

# Optimiser Insurance Guide

Issued: 1 February 2024

The information in this document forms part of the *Optimiser Accumulation account Product Disclosure Statement*, issued: 1 February 2024.

This document applies to Brighter Super members who hold Optimiser product accounts. It provides additional information that applies to you as Optimiser account holders.

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**SUPERANNUATION    INVESTMENT    ADVICE    INSURANCE**

This document has been prepared and issued by LGIAsuper Trustee (ABN 94 085 088 484 AFS Licence No. 230511) (Trustee) as trustee for LGIAsuper (ABN 23 053 121 564) (Fund), trading as Brighter Super. In this document, Brighter Super may refer to the Trustee or LGIAsuper as the case may be.  
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The insurance cover is provided by TAL Life Limited (ABN 70 050 109 450) (AFSL 237848). TAL Life has consented to the insurance statements being disclosed in this guide in the form and context in which it is included, and has not withdrawn its consent as at the date this document was printed.

The contents of this guide relating to insurance benefits needs to be read in conjunction with the Policy Document issued to Brighter Super by the insurer, TAL Life. Where any differences occur between the two documents, the conditions within the Policy Document prevail. The Policy Document is available on request from Brighter Super.

# What's in this guide

This guide is to help you understand your Brighter Super Optimiser insurance options.

## Who is this Insurance guide for?

If you're an Optimiser Accumulation account holder this Optimiser Insurance guide is for you. It explains in detail:

- the types of insurance available
- whether you are automatically covered and how you can work out your default level of cover
- how much your insurance costs
- rules, conditions and definitions that apply
- how to find out more information

If you need any further information call us on **1800 444 396**.

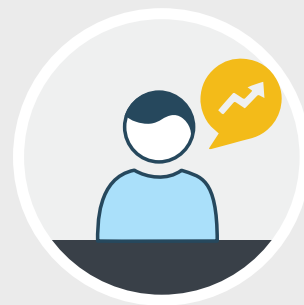
## Who is the Insurer?

This insurance is provided through a group policy agreement between LGIASuper Trustee and TAL Life Limited ABN 70 050 109 450, AFSL 237848 (the Insurer). The Trustee may change insurance providers or the type, level or cost of cover provided in the future. We will let you know if there are any changes that may affect you.

Brighter Super's insurance benefits can protect you, your family and your lifestyle against the unexpected, 24 hours a day, 7 days a week.

Your insurance cover could help you meet the cost of living if you are temporarily unable to work due to injury or illness, provide you with a lump sum if you are Totally and Permanently Disabled or Terminally Ill, or give your family financial security in the event of your death.

Contact Brighter Super on **1800 444 396**  
visit our website at **[brightersuper.com.au](http://brightersuper.com.au)**  
if you would like further information.



# Optimiser insurance cover

## What cover is offered?

Three different types of cover are available to Brighter Super Optimiser members. A 'terminal illness' benefit is included as part of your Death cover. The table below shows each type of insurance and how and when it is paid to you.

Type of cover	What is it?	How is it paid at claim time?	How can it be accessed?
<b>Death cover (sometimes known as Life cover)</b>	Generally, a lump sum benefit will be payable if you die or become 'terminally ill'. Having the right amount of Death cover means that your family can afford the lifestyle you want for them. Note: You can choose to have Death cover only, as member selected (voluntary) fixed cover.	It's paid into your account and invested in the Cash Fund option while your account is finalised. The amount of Death cover paid is based on your insured amount at the date of your death. The Death cover will be reduced by the amount of any TPD or 'terminal illness' benefit paid.	The benefit will be paid to your dependants and/or your estate. If you have a valid death benefit nomination, we'll make the payment in accordance with your instructions. Your dependants can then elect to receive the benefit as a lump sum, or in some circumstances, as a pension or a combination of both.
<b>Total and Permanent Disablement (TPD) cover</b>	A lump sum benefit is paid if you become 'totally and permanently disabled'. If your family relies on your income, TPD cover can help alleviate some of the financial stress in the event that you are unlikely to work again due to becoming 'totally and permanently disabled'. Note: You cannot have TPD cover without Death cover, and TPD cover cannot be higher than Death cover.	It's paid (less any tax) to your account and invested in the Cash Fund option. The amount of TPD benefit payable is based on your insured amount at the 'date of disablement'.	You will need to satisfy what is known under superannuation law as a condition of release <sup>1</sup> in order to withdraw this benefit from your account. You may be able to access your benefit on the grounds of a 'permanent incapacity' condition of release <sup>2</sup> .
<b>Income Protection (IP) cover</b>	An ongoing monthly benefit paid if you can't work for an extended period due to 'illness' or 'injury'. You must meet the definition of 'totally disabled' or 'partially disabled' for the duration of your 'waiting period' to be entitled to this benefit. Your 'waiting period' starts on the day you are first 'totally disabled'. No benefits are payable during your 'waiting period'. Note: You cannot have IP cover without Death cover.	It's paid (less any tax) to you as a non-commutable income stream for the duration of the incapacity, or until the benefits expires. If you're covered for super contributions, any amounts will be paid into your account and be subject to the normal charges applying to your contributions. Benefits can be reduced if you receive sick leave payments, worker's compensation or motor accident compensation, statutory compensation payments, Centrelink or similar government payments, or income replacement benefits from any other insurance policies or super funds.	You will need to satisfy a condition of release <sup>1</sup> in order to have this benefit paid to you. You may be able to access your benefit on the grounds of a 'temporary incapacity' condition of release <sup>2</sup> . If you die while receiving IP benefits, we'll stop paying benefits and credit your Brighter Super account with a lump sum of three times the monthly benefit amount <sup>3</sup> .

<sup>1</sup>You can find more information in the Accessing my super section in the Optimiser Member guide.

<sup>2</sup>Income tax is payable on any benefit you receive.

<sup>3</sup>Please note this is not applicable to Suncorp Group, please refer to the Suncorp Group Corporate Plan Summary for details on the insurance that is applicable for Suncorp Group members.

# The insurance cover you get when you join

Insurance in super works differently depending on whether your employer set up an account for you and whether your employer has negotiated tailored insurance arrangements for their employees.

If you don't meet the eligibility conditions for your employer's default cover, you'll need to complete an *Optimiser Insurance application* form to apply for insurance cover.

In addition to the information in this section, please refer to your Corporate Plan Summary for important details of the insurance arrangements for your employer plan. The Corporate Plan Summary replaces some of the text in this guide.

## Summary of our automatic/default insurance

Default insurance cover is offered without you having to provide any medical history or complete any health checks.

The type of insurance cover you may apply for or receive is different depending on how you joined Brighter Super Optimiser.

Here is some more information about the type of insurance cover that you may apply for, or receive automatically (subject to eligibility criteria), when you join through your employer:

Type of cover	Non-Corporate Employee	Corporate Employee
	Your employer is a non-Corporate employer if they haven't negotiated a tailored insurance arrangement with the fund.	Your employer is a Corporate employer if they have negotiated a tailored insurance arrangement with the fund.
<b>Death cover</b>	You may be eligible to receive standard default cover, subject to certain criteria set out in this Insurance guide. You may also apply and be 'underwritten' for a fixed level of cover, subject to certain criteria set out in this Insurance guide. If you are 'underwritten' and accepted for a fixed level of member selected cover, all of your existing standard default cover will also become fixed member selected cover.	You may be eligible to receive employer selected default cover, subject to certain criteria set out in this Insurance guide. You can find out more about how your employer selected default cover is calculated by referring to your Corporate Plan Summary. If you don't have a copy of this document, please contact us and we'll send you a copy. If you don't receive your Corporate employer selected default cover, you may be eligible to receive standard default cover, subject to certain criteria set out in this Insurance guide. You may also apply and be 'underwritten' for a fixed level of cover, subject to certain criteria set out in this Insurance guide.
<b>Total and Permanent Disablement (TPD) cover</b>	You may be eligible to receive standard default cover, subject to certain criteria set out in this Insurance guide. You may also apply and be 'underwritten' for a fixed level of cover, subject to certain criteria set out in this Insurance guide. If you are accepted for a fixed level of member selected cover, all of your existing standard default cover will also become fixed member selected cover.	You may be eligible to receive employer selected default cover, subject to certain criteria set out in this Insurance guide. You can find out more about how your employer selected default cover is calculated by referring to your Corporate Plan Summary. If you don't have a copy of this document, please contact us and we'll send you a copy. If you don't receive your Corporate employer selected default cover, you may be eligible to receive standard default cover, subject to certain criteria set out in this Insurance guide. You may also apply and be 'underwritten' for a fixed level of cover, subject to certain criteria set out in this Insurance guide.

