insurer has agreed to provide in respect of you (subject to the Maximum Cover Limit).

If you are Partially Disabled, the Superannuation Contribution Benefit is calculated using the formula for the calculation of a Partial Disability benefit (see above) where for part C of the formula, the Monthly Benefit is deleted and replaced with the Superannuation Contribution Benefit.

This Superannuation Contribution Benefit may be reduced by any fees or taxes payable by the Trustee.

The Superannuation Contribution Benefit ceases on the earlier of:

1. when the Insurer stops paying the Total Disability Benefit or Partial Disability Benefit, or
2. the law changes such that the Insurer can no longer pay the additional amount to the Trustee.

How does income from other sources impact the amount of IP benefits you receive?

If you receive certain income or compensation payments while the Insurer is paying you an IP benefit, your IP benefit may be reduced.

The Insurer takes into account the following payments (known as Offsets):

- regular payments for sick leave
- regular payments from a worker's compensation, accident compensation or public liability scheme and
- regular payments from any income protection insurance you obtained after applying for IP cover under the Group Policy, if your total income protection benefits from all policies exceed 75% of your Pre-Disability Income.

If any of these amounts are paid other than monthly, the Insurer will convert them to a monthly amount when calculating your benefit.

Where a payment is made as a lump sum, only the portion relating to lost income or loss of earning capacity will be taken into account. Unless otherwise agreed between the Insurer and the Trustee, a lump sum payment may be treated as a monthly amount equal to 1/60th of the lump sum and applied for the lesser of:

- 60 months or
- the number of months remaining of the Benefit Period.

The Insurer does not take into account:

- investment income or
- other forms of unearned income.

Your IP benefit will be reduced so that, when combined with any applicable Offsets, the total amount received does not exceed:

- your Monthly Benefit while you are Disabled or
- 100% of your Pre-Disability Income while you are Partially Disabled.

If you are entitled to a Superannuation Contribution Benefit under the Group Policy, any reduction for Offsets applies only to your IP benefit. Your Superannuation Contribution Benefit will not be reduced.

The Insurer may recalculate your benefit if it becomes aware of income or payments that should have been taken into account. This may result in:

- future benefit payments being reduced to recover any overpayment or
- an additional payment being made if you have been underpaid.

See the definition of **Offset** in the **Defined Terms** section of this Insurance Guide for further information.

Do you pay insurance fees when claiming an IP benefit?

If you are being paid an IP benefit, you will not be charged insurance fees related to that cover for the period you are eligible to be paid that benefit under the Group Policy, however insurance fees are payable during the Waiting Period.

What happens if you suffer a recurrent disability?

If the Insurer stops paying your claim and you subsequently suffer a Relapse, whether the Relapse is treated as a new claim or a continuation of your previous claim will depend on why the original claim ended.

A Relapse will be treated as a new claim if:

- the Insurer stopped paying benefits because the full Benefit Period was paid and you have worked in your usual occupation for at least six consecutive months from the end of your earlier period of Disability or Partial Disability before suffering the Relapse or
- the Relapse occurs at least six months after the Insurer stopped paying benefits.

In these circumstances, both the Waiting Period and the Benefit Period will start again.

A Relapse will be treated as a continuation of your previous claim if it occurs within six months after the Insurer stopped paying IP benefits.

In these circumstances:

- the Waiting Period and Benefit Period will not start again and
- all benefit payments made in relation to the claim will be added together and treated as one Benefit Period.

Important: If the Insurer stopped paying benefits because the full Benefit Period was exhausted, no benefit will be payable for a Relapse unless you have worked in your usual occupation for at least six consecutive months before the Relapse occurs. In which case the Relapse will be treated as a new claim.

Returning to work during the Waiting Period

If you become Disabled and start serving your Waiting Period, and then recover but later have a Relapse and become Disabled again, the Waiting Period may continue rather than restart.

If you return to work for five days or less in a row before becoming Disabled again, the Waiting Period does not restart. Instead, all the days you are Disabled are added together until the total equals the full Waiting Period.

This rule applies even if you return to work more than once during the Waiting Period and experience more than one Relapse.

However, if you return to work for more than five days in a row, the Waiting Period will restart the next time you become Disabled.

What exclusions apply to your IP cover?

The Insurer won't pay an IP benefit if your Disability or Partial Disability was caused by an intentionally self-inflicted illness or injury, or if your illness or injury was caused by war (whether declared or not, and whether the cause is direct or indirect).

The Insurer doesn't pay for normal and uncomplicated pregnancy or childbirth. However, they will pay if you become Disabled or Partially Disabled because you experienced complications during pregnancy or while giving birth.

Other exclusions may apply, if applicable, and the Insurer will advise you of these at the time your application is accepted.

When will IP payments stop?

The Insurer will stop paying if any of the following occur:

- medical assessments or other evidence indicate to the Insurer's satisfaction that you cease to be Disabled or Partially Disabled
- you do any Remunerative Work, except where a Partial Disability benefit applies
- all the periods for which the Insurer has paid under the one claim add up to the Benefit Period
- for Partial Disability claims, the illness or injury that made you Disabled no longer causes you to earn less than your Pre-Disability Income
- for Partial Disability claims, you no longer have the approval of your Doctor to work (noting that if you are Disabled, the Insurer will start paying you a Total Disability Benefit)
- the IP cover ends
- you turn 65, or
- you die.

When your IP payments stop, the Insurer will also stop:

- waiving the insurance premiums associated with your IP cover, and
- paying the Superannuation Contribution Benefit (if applicable).

What happens if I stop working – not because of illness or injury?

If you cease to be employed for reasons other than injury or illness, the Insurer will not pay any IP benefit if you claim.

If you permanently leave employment (e.g. retirement), you must tell us to stop your cover, otherwise we will continue to charge the full insurance fee for a benefit you may no longer be eligible to claim. If you stop working temporarily, you may continue to pay the insurance fees to ensure your cover is maintained for a point in the future when you do return to work.

INTERIM COVER

You'll have interim cover when the Insurer receives an accurate and completed application for Standard or Tailored Cover, and while the Insurer is considering your application, subject to the below conditions.

When the Insurer will pay	Payment amount
If you have applied for Death cover and you pass away within the Interim Cover Period (as a result of an injury that occurs, or an illness that you first suffer during the Interim Cover Period). **OR**	The lesser of: – the Death cover amount you have applied for, or – $1,000,000.
If you have applied for TPD cover, and you suffer an Accident during the Interim Cover Period and as a result you become Totally and Permanently Disabled within the Interim Cover Period. **OR**	The lesser of: – the TPD cover amount you have applied for, or – $1,000,000.
If you have applied for IP cover and you become Disabled as a result of either: – an injury occurring during the Interim Cover Period, or – an illness that you first suffer within 30 days after the commencement of the Interim Cover Period, and your Waiting Period commences during the Interim Cover Period. No Partial Disability benefit is payable under interim cover.	The lesser of: – $15,000 per month, or – the Insured Monthly Benefit you applied for.

The Interim Cover Period refers to a period of no more than 90 days commencing on the date that the Insurer has received a completed application for cover and where we have received a contribution from you.

When the Insurer won't pay

The Insurer will not pay:

- if your application is one which the Insurer would not accept under their standard underwriting rules and exclusions (although the Insurer will pay any part of the benefit it would have accepted under its standard underwriting rules and exclusions)
- when death or disablement is caused by intentional self-inflicted injury or suicide
- when death or disablement is caused by a Pre-existing condition you were aware of at the time of applying for this cover or
- when death or disablement is caused by you engaging in any sport, pastime or occupation, which would not be covered under the Insurer's standard underwriting rules.

A Pre-existing condition means an injury or illness that you have been diagnosed with, have any symptoms of, or were treated for, prior to the commencement of the interim cover, unless it's an illness or injury that you were not aware of and a reasonable person in the circumstances could not be expected to have been aware of, at the time the interim cover commenced.

The insurer will only pay interim cover once.

When this cover stops

Interim cover will stop on the earliest of:

- 90 days from the date the Insurer receives a completed application, and premiums have been received for the Death, TPD and/or IP cover
- the date your application is accepted or declined by the Insurer or withdrawn by you or
- the date we are advised of cancellation of the interim cover.

If the Insurer changes the insurance offered while considering your application, your interim cover may change accordingly.

When this cover is not available

Interim cover will not be available if you:

- have ever withdrawn an application for insurance (including through a super fund)
- have ever applied for similar insurance and the application was declined or deferred
- are applying for, or have obtained similar insurance with another insurer (including through a super fund) or
- are applying for Life Event cover or Transfer of existing cover from another fund or insurer into the Fund.

General terms that apply to your cover

Worldwide cover

Your insurance cover through North Protect provides worldwide cover 24 hours a day, seven days a week, giving you peace of mind.

