

HESTA Corporate Super Insurance Guide

19 April 2025

The information in this document forms part of the HESTA Corporate Super Product Disclosure Statement issued 19 April 2025

insure | and | ensure

| HESTA |

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Issued on 19 April 2025 by H.E.S.T. Australia Ltd ABN 66 006818 695 AFSL No. 235249 Trustee of HESTA ABN 64 971 749 321.

The information is current at the date of preparation 9 April 2025. We may from time to time issue a replacement document.

Information in this *HESTA Corporate Super Insurance Guide* that is not materially adverse may change from time to time. Changes that are not materially adverse will be updated and are available at any time free of charge at hesta.com.au. A paper or electronic copy of the updated information will be made available to you upon request, without charge, by calling 1800 813 327. To access other parts of the relevant PDS visit hesta.com.au, or call 1800 813 327. Before making a decision about HESTA products you should read the relevant Product Disclosure Statement, and consider any relevant risks (hesta.com.au).

The target market determination that applies to this product can be found at hesta.com.au/tmd

This document does not relate to the HESTA Income Stream, HESTA Super or HESTA Personal Super products. Refer to the HESTA Income Stream PDS, HESTA PDS or HESTA Personal Super PDS for information about those products.

The information provided in this document is general information only and does not take account of your personal financial situation or needs. You should consider the appropriateness of the information in this document in the context of your own objectives, financial situation and needs and read the PDS before making a decision about HESTA Corporate Super. You may wish to consult a financial adviser when doing this.

The information in this document is a guide only. At the date of this publication, insurance is available to HESTA Corporate Super members through AIA Australia Ltd (AIA) ABN 79 004 837 861 AFSL No. 230043 ('the insurer', 'our insurer'). Part of the insurance fees will be used to pay insurance administration costs.

All cover provided is subject to the terms and conditions contained in the HESTA Corporate Super insurance policies (HESTA Corporate Super Group Life Insurance Policy No. MP 8373 and HESTA Corporate Super Income Protection Insurance Policy No. MP8373) between the Trustee of HESTA and the insurer.

The full terms and conditions, including any exceptions or offsets as well as detailed definitions and requirements contained in the policies, take precedence over the information in this guide. Insurance fees quoted include stamp duty and taxes which may change over time, affecting the amount of fees. Part of the insurance fee is used to pay insurance administration costs.

To check for any changes to the information in this guide visit hesta.com.au or call 1800 813 327.

Information about advice services available to HESTA members is set out in the relevant *Financial Services Guide*, a copy of which is available by calling 1800 813 327. Where advice services are provided to you under the Australian Financial Services Licence of a party other than H.E.S.T. Australia Ltd, that party is responsible for the advice given to you. Fees may apply.

customised insurance for employees		\$
24/7 account access	MySuper authorised default option	strength in numbers
a truly national fund	income protection all the way to age 65	

contact us

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welcome to HESTA

HESTA is a specialist industry super fund with deep connections to health and community services and those who, like them, make our world better.

As a HESTA Corporate Super member, you can access competitive, flexible insurance cover through your super.

This guide provides important information about insurance cover through HESTA Corporate Super, including fees, benefits, limitations and exclusions.

It also provides information on the full suite of insurance options which may be available to you and how you can apply for different levels of cover.



Strength in numbers

HESTA has more than one million members and \$88 billion in assets. We're a specialist industry super fund with deep connections to health and community services and those who, like them, make our world better. Together, we can work for real world impact. Find out more at hesta.com.au



History of strong long-term investment performance

Over a 10-year period, our default investment option Balanced Growth, has delivered above its long-term investment objective.* For information on the current and historical performance of all HESTA investment options, visit hesta.com.au/returns



Super with impact™

Super with impact™ is the positive outcome we create by supporting our members to face the future with confidence, being a gutsy advocate for a fair and healthy community and delivering investment excellence with impact. Find out more at hesta.com.au/impact



A truly national fund

Our team of Business Relationship Managers, Member Education Managers and Superannuation Advisers support HESTA members and employers throughout Australia. Find out more at hesta.com.au/service



24/7 access to your account

You can access and manage your HESTA account via our website and the HESTA App. Register for online access today and download the HESTA App from hesta.com.au/register, [App Store](#) or [Google Play](#)

The recognition you deserve - We work with key organisations to present awards to Australia's top nurses and midwives, early childhood educators and people working in aged care, allied health and the community sector. Visit hesta.com.au/awards for more information on the programs we run to support your industry.

| HESTA | AWARDS

*Calculated for the 10-year period to 31 December 2024. Past performance is not a reliable indicator of future performance.

help at your fingertips

A quick guide to help you on your insurance path

I want to...	How
Find out how much insurance cover I have	Log in to your online account at hesta.com.au/login or call us on 1800 813 327
Apply for insurance cover	
Increase my cover	Complete the <i>HESTA Corporate Super insurance alteration</i> form or call us on 1800 813 327
Reduce my cover	
Opt-out or cancel my cover	
Change my nominated non-binding beneficiaries	Log in to your online account at hesta.com.au/login or complete the <i>Change of member details</i> form
Make or change a binding death benefit nomination	Complete the <i>Binding death benefit nomination</i> form
To apply for cover subject to a Health Assessment	Complete the <i>HESTA Corporate Super insurance alteration</i> form and the <i>HESTA Corporate Super personal health statement</i>



Call us on 1800 813 327



Log in to your online account - hesta.com.au/login



Download and complete a paper form available at - hesta.com.au/corporatesuper

insurance through HESTA Corporate Super

This section details the key features and benefits of death and disability insurance through HESTA Corporate Super – including the insurance fees, benefit limits and available cover.

HESTA Corporate Super is a superannuation product that allows employers to customise the insurance provided to their employees by establishing an Employer Plan. Employees who join HESTA Corporate Super become members of their employer's Employer Plan and may be eligible to access the insurance arrangements their employer has selected. Cover provided through an Employer Plan is provided under HESTA Corporate Super Income Protection Insurance Policy No. MP 8373 and HESTA Corporate Super Group Life Insurance Policy No. MP 8373. Although HESTA Corporate Super insurance is provided through your super, the insurance is issued by AIA Australia, ABN 79 004 837 861, AFSL 230043, a registered life insurer.

Read on to find out more about the insurance available to you as a HESTA Corporate Super member.

Check your cover

Find out what existing cover you may have by:

- logging into your online account at hesta.com.au/login
- checking your *Annual Statement*
- calling 1800 813 327.

Insurance through HESTA Corporate Super

- ▶ Default insurance which your employer has chosen specifically for its employees
- ▶ Flexible insurance that you can change to suit your needs
- ▶ Insurance cover you won't have to pay for from your weekly budget
- ▶ Death, temporary disability cover or total and permanent disablement cover 24/7 for injury and ill health (subject to eligibility)

HESTA Corporate Super members

In this guide 'HESTA Corporate Super members' refers to members who join HESTA Corporate Super through their employer's Employer Plan.

overview

Insurance through HESTA Corporate Super helps protect you and your family

Under HESTA Corporate Super, your employer can access the insurance cover for different employee categories:

- based on the available Benefit Designs; and
- for the particular types of insurance cover it has chosen to give you (e.g. Death, TPD and/or IP Cover).

Note: terms that begin with uppercase capital letters are defined in the relevant insurance policies, and are summarised in this document.



Cover 24 hours a day, seven days a week

Insurance through HESTA Corporate Super can provide cover for injury, illness or death anytime, anywhere (subject to eligibility and overseas cover conditions).

You're covered for longer

Death Cover until age 65, age 67 or age 70 depending on the choice of your employer.

TPD Cover to age 65. IP Cover up to age 65.

Once your cover starts, it continues throughout your HESTA Corporate Super membership unless:

- you opt out or cancel it
- your account becomes inactive (refer to page 15 for information about when your account may become inactive) and you have not elected for your cover to continue before your account becomes inactive
- you have insufficient money in your account to pay insurance fees.

Cover may not apply to you in all circumstances (see later sections of this guide for details).

It's convenient

Generally, insurance fees are automatically deducted from your HESTA Corporate Super account every month, so you don't have to remember to renew your insurance every year. Your employer may also agree to pay for some or all of your insurance fees. Insurance fees may erode your retirement benefit.

It's competitive

HESTA buys the insurance in bulk, so it can pass any insurance tax savings we're eligible to receive straight back to our members. This means insurance through your super is generally cheaper than buying it as an individual, for a similar level of cover.

It's flexible

You can apply to opt out, cancel, increase, decrease or vary your cover to suit your changing needs.

About insurance through HESTA Corporate Super

It is important you read all of the information in this guide before making decisions about insurance through HESTA Corporate Super.

This guide provides information about the terms and conditions of the HESTA Corporate Super insurance policies from 19 April 2025.

To be eligible for insurance cover through HESTA Corporate Super, you must meet the terms and conditions listed under Eligibility criteria on page 13.

If you're eligible for cover, there are specific terms and conditions about when your cover will start and what happens if you have more than one account with HESTA. See pages 13 and 25 respectively for detailed information.

This information is only a guide. Insurance cover is provided solely on the basis of our HESTA Corporate Super group policies with the insurer and is subject to the conditions of those policies. Where there is an inconsistency between the policies and any other document, the wording of the policies will prevail.

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

Insurance fees and cover provided may be subject to future variation.

available cover through HESTA Corporate Super

Your employer's plan

We can arrange cover for you through HESTA Corporate Super because your employer (and its related companies, if applicable) has entered into a special arrangement with us, so its employees (and those of its related companies) can become members of an Employer Plan in HESTA Corporate Super.

The cover available to you automatically in the Employer Plan is based on a Benefit Design chosen by your employer is known as Default Cover.

Your employer may also choose any additional cover that you may apply for and this is known as Voluntary Cover.



Types of available cover

The types of insurance cover your employer may choose to offer you through HESTA Corporate Super are:

- Death (including Terminal Illness Cover) and Total and Permanent Disablement (TPD) Cover
- Income Protection (IP) Cover.

Death Cover (including Terminal Illness)

Death Cover provides a lump-sum benefit to help with ongoing expenses and one-off costs your family may face if you die or in some cases, have a Terminal Illness. See pages 16-17 for more information on Death Cover.

TPD Cover

TPD Cover provides a lump-sum benefit to help you and your family meet ongoing and one-off costs, if you are totally and permanently disabled and unlikely ever to be able to return to work.

See pages 18-19 for more information on TPD Cover.

IP Cover

IP Cover provides a monthly benefit to help you and your family meet ongoing living expenses, in the event you are sick or injured and cannot work.

See pages 20-21 for more information on IP Cover.

When your cover commences automatically

Default Cover that you pay for will commence on the later of the applicable Cover Commencement Date or the date you meet all of the following criteria unless you have told us you do not wish to receive this cover:

- you are aged 25 or over;
- your HESTA Corporate Super account balance has been \$6,000 or more since joining; and
- your account is not inactive (see page 15 for a definition of inactive).

If your employer pays for the default insurance cover, your cover will commence on the applicable Cover Commencement Date.

For information about the Cover Commencement Date that will apply to you refer to page 13.

You will also need to meet the eligibility criteria - refer to page 13 for more information.

Features of insurance options

Benefit	Death Cover	TPD Cover	IP Cover
Cover for death (including Terminal Illness)	✓	-	-
Cover for Partial Disability	-	-	✓
Cover for total and temporary disability (TTD)	-	-	✓
Cover for total and permanent disability	-	✓	✓
Fixed cover / 'percentage of Salary x Future Service' / 'multiple x Salary' Benefit Design options (your employer will select the Benefit Design to apply to your employee category)	✓	✓	-
Monthly benefit as a percentage of Pre Disability Income	-	-	✓
Superannuation Contribution Benefit (if selected by employer)	-	-	✓
Interim accident cover	✓	✓	✓
Lump-sum benefit	✓	✓	-
Option to change waiting periods and change the benefit period (if selected by employer)	-	-	✓

benefit design options through HESTA Corporate Super

This section describes in detail the types of Benefit Designs you may be able to receive through your HESTA Corporate Super cover based on your employer's choice.

Your employer will generally select Default Cover which will commence automatically (subject to applicable law and the terms and conditions of the policies) after you have joined the Employer Plan, unless you opt out.

Your Default Cover will also satisfy the MySuper requirements under the law to provide at least a minimum level of Death and TPD cover. Your employer may also choose for some cover to be provided as non-default Voluntary Cover which will not commence unless you apply for it (see page 14 for more information).

We will provide you with your Member plan schedule setting out what type and amount of Default Cover and/or Voluntary Cover your employer has chosen for your Employer Plan.

Your employer must first decide the type of cover that will be default in your Employer Plan. It may be:

- Death (including Terminal Illness) and TPD; or
- Death (including Terminal Illness) and TPD and IP.

The following sections can help you understand what type of Benefit Design you could receive under your Employer Plan.



Death and TPD Benefit Design

Your employer may choose to provide Death and TPD benefits through HESTA Corporate Super. These benefits are payable as a lump-sum upon death, Terminal Illness or Total and Permanent Disablement (see pages 30 and 32 for an explanation of capitalised terms).

Your employer will design the default Death and TPD Cover for your employee category by following the steps below. Your employer may choose different Benefit Designs for different categories of employees.

Step 1: Choose from the following Benefit Designs

- Percentage of Salary multiplied by Future Service: 5%, 10%, 15%, 20% or 25% of Salary multiplied by Future Service
- Multiple of Salary: 1, 2, 3, 4 or 5 multiplied by Salary; or
- Fixed cover: Fixed Cover of \$50,000, \$100,000, \$150,000, \$200,000 or \$250,000.

Step 2: Choose the Cover Expiry Age

- Death Cover (including Terminal Illness): age 65, 67 or 70
- TPD Cover: age 65 only.

The Benefit Design chosen by your employer will include a level of Default Cover provided to you automatically (when you're eligible). It may also allow you to apply to increase your cover using a Dial-up Cover option. The Dial-up Cover options are set out on page 24.

Step 3: Choose Voluntary Cover

Your employer can choose the Voluntary Cover you may apply for which is subject to approval by the insurer.

Your Member plan schedule will include any Voluntary Cover you can apply for, along with the applicable insurance fees.

(Terms in capitals are defined in the relevant policies and summarised on this page.)

Summary of the Death and TPD Benefit Designs you could receive

Percentage of Salary multiplied by Future Service

With a benefit that is a percentage of Salary multiplied by Future Service, your cover will change when your Salary changes and as the length of your Future Service gradually decreases over time. Future Service is an estimate of your remaining time in the workforce, and assumes you will retire at age 65, 67 or 70, depending on your employer's chosen design. Your Default Cover can increase up to the Automatic Acceptance Limit and you won't need to provide evidence of your health (see page 14).

Multiple of Salary

With a benefit which is an 'amount multiplied by Salary', your benefit will change as your Salary changes. For example, if your Salary increases while you are at your employer, then your benefit will increase as well. Your Default Cover can increase up to the Automatic Acceptance Limit and you won't need to provide evidence of your health (see page 14).

Fixed cover

With Fixed Cover, a specific insured amount is chosen which does not change unless you apply to change the level of cover. Fixed cover means your insurance fees will generally increase as you age while your sum insured will typically remain the same. You should think about whether the default level of cover is appropriate for you. You can apply to vary your cover (subject to acceptance by the insurer).

Important terms: Death and TPD Cover

Below is an explanation of defined terms used in the Death and TPD Cover Benefit Design.

Future Service

Future Service is the number of years and complete months from the date of:

- your death to age 65, 67 or 70, or
- your disablement to age 65

depending on your employer's chosen design.

Salary

Salary is your annual Salary as advised to HESTA by your employer, from time to time.

Salary can include remuneration derived from work including salary sacrificed amounts, wages, fees, regular commission, regular bonuses, regular overtime, regular allowance and fringe benefits. Salary does not include investment income and mandated superannuation contributions.

Terminal Illness

See page 30 for the definition.

Total and Permanent Disablement

See page 32 for the definition.

Income Protection Benefit Design

Your employer may choose to provide IP benefits through your Employer Plan. If your employer has chosen to include IP cover in your Employer Plan, the details will be included in your *Member plan schedule*. These benefits are payable monthly in arrears if you become Partially Disabled or Totally Disabled. IP benefits are payable for up to the duration of the Benefit Period selected, and only after the relevant Waiting Period expires. Terms in capitals are defined in the relevant policies and summarised below - see pages 34-38 for a further explanation of these terms.

Your employer will design the default IP Cover for your employee category by following the steps below:

Step 1:

Choose the benefit level. The benefit can be:

- 75% of your Pre-Disability Income; or
- 85% of your Pre-Disability Income (which includes a 10% super contribution - referred to as a Superannuation Contribution Benefit); or
- 85.5% of your Pre-Disability Income (which includes a 10.5% super contribution - referred to as a Superannuation Contribution Benefit); or
- 86% of your Pre-Disability Income (which includes an 11% super contribution - referred to as a Superannuation Contribution Benefit); or
- 87% of your Pre-Disability Income (which includes a 12% super contribution - referred to as a Superannuation Contribution Benefit).

See the Explanation section for further details.

Step 2:

Choose the Waiting Period for the IP benefit:

- 30 days
- 60 days; or
- 90 days.

See the Explanation section for further details.

Step 3:

Choose the Benefit Period:

- 2 years
- 5 years; or
- to age 65.

See the Explanation section for further details.

IP Cover expires at age 65. No other Cover Expiry Age can be chosen.

Your employer can choose a different IP Benefit Design for different employee categories. Refer to your Member plan schedule to see whether your employer has chosen to offer IP Cover in their Employer Plan.

Some employers do not include IP Cover as part of their Employer Plan. Refer to your Member plan schedule to see if your employer has arranged voluntary IP Cover that you can apply for and is subject to the approval of the Insurer.

Explanation of IP Benefit Design concepts

Pre-Disability Income

The gross monthly Income you earned immediately before becoming disabled; or

If you are a Casual Employee or Contractor with a minimum contract period of 12 months or less, the average gross monthly Income you earned in the three months immediately before becoming disabled subject to the leave without pay conditions (refer to page 26 for information about the leave without pay conditions).

Waiting Period

The Waiting Period is the number of continuous days which must elapse after you become totally disabled before your monthly benefit begins to accrue. See page 36 for more information.

Benefit Period

The Benefit Period is the maximum period during which you will be paid a monthly benefit for any one period of disability (whether total disability or partial disability).

The Benefit Period that applies to your IP Cover will be detailed in your Member plan schedule.

Where the Benefit Period is up to five years or to age 65, the monthly benefit will be indexed each year by the lesser of the consumer price index (CPI) increase and 5% per annum while on claim. See page 35 for further details.

Where a Contractor (refer to page 23 for this definition) is employed on a minimum contract period of 12 months or less, the Benefit Period will be limited to two years and their Pre-Disability Income from the employer will be measured over the three months immediately prior to the date of disability.

The Benefit Period for Casual Employees (refer to page 23 for this definition) will be limited to two years and their Pre-Disability Income from the employer will be measured over the three months immediately prior to the date of disability.

Superannuation Contribution Benefit

The purpose of the Superannuation Contribution Benefit is to cover compulsory employer superannuation contributions and must be paid directly to a complying superannuation fund. The amount of the Superannuation Contribution Benefit is determined by applying the Superannuation Contribution Benefit rate to the lesser of the following:

- your Pre-Disability Income; and
- the monthly maximum superannuation contribution base for the applicable income year (as determined under superannuation law).

In the case of Partial Disability, a proportional Superannuation Contribution Benefit will be paid.

The Superannuation Contribution Benefit will also be reduced (this could be to nil) where the total benefit payable would exceed the Maximum Benefit.

Eligibility for cover

To obtain cover through HESTA Corