

Insurance in your super

3 December 2024

This guide is an overview of how insurance in your super works. It includes information on the types of insurance available to you, the conditions under which you may be provided with cover automatically, and what happens if you need to make a claim.

The information in this guide forms part of the Product Disclosure Statement (PDS) for Equip Super Corporate – BOC Employees dated 1 November 2024.

Product Disclosure Statement

The information in this "additional guide" (Guide) forms part of the Product Disclosure Statement (PDS) for Equip Super Corporate. The final authority on any issue relating to Equip Super is the Trust Deed governing Equip Super, any applicable Participation Agreement and the relevant insurance policy.

This Guide is issued by the Trustee and includes additional information relating to the product. It has been prepared without taking into account your personal objectives, financial situation or needs. You should consider whether this information is appropriate to your personal circumstances before acting on it and, if necessary, you should also seek professional financial advice. Where tax information is included you should consider obtaining personal taxation advice. This Guide was up to date at the time when it was prepared. Some information in this Guide is subject to change from time to time. If a change is not materially adverse, the updated information will be available on our website equisuper.com.au. A copy of any updated information can be requested free of charge by calling our Helpline on **1800 682 626**. You should also refer to the relevant target market determination (TMD) for this product, available at equisuper.com.au/boc/join

Togethr Trustees Pty Ltd ABN 64 006 964 049, AFSL 246383 is the Trustee of Equisuper ABN 33 813 823 017 ("Equip Super") ("the Fund"). MySuper Authorisation 33 813 823 017 672.

Insurance in your super

Insurance can help provide you and your family with peace of mind. The cover that you get with your super can help look after your dependants if you pass away, or can provide an income if you become disabled and are unable to work.

Equip Super Corporate offers you the flexibility to choose a level of cover that suits your needs.

This guide explains the types of insurance cover offered to members of Equip Super Corporate and provides a summary of the terms and conditions of the insurance policies taken out by Equip Super.

It is important that you read this guide before making decisions about your insurance cover. Words in **bold** have particular meanings and are explained at the end of this guide.

Payment of an insured benefit is subject to the terms and conditions of the insurance policies issued by MetLife Insurance Limited (ABN 75 004 274 882, AFSL 238096; the insurer) taken out by Equip Super to cover its members. For a copy of the full policy terms and conditions, please contact our Helpline.

Types of cover available

Death cover provides a lump sum insured benefit for your dependants should you pass away. You may also receive an advance payment of your benefit if you are diagnosed with a **terminal illness**.

Total and permanent disablement (TPD) cover provides a lump sum benefit to help you cover your financial commitments if an illness or injury causes you to be unlikely to ever return to work.

Income protection (IP) cover provides you with a monthly income if you're injured or ill and aren't able to work. IP cover helps you continue paying your expenses while you are unable to work until you reach age 60.

Receiving automatic cover in Equip Super

You may receive default death, TPD and IP cover automatically in Equip Super.

Death and TPD cover options

Basic cover provides you with death and TPD cover until age 70.

Additional voluntary death cover allows you to apply for extra death cover, if you need it.

Income protection (IP) cover options

IP cover provides you with cover of 75% of your salary, plus an extra amount that is payable as a superannuation contribution. IP benefits are payable up to age 60, after a waiting period of 30 days.

24/7 cover

The insurance cover in Equip Super applies 24 hours a day, 7 days a week.

Death and TPD cover

Who is eligible for death and TPD cover in Equip Super

To be eligible for death and TPD cover in Equip Super, you must be:

- an Australian citizen, a New Zealand citizen, or a permanent resident of Australia; and
- ordinarily residing in Australia; and
- older than 15; and
- younger than 70.

These are known as the **eligibility conditions**. You need to meet these conditions to obtain death and TPD cover in Equip Super.

Default death and TPD cover

Death cover

Your default death cover is 18% of your **salary** times your future service. Future service is the number of years, with complete months counting as part of a year, until you turn 60. The amount of cover is subject to a minimum of \$50,000.