Insurance whilst overseas

If you're overseas, we'll continue to deduct insurance fees from your account and any death, TPD and IP cover will continue.

If you're disabled while you're outside Australia or New Zealand and you qualify for an IP benefit claim, the Insurer may pay you for a maximum period of three months in total. The Insurer will start paying you again when you return to Australia or New Zealand (if you're still entitled to be paid). For the avoidance of doubt, you will not be entitled to payment of an IP Benefit for the period between the time the Insurer ceased paying and the time you returned to Australia or New Zealand. If the Insurer decides to pay benefits while you're outside Australia or New Zealand for longer than three months, they may set conditions and suspend payments if you don't comply.

What happens to your insurance cover if you withdraw money from your account?

If you choose to withdraw some or all of your account balance and there are insufficient funds to pay your insurance fees, all cover will cease. If you close your North Super account, all cover will cease.

What happens to your insurance cover if you open a North Pension account?

When you transition to a North Pension account, insurance is subject to specific limitations.

Continuation of cover

- A North Pension account can only hold death (life) cover, and only where it is transferred from an existing North Super account.
- TPD and IP cover cannot be continued in a North Pension account and will cease if the North Super account is closed.
- If you keep your North Super account open, your existing death, TPD and IP cover can continue in that super account provided there are sufficient funds to pay your insurance fees.

Applying for cover

1. You **cannot apply for new insurance cover** within a North Pension account.
2. This includes all application pathways, such as:
    1. Standard Cover
    2. Tailored Cover
    3. Life Event Cover
    4. Transfer Cover.
3. In a North Pension account, insurance options are limited to:
    1. continuing eligible death cover (via transfer only)
    2. reducing or cancelling existing cover.

When does cover stop

Your cover stops on the earliest of the following:

- You have Standard Cover insurance and turn age 70 (in the case of Death including Terminal Illness cover) or age 65 (in the case of TPD cover)
- You have Tailored Cover insurance and turn age 70 (in the case of Death including Terminal Illness cover) or age 65 (in the case of TPD and IP cover)
- Your cover is cancelled (including where you request for your cover to be cancelled)
- We (or the insurer) pay a claim for which you are eligible and, as a result of the claim benefit paid, your cover reduces to zero
- You close your North account
- Your account doesn't have enough money to pay insurance fees at the time that they are charged, meaning your insurance will be cancelled immediately. You'll have 60 days to ask for your cover to be reinstated (see the **Reinstatement of insurance cover** section)
- For TPD and/or IP cover, the date you transfer your entire North Super account balance to your pension account
- You die.

If you would like to cancel any insurance cover, simply contact us or speak to your adviser. The effective date for cancellation of cover is the date we receive a request from you or your adviser. If you cancel your cover:

- you will not be able to make a claim for insurance benefits for events or conditions that arise after your cover has been cancelled, and
- we will no longer deduct insurance fees from your account.

If you are cancelling your cover because you intend to apply for alternative cover elsewhere, you should consider not cancelling your cover until the alternative cover is in place. You should get independent financial advice to help you make a decision on cancellation of insurance.

Managing your cover

As life changes, your insurance needs may change too. The level of cover you need will depend upon your own personal circumstances and your need to provide for your family and/or other beneficiaries. It's important to keep reviewing your cover to make sure it continues to be right for you.

How to change or cancel your cover

You can reduce or cancel your cover at any time. You can also apply to increase your cover (including through Life Events Cover and Transfer Cover) via your North Super account.

Please note:

- TPD cover cannot be greater than your Death cover, except where you have Standard Cover (Lifestages cover).
- To apply for TPD cover, you must also apply for, or already hold, Death cover.

You may elect to cancel:

- **Death cover**. If you cancel Death Cover, any associated TPD Cover will also be cancelled. You may retain Income Protection Cover.
- **TPD cover**. You may cancel TPD Cover and retain Death Cover and Income Protection Cover.
- **Income Protection cover**. If you cancel Income Protection Cover, any associated Superannuation Contribution Benefit cover will also be cancelled. You may retain Death Cover and TPD Cover.
- **Superannuation Contribution Benefit**. You may cancel the Superannuation Contribution Benefit and retain Income Protection Cover.
- **Death and TPD cover**. You may cancel both Death Cover and TPD Cover and retain Income Protection Cover.
- **All cover types**.

If you cancel your cover, or an increase in your cover, within 30 days of being notified that the cover or increase commenced, the cancellation will be backdated to the commencement date. In this case:

- the cover (or increase in cover) will be treated as though it never commenced;
- any insurance fees paid for that cover or increase will be refunded; and
- no benefit will be payable for any claim relating to that cover or increase.

No refund will be available if a claim has been made in relation to that cover or increase.

If you reduce your cover, any Standard Cover (Lifestages Cover) will be converted to Tailored Cover and will be subject to the minimum cover amounts that apply to Tailored Cover.

If you need to change your cover, please contact your financial adviser or AGI.

Reinstatement of insurance cover

You can apply to reinstate your cover within 60 days of the date your cover ceases as a result of insufficient funds in your relevant North account to pay for premiums.

If you've cancelled your cover voluntarily, then you'll need to complete an application form with health and lifestyle evidence and underwriting will apply. Contact AGI or your adviser for a copy of the form.

If your cover is reinstated by the Insurer, the reinstated cover:

- will be reinstated to the cover you previously had (subject to any automatic changes due to ageing on the Lifestages cover scale for Standard Cover)
- will recommence from the date that your relevant cover was cancelled;
- is provisional upon receipt of the insurance fees outstanding from the date that your relevant cover ceased; and
- will retain any conditions, exclusions or restrictions that applied to your cover prior to it ceasing.

Insurance cannot be reinstated where it was cancelled as a result of the Insurer paying you a claim.

When will your insurance fees be deducted from your account?

Insurance fees are paid in advance and are deducted from your super account at the start of every month. For more information see the **how are your insurance fees paid?** section of this Insurance Guide.

Additional cover

You can apply for additional cover with consultation from your financial adviser. You will be required to provide evidence about your personal circumstances, including your health, lifestyle and occupation.

Refer below for information about the process that occurs if you are required to provide health, occupation and lifestyle evidence (this is called the underwriting process). Acceptance of additional cover is subject to the Insurer's discretion and underwriting guidelines.

If your insurance has exclusions or loadings applied you can always ask for the decision to be reviewed at any time, subject to provision of updated information. Upon receipt of your request, the Insurer will advise what information is required at the time of review.

Life Events cover

If you've experienced a significant change in your life which you need to be covered for, you may be able to apply to increase your cover by answering a short number of health and lifestyle questions. Life Events cover is only available for Death cover and TPD cover through Tailored Cover.

What events are covered?

- Taking out a new or increasing an existing mortgage for your principal place of residence alone or with your Spouse.
- You or your Spouse gives birth to or adopts a child.
- You get married or commence a de facto relationship.
- You get divorced or end a de facto relationship.
- Your Spouse dies.
- You have a dependent child who starts primary or secondary school.

Am I eligible to apply for Life Events cover?

You can submit an application for Life Events cover if:

- you are aged between 16 and 69 (inclusive) for Death cover, and/or
- you are aged between 16 and 64 (inclusive) for TPD cover
- you submit an accurately and fully completed application within 90 days of the Life Event occurring
- you have not applied for Life Events cover in the last 12 months
- you have not previously been declined for cover under the Group Policy, and
- your total cover amount will not exceed the Maximum Cover Limit.

If the Insurer accepts your application, any loadings, exclusions, restrictions and limitations applicable to your cover will apply to your increase in cover. A Life Events application can't be used to reinstate or recommence cover that was previously ceased. If you are accepted for Life Events cover then all Lifestages cover will be converted to a fixed amount of Tailored Cover equivalent to your existing cover amount plus the new Life Events cover amount, subject to the Maximum Cover Limit. Your TPD cover cannot exceed your death cover as a result of a Life Events application.

What is the maximum amount of cover you can apply for under Life Events cover?

Per application:

- Death: $250,000
- TPD: $250,000.

Across all applications:

- Death: $500,000
- TPD: $500,000.

When does cover commence?

Life Events cover commences when the Insurer has accepted your application and there are sufficient funds in your relevant North Super account to pay the insurance fees. If there are not sufficient funds in your relevant North Super account to pay your premiums when Life Event cover commences, it will be deemed not to have started.

Your insurance fees will change to reflect any increases in cover as a result of the Insurer's acceptance of your life events cover application.

How to make a claim

When you or your representative become aware of a potential claim, you should notify us as soon as reasonably practicable.

NMMT Limited, as service provider to the Trustee, has appointed **Australian Group Insurances Pty Limited (AGI)** as its specialist insurance administration service provider to assist with the administration of North Protect, including the handling of insurance claims.