Type of cover	Non-Corporate Employee	Corporate Employee
<b>Income Protection (IP) cover</b>	<p>Not available as standard default cover. You must apply and be 'underwritten' for a fixed level of cover, subject to certain criteria set out in this Insurance guide.</p> <p>You may apply for IP cover as follows:</p> <ul style="list-style-type: none"> <li>• up to 75% of your 'salary';</li> <li>• an additional optional super contribution component of 10% of your 'salary';</li> <li>• a 'benefit period' of 2 years;</li> <li>• a 'waiting period' of 30 days.</li> </ul>	<p>You may be eligible to receive employer selected default cover, subject to certain criteria set out in this Insurance guide. You can find out more about how your employer selected default cover is calculated by referring to your Corporate Plan Summary. If you don't have a copy of this document, please contact us and we'll send you a copy.</p> <p>You may apply for IP cover as follows:</p> <ul style="list-style-type: none"> <li>• up to 75% of your 'salary';</li> <li>• an additional optional super contribution component of 10% of your 'salary';</li> <li>• a 'benefit period' of 2 years;</li> <li>• a 'waiting period' of 30<sup>2</sup> days.</li> </ul>

<sup>1</sup>Payment of this benefit must be made to a complying superannuation fund.

<sup>2</sup>A 60 day 'waiting period' applies for members in the Suncorp Group Corporate Plan.

**Please note New Events Cover applies to your default cover:**

- Default cover commences on the date your account balance reaches at least \$6,000 and you are aged 25 years or more. If a 'superannuation guarantee (SG) contribution' is received within 120 days of this date, New Events Cover will apply until you have been in 'active employment' for 30 consecutive days. Otherwise, New Events Cover will apply for 24 months and will cease to apply once you satisfy the 'active employment' requirements for 30 consecutive days after the end of the 24 month period unless an 'election exclusion' applies.
- If an 'election exclusion' applies to you such as when your employer pays the full cost of your default cover, default cover commences on the later of the date commenced employment with your employer and the date you became eligible for insurance in the Optimiser product. If a 'superannuation guarantee (SG) contribution' is received within 120 days of this date, New Events Cover will apply until you are 'at work' for 30 consecutive days. Otherwise, New Events Cover will apply for 24 months and will cease to apply once you satisfy the 'at work' requirements for 30 consecutive days after the end of the 24 month period.

### Standard Default Cover - non-Corporate employer members\*

The amount of standard default cover you receive will automatically change in line with your age. The table below sets out the amount of Death and TPD cover that is provided based on your age:

Current age	Death and TPD sum insured
15 to 19	\$50,000
20 to 46	\$151,253
47	\$147,472
48	\$132,724
49	\$119,452
50	\$107,507
51	\$96,756
52	\$87,080
53	\$78,372
54	\$70,535
55	\$63,482
56	\$57,133
57	\$51,420
58	\$46,278
59	\$41,650
60	\$37,485
61	\$33,737
62	\$30,363
63	\$27,327
64	\$24,594
65	\$22,135
66	\$19,921
67	\$17,929
68	\$16,136
69	\$14,523

\*Standard default cover is also provided to eligible casual employees of Corporate employers and Suncorp Group Corporate Plan.



## Is there a limit (Automatic Acceptance Limits - AAL) to the amount of insurance I automatically get?

For members who joined via a Corporate employer, your employer selected default cover will have an Automatic Acceptance Limit (AAL). If you're employed on a 'permanent basis', you can receive cover up to the AAL from the date you're first eligible for insurance, without the need to complete an insurance application, so long as you meet the eligibility requirements in the insurance policy. If you're not employed on a 'permanent basis', you may still receive the standard default cover for non-Corporate employer members. Standard default cover is Death and TPD cover which we are required to provide by law for eligible members to make sure they have at least a minimum level of insurance cover.

## Default cover - eligibility conditions

Unless an 'election exclusion' applies (such as when your employer pays for the full cost of your default cover), you will only become eligible to receive default cover when:

- you are 25 years of age or older and have an account balance of \$6,000 or more; and
- you meet eligibility requirements in the insurance policy:
  - you've reached age 15 and are less than 70 for Death and TPD and 65 for Income Protection;
  - you're an 'Australian resident', or a non-Australian resident holding a valid 'visa';
  - for TPD you must also be 'gainfully employed' on a 'permanent basis' to be eligible for cover; and
  - if your Corporate employer offers Income Protection cover, you must also be 'gainfully employed' on a 'permanent basis' for at least 15 hours per week to be eligible for cover.

If you are under age 25 or have an account balance of less than \$6,000 and you want default insurance cover before you become eligible for it automatically, you can complete the *Optimiser Insurance cover election* form, available online at [brightersuper.com.au/forms](https://brightersuper.com.au/forms). Provided you meet the eligibility requirements in the insurance policy, your insurance cover will commence from the date we receive your completed 'election'. Your 'election' will continue to apply until you revoke it in writing or your insurance cover stops (refer to the *When does my cover stop?* section later in this Insurance guide).

The insurance cover provided to you will be New Events Cover until you have been in 'active employment' for 30 consecutive days from the date you first became eligible to receive default cover.

## When does my cover start?

The date your insurance cover commences will vary depending on your individual circumstances and how you obtained cover.

If you have applied for insurance cover through 'underwriting', your insurance cover will commence on the date your application is accepted by the Insurer.

If you meet the eligibility requirements for default cover, your insurance cover will commence either:

- on the date that you are 25 years of age or older and have an account balance of \$6,000 or more; or
- if you completed an 'election' to receive default cover, on the date we received your 'election' form; or
- if an 'election exclusion' applies to you (such as when your employer pays for the full cost of your default cover), on later of the date you commenced employment with your employer and the date you became eligible for insurance in the Optimiser product.

If we don't receive your personal details and sufficient contributions to cover the insurance costs on the date you're first eligible for insurance, all cover will be deemed to have never commenced. If your Corporate employer has selected cover for you that exceeds the AAL, you'll need to apply and be underwritten for the amount of cover above the AAL. Otherwise, your insurance cover will be capped at the plan's AAL.

If a 'superannuation guarantee (SG) contribution' is received within 120 days of this date, New Events Cover will apply until you have been in 'active employment' or if an election exclusion applies, 'at work' for 30 consecutive days. Otherwise, New Events Cover will apply for 24 months and will cease to apply once you satisfy the 'active employment' (or if an election exclusion applies, 'at work') requirements for 30 consecutive days after the end of the 24 month period.

## What is New Events Cover?

### New Events Cover

Is cover provided for Death or TPD or if applicable, Income Protection arising from an 'illness' which first becomes apparent or an 'injury' which first occurred on or after the 'commencement date'.

## How can I make changes or cancel my insurance?

It's easy to make changes to your insurance cover. You can reduce or cancel your insurance cover at any time. You can also apply for additional cover (including Income Protection cover). Simply complete the *Optimiser Insurance application* form on our website at [brightersuper.com.au/forms](https://brightersuper.com.au/forms) or contact us on **1800 444 396** for further information.

## Interim Accident Cover

While your application is being assessed, you may be eligible for Interim Accident Cover (IAC) for up to 90 days from the time we receive your completed insurance application form. The maximum amount of IAC is the lesser of the amount of cover you requested or:

- \$1 million for Death cover\*;
- \$1 million for TPD cover\*;
- \$13,000 per month for IP cover.

You will not be eligible for IAC if you apply for insurance cover again within 12 months of the IAC ceasing.

*\*The maximum amount of IAC for members in the ConocoPhillips Corporate Plan is \$2 million for Death and TPD cover.*

### When does Interim Accident Cover cease?

Interim Accident Cover is insurance cover which is provided to you while your application for additional cover is being assessed, and will cease on the earliest of the following:

- 90 days from the date IAC commences; or
- The date the Insurer accepts or declines your insurance application; or
- The date you withdraw your insurance application; or
- The date you reach the benefit expiry age under the insurance policy; or
- The date a 'terminal illness' benefit or IAC benefit is paid; or
- The date you become 'totally and permanently disabled' or die; or
- The policy termination date.

The full details on IAC is set out in Brighter Super's Group Life and Income Protection insurance policies.

### Default cover - personal details required

If you're a non-Corporate employer member, the personal details we need are:

- title;
- last name;
- given name(s);
- residential address;
- email address;
- mobile phone number;
- date of birth;
- gender;
- date commenced employment;
- occupation;
- basis of employment (permanent, casual or contract);
- hours worked per week; and
- membership category.

If you're a Corporate employer member, in addition to the above personal details we also need:

- salary (where required).

## What if we don't have your correct details?

It's important we have your correct details. If we don't have the correct details listed in the previous section, we may still provide you with default cover, however cover will be applied based on the below:

- occupation details - any insurance cover you receive will have insurance costs calculated using a White Collar occupation category. Let us know if this isn't correct and we'll update your insurance costs using the correct occupation details.
- details of your employment and hours worked per week - in the event you make a TPD claim and you were not 'gainfully employed' within 16 months prior to your 'date of disablement', the definition of TPD that applies may vary.
- correct date of birth - the amount of insurance cover and insurance costs will be calculated on your current age. Let us know if your age isn't correct and we'll update your insurance details as at the date we receive evidence of your correct date of birth. In addition, in the event you make a TPD claim and you are age 67 or older at your 'date of disablement', the definition of TPD that applies may vary.

See the *Cost of insurance cover* section for more information on how occupation ratings work and how they affect your insurance costs.

### What is the minimum and maximum amount of insurance cover you can have?

This table shows the minimum and maximum levels of cover available by insurance type:

	Death <sup>1</sup>	TPD <sup>2</sup>	Income Protection <sup>2</sup>
<b>Minimum amount of cover</b>	\$1,000 (\$1,000 for terminal illness)	\$1,000	\$1,000 per month
<b>Maximum amount of cover</b>	\$5 million (\$3 million for terminal illness)	\$3 million	\$25,000 per month (up to 75% of your 'salary' plus optional super contributions of 10% of your 'salary')

<sup>1</sup>A 'terminal illness' benefit is an early payment of your Death cover. The 'terminal illness' benefit is the lesser of your Death cover, or \$3 million. Your Death cover will be reduced by the amount of TPD or 'terminal illness' benefit paid.

<sup>2</sup>Your TPD cover will be reduced by the amount of 'terminal illness' benefit paid. You cannot have IP or TPD cover without Death cover.

## Income Protection

If you are a Corporate employer member, you may be eligible to receive the default employer selected Income Protection cover. Refer to the table in the section *The insurance cover you get when you join* for more information.

If you are a non-Corporate employer member, or your corporate employer default cover doesn't offer Income Protection, you can apply for a fixed level of Income Protection cover.

### Total disability

If you have Income Protection cover, you must satisfy a 'waiting period' before benefits can be paid. Your 'waiting period' starts on the first day you are 'totally disabled'. If you are 'totally disabled' for longer than the 'waiting period', the monthly benefit that you are insured for starts to accrue from the day after the end of the 'waiting period'. A benefit will be paid to you monthly in arrears until the earliest of the following:

- you can return to work at full capacity (or you are medically certified to do so); or
- you no longer meet the definition of being 'totally disabled' as determined by the Insurer; or
- you reach age 65 (70 for Suncorp Group Corporate Plan); or
- you die; or
- you reach your maximum benefit limit; or
- you reach the end of your 'benefit period', regardless of the number of claims.

You can find the definition of 'totally disabled' later in this Insurance guide.

### Partial disability

If you have Income Protection cover, you must satisfy a 'waiting period' before benefits can be paid. Your 'waiting period' starts on the first day you are 'totally disabled'. If you have been 'totally disabled' for seven out of twelve consecutive days during the 'waiting period', and you remain 'partially disabled' at the end of the 'waiting period', you'll receive a 'partial disability' benefit if you go back to work in a reduced capacity due to 'injury' or 'illness'.

This benefit can compensate for your partial loss of earnings if you can only return to paid work gradually.

We'll pay this monthly benefit until:

- you can return to work at full capacity (or you are medically certified to do so); or
- you no longer meet the 'partially disabled' definition as determined by the Insurer; or
- you reach age 65 (70 for Suncorp Group Corporate Plan); or
- you die; or
- you reach your maximum benefit limit; or
- you reach the end of your 'benefit period', regardless of the number of claims.

Your monthly benefit will be reduced in line with anything you have capacity to earn while 'partially disabled'. You can find the definition of 'partially disabled' later in this Insurance guide.

### Maximum benefit limit

The maximum benefit payable under Income Protection cover is a total of 2 years regardless of the number of claims. For example, if you are paid an Income Protection benefit for a period of 18 months, any subsequent claim will be limited to a benefit of 6 months.

### Rehabilitation benefit

If you've been 'totally disabled' or 'partially disabled', we want you to get back on your feet as soon as possible. If you have Income Protection cover, some or all of the expenses of a retraining, reskilling, or return to work program, or some form of rehabilitation treatment may be paid to a rehabilitation provider. The Insurer may require you to undertake this if they believe this may aid your return to work or undertake a vocational retraining program because of your disability.

### Recurring disability

If you've received an Income Protection benefit and you become 'totally disabled' or 'partially disabled' from the same or a related 'injury' or 'illness' within six months of the payments ending, the Insurer will consider your recurrent disability as a continuation of the previous claim, as long as you're still covered. This means you'll skip the 'waiting period', but your 'benefit period' will take into account your previous period of disability. If you have employer selected cover, in order to receive cover for this benefit, you'll still need to be employed by your employer (or have been accepted for ongoing IP cover when you left your employer) at the date of the recurring disability.

If you become 'totally disabled' or 'partially disabled' from the same or a related 'injury' or 'illness' more than six months after payments have ended, the Insurer will consider your recurrent disability as a new claim, as long as you're still covered. This means you'll have to satisfy the 'waiting period' again. Your 'benefit period' will still take into account your previous period of disability. If you have employer selected cover, in order to receive cover for this benefit, you'll still need to be employed by your employer (or have been accepted for ongoing IP cover when you left your employer) at the date of the recurring disability.

# Cost of insurance cover

## How much does insurance cost?

The cost of insurance varies depending on several factors including:

- the type of cover
- the amount of cover
- your age
- your gender
- your occupation.

Different premium rates are charged depending on the type of cover you have and how you joined.

For the premium rates and examples of how insurance costs are calculated, please see the following sections of this Insurance guide.

It's important to note your insurance costs (and how they are calculated) may be different if you're employed by a Corporate employer.

For more information on occupation ratings, including how they may impact your insurance costs, refer to the *Occupation categories* section of this Insurance guide.

Please note the premium rates shown are gross of tax and include stamp duty and GST. The Trustee receives an insurance administration fee of 15% of the insurance premium. This fee is to cover the costs incurred by the Trustee in providing insurance to members and is recouped from the tax refund on gross insurance costs.

## Insurance costs

### This next section tells you about:

- how you pay for insurance cover;
- how we calculate the cost of your insurance with some examples; and
- the insurance rates we use to calculate the cost of your insurance cover.

### How do I pay for my insurance cover?

You don't have to worry about arranging payment for your insurance costs – they're deducted monthly from the balance of your super account.

### Payment of insurance costs

Your insurance costs will be calculated on a daily basis and deducted from your account monthly in arrears. Insurance costs will be deducted proportionally across your investment options.

### What happens if I don't have enough in my account to pay the insurance costs?

If your account balance is insufficient to pay your total monthly insurance premium when it falls due, we'll write to tell you. You'll then have 30 days from the date of our letter to pay the outstanding premium and an additional one months' insurance premium. If these insurance premiums remain outstanding at the end of the 30 days, we'll cancel your insurance cover and close your account.

### We'll waive Income Protection costs

Your monthly insurance costs for Income Protection will be waived while you receive any total disability or partial disability benefits. We'll restart deducting insurance costs from your account in the month that you are no longer eligible for a benefit under the policy definition.

## Examples of how to calculate insurance costs

To calculate insurance costs for standard default cover or member-selected cover (voluntary) you'll need to use the following details:

- The member's age
- The member's gender
- The sum insured
- The benefit type (e.g. Death cover only, Death and TPD and/or Income Protection)
- For Income Protection, the benefit period and waiting period.

For employer-selected default cover the calculation is different. You'll also need to know your occupation category. For Corporate employer plans, please refer to the Corporate Plan Summary that applies to you for the occupation category. For Suncorp Group Corporate Plan, please refer to the Corporate Plan Summary document for premium rates. See the *Occupation categories* section in this Insurance guide.

The annual insurance cost for all insurance cover can be calculated as:

Base annual insurance cost = (sum insured) x (insurance rate from table) ÷ 1000

Annual insurance cost = (base annual insurance cost) plus or minus (occupation loading %)

### Example 1

Samantha is 30 years old and has a Professional occupation category. Samantha would like to insure herself for \$500,000 for Death and TPD cover and \$6,000 per month of Income Protection cover based on a 30-day 'waiting period' and a 2-year 'benefit period'. This example assumes Samantha will be accepted on standard terms (i.e., with no exclusions) and she doesn't undertake any hazardous pursuits.