Any default cover you receive automatically is limited to \$2,000,000. From age 60 until age 70, default death cover is \$50,000.

Any cover over \$2,000,000 will require you to complete a **Personal Statement** and **underwriting**. Our insurer will decide whether to accept your application.

TPD cover

Your default TPD cover is \$25,000. Once you reach age 66, your TPD cover will decrease by 20% each year, ceasing at age 70.

Current age	TPD cover
65 or younger	\$25,000
66	\$20,000
67	\$15,000
68	\$10,000
69	\$5,000
70 or older	\$0

When your default cover starts

Provided you meet the eligibility and automatic acceptance conditions, your default death and TPD cover will start automatically when you join Equip Super.

What are the conditions on automatic cover

To be eligible to receive cover automatically:

- you must meet the **eligibility conditions**; and
- you must be a permanent employee (or contractor) of BOC and become a member of Equip Super immediately upon commencing employment with BOC;
- you must not be entitled to payment of, or in the waiting period for, a TPD or terminal illness benefit; and
- you must not have previously received cover automatically in Equip Super Corporate – BOC.

These are known as the **automatic acceptance conditions**. You need to meet these conditions to be able to automatically receive basic cover without having to provide health evidence.

How to calculate default cover

Tim is 45 years old with a salary of \$100,000. Tim will turn 60 in 15 years. His cover would be calculated as:

$$\begin{aligned} &= 18\% \times \$100,000 \times 15 \text{ years (to age 60)} \\ &= \$270,000 \end{aligned}$$

How to change your cover

We offer flexibility to adjust your death and TPD cover so that it better suits your individual circumstances. You can:

- apply for additional voluntary death cover;
- cancel your TPD cover so you have death cover only; or
- cancel your death and TPD cover.

You can have different levels of death and TPD cover, but you can't have more TPD cover than death cover.

Apply for additional voluntary death cover

If you need more than your default death cover, you can apply for additional voluntary death cover at any time as a fixed dollar amount.

You will need to complete a *Change insurance cover* form and a **Personal Statement**, both of which are available on our website equipsuper.com.au

Our insurer will decide whether to accept your application as part of the **underwriting** process. The increase in your cover will apply from the date the insurer advises us.

A special opportunity to increase your death cover when you first join

Within 90 days of starting with your employer, you can apply for up to \$200,000 of additional voluntary death cover without having to complete the **Personal Statement**. You can apply by completing the *Member options* form.

Decrease your cover

You can decrease your additional voluntary death cover at any time by completing the *Change insurance cover* form. This form is available from our website equipsuper.com.au or you can call our Helpline on **1800 682 626** to ask for a copy.

The decrease in your cover will be effective from the date we receive your request.

Cancel your cover

You can cancel your death and/or TPD cover if you no longer need it:

- by logging into your account online; or
- over the phone by calling our Helpline on **1800 682 626**; or
- by completing the *Change insurance cover* form.

After your cover has been cancelled, any application for cover will be subject to **underwriting** and our insurer will decide whether to accept your application.

Maximum cover amount

There is no limit on the amount of death cover you can have. You can't, however, have more than default TPD cover.

You're covered while you're applying for cover

If your application for cover or increased cover requires you to complete the **Personal Statement** and complete **underwriting**, you will be covered by interim accident cover for the same type of cover that you have applied for (death, TPD, or death and TPD) while your application is being considered by the insurer.

The amount of interim accident cover you are provided is the lower of the amount of cover you have applied for, the difference between what you've applied for and your existing cover, or the maximum cover amount.

Interim accident cover will apply from the date we receive your completed form and **Personal Statement** and cease when:

- the insurer makes a decision on your application;
- you withdraw, do not proceed with or cancel your application;
- 90 days have passed since your interim accident cover started;
- one of the conditions for your cover ending occurs; or
- all cover is terminated under the policy.

An interim accident cover benefit is only payable if you suffer an injury that results in:

- your death (if your application was for death cover); or
- you becoming totally and permanently disabled (if your application was for TPD cover).