Handling of insurance claims includes receiving claim notifications, providing claim forms and information requirements, assisting with claim enquiries, coordinating the collection of medical and other supporting evidence, and facilitating communication throughout the claims assessment process.

In most cases, you, your representative, or your financial adviser may interact directly with AGI during the claims process. AGI will work with you and relevant parties to help progress your claim and keep you informed of its status.

You or your representative can lodge an insurance claim with the Trustee through AGI using any of the following methods:

Call

1300 375 358

Monday to Friday, 8:30am to 5:00pm (Sydney time)

Write

Australian Group Insurances Pty Limited

Level 3, 309 Pitt Street

Sydney NSW 2000

Email

north@agigroup.com.au

Medical examinations and reporting for claims

When you submit a disability claim, the Insurer will require you to provide information about your health and any other information that it reasonably requires to assess your claim. The Insurer may require you to be examined by a medical adviser of their choosing. In this case, the Insurer will pay for this examination including any ensuring reporting from the medical adviser. If you fail to attend any pre-arranged examinations or don't provide enough notice of your inability to attend, you may be liable for any fees incurred by the insurer. The Insurer will not pay for any fees incurred for the cost of having the standard initial claim reports completed or ongoing claims reporting for IP claims.

Supporting your health and wellbeing

When it comes time to get your life back on track after a claim, the Insurer will support you through providing access to a wide range of evidence-based services to help you meet your health goals and sustainably achieve the best possible health and work outcomes.

Your feedback is welcome

Your feedback is welcome

We take complaints seriously and want all members to have a positive experience. If you are ever unhappy with our service or a decision, we encourage you to let us know so we can work with you to resolve the issue as quickly as possible.

Making a complaint

Information about our complaints process is available in our Complaints Handling Guide on our website. You can also find details at **Complaints & Compliments | North**

You can lodge a complaint in any of the following ways:

- Online via our **feedback form**
- By calling **1800 667 841** (8:30am to 7:00pm, Monday to Friday, Sydney time)
- By emailing **north@amp.com.au**
- In writing to **North Service Centre, GPO Box 2915, Melbourne VIC 3001**

If your complaint is resolved within five business days, we will not provide a written response unless you request one. However, if your complaint relates to financial hardship, a declined insurance claim, the value of an insurance claim, or a decision of the Trustee, we will provide you with a written response even if the complaint is resolved within five business days.

If your complaint cannot be resolved within five business days, it will be handled through our complaint resolution process. We will provide you with the name and contact details of the customer resolution team responsible for your complaint, keep you informed with regular progress updates, and tell you when the investigation is expected to be completed.

Once our investigation is complete, we will contact you to discuss our decision and provide you with a written response outlining the outcome and the reasons for our decision. Different resolution timeframes may apply depending on the type of complaint. Further information is available in our complaints policy on our website.

If you are not satisfied with the outcome of your complaint, you may refer it to the **Australian Financial Complaints Authority (AFCA)**. AFCA is an independent body that provides a free complaint resolution service for complaints about financial firms. AFCA's contact details are:

Australian Financial Complaints Authority
Postal address: GPO Box 3, Melbourne VIC 3001, Australia
Phone: 1800 931 678
Email: info@afca.org.au
Website: afca.org.au

Time limits may apply for referring a complaint to AFCA. You should contact AFCA or visit their website for more information.

Getting help to make a complaint

If you need help to make a complaint, you can ask an authorised representative, family member or friend to contact us on your behalf. We will need your permission to speak with anyone else about your complaint, which can be given verbally or in writing.

If you have a hearing or speech impairment, you can use the National Relay Service:

- TTY users – phone 133 677, then ask to contact 131 267
- Speak and listen users – phone 1300 555 727, then ask to contact 131 267
- Internet relay users – visit the **National Relay Service website**

The Translating and Interpreting Service (TIS National) provides interpreting services for people who do not speak English. TIS National can be contacted on 131 450.

How much your cover costs

Your insurance fees include the following:

- your insurance premiums charged by the insurer
- an Insurance Service Expense (ISE) charged by us, and
- other governmental charges such as stamp duty (where applicable).

Insurance service expense (ISE)

The ISE is currently 10.45% of your premiums inclusive of GST. This expense is charged by us and covers the cost of providing and administering your insurance cover through your North account. For more information, refer to the **fees and other costs** section of the North Super and Pension PDS or your Welcome Letter.

Government duties

Stamp duty and other government charges may apply to your insurance fees. The treatment of stamp duty may differ depending on the type of insurance cover you hold.

For Death only and Death & TPD cover, stamp duty (where applicable) is included in the premium rates shown in this Insurance Guide.

For IP cover, premium rates are shown exclusive of stamp duty. Where applicable, stamp duty will be applied separately and will depend on your state or territory of residence.

The Insurer may change how stamp duty is recovered in the future. Where stamp duty or other government taxes apply, they are based on the residential address we have recorded for you. As stamp duty and taxes vary between states and territories, it is important to keep your address up to date.

Stamp duty and taxes may change without notice if governments introduce new charges, amend existing charges, or if your recorded residential address changes.

How are your insurance fees calculated?

Your insurance fees represent the cost of your insurance cover and depend on a number of factors, which may include:

- the type of insurance cover that applies to you (Standard Cover or Tailored Cover)
- the type and amount of cover you hold
- your age, gender, health and lifestyle and occupation, including any applicable occupational loading as outlined in Table 2
- the Waiting Period and Benefit Period you select (where applicable)
- premium rates set by the Insurer
- the ISE, and
- stamp duty and any other taxes, duties, levies or charges applicable.

Depending on your circumstances, each of these factors may affect the amount of insurance fees you pay. Following are examples of how premiums are calculated for cover under the Group Policy.

Example 1 – Standard Cover (Death & TPD)

Ben is:

- Age next birthday: 40
- Occupation: Event Manager
- Occupational Rating Factor: 1.00
- Male non-smoker
- Death & TPD cover amount: $306,000

Annual premium rate = **$0.80 per $1,000 of cover**

Step 1: Calculate the annual premium

$306,000 ÷ 1,000 × 0.80 = $244.80

Step 2: Add the ISE

ISE = $25.58

Total annual insurance fee

Component	Amount
Annual premium	$244.80
ISE	$25.58
Total annual insurance fee	**$270.38**
Applicable government taxes and duties are included in the premium rate and total annual insurance fee.	

Example 2 – Tailored Income Protection Cover

Emma is:

- Age next birthday: 35
- Occupation: Pharmacist
- Occupation Rating Factor: 0.75
- State of residency: NSW
- Female non-smoker
- 5 year Benefit Period
- 90 day Waiting Period
- Monthly insured benefit of $12,000

Annual premium rate = **$3.92 per $1,000 of annual insured benefit**.

Step 1: Calculate the annual insured benefit

$12,000 × 12 = $144,000

Step 2: Calculate the annual premium before applying the Occupation Rating Factor

$144,000 ÷ 1,000 × 3.92 = $564.48

Step 3: Apply the Occupational Rating Factor

$564.48 x 0.75 = $423.36

Step 4: Add the ISE and Stamp Duty

Total annual insurance fee

Component	Amount
Annual premium	$423.36
ISE	$46.45
Stamp Duty	$21.17
Total annual insurance fee	**$490.98**
The annual insurance fee includes the premium, ISE and applicable state based Stamp Duty.	

How are your insurance fees paid?

If your insurance cover starts part way through a month, insurance fees will only be payable from the date your cover starts. Insurance fees are paid in advance and are deducted monthly from your North Super or North Pension account where applicable, usually from your cash account. Where cover commences part way through a month, only a proportionate insurance fee will be deducted for that month. If there is not enough money in your account to pay your insurance fees when they are due, your insurance cover will stop.

Example - Monthly deduction of insurance fees

Sarah has Death and TPD cover through her North Super account. Her monthly insurance fee is $28.50

Insurance fees are deducted monthly in advance from Sarah's North Super account, usually from her cash account.

If sufficient funds are available, the $28.50 fee will be deducted at the beginning of each month and her insurance cover will continue.

If there are insufficient funds available when the fee is due, her insurance cover may cease in accordance with the terms described in this Insurance Guide.

Will your insurance fees change?

The Insurer may change premium rates in the future. If your insurance fees increase (including as a result of an increase in the ISE), we will give you at least 30 days' notice, unless the increase is due to:

- your age
- a change you make to your insurance cover, or
- a change in stamp duty or the introduction of a new government duty or charge.

If you make a change to your cover, your insurance fees will be adjusted to reflect that change. Your new insurance fees will apply from the date the Insurer accepts the change. Your insurance cover and fees are also recalculated as you get older.

Keeping Your Insurance Details Up to Date

If you change occupations, you may be able to update your occupation by calling us. Changing your occupation may result in a change to your insurance fees, either higher or lower. If your occupation is updated, we will tell you about your new insurance fees at the time the change is processed.

If your insurance has exclusions or loadings applied you can always ask for the decision to be reviewed at any time, subject to provision of updated information. Upon receipt of your request, the insurer will advise what information is required at the time of review.

Change in the event of war

If a war, whether declared or not, affects Australian civilians, the Insurer may change insurance premiums. We will notify you if this occurs.

Premium Rate Tables

Premium rates for Death only & Death and TPD cover - Standard Cover

Rates are:

1. for Death only or Death and TPD cover inclusive of stamp duty
2. based on premiums being paid monthly to the Insurer
3. Annual Premium Rates per $1,000 annual Insurance Benefit
4. exclusive of commissions and administration fees
5. based on the Occupational Rating Factor for White Collar. For occupations other than White Collar occupations, premium rates will be adjusted according to the Occupational Rating Factors set applicable to that occupation as per below.

Annual Premium Rates per $1,000 annual Insurance Benefit								
Age Next Birthday	Death Only				Death & TPD			
	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
16	0.60	0.89	0.44	0.55	0.75	1.06	0.46	0.58
17	0.71	1.04	0.46	0.55	0.91	1.22	0.48	0.59
18	0.79	1.13	0.44	0.55	1.00	1.39	0.46	0.58
19	0.81	1.17	0.44	0.55	1.07	1.46	0.46	0.58
20	0.84	1.21	0.42	0.52	1.12	1.53	0.44	0.56
21	0.81	1.21	0.35	0.47	1.12	1.58	0.37	0.51
22	0.81	1.21	0.34	0.47	1.12	1.59	0.36	0.51
23	0.79	1.18	0.34	0.46	1.11	1.57	0.36	0.50
24	0.73	1.14	0.30	0.39	1.04	1.53	0.32	0.46
25	0.68	1.11	0.29	0.39	1.01	1.52	0.31	0.46

Annual Premium Rates per $1,000 annual Insurance Benefit								
26	0.64	1.07	0.27	0.38	0.95	1.48	0.29	0.46
27	0.60	1.01	0.26	0.34	0.88	1.46	0.28	0.45
28	0.55	0.98	0.26	0.34	0.81	1.40	0.29	0.51
29	0.52	0.91	0.22	0.34	0.79	1.38	0.29	0.52
30	0.49	0.91	0.22	0.34	0.65	1.35	0.30	0.55
31	0.46	0.88	0.21	0.38	0.60	1.30	0.33	0.60
32	0.45	0.88	0.24	0.39	0.57	1.30	0.39	0.65
33	0.44	0.88	0.24	0.39	0.58	1.26	0.42	0.67
34	0.42	0.88	0.26	0.46	0.60	1.20	0.45	0.78
35	0.42	0.92	0.29	0.55	0.60	1.33	0.51	0.96
36	0.44	0.96	0.29	0.59	0.64	1.38	0.55	1.04
37	0.46	1.07	0.34	0.62	0.66	1.48	0.60	1.12
38	0.51	1.13	0.38	0.73	0.72	1.59	0.64	1.23
39	0.52	1.25	0.39	0.80	0.74	1.76	0.66	1.35
40	0.53	1.35	0.42	0.91	0.80	1.91	0.72	1.43
41	0.57	1.47	0.46	1.00	0.86	2.07	0.78	1.58
42	0.62	1.68	0.53	1.11	0.95	2.37	0.88	1.74
43	0.69	1.85	0.57	1.15	1.07	2.59	0.95	1.90
44	0.74	2.05	0.64	1.27	1.19	2.84	1.06	2.11
45	0.81	2.28	0.71	1.39	1.32	3.18	1.17	2.32
46	0.95	2.52	0.79	1.52	1.48	3.51	1.28	2.59
47	1.07	2.80	0.84	1.68	1.66	3.92	1.41	2.92
48	1.17	3.12	0.95	1.86	1.90	4.39	1.64	3.32
49	1.31	3.41	1.01	2.08	2.14	4.87	1.85	3.77
50	1.45	3.77	1.08	2.32	2.41	5.54	2.10	4.29
51	1.64	4.17	1.18	2.64	2.73	6.44	2.38	5.12
52	1.85	4.50	1.28	2.93	3.12	7.90	2.78	6.37
53	2.04	4.92	1.39	3.24	3.56	9.45	3.17	7.59
54	2.21	5.33	1.48	3.48	4.05	11.21	3.62	8.98
55	2.41	5.82	1.59	3.77	4.59	13.15	4.14	10.63
56	2.60	6.12	1.71	4.03	6.79	14.54	5.31	12.20
57	2.87	6.76	1.87	4.36	7.82	17.08	6.62	14.28
58	3.20	7.46	2.02	4.73	8.93	19.88	7.84	16.82
59	3.54	8.21	2.21	5.14	10.18	22.98	9.00	20.91
60	3.91	9.02	2.42	5.55	11.17	25.79	9.90	22.83
61	4.36	9.82	2.60	5.90	12.31	27.86	10.81	24.52
62	4.84	10.77	2.83	6.28	13.54	30.09	11.80	26.19
63	5.37	11.69	3.06	6.70	14.82	32.32	12.80	27.88
64	5.97	12.73	3.33	7.05	16.25	34.68	13.80	29.45
65	6.62	13.84	3.60	7.33	17.76	37.12	14.84	30.96
66	7.42	15.47	4.03	8.06	7.42	15.47	4.03	8.06
67	8.24	17.18	4.47	8.94	8.24	17.18	4.47	8.94

Annual Premium Rates per $1,000 annual Insurance Benefit								
68	9.22	19.25	5.03	10.03	9.22	19.25	5.03	10.03
69	10.43	21.75	5.69	11.34	10.43	21.75	5.69	11.34
70	11.88	24.80	6.50	12.89	11.88	24.80	6.50	12.89

Premium rates for Death only & Death and TPD cover - Tailored Cover

Rates are:

1. for Death only or Death and TPD cover inclusive of stamp duty
2. based on premiums being paid monthly to the Insurer
3. Annual Premium Rates per $1,000 annual Insurance Benefit
4. exclusive of commissions and administration fees
5. based on the Occupational Rating Factor for White Collar. For occupations other than White Collar occupations, premium rates will be adjusted according to the Occupational Rating Factors set applicable to that occupation as per below.

Annual Premium Rates per $1,000 annual Insurance Benefit								
Age Next Birthday	Death Only				Death & TPD			
	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
16	0.50	0.74	0.36	0.45	0.63	0.86	0.37	0.49
17	0.59	0.86	0.39	0.46	0.75	1.02	0.40	0.49
18	0.65	0.95	0.36	0.45	0.83	1.15	0.37	0.49
19	0.68	0.97	0.36	0.45	0.89	1.22	0.37	0.49
20	0.70	1.01	0.35	0.44	0.92	1.27	0.36	0.47
21	0.69	1.01	0.29	0.39	0.94	1.30	0.30	0.42
22	0.68	1.01	0.29	0.39	0.94	1.32	0.30	0.42
23	0.65	0.98	0.28	0.39	0.91	1.30	0.29	0.41
24	0.61	0.96	0.26	0.33	0.88	1.28	0.27	0.39
25	0.56	0.91	0.24	0.33	0.84	1.27	0.25	0.39
26	0.53	0.89	0.22	0.30	0.80	1.24	0.23	0.39
27	0.50	0.86	0.21	0.29	0.73	1.22	0.23	0.38
28	0.46	0.81	0.21	0.29	0.68	1.17	0.23	0.41
29	0.44	0.77	0.18	0.29	0.65	1.15	0.24	0.42
30	0.41	0.75	0.18	0.29	0.55	1.12	0.26	0.46
31	0.39	0.73	0.18	0.30	0.50	1.08	0.28	0.50
32	0.38	0.73	0.19	0.34	0.47	1.08	0.32	0.55
33	0.36	0.73	0.19	0.34	0.49	1.04	0.35	0.56
34	0.35	0.73	0.21	0.39	0.49	1.01	0.38	0.65
35	0.35	0.78	0.24	0.45	0.49	1.12	0.44	0.81
36	0.36	0.80	0.24	0.49	0.53	1.15	0.46	0.86
37	0.39	0.89	0.28	0.52	0.55	1.24	0.49	0.94
38	0.42	0.95	0.30	0.61	0.60	1.32	0.52	1.02
39	0.44	1.04	0.34	0.66	0.62	1.47	0.55	1.12
40	0.44	1.13	0.35	0.75	0.66	1.59	0.60	1.19
41	0.47	1.23	0.39	0.83	0.73	1.74	0.65	1.31
42	0.52	1.40	0.44	0.91	0.80	1.97	0.73	1.46