Using the formula above and the standard premium rates table, the cost of her insurance would be:

#### DEATH AND TPD COVER

##### BASE

$$\$500,000 \times (0.2398 + 0.1554) / 1,000 = \$197.60$$

##### OCCUPATION LOADING (PROFESSIONAL)

$$\$197.60 \times -10\% = -\$19.76$$

#### TOTAL ANNUAL COST OF DEATH AND TPD COVER OF \$500,000

$$\$197.60 - \$19.76 = \$177.84$$

#### INCOME PROTECTION

##### BASE

$$\$72,000 \times 4.3600 / 1,000 = \$313.92$$

##### OCCUPATION LOADING (PROFESSIONAL)

$$\$313.92 \times -10\% = -\$31.39$$

#### TOTAL ANNUAL COST OF INCOME PROTECTION OF \$72,000 p.a.

$$\$313.92 - \$31.39 = \$282.53$$

#### TOTAL COST OF ALL COVER

##### PER ANNUM

$$\$177.84 + \$282.53 = \$460.37$$

##### PER MONTH

$$\$460.37 / 12 = \$38.36$$

## Example 2

Claudine is 40 years old, has a White Collar occupation category and works for a non-Corporate employer. She has \$151,253 of Death and TPD cover under standard default cover.

Using the formula above and the standard premium rates table, the cost of her insurance would be:

### DEATH COVER

#### BASE

$$\$151,253 \times 0.5311 / 1,000 = \mathbf{\$80.33}$$

#### OCCUPATION LOADING (WHITE COLLAR)

$$\$80.33 \times 0\% = \mathbf{\$0.00}$$

#### TOTAL ANNUAL COST OF DEATH COVER OF \$151,253

$$\$80.33 + \$0.00 = \mathbf{\$80.33}$$

### TPD COVER

#### BASE

$$\$151,253 \times 0.6438 / 1,000 = \mathbf{\$97.38}$$

#### OCCUPATION LOADING (WHITE COLLAR)

$$\$97.38 \times 0\% = \mathbf{\$0.00}$$

#### TOTAL ANNUAL COST OF TPD COVER OF \$151,253

$$\$97.38 + \$0.00 = \mathbf{\$97.38}$$

### TOTAL COST OF ALL COVER

#### PER ANNUM

$$\$80.33 + \$97.38 = \mathbf{\$177.71}$$

#### PER MONTH

$$\$177.71 / 12 = \mathbf{\$14.81}$$

## Occupation categories

The level of insurance cost payable depends on the 'occupation' of the insured person, according to one of the following pre-defined occupation categories and other factors.

### Professional

- a. You are a professional white-collar worker with a university degree qualification relevant to your field (e.g. lawyer, doctor, solicitor, accountant, any member of a professional institute or a member registered by a government body) and you spend at least 80% of your total working time in an office or similar environment carrying out those office based duties; or
- b. You are an executive or senior managerial white-collar worker employed by an independent employer earning an annual salary package in excess of \$100,000 (including any superannuation contributions made by, or on behalf of, your employer) and you spend at least 80% of your total working time in an office or similar environment carrying out those office based duties.

### White Collar

You are engaged in an 'occupation' which is administrative, clerical or sedentary and you spend at least 80% of your total working time in an office or similar environment carrying out those office based duties.

### Blue Collar

You are engaged in an 'occupation' which is not 'White Collar' or 'Professional'.

## Standard premium rates

To calculate adjustments to Death, TPD and Income Protection group insurance rates<sup>1</sup> for different occupation categories, apply the following loadings as a percentage of the White Collar insurance rates.

Occupation category	Occupation loading
1. Professional	-10%
2. White Collar	0%
3. Blue Collar	+75%

### Annual insurance rates for Death, TPD and Income Protection (2-year 'benefit period' & 30-day 'waiting period') per \$1,000 of cover for White Collar.

The section *Examples of how to calculate insurance costs* explains how to use these rates. TPD cover can only be taken out with Death cover and cannot exceed Death cover sum insured.

Current Age	Death		TPD		Current Age	Death		TPD	
	Male	Female	Male	Female		Male	Female	Male	Female
15	0.5974	0.2312	0.0258	0.0300	43	0.8781	0.7164	1.0523	0.9739
16	0.7168	0.2740	0.0309	0.0357	44	0.9716	0.7940	1.2372	1.1207
17	0.7648	0.3016	0.0619	0.0357	45	1.0668	0.8646	1.4049	1.2578
18	0.8365	0.3288	0.1240	0.0357	46	1.1421	0.9260	1.5686	1.3814
19	0.8476	0.3340	0.1157	0.0333	47	1.2270	1.0034	1.7863	1.5250
20	0.8283	0.2879	0.1341	0.0622	48	1.3422	1.0621	1.9972	1.6874
21	0.7838	0.2671	0.1486	0.0577	49	1.4860	1.1479	2.2223	1.8872
22	0.7186	0.2449	0.1590	0.0577	50	1.6253	1.2579	2.5235	2.1288
23	0.6857	0.2355	0.1735	0.0555	51	1.7913	1.3719	2.8557	2.4245
24	0.6531	0.1971	0.1904	0.1021	52	1.9672	1.4966	3.2174	2.6554
25	0.6054	0.2167	0.2271	0.0767	53	2.1566	1.6213	3.6672	2.9788
26	0.6054	0.2072	0.1858	0.0733	54	2.3558	1.7816	4.0519	3.3250
27	0.5895	0.2056	0.2065	0.0887	55	2.5379	1.9221	4.4973	3.6914
28	0.5575	0.2056	0.2271	0.1110	56	2.7583	2.0522	4.9761	4.0885
29	0.5416	0.2228	0.2478	0.1332	57	2.9356	2.2133	5.4501	4.4295
30	0.5416	0.2398	0.2478	0.1554	58	3.1735	2.3281	6.0294	4.8158
31	0.5257	0.2398	0.2684	0.1998	59	3.4349	2.5187	6.6936	5.3312
32	0.5257	0.2568	0.2891	0.1998	60	3.7878	2.7520	7.5263	5.9636
33	0.5257	0.2912	0.3182	0.2443	61	4.1180	2.9781	8.3552	6.5726
34	0.5416	0.3084	0.3401	0.2887	62	4.5389	3.2480	9.4094	7.3357
35	0.5416	0.3427	0.3923	0.3331	63	4.9315	3.4823	10.4311	8.0693
36	0.5575	0.3768	0.4542	0.3774	64	5.4263	3.7902	11.7169	8.9255
37	0.5895	0.4110	0.5162	0.4442	65	6.1511	4.2141	12.6249	9.5995
38	0.6054	0.4455	0.5988	0.5106	66	6.9692	4.6637	13.6707	10.3416
39	0.6531	0.4968	0.6813	0.5774	67	7.8911	5.1521	8.8298	6.6502
40	0.6850	0.5311	0.7641	0.6438	68	8.9058	5.6917	9.4572	7.0954
41	0.7329	0.5825	0.8466	0.7548	69	10.0553	6.2570	10.0846	7.5406
42	0.7962	0.6575	0.9477	0.8521					



Income Protection - 2-year benefit period & 30-day waiting period					
Current Age	Male	Female	Current Age	Male	Female
15	2.7860	4.1787	40	4.6581	6.9870
16	2.7860	4.1787	41	5.0635	7.5952
17	2.7860	4.1787	42	5.4459	8.1687
18	2.7860	4.1787	43	5.9214	8.8821
19	2.7315	4.0974	44	6.4058	9.6087
20	2.8016	4.2024	45	6.9320	10.3980
21	2.8016	4.2024	46	7.4664	11.1996
22	2.8804	4.3205	47	8.0466	12.0698
23	2.9067	4.3600	48	8.5914	12.8871
24	2.9504	4.4256	49	9.1804	13.7708
25	2.8804	4.3205	50	9.8186	14.7280
26	2.8016	4.2024	51	10.5109	15.7665
27	2.8016	4.2024	52	11.2635	16.8954
28	2.8016	4.2024	53	12.0832	18.1247
29	2.8804	4.3205	54	12.9773	19.4657
30	2.9067	4.3600	55	13.9543	20.9315
31	2.9855	4.4782	56	15.0243	22.5365
32	3.0818	4.6226	57	16.1978	24.2968
33	3.2306	4.8458	58	17.4876	26.2316
34	3.3819	5.0728	59	18.9079	28.3616
35	3.5964	5.3946	60	20.4745	30.7117
36	3.8196	5.7293	61	22.2063	33.3094
37	4.0599	6.0898	62	23.9852	35.9779
38	4.3089	6.4633	63	21.6557	32.4835
39	4.5921	6.8881	64	10.6329	15.9493

The rates above apply to default and voluntary insurance cover. The rates apply to all Optimiser members except for permanent employed members of Corporate employers. This also means, if you are a casual staff or have left your Corporate employer (other than the Suncorp Group) you will be charged the standard premium rates above. If you're in the Suncorp Group Corporate Plan, ConocoPhillips Corporate Plan or the Technology One Corporate Plan, refer to your Corporate Plan Summary for the insurance costs that apply to you whilst you are a permanent employee. For the Suncorp Group Corporate Plan, this will include any applicable fees that will apply when you leave your employer.

