

Virgin Money Super Insurance Guide

28 June 2024

The information in this document forms part of the Product Disclosure Statement for Virgin Money Super, a plan in the Retail Division of the Mercer Super Trust, dated 28 June 2024.

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About this guide

This Insurance Guide (Guide) is a summary of the key terms and conditions (including exclusions) of the insurance arrangements applicable to Virgin Money Super and forms part of the Virgin Money Super Product Disclosure Statement (PDS).

You should consider the information in this Guide, the PDS and any other important information booklets referred to in this Guide and the PDS before making a decision about your super. You can get a copy of the PDS and the booklets that are part of the PDS under 'Key documents' at virginmoney.com.au/super or by calling our Customer Care Team.

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

If you are having difficulty due to a disability, understanding English or for any other reason, we are here to help.

This Guide contains general information only and does not take into account your individual objectives, personal financial situation or needs. Before acting on this information you should consider whether it is appropriate to your individual objectives, personal financial situation and needs. You should get financial advice tailored to your personal circumstances.

The Target Market Determination for this product can be found at virginmoney.com.au/tmd.

See 'Insurance terms explained' at the end of this Guide for clarification on capitalized terms used in this Guide.

Where we refer to 'customer' in this Guide, we mean a member of Virgin Money Super. A reference to 'Insured Customer' means an Insured Member of Virgin Money Super.

Virgin Money Super is a plan in the Retail Division of the Mercer Super Trust ABN 19 905 422 981.

This Guide is issued by Mercer Superannuation (Australia) Limited (MSAL) ABN 79 004 717 533 Australian Financial Services Licence (AFSL) 235906 as the trustee of the Mercer Super Trust ABN 19 905 422 981. In this Guide, MSAL is referred to as 'trustee', 'we' or 'us'.

MSAL is a wholly owned subsidiary of Mercer (Australia) Pty Ltd (MAPL) ABN 32 005 315 917, which is part of the Mercer global group of companies (Mercer).

MSAL is responsible for the contents of this Guide and is the issuer of this Guide. MAPL and the Insurer (Zurich Australia Limited ABN 92 000 010 195 AFSL 232510) are not responsible for the issue of, or any statements in this Guide, the PDS or any of the other important information booklets referred to in this Guide or the PDS. They do not make any recommendation or provide any opinion regarding Virgin Money Super or an investment in it.

The insurance part of your super payout is subject to the terms and conditions (and exclusions) of the insurance policy for Virgin Money Super. Other conditions may apply. Your super payout could be reduced if the Insurer does not pay out all or part of the insured benefit when a claim is made.

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

Updated information

The information in this Guide, the PDS and the other booklets that are part of the PDS is current as at the date of publication. Information in the PDS may change from time to time and if it is not materially adverse, will be made available online at virginmoney.com.au/super under 'Key documents'.

A paper copy of any updated information will be given or an electronic copy made available on request at no charge by calling our Customer Care Team.

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

For more information about Virgin Money Super, go to our website – virginmoney.com.au/super or call our Customer Care Team on **1300 652 770** between 8am to 6pm AEST/AEDT weekdays (apart from national public holidays).

Section 1: Introduction

Being protected is important, that's why with Virgin Money Super we offer a range of insurance benefits. Through Virgin Money Super, you can take advantage of:

- **Automatic Insurance cover**, where we provide you with pre-approved Death (including Terminal Illness) and Total & Permanent Disablement (TPD) insurance on an opt-out basis and where the amount of cover is based on your age.
- **Tailored Insurance cover**, where you can choose to apply for the type of cover that you want and how much cover you're after:
 - Death only or Death and TPD cover and/or
 - Income Protection cover.

Provided that you are aged between 15 and 64 and meet other eligibility criteria, you can take advantage of Virgin Money Super's insurance options.

You will be eligible for Automatic Death and TPD insurance cover when you meet the Putting Members' Interests First (PMIF) legislative requirements. You will meet PMIF requirements if:

- You are aged 25 or over, and
- You have an account balance of at least \$6,000.

This Guide provides a summary of the types of insurance cover available through Virgin Money Super, how you can get cover, how you can estimate the cost of your cover, when cover starts and ends, benefits available and the key Policy definitions agreed between the Insurer and the trustee. You should use this information to consider whether Virgin Money Super's insurance options are suitable, given your needs, objectives and financial situation. An independent financial adviser may also help you do this.

Insurance cover is subject to the terms and conditions (and exclusions) of the insurance Policies issued by the insurer to the trustee. The insurer is Zurich Australia Limited ABN 92 000 010 195 (the Insurer) AFSL 232510. The trustee may change insurers and/or terms and conditions (including premium rates) of the insurance cover at any time. The Insurer will always rely on the terms and conditions of the Policy issued to the trustee in determining whether a benefit is payable under the Policy. If there is any inconsistency between the terms and conditions of the insurance Policies and any disclosure issued by the trustee including but not limited to the PDS and this Guide, the terms and conditions of the insurance Policies prevail. The Insurer has consented to be named in this Guide and for the way it has been named.

Section 2: Is Insurance cover right for you?

| If you want | Consider | For more information |
|---|---|---|
| Automatic acceptance, with no need to provide any information on your health status or undergo any medical tests | Virgin Money Super's Automatic Death and TPD cover, which we will automatically add to your account if you are eligible | See Section 3, which describes Virgin Money Super's Automatic Insurance cover |
| Automatic acceptance, but Death cover only | Virgin Money Super's Automatic Death only cover | See Section 3, which describes Virgin Money Super's Automatic Death only Insurance cover |
| To estimate how much automatic cover you're entitled to and the insurance fee that applies for automatic cover | Automatic Insurance cover is determined according to a Unitised scale where the number of Units available and value of each Unit changes as you age | See Section 3, which outlines how much automatic cover you're eligible for and to estimate the insurance fees payable |
| To apply for Death only or Death and TPD cover in excess of the automatic cover amounts outlined in Section 3 | Virgin Money Super's Tailored Death only or Death and TPD cover, which you will need to apply for and satisfy our Insurer's Underwriting criteria before your application for cover can be accepted | See Section 4, which describes Virgin Money Super's Tailored Death only and Death and TPD cover options |
| To protect your income in case you get ill or injured and are not able to work as a result of injury or illness | Virgin Money Super's Tailored Income Protection cover, which you will need to apply for and satisfy our Insurer's Underwriting criteria before your application for cover can be accepted | See Section 4, which describes Virgin Money Super's Tailored Income Protection cover options |
| To estimate the insurance fees payable on Tailored cover | You'll only pay insurance fees based on the type of cover you hold | See Section 4, which outlines how insurance fees are determined for Tailored cover |
| To understand the benefits that are available and when these are paid | Payment of benefits is subject to you satisfying the applicable benefit criteria and disability definitions | See Section 5 |
| To understand when insurance cover will end and what limitations and restrictions apply under the Virgin Money Super's Insurance Policies | The ability to claim benefits is subject to certain limitations and restrictions | See Sections 9 and 10 which outlines when cover will end and the limitations and restrictions that apply |
| To have no insurance cover in your super account at all | You can opt out of automatic cover by logging in to your online account and changing the insurance selection | See Section 7 for more information on how to opt out of automatic insurance cover |

Before deciding which type of insurance cover is right for you, you should read this document and consider the terms and conditions that apply to Virgin Money Super's insurance options. If you have a financial adviser, it might be a good idea to talk to them to help you understand whether any of our insurance options are right for you.

Section 3: Automatic Insurance cover

Being protected is important, that's why Virgin Money Super generally provides at least some level of Automatic Insurance cover. Virgin Money Super provides automatic Death and TPD cover to all eligible customers aged between 25 and 64. Customers can opt-in to receive Automatic Insurance cover from age 15.

You don't need to provide us with any information about your medical history or lifestyle to be eligible for cover under this insurance option. If you meet the eligibility conditions, we'll automatically add this cover to your Virgin Money Super account once you've become a customer and we have received the first super Contribution or rollover into your account.

What is Automatic Insurance cover?

Our Automatic Insurance cover provides:

1. **Death cover (including Terminal Illness cover)**, where your dependants may receive a lump sum payment upon your death or where you may receive a lump sum payment if you become Terminally Ill. For an explanation of Terminal Illness relating to Death cover, please go to Section 12.
2. **TPD cover**, where you will receive a lump sum payment if you suffer TPD provided you have not lodged and do not intend to lodge a claim for a Terminal Illness benefit. For an explanation of TPD, please go to Sections 5 and 12. Note that TPD cover is only available in conjunction with Death cover; you can't apply for TPD cover on its own.

Unless you tell us otherwise, you will be provided with Automatic Death and TPD insurance cover

This cover generally takes effect on the date we receive your first Contribution or rollover after you open your Virgin Money Super account, subject to the minimum entry age, balance requirements and eligibility conditions – see the following 'Eligibility for Automatic Insurance cover' section. You can opt out of automatic cover by logging in to your online account and changing the insurance selection.

The level of insurance cover that will automatically apply to you, is outlined in the tables on the following page.

Eligibility for Automatic Insurance cover

Virgin Money Super's Automatic Insurance cover is available if you are:

- Aged between 15 and 64 at the time you become a customer of Virgin Money Super or the date you apply to reinstate Automatic Insurance cover on your account (customers aged 15-24 will need to opt-in to receive Automatic Insurance cover); and

- An Australian Resident or a non-Australian Resident residing in Australia who holds a Visa; and
- Your account has reached at least \$6,000 (customers with an account balance under \$6,000 will need to opt-in to receive Automatic Insurance cover). This is aimed at reducing the erosion of super account balances by insurance premiums for unwanted cover.

After you join, insurance cover will automatically be given to you when your account balance reaches at least \$6,000, you have reached 25 years old and you have not opted out of insurance cover. Certain restrictions apply.

You may be eligible to opt in for automatic insurance cover before becoming automatically eligible. If you elect to opt in within 60 days of the date you join Virgin Money Super the following conditions apply:

- Cover commences on the date you join your Plan;
- Your level of cover is the default cover in your Plan;
- A contribution or rollover must be received within 60 days from the date you joined Virgin Money Super;
- Certain restrictions apply such as New Events cover.

Your cover will be limited to New Events cover for 12 months. See Section 12 for the definition of New Events cover. After 12 months, your cover will be converted to full cover provided you have been At Work for 30 consecutive days, on or after the expiry of the 12 months. If you were not At Work at the time your cover is expected to be converted, your cover will remain as New Events until you have worked 30 consecutive days. Please see Section 12 for definitions of New Events cover and At Work.

Note: If you do not opt in for cover within 60 days of joining, insurance cover is subject to Underwriting and acceptance by the Insurer.

Automatic cancellation of cover

In accordance with the Protecting Your Super legislation, any insurance cover you have will be cancelled if we have not received any contributions and/or rollovers to your super account for a continuous period of 16 months and you have not let us know that you'd like to elect to maintain your insurance cover.

In the event of cancellation, the cost of all insurance cover will stop being deducted from your super account balance.

The cancellation of insurance cover aims to reduce the erosion of super account balances by insurance premiums for unwanted cover. If you elect to maintain your insurance cover, call the Customer Care Team to request the relevant form.

Death and TPD Automatic Insurance

| Automatic Insurance cover | | | | | |
|--|--|---------------------------------------|------------------------------------|--|----------------------|
| Type of insurance cover | Death (including Terminal Illness) and TPD | | | | |
| How insurance cover is calculated | Cover is based on Units. The number of Units provided and the value of insurance cover that each Unit provides changes based on age. | | | | |
| How premiums are calculated | One Unit of Death and TPD cover equates to a premium of \$0.91/week | | | | |
| Calculating your amount of cover and premium | Age next birthday | Units of cover automatically provided | Amount of insurance cover per Unit | Total insurance cover automatically provided | Total weekly premium |
| | 16–20 | 1 | \$90,400 | \$90,400 | \$0.91 |
| | 21–25 | 2 | \$81,300 | \$162,600 | \$1.82 |
| | 26–30 | 3 | \$81,000 | \$243,000 | \$2.73 |
| | 31–40 | 4 | \$67,600 | \$270,400 | \$3.64 |
| | 41–45 | 5 | \$35,200 | \$176,000 | \$4.55 |
| | 46–50 | 4 | \$16,900 | \$67,600 | \$3.64 |
| | 51–55 | 3 | \$11,400 | \$34,200 | \$2.73 |
| | 56–60 | 3 | \$5,200 | \$15,600 | \$2.73 |
| 61–65 | 3 | \$4,700 | \$14,100 | \$2.73 | |

Death Only Automatic Insurance

You can choose to hold Death Only Automatic Insurance by removing the TPD component from your automatic insurance cover. You can let us know that you want to remove the TPD component and hold Death Only Automatic Insurance cover. The level of insurance cover that will automatically apply to you, if eligible, is outlined in the table below.

| Automatic Insurance cover | | | | | |
|--|--|---------------------------------------|------------------------------------|--|----------------------|
| Type of insurance cover | Death only (including Terminal Illness) | | | | |
| How insurance cover is calculated | Cover is based on Units. The number of Units provided and the value of insurance cover that each Unit provides changes based on age. | | | | |
| How premiums are calculated | One Unit of Death only cover equates to a premium of \$0.55/week | | | | |
| Calculating your amount of cover and premium | Age next birthday | Units of cover automatically provided | Amount of insurance cover per Unit | Total insurance cover automatically provided | Total weekly premium |
| | 16–20 | 1 | \$90,400 | \$90,400 | \$0.55 |
| | 21–25 | 2 | \$81,300 | \$162,600 | \$1.10 |
| | 26–30 | 3 | \$81,000 | \$243,000 | \$1.65 |
| | 31–40 | 4 | \$67,600 | \$270,400 | \$2.20 |
| | 41–45 | 5 | \$35,200 | \$176,000 | \$2.75 |
| | 46–50 | 4 | \$16,900 | \$67,600 | \$2.20 |
| | 51–55 | 3 | \$11,400 | \$34,200 | \$1.65 |
| | 56–60 | 3 | \$5,200 | \$15,600 | \$1.65 |
| 61–65 | 3 | \$4,700 | \$14,100 | \$1.65 | |

Calculating the cost of Automatic cover

The cost of Automatic Insurance cover is calculated taking into account:

- The Premium payable to the Insurer, based on the type of cover, number of Units and your age. See the two tables on the previous page.
- A flat fee of \$1.50 per month, retained by Virgin Money Super to cover the cost of providing insurance benefits to customers.

The table below provides a few examples of how we determine the insurance fee payable for Automatic Insurance cover.

| Age next birthday | Type of Automatic Insurance Cover | Annual premium | Annual cost recovery fee | Annual insurance fee |
|-------------------|-----------------------------------|-------------------------------|--------------------------|----------------------|
| | | A | B | C = A + B |
| 30 | Death and TPD | (\$2.73/week x 52) = \$141.96 | \$1.50 x 12 = \$18.00 | \$159.96 |
| 30 | Death only | (\$1.65/week x 52) = \$85.80 | \$1.50 x 12 = \$18.00 | \$103.80 |
| 40 | Death and TPD | (\$3.64/week x 52) = \$189.28 | \$1.50 x 12 = \$18.00 | \$207.28 |
| 40 | Death only | (\$2.20/week x 52) = \$114.40 | \$1.50 x 12 = \$18.00 | \$132.40 |

Note that the premium component is inclusive of any stamp duty payable on your insurance cover to the State or Territory Government where you are resident.

Cooling off period

If you advise us within 14 calendar days of Automatic Insurance cover commencing or automatically increasing that you want this cover cancelled, you'll receive a refund of insurance premiums paid for this cover. This refund will exclude any amount relating to taxation that is unable to be recovered by the Insurer and will apply since the cover commenced or, if it was automatically increased from this date. No Automatic Insurance cover will then apply for that period and you cannot re-apply or reinstate this cover.

Changing or cancelling Automatic cover

You can cancel your Automatic Insurance cover entirely during the cooling off period (see above) or at any other time, or the TPD component from your Automatic Insurance cover at any time. All you have to do is log on to your Virgin Money Super account and update your insurance selection, or contact the Customer Care Team on **1300 652 770**.

If you cancel your Automatic cover, you cannot re-apply or reinstate this cover. You can only apply for Voluntary Cover.

Your Automatic Insurance cover will be cancelled if you don't have enough funds in your account to pay the monthly insurance fee. If this happens, we'll provide you with 30 days' notice that your insurance cover is about to lapse and will only cancel your cover if, after 30 days from the date premiums were last paid, there still isn't enough funds in your account to cover the insurance fees due. In addition your Automatic Insurance cover will be cancelled if we have not received any contributions or rollovers into your account

for a continuous period of 16 months, and you have not elected to maintain your insurance cover.

If you wish to maintain or reinstate your insurance cover, call the Customer Care Team to request the relevant form.

Your cover will automatically end on the day you turn 65, if you die or if the Insurer pays a TPD or Terminal Illness benefit equal to the amount of death cover you hold.

Where applicable, we may refund the premium into your account for the period you were ineligible if:

- you make a claim that is accepted and your cover ceases under the terms of the policy on the date you became eligible to claim; or
- the insurer identifies that you are not eligible to claim for any automatic cover.

See Section 9 for more information on the circumstances that will lead to your cover ending.

What if I want more or less cover?

We recognise that your specific circumstances might mean that you need more Death or Death and TPD cover or you might be interested in Income Protection cover. If you need more cover, read about Virgin Money Super's Tailored Insurance cover options in Section 4.

If you'd like less cover than provided by our automatic cover options, you'll need to lodge an application for Tailored Death Only or Tailored Death and TPD cover for the amount required. You cannot reduce the number of Units of automatic cover.

Please note that you can't hold automatic Death only or Death and TPD cover in conjunction with Tailored Death Only or Tailored Death and TPD cover. If you apply for and are accepted for Tailored Death Only or Tailored Death and TPD cover, this will replace any existing automatic cover you hold at the time. See Section 7 for more information.

Income Protection cover can be held in conjunction with Automatic or Tailored Death Only or Death and TPD cover.

Automatic Insurance cover – other information

Insurance fees are current as at the date of this Guide and subject to change. We'll give you at least 30 days' notice of any change in insurance fees that impact your account.

In addition to the information outlined above, customers may also be required to pay:

- any other government charges that may arise from time to time; and
- expenses incurred in administering any function required by a Federal, State or Territory government under any legislation in relation to the Policy.

Section 4: Tailored Insurance cover

Virgin Money Super offers Tailored Insurance so you can apply for cover which is specific to your personal needs. Our Tailored Insurance options are available to all eligible Virgin Money Super customers.

What types of Tailored Insurance cover are available?

Virgin Money Super offers the following Tailored Insurance cover options:

- **Death cover** – provides a lump sum payment upon death or if you become Terminally Ill. For an explanation of Terminal Illness relating to Death cover, please go to Sections 5 and 12.
- **Total and Permanent Disablement (TPD) cover** – provides a lump sum payment if you suffer TPD. For an explanation of TPD, please go to Sections 5 and 12. Note that TPD cover is only available in conjunction with Death cover; you can't apply for TPD cover on its own.
- **Income Protection (IP) cover** – pays up to 75% of your Salary, in monthly benefits, if you are Totally Disabled or Partially Disabled. For an explanation of Total Disability and Partial Disability, please go to Sections 5 and 12.

Who is eligible to apply for Tailored Insurance cover?

Use the table below to see if you can apply for Tailored Insurance cover.

How do I apply?

To apply for Tailored Insurance cover you'll need to complete a Tailored Insurance Application Form and a Zurich Group Risk Personal Statement. The forms are available by logging into your online account at virginmoney.com.au/super, or by contacting our Customer Care Team on 1300 652 770.

Please note that you can't hold Automatic Death only or Death and TPD Insurance and approved Tailored Death only or Death and TPD Insurance at the same time except for Life Event increases. Life Event increase premiums are calculated on Tailored cover rates and will be in addition to any Automatic cover premiums you may have. Income Protection cover can be held in conjunction with Automatic or Tailored Death Only or Death and TPD cover.

Depending on your age and amount of cover that you are applying for, the Insurer might also require you to undergo a blood test or medical examination.

The Insurer will let you know if this is required before your application can be fully assessed.

Tailored Insurance cover is subject to acceptance by the Insurer, and to the terms and conditions of the insurance Policies issued by the Insurer to the trustee.

| Eligibility criteria | Tailored Death only or Death and TPD cover | Tailored Income Protection cover |
|---|--|----------------------------------|
| Aged between 15 and 64 (inclusive) at time of application | ✓ | ✓ |
| Permanent Australian Resident or temporary Australian Resident who holds a Visa | ✓ | ✓ |
| Not working in an Excluded Occupation i.e. deemed not insurable by the Insurer | ✓ | ✓ |
| Working at least 15 hours per week | N/A | ✓ |

How much cover can I apply for?

The table below summarises the maximum amount of Tailored Insurance cover available to Virgin Money Super customers:

| Type of Insurance cover | Maximum level of Tailored Insurance cover available |
|--|---|
| A. Death | \$5,000,000 |
| B. TPD (only in conjunction with Death) | \$2,000,000 |
| C. Income Protection | Lesser of 1/12 of 75% of Salary and \$30,000 per month, up to a maximum of two years. |

In assessing your application for Tailored cover, the Insurer will consider a number of things including your health condition, lifestyle, gender and occupation. These factors will help the Insurer determine whether or not it will provide cover for the insured benefits and, if so:

- The insurance premium to be included in the insurance fee payable for cover; and
- Whether there are any special conditions imposed on your cover including loadings.

Duty to take reasonable care

The trustee has entered into a life insurance contract to provide insurance arrangements for you.

You have a legal duty to take reasonable care not to make a misrepresentation to the trustee or to the Insurer.

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

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where the trustee or the Insurer later investigates whether the information provided was true. For example, when a claim is made.

If they believe you have not met your duty, the trustee and/or the Insurer will explain their reasons, how to respond and provide further information, and what you can do if you disagree.

About applying for insurance

When you apply for life insurance, the Insurer conducts a process called underwriting. It's how the Insurer decides whether they can provide cover, and if so on what terms and at what cost.

The Insurer will ask questions they need to know the answers to. These will be about personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information given to us in response to our questions is vital to their decision.

When you apply for insurance benefits through a superannuation fund, or ask to extend or make changes to existing insurance benefits, the trustee may pass on to the Insurer personal information you provide to them. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the trustee.

Guidance for answering questions

You are responsible for the information you provide to the trustee or the Insurer. When answering any questions, you should:

- think carefully about each question before answering. If you are unsure of the meaning of any question, please ask the trustee or the Insurer before you respond
- answer every question
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it. Please don't assume the trustee or the Insurer will ask others, such as your doctor
- review your answers carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

Changes before your cover starts

Before your cover starts, your duty will again apply if the Insurer asks you to confirm your answers to their questions remain correct. Please ask if you need a copy of your answers so that you can carefully check them when considering if changes are needed to bring your answers up to date.

If you need help

It's important that you understand this information and the questions we ask. Ask us for help if you have difficulty answering our questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

Notifying the trustee or Insurer

If, after the cover starts, you think you may not have met your duty, call our Customer Care Team on **1300 652 770** immediately and we'll let you know whether it may have any impact on your cover.

Estimating the cost of Tailored Insurance

You can estimate the cost of Tailored Insurance following a few easy steps:

1. Determine the types of cover that you're after (i.e. Death Only, Death and TPD and/or Income Protection).
2. Work out how much cover you need.
3. Calculate the cost of the insurance premium, referencing the following tables:

| Type of cover | Premium table | Occupational loading |
|-------------------|---------------|----------------------|
| Death Only | Table 1 | Table 3 |
| Death and TPD | Table 1 | Table 3 |
| Income Protection | Table 2 | Table 3 |

4. Add the cost recovery amount of \$1.50 per month per Policy to the premium to estimate the insurance fee.
5. If you are after Income Protection cover, stamp duty* may be payable depending on the State or Territory you live. For more information please contact your local State Revenue Office (or equivalent).

* Stamp duty on insurance policies is levied by certain State and Territory Governments, based on the premium amount only. All Death and TPD premium amounts are inclusive of Stamp Duty. However on Income Protection, stamp duty, if it applies, represents an additional payment. For more information please contact your local State Revenue Office (or equivalent).

Table 1: Tailored Death and TPD cover – Annual Premium Payable per \$1,000 benefit amount

| Age next birthday | Male | | | | Female | | | |
|-------------------|-------------------|-----------------------|-----------------|---------------------|-------------------|-----------------------|-----------------|---------------------|
| | Death smoker (\$) | Death non-smoker (\$) | TPD smoker (\$) | TPD non-smoker (\$) | Death smoker (\$) | Death non-smoker (\$) | TPD smoker (\$) | TPD non-smoker (\$) |
| 16 | 0.8243 | 0.5676 | 0.1487 | 0.1081 | 0.2973 | 0.2297 | 0.0676 | 0.0541 |
| 17 | 0.8243 | 0.5676 | 0.1487 | 0.0946 | 0.2973 | 0.2297 | 0.0676 | 0.0541 |
| 18 | 0.8243 | 0.5541 | 0.1487 | 0.0946 | 0.2973 | 0.2297 | 0.0676 | 0.0541 |
| 19 | 0.8243 | 0.5541 | 0.1487 | 0.0946 | 0.2973 | 0.2297 | 0.0676 | 0.0405 |
| 20 | 0.8379 | 0.5541 | 0.1487 | 0.0946 | 0.2973 | 0.2297 | 0.0676 | 0.0405 |
| 21 | 0.7973 | 0.5135 | 0.1622 | 0.1081 | 0.2838 | 0.2162 | 0.0676 | 0.0541 |
| 22 | 0.7568 | 0.4730 | 0.1892 | 0.1216 | 0.2703 | 0.2027 | 0.0811 | 0.0541 |
| 23 | 0.7027 | 0.4460 | 0.2027 | 0.1216 | 0.2568 | 0.1892 | 0.0811 | 0.0541 |
| 24 | 0.6622 | 0.4054 | 0.2027 | 0.1216 | 0.2432 | 0.1757 | 0.0811 | 0.0676 |
| 25 | 0.6216 | 0.3784 | 0.2162 | 0.1351 | 0.2297 | 0.1622 | 0.0946 | 0.0676 |
| 26 | 0.5946 | 0.3514 | 0.2297 | 0.1351 | 0.2162 | 0.1487 | 0.0946 | 0.0676 |
| 27 | 0.5676 | 0.3243 | 0.2297 | 0.1351 | 0.2162 | 0.1487 | 0.0946 | 0.0676 |
| 28 | 0.5541 | 0.3108 | 0.2568 | 0.1487 | 0.2027 | 0.1351 | 0.1081 | 0.0811 |
| 29 | 0.5541 | 0.2973 | 0.2703 | 0.1487 | 0.2027 | 0.1351 | 0.1216 | 0.0811 |
| 30 | 0.5541 | 0.2973 | 0.2973 | 0.1622 | 0.2162 | 0.1351 | 0.1487 | 0.0946 |
| 31 | 0.5676 | 0.2838 | 0.3243 | 0.1757 | 0.2162 | 0.1351 | 0.1757 | 0.1081 |
| 32 | 0.5811 | 0.2838 | 0.3649 | 0.1757 | 0.2432 | 0.1487 | 0.2027 | 0.1216 |
| 33 | 0.5946 | 0.2838 | 0.4054 | 0.1892 | 0.2568 | 0.1622 | 0.2297 | 0.1351 |
| 34 | 0.6216 | 0.2973 | 0.4460 | 0.2162 | 0.2838 | 0.1757 | 0.2703 | 0.1622 |
| 35 | 0.6352 | 0.2973 | 0.5000 | 0.2297 | 0.3108 | 0.1892 | 0.3243 | 0.1892 |

| Age next birthday | Male | | | | Female | | | |
|-------------------|-------------------|-----------------------|-----------------|---------------------|-------------------|-----------------------|-----------------|---------------------|
| | Death smoker (\$) | Death non-smoker (\$) | TPD smoker (\$) | TPD non-smoker (\$) | Death smoker (\$) | Death non-smoker (\$) | TPD smoker (\$) | TPD non-smoker (\$) |
| 36 | 0.6622 | 0.2973 | 0.5406 | 0.2432 | 0.3378 | 0.2027 | 0.3784 | 0.2162 |
| 37 | 0.6892 | 0.3108 | 0.5946 | 0.2703 | 0.3784 | 0.2162 | 0.4460 | 0.2568 |
| 38 | 0.7162 | 0.3243 | 0.6757 | 0.2973 | 0.4189 | 0.2297 | 0.5270 | 0.2973 |
| 39 | 0.7703 | 0.3378 | 0.7568 | 0.3378 | 0.4595 | 0.2568 | 0.6216 | 0.3514 |
| 40 | 0.8243 | 0.3649 | 0.8649 | 0.3784 | 0.5000 | 0.2703 | 0.7433 | 0.4054 |
| 41 | 0.9054 | 0.3919 | 1.0000 | 0.4324 | 0.5541 | 0.2973 | 0.8784 | 0.4730 |
| 42 | 1.0000 | 0.4189 | 1.1622 | 0.5000 | 0.6081 | 0.3243 | 1.0271 | 0.5541 |
| 43 | 1.0946 | 0.4595 | 1.3649 | 0.5676 | 0.6622 | 0.3514 | 1.1892 | 0.6352 |
| 44 | 1.2162 | 0.5135 | 1.5946 | 0.6622 | 0.7027 | 0.3649 | 1.3379 | 0.7027 |
| 45 | 1.3514 | 0.5541 | 1.8514 | 0.7703 | 0.7297 | 0.3784 | 1.5000 | 0.7838 |
| 46 | 1.4730 | 0.6081 | 2.1217 | 0.8784 | 0.7568 | 0.4054 | 1.6757 | 0.8784 |
| 47 | 1.5946 | 0.6622 | 2.4325 | 1.0000 | 0.7973 | 0.4189 | 1.8784 | 0.9865 |
| 48 | 1.7298 | 0.7162 | 2.7703 | 1.1487 | 0.8514 | 0.4460 | 2.1217 | 1.1081 |
| 49 | 1.8784 | 0.7838 | 3.1622 | 1.3108 | 0.9054 | 0.4730 | 2.4325 | 1.2838 |
| 50 | 2.0271 | 0.8514 | 3.5947 | 1.5000 | 0.9730 | 0.5135 | 2.7974 | 1.4730 |
| 51 | 2.2028 | 0.9189 | 4.0812 | 1.7027 | 1.0676 | 0.5676 | 3.2028 | 1.7027 |
| 52 | 2.3649 | 1.0000 | 4.6082 | 1.9460 | 1.1757 | 0.6216 | 3.6217 | 1.9325 |
| 53 | 2.5271 | 1.0811 | 5.1893 | 2.2163 | 1.2838 | 0.6892 | 4.0542 | 2.1757 |
| 54 | 2.7028 | 1.1757 | 5.8110 | 2.5136 | 1.3919 | 0.7568 | 4.5001 | 2.4460 |
| 55 | 2.8649 | 1.2703 | 6.4056 | 2.8244 | 1.5000 | 0.8243 | 4.9190 | 2.7028 |
| 56 | 3.0406 | 1.3784 | 6.9461 | 3.1352 | 1.6081 | 0.8919 | 5.2974 | 2.9460 |
| 57 | 3.2298 | 1.5000 | 7.5542 | 3.5001 | 1.7298 | 0.9730 | 5.6758 | 3.2028 |
| 58 | 3.4325 | 1.6352 | 8.2299 | 3.9325 | 1.8379 | 1.0541 | 6.0407 | 3.4731 |
| 59 | 3.6487 | 1.7973 | 9.0137 | 4.4325 | 1.9595 | 1.1487 | 6.4056 | 3.7704 |
| 60 | 3.9055 | 1.9730 | 9.8786 | 5.0001 | 2.0676 | 1.2433 | 6.7840 | 4.0677 |
| 61 | 4.1758 | 2.1622 | 10.8516 | 5.6353 | 2.2028 | 1.3379 | 7.2299 | 4.4055 |
| 62 | 4.4461 | 2.3649 | 11.9057 | 6.3245 | 2.3649 | 1.4730 | 7.7705 | 4.8109 |
| 63 | 4.7298 | 2.5676 | 13.0274 | 7.0813 | 2.5676 | 1.6217 | 8.4462 | 5.3245 |
| 64 | 5.0136 | 2.7839 | 14.2301 | 7.8921 | 2.8244 | 1.8109 | 9.2435 | 5.9326 |
| 65 | 5.2974 | 3.0001 | 15.5274 | 8.7975 | 3.0947 | 2.0136 | 10.1489 | 6.6218 |

Table 2: Tailored Income Protection cover – Annual premium payable per \$100 monthly benefit amount

| Age next birthday | Male (\$) | Female (\$) |
|-------------------|-----------|-------------|
| 16 | 0.71 | 0.78 |
| 17 | 0.71 | 0.78 |
| 18 | 0.71 | 0.78 |
| 19 | 0.71 | 0.78 |
| 20 | 0.71 | 0.78 |
| 21 | 0.72 | 0.79 |
| 22 | 0.72 | 0.79 |
| 23 | 0.73 | 0.80 |
| 24 | 0.73 | 0.80 |
| 25 | 0.74 | 0.81 |
| 26 | 0.72 | 0.85 |
| 27 | 0.70 | 0.88 |
| 28 | 0.70 | 0.90 |
| 29 | 0.70 | 0.92 |
| 30 | 0.71 | 0.95 |
| 31 | 0.73 | 0.97 |
| 32 | 0.75 | 1.00 |
| 33 | 0.78 | 1.04 |
| 34 | 0.81 | 1.08 |
| 35 | 0.86 | 1.14 |
| 36 | 0.91 | 1.21 |
| 37 | 0.97 | 1.30 |
| 38 | 1.05 | 1.40 |
| 39 | 1.13 | 1.53 |
| 40 | 1.23 | 1.67 |

| Age next birthday | Male (\$) | Female (\$) |
|-------------------|-----------|-------------|
| 41 | 1.34 | 1.83 |
| 42 | 1.47 | 2.02 |
| 43 | 1.62 | 2.23 |
| 44 | 1.79 | 2.47 |
| 45 | 1.99 | 2.73 |
| 46 | 2.21 | 3.02 |
| 47 | 2.47 | 3.33 |
| 48 | 2.75 | 3.68 |
| 49 | 3.08 | 4.05 |
| 50 | 3.45 | 4.44 |
| 51 | 3.87 | 4.87 |
| 52 | 4.34 | 5.32 |
| 53 | 4.87 | 5.80 |
| 54 | 5.47 | 6.30 |
| 55 | 6.13 | 6.83 |
| 56 | 6.88 | 7.38 |
| 57 | 7.71 | 7.95 |
| 58 | 8.64 | 8.53 |
| 59 | 9.67 | 9.14 |
| 60 | 10.81 | 9.76 |
| 61 | 12.07 | 10.38 |
| 62 | 13.44 | 10.98 |
| 63 | 13.70 | 10.68 |
| 64 | 7.76 | 5.88 |
| 65 | 2.56 | 1.94 |

Table 3: Occupational loadings

Your occupation will influence the premium payable for Tailored Insurance cover. The Insurer applies the loading factors outlined in the table below to determine the premiums payable by particular occupations.

| Occupational loadings | Death cover | TPD cover | Income protection | Examples |
|-----------------------|-------------|-----------|-------------------|--|
| White collar | 1.00 | 1.00 | 1.00 | Doctors, Lawyers, Clerical, Administration |
| Light blue collar | 1.30 | 1.75 | 2.10 | Electricians, Bakers, Computer Technicians |
| Heavy blue collar | 1.70 | 3.40 | 3.20 | Sheet Metal Workers |

Here are a few examples

Example 1

Sam is female, aged 29 (age next birthday 30) and a non-smoker, working in an advertising agency as a digital strategist and lives in New South Wales. She's estimated that she needs \$500,000 Death and TPD cover and a \$15,000 monthly Income Protection benefit and wants to apply for Tailored cover.

| | Benefit sought | Unit of Tailored cover | Cost per unit of Tailored cover | Occupational loading | Insurance premium (per annum) | Stamp Duty payable |
|-------------------|----------------|---------------------------|---------------------------------|----------------------|-------------------------------|--|
| | (A) | (B) | (C) | (D) | (E) = [(A)/(B)] x (C) x (D) | |
| Death | \$500,000 | Per \$1,000 benefit | \$0.1351 | 1.00 | \$67.55 | Included in premiums |
| TPD | \$500,000 | Per \$1,000 benefit | \$0.0946 | 1.00 | \$47.30 | Included in premiums |
| Income Protection | \$15,000 | Per \$100 monthly benefit | \$0.95 | 1.00 | \$142.50 | Insurance premium x 5% for NSW (as at date of this Guide) = \$7.13 |

Sam's estimated insurance fee for Death and TPD cover is \$132.85 per annum (insurance premium \$67.55 + \$47.30 = \$114.85 plus a cost recovery fee of \$18.00), or \$11.07 per month, inclusive of stamp duty. The estimated insurance fee for Income Protection cover is \$160.50 per annum (insurance premium of \$142.50 plus a cost recovery fee of \$18.00), or \$13.38 per month. For NSW, stamp duty of \$7.13 per annum, or \$0.59 per month, is payable. Stamp duty for other states may be different. For more information please contact your local State Revenue Office (or equivalent).

Example 2

Say Sam was a sheet metal worker instead of a digital strategist. Let's assume she's still a non-smoker and wants to apply for the same amount of cover as in Example 1. Although the amount of cover and cost per unit of cover is the same, the Occupational loading will be different based on her different employment:

| | Benefit sought | Unit of Tailored cover | Cost per unit of Tailored cover | Occupational loading | Insurance premium (per annum) | Stamp Duty payable |
|-------------------|-----------------------|-------------------------------|--|-----------------------------|--------------------------------------|---|
| | (A) | (B) | (C) | (D) | (E)= [(A)/(B)] x (C) x (D) | |
| Death | \$500,000 | Per \$1,000 benefit | \$0.1351 | 1.70 | \$114.84 | Included in premiums |
| TPD | \$500,000 | Per \$1,000 benefit | \$0.0946 | 3.40 | \$160.82 | Included in premiums |
| Income Protection | \$15,000 | Per \$100 monthly benefit | \$0.95 | 3.20 | \$456.00 | Insurance premium x 5% for NSW (as at date of this Guide) = \$22.80 |

Sam's estimated insurance fee for Death and TPD cover is \$293.66 per annum (insurance premium of \$114.84 + \$160.82 = \$275.66 plus a cost recovery fee of \$18.00), or \$24.47 per month, inclusive of stamp duty. The estimated insurance fee for Income Protection cover is \$474.00 per annum (insurance premium of \$456.00 plus a cost recovery fee of \$18.00), or \$39.50 per month. For NSW, stamp duty of \$22.80 per annum, \$1.90 per month, is payable. Stamp duty for other states may be different. For more information please contact your local State Revenue Office (or equivalent).

Please note that these examples have been provided to illustrate how insurance fees for Tailored cover are calculated and are estimates only. Any application for Tailored cover is subject to the Insurer's acceptance and may be accepted subject to special conditions that may impact the cover provided and the premium payable for cover. If the Insurer accepts your application for Tailored cover subject to any special conditions, we will let you know.

If you need help to estimate the insurance fee that will apply for the specific cover you are requesting, please call our Customer Care Team on **1300 652 770** and ask them to provide an estimate for you.

When Tailored cover insurance fees can vary

Insurance fees are current as at the date of this Guide and are subject to change. Naturally, we'll let you know 30 days in advance before we make any changes to your insurance fees. If you apply for and are accepted for additional Tailored Insurance or if you apply to reduce your Tailored Insurance, your insurance fees will be adjusted to reflect the change in the amount of cover you hold. Automatic indexation applies to Tailored Death Only and Death and TPD cover, this adjusts the amount of cover you hold every year in line with inflation. This impacts the amount of insurance fees that

you will pay from year to year. See the following 'Automatic indexation' section for further information.

In addition to the information outlined above, customers may also be required to pay:

- any other government charges that may arise from time to time; and
- expenses incurred in administering any function required by a Federal, State or Territory government under any legislation in relation to the Policy.

Automatic indexation

Tailored Insurance Death Only and Death and TPD cover are offered as 'fixed dollar' cover, which means that the amount of cover remains the same every year. However, the fixed dollar cover will increase on 1 July each year by inflation. This inflation increase is calculated as the lesser of 7% or the percentage increase in CPI over the 12 month period to the end of March.

Automatic Indexation will apply until the earliest of the following:

- the 1 July preceding your 64th birthday;
- the 1 July you request Automatic Indexation to cease;
- the 1 July preceding the date of the event giving rise to a claim under the Policy; or
- the 1 July preceding the date your cover ends under the Policy.

If Automatic Indexation applies to your sum insured, your premiums will also be adjusted to reflect the increased amount of cover. If you don't want your Tailored Death Only or Death and TPD cover to increase automatically in line with inflation each year, please let us know via mail, email or by calling our Customer Care Team on **1300 652 770**.

Updating your salary details for Tailored income protection cover

For Income Protection, insurance fees and benefits are calculated based on your monthly benefit which is calculated based on your Salary. It is important that you inform us if your Salary changes so that we can adjust the insurance fees you will pay and bring your benefit amount in line with your new Salary (up to the maximum benefit limit, refer to the table as set out in Section 4).

If we are not notified of a change in Salary and we have not adjusted your insurance fees to reflect this, you might find that you are entitled to a lower benefit payment than expected. You can advise us of your new Salary details via mail, email or by calling our Customer Care Team on **1300 652 770**.

Any increase in your insurance cover is subject to Underwriting and acceptance by the Insurer.

Section 5: What are the benefits that may be paid?

This section describes the benefits that you can receive if you take out insurance cover (both Automatic and Tailored Cover) through Virgin Money Super and when benefits could be paid. Before you make a claim, make sure your cover includes the type of benefit you're claiming. Then you (or your nominated representative) must provide us with a completed claim form. Your benefit will then be paid if your insurance claim is accepted by the Insurer and the trustee in accordance with Virgin Money Super's Trust Deed and Superannuation Law.

The benefit payable will depend on various factors, for example:

- The type and level of cover you have applied for (including an increase in cover) and whether cover has been accepted or declined;
- Your Salary, where the benefit is determined with reference to Salary. For example, the monthly benefit under Income Protection cover may be the monthly equivalent of 75% of your Salary, subject to the maximum benefit level of \$30,000 per month;
- Whether the amount insured is reduced by any other amount paid. For example, a Death or TPD benefit may be reduced by any Terminal Illness benefit paid in respect of you;
- The monthly benefit for income Protection cover may be reduced by other payments made in respect of loss of income such as workers' compensation payments, statutory or governmental payments, or payments made under legislation or under disability income, illness or injury policies; and
- Any maximum limits which may apply.

Death benefit

If you have death cover, the benefit payable if you pass away, is equal to the full amount of your death cover as at the date of your death.

Death cover also includes a Terminal Illness benefit, as described below.

Terminal illness benefit

A customer with death cover benefits and who is Terminally Ill may claim a Terminal Illness benefit under Virgin Money Super's insurance Policy. You are regarded as Terminally Ill when in the opinion of two Medical Practitioners (one must be a specialist physician in the relevant field) you have an illness which is likely to lead to your death within 12 months from the date the opinion is provided to the Insurer despite reasonable medical treatment .

The Terminal Illness benefit is the lesser of \$2,500,000 and the death benefit. So, if your death cover is less than or equal to \$2,500,000, your death cover will cease upon payment of a Terminal Illness benefit. See the table below:

| Amount of Death cover | Terminal Illness benefit (Advanced payment of Death benefit) | Remaining Death benefit |
|--------------------------|--|--|
| Up to \$2,500,000 | Equal to the amount of death cover | Nil |
| Greater than \$2,500,000 | \$2,500,000 | The difference between the amount of death cover originally held and \$2,500,000 |

If your death cover is greater than \$2,500,000 and you have received a Terminal Illness benefit payment, the balance is paid when you pass away, provided:

- You had not yet reached 65 years of age; and
- Your death cover was still in place; and
- Insurance fees continued to be paid for the reduced insured benefit.

A Terminal Illness benefit can only be paid by the trustee if permitted under the Trust Deed and Superannuation Law.

Total & Permanent Disablement (TPD) benefit

The TPD benefit will be paid if an insured customer with TPD cover is Totally & Permanently Disabled provided the insured customer has not lodged and does not intend to lodge a claim for a Terminal Illness benefit. The customer must have ceased work as a result of the injury or illness giving rise to Total & Permanent Disability while the Policy is in force and before the first to occur of:

- their cover ends;
- the customer becomes Terminally Ill;
- the customer reaches age 65.

The TPD benefit payable as part of insurance cover is equal to the TPD sum insured. A TPD benefit will only be paid if an insured customer meets the definition of TPD under the Policy (see the following table). A TPD benefit can only be paid to you by the trustee if permitted under the Trust Deed and superannuation law.

Eligibility for TPD benefit

The insurer applies specific criteria to determine customer eligibility for a TPD benefit. Under the Policy between the Insurer and the trustee, an Insured Customer is able to claim for a TPD benefit if the Insured Customer satisfies any one of the TPD definitions as described below:

TPD definition

“Total and Permanent Disablement”, “Total and Permanent Disability”, “Totally and Permanently Disabled” or “TPD” means:

1. An Insured Customer satisfies all of the following (a), (b), (c) and (d) (TPD Definition 1):

- a. is aged 65 years or less on the Event Date;
- b. was Gainfully Working within the 16 months prior to the Event Date; and
- c. is following the advice of a Medical Practitioner in relation to their illness or injury for which they are claiming. The Insured Customer must be at a stage where, despite any further treatment, their injury or illness is not expected to improve or recover sufficiently to enable a return to Gainful Employment; and
- d. based on medical or other evidence satisfactory to us and after taking into consideration Other Factors, solely because of injury or illness, the Insured Customer:
 - i. has not worked at any time during the Waiting Period, and
 - ii. as at the Date of Disablement is unlikely ever to be able to work in any Gainful Employment for which they:
 - A. are reasonably suited by education, training or experience; or
 - B. may become reasonably suited due to Reasonable Retraining or Rehabilitation.

Or

2. An Insured Customer satisfies all of the following (a), (b) and (c) (TPD Definition 2):

- a. is totally and irreversibly unable to perform at least three Activities of Daily Work, solely because of injury or illness;
- b. is following the advice of a Medical Practitioner in relation to their illness or injury for which they are claiming. The Insured Customer must be at a stage where, despite any further treatment, their injury or illness is not expected to improve or recover sufficiently to enable a return to Gainful Employment; and
- c. based on medical or other evidence satisfactory to us and after taking into consideration Other Factors, solely because of injury or illness, the Insured Customer as at the Date of Disablement is incapable of ever working in any gainful employment for which they:
 - i. are reasonably suited by education, training or experience; or
 - ii. may become reasonably suited due to Reasonable Retraining or Rehabilitation

Or

3. An Insured Customer satisfies all of the following (a), (b), (c), (d) and (e) (TPD Definition 3):

- a. the Insured Customer's mental health condition has been diagnosed by a Psychiatrist using criteria outlined in the DSM;
- b. has not worked any time for 12 consecutive months (this 12 months does not apply where the Insured Customer is suffering one or more of the specific medical conditions) from the Event Date due to the mental health condition;
- c. has been under the regular ongoing and appropriate care of a Psychiatrist for at least 12 months (unless we agree a shorter period) who considers that the Insured Customer has exhausted all reasonable and appropriate treatment options;
- d. has been assessed by a Psychiatrist approved by us under the Psychiatric Impairment Rating Scale as having an impairment of 19% or above; and
- e. based on medical or other evidence satisfactory to us and after taking into consideration Other Factors solely because of the mental health condition, the Insured Customer is incapable of ever working in any Gainful Employment for which they:
 - i. are reasonably suited by education, training or experience; or
 - ii. may become reasonably suited due to Reasonable Retraining or Rehabilitation

TPD specific medical conditions

The Insurer may waive the waiting period and provide immediate assessment where an Insured Customer is suffering Specific Medical Conditions and all claim requirements have been received by the Insurer. Refer to Specific Medical Conditions in Section 12 'Insurance terms explained' at the end of this Guide.

Income Protection Cover

As a customer of Virgin Money Super, you can insure a monthly income benefit of up to 1/12th of 75% of your Salary (to a maximum of \$30,000 per month) if you are Totally Disabled or Partially Disabled, provided that you meet the eligibility criteria in Section 4.

Income Protection cover provides you a monthly benefit for up to two years after a 90-day waiting period, if you are eligible to claim a benefit, meet the benefit criteria and definitions of Totally Disabled and/or Partially Disabled under the Policy and if permitted under Virgin Money Super's Trust Deed and Superannuation Law.

Under Virgin Money Super's insurance Policies, if you have taken out Income Protection cover, you might be entitled to claim:

- A Total Disability benefit; or
- A Partial Disability benefit.

Note that Income Protection cover can continue for the first 24 consecutive months when you're on Employer Approved (paid or unpaid) Leave and the insurance fees for Income Protection cover continue to be paid from your Virgin Money Super account. Income Protection cover will end on the date you are on employer approved leave or unpaid leave for longer than 24 consecutive months. You may extend your cover for greater than 24 consecutive months on application.

Also note that Income Protection cover (and all insurance cover) will be cancelled if we have not received any contributions or rollovers into your account for a continuous period of 16 months, and you have not elected to maintain your insurance cover. If you wish to elect to maintain your insurance cover, call the Customer Care Team to request the relevant form.

Income Protection Total Disability benefit

A monthly Total Disability benefit will be paid if you:

- are Totally Disabled for longer than the 90 day waiting period that applies to payment of Income Protection benefits under the Policies; or
- have been Totally Disabled for at least 7 out of the first 12 consecutive days during the waiting period, then are Totally or Partially Disabled for the remainder of the waiting period, and continuously Totally or Partially Disabled since the end of the waiting period, provided cover is still in force as at the Date of Disablement, and
- submit a claim form to the insurer in accordance with the requirements of the Policy, and
- co-operate with the Insurer's requirements to make yourself available for medical assessments, vocational assessments and/or rehabilitation as directed by the Insurer.

The monthly benefit starts to accrue from the day after the end of the waiting period. Once the insurer has accepted your claim and the waiting period has ended, a Total Disability benefit will become payable monthly in arrears.

Total Disability benefits payable will end the earlier of any of the following occurring:

- The end of the 2 year Benefit Period;
- You reach age 65;
- Your death;
- You cease to be Totally Disabled;
- Six months after being overseas whilst On Claim, unless you provide medical evidence from the Medical Practitioner demonstrating your continued Disability to the Insurer's satisfaction.

Income Protection Partial Disability benefit

If you have Income Protection cover, a Partial Disability benefit may be payable if you:

- are Totally Disabled for at least 7 days out of the first 12 consecutive days during the 90 day Waiting Period; and
- are Totally or Partially Disabled for the balance of the Waiting Period, and
- remain Partially Disabled after the Waiting Period has ended; or following a period of Total Disablement for which a benefit has been paid.

If you are entitled to a Partial Disability benefit, a proportion of the monthly benefit will be paid, calculated as follows:

$$\frac{A - B}{A} \times \text{monthly benefit}$$

Where:

'A' is your Pre-Disability Salary

'B' is your Monthly Earnings for the month that the Partial Disability Benefit is payable

'B' must be less than 'A'. If 'B' is negative in a month, we will treat 'B' as zero.

The Partial Disability benefit begins to accrue from the day after you are no longer Totally Disabled or after the end of the waiting period, whichever is the later.

The Partial Disability benefit is payable monthly in arrears and will stop at the earliest of any of the following occurring:

- The end of the 2 year Benefit Period;
- You reach age 65;
- Your death;
- You cease being Partially Disabled;
- Six months after being overseas whilst On Claim, unless you provide medical evidence from a Medical Practitioner demonstrating your continued Disability to the Insurer's satisfaction.

Benefit reductions and Offsets

Income Protection benefits may be reduced or refused if:

- You do not comply with the Insurer's claim requirements; or
- You do not notify us at the time your Disability starts, to the extent this prejudices the Insurer's assessment or management of your claim; or
- Your Pre-Disability Salary is less than the Salary which your sum insured is based on; or
- you or your Employer (on your behalf) receives Offsets for the purpose of income replacement due to your injury or illness. If any Offsets have been received, the Total Disability benefit payable in a month may be reduced so that the combined total of the amount of benefit paid and Offset is no more than 75% of your Pre-Disability Salary.

When an IP Benefit is reduced

The Total Disability Benefit and Partial Disability Benefit may be reduced by any amounts paid or payable to you, known as Offsets, in relation to the injury or illness from the following sources:

- payments received by the Insured Customer from any other disability income, illness or injury policies or a superannuation fund;
- payments received by the Insured Customer from his or her Employer whilst the Insured Customer is On Claim excluding annual leave, long service leave, termination payments, sick leave and paid parental leave; and/or
- payments received by the Insured Customer from any compulsory insurance schemes such as Workers' Compensation or Accident Compensation or similar legislation or common law for loss of income but not including Centrelink or its successors.

It does not mean:

- payments made to dependent children;
- total and permanent disability benefits, trauma benefits, terminal illness benefits or superannuation benefits; or
- payment for sums awarded by a court for pain and suffering.

Total Disability Calculation

The Insurer will reduce the Total Disability Benefit they pay in a month so that the combined total of the amount they pay and the Offsets are no more than the greater of:

- a. the Monthly Benefit, and
- b. 75% of the Insured Customer's Pre-Disability Salary.

Example 1: Total Disability Benefit offset for workers compensation

| | Calculations | Description |
|-----------------------------------|------------------------------|---|
| Monthly Benefit | \$6,500 | Also known as sum insured. |
| 75% of Pre-Disability Salary | 75% x \$10,000 = \$7,500 | 75% of Pre-Disability Salary. See definition of Pre-Disability Salary in Section 12. |
| Amount on which Offsets apply | \$7,500 | The greater of <ul style="list-style-type: none"> • Monthly Benefit (\$6,500) and • 75% of Pre-Disability Salary (\$7,500). |
| Offsets | \$3,000 per month | Amount received for workers compensation. |
| Potential Income from all sources | \$7,500 + \$3,000 = \$10,500 | Amount on which Offsets apply plus Offsets. As the income from all sources (\$10,500) is more than 75% of Pre-Disability Income (\$7,500) an offset will apply. |
| Total offset amount | \$10,500 – \$7,500 = \$3,000 | Income from all sources less 75% of Pre-Disability Salary. |
| Benefit Payable | \$7,500 – \$3,000 = \$4,500 | 75% of Pre-Disability Salary less total offset amount. |

Partial Disability calculation

The Insurer will reduce the Partial Disability Benefit they pay in a month, so that the combined total of the amount the Insurer pays and the Offset payment is no more than the greater of:

- the Partial Disability Benefit; and
- the Pre-Disability Salary less the Monthly Earnings for the month in which the Insured Customer was Partially Disabled.

Example 2: Partial Disability Benefit offset for motor accident compensation

| | Calculations | Description |
|---|--|--|
| Pre-Disability Salary | \$10,000 | See definition of Pre-Disability Salary in Section 12. |
| Monthly Benefit | \$6,500 | Also known as sum insured. |
| Monthly Earnings | \$4,000 | Monthly salary earned whilst working in a reduced capacity due to illness or injury. |
| Partial Disability Benefit | $(\$10,000 - \$4,000) / \$10,000 \times \$6,500 = \$3,900$ | (A-B)/A x C where: <ul style="list-style-type: none"> A is your Pre-Disability Salary B is your Monthly Earnings C is your Monthly Benefit. |
| Pre-Disability Salary adjusted for earnings | $\$10,000 - \$4,000 = \$6,000$ | Pre-Disability Salary less the Monthly Earnings. |
| Amount on which Offsets apply | \$6,000 | The greater of <ul style="list-style-type: none"> Partial Disability Benefit (\$3,900) and Pre-Disability Salary less the Monthly Earnings (\$6,000). |
| Offsets | \$3,000 per month | Amount received for motor accident compensation. |
| Potential Income from all sources | $\$6,000 + \$4,000 + \$3,000 = \$13,000$ | Amount on which Offsets apply plus Monthly Earnings plus Offsets. As the income from all sources (\$13,000) is more than 100% of Pre-Disability Income (\$10,000), an offset will apply. |
| Total offset amount | $\$13,000 - \$10,000 = \$3,000$ | Income from all sources less 100% of Pre-Disability Salary. |
| Benefit Payable | $\$6,000 - \$3,000 = \$3,000$ | Amount on which Offsets apply less the total offset payment. |

If any of the Offset is received in the form of a lump sum with all or a part of that lump sum as a payment in compensation for loss of earnings that cannot be allocated to specific months, the Insurer will convert that part of the compensation for loss of earnings to income by dividing the lump sum payment by the lesser of the number of months in the Benefit Period and 60.

For example: A lump sum paid for \$180,000 for loss of earnings due to a motor vehicle accident would be converted to a monthly amount of \$3,000 (\$180,000/60). The offset would then be applied as per the Total and Partial Disability Benefit offset examples shown above.

Recurrent claims

If you have been On Claim and lodge another claim with respect to the same or related illness or injury, the subsequent claim will be considered a continuation of the previous claim and the waiting period is waived provided:

- you suffer the recurrence of the injury or illness which was the cause of the earlier claim within six months of the date you were last On Claim; and
- the Policy as well as your Income Protection cover under the Policy is still in force.

If a subsequent claim is considered a continuation of an earlier claim, it will be counted as part of the same Benefit Period and you will be entitled to benefit payments only for the remainder of the Benefit Period. For example, if you had been paid Income Protection benefits for an earlier claim for a period of six months and you claim Income Protection benefits again after experiencing a relapse three months after returning to work, the Benefit Period for payment of benefits for the subsequent claim is reduced to 18 months (i.e. the original 24 month Benefit Period, less the six months where benefits were paid against the earlier claim).

You will be considered to be suffering from a separate injury or illness and a new Waiting Period and Benefit Period will apply, if the recurrence occurs after more than six months have passed since the date an Income Protection benefit was last paid to you, provided that:

- You returned to full-time work for six continuous months if you were engaged in full-time work prior to a period of Disability; or
- You returned to full-time or part-time work for six continuous months, if you were engaged in part-time work prior to a period of Disability; and
- The Policy and your Income Protection cover is still in force at the time you experience the separate illness or injury.

What other benefits come with Income Protection cover

As described below, a number of additional benefits are available to customers that hold Income Protection cover. These benefits are payable subject to the Trust Deed and superannuation law.

Benefit escalation

Twelve months after a Disability benefit has been continuously paid to you, the monthly benefit will be increased by the lesser of the annual CPI increase and 5%. The monthly benefit won't be reduced if the percentage change in the CPI is negative.

When you cease to be On Claim, the monthly benefit reverts to your original Income Protection cover amount (i.e. the monthly benefit before the increase was applied).

Death benefit

If a customer dies while a Disability benefit is being paid in respect of them, the Insurer will pay three additional month's income benefit after their death. The death benefit will be the amount of the Total Disability benefit or Partial Disability benefit paid in the month immediately before the customer's death. The maximum amount payable under this benefit is \$60,000.

Premium waiver benefit

Any income protection premium which falls due while a customer is receiving the Total or Partial Disability benefit will be waived.

Return to work benefit

Once the Insurer receives notice of an injury or illness which may give rise to a claim for an Income Protection benefit payment, if the Insurer is of the opinion that participation in a return to work program may help you to work, the Insurer may pay some or all of the expenses incurred for participation in that program.

The Insurer will pay only where they have approved the program expenses in advance and will pay the third party responsible for delivering the return to work program directly.

Interim Accident cover benefits

If you have applied for Tailored cover (and meet the eligibility criteria to apply for Tailored cover) you will be provided with Interim Accident cover whilst your Application is assessed by the Insurer.

Interim Accident cover provides a benefit:

- if you have applied for Tailored Death only or Death and TPD cover, and you die as a result of an Accident during the term of Interim Accident cover; or
- if you have applied for Tailored Death and TPD cover, and you have an injury as a result of an Accident during the term of the Interim Accident cover that leads to your TPD; or
- if you have applied for Tailored Income Protection cover, and you become Totally Disabled as a result of an Accident during the term of Interim Accident cover, whilst Interim Accident cover is in force.

Interim Accident cover starts from the date we receive an Application for Tailored cover (provided it is received within 30 days of the date you signed the Application for Tailored Insurance).

There is no separate premium payable by you for Interim Accident cover. Interim Accident cover will automatically cease on the earlier of:

- the date your Application is accepted, declined or deferred by the Insurer, as the case may be;
- the date you withdraw your Application;
- the date that the Insurer cancels the Interim Accident cover at its discretion by written notice;
- the date you attain the Benefit Expiry Age;
- 90 days after the date Interim Accident cover starts;
- if cover otherwise ceases under the Policy (see Section 9 'When your cover ends');
- the date we advise you that your cover has been accepted subject to an exclusion or premium loading;
- the date you decline an offer of cover subject to an exclusion or premium loading.

Note that no benefit will be payable in respect of Interim Accident cover if the Accident results directly or indirectly from:

- anything that happened to you in War; or
- anything that happens due to an intentional self-inflicted act.

The maximum cover provided is the lesser of:

- the amount the insured applied for;
- the maximum amount payable for each type of cover (\$5 million for Death cover, \$2 million for TPD cover, and for Income Protection cover, the lesser of \$30,000 per month and 1/12th of 75% of Salary); and
- the difference between the amount applied for and any existing cover already provided.

Overseas cover

If you are an Australian Resident, you are provided with worldwide, 24 hour cover when you are away from Australia for any reason.

If you are an Australian Resident or hold a Visa, your cover will continue for up to three consecutive years when you are outside of Australia, provided that you continue to hold a Visa and have not permanently departed Australia. The three years period commences on the date you first leave Australia.

After six months of being overseas while On Claim, you will need to provide supporting medical evidence to the Insurer's satisfaction to continue receiving a Total Disability benefit or Partial Disability benefit.

Where evidence is not provided to the Insurer's satisfaction, they may cease to pay your benefit.

Any costs incurred overseas in respect of an Income Protection claim, including tests that the Insurer requires you to undergo or any costs incurred in returning to Australia for claims assessment are at your own expense. The Insurer may refuse to pay a Disability benefit if you do not follow their instructions.

Section 6: How to make a claim

If and when you need to make a claim, we'll do our best to make sure the process is as easy as possible for you.

There are 3 steps to the process for you (or your personal legal representative):

1. You, your beneficiaries or estate must notify us of your intent to claim as soon as possible from the date of death or disability.
2. Once we've received the notice of your claim, we'll send you a claim form within 7 days. You need to complete the claim form and return it to us as soon as possible.
3. Complete the claim form and provide evidence, as required by the Insurer to support your claim. Depending on the type of claim and the amount you are claiming, you'll also need to co-operate if the Insurer requests that you undertake any additional medical assessments or vocational assessments.

Sending you claim forms does not constitute an admission of liability in respect of any claim lodged.

Conditions for payment of a claim

All claims are subject to assessment by the Insurer, who will determine whether to accept the claim and the terms upon which the claim will be accepted.

The payment of a claim is conditional upon:

- Provision of proof in a form that can be verified by the Insurer that your cover was validly in force at the time of the claim and that you are entitled to claim the applicable benefit.
- The Insurer verifying your identity.
- You may be required to provide us with proof of age, and if you are claiming an Income Protection benefit, proof of your Salary and/or Pre-Disability Salary, any Offsets paid to you whilst On Claim and the relevant waiting period applicable to you.
- For Income Protection Partial Disability or Total Disability claims, the 90 day waiting period will also apply before any benefits can be paid.

The Insurer may require additional information or medical evidence from you to establish an entitlement to claim. You may be required to:

- Provide an original or certified birth certificate (or other proof of birth to our satisfaction), Visa (if applicable) and all other documentation the Insurer requires; and

- Provide medical evidence from treating Medical Practitioners; and
- When reasonably required by the Insurer (and at the Insurer's expense), being examined by one or more Medical Practitioners nominated by the Insurer; and
- Provide pathology, blood tests, x-ray or other appropriate evidence.

When reasonably required by the Insurer (and at the Insurer's expense), in respect of a Disability, you may be required to:

- undergo vocational assessment and/or rehabilitation; and
- be examined by a Medical Practitioner; and
- be interviewed; and
- agree to an audit of your financial circumstances.

You will be required to provide identity documents to confirm that you are the Insured Customer before any benefits from a claim can be paid. Payment of claims is also subject to any legislative requirement being met and Virgin Money Super's Trust Deed.

Claiming a benefit from overseas

Note that we are able to accept claims from Insured Customers who are overseas at the time that the claim is lodged, but depending on the circumstances, the Insurer may request that you return to Australia (at your own expense) if further medical or other investigations are required before the outcome of your claim can be determined.

To find out more about making a claim, contact our Customer Care Team on **1300 652 770**.

For an explanation of some of the terms used in this section, refer to Section 12 'Insurance terms explained' at the end of this Guide.

Section 7: Changing your Death and TPD Insurance Cover

Our insurance options are designed to offer customers the ability to change their cover as their circumstances change.

Changing automatic cover

You can cancel your Automatic Death and TPD cover entirely during the cooling off period (see Section 3 for more details) or at any other time, or cancel the TPD component at any time, but you cannot increase or reduce your automatic Death and/or TPD cover.

You can cancel your cover by logging on to your online Virgin Money Super account and changing your insurance selection.

When you cancel your cover under the Policy, the insurance fee is pro-rated for the time the cover was active from the 1st of a month to the date your cover was cancelled.

Restarting automatic cover

If you cancelled your automatic cover or your automatic cover lapsed due to non-payment of insurance fees, you cannot restart this cover. You may apply for Voluntary Cover.

Reducing or upgrading from Automatic Insurance cover to Tailored cover

If you hold Automatic Insurance cover, you can apply to reduce or upgrade your cover to Tailored Death Only or Death and TPD cover. Any Application for Tailored cover is subject to Underwriting and acceptance by Virgin Money Super's Insurer. The Insurer may impose special conditions (such as an exclusion or restriction) for the amount of Tailored cover. See Section 4 for information about how to apply for Tailored cover and the cost of Tailored cover.

Under the terms and conditions of the Policies agreed between the trustee and the Insurer, if your Application for Tailored Death only or Death and TPD cover is accepted, any Automatic Insurance cover you hold will be cancelled and replaced in its entirety with Tailored cover. So, if you currently hold Automatic Death only or Death and TPD cover, make sure that your Application for Tailored Death Only or Death and TPD cover is based on the entire amount of cover that you require.

Applying for an increase in Tailored Death Only or Death and TPD cover

Even though you already have cover in place, the Insurer still needs to go through the steps of assessing your Application. Therefore, to apply to increase the level of Tailored Death

Only or Death and TPD cover, you'll need to complete an Insurance Application Form and a Zurich Group Insurance Personal Statement. The forms are available by logging into your online account at virginmoney.com.au/super, or by contacting our Customer Care Team on **1300 652 770**.

An Application for an increase in the level of Tailored Death Only or Death and TPD cover is subject to Application, Underwriting and acceptance by the Insurer, just as was the case when an initial Application for Tailored cover was lodged.

Reducing your Tailored cover amount

You can reduce the amount of Tailored Death only or Death and TPD cover at any time by completing the Reduce or Cancel Tailored Insurance Form available in your online account. The reduction in cover takes effect from the date you nominate in the form, or if you do not nominate a date, the date we receive the completed Application Form.

Note that if you reduce the amount of Tailored Death only or Death and TPD cover, and you then change your mind and want the original benefit amount, the original amount can't be automatically reinstated. You'll need to apply for an increase in Tailored cover, be Underwritten by the Insurer and be accepted for the increased cover before your entitlement to the original benefit amounts can be restored. Any reinstated Tailored cover will commence from the date your Application for increased cover is accepted by the Insurer.

Cancelling your Tailored cover

You can cancel your Death only or Death and TPD cover entirely or cancel the TPD component of your Death and TPD cover at any time by completing the Reduce or Cancel Tailored Insurance Form available in your online account.

The cancellation of cover takes effect from the date you nominate in the form, or if you do not nominate a date, the date the completed form is received by us. Note that any cancelled Tailored cover can't be automatically reinstated. You'll need to reapply for Tailored cover, be Underwritten by the Insurer and be accepted for cover before any Tailored cover benefits can be made available to you again.

When you cancel your cover, the Insurance Fee is pro-rated for the time the cover was active from the 1st of a month to the date your cover was cancelled.

Your Tailored Insurance cover will be cancelled if we have not received any contributions or rollovers into your account for a continuous period of 16 months, and you have not

elected to maintain your insurance cover. If you wish to elect to maintain your insurance cover, call the Customer Care Team to request the relevant form.

Life Events cover

If you have Automatic Insurance cover, Tailored Death only or Tailored Death and TPD cover, you may apply to increase your cover once in any 12 month period without being Underwritten if a Specific Life Event occurs such as marriage, in an interdependent relationship, divorce, your child starting secondary school, taking a mortgage, having a child or completing an apprenticeship.

You must satisfy the following conditions to make a Life Events Application for additional cover:

- At the time of applying for an increase, you must not have made or be entitled to make a claim under the Policy or any life insurance policy whether it is issued by Virgin Money Super's Insurer or any other insurer; and
- You must complete and submit the Life Events Application and the documentary evidence establishing the occurrence of the Specific Life Event to us within 90 days of the occurrence of the Specific Life Event; and
- The Specific Life Event must occur after your Tailored cover commenced; and

- You may only apply and be accepted for an increase in cover for one Specific Life Event in any 12 month period and can only increase your cover under this option a maximum of three times whilst you are an Insured Customer of Virgin Money Super; and
- You have not previously had an Application for Death only or Death and TPD Insurance cover declined by Virgin Money Super's Insurer.

The Specific Life Events and evidence required to support an Application for an increase in cover are outlined in the table below. In all cases, the increase will be a fixed sum equivalent to 25% of your existing sum insured at the date that we accept your Life Events Application, subject to a maximum of \$250,000 per Life Events Application and subject to the overall Death Only and Death and TPD maximum sum insured limits. If you have Automatic insurance cover and apply for a Life Events increase and your application is accepted, the Life Events cover will be Tailored cover and premiums will be calculated on Tailored age based rates.

To apply to increase the level of Death Only or Death and TPD cover, you'll need to complete the Life Events Cover Application Form. The form is available by logging into your online account at virginmoney.com.au/super, or by contacting our Customer Care Team on **1300 652 770**.

| Specific Life Event | Evidence required |
|---|--|
| You or your spouse give birth to or adopt a child. | <ul style="list-style-type: none"> • A completed Life Events Cover Increase Application Form. • A copy of the birth certificate for the child or the adoption documentation. |
| You: <ul style="list-style-type: none"> • take out a new mortgage or • increase an existing mortgage (excluding re-draw and refinancing) by at least \$100,000 on your principal place of residence with an Accredited Mortgage Provider. | <ul style="list-style-type: none"> • A completed Life Events Cover Increase Application Form. • Written confirmation from an Accredited Mortgage Provider(s) of: <ul style="list-style-type: none"> – the amount and effective date of the mortgage, where you are taking out a new mortgage, or – the amount of the mortgage immediately preceding the increase, the effective date of the increase and the current level of the increased mortgage, where you are increasing your mortgage, whether with an existing or different Accredited Mortgage Provider. |
| You get divorced. | <ul style="list-style-type: none"> • A completed Life Events Cover Increase Application Form. • A copy of the divorce certificate. |
| You get married. | <ul style="list-style-type: none"> • A completed Life Events Cover Increase Application Form. • A copy of the marriage certificate in respect of a marriage recognised under the Marriage Act 1961. |
| You are in an Interdependent Relationship. | <ul style="list-style-type: none"> • A completed Life Events Cover Increase Application Form. • A copy of evidence that establishes the subsistence of that relationship for at least 2 years. |
| Your dependent child starts secondary school. | <ul style="list-style-type: none"> • A completed Life Events Cover Increase Application Form. • Written confirmation of enrolment from the secondary school. • A copy of the birth certificate for the child or the adoption documentation. |
| You complete an apprenticeship. | <ul style="list-style-type: none"> • A completed Life Events Cover Increase Application Form. • A copy of evidence from the TAFE or Employer confirming the apprenticeship is concluded. |

Section 8: Transferring cover from another insurer

You may be able to apply to transfer your Death and TPD cover you have outside of Virgin Money Super if you meet the eligibility criteria for cover under Virgin Money Super and:

- you are joining for the first time or you are an existing customer of Virgin Money Super and eligible for insurance (see Section 4 for more information); and
- your cover outside of Virgin Money Super is current and valid at the time that you submit a Transfer Application; and
- you complete the Transfer Application and provide evidence to prove you have the cover outside Virgin Money Super; and
- the evidence confirming the existence of the cover to be transferred is dated within 60 days of the date that you lodged your Transfer Application; and
- existing insurance cover is with a super fund* and is not a personal policy.

* Virgin Money Super cannot accept applications to transfer insurance cover under a policy owned by a trustee of a self-managed superannuation fund.

Virgin Money Super cannot accept applications to transfer Income Protection cover.

Any application to transfer Previous Cover is subject to acceptance by the Insurer. The Insurer reserves the right to determine whether or not to accept your Transfer Application.

To apply, you will need to complete the Insurance Cover Transfer Application form. The form is available under 'Forms' at virginmoney.com.au/super, or by contacting our Customer Care Team on **1300 652 770**.

If we notify you that the Insurer has accepted your Transfer Application, the Transferred cover will be:

- considered Tailored Death only or Death and TPD cover by Virgin Money Super's Insurer; and
- applied as additional cover to any Tailored Death only or Death and TPD cover that you might already hold within Virgin Money Super; and
- replacing any Automatic cover, and will not be applied as additional cover under Virgin Money Super Policies.

Multiple insurance policies

If you have insurance cover outside of Virgin Money Super, you should consider the impacts of having multiple insurance policies (of the same or similar cover) because you may not be able to lodge a claim on multiple policies. If you are unsure what to do about any duplicate cover you may hold, please call the Customer Care Team.

Determining the amount of Transferred cover

You will be allocated cover in Virgin Money Super to replace the level of cover you currently have under your former fund, in addition to any Tailored cover (if applicable) you currently have with us. Transferred cover is subject to the limitation that you cannot transfer an amount of cover more than \$1 million into Virgin Money Super and the total amount of cover after the transfer cannot exceed the maximum benefit level of \$2 million. If your Previous Cover was subject to any exclusions(s), these will also apply to any cover you transfer into Virgin Money Super.

Cancelling Previous Cover

If the Transfer Application is accepted, the date of acceptance will be as advised to us by the Insurer. We will then confirm this with you.

Once you have notice that your Transfer Application is successful, you must cancel your Previous Cover. If your Previous Cover was higher than the amount of Transferred cover, then you need only cancel the amount you transferred.

If you do not cancel the Previous Cover as described above, then in the event the Insurer accepts your claim for death, Terminal Illness or TPD, any benefit payable under the Policy will be reduced by the benefit payable under the Previous Cover that should have been cancelled.

Section 9: When will your cover end?

Your insurance cover provided will automatically end, without notification, on the earliest of any of the following:

Applicable to all types of cover:

- The date you cease to be a customer of Virgin Money Super;
- The date you instruct us to cancel your cover;
- If you are a non-Australian Resident who holds a Visa, 60 days after the date that you are no longer; permanently residing in Australia or 60 days after you cease to hold a Visa;
- The date you reach age 65 (which is the benefit expiry age under the Policies);
- The date the Insurer cancels or avoids the Policy or Insured Cover in respect of an Insured Customer in accordance with its legal rights;
- The date on which insurance premiums payable for your cover have remained unpaid for 30 days from the date premiums were last payable;
- The date that you commence Active Service with the armed forces of any country (except where you are a member of the Defence Force Reserve, in which case, Insured Cover will cease only when you become the subject of a call out order under the Defence Act (Cth) 1903);
- The date you die;
- If you hold Tailored cover and are applying to reduce the amount of cover you hold, the date you advise us that you wish to have Insured Cover reduced, in respect of the amount reduced;
- The date you are overseas for a period longer than the Insurer has agreed to provide cover;
- The date the Policy is terminated, in which case you will have received prior notification;
- Cancellation is required by legislation (see the following 'Automatic cancellation of cover due to account inactivity' section).

Applicable to all Death and TPD cover only

- The date you are paid a TPD benefit which is equal to the amount of death cover;
- The date you are paid a Terminal Illness benefit which is equal to the amount of the death cover you hold.

Applicable to Income Protection cover only

- The date you are on Employer approved paid or unpaid leave for longer than 24 consecutive months unless the Insurer has provided prior approval for cover to extend beyond 24 consecutive months of Employer Approved (paid or unpaid) Leave;
- The date you permanently stop working. Cover provided under the existing Policies between the trustee and the Insurer will also end if the trustee or the Insurer cancels the Policy, or if the Insurer avoids paying benefits under the Policy according to their legal rights.

Automatic cancellation of cover due to account inactivity

If we have not received any contributions or rollovers into your account for a continuous period of 16 months, and you have not elected to have or keep your cover, we are required by law to cancel your cover due to inactivity. This does not apply where you are an Australian Defence Force (ADF) Super member, or if you are a person who would be an ADF Super member if you had not chosen a fund – in which case you must tell us.

Where cancellation occurs the cost of all insurance cover will stop being deducted from your super account balance. The cancellation of insurance cover legislation is aimed at reducing the erosion of super account balances by insurance premiums for unwanted cover. If you wish to elect to maintain your insurance cover, call the Customer Care Team to request the relevant form.

You may be able to reinstate cover subject to certain conditions if your cover has been cancelled due to no contributions and/or rollovers being received into your super account for a continuous period of 16 months. You can elect to reinstate cover within 90 days, otherwise you will need to reapply for cover and be Underwritten.

Section 10: When benefits won't be paid or will be reduced

Benefits will not be paid if:

- The event giving rise to the Death and/or TPD claim is caused directly or indirectly, wholly or partially, from War involving Australia, New Zealand or your country of residence (War includes but is not limited to declared War, and armed aggression by one or more countries resisted by any country, combination of countries or international organisations). The Insurer may increase premium rates rather than apply this exclusion;
- The claim is due to a condition which the Insurer has specifically excluded in relation to your cover;
- Any relevant information about a Pre-existing Medical Condition is not disclosed to the Insurer;
- Your death, Terminal Illness or TPD was caused directly or indirectly, wholly or partially, as a result of any intentional or deliberate self-inflicted act (whether sane or insane) which occurred within 13 months of the date your Automatic cover or Tailored cover commenced, recommenced or increased;
- Your Total Disability or Partial Disability is caused wholly or partially, directly or indirectly, by
 - your intentional self-inflicted act
 - you being or becoming pregnant, unless you are Disabled for more than three months after the end of the pregnancy, in which case the Waiting Period is deemed to start or the later of, the date Total Disability begins, and the end of the pregnancy
 - War or any act of War.

The Insurer may reduce or refuse to pay a Total or Partial Disability benefit:

- If the premium has not been paid;
- If a customer does not comply with the Insurer's claim requirements;
- Where the Insurer has not received notice at the time Disability starts, to the extent that their assessment or management of an insurance claim is prejudiced;
- Where a benefit offset applies.

Section 11: Dispute resolution and privacy

Making an enquiry or complaint

If you have an enquiry or complaint, please call our Customer Care Team on 1300 652 770 or you can write to the:

Complaints Officer
Virgin Money Super
GPO Box 4650
Melbourne VIC 3001

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

Please include your Plan name "Virgin Money Super" and your customer number when writing to us.

Information regarding our complaints process can be accessed online. Go to virginmoney.com.au/super and navigate to the 'Complaints' page or call the Customer Care Team.

The trustee always seeks to resolve any complaints to the satisfaction of all concerned and in the best interests of all customers of the Virgin Money Super.

If you are not happy with the way your complaint has been handled, or with its outcome, you are able to complain to the Australian Financial Complaints Authority (AFCA).

Online: www.afca.org.au

Email: info@afca.org.au

Phone: 1800 931 678 (free call)

Mail: Australian Financial Complaints Authority
GPO Box 3, Melbourne VIC 3001

AFCA provides a fair and independent complaint resolution service that is free to consumers. There are some time limits for lodging certain complaints with AFCA. This includes complaints about the payment of a death benefit, which you must lodge with AFCA within 28 days of being given our written decision. For more details about referring a complaint to AFCA, how AFCA handle complaints, and time limits that may apply, contact AFCA directly.

Customer privacy

This privacy notice relates to how Virgin Money Super and each of its related bodies as well as MSAL and its related bodies corporate (collectively referred to in this section only as 'we', 'us' or 'our') collect, use and disclose your personal information.

We collect, use and disclose personal information about you in order to manage your super benefits and give you information about your super. Our Privacy Policies outline the type of information we keep about you and how we, and any organisations we appoint to provide services on our behalf, will use this information. If you do not provide the personal information requested, we may not be able to manage your super.

You can read:

- Mercer Super Trust's Privacy Policy at mercersuper.com.au/privacy
- Virgin Money's Privacy Policy online at virginmoney.com.au/help/privacy-and-security

You can also obtain copies by calling our Customer Care Team.

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

Zurich Australia Limited – Privacy

In this section only "we", "us" and "our" refers to Zurich Australia Limited ("Insurer"). "You" and "your" refers to policy owners and Insured Customers. Any reference to your personal information includes any health or other sensitive information we may hold about you.

We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from zurich.com.au/important-information/privacy

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties.

We may disclose your personal information to certain third parties as outlined below. Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us and/or Zurich Group to detect and protect against consumer fraud;
- organisations performing administration and/or compliance functions in relation to the products and services we provide;
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers);
- our solicitors or legal representatives;
- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- the policy owner (or parties acting on behalf of the policy owner);
- regulatory bodies, government agencies, law enforcement bodies and courts;
- our related companies (members of the Zurich Insurance Group Ltd group), including for carrying out any group business functions;
- organisations, including those in an alliance with us or our related companies, to distribute, manage and administer our products and services, carry out our business functions, enhance customer service and undertake analytics activities.

We will also disclose your personal information in circumstances where we are required by law to do so. Examples of such laws are:

- The Family Law Act 1975 (Cth) enables certain persons to request information about your interest in a superannuation fund;
- There are disclosure obligations to third parties under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

Information required by law

We may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at zurich.com.au/important-information/privacy

Life risk – sensitive information

For life risk products, where applicable, we may collect health information with your consent.

Your health information will only be disclosed to service providers or organisations providing medical or other services for the purpose of Underwriting, assessing the application or assessing any claim.

Privacy consent

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us personal information about someone else, you must show them a copy of this document or our Privacy Policy available at zurich.com.au/important-information/privacy so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

Privacy Policy

Our Privacy Policy contains information about:

- when we or Zurich Group may collect information from a third party;
- how you may access and seek correction of the personal information we hold about you; and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we and/or Zurich Group will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing: The Privacy Officer
Zurich Financial Services Australia Limited
PO Box 677, North Sydney NSW 2059

Email: privacy.officer@zurich.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 133 667.

More information can be found in our Privacy Policy at zurich.com.au/important-information/privacy

Overseas recipients

We or Zurich Group may disclose information to recipients (including service providers and related companies) which are (1) located outside Australia and/ or (2) not established in or do not carry on business in Australia. You can find details about the location of these recipients in Zurich's Privacy Policy at zurich.com.au/important-information/privacy

Section 12: Insurance terms explained

For more detailed information about insurance terms, refer to Virgin Money Super's Insurance Policy. For an explanation of any other terms used in this Guide, contact our Customer Care Team on 1300 652 770.

| Phrase or term | What cover types does it apply to? | Definition |
|---------------------------------------|-------------------------------------|--|
| "Accident" | All | <p>Means a fortuitous, external event which was unexpected and unintended causing Disability.</p> <p>Exclusions – events that are not accidents</p> <p>The following situations are not accidents, and any claims arising from these situations are excluded:</p> <ul style="list-style-type: none"> • any one or more of the following was a contributing cause of injury or death: <ul style="list-style-type: none"> – illness; – disease; – allergy; and/or – any gradual onset of a physical or mental infirmity. • the injury or death was the result of an intentional act or omission of the Insured Customer. • the Insured Customer was injured or died as a result of an activity in respect of which they assumed the risk or courted disaster, irrespective of whether they intended injury or death. |
| "Accredited Mortgage Provider" | Death or Death & TPD Tailored cover | Means an Authorised Deposit-taking Institution (as defined in the Banking Act 1959) or other reputable financial services business or program or trustee which provides mortgage loans as part of its ordinary business activities and is accredited with the Mortgage Employer Sponsored Association of Australia. |
| "Active Service" | All | Refers to an Insured Customer's occupation as part of the military force (including without limitation the Defence Force Reserve, the army, the navy, the air force or the like). Reserve duty is excluded. |
| "Activities of Daily Living" | Specific Medical Conditions | <p>Means:</p> <ol style="list-style-type: none"> a. Bathing - bathing and showering b. Dressing - dressing and undressing c. Feeding - eating and drinking d. Mobility - 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 wheelchair e. Toileting - the ability to use a toilet, without the assistance of another adult person or suitable aids. |

| Phrase or term | What cover types does it apply to? | Definition |
|-----------------------------------|------------------------------------|---|
| “Activities of Daily Work” | Applicable to TPD Definition 2 | <p>Means:</p> <ul style="list-style-type: none"> • bending – the ability to bend, kneel or squat to pick something up from the floor and straighten up again. • communicating – the ability to: <ul style="list-style-type: none"> – 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 – interact with others by listening, comprehending and speaking on a day-to-day basis and in a work environment. • vision (reading) – the ability to read, with or without correction with suitable lenses, to the extent that an ophthalmologist can certify that: <ul style="list-style-type: none"> – visual acuity is equal to, or better than, 6/48 in both eyes, or – constriction is within or greater than 20 degrees of fixation in the eye with the better vision. • walking – the ability to walk more than 200m on a level surface without stopping due to breathlessness, angina or severe pain elsewhere in the body. • lifting – the ability to lift, carry or otherwise move objects weighing up to 5kg using one or both hands. • manual dexterity – the ability, with reasonable precision and success, to: <ul style="list-style-type: none"> – use at least one hand, its thumb and fingers, including the ability to pick up and manipulate small objects, and use a keyboard. |
| “Application” | All Tailored cover | A form that an Eligible Person must complete (either in writing, electronically, or over the phone) and submits to us (either in writing, electronically or over the telephone) to request Tailored cover or change their cover. |
| “At Work” | | <p>means a person:</p> <p>a. is:</p> <ol style="list-style-type: none"> i. in gainful employment and where the person is working at the relevant time and not on leave – he or she is, in our opinion, actively performing all the duties of his or her usual occupation, without restriction or limitation due to any illness or injury: or ii. in gainful employment and where the person is on employer approved leave other than leave which is taken for reasons related to injury or illness – he or she is, in our opinion, capable of performing all the duties and work hours of his or her usual occupation, without restriction or limitation due to illness or injury; or iii. engaged in domestic duties – he or she is, in our opinion, actively performing all the domestic duties not for financial reward or benefit, salary or profit, without restriction or limitation due to any illness or injury; or iv. unemployed for reasons other than illness or injury – he or she is, in our opinion, capable of performing all the duties and work hours of his or her usual occupation, being the occupation they last worked, without restriction or limitation due to illness or injury; and <p>b. not in receipt of, or entitled to claim, income support benefits from any source including but not limited to workers’ compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits of any kind).</p> <p>In the context of this definition, “gainful employment” means any occupation or work for reward or financial benefit, or the hope of reward of 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 the Insured Customer’s occupation or occupations or work.</p> |

| Phrase or term | What cover types does it apply to? | Definition |
|---|--|---|
| "Australian Defence Force (ADF) Super member" | | Means a member of the Permanent Forces or a continuous full-time Reservist, defined in the Australian Defence Force Superannuation Trust Deed 2015 as a 'serving ADF Super member'. |
| "Australian Resident" | All | Means a permanent resident within the meaning of the Migration Act 1958 (Cth), an Australian citizen or a New Zealand citizen. |
| "Automatic Acceptance/ Automatically Accept/ Automatically Accepted" | Automatic cover | The acceptance of cover by the Insurer of Eligible Persons up to the AAL without the need for them to be Underwritten. |
| "Benefit Period" | Income Protection Tailored cover | Means 24 consecutive months, being the maximum period of time that a benefit will be paid for any one illness or injury while the Insured Customer is Disabled under the Tailored Income Protection policy. |
| "Contractor" | All | An Eligible Person is providing services for an Employer under a written contract for services for a continuous period of at least six months and is, under the contract, having Salary and Contributions paid in respect of them. |
| "Contribution" | All | Any of the following: a. a concessional contribution; b. a non-concessional contribution; c. a rollover from another super fund; d. a payment made to the Insured Customer's account by the Federal Government; e. an eligible termination payment; or f. any other payment made to the Insured Customer's account that the Trustee can accept. |
| "CPI" | All Tailored cover | The Consumer Price Index (the weighted average of eight capital cities combined), as published by the Australian Bureau of Statistics (or its successor) for the March quarter. |
| "Cover Commencement Date" | All Tailored cover | The date that the first Contribution or rollover is made into the Insured Customer's Account. |
| "Customer" | All | Customer means member of Virgin Money Super |
| "Date of Disablement" | Income Protection Tailored cover | The later of the date an Insured Customer ceases work as a result of an injury or illness which is the principal cause of which a claim is made and the date the Insured Customer is first examined and certified by a Medical Practitioner as being Totally Disabled in relation to an injury or illness which is the principal cause of which a claim is made. |
| "Date of Disablement" | TPD cover (Automatic and Tailored cover) | a. For TPD Definition 1, the first day after the expiry of the Waiting Period; or b. for all other parts of the TPD definition, the first day that all of the elements of the definition are satisfied. |
| "Defence Force Reserve" | All | The Australian army, naval or air force reserves. |
| "Disability" and "Disabled" | Income Protection Tailored cover | Means Total Disability or Partial Disability as the context requires. |
| "DSM" | Applicable to TPD Definition 3 | Means the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA). If the Diagnostic and Statistical Manual of Mental Disorders is no longer used or published, we will use another manual similar to it for the determination as determined by the Royal Australian and New Zealand College of Psychiatrists. |
| "Eligible Person" | All | Means a person who meets the eligibility criteria for cover. |

| Phrase or term | What cover types does it apply to? | Definition |
|--|------------------------------------|--|
| “Employer” | All | Means an employer (including any related body corporate of that employer, as that term is defined under the Corporations Act 2001 (Cth)) who engages a natural person under a contract of employment or who engages a Contractor. |
| “Event Date” | Applicable to TPD Definition | Means: <ul style="list-style-type: none"> for TPD Definition 1, the first day of the Waiting Period during which the Insured Customer, solely because of injury or illness, has not worked; for TPD Definition 2, the first day that the Insured Customer solely because of injury or illness, is totally unable to perform at least three Activities of Daily Work; for TPD definition 3, the first day of the 12-month period during which the Insured Customer, solely because of a mental health condition, has not worked. <p>The Event Date must occur while the Insured Customer is covered under this Policy.</p> |
| “Excluded Occupation” | All Tailored cover | Any occupation which the Insurer deems is uninsurable in its sole discretion. |
| “Gainful Employment” | All TPD | Means any occupation or work for reward or financial benefit, or the hope of reward of 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 the Insured Customer’s occupation or occupations or work. |
| “Gainful Working/ Gainfully Worked” | Applicable to TPD Definition 1 | Means a person is: <ol style="list-style-type: none"> employed or self-employed for reward or financial benefit, or the hope of reward or financial benefit, in any business, trade, profession, vocation, calling, occupation or employment; or on paid Employer Approved Leave; or on unpaid Employer Approved Leave for a period up to 12 consecutive months. |
| “Indexation Factor” | All Tailored cover | Is determined each year based on the percentage increase in the Consumer Price Index (CPI) (the weighted average of eight capital cities combined), as published by the Australian Bureau of Statistics (or its successor) for the March quarter. If the CPI reduces over the relevant period, the indexation factor will be zero. Any subsequent increase in the CPI will not be offset against any previous reduction in the CPI. The maximum indexation factor is 7%. |
| “Insured Cover” | All | Means Automatic Insurance cover or Tailored Insurance cover issued by the Insurer to you for the benefit of an Insured Customer. |
| “Insured Customer” | All | An Eligible Person for whom cover has been provided under the terms of the Policies. |
| “Interdependent Relationship” | Life Events cover | Means a close personal relationship between two people who live together, where one or each of them provides the other with financial support, and one or each of them provides the other with domestic support and care. |
| “Medical Consultation” | All | Any activity undertaken for the detection, treatment or management of an illness, injury, medical condition or related symptom, including but not limited to the application of prescribed drugs or therapy (whether conventional or alternative). |
| “Medical Practitioner” | All | A medical practitioner who is medically qualified and properly registered in Australia, and not related, or connected by personal relationship, to the relevant Insured Customer. If practising overseas, and not registered as a medical practitioner in Australia, it means the person is approved by the Insurer and has qualifications equivalent to Australian standards. Chiropractors, physiotherapists, psychologists and alternative therapy providers are not regarded as Medical Practitioners. |

| Phrase or term | What cover types does it apply to? | Definition |
|---|------------------------------------|--|
| “Minimum Hours” | Income Protection Tailored cover | Means an Insured Customer must be working in a gainful occupation, business or profession, for at least 15 hours per week for the 6 months immediately prior to the Date of Disablement. The six month period may be adjusted as follows: <ul style="list-style-type: none"> • where an Insured Customer returns from an agreed period of leave, it will include time prior to the commencement of the agreed period of leave if six months have not elapsed prior to the Date of Disablement. • where an Insured Customer has been working for less than six months, the equivalent period will be the time since commencement with the employer to the Date of Disablement. |
| “New Events Cover” | Automatic Cover | Means an Insured Member is only insured for claims arising from an illness which first becomes apparent to the Insured Member, or from an injury that occurs to the Insured Member on or after the date the Insured Member's cover commences, recommences or reinstated under this Policy. |
| “Occupational Classification” | All Tailored cover | The classification that we apply to the nature of the Insured Customer's occupation and which is used to determine the cost of an Insured Customer's Tailored cover. |
| “Offset” | Income Protection Tailored cover | Means: <ul style="list-style-type: none"> • payments received by the Insured Customer from any other disability income, illness or injury policies or a super fund; • payments received by the Insured Customer from his or her Employer whilst the Insured Customer is On Claim excluding annual leave, long service leave, termination payments, sick leave and paid parental leave; and/or • payments received by the Insured Customer from any compulsory insurance schemes such as Workers' Compensation or Accident Compensation or similar legislation or common law for loss of income but not including Centrelink or its successors. It does not mean: <ul style="list-style-type: none"> • payments made to dependent children; • total & permanent disability benefits, trauma benefits, terminal illness benefits or super benefits; or • payment for sums awarded by a court for pain suffering. |
| “Other Factors” | All TPD | In determining if the Insured Member satisfies the TPD definition, the Insurer may have regard to all relevant information available to them. This includes, but is not limited to: <ol style="list-style-type: none"> a. information relevant to the Insured Member's future capability to return to work; b. the entirety of an Insured Member's previous gainful or non-gainful work, their past education, training or experience, and the insured member's transferrable skills, irrespective of the date that the work, skill, training, education and/or the experience was undertaken or obtained. The Insurer will not take into account an Insured Member's previous status or level of seniority. |
| “Partial Disability/ Partially Disabled” | Income Protection Tailored cover | Means solely as a result of injury or illness an Insured Customer is: <ul style="list-style-type: none"> • unable to perform one or more of the duties necessary to produce income from their Usual Occupation, but has returned to work in their Usual Occupation or is working in another occupation and has Monthly Earnings less than their Pre-Disability Salary; and • following the advice of a Medical Practitioner in relation to their illness or injury for which they are claiming. |

| Phrase or term | What cover types does it apply to? | Definition |
|--|---|---|
| "Policy/Policies" | All | The Group Insurance policies issued to the trustee by the Insurer, each Application and associated documents, the Policy Schedules, any notices issued or received by the Insurer under the policies and any variation of the policies. |
| "Pre-Disability Salary" | Income Protection Tailored cover | Means: <ul style="list-style-type: none"> the Salary received by the Insured Customer from his or her Usual Occupation, in the 12 months preceding the Date of Disablement divided by 12; or if the Insured Customer worked for less than 12 months as at the Date of Disablement, the Salary received by the Insured Customer from his or her Usual Occupation in the actual period of time the Insured Customer worked (provided the period of work occurred in the 12 month period preceding the Date of Disablement) divided by the number of months worked. <p>If the Insured Customer is on parental Leave or other Employer Approved Leave and becomes Disabled, the pre-disability salary will be the Salary received by the Insured Customer from his or her Usual Occupation during the 12 months immediately before the parental Leave or other employer approved leave commenced, divided by 12.</p> |
| "Pre-existing Medical Condition" | Automatic cover | An injury, illness, condition or related symptom: <ul style="list-style-type: none"> for which a reasonable person in the circumstances of the Insured Customer would have had a Medical Consultation; that the Insured Customer (or a reasonable person in their position) was aware of, or should have been aware of; or for which the Insured Customer had, or was intending to have, a Medical Consultation. |
| "Previous Cover" | Death or Death & TPD Tailored cover | Means a Death or Death and TPD policy currently in force with a provider external to Virgin Money Super. |
| "Review Date" | All | 1 July every calendar year |
| "Reasonable retraining or rehabilitation" | All TPD | Means <ol style="list-style-type: none"> any further education, training, experience or rehabilitation the Insured Member has undertaken since the Event Date; or any further education, training, experience or rehabilitation the Insured Member has capacity to undertake and can be reasonably expected to do based on their previous education, training or experience. |
| "Salary" | Income Protection Tailored cover | For an Insured Customer in permanent employment or engaged as a Contractor: the annual remuneration components paid by the Employer to them for their personal exertion through his or her Usual Occupation including base payment (Salary or wages), any allowance that is a permanent addition to that payment, any non-cash entitlement which is taken as part of a packaging arrangement and which may, at the election of the Eligible Person, be taken in cash, and any amount which is the subject of a Salary sacrifice. It excludes mandatory superannuation Contributions, bonuses, commissions, temporary additions to base payments and unearned income such as investment or interest earnings; or <p>For self employed Insured Customers where the Insured Customer directly or indirectly owns all or part of the business from which he or she earns his or her usual income, the Insured Customer's annual Salary will include the total amount earned by the business over the financial year as a direct result of the Insured Customer's personal exertion or activities through his or her Usual Occupation, less his or her share of business expenses, but before the deduction of income tax (or the relevant proportion for part of a financial year).</p> |

| Phrase or term | What cover types does it apply to? | Definition |
|---|------------------------------------|--|
| <p>“Specific Medical Conditions”</p> | <p>All TPD</p> | <p>Means any of the following conditions:</p> <ul style="list-style-type: none"> • Cardiomyopathy (permanent and irreversible) means impaired ventricular function resulting in significant impairment. The degree of permanent and irreversible impairment must be at least Class 3 of the New York Heart Association classification of cardiac impairment • Cognitive loss (permanent) means a total and permanent deterioration or loss of intellectual capacity due to the loss of or damage to neurons in the brain (or through acquired brain injuries or progressive neurodegenerative disease) that has required the insured member to be under continuous care and supervision by another adult person for at least six consecutive months; that has been clinically observed and evidenced by accepted standardised testing, and that at the end of the six-month period they are likely to require ongoing continuous care and assistance by another adult person to perform any of the Activities of Daily Living in addition to a score of 15 or less out of 30 in a Mini Mental State Examination or equivalent evidence from an alternative neuro-psychometric test • Dementia including Alzheimer’s disease (diagnosed) means both of the following: <ul style="list-style-type: none"> – unequivocal diagnosis of permanent and irreversible dementia or Alzheimer’s disease confirmed by a consultant neurologist or geriatrician – the Insured Member requires continual supervisory care as the result of cognitive impairment. The impairment must be evidenced by a Mini Mental State Examination score of 24 or less out of 30 or the results of another equivalent neuro-psychometric test • Head trauma (permanent and irreversible) means cerebral injury resulting in permanent neurological deficit, as confirmed by a medical practitioner who is a consultant neurologist and/or an occupational physician, causing either: <ul style="list-style-type: none"> – a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication Guides to the Evaluation of Permanent Impairment, 5th edition, or an equivalent guide to impairment approved by us, or – a total and irreversible inability to perform at least one activity of daily living without the assistance of another adult person. • Loss or paralysis of limb (permanent) means the total and permanent loss of use of a whole hand or a whole foot as a result of illness or injury, or the total and permanent loss of the use of one arm or one leg as a result of paralysis. • Motor neurone disease (diagnosed) means the unequivocal diagnosis of a progressive form of debilitating motor neurone disease, as confirmed by a medical practitioner who is a consultant neurologist. • Multiple sclerosis (with impairment level) means a disease characterised by demyelination in the brain and spinal cord. Multiple Sclerosis must be unequivocally diagnosed. There must be more than one episode of well-defined neurological deficit with persisting neurological abnormalities. Diagnosis must be confirmed by neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses. Multiple sclerosis must be certified by a appropriate specialist medical practitioner. • Muscular dystrophy (with impairment level) means the unequivocal diagnosis of muscular dystrophy supported by both of the following: <ul style="list-style-type: none"> – evidence of permanent neurological deficit confirmed by a specialist physician as a definite result of the diagnosis of muscular dystrophy – a permanent and irreversible inability to perform at least one of the Activities of Daily Living. |

| Phrase or term | What cover types does it apply to? | Definition |
|---|---|---|
| <p>“Specific Medical Conditions” (continued)</p> | | <ul style="list-style-type: none"> • Parkinson's disease (diagnosed) means the unequivocal diagnosis of degenerative idiopathic Parkinson's disease as characterised by the clinical manifestation of one or more of: <ul style="list-style-type: none"> – rigidity – tremor – akinesia from degeneration of the nigrostriatal system. <p>All other types of parkinsonism, including secondary parkinsonism due to medication, are excluded</p> • Primary pulmonary hypertension (Idiopathic pulmonary arterial hypertension with permanent impairment) means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation and resulting in significant physical impairment to the degree of at least Class 3 of the New York Heart Association classification of cardiac impairment. If the above test results are inconclusive, not undertaken or the tests are superseded due to technical advances, we will consider other appropriate and medically recognised tests that unequivocally diagnose Idiopathic pulmonary arterial hypertension of the same degree of severity, or greater, as outlined above. • Specific Loss – Loss of either sight, hearing or speech <p>Loss of sight means permanent and irrecoverable loss of sight due to injury or illness, to the extent that one of the following applies:</p> <ul style="list-style-type: none"> – even when aided, eyesight is reduced in both eyes to 6/60 or worse of central visual acuity on the Snellen test chart – the degree of vision is less than or equal to 20 degrees of arc. <p>Loss of speech means the total loss of natural and assisted speech due to illness or injury. Loss of speech must have existed continuously for a period of at least three months and be permanent and irreversible. Loss of speech doesn't include loss of speech related to any psychological cause.</p> <p>Hearing loss (permanent in both ears) means, due to illness or injury, the total and permanent loss of hearing in both ears to the extent that the loss is greater than 90 decibels across all frequencies. Deafness (permanent in both ears) does not cover the situation where an insured member can hear, either partially or fully, with the assistance of an aid (apart from a Cochlear implant).</p> |
| <p>“Terminally Ill” or “Terminal Illness”</p> | <p>Death cover (Automatic and Tailored)</p> | <p>Means an illness that in the opinion of two Medical Practitioners (one of the two must be a specialist physician in the relevant field) is likely to lead to the death of the Insured Customer within 12 months from the date the opinion is provided to the Insurer despite reasonable medical treatment.</p> |
| <p>“Total and Permanent Disability Benefit” or “TPD Benefit”</p> | <p>TPD cover (Automatic and Tailored)</p> | <p>Is based on:</p> <ul style="list-style-type: none"> • where the Insured Customer holds Automatic Insurance cover: <ul style="list-style-type: none"> – the number of Units of TPD cover allocated to their Account as at the Event Date; and – their age as at the last Review Date before the Event Date or if they varied their TPD cover since the last Review Date, their age as at the date that their TPD cover was varied, <p>and/or</p> <ul style="list-style-type: none"> • where the Insured Customer holds Tailored Cover, the amount of Fixed Cover allocated to their Account at the Event Date. |

| Phrase or term | What cover types does it apply to? | Definition |
|---|--|---|
| “Total Disability/ Totally Disabled” | Income Protection Tailored cover | Means solely as a result of injury or illness, the Insured Customer who is working the Minimum Hours at the Date of Disablement is: <ul style="list-style-type: none"> • medically certified as being incapable of performing one or more duties of his or her Usual Occupation necessary to produce Salary; • not engaged in any occupation (whether or not for reward), and • following the advice of a Medical Practitioner in relation to the illness or injury for which they are claiming. |
| “Transferred cover” | Automatic and Tailored Death only or Death and TPD cover | The amount of Previous cover that has been accepted by the Insurer as additional Tailored cover or replacement automatic cover. |
| “Trust Deed” | All | The deed of trust of Virgin Money Super as amended from time to time. |
| “Trustee” | All | Mercer Superannuation (Australia) Limited (MSAL) ABN 79 004 717 533 Australian Financial Services Licence (AFSL) 235906. |
| “Underwritten/ Underwriting” | All Tailored cover | The process the Insurer undertakes to assess an Eligible Person's Application for cover including obtaining and considering information concerning their medical, health and employment status and such other information as the Insurer, in their sole discretion, requires. |
| “Unit”, “Units” or “Unitised” | Automatic cover | The sum insured provided per unit of cover changes as you age. The amount insured per unit is set out in the Unitised Cover Scale in Section 3. A fraction of a unit is not allowed. |
| “Usual Occupation” | Income Protection Tailored cover | The occupation in which the Insured Customer is regularly engaged at the time they suffer an injury or illness which leads to their Disability. For periods of Disability which occur while the Insured Customer was on Employer Approved Leave including parental leave, it means the last occupation the Insured Customer performed immediately before the Employer Approved Leave commenced. |
| “Visa” | All | A current and valid visa permitting residency or employment in Australia and issued in accordance with the Migration Act 1958 (Cth) or any amending or replacing act. |
| “Waiting Period” | Applicable to TPD Definition 1 | Means a 91 consecutive day period (or any lesser period agreed by the Insurer). |
| “War” | All | Includes, but is not limited to: <ol style="list-style-type: none"> a. declared or undeclared war, and armed aggression by one or more countries resisted by any country, combination of countries or international organisations; or b. participation in an action to defend a country or region from civil disturbance or insurrection, or in an effort to maintain peace. |
| “we/our/us” | All | Mercer Superannuation (Australia) Limited (MSAL) except in the Zurich Australia Limited – Privacy section where “we”, “our” or “us” means Zurich Australia Limited. |
| “you/your” | All | Means you, a customer of Virgin Money Super. |

How to contact us

Phone

Call our Customer Care Team on 1300 652 770 from 8am to 6pm (AEST/AEDT) Monday to Friday (apart from national public holidays).

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

Online

virginmoney.com.au/super

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

Mail

Virgin Money Super
GPO Box 4650
Melbourne VIC 3001

Please include your plan name 'Virgin Money Super' and your customer number when writing to us.

Keep your contact details up to date

We can only send you information if we have your current contact details. You can update your details at **virginmoney.com.au/super** (sign in using your personal login) or call our Customer Care Team.

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

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

We can also post any documents to you. When you receive your personal login details, simply update your communication preferences online under 'Personal Details' or call our Customer Care Team.



Customer Care

Phone

1300 652 770
8am and 6pm AEST/AEDT
Monday to Friday
(apart from national public holidays)

Postal Address

Virgin Money Super
GPO Box 4650
Melbourne VIC 3001

Website

virginmoney.com.au/super

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