Annual Premium Rates per $1,000 annual Insurance Benefit								
43	0.57	1.53	0.47	0.96	0.88	2.16	0.79	1.58
44	0.62	1.71	0.53	1.07	1.00	2.37	0.89	1.75
45	0.69	1.90	0.59	1.15	1.11	2.65	0.97	1.93
46	0.79	2.11	0.65	1.26	1.24	2.94	1.07	2.16
47	0.89	2.33	0.70	1.40	1.39	3.27	1.18	2.43
48	0.97	2.60	0.79	1.54	1.58	3.67	1.36	2.77
49	1.08	2.84	0.84	1.74	1.77	4.07	1.53	3.15
50	1.21	3.15	0.91	1.94	2.01	4.61	1.74	3.57
51	1.37	3.46	0.98	2.20	2.28	5.37	1.98	4.27
52	1.53	3.75	1.07	2.43	2.60	6.59	2.32	5.30
53	1.69	4.11	1.15	2.70	2.95	7.89	2.64	6.32
54	1.85	4.45	1.24	2.89	3.38	9.34	3.03	7.47
55	2.00	4.85	1.32	3.13	3.82	10.95	3.45	8.86
56	2.16	5.10	1.43	3.35	5.64	12.10	4.42	10.17
57	2.39	5.63	1.56	3.63	6.52	14.23	5.50	11.88
58	2.66	6.22	1.69	3.94	7.45	16.56	6.53	14.01
59	2.94	6.84	1.85	4.29	8.48	19.15	7.51	17.43
60	3.25	7.51	2.02	4.63	9.30	21.48	8.25	19.03
61	3.63	8.19	2.16	4.91	10.27	23.22	9.02	20.43
62	4.03	8.97	2.36	5.24	11.28	25.07	9.82	21.84
63	4.47	9.74	2.56	5.58	12.36	26.94	10.67	23.22
64	4.97	10.61	2.78	5.87	13.55	28.89	11.50	24.55
65	5.52	11.53	3.00	6.11	14.80	30.93	12.36	25.80
66	6.19	12.88	3.35	6.72	6.19	12.88	3.35	6.72
67	6.87	14.31	3.73	7.45	6.87	14.31	3.73	7.45
68	7.68	16.04	4.19	8.36	7.68	16.04	4.19	8.36
69	8.69	18.12	4.74	9.44	8.69	18.12	4.74	9.44
70	9.91	20.67	5.42	10.74	9.91	20.67	5.42	10.74

Premium rates for IP cover with 2 year Benefit Period – Tailored Cover

Rates are:

1. for IP cover exclusive of stamp duty
2. based on premiums being paid monthly to the Insurer
3. Annual Premium Rates per $1,000 annual Insurance Benefit
4. exclusive of commissions and administration fees
5. based on the Occupational Rating Factor for White Collar. For occupations other than White Collar occupations, premium rates will be adjusted according to the Occupational Rating Factors set applicable to that occupation as per below
6. the level of stamp duty imposed varies between states and territories and the rate of stamp duty that you are charged will depend on your residential address.

Annual Premium Rates per $1,000 annual Insurance Benefit												
Age Next Birthday	30 Day Waiting Period				60 Day Waiting Period				90 Day Waiting Period			
	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
16	1.65	2.16	3.51	4.56	1.49	1.93	2.9	3.77	0.7	0.92	2.49	3.22
17	1.65	2.16	3.51	4.56	1.49	1.93	2.9	3.77	0.7	0.92	2.49	3.22
18	1.65	2.16	3.51	4.56	1.49	1.93	2.9	3.77	0.7	0.92	2.49	3.22
19	1.65	2.16	3.51	4.56	1.49	1.93	2.9	3.77	0.7	0.92	2.49	3.22
20	1.65	2.16	3.51	4.56	1.49	1.93	2.9	3.77	0.7	0.92	2.49	3.22
21	1.65	2.16	3.51	4.56	1.49	1.93	2.9	3.77	0.7	0.92	2.49	3.22
22	1.75	2.28	3.53	4.58	1.49	1.93	2.84	3.68	0.68	0.89	2.39	3.1
23	1.95	2.54	3.84	4.99	1.58	2.05	3.12	4.06	0.72	0.93	2.43	3.16
24	2.16	2.8	4.16	5.42	1.68	2.19	3.4	4.41	0.74	0.97	2.49	3.22
25	2.39	3.1	4.5	5.84	1.79	2.34	3.69	4.8	0.78	1.02	2.55	3.32
26	2.58	3.36	4.82	6.28	1.9	2.49	3.98	5.17	0.82	1.07	2.62	3.4
27	2.83	3.66	5.17	6.72	2.02	2.64	4.28	5.57	0.85	1.11	2.68	3.47
28	3.02	3.92	5.52	7.18	2.12	2.75	4.52	5.88	0.88	1.14	2.72	3.54
29	3.2	4.16	5.87	7.64	2.21	2.88	4.74	6.16	0.9	1.17	2.75	3.57
30	3.35	4.36	5.85	7.6	2.29	2.98	4.92	6.4	0.94	1.23	2.75	3.58
31	3.47	4.51	5.82	7.57	2.35	3.07	5.07	6.59	0.97	1.27	2.75	3.58
32	3.59	4.66	5.78	7.52	2.44	3.17	5.19	6.75	1	1.31	2.75	3.57
33	3.7	4.81	5.71	7.43	2.5	3.24	5.32	6.91	1.03	1.34	2.75	3.57
34	3.8	4.93	5.77	7.49	2.56	3.33	5.43	7.05	1.07	1.38	2.75	3.57
35	3.96	5.15	6.07	7.9	2.68	3.5	5.67	7.38	1.12	1.45	2.8	3.65
36	4.06	5.27	6.38	8.31	2.76	3.59	5.81	7.54	1.17	1.52	2.8	3.65
37	4.15	5.4	6.74	8.76	2.86	3.71	5.97	7.75	1.22	1.58	2.8	3.65
38	4.25	5.52	7.08	9.21	2.94	3.81	6.14	7.98	1.27	1.65	2.84	3.7
39	4.36	5.67	7.46	9.7	3.07	4	6.35	8.27	1.34	1.73	2.9	3.76
40	4.5	5.85	7.89	10.26	3.21	4.17	6.61	8.6	1.41	1.84	2.98	3.87
41	4.66	6.07	8.31	10.81	3.39	4.41	6.93	9.02	1.52	1.97	3.1	4.02
42	4.84	6.3	8.77	11.41	3.6	4.69	7.3	9.5	1.64	2.12	3.25	4.25
43	5.07	6.6	9.25	12.03	3.88	5.06	7.74	10.06	1.79	2.31	3.44	4.47
44	5.34	6.94	9.77	12.72	4.18	5.44	8.25	10.73	1.98	2.57	3.71	4.81

Annual Premium Rates per $1,000 annual Insurance Benefit												
45	5.67	7.36	10.34	13.45	4.58	5.96	8.85	11.52	2.2	2.87	4.01	5.22
46	6.04	7.86	10.93	14.21	5	6.5	9.52	12.38	2.49	3.24	4.36	5.67
47	6.48	8.42	11.58	15.06	5.53	7.2	10.3	13.38	2.8	3.65	4.82	6.28
48	6.98	9.07	12.28	15.96	6.15	8	11.18	14.53	3.21	4.17	5.34	6.94
49	7.58	9.86	13.03	16.93	6.87	8.92	12.16	15.81	3.69	4.8	5.94	7.72
50	8.25	10.73	13.81	17.97	7.69	10.01	13.27	17.24	4.22	5.51	6.64	8.65
51	9.02	11.72	14.69	19.09	8.65	11.26	14.48	18.83	4.89	6.35	7.44	9.67
52	9.89	12.86	15.63	20.33	9.73	12.65	15.84	20.59	5.64	7.33	8.36	10.88
53	10.88	14.14	16.66	21.67	10.97	14.28	17.32	22.52	6.52	8.47	9.4	12.22
54	12	15.59	17.8	23.13	12.39	16.12	18.95	24.64	7.54	9.81	10.56	13.73
55	13.24	17.22	19.48	25.33	13.99	18.19	20.74	26.95	8.69	11.3	11.88	15.44
56	14.36	18.68	21.28	27.67	15.45	20.09	22.16	28.81	9.77	12.71	13.02	16.92
57	15.89	20.66	24.53	31.88	17.45	22.7	24.23	31.51	11.26	14.63	14.6	18.98
58	17.65	22.96	28.16	36.62	19.69	25.58	26.48	34.43	12.93	16.81	16.36	21.26
59	19.64	25.53	32.07	41.69	22.22	28.9	28.92	37.61	14.84	19.28	18.3	23.78
60	21.86	28.42	36.73	47.73	25.06	32.58	31.58	41.05	16.96	22.05	20.44	26.58
61	24.38	31.69	39.72	51.65	28.24	36.73	34.46	44.79	19.38	25.19	22.79	29.63
62	27.26	35.45	43.08	56	31.84	41.38	37.56	48.83	22.07	28.7	25.35	32.96
63	30.51	39.67	46.83	60.89	35.86	46.61	40.93	53.21	25.09	32.63	28.18	36.62
64	32.07	41.69	49.22	63.98	37.47	48.71	42.57	55.33	26.29	34.18	29.62	38.51
65	18.2	23.67	27.56	35.84	19.74	25.67	22.2	28.86	13.5	17.56	15.21	19.78

Premium rates for IP cover with 5 year Benefit Period – Tailored Cover

Rates are:

1. for IP cover exclusive of stamp duty
2. based on premiums being paid monthly to the insurer
3. Annual Premium Rates per $1,000 annual Insurance Benefit
4. exclusive of commissions and administration fees
5. based on the Occupational Rating Factor for White Collar. For occupations other than White Collar occupations, premium rates will be adjusted according to the Occupational Rating Factors set applicable to that occupation as per Table 2
6. the level of stamp duty imposed varies between states and territories and the rate of stamp duty that you are charged will depend on your residential address.

