Insurance in super can help provide you and your family with peace of mind that you or your dependants will be looked after if you pass away or become disabled and are unable to earn an income. Equip 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 Corporate and provides a summary of the terms and conditions of the insurance policies taken out by Equip. 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 Hannover Life Re of Australasia Ltd (ABN 37 062 395 484; the insurer), taken out by Equip to cover its members. For a copy of the full policy terms and conditions, please contact our Helpline.

Who is eligible for insurance cover in Equip

To be eligible for insurance cover in Equip, you must be:

- an Australian citizen, a New Zealand citizen living and working in Australia, the holder of a permanent Australian visa, or living in Australia on a temporary skilled work visa; and
- older than 15; and
- younger than 65.

These are known as the eligibility conditions.

Types of cover available

**Death cover** provides a lump sum insured benefit for your family should you die. You may also receive an advance payment of your benefit if you suffer from a terminal illness.

**Total and permanent disability (TPD) cover** provides a lump sum benefit to help you cover your financial commitments if you become totally and permanently disabled.

**Salary continuance (SC) cover**, also known as income protection, provides you with a monthly income if you’re injured or ill and aren’t able to work. SC cover helps you to continue paying your expenses while you are away from work for up to 2 years.

24/7 cover

The insurance cover in Equip applies 24 hours a day, seven days a week whether you are at work or elsewhere.

Product Disclosure Statement (PDS)

The information in this “additional guide” (Guide) forms part of the Product Disclosure Statement of Equip Corporate dated 1 October 2019. The final authority on any issue relating to Equip is the Trust Deed governing Equip, any applicable Participation Agreement and the relevant insurance policy.

This Guide is issued by the Trustee and contains a summary only. It is for general information and 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 does not adversely affect you, we may update it by insertion on our website at www.equipsuper.com.au and/or inclusion in the next available edition of our newsletter. Any updated information may be found by logging into the members’ area of our website or calling our Helpline 1800 682 626. A paper copy of updated information will be given to you without charge on request.

Equit Trustees Pty Ltd ABN 64 006 964 049, AFSL 246383 (“the Trustee”) is the Trustee of the Equipsuper Superannuation Fund ABN 33 813 823 017 (“Equip”).
Death and total and permanent disablement (TPD) cover

What death and TPD cover you get when you join Equip

When you join Equip, as long as you meet the conditions on automatic cover below, you will automatically receive death and TPD cover equal to 13.5% of your superannuation salary times your future service. Future service is the number of years, with months counting as part of a year, until you turn 65. This is known as your basic cover.

Any cover you receive automatically is limited to $700,000 (this is known as the automatic acceptance limit). If your level of cover exceeds $700,000 then you will be automatically accepted for $700,000 but will need to satisfy underwriting requirements for any amounts above this.

If you don’t meet the conditions on automatic cover then you won’t receive any death and TPD cover automatically and will have to apply for cover if you need it.

Conditions on automatic cover

To receive death and TPD cover automatically:
- you must meet the eligibility conditions; and
- you must not already have another account in Equip; and
- you must not be applying for, intending to apply for, or have been paid a TPD or terminal illness benefit from another super fund or Australian life insurer; and
- we must receive an employer contribution for you within 120 days of you becoming totally and permanently disabled (if your application all cover is terminated under the policy).

Any condition that had already been diagnosed when your cover started is not covered.

Limited cover

Any condition that had already been diagnosed when your cover started is not covered.

Any condition that had already been diagnosed when your cover started is not covered.

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Any condition that had already been diagnosed when your cover started is not covered.

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 be underwritten, 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 increase you’re applying for and $1.5 million.

A special opportunity to increase your cover when you join

Within 120 days of starting with your employer, you can also apply for additional voluntary death and TPD cover without having to complete underwriting. This additional cover is available in units of $10,000 and you can apply for a minimum of five units and a maximum of 50 units.

If the additional voluntary cover you apply for is greater than one third of your basic cover, or if you apply more than 120 days after starting with your employer, then you will need to complete underwriting. You will also need to complete underwriting if the combined level of your basic and additional voluntary cover exceeds $700,000 or if the amount of additional voluntary cover you request is more than a third of the value of your basic cover.

Automatic changes to the amount of your cover

As your death and TPD cover is calculated based on your future service to age 65 and your salary, it will change automatically as you age and your salary changes.

If you are not at work on the date of any increase in your cover, the increased amount will be limited cover until you’ve been at work for 30 consecutive days.

Decrease or cancel your cover

You can choose to decrease or cancel your death or TPD cover when you join by completing your membership application form, or at any time by calling Helpline on 1800 682 626 or completing a Change your insurance form, available on our website equipsuper.com.au.

Increase your cover

You can apply for additional voluntary death and TPD cover at any time, in units of $10,000. A minimum of 5 units and a maximum of 50 units applies. You will need to complete a Change your insurance form and a Personal Statement, both of which are available on our website equipsuper.com.au. Depending on the amount of cover you’re applying for, you may be asked for additional health evidence or to answer some extra questions.

Maximum cover amount

Whilst death cover has no limit, TPD cover has a maximum cover limit of $3 million (including amounts of cover under all life policies from which you benefit, whether with Equip’s insurer or any other Australian life insurer).

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 be underwritten, 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 increase you’re applying for and $1.5 million.

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

This interim accident cover applies from the date we receive your completed form and Personal Statement and ceases 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 accident cover started; or
- all cover is terminated under the policy.
Death and total and permanent disablement (TPD) cover

The cost of death and TPD insurance cover

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

If you have additional voluntary death and TPD cover, we deduct the cost from your account each month. The annual cost of your death and TPD cover is calculated per $1,000 of cover. If you don’t have sufficient funds to pay your premium when it is due, your additional voluntary 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, the insurer may apply extra costs for your cover (this is known as a loading). You can find details of any loading that applies to you on the communications you received when you were accepted for cover or from Helpline on 1800 682 626.

Annual cost per $1,000 of cover

The table shows the annual cost of $1,000 of death only or death and TPD insurance cover.

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How to calculate the annual cost of death and TPD cover

For example, if you are 45 years old with basic death and TPD cover of $270,000 and additional voluntary death and TPD cover of $50,000 then your total death and TPD cover would be $320,000. The annual cost would be calculated as:

Premium = ($320,000 / $1,000) x premium at age 46 next birthday
= 320 x $1.38
= $441.60 per annum

Of this amount, $372.60 would be paid by your employer and $69 would be deducted from your account.

Tax deductions on insurance premiums

Equip claims a tax deduction on the costs we deduct from your account to pay for your insurance cover and passes this benefit back to you directly by reducing the amount of tax that is deducted from your account. This means you essentially receive a 15% refund of the cost of your insurance.

Payment of TPD benefits

Definitions of disablement

If you were a permanent employee working 15 or more hours each week in the 6 months prior to the date of your disablement, you can receive a benefit if you meet either of definitions 1, 2, 3 or 4.

If you were not a permanent employee, or were not working 15 or more hours each week in the 6 months prior to the date of your disablement, you can receive a benefit if you meet either of definitions 2, 3, or 4.

1. You are unlikely to return to work.

You are unable to do any work as a result of injury or illness (whether physical or mental) for 3 consecutive months (the waiting period) and, at the end of that 3 months, in the opinion of the insurer, you continue to be so disabled that you are unlikely to resume any occupation which you are reasonably capable of performing by reason of education, training or experience.

In the event of a claim, the insurer will determine which definition applies to you based on your employment status.

2. You suffer the loss of limbs and/or sight

You suffer the permanent and irrecoverable loss of use of:

- 2 limbs, or
- the sight of both eyes, or
- one limb, and the sight of one eye and

you continue to be so disabled that you are, in the insurer’s opinion, unlikely to resume any occupation which you are reasonably capable of performing by reason of education, training or experience.

3. You suffer cognitive loss

The insurer determines you have suffered permanent deterioration or loss of intellectual capacity which has required you to be under the continuous care and supervision of another adult person for at least 3 consecutive months (the waiting period) and, at the end of that 3 month period, you are likely to require permanent, on-going continuous care and supervision by another adult and you continue to be so disabled that, in the insurer’s opinion, you are unlikely to resume any occupation which you are reasonably capable of performing by reason of education, training or experience.
Death and total and permanent disablement (TPD) cover

4. You are unable to complete the Everyday Working Activities.
   - You suffer an illness or injury that has prevented you from being able to perform at least 2 of the Everyday Working Activities without assistance from another adult, despite the use of appropriate aids, for at least 6 consecutive months, and
   - since you became ill or injured, you have been under the regular care and attention of a doctor for that illness or injury, and
   - in the insurer's opinion, the illness or injury means that you are unlikely to ever again be able to perform at least 2 of the Everyday Working Activities without assistance from another adult, despite the use of appropriate aids, and
   - in the insurer's opinion, your illness or injury means you are unlikely to ever again return to work for which you are reasonably capable of performing by reason of education, training or experience.

Immediate assessment for certain illnesses and injuries

If you are unable to perform your usual job as a result of suffering one or more defined medical conditions, the insurer will waive the usual 3 month waiting period and will start the assessment of your claim on receipt of your initial claim documentation. The illnesses and injuries that can be assessed immediately are blindness, cardiomyopathy, chronic lung disease, dementia and Alzheimer's disease, diplegia, hemiplegia, loss of hearing, loss of speech, major head trauma, motor neurone disease, multiple sclerosis, muscular dystrophy, paraplegia, Parkinson's disease, primary pulmonary hypertension, quadriplegia, severe burns, severe rheumatoid arthritis, and tetraplegia.

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.

If you had a formalised graded return to work which failed within 12 months, the date of disablement will be the date you first ceased work.

Terminal illness benefit

You may be eligible for a terminal illness benefit if you have a disease or condition that in the opinion of 2 doctors, who are approved by the insurer, including one who is a specialist practising in the relevant field, is likely to lead to your death within 24 months from the date of diagnosis.

The immediate benefit payable to you will be the lesser of your death cover amount or $3 million. If your death cover is higher than $3 million, then any residual death cover will be paid following your death provided that you continue to be insured and pay the cost of your residual death cover.

The date of diagnosis of the terminal illness must be after the date that insurance cover commenced and you must supply, at your own expense, supporting medical evidence from your doctors and any requested additional information.

Should you lodge a claim for a terminal illness benefit, you will no longer be eligible for TPD cover. You will also no longer be eligible to increase the amount of your cover or reinstate cover you previously had.

Exclusions – when a death, TPD or terminal illness 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 as a result of:
   - war, an act of war; or
   - you having been in a country listed on the Department of Foreign Affairs & Trade website dfat.gov.au as subject to a "Do not travel" warning.

For any increase in cover you applied and were accepted for which required you to complete the Personal Statement, no claim will be payable if it arises directly or indirectly as a result of:
   - death caused by suicide in the 13 month period commencing from the day that your increase in cover was accepted;
   - disablement caused by self-inflicted injury or attempted suicide regardless of whether you were sane or insane at the time; and
   - any other exclusions advised to you at the time of underwriting.

How a death, TPD or terminal illness benefit is paid

If a claim for a death, TPD or terminal illness benefit is approved, the insurer will pay the sum insured to Equip. We will credit the insurance proceeds to your account and invest them in the Equip Cash investment option until we receive withdrawal instructions.
Salary continuance cover

Salary continuance (SC) cover provides you with an income for up to 2 years if you are temporarily unable to work due to injury or illness.

Applying for SC cover

You will not get any automatic SC cover when you join Equip, but you can apply for SC cover by completing the Member options form and the Personal Statement available from our website, equipsuper.com.au. Depending on the amount of cover you’re applying for, the insurer may ask for additional health evidence or to answer some extra questions.

Maximum cover amount

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

You’re covered while you’re applying for cover

If your SC application requires you to fill in a Personal Statement, 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 increase you’re applying for and $10,000 a month.