The above rates are inclusive of stamp duty.

## Corporate premium rates

To calculate adjustments to Death, TPD and Income Protection group insurance rates<sup>1</sup> for different occupation categories, apply the following loadings as a percentage of the White Collar insurance rates.

Occupation category	Occupation loading
1. Professional	-10%
2. White Collar	0%
3. Blue Collar	+75%

### Annual insurance rates for Death, TPD and Income Protection (2-year 'benefit period' & 30-day 'waiting period') per \$1,000 of cover for White Collar.

The section *Examples of how to calculate insurance costs* explains how to use these rates. TPD cover can only be taken out with Death cover and cannot exceed Death cover sum insured.

Current Age	Death	TPD	Current Age	Death	TPD
15	0.5866	0.1993	43	0.8602	0.5648
16	0.5866	0.1993	44	0.9236	0.655
17	0.5866	0.1993	45	0.9943	0.7531
18	0.5866	0.1993	46	1.0720	0.8591
19	0.5866	0.1993	47	1.1592	0.9755
20	0.5815	0.1522	48	1.2571	1.1653
21	0.5363	0.1807	49	1.3413	1.3998
22	0.4990	0.1885	50	1.4621	1.6649
23	0.4928	0.1465	51	1.5975	1.9295
24	0.4855	0.139	52	1.7490	2.1735
25	0.4752	0.1495	53	1.9179	2.4239
26	0.4620	0.1588	54	2.1224	2.6775
27	0.4539	0.1689	55	2.3642	3.1902
28	0.4458	0.1786	56	2.7392	3.5282
29	0.4350	0.2009	57	3.0634	4.0371
30	0.4316	0.1958	58	3.4245	4.6147
31	0.4261	0.2168	59	3.8407	5.2898
32	0.4304	0.2479	60	4.3288	6.0909
33	0.4467	0.2567	61	4.8833	7.0158
34	0.4591	0.2775	62	5.5171	8.0903
35	0.4736	0.3075	63	6.2416	9.3378
36	0.4935	0.3349	64	7.0560	11.0186
37	0.5188	0.3672	65	7.9849	12.6722
38	0.5460	0.4029	66	9.0254	14.5731
39	0.5982	0.4283	67	10.1734	16.759
40	0.6770	0.4368	68	11.4223	19.2738
41	0.7224	0.4835	69	12.7685	22.1628
42	0.8019	0.511			

Income Protection - 2-year benefit period & 30-day waiting period					
Current Age	Male	Female	Current	Male	Female
15	1.3158	1.9736	40	2.1999	3.2999
16	1.3158	1.9736	41	2.3915	3.5872
17	1.3158	1.9736	42	2.5719	3.8580
18	1.3158	1.9736	43	2.7966	4.1949
19	1.2901	1.9351	44	3.0254	4.5382
20	1.3232	1.9847	45	3.2740	4.9108
21	1.3232	1.9847	46	3.5263	5.2894
22	1.3604	2.0406	47	3.8004	5.7004
23	1.3728	2.0592	48	4.0576	6.0865
24	1.3934	2.0902	49	4.3358	6.5038
25	1.3604	2.0406	50	4.6373	6.9559
26	1.3232	1.9847	51	4.9642	7.4464
27	1.3232	1.9847	52	5.3197	7.9795
28	1.3232	1.9847	53	5.7067	8.5601
29	1.3604	2.0406	54	6.1290	9.1934
30	1.3728	2.0592	55	6.5905	9.8857
31	1.4101	2.1150	56	7.0958	10.6438
32	1.4554	2.1832	57	7.6502	11.4752
33	1.5258	2.2886	58	8.2592	12.3889
34	1.5972	2.3958	59	8.9300	13.3950
35	1.6985	2.5478	60	9.6699	14.5048
36	1.8039	2.7060	61	10.4879	15.7317
37	1.9175	2.8762	62	11.3280	16.9919
38	2.0350	3.0525	63	10.2278	15.3416
39	2.1689	3.2532	64	5.0218	7.5327

<sup>1</sup>The rates above apply to default and voluntary insurance cover of permanent employees of Corporate employers. Corporate employers are employers that have negotiated a tailored insurance arrangement for their employees. If you are a casual employee of a Corporate employer or have left your Corporate employer and you're now an individual member, you will be charged the standard premium rates on page 14. If you're in the Suncorp Group Corporate Plan, ConocoPhillips Corporate Plan or the Technology One Corporate Plan, refer to your Corporate Plan Summary for the insurance costs that apply to you whilst you are a permanent employee. For the Suncorp Group Corporate Plan, this will include any applicable fees that will apply when you leave your employer.

The above rates are inclusive of stamp duty.

# Other insurance information

## Exclusions

It's important that you read this section when deciding whether this insurance cover is appropriate for you.

You won't receive benefits if the event giving rise to the claim is caused directly or indirectly by one of the exclusions listed below:

### Employer selected Death only or Death and TPD cover exclusions:

- None

### Member selected (voluntary) Death only or Death and TPD cover exclusions:

- An intentional self-inflicted act occurring within 13 months of starting cover, any increases in cover or cover being reinstated.

### Employer selected and member selected (voluntary) Income Protection cover exclusions:

- 'War'
- An intentional self-inflicted act
- Normal and uncomplicated pregnancy
- Criminal activity (which means any crime for which you're convicted where you could receive a custodial sentence, whether or not you do in fact receive a custodial sentence for that crime).

## When cover may be reduced

Your insurance cover may be reduced in a number of circumstances, including:

- If you're covered for Death or TPD cover under other policies issued by the Insurer, your cover may be reduced by the Insurer so that the sum of all cover doesn't exceed \$5 million for Death and \$3 million for TPD/'terminal illness' cover. For members in the ConocoPhillips Corporate Plan, Death and 'terminal illness' cover is unlimited and TPD cannot exceed \$5 million.
- If you hold TPD cover with another company, a \$3 million limit (\$5 million for ConocoPhillips) applies to the total sum insured for TPD insurance cover across all companies.
- You may receive default insurance once per membership account. Generally, if your default cover is cancelled, you may wish to apply for insurance cover if you wish to have cover.
- Monthly Income Protection benefits will be reduced if you receive sick leave payments, worker's compensation or motor accident compensation, statutory compensation payments, Centrelink or similar government payments, or income replacement benefits from any other insurance policies or super funds. If you are self-employed, your monthly Income Protection benefit will be reduced by any ongoing profits, distributions or 'salary' from your business.

## Changes to your role

If your role at work changes significantly, your Corporate employer selected cover may be revised up or down on the day we are notified of that change. For example, if your salary increases, your level of cover and insurance costs may increase. There will be no change to your member selected cover (if you have it).

If your change of role results in your employment changing to a 'permanent basis', while continuing to be employed with your 'employer', you will be eligible for employer selected cover.

## Leave without pay

Only applicable if you are with a Corporate or Non-Corporate employer. If you take leave without pay and it's approved by your employer, your Death and TPD insurance cover will continue for up to 12 months (2 years for ConocoPhillips), without the need to obtain confirmation from the Insurer, as long as you continue to pay your insurance costs. Any extension of the leave without pay period will be subject to agreement in writing by the Insurer. If you are insured for TPD and do not return to work after your approved leave period, your TPD definition may change. If you have Income Protection your insurance cover will continue for up to 12 months. In the event of a claim your 'waiting period' won't start until the return to work date agreed with your employer before your leave without pay commenced.

If you are on approved parental leave, your Death and TPD cover will continue for up to 2 years, and 12 months for IP cover.

## Going overseas?

If you are moving overseas permanently, you update your records to an overseas address or are intending to work temporarily overseas, your cover will continue anywhere in the world, 24 hours per day, 7 days per week, as long as you continue to pay your insurance costs. ConocoPhillips have a 90 day restriction for 'visa' holders. If you are going overseas for a holiday, your cover will continue while you are away as long as you continue to pay your insurance costs and you are on employer-approved leave. For more information refer to the *When does my cover stop?* section in this Insurance guide.

If you are overseas and lodge a claim, the Insurer may require you to return to Australia at your expense for assessment of your claim.

## When does my cover stop?

Cover will stop at the earlier of any of the following:

Scenario	Death	TPD	Income Protection
You reach age 65 <sup>1</sup>	–	–	✓
You reach age 70 <sup>1</sup>	✓	✓	✓
You receive a payment for TPD <sup>2</sup>	–	✓	–
Death cover stops <sup>1</sup>	✓	✓	✓
You receive a payment for terminal illness <sup>3</sup>	✓	✓	–
You die	✓	✓	✓
You haven't paid outstanding insurance cost amounts 30 days after we have sent you a notice <sup>4</sup>	✓	✓	✓
You join any armed forces, effective the day before joining. This excludes routine activities of reservists <sup>5</sup>	✓	✓	✓
You have employer-selected cover and take leave without your employer's approval	✓	✓	✓
You request in writing to cancel your cover <sup>6</sup>	✓	✓	✓
You leave Brighter Super Optimiser	✓	✓	✓
You reach the end of the 'benefit period'	–	–	✓
You work less than 15 hours per week on a 'permanent basis' (other than because of total or partial disability)	–	–	✓
You reach the maximum benefit limit	–	–	✓
You are a non-Australian resident and your 'visa' expires or you permanently depart Australia <sup>7</sup>	✓	✓	✓
You leave your employer and we are notified. This applies to Corporate employer selected cover only <sup>8</sup>	✓	✓	✓
You do not receive any contributions or rollovers into your Optimiser account for a continuous period of 16 months, and your account becomes 'inactive' <sup>9</sup> , and you have not elected to retain cover	✓	✓	✓
An 'election exclusion' ceases to apply, and since 1 November 2019 you haven't made an 'election' or have remained under age 25 with an account balance of less than \$6,000 <sup>10</sup>	✓	✓	✓

<sup>1</sup>If your Corporate employer is ConocoPhillips, your employer selected Death and TPD cover will stop at age 65. If you're in the Suncorp Group Corporate Plan, your Income Protection cover will stop at age 70. Refer to your Corporate Plan Summary for more details.

<sup>2</sup>Death cover will be reduced by any TPD benefit paid.

<sup>3</sup>Death and TPD cover will be reduced by any terminal illness insurance benefit paid.

<sup>4</sup>Refer to What happens if I don't have enough in my account to pay the insurance costs? section in this Insurance guide.

<sup>5</sup>Reservists no longer on active duty may have their cover reinstated.

<sup>6</sup>Cancellation is effective from the date your written request is received by us.

<sup>7</sup>Cover will stop on the earliest of the date your 'visa' expires or the date you permanently depart Australia.

<sup>8</sup>Any employer selected Death and TPD cover which was not previously subject to an 'election exclusion' will continue automatically, but as fixed cover. Any employer selected default IP cover you had ceases. You have 6 months from the date we are notified that you have left your employer to apply to have your cover reinstated with limited 'underwriting'. Refer to the *What happens when you leave your employer?* section on page 21 for more information.

<sup>9</sup>Your Brighter Super Optimiser Accumulation account will become inactive for the purposes of superannuation law if you do not receive any contributions or rollovers into your account for a continuous period of 16 months. If this occurs, your insurance cover will be cancelled unless you have made an 'election' to retain your cover.

<sup>10</sup>You may also complete the Optimiser Insurance election form (after leaving the employer) to make an 'election.' Your 'election' must be received within 60 days from the date an 'election exclusion' ceases to apply, otherwise your insurance cover will be cancelled.

If your insurance cover is cancelled, your account may be classified as unclaimed monies and transferred to the ATO. Refer to the *Optimiser Member guide* for further information.

### What happens when you leave your employer?

When we are notified you have left your employer, we'll write to you to explain your options and ask you to update any personal details which may impact your insurance.

We'll also provide you with the information you need so that your new employer can contribute to your Brighter Super Optimiser Accumulation account on your behalf.

Insurance cover and cost changes	
<b>Death and TPD cover</b>	Any employer selected Death and TPD cover which was not previously subject to an 'election exclusion' will continue automatically, but as fixed cover. Your insurance cover will be fixed at the amount of cover that applied at the time we are notified that you've left your employer. Any Death and TPD cover will continue until you reach age 70. Refer to When does my cover stop? for scenarios where cover may cease earlier.
<b>Income Protection</b>	Any employer selected Income Protection cover will cease. However, you have 6 months from the date we are notified that you have left your employer to apply to have your cover reinstated with limited 'underwriting'. If accepted, your insurance costs will be based on standard rates. Any cover that is reinstated will be subject to a minimum monthly benefit of \$1,000. Any member selected Income Protection will continue automatically. Please note that you cannot have Income Protection cover without Death cover.
<b>Insurance costs</b>	Insurance costs for any ongoing insurance cover after you leave your employer will be based on standard rates. Any underwriting loadings, exclusions or special conditions applicable to your insurance cover will continue to apply. For members in the Suncorp Group Corporate Plan, when you leave employment an occupation loading depending on your occupation category will apply. Please see the <i>Suncorp Group Corporate Plan Summary</i> for more information.

### Why will my insurance cover be cancelled if I do not receive any contributions or rollovers into my account for a continuous period of 16 months?

If you don't receive any funds into your account, such as a contribution or rollover for a continuous period of 16 months, we are required by law to cancel your insurance cover. This is to ensure the payment of insurance costs do not unnecessarily erode your account balance. If you would like to keep your insurance cover, you can make an election to retain it by completing the *Optimiser Insurance cover election* form, which can be found online at [brightersuper.com.au/forms](http://brightersuper.com.au/forms), or by calling us on **1800 444 396**. We will write to remind you of this if you have not made any contributions or rollovers to your account for a continuous period of nine, twelve, and fifteen months.

### Reinstating insurance cover after account inactivity

If your insurance cover ceases because your account becomes 'inactive', you may be eligible to reinstate your insurance cover provided you still meet the eligibility requirements, have sufficient funds in your account to pay the premiums from the date it ceased, and complete the *Optimiser Insurance cover election* form which can be found online at [brightersuper.com.au/forms](http://brightersuper.com.au/forms), or by calling us on **1800 444 396**.

You must return this form to us within 60 days of your cover ceasing. In this instance, your insurance cover will recommence from the date it ceased, subject to any existing exclusions, loadings and conditions continuing to apply. If we receive your form more than 60 days after the date your cover ceased, your application will be subject to full 'underwriting' and acceptance by the Insurer. Your cover will commence from the date the Insurer accepts your application and notifies you of cover commencing.

## Group Policies

The Brighter Super Optimiser Group Life Policy and the Brighter Super Optimiser Group Income Protection Policy contain the full terms and conditions of the insurance, including all applicable definitions. In the event of any inconsistency between the insurance policies and the PDS (including this Insurance guide and any other material incorporated by reference), the insurance policies will prevail.

You can find details of any benefits that apply to you by logging into Member Online at **[brightersuper.com.au](https://brightersuper.com.au)**.

## The duty to take reasonable care

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

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

The information you provide in response to those questions will be vital to the Insurer's decision. As such, when applying for insurance you have a legal duty to take reasonable care not to make a misrepresentation 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 legal duty, this 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. Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances;
- what the Insurer would have done if the duty had been met - for example, whether it would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

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



# How to make a claim

**This Insurance guide aims to give you a summary of the terms and conditions of your insurance cover. However all insurance benefits are subject to the terms and conditions detailed in the Group Life and Group Income Protection policies.**

**Please contact us if you would like a copy of the policies.**

## Making a claim

We hope you never have to make a claim, but if you do you can count on Brighter Super to process your application as quickly as possible. For more information, or to advise Brighter Super of a claim, phone us on **1800 444 396**.

### How to make a claim

#### 1. Contact us

Call us on **1800 444 396** and we can help you understand the claim process and the steps required.

#### 2. Provide information

The next step is to supply some information so your claim can be assessed. The Insurer will contact you to discuss the documents required. Assessment of your claim cannot commence until all the requested documentation has been provided to the Insurer.

If you are overseas and lodge a claim, the Insurer may require you to return to Australia at your expense for assessment of your claim.

#### 3. Insurer review

The Insurer will review the information they have received as quickly as possible, update you on the progress and let you know if they need anything else to assess your claim. Depending on your condition they may request further reports or medical examinations and may need to contact your employer or medical practitioner for further information.

#### 4. Decision

Based on the information provided, the Insurer will decide if they are satisfied that you meet the requirements set out in the policy.

- For approved Income Protection claims, monthly payments are made by the Insurer directly into your nominated bank account.
- For approved TPD and Terminal Illness claims, the Insurer will advise us of their decision on your claim. We will independently review your claim and contact you regarding the next steps.