No interim accident cover benefit will be payable if a claim arises directly or indirectly as a result of:

- suicide or attempted suicide; or
- intentional self-inflicted injury or illness, regardless of whether you were sane or insane at the time.

Occupation ratings

Your occupation rating will affect how much you pay for your additional voluntary death cover, so it is important to check that it is right for you.

Equip Super Corporate offers two occupation ratings:

- Blue collar, or
- White collar.

Your occupation rating is set when you join

We set your occupation rating to **blue collar** when you join, regardless of your occupation and the duties you perform. You can keep this rating regardless of your occupation. However, you will pay less for your additional voluntary death cover if you apply and are accepted for a white collar rating.

Do you classify as white collar?

You'll be able to change to the white collar occupation rating if you:

- are currently employed in an office or similar environment, and
- are employed for at least 14 hours per week on an ongoing basis, and
- spend at least 80% of your working time in an office, and
- work in an occupation that involves management, clerical, marketing, administration, accounting, or other sedentary duties, and
- don't have any duties that involve manual labour.

If you don't meet the definition of white collar, you are considered to be blue collar.

Changing your occupation rating

You can apply to change your occupation rating by completing the *Member options* form or a *Change insurance cover* form, available from our website equipsuper.com.au

You just need to be currently employed and meet the necessary criteria. If your occupation changes in future, you don't need to change your rating.

The cost of death and TPD cover

The cost of your basic death and TPD cover is paid by your employer.

The annual cost of your additional voluntary death cover is calculated per \$1,000 of cover, based on your age.

We deduct the cost of your additional voluntary death cover from your account on the last day of each month. If you don't have sufficient funds to pay your premium when it is due, your cover will cease. We will write to you if your account balance isn't sufficient to meet the upcoming deduction.

If any aspect of your insurance cover requires completing the **Personal Statement** or other underwriting, your final premium is subject to assessment and confirmation by the insurer. The insurer may apply extra costs for your cover (this is known as a **loading**).

How to calculate the annual cost of additional voluntary death cover

To calculate the cost of your cover, divide the amount of cover you have by 1,000 and then multiply that value by the rate for your age shown in the table on the right.

For example, if you are 45 years old with an occupation rating of blue collar and additional voluntary death cover of \$360,000, the annual cost would be calculated as:

$$\begin{aligned}
 &= (\$360,000 \div 1,000) \times \text{premium at age 45} \\
 &= 360 \times \$1.20 \\
 &= \$432 \text{ per annum}
 \end{aligned}$$

Annual cost per \$1,000 of additional voluntary death cover

The table below shows the annual cost per \$1,000 of additional voluntary death cover.

Current age	Blue Collar	White Collar
15	\$0.90	\$0.66
16	\$0.90	\$0.66
17	\$0.90	\$0.66
18	\$0.90	\$0.66
19	\$0.90	\$0.66
20	\$0.86	\$0.62
21	\$0.81	\$0.59
22	\$0.76	\$0.54
23	\$0.72	\$0.51
24	\$0.67	\$0.48
25	\$0.62	\$0.46
26	\$0.59	\$0.42
27	\$0.57	\$0.41
28	\$0.56	\$0.40
29	\$0.54	\$0.40
30	\$0.54	\$0.40
31	\$0.54	\$0.40
32	\$0.56	\$0.40
33	\$0.57	\$0.41
34	\$0.59	\$0.44
35	\$0.60	\$0.45
36	\$0.62	\$0.46
37	\$0.66	\$0.48
38	\$0.70	\$0.50
39	\$0.74	\$0.53
40	\$0.81	\$0.58
41	\$0.87	\$0.63
42	\$0.95	\$0.69
43	\$1.02	\$0.75
44	\$1.11	\$0.81
45	\$1.20	\$0.86
46	\$1.28	\$0.94
47	\$1.38	\$1.00
48	\$1.50	\$1.09
49	\$1.62	\$1.18
50	\$1.76	\$1.27
51	\$1.91	\$1.37
52	\$2.06	\$1.49
53	\$2.22	\$1.60
54	\$2.38	\$1.73
55	\$2.58	\$1.86
56	\$2.79	\$2.01
57	\$3.01	\$2.18
58	\$3.28	\$2.37
59	\$3.56	\$2.58
60	\$3.86	\$2.81
61	\$4.19	\$3.05
62	\$4.54	\$3.30
63	\$4.93	\$3.57
64	\$5.32	\$3.86
65	\$7.03	\$5.11
66	\$8.04	\$5.82
67	\$9.19	\$6.66
68	\$10.51	\$7.62
69	\$11.90	\$8.62

Insurance costs are inclusive of insurance premiums and an insurance fee, which is calculated at 4% of premiums. Premiums are paid to the insurer, while the insurance fee is retained by the Fund.

Claiming a death, terminal illness, or TPD benefit

How to make a claim

To make a claim on your death, terminal illness, or TPD cover, you or your beneficiaries should contact our Helpline on **1800 682 626**.

How a claim is paid

The proceeds of an approved death, terminal illness, or TPD claim will be paid to your account in Equip Super and invested in the Cash option.

A benefit including both your account balance and any claim proceeds will then be paid based on instructions from you, your dependants, or your legal personal representative (i.e. your estate). You can find more information in our *How super works* guide.

Death claims

Should you pass away, a death benefit is generally paid to your dependant (or dependants), or to your legal personal representative. If you don't have any dependants or a legal personal representative, the Trustee may use their discretion to pay the benefit to another person.

Terminal illness claims

If you have death cover, you are also covered if you are diagnosed with a terminal illness.

To make a terminal illness claim, you will need to provide evidence that 2 **doctors**, including one who is a specialist practising in the relevant field, have certified that they believe your condition is likely to lead to your death within 12 months. The date of diagnosis of the terminal illness must have been while you had death cover.

Any terminal illness claim approved is an advance payment of your death cover and will be the lesser of your death cover amount or \$2.5 million. If your death cover is higher than \$2.5 million, then any residual death cover will continue and a further claim may be paid after your death. If you're on unpaid leave and we use your salary to calculate your cover, we'll use the **salary** that applied before your leave started.

TPD claims

Definitions of disablement

In the event of a claim, you will be assessed against definition 1 below if you:

- were aged 64 or under at the **event date**, and
- were **gainfully working** as a **permanent employee** for an average of at least 14 hours per week immediately prior to the **event date**, and
- worked for at least 6 consecutive months immediately prior to the **event date**, or worked for less than 6 months immediately prior to the event date but have worked for an average of at least 14 hours per week since your cover started.

Otherwise, you will be assessed against definition 2.

Definition 1: You are unlikely to return to work

You have, in the opinion of the insurer based on medical or other evidence satisfactory to them, solely because of illness or injury, not worked for 6 consecutive months (the **waiting period**) and, as at the **date of disablement**, unlikely to ever work in any **gainful employment** for which you are reasonably suited by education, training or experience.

Definition 2: You are unable to complete the activities of daily living

You are, in the opinion of the insurer based on medical or other evidence satisfactory to them, solely because of illness or injury, totally and irreversibly unable to perform at least two of the **Activities of Daily Living** and, as at the **date of disablement**, unlikely ever to work in any **gainful employment** for which you are reasonably suited by education, training or experience.

Lodging a TPD claim after your cover has ceased

A claim for TPD will not be paid if your **date of disablement** is after the date that your TPD cover ceased.

TPD claims while on employer approved leave

If you become permanently disabled while you are on employer approved leave, we'll use the **salary** that applied before your leave started to calculate the amount of your TPD benefit.

Exclusions — when a death, terminal illness, or TPD claim won't be paid

No claim will be paid for any part of your death and TPD cover where it arose directly or indirectly, wholly or partially as a result of war.

Pre-existing conditions

If you've received TPD cover automatically and had previously claimed or were eligible to claim a TPD benefit under another insurance policy at the date you received TPD cover, no claim will be paid for any disability caused directly or indirectly, wholly or partially, by any **pre-existing condition**.

IP cover

Who is eligible for IP cover in Equip Super

To be eligible for IP cover in Equip Super, you must be:

- an Australian citizen, a New Zealand citizen, or a permanent resident of Australia; and
- ordinarily residing in Australia; and
- employed and working at least 14 hours per week on a permanent basis (including as a **contractor**); and
- older than 15; and
- younger than 60.

These are known as the **eligibility conditions**. You need to meet these conditions to obtain IP cover in Equip Super.

Default IP cover

Default IP cover is 75% of your **salary**, plus an extra amount that would be paid as a super contribution to your Equip Super account.

Any default IP cover you receive automatically will be limited to \$20,000 per month.

Any cover over \$20,000 will require you to complete a **Personal Statement**. Depending on the amount of cover you're applying for, you may be asked for additional health evidence or to answer some further questions. Our insurer will decide whether to accept your application.

When your default IP cover starts

If you meet the eligibility and automatic acceptance conditions, you will receive default IP cover when you join Equip Super.

What are the conditions on automatic cover

To be eligible to receive default IP cover automatically:

- you must meet the **eligibility conditions**; and
- you must not have previously advised us that you don't want to receive automatic cover; and
- you must not be entitled to a payment of, or be in the waiting period for, an insurance benefit for an illness or injury; and
- you must not have previously received cover automatically within Equip Super Corporate – BOC.

These are known as the **automatic acceptance conditions**. You need to meet these conditions to be able to automatically receive default IP cover without having to provide health evidence.

You can apply for IP cover

If you weren't eligible to receive default IP automatically, you can apply for it, or if you earn more than \$320,000 and your default IP has been limited to \$20,000 per month, you can apply to increase it.

To apply, you will need to complete the *Change insurance coverform* and the **Personal Statement**, both of which are available from our website, equipsuper.com.au

Maximum cover amount

You can apply for IP cover of up to \$30,000 per month.

You're covered while you're applying for cover

If your application requires you to complete the **Personal Statement** and complete **underwriting**, you will be covered by interim accident cover while your application is being considered by the insurer.

The amount of interim accident cover you are provided is the lower of the amount of cover you have applied for or the maximum cover amount.

Interim accident cover will apply from the date we receive your completed form and **Personal Statement** and cease when:

- the insurer makes a decision on your application;
- you withdraw, cancel or do not proceed with your application;
- 90 days have passed since your interim accident cover started;
- one of the conditions for your cover ending occurs; or
- all cover is terminated under the policy.

An interim accident cover benefit is only payable if you become **disabled** as a result of an **accident**.

The cost of IP cover

While you're employed by BOC, your employer pays the cost of your default IP cover.

Claiming an IP benefit

How an IP benefit is paid

An IP benefit is paid to you when you suffer a **total disability** or a **partial disability**. You'll directly receive the lower of the amount of IP cover you have or 75% of your **salary**, paid monthly from the expiry of the **waiting period**.

Total disability benefit

To be eligible for the **total disability** benefit, you must have been:

- totally disabled for at least 7 of the first 12 days of the waiting period; and
- continuously **disabled** for the balance of the waiting period; and
- at the end of the waiting period, totally disabled.

Your total disability benefit will start to accrue from later of:

- the day after the waiting period expires; or
- the date you have exhausted your accrued sick leave with BOC.

Payment of a total disability benefit will stop at the earlier of the date:

- you reach age 60;
- you die;
- you are no longer totally disabled; or
- if you were on a visa, when your employment contract ends, your visa expires or is terminated, or when you permanently depart Australia.

Partial disability benefit

You may receive a proportion of the IP benefit if you are **partially disabled** at the end of the **waiting period**. To be eligible for a partial disability benefit, you must have been:

- **totally disabled** for at least 7 of the first 12 days of the waiting period; and
- **disabled** for the balance of the waiting period; and
- continuously disabled since the end of the waiting period.

Your partial disability benefit will start to accrue from the later of:

- the day after the waiting period expires; or
- the date you have exhausted your accrued sick leave with BOC.

Payment of a partial disability benefit will stop at the earlier of the date:

- you reach age 60;
- you die;
- you are no longer partially disabled;
- you earn, or are capable of earning, a monthly **salary** equal to or greater than your pre-disability salary; or
- if you were on a visa, when your employment contract ends, your visa expires or is terminated, or when you permanently depart Australia.

Partial disability benefits are calculated as a proportion of your IP cover based on the difference between your pre-disability salary and the monthly salary you are earning, or capable of earning, while you are suffering from a partial disability.

Offsets for other disability income

The benefit you receive may be reduced by any other amounts payable to you:

- by way of compulsory insurance schemes such as workers' compensation or motor accident compensation for loss of income;
- by way of any paid parental leave, if you suffer from a **disability** during a period of parental leave;
- by way of sick leave;
- as benefits under any other disability, illness or injury insurance policy (except for lump sum benefits received for total and permanent disablement under such policy).

Your benefits will not be reduced by any annual or long service leave entitlements, redundancy payments, or any other investment income you receive.

IP claims while on employer approved leave

If you suffer a **disability** while you are on employer approved leave, any benefit you receive will be calculated based on the **salary** that was advised to us by BOC at the 1 July immediately prior to the commencement of your leave.

Any IP benefit you receive will be reduced by any parental leave payments you receive, if you suffer a disability during parental leave. Parental leave includes maternity leave, paternity leave, and adoption leave.

Indexation

After 12 continuous months of receiving a total disability benefit, it will increase by the lower of the annual CPI percentage increase or 5%.

Benefit period

A benefit period is the maximum time over which a claim for an IP benefit will be paid. Your IP cover has a maximum benefit period to age 60.

Waiting period

Any claim for an IP benefit is subject to a **waiting period**, which is the time you need to wait before your claim can be assessed, or until your benefits will start to accrue. Benefits will only be paid after the end of the waiting period.

Separate waiting periods apply to each illness or injury that causes **disability**, unless it is a recurring disability.

What is a recurring disability?

A recurring **disability** is a recurrence of the disability which was the cause of an earlier IP claim you have made. The disability must recur within six months of your previous claim ending, otherwise the insurer will consider it as a new condition and your **waiting period** will start again. If it is a recurring disability, no waiting period will apply and your claim is considered to be a continuation of your previous claim.

What if I return to work during the waiting period?

You can return to work once for up to five consecutive days during the **waiting period** and the insurer won't restart your waiting period. If you return more than once, or for longer than five days, your waiting period will restart.

Exclusions — when an IP claim won't be paid

No claim will be paid where it arose directly or indirectly, wholly or partially, as a result of:

- war;
- an intentional, self-inflicted act; or
- pregnancy, unless you are disabled for more than three months after the end of the pregnancy in which case the **waiting period** starts on the later of the date your **total disability** begins and the end of the pregnancy.

The insurer may also reduce your benefits, or refuse to pay them, while you are in prison or a rehabilitation facility.

General insurance information

360Health Virtual Care

Equip Super members, as well as their children, partner, parents and parents-in-laws, have access to virtual professional medical services. Equip Super has partnered with MetLife to bring you MetLife 360Health – awarded Best Overall Health and Wellness Program 2023¹.

You and your family² can get confidential access to leading specialists, general practitioners (GP)/doctors and mental health clinicians to get confidence and clarity on medical concerns.

MetLife 360Health offers a suite of services, including:

- Medical support: expert second medical opinions from specialist doctors or have your general health questions answered by a GP or Paediatrician.
- Mental health support: book an in-depth mental health review (available only to those aged 18 years or older) or ask a mental health question online.
- Nutrition guidance: book a nutrition consultation with a qualified dietitian.
- Fitness and mobility advice: seek advice and a personalised plan from an exercise physiologist to help with your fitness or recovery.
- Recovery support services³: help to get back to health or work if you have a serious illness or injury.

There are no additional costs to access these services.

To find out more, scan the QR code below or visit metlife.com.au/360health/metlife-360health-and-equip-super/



What happens to my cover while I am on employer approved leave?

Your death, TPD, and IP cover will continue while you are on leave for up to two years.

If you make a claim while on leave, the **salary** used to calculate your benefits will be your salary immediately prior to the leave starting.

What happens to my cover if I am overseas?

Any death, TPD, or IP cover you have will continue while you are working overseas for up to five years, provided that you remain a member of Equip Super and continue to meet the **eligibility conditions**.

If you are not an Australian citizen, or a New Zealand citizen living in Australia on a permanent basis, but are working in Australia on a visa, your cover will cease upon leaving Australia, unless the trip is for three months or less.

What happens to my cover if I leave my employer?

Your employer will let us know when you're no longer working for them and you will become a retained member in Equip Super Corporate. There will be a change to your insurance cover:

- Your death cover will become fixed cover.
- Your TPD cover of up to \$25,000 will continue as fixed cover.
- Your IP cover will cease.

The cost of your cover as a retained member is deducted from your account, and the cost of your cover will vary depending on whether you are classified as blue collar or white collar.

What happens to my cover if I ask my employer to make contributions to another fund?

If you ask your employer to direct contributions to a different super fund, you will become a retained member in Equip Super Corporate. Your insurance cover will be treated in the same way as if you have ceased employment (see above).

You will not be eligible to receive default cover automatically if you change your mind later and direct contributions back to Equip Super, and would need to complete **underwriting**.

1 Plan For Life's Excellence Award – Best Overall Health and Wellness Program 2023.

2 The term 'family' consists of your children, partner, parents and parents-in-law.

3 Recovery support services are only accessible to members who are insured by MetLife and does not extend to children, partner, parents or parents-in-laws.

When your cover ends

Your insurance cover will cease under certain circumstances including:

- you reach age 70 for death and TPD, and 60 for IP cover; or
- you commence active duty with the armed forces of any country other than the Australian Defence Force Reserves, in which case your cover will only cease when you become the subject of a call out order under the Defence Act 1903 (Cth); or
- you cease to be an Australian citizen, a New Zealand citizen, or a permanent resident of Australia;
- you cease to be an Equip Super member;
- if you are not an Australian citizen, a New Zealand citizen, or a permanent resident of Australia, the date you are not eligible to work in Australia because you no longer hold a valid visa;
- you die;
- you advise us that you no longer wish to be covered;
- you are working overseas for longer than five years;
- you are on employer approved leave for longer than two years;
- for death and IP, 90 days after you cease employment with BOC if you don't become a retained member;
- for TPD, 60 days after you cease employment with BOC if you don't become a retained member;
- for TPD, the insurer admits a TPD claim for you;
- for death and TPD, the insurer admits a claim for terminal illness benefit that is equal to your death benefit.

Once your cover ceases, it will not restart automatically. You will need to apply for cover and complete **underwriting**.

Information required by the insurer when claiming

If you make a claim, the insurer will ask you to provide information to support your claim. The cost of providing this information is at your own expense however if you are asked to attend an interview or medical appointment arranged for you by the insurer, the insurer will pay the cost of it.

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

Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately.

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

When you apply for life insurance, we will ask you a number of questions.

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

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

The duty to take reasonable care

When applying for insurance, there is duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly, and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

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

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

Consequences of not complying with the duty

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

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

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

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

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

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

Guidance for answering our questions

When answering our questions, please:

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

Other important information

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

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If after the contract starts, you think you may not have met your duty, please contact us immediately we'll let you know whether it has any impact on the cover.

It's important that you understand this information and the questions we ask, so if you have any questions, please contact our Helpline on **1800 682 626**

Insurance words and terms

Accident means a fortuitous, external event which was unexpected and unintended causing death or injury. The following situations are not accidents:

- one of the contributing causes of death or injury was any of the following conditions:
 - illness,
 - disease,
 - allergy, or
 - any gradual onset of a physical or mental infirmity.
- the injury or death, which was unintended and unexpected, was the result of an intentional act or omission, or
- the injury or death was the result of an activity in respect of which you deliberately assumed the risk or courted disaster, irrespective of whether you intended injury or death.

Activities of daily living means:

- bathing and showering,
- dressing and undressing,
- eating and drinking,
- mobility, to the extent of being able to get in and out of bed or a chair, and move from place to place without using a wheelchair,
- the ability to use a toilet,

without the assistance of another adult person, or suitable aids.

At work means you are:

- actively performing all the duties of your usual occupation,
- working your usual hours free from any limitation due to illness or injury, and
- not in receipt of or entitled to claim income support benefits from any source including workers' compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits).

Casual employee means you are working on a temporary, as required basis, are paid on an hourly basis for the period worked, do not accrue entitlements for sick leave and annual leave, and who are not otherwise a **permanent employee**.

Date of disablement means:

- for TPD definition 1 (You are unlikely to return to work), the first day after the expiry of the **waiting period**, or
- for TPD definition 2 (You are unable to complete the Activities of Daily Living), the first day that all elements of the definition are satisfied.
- for IP, the date you are first absent from work with BOC due to an illness or injury that subsequently results in payment of an IP benefit.

Disability or disabled means **total disability** or **partial disability**.

Doctor means a registered and qualified medical practitioner in Australia, or another country as approved by the insurer. That person must not be the member and not related to the member.

Eligibility conditions means the conditions that you need to meet in order to receive or maintain your insurance cover in Equip Super. You must be:

- an Australian citizen, a New Zealand citizen, or a permanent resident of Australia,
- older than 15, and
- younger than 70.

Event date means:

- for TPD definition 1: the first day of the **waiting period** during which you, in the insurer's opinion, solely because of injury or illness, have not worked;
- for TPD definition 2: the first day that you, in the insurer's opinion, solely because of injury or illness, are totally unable to perform at least two **activities of daily living**.

Gainful employment means any occupation or work for reward or financial benefit, or the hope of reward or financial benefit, whether on a permanent or temporary basis, and whether or not of a lesser grade, status, or level of remuneration or for lesser hours than your occupation or work.

Gainfully working means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

Limited cover means you are not covered for any **pre-existing condition**. You're only covered for any illness diagnosed, or injury that occurs, after your cover starts, restarts, or increases.

Loading means the additional cost that the insurer has applied to you for your cover. A loading may be applied by the insurer during the underwriting process if aspects of your health or occupation mean you present a higher risk.

Partial disability (for IP cover) means solely as a result of illness or injury, you are:

- incapable of performing one or more duties of your usual occupation necessary to produce income, but have returned to work in some capacity and are earning a monthly salary that is less than your pre-disability salary; and
- following the advice of a medical practitioner in relation to the illness or injury for which you are claiming.

Permanent employee means you are working on a permanent basis and not as a **casual employee**.

Personal Statement is usually the first step in the **underwriting** process and includes questions on your job, hobbies or pastimes, and medical history.

Pre-existing condition means an injury that first occurred, or an illness which first became apparent to you, or any directly or indirectly related condition, before the cover you have started, restarted, or increased.

Salary means your annual cash salary remuneration from your employer (which includes any salary sacrifice contributions you choose to make). If you are paid by BOC on a total remuneration package (TRP) basis, salary excludes compulsory contributions made by your employer, but includes the monetary value of any non-cash or fringe benefits you receive from BOC in direct substitution of salary.

Total disability (for IP cover) means solely as a result of illness or injury you are:

- medically certified as incapable of performing one or more duties of your usual occupation necessary to produce income; and
- not engaged in any occupation; and
- following the advice of a medical practitioner in relation to the illness or injury for which you are claiming.

Underwriting is the process the insurer uses to assess the risks of providing you with insurance cover. The risk is measured taking into account your current health, past medical history and your family medical history. For most underwriting cases, the first and only step in the process is usually to complete the **Personal Statement**. In certain cases, you may then be asked to provide further health evidence, have some blood tests, or a full medical examination by your doctor. The results of this underwriting process will determine whether you are accepted for cover and, if so, the terms and cost of your cover.

Waiting period means the time you need to wait before your TPD or IP claim will be assessed.



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