An interim accident cover benefit is only payable if you become totally disabled following an injury, and is only payable for a maximum of 24 months, after a 90 day waiting period.

This interim accident cover applies from the date we receive your completed form and Personal Statement and ceases 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 accident cover started; or
- all cover is terminated under the policy.

Waiting periods

Any claim for an SC benefit is subject to a waiting period, which is the time you need to wait before your claim can be assessed.

If you need to make a claim, your waiting period starts from the date you first receive medical advice from a doctor who certifies that you were totally disabled on that day. At the end of the waiting period and once your claim has been accepted, payment will be made during the following month and will cover any amounts in arrears commencing from the end of the waiting period.

When applying for cover, you can choose a waiting period of 90, 60 or 30 days. Shorter waiting periods attract higher premium rates and may require you to answer more questions about your health and work status.

What if I return to work during the waiting period?

If you return to work during the waiting period and the return proves unsuccessful due to the injury or illness causing total disability, then the original waiting period will continue if you returned to work for no more than 10% of the waiting period.

The cost of SC insurance cover

The base annual cost of SC cover is calculated per $1,000 of annual cover (see next page), but the insurer may apply an extra cost to your cover (this is known as a loading) when they assess your application for SC.

We deduct the cost of your SC from your account on the last day of each month. If your account does not 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 your upcoming premium.

How to calculate the annual cost of SC 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 sex, age and waiting period shown in the table on the next page.

For example, if you are a 32 year old male and your salary is $100,000, the salary continuance cover that you could obtain if you chose a 90 day waiting period and a 75% benefit would be $75,000 per annum ($100,000 x 75%). This would give you a monthly benefit of $6,250 for up to 2 years. The annual cost for this amount of cover would be calculated as:

$$
\text{Premium} = \left( \frac{\$75,000}{\$1,000} \right) \times \text{premium for a male aged 33 next birthday} \\
= 75 \times 0.92 \\
= $69\text{ per annum}
$$

You will also need to consider any loading the insurer may have applied to your cover. You can find details of any loading that applies to you on the communication you received when you were accepted for cover or from Helpline on 1800 682 626.

Tax deductions on insurance premiums

Equip claims a tax deduction on the costs we deduct from your account to pay for your insurance cover and passes this benefit back to you directly by reducing the amount of tax that is deducted from your account. This means you essentially receive a 15% refund of the cost of your insurance.
## Salary continuance cover

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Salary continuance cover

Payment of SC benefits

An SC benefit is paid to you when you:

■ suffer a total disability, or
■ are partially disabled after being totally disabled for a period of at least 7 days out of 12 consecutive days.

You will receive the lesser of your insured cover or 75% of your monthly income plus up to a 10% superannuation contribution (if you elected the 85% benefit), paid monthly for up to 2 years from the expiry of your chosen waiting period.

The benefit you receive may be reduced by any other disability income you receive, including any benefit under any workers compensation, motor accident compensation or other similar State, Federal or Territory legislation, and payments by way of sick leave or any other entitlement to payment from your employer that arises as a result of incapacity, or any other income derived as a result of incapacity under any other insurance policy.

If you return to work in a reduced capacity during that 2 year period, you may still receive a partial benefit. The amount payable would be reduced by any actual monthly income earned or income the insurer reasonably estimates that you were capable of earning during the month of partial disability.

The calculation of your monthly income used for paying an SC benefit is determined by your employment circumstances immediately prior to the date of disability.

■ If you were a permanent employee working 15 or more hours per week with an employer who has chosen Equip as its default fund, then your monthly income is considered to be one twelfth of the annual pre-tax salary from your employer that applied immediately before you were disabled (excluding all other payments your employer might pay you and excluding any income derived from a source other than your employer).

■ If you directly or indirectly own all or part of the business or practice that is your employer, your monthly income is one twelfth of the annual share of the income of that business or practice generated by you in the previous 12 months after the deduction of your share of expenses in generating that income.

■ Otherwise, your monthly income is one twelfth of the pre-tax income you received over the 12 months immediately prior to your date of disability.

The insurer will regularly review your disablement and income status to ensure you are still eligible for SC payments during the 2 year benefit period.

How an SC benefit is paid

If your claim for an SC benefit is approved, the insurer will pay you directly. If you chose the 85% benefit option to help cover your super contributions, then 10% of your benefit will be paid directly to your account in Equip.

Indexation

After 12 continuous months of receiving the income benefit, we will increase your monthly benefit by the lesser of the annual CPI percentage increase or 5%.

Approved rehabilitation benefit

If you suffer partial or total disability and there is a rehabilitation program that is likely to assist with your return to work, you can ask the insurer to approve that rehabilitation program and if it does, the insurer may pay for the cost of the program in addition to any benefit that is payable to you.

Exclusions – when an SC claim won’t be paid

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

■ war, an act of war;
■ you having been in a country listed on the Department of Foreign Affairs & Trade website [dfat.gov.au](http://dfat.gov.au) as subject to a “Do not travel” warning;
■ self-inflicted harm or attempted suicide, regardless of whether you were sane or insane at the time;
■ normal and uncomplicated pregnancy or childbirth. This exclusion includes multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar programme, discomfort commonly associated with pregnancy (such as morning sickness, backache, varicose veins, ankle swelling, bladder problems);
■ your participation in a criminal act;
■ your job being considered as a hazardous occupation (see below) and the insurer has not given prior approval; or
■ any other exclusions advised to you at the time of underwriting.

Hazardous occupations

Generally, SC is not available if you work in one of the hazardous occupations listed below.

If you already have SC cover and change to an occupation that is listed below, you will need to apply for approval from the insurer to continue your SC cover by completing the Hazardous occupation advice form available for download from our website. Note that no claim will be payable if your job is considered hazardous without the insurer having given prior approval.

Hazardous jobs include any of the following:

■ working as a support person, domestic helper or carer (whether in a paid capacity or not) for an organization which provides such services to persons suffering from Acquired Immune Deficiency Syndrome (AIDS);
■ air traffic controller;
■ commercial pilot;
■ professional sport person;
■ earth drilling, mineral exploration, miner or person working with explosives;
■ professional entertainer such as actor, dancer, musician and stage performer;
■ fireman or policeman;
■ fisherman;
■ forestry worker;
■ workers in the horse racing industry such as a trainer, jockey and strapper;
■ workers whose work requires them to work at heights such as rigger, scaffoldor, roof worker and antenna erector;
■ offshore oil rig worker;
■ security guard, doorman, bouncer, or person employed in crowd control;
■ sheltered workshop employee;
■ seasonal worker or employees in industries with casual workforces;
■ underground or underwater worker;
■ sex worker.
General insurance information

What happens to my cover while I am on employer approved leave?
Your death, TPD and SC cover will continue while you are on leave, provided there are sufficient funds in your account to pay for the insurance premiums.

What happens to my cover if I am overseas?
Any death, TPD or SC cover you have with us will continue if you choose to work overseas provided that you remain a member of Equip and continue to meet the eligibility conditions.
You may also need to return to Australia to make a TPD, terminal illness or SC claim.
If you become entitled to a SC benefit whilst you are overseas, the benefit only be paid for a total of 6 months whilst you remain overseas. However, if you remain entitled to the benefit, your benefit will again commence being paid from the date you return to Australia.

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 we’ll write to you to let you know that we will transfer your account to our Equip MyFuture product. This transfer will happen automatically 35 days after we write to you. The level of cover you have will transfer to Equip MyFuture as a fixed dollar value (fixed cover). There will be no change to your investments, fees or the cost of your cover as part of this change.

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, then we will write to you to let you know that we will transfer your account to our Equip MyFuture product. This transfer will happen automatically 35 days after we write to you. The level of cover you have will transfer to Equip MyFuture as a fixed dollar value (fixed cover). There will be no change to your investments, fees or the cost of your cover as part of this change.

When your insurance stops
Your insurance cover will cease under certain circumstances including:
- you reach age 65;
- you commence service with the armed forces of any country other than the Australian Defence Force Reserves whilst performing duties in Australia;
- you cease to be an Australian citizen, a New Zealand citizen living and working in Australia, the holder of a permanent Australian visa, or you stop living in Australia on a temporary skilled work visa;
- you are the subject of a fraudulent claim;
- you have insufficient funds in your account to meet the next premium that falls due;
- you cease to be an Equip member;
- you die;
- you advise us that you no longer wish to be covered;
- your super account has been inactive (we haven’t received any amount for you, and you haven’t told us you want to keep your cover) for 16 months;
- for death and TPD, you or your dependants claim a benefit and the insurer admits that benefit;
- for terminal illness, when we admit and pay a claim equal to your total death benefit.
Once your cover ceases, it will not restart automatically. You will need to apply for cover, and will need to 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.
Insurance words and terms

At work – means you are performing all the duties and hours of your usual job or are on employer approved leave, but are otherwise able to attend work and perform all your normal duties without restriction due to illness or injury.

Doctor – is a registered medical practitioner who is legally qualified and properly registered to practice in Australia, New Zealand, the United Kingdom, the United States of America, Canada or such place as otherwise agreed by the insurer. That person may not be the member, the member’s business partner or employer, or an immediate family member.

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

- an Australian citizen, a New Zealand citizen living and working in Australia, the holder of a permanent Australian visa, or living in Australia on a temporary skilled working visa; and
- older than 15; and
- younger than 65.

Everyday Working Activities – means:

- Mobility – you cannot:
  - walk more than 200m on a level surface without stopping due to breathlessness; or
  - bend, kneel or squat to pick something up from the floor and straighten up again; or
  - get in and out of a standard sedan car.

- Communicating – you cannot:
  - speak in your first language so that you are understood in a quiet room, nor can you hear (even with a hearing aid or other aid) an instruction given in a normal voice in your first language in a quiet room; or
  - understand a simple message in your first language, and relay that message to another person.

- Vision – you cannot:
  - even with glasses, read ordinary newsprint; and
  - pass the standard eyesight test for a car licence.

- Lifting – you cannot:
  - lift, carry or move objects weighing up to 5kg using your hands.

- Manual dexterity – you cannot:
  - use your hands or fingers to manipulate small objects with precision.

Limited cover – means you are only covered for any illnesses or injuries that are first diagnosed 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.

Loss of use of – means:

- the permanent loss of sight as a result of illness or injury to the extent that the visual acuity on the Snellen Scale eye chart is 6/60 or less in both eyes, or to the extent that visual field is reduced to 20 degrees or less of arc irrespective of corrected visual acuity, or
- the loss of the use of a leg from at or above the ankle, or an arm from at or above the wrist, which is permanent.

Partial disability (in salary continuance cover) – means that because of an injury or illness, and after having a total disability for a period of at least seven days out of 12 consecutive days, you are:

- no longer suffering from a total disability; and
- have resumed, or in the insurer’s opinion are able to resume, partial employment; and
- as a result of the injury or illness that caused your total disability you are receiving (or would receive if you returned to work) an income that is lower than your pre-disability income; and
- under the continuous and regular care of a Doctor undergoing the appropriate treatment.

Permanent employee – is either a long-term contractor (12 or more months) or a person who:

- is employed for an indefinite duration; and
- is required to perform specified duties a regular number of hours each week; and
- is provided annual leave, sick leave and long service leave.

Personal Statement – is usually the first step in the underwriting process and includes a number of questions on your job, activities as well as your personal and family medical history.

Total disability (in salary continuance cover) – means that because of an injury or illness you are:

- unable to perform at least one income producing duty of your occupation (a duty that generates 20% or more of your monthly income); and
- under the regular care of, and following the advice of, a Doctor; and
- not working in any occupation, whether for reward or not for reward.

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 this 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 SC claim will be assessed.
SuperRatings has awarded Equip a platinum choice rating, the top rating given to only the best superannuation products. Go to superratings.com.au for the full rating criteria.