Annual Premium Rates per $1,000 annual Insurance Benefit												
Age Next Birthday	30 Day Waiting Period				60 Day Waiting Period				90 Day Waiting Period			
	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
16	2.18	2.84	5.27	6.84	2.84	3.71	4.85	6.31	0.91	1.17	3.69	4.79
17	2.18	2.84	5.27	6.84	2.84	3.71	4.85	6.31	0.91	1.17	3.69	4.79
18	2.18	2.84	5.27	6.84	2.84	3.71	4.85	6.31	0.91	1.17	3.69	4.79
19	2.18	2.84	5.27	6.84	2.84	3.71	4.85	6.31	0.91	1.17	3.69	4.79
20	2.18	2.84	5.27	6.84	1.91	2.47	4.19	5.43	0.91	1.17	3.69	4.79
21	2.18	2.84	5.27	6.84	1.91	2.47	4.19	5.43	0.91	1.17	3.69	4.79

Annual Premium Rates per $1,000 annual Insurance Benefit												
22	2.3	3	5.28	6.87	1.92	2.48	4.23	5.5	0.89	1.16	3.53	4.59
23	2.57	3.34	5.76	7.49	2.04	2.67	4.66	6.06	0.93	1.21	3.6	4.67
24	2.84	3.69	6.25	8.12	2.17	2.81	5.07	6.58	0.96	1.25	3.69	4.79
25	3.09	4.02	6.74	8.78	2.29	3	5.5	7.15	1	1.29	3.79	4.91
26	3.35	4.36	7.19	9.35	2.43	3.14	5.89	7.65	1.04	1.35	3.89	5.06
27	3.65	4.77	7.76	10.09	2.57	3.34	6.39	8.3	1.09	1.41	4.02	5.24
28	3.93	5.1	8.17	10.63	2.71	3.51	6.65	8.65	1.12	1.47	4.02	5.23
29	4.16	5.4	8.7	11.31	2.8	3.64	6.99	9.08	1.16	1.51	4.14	5.39
30	4.36	5.66	8.57	11.14	2.89	3.77	7.16	9.32	1.22	1.58	3.96	5.13
31	4.36	5.66	8.21	10.68	2.89	3.77	7.1	9.24	1.22	1.58	3.99	5.18
32	4.65	6.04	8.09	10.54	3.06	3.99	7.2	9.38	1.28	1.68	3.84	4.99
33	4.73	6.14	7.82	10.16	3.1	4.05	7.19	9.37	1.33	1.74	3.81	4.95
34	4.82	6.28	7.95	10.35	3.18	4.13	7.42	9.66	1.33	1.72	3.77	4.91
35	5.2	6.77	8.47	11.02	3.44	4.47	7.83	10.2	1.48	1.92	3.92	5.08
36	5.32	6.91	8.98	11.68	3.53	4.6	8.08	10.51	1.51	1.94	3.96	5.15
37	5.57	7.25	9.71	12.63	3.73	4.85	8.49	11.03	1.65	2.14	4.07	5.31
38	5.98	7.76	10.42	13.56	4.03	5.24	8.95	11.62	1.75	2.27	4.24	5.52
39	6.02	7.83	11.77	15.32	4.13	5.36	9.89	12.85	1.87	2.43	4.64	6.01
40	6.47	8.42	13.03	16.95	4.51	5.87	10.79	14.02	2.01	2.62	4.86	6.32
41	6.77	8.8	14.15	18.39	4.78	6.21	11.59	15.06	2.21	2.88	5.25	6.82
42	6.99	9.09	15.36	19.96	5.05	6.57	12.57	16.35	2.35	3.05	5.73	7.45
43	7.53	9.79	16.06	20.89	5.58	7.27	13.18	17.13	2.59	3.35	5.98	7.76
44	7.98	10.38	17.11	22.24	6.07	7.9	14.15	18.41	2.97	3.86	6.54	8.5
45	8.46	11.01	17.27	22.46	6.61	8.61	14.45	18.79	3.31	4.31	6.62	8.62
46	9.22	12	17.75	23.06	7.4	9.62	15.1	19.64	3.79	4.91	7.1	9.22
47	9.99	13	18.66	24.24	8.29	10.76	16.21	21.08	4.3	5.57	7.79	10.14
48	10.55	13.71	19.73	25.65	8.98	11.68	17.53	22.81	4.89	6.36	8.61	11.18
49	11.47	14.91	21	27.29	10.03	13.03	19.09	24.83	5.54	7.2	9.62	12.49
50	12.23	15.89	22.11	28.75	10.97	14.27	20.63	26.84	6.23	8.11	10.67	13.86
51	13.55	17.62	23.31	30.3	12.49	16.24	22.35	29.05	7.33	9.54	11.88	15.44
52	14.93	19.42	24.73	32.15	14.14	18.38	24.28	31.58	8.47	11.02	13.2	17.16
53	16.61	21.59	26.16	34.02	16.1	20.92	26.33	34.23	9.92	12.91	14.73	19.16
54	18.29	23.77	27.53	35.78	18.12	23.57	28.37	36.88	11.42	14.85	16.39	21.3
55	20.39	26.51	29.87	38.82	20.63	26.83	30.71	39.92	13.39	17.42	18.26	23.73
56	22.01	28.61	32.57	42.33	22.69	29.5	32.74	42.57	14.97	19.45	20.02	26.03
57	24.37	31.69	37.67	48.96	25.58	33.26	35.92	46.7	17.3	22.51	22.38	29.08
58	26.96	35.04	43.64	56.72	28.75	37.38	39.58	51.45	19.75	25.68	25.33	32.93
59	30.15	39.22	50.03	65.05	32.61	42.4	43.53	56.57	22.83	29.68	28.55	37.13
60	33.93	44.11	61.07	79.39	37.17	48.3	50.64	65.83	26.25	34.12	34.04	44.27
61	35.41	46.04	60.1	78.14	38.79	50.43	49.84	64.79	24.9	32.36	34.4	44.71
62	37.07	48.2	58.62	76.22	40.59	52.77	48.6	63.17	25.39	33.02	33.22	43.18
63	38.88	50.56	56.51	73.46	42.57	55.34	46.84	60.9	28.17	36.62	31.63	41.11

Annual Premium Rates per $1,000 annual Insurance Benefit												
64	32.07	41.69	49.22	63.98	37.47	48.71	42.57	55.33	26.29	34.18	29.62	38.51
65	18.2	23.67	27.56	35.84	19.74	25.67	22.2	28.86	13.5	17.56	15.21	19.78

Table 2: Occupational Rating Factors

Occupational Rating Factors					
	Occupational Category	**DTH**	**DTPD**	**IP**	**Description of employees' duties**
1.	Professional	0.875	0.875	0.75	Includes an occupation where the Insured Member: 1 performs professional, managerial, administrative or clerical duties; 2 undertakes at least 90% of their regular working hours in an office-based and predominantly sedentary capacity; 3 earned gross employment income of at least $100,000 in the 12 months immediately preceding the relevant date, excluding superannuation contributions, bonuses and packaged benefits; and 4 either: 1 holds an accredited tertiary qualification relevant to their occupation; 2 is a member of, or eligible for membership of, a recognised professional association relevant to their occupation; or 3 is employed in a senior management or executive role by an employer with at least 20 employees. An Insured Member who is self-employed is not regarded as being engaged in a Professional occupation.
2.	White Collar	1.000	1.000	1.00	includes white collar workers and office professionals where duties are sedentary in nature or where travel and customer contact outside an office environment is required.
3.	Light Blue	1.000	1.250	1.50	includes occupations involving light manual work performed by skilled crafts people or licensed trades people and those supervising manual work, with some involvement in light manual work only.
4.	Medium Blue	1.300	1.700	2.00	includes occupations involving skilled workers solely working in non hazardous/non-heavy manual industries, or unskilled workers performing light manual duties.
5.	Heavy Blue	1.600	2.100	3.00	includes skilled workers in non-hazardous industries wholly performing heavy manual duties.
6.	Hazardous	1.600	2.100	3.00	includes heavy manual work performed by unskilled workers or those involved in hazardous duties.

Other things you need to know

The duty to take reasonable care not to make a misrepresentation

Your legal duty

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

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

The information you provide in response to the Insurer's questions will be important to the Insurer's decision. When you apply for cover under a consumer insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

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

This duty also applies when you extend or make changes to existing insurance, and when reinstating insurance.

If you don't meet your legal duty

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

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

This may also result in a claim being declined or a benefit being reduced.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered the questions took reasonable care not to make a misrepresentation, having regard to all relevant circumstances
- what the Insurer would have done if the duty had been met (for example, whether the Insurer would have offered cover and, if so, on what terms)
- whether the misrepresentation was fraudulent, and
- in some cases, how long it has been since the cover started.

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

Guidance for answering the Insurer's questions

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

- think carefully about each question before answering – if you are unsure of the meaning of a question, contact us before responding
- answer every question the Insurer asks
- answer truthfully, accurately and completely – if you are unsure whether information should be included, you should include it
- review your application carefully – if someone else helped prepare your application (for example, your financial adviser), ensure you check every answer and make any necessary corrections before submitting it.

There may be circumstances where the Insurer later investigates whether the information provided was true, such as when a claim is made.

Changes before your cover starts

Before your cover starts, the Insurer may ask you to confirm whether the information provided as part of your insurance application remains accurate or whether there has been a change in your circumstances. Letting us or the Insurer know about any changes as soon as they occur may help avoid delays, as further assessment or investigation may be required.

If you need help

It is important that you understand your obligations and the questions being asked. Contact us if you need help understanding the insurance application process, answering questions, or if you are experiencing difficulties due to a disability, limited English, or any other reason.

Your privacy with us, TAL Life Limited (TAL) and Australian Group Insurances Pty Ltd (AGI)

Under superannuation law, we are authorised to collect your personal and sensitive information for the purpose of administering your superannuation, including insurance held through super. The personal and sensitive information you provide is collected and held by us to administer insurance within your North account. If you do not provide the requested information, we may be unable to process your insurance application, assess a claim, or properly administer your insurance.

Your personal and sensitive information will only be disclosed to our staff where required, TAL (as the Insurer), AGI (as the insurance administrator) and/or our legal or other professional advisers where reasonably necessary.

You can access our privacy policy at **amp.com.au/privacy**, request a copy from us, or contact us for further information. Our privacy policy contains details about how we manage personal and sensitive information, as well as how to make a complaint if you are concerned about how your information has been handled.

Your privacy with TAL

TAL is bound by current Australian Privacy Legislation including the *Privacy Act 1988* (Cth) and the 13 Australian Privacy Principles. Their information handling practices are explained

in the TAL Privacy Policy which explains who they are and why they need to collect information when providing the products and services.

It also describes how TAL stores information, how you can obtain access to information they hold about you and how you can update or correct information if required. In providing their products and services, TAL may disclose personal information to some third parties and the TAL Privacy Policy provides details about this disclosure. In all circumstances, third parties are required to keep personal information confidential and only use the information for the purposes of assisting TAL provide its products and services.

TAL's Privacy Policy can be viewed on its website at **tal.com.au/privacy-policy**.

Your privacy with AGI

AGI is bound by current Australian privacy legislation, including the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles.

AGI's information handling practices are explained in its Privacy Policy, which outlines why AGI collects personal information when providing insurance administration and claims management services. It also explains how AGI collects, stores, uses and discloses personal information, how you can access the information AGI holds about you, and how you can request corrections to that information.

In providing its services, AGI may disclose personal information to third parties such as insurers, medical practitioners, service providers and other parties involved in the assessment and administration of insurance claims. In all circumstances, these parties are required to maintain the confidentiality of personal information and use it only for the purposes for which it has been provided.

AGI's Privacy Policy can be viewed on its website at **agigroup.com.au/Home/Privacy**

Defined terms

Group insurance cover is subject to terms and conditions in the Group Policy including defined terms. Although we have included several terms and conditions in this section, it is not intended to include full details of the Group Policy. To the extent of any inconsistency between the information in this Insurance Guide and the Group Policy, the terms and conditions of the Group Policy will prevail.

Defined term	Meaning
Accident	Means bodily injury caused directly or solely by violent, external and visible means and independent of all other causes.
Benefit Calculation Date (for TPD cover)	Is used only for the purpose of calculating the amount of the TPD Benefit and means the start of the Qualifying Period.
Benefit Period (for IP cover)	Means the maximum period during which a benefit for total Disability or Partial Disability will be paid for any one or related illness or injury under the Group Policy.
Cognitive Impairment	Means you suffer a significant and permanent cognitive impairment with a loss of intellectual capacity and as a result you're required to be under the continuous care and supervision of someone else.
Date of Disablement (for TPD cover)	Means the later of the following: – the date you are first certified in writing by a Doctor as being Totally and Permanently Disabled and – the date you cease Gainful Employment due to the illness or injury that caused Total and Permanent Disablement. Where the Doctor's certification occurs within seven days from the date you ceased Gainful Employment , the Date of Disablement is deemed to be the date you ceased Gainful Employment. If you were not engaged in Gainful Employment for at least 16 months before the illness or injury, TPD Part 1 does not apply and the Date of Disablement is the date in accordance with TPD Part 2.
Disabled or Disability (for IP cover)	Means that while you have IP cover: – you're unable to do your usual occupation because you're ill or injured – you're under Ongoing Care of a Doctor for that illness or injury, and – you are not in Gainful Employment or have ceased temporarily to receive any gain or reward under a continuing arrangement of Remunerative Work. The insurer's assessment of your ability to do your usual occupation is based on your capacity to carry out any one duty, or combination of duties, which are critical to the proper performance of your usual occupation. This assessment is based on the occupation in which you're regularly engaged at the time of suffering the illness or injury causing inability to work.
Doctor	Means a legally qualified medical practitioner registered to practice in Australia, New Zealand, the United Kingdom, the United States of America, or Canada. That person may not be you, your business partner, or a member of your immediate family.
Earnings	Means your total income package from employment, including commissions, regular bonuses, fringe benefits, employer superannuation contributions and any other items relating to their own efforts. It does not include investment income. It includes superannuation contributions made by your employer that are part of a salary sacrifice arrangement between you and the employer. When you own (directly or indirectly) all or part of the business or practice, Earnings means income earned by the business or practice as a result of your personal exertion or activities less your share of the business expenses incurred in earning that income. It does not include investment income. However, and notwithstanding the above, if the Superannuation Contribution Benefit has been selected, Earnings will not include any amount insured under that option.

Everyday Working Abilities (for TPD cover)	Means the following abilities:
	– **Walking** – To be able to walk more than 200 metres on a level surface without stopping due to breathlessness, angina or severe pain anywhere in the body.
	– **Bending** – To be able to bend, kneel or squat to pick something up from the floor and straighten up again.
	– **Communicating** – To be able to:
	  – clearly hear with or without a hearing aid or alternative aid if required
	  – comprehend and express oneself by spoken or written language with clarity and
	  – successfully communicate on a day-to-day basis in a work environment.
	– **Reading** – To be able to read, with or without correction or with suitable lenses, to the extent that an ophthalmologist can certify that:

Defined term	Meaning
	– visual acuity is equal or greater than 6/60 in both eyes or – constriction is within or greater than 20 degrees of fixation in the eye with the better vision. – **Lifting** – To be able to lift, carry or otherwise move objects weighing up to 5kg using either or both hands. – **Dexterity** – To be able, with reasonable precision and success, to: – use at least one hand, its thumb and fingers, including the ability to pick up and manipulate small objects and – use a keyboard. – **Comprehension and concentration** – To be able to understand, follow, and carry out instructions, or effectively maintain concentration and routinely complete tasks without excessive rest breaks (for example mental capacity to drive a vehicle, complete tasks based on a procedure manual, operating manual or verbal instruction, maintain the household, care for children or others). Where you can perform an Everyday Working Ability only with the use of an aid or adaption, you will be considered to be able to perform that Ability.
Evidence	Means any of the following which is dated or issued within the last 90 days and confirms the details of the type of cover, any loadings, exclusions, restrictions or limitations that apply and the amount of insured cover under the previous cover: – your member statement from your other superannuation fund – a screenshot or print out of your other superannuation fund account – a statement from your other insurer or – an insurance certificate of currency.
Fund or the fund	Means the Wealth Personal Superannuation and Pension Fund (ABN 92 381 911 598).
Gainful Employment	Means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.
Group Policy	The policy document issued by the Insurer to the Trustee in respect of the Fund including its schedules, and the policy endorsements, as amended from time to time.
Home duties (for TPD cover)	Means if you are doing at least 4 of the following duties related to running the family home: – cleaning the family home – shopping for food and household items – meal preparation – laundry services or – caring for a child or dependent.
Insured Monthly Benefit	means the total monthly dollar amount, inclusive of the Superannuation Contribution Benefit (if applicable) that the Insurer has agreed to provide in respect of the Insured Member.
Insurer, the insurer, TAL	Means TAL Life Limited ABN 70 050 109 450 AFSL 237848 located at Level 16, 363 George Street, Sydney NSW 2000.
Insured Member	An eligible person for whom the Insurer has accepted in writing to provide insurance cover under the Group Policy, excluding persons who are only entitled to an Interim cover under the Group Policy.
Limb	Means the whole hand below the wrist or the whole foot below the ankle.
Maximum Cover Limit (Tailored cover)	– **Death:** unlimited – **Terminal illness:** $5,000,000 – **TPD:** $5,000,000 – **IP:** $30,000 per month (including any Superannuation Contribution Benefit, if applicable)
Monthly benefit (for IP cover)	Means a monthly amount calculated as set out in the **Total Disability Benefit** section of this Insurance Guide.
Offset/Offsets	When determining the monthly benefit to be paid, the Insurer takes into account the following amounts when reducing the Monthly Benefit: – regular payments to you in respect of sick leave – regular payments to you from a workers' compensation, accident compensation or public liability scheme or – regular payments from any income protection insurance you obtained after applying for IP cover under the Group Policy, if your total income protection benefits from such cover together with IP cover under this Group Policy exceeds 75% of your Pre-Disability Income.

Defined term	Meaning
	If any of these regular payments are paid other than monthly, the Insurer will convert them to monthly payments for the Insurer's calculation. If the payment is from a lump sum then only that part of the payment that relates to compensation for loss of wages or earning capacity will be taken into consideration. If the payment is: – from a lump sum, then only that part of the payment that relates to compensation for loss of wages or earning capacity will be taken into consideration – in the form of a lump sum or are commuted to a lump sum, unless the Insurer and Trustee agree otherwise, the monthly benefit will be reduced by an amount equal to one sixtieth (1/60) of the lump sum over a period of: – sixty months or – the number of months remaining of the Benefit Period whichever is the lesser. The Insurer will ignore any other income or regular payments including: – investment income and – other forms of unearned income. The Insurer can recalculate the Monthly Benefit it must pay, or should have paid, if it did not take into account income that it was entitled to consider in determining your monthly benefit. The Insurer may reduce amounts it pays in the future to recover past overpayments. If the Insurer has underpaid the Monthly Benefit, it will pay any amount it owes.
Ongoing Care	You're under ongoing care if you: – have sought advice, care and associated treatment that was reasonably necessary and appropriate, from an appropriate Doctor or consultant medical specialist who personally assessed you, and was provided with full clinical details in relation to your illness or injury and you have continued to do so at reasonable intervals in the circumstances – followed the advice, care and associated treatment of the appropriate Doctor or consultant medical specialist and – have taken all other reasonable measures to minimise or avoid further illness or injury.
Partially Disabled / Partial Disability (for IP cover)	Means you suffer an illness or injury while you have IP cover and as a result you are: – only earning or capable of earning a monthly income that is less than your Pre-Disability Income – working (whether or not for remuneration) in a reduced capacity, or have the ability to carry out any one duty or combination of duties that are critical to the proper performance of your usual occupation and – under the Ongoing Care of a Doctor.
Pre-Disability Income	Means your Earnings prior to being Disabled. The Insurer uses your Earnings during the 12 months immediately before you became unable to work, and divides that amount by 12 to determine the monthly amount. However, if you're taking maternity leave, paternity leave or leave without pay, or have returned to work after taking maternity leave, paternity leave or leave without pay, the Insurer uses your Earnings during the 12 months immediately before you went on maternity leave, paternity leave or leave without pay, and divides that amount by 12 to determine the monthly amount.
Qualifying Period (TPD cover)	Means: – the three-month period commencing from the Date of Disablement or – if you become Totally and Permanently Disabled as a result of a **Specified Condition**, the 8-day period from the date the Specified Condition commenced.
Relapse	You suffer a relapse if you've earlier suffered an illness or injury, and you again suffer the same illness or injury or one that arises from the same cause or a related cause.
Remunerative Work	Means you're doing work in any employment, business or occupation. You must be doing it for reward – or the hope of reward – of any type.
Specified Conditions	Means one or more of the following conditions as certified by a Doctor whose educational qualifications and area of speciality are appropriate for your illness or injury: – Dementia – Blindness – Advanced heart failure – Paralysis – permanent loss of use of two or more limbs – Deafness – Loss of speech – Advanced lung failure – Loss of independence – inability to perform the Everyday Working Abilities

Defined term	Meaning
	– Motor neurone disease – Advanced multiple sclerosis – Muscular dystrophy
Spouse	Means as defined in the *Superannuation Industry (Supervision) Act 1993* (Cth). This includes married, de facto and same sex spouses.
Standard Cover Application Window	30 September 2026 and 15 March 2027 (inclusive).
Superannuation Contribution Benefit	Means a benefit selected by an Insured Member who has IP cover (which is expressed as a nominated percentage of Earnings up to a maximum of 15%), payable where the Insured Member is eligible for an IP benefit under the Group Policy.
Terminal Illness/ Terminally Ill	Means the Insurer being satisfied that there is a life expectancy of 24 months or less, certified by the Insured Member's attending Doctor and diagnosed on the basis of clinical findings and reports acceptable to the Chief Medical Officer of the Insurer or his or her nominee and – a second Doctor certifying that the injury or illness has caused a reduction in life expectancy to 24 months or less – at least one of the Doctors is a specialist practicing in an area related to the injury or illness suffered by the Insured Member and – for each of the certificates, 24 months has not elapsed from the date the certification was provided. For the avoidance of doubt, you will not be considered to have a Terminal Illness on a date prior to the Terminal Illness Certification Date.
Terminal illness Certification Date	Means the date (or if there are two different dates, the later of the two dates) that two Doctors sign a medical statement in a form acceptable to the Insurer in which they certify that you have a life expectancy of 24 months or less.
Total and Permanent Disablement/Totally and Permanently Disabled	Means, as a direct result of illness or injury, while engaged in Gainful Employment (or within sixteen (16) months of ceasing Gainful Employment), you: – become Totally and Permanently Disabled (as defined below under TPD Part 1 or Part 2) – remain under Ongoing Care of a Doctor for the illness or injury – are wholly prevented from engaging in Gainful Employment for at least the Qualifying Period, as certified in writing by your Doctor and – survive for eight days from the occurrence of the illness or injury. **TPD Part 1** If, immediately prior to the time you suffer an illness or injury, you: – have not engaged in Gainful Employment in the last sixteen (16) months or – have been solely performing Home Duties for the last sixteen (16) months. **Totally and Permanently Disabled** means disablement which commences on or after the commencement date of your TPD insurance cover, and: – the Insurer is reasonably satisfied that your ill-health (whether physical or mental) makes it unlikely that you'll engage in Gainful Employment for which you're reasonably fitted by education, training or experience and – your incapacity was caused by one of the following: – total and irrecoverable loss of: – the use of two limbs – the sight of both eyes or – the use of one limb and the sight of one eye or – total and permanent inability to perform at least three or more of the Everyday Working Abilities or – you suffer Cognitive Impairment or – if you have been solely performing home duties for the last sixteen (16) months, total and permanent inability to perform home duties. **TPD Part 2** In all other cases: **Totally and Permanently Disabled** means disablement which commences on or after the commencement date of your TPD insurance cover, and the Insurer is reasonably satisfied that your ill-health (whether physical or mental) makes it unlikely that you will engage in Gainful Employment for which you're reasonably fitted by education, training or experience.
Trustee, NM Super, we, us or our	Means N. M. Superannuation Proprietary Limited ABN 31 008 428 322.

Defined term	Meaning
Waiting Period (IP cover)	Means the period before the Insurer begins paying an IP benefit and means the waiting period that applies to you. Your waiting period may be reduced in circumstances agreed between the Insurer and the Trustee and your insurance fees may be adjusted accordingly.
Welcome Letter	Means the communication the Trustee sends to you when your application for cover is accepted under the Group Policy.

Contact us

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