If your claim is declined, we will complete an independent review to ensure your claim has been fairly assessed. We will contact you with the outcome of our review and explain the reasons why your claim has been declined.

If you disagree with the decision or are not happy with how your claim has been managed, you can ask for a review or lodge a complaint.

## Do you need a lawyer?

It is entirely up to you, but before you make a decision you should consider that:

- We have a legal obligation to act in the best interests of our members;
- We will assist you throughout the claims process and having legal representation will not speed up the timeframe or payment of your claim;
- All claims are assessed fairly and reasonably, and most claims are paid;
- Legal fees and disbursements can be considerable so you should understand the costs involved and how they will impact your benefit payment.

If you need help, call us on **1800 444 396** and we will talk you through the process and help resolve any questions or concerns you may have.

Definitions are important – they help you to understand what you're paying for and set out the test the Insurer will apply when considering your eligibility for cover or a claim, helping to avoid uncertainty and make the claims process easier.

Below is a summary of some of the key definitions to help understand what you're covered for. Please keep in mind that this is a summary of the definitions for you to use as a guide only:

- full details of all definitions are in the Group Life and Group Income Protection policies. These policies contain the exact definition wording and are available by contacting us;
- different definitions apply for different types of cover;
- different definitions may apply to you depending on when you joined.

Definitions are different for ConocoPhillips and Suncorp Group Corporate Plans, please see the relevant Plan Summary for more information.

## Death and TPD cover

**Date of disablement :** Means the date from which a 'medical practitioner' certifies you're no longer able to work because of 'illness' or 'injury'.

**DSM:** Means the latest edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association (APA). If the DSM is no longer used or published, the Insurer will use another manual similar to it for the determination as determined by the Royal Australian and New Zealand College of Psychiatrists.

**Psychiatric Impairment Rating Scale:** Means the scale for assessing the whole-person impairment of a psychiatric disorder as applied by a 'psychiatrist' who has undergone appropriate training in this assessment method. If the Psychiatric Impairment Rating Scale is no longer used or published, the Insurer will use another scale similar to it for the determination of the claim as determined by the relevant medical body.

**Psychiatrist:** Means a 'medical practitioner' who is legally qualified as a practicing psychiatrist and registered with the Australian Health Practitioner Regulation Agency (AHPRA). The Insurer requires the condition to have been diagnosed in accordance with the latest edition of the DSM by the 'psychiatrist' as a mental disorder.

**Salary:** The definition of salary for Death and TPD cover is different depending on how you joined Brighter Super.

- If your 'employer' set up your account and you are still working for this 'employer':
  - Salary will be the salary we were last advised before the date of death or 'date of disablement' unless otherwise specified by us. Where we agree to include commission and bonuses in your salary, your 'employer' must when advising us of your

salary include a three-year rolling average of any paid commission or bonuses on the 'commencement date' and at each review date. Where you haven't been eligible for commission or bonuses for a period of three years, then the average will be calculated over the shorter period. Benefits paid will be based on your salary at your last review date, unless otherwise specified by us.

- If you joined directly or through a financial adviser, or you no longer work for the 'employer' who set up your account:
  - Salary will be the remuneration you receive for personal exertion from your 'occupation'.
  - If you're a self-employed person who has ownership interest in the business which is operating under a sole trading, partnership, company and/or trust (including an employee of your own company or trust) structure, salary is your share of the net income before tax of the business (your share of business income less business expenses), directly due to your personal exertion.

**Severe cognitive impairment:** Means permanent severe cognitive impairment with below average scores on neuropsychometric testing in three of the following areas of function: intelligence, memory, language, attention, visual-spatial and executive functioning. Validity of neuropsychometric testing in all cases to include a TOMM (Test of Memory Malinger) score.

**Specialist medical practitioner:** Means a 'medical practitioner' who is a specialist as determined by the relevant medical registration boards and registered with the Australian Health Practitioner Regulation Agency (AHPRA) and is currently practicing in a specialist area related to the 'illness' or 'injury' that the claim is for.

## Terminally ill or terminal illness

Means:

- 1 two (2) registered 'medical practitioners' have certified, jointly or separately, that you suffer from an 'illness' or 'injury', that is likely to result in your death, despite reasonable medical treatment, within a period (the certification period) that ends not more than 24 months after the date of certification;
- 2 at least one of the registered 'medical practitioners' is a specialist practicing in an area related to the 'illness' or 'injury' suffered by you;
- 3 for each of the certificates, the certification period has not ended.

## Totally and Permanently Disabled (TPD)

Means in the Insurer's opinion, you:

- a. are, solely because of 'illness' or 'injury', under the regular care of and following the advice of a 'medical practitioner'; and
- b. meet **Part 1** if you are under age 67 immediately prior to the 'date of disablement'; and:

- 1 you are 'gainfully employed' (or on leave without pay); or
  - 2 have undertaken 'gainful employment' in the last 16 months prior to the 'date of disablement'; otherwise
- c. meet **Part 2** below if paragraph (b) does not apply to you.

**Part 1 – unlikely to ever do a suited occupation:**

You, solely because of 'illness' or 'injury':

- a. have been continuously unable to return to 'gainful employment' from the 'date of disablement' for a period of at least 3 consecutive months; and
- b. in the Insurer's opinion, you are unlikely to ever again engage in any 'gainful employment' for which you are reasonably suited by education, training or experience taking account of, at the date the Insurer form their opinion:
  - 1 any retraining, re-skilling, 'gainful employment' or voluntary work that has been undertaken or that could reasonably be expected to be undertaken within a reasonable period by you; and
  - 2 any rehabilitation that has been undertaken or could reasonably be expected to be undertaken within a reasonable period by you, as determined by the Insurer.

**Part 2 – incapable of doing basic activities associated with work ever again or suffering a severe mental health condition or 'severe cognitive impairment' and also incapable of doing a suited occupation:**

You have suffered ill-health (whether physical or mental) that makes it unlikely that you will engage in 'gainful employment' for which you are reasonably suited by education, training or experience and solely because of that 'illness' or 'injury' you satisfy either **(a)**, **(b)** or **(c)** below:

- a. you have been prevented from being able to perform at least 2 of the 'everyday work activities' without assistance from another adult person, despite the use of appropriate aids, for at least 12 consecutive months and in the Insurer's opinion you are unlikely to ever again be able to perform at least 2 of the 'everyday work activities' without assistance from another adult person, despite the use of appropriate aids; or
- b. the 'illness' is a mental health condition and:
  - 1 your mental health condition has been diagnosed by a 'specialist medical practitioner' using criteria outlined in the 'DSM';
  - 2 the mental health condition has caused you to be absent from 'gainful employment' for 12 consecutive months from the 'date of disablement';
  - 3 you have been under the regular ongoing and appropriate care of a 'psychiatrist' for at least 12 months (unless the Insurer agrees to a shorter period) who considers that you have exhausted all reasonable and appropriate treatment options; and
  - 4 you have been assessed by a 'psychiatrist', approved by the Insurer, against the 'Psychiatric

Impairment Rating Scale' as having an impairment of 19% or higher; or

- c. the 'illness' is a 'severe cognitive impairment' and you, solely because of that 'illness' or 'injury' have been:
  - 1 absent from 'gainful employment' for 12 consecutive months from the 'date of disablement' (unless the Insurer agrees otherwise); and
  - 2 assessed by a 'specialist medical practitioner', approved by the Insurer, as having reached 'severe cognitive impairment' due to the 'illness' or 'injury'

In forming their opinion in relation to **Part 1** or **Part 2** above, including whether you may likely be able to engage in any 'gainful employment' for which you are reasonably suited by education, training or experience, the Insurer will have regard to all evidence available to them including but not limited to:

- 1 medical evidence (including the medical evidence provided by your 'medical practitioners'), the advice of a 'specialist medical practitioner' approved by the Insurer, the advice of other experts (medical or otherwise) and any other information that the Insurer considers to be appropriate and relevant at the date they form their opinion;
- 2 whether you have exhausted all reasonable and appropriate treatment options by the date the Insurer form their opinion;
- 3 any retraining, re-skilling, 'gainful employment' or voluntary work that has been undertaken by the date the Insurer form their opinion, or that could reasonably be expected to be undertaken by you within a reasonable period following the date the Insurer form their opinion; and
- 4 any rehabilitation that has been undertaken by the date the Insurer form their opinion or could reasonably be expected to be undertaken by you within a reasonable period following the date the Insurer form their opinion.

**Everyday work activities**

Means the following activities:

- a. Mobility – you can do the following:
  - 1 walk without assistance more than 200m on a level surface without stopping; and
  - 2 bend, kneel or squat to pick something up from the floor from a standing position and straighten up again;
- b. Communicating – you can do the following:
  - 1 speak in your first language so that you are understood in a quiet room;
  - 2 understand a simple message in your first language, and relay that message to another person; and
  - 3 hear, which means you have not suffered the irrecoverable profound loss of all hearing in both ears, resulting in an auditory threshold of 91 decibels or greater, averaged at frequencies 500 hertz, 1000 hertz and 3000 hertz, both natural and assisted, as certified by an appropriate 'specialist medical practitioner' approved by the Insurer;

- c. Vision – The ability to see, which means you have not suffered the total and irrecoverable loss of sight (whether aided or unaided) of both eyes as a result of ‘illness’ or ‘injury’ to the extent that:
  - 1 visual acuity in both eyes, on a Snellen Scale after correction by suitable lens is less than 6/60; or
  - 2 the visual field is reduced to 20 degrees or less of arc;
- d. Lifting – you can lift a 5 kg weight with either or both hands from a bench/table height, carry it over a 5 metre distance and place it back down at a bench/table height; and
- e. Manual dexterity – you can use your hands or fingers to manipulate small objects with precision (such as picking up a coin or fastening shoelaces or buttons, using cutlery, or using a pen or keyboard to write a short note).

### Income Protection:

**Benefit period:** Means the maximum period for which an Income Protection benefit will be paid, which is a total of 2 years.

**Income producing duties:** Means those duties which could reasonably be considered primarily essential to producing a ‘salary’.

**Partially disabled or Partial disability:** You’re considered ‘partially disabled’ if, as a result of ‘illness’ or ‘injury’, you are no longer ‘totally disabled’ and you’re:

- a. in the Insurer’s opinion, as a result of the ‘illness’ or ‘injury’ that caused you to be ‘totally disabled’ and unable to perform, one or more of the important ‘income producing duties’ of your ‘occupation’;
- b. under the regular care, and following the advice of a ‘medical practitioner’; and
- c. earning less than your ‘pre-disability earnings’ as a result of ‘illness’ or ‘injury’ causing ‘partial disability’. You must also satisfy either the ‘temporary incapacity’ or ‘permanent incapacity’ conditions of release under superannuation law (see *Accessing your super* section in the *Optimiser Member guide*).

### Pre-disability earnings:

Means the lesser of:

- your ‘salary’ received from personal exertion from your ‘occupation’ (excluding rental returns, investment returns, etc) averaged over 12 months prior to your date of ‘total disability’; or
- your last agreed ‘salary’ if you were ‘gainfully employed’ in your ‘occupation’ for less than 12 months prior to your date of ‘total disability’.

**Salary:** The definition of salary for Income Protection cover is different depending on how you joined.

- If your ‘employer’ set up your account and you are still working for this ‘employer’:
  - Salary means the salary we were last advised before the date the ‘total disability’ is determined, unless otherwise specified by us. Salary will comprise of base salary unless otherwise specified by us. Where we agree to include commission, bonuses, overtime

and allowances in your salary, your ‘employer’ must when advising us of your salary include a three-year rolling average of any paid commission or bonuses or overtime or allowances on the ‘commencement date’ and at each review date. Where you haven’t been eligible for commission or bonuses or overtime or allowances for a period of three years, then the average will be calculated over the shorter period. Benefits paid will be based on the salary at your last review date, unless otherwise specified by us.

- If you joined directly or through a financial adviser, or you no longer work for the ‘employer’ who set up your account:
  - Salary will be determined as your highest average monthly earnings from employment over any consecutive 12 months in the period of three years before the date that you are determined to be ‘totally disabled’. Where the period of employment is less than 12 months, salary will be determined from the average monthly earnings over the shorter period of your employment.
  - If you’re a self-employed person who has ownership interest in the business which is operating under a sole trading, partnership, company and/or trust structure (including an employee of your own company or trust) ‘salary’ is your share of the net income before tax of the business (your share of business income less business expenses), directly due to your personal exertion.

**Totally disabled or Total disability:** You’re considered totally disabled if, as a result of ‘illness’ or ‘injury’, you:

- a. are unable to perform one or more of the important ‘income producing duties’ of your ‘occupation’;
- b. are not working in any capacity, whether or not for reward; and
- c. have consulted and are under the regular care, and following the advice, of a ‘medical practitioner’.

You must also satisfy either the ‘temporary incapacity’ or ‘permanent incapacity’ conditions of release under superannuation law (*Accessing your super* section in the *Optimiser Member guide*).

**Waiting period:** The waiting period starts on the day you’re first ‘totally disabled’. The waiting period is 30 days and determines the earliest day you’ll be eligible to receive benefit payments. You may return to work for a maximum of five (5) days without having to restart the waiting period. Any days worked are added to the waiting period.

### Common to Death, TPD and Income Protection cover

**Active employment:** Means you are employed or engaged by your ‘employer’ to carry out identifiable duties, are actually performing those duties and in the Insurer’s opinion, are not restricted by ‘illness’ or ‘injury’ from being capable of performing those duties on a ‘full-time basis’ and the duties of your normal ‘occupation’ on a ‘full-time basis’ (even if not then working on a ‘full-time basis’).

**At work:** You're considered 'at work' if you were actively performing all the duties of your 'occupation' with your 'employer', and weren't receiving and/or entitled to claim income replacement benefits from any source including workers compensation, motor accident compensation, statutory compensation, Centrelink or similar government body or any other insurance policies or super funds. If you were on approved leave, you must've been capable of performing all the duties of your regular 'occupation' had you not been on approved leave. If you didn't meet these requirements, you'll be considered not 'at work'.

**Australian resident:** Means a citizen or permanent resident of Australia or a citizen or permanent resident of New Zealand living in Australia.

**Commencement date:** Means the date your insurance cover (or, when the context requires, increase in insurance cover) commences in accordance with the terms and conditions of the insurance policy.

**Election:** Means a written election you provide to us made in accordance with the Superannuation Industry (Supervision) Act 1993 (Cth) to take out or maintain insurance cover.

**Election exclusion:** Means one of the following exclusions which applies to:

- a. a defined benefit member; or
- b. an employer sponsored member whose employer makes contributions to the Insured Fund in addition to its 'superannuation guarantee (SG) contribution' obligations and covers the full cost of the member's automatic insurance cover in accordance with the Superannuation Industry (Supervision) Act 1993 (Cth).

**Full-time basis:** Means at least 35 hours per week.

**Gainful employment/gainfully employed:** You're considered gainfully employed if you're employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, 'occupation', or employment.

**Illness:** Means a sickness or disease suffered by you.

**Inactive:** Your account will be inactive if it has not received an amount, such as a contribution or rollover, for a continuous period of 16 months.

**Injury:** Means physical damage to the body caused solely and directly by accidental, external and visible means and which is not an 'illness'.

**Medical practitioner:** Means a medical practitioner (and includes an appropriate specialist) who is legally qualified and registered to the equivalent Australian standards and if they are qualified overseas are approved by us and isn't you, your 'spouse', a relative, a business associate, the Trustee or employed by the Trustee.

**Occupation:** Means the principal employment or activity from which you derive a 'salary'.

**Permanent basis:** Means you're engaged and performing all of the 'income producing duties' of your usual 'occupation' and satisfy one of the following conditions:

- a. you're employed on a permanent full-time or permanent part-time basis; or

- b. you have been employed as a casual employee for a minimum period of two years (in the case of Business Members with your employer); or
- c. you're a contractor working on a fixed term contract of at least 12 months duration and your 'salary' is paid to you directly by your employer who also makes 'superannuation guarantee (SG) contributions' on your behalf; or
- d. you're self-employed on a full-time or part-time basis.

**Superannuation Guarantee (SG) Contribution:** Means a superannuation contribution required under legislation or industrial agreement to be paid by an employer on behalf of an eligible employee to a complying superannuation fund.

**Underwriting or underwritten:** Means the assessment conducted by the Insurer when you're applying for insurance cover before they make a decision on your application.

**Visa:** Means a current and valid visa issued in accordance with the Migration Act 1958 (Cth) or any amending or replacing Act. It can be a:

- 1 Subclass 457 or 482 working visa; or
- 2 Spouse visa (Spouse of a permanent 'Australian resident' on a two year temporary stay visa) without a no work condition.

**War:** Means any act of war (whether declared or not), revolution, invasion, rebellion, or civil unrest.





right by your side

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LGIAsuper Trustee (ABN 94 085 088 484 AFS Licence No. 230511) (Trustee) as trustee for LGIAsuper (ABN 23 053 121 564) (Fund), trading as Brighter Super. Brighter Super Optimiser products are issued by the Trustee on behalf of the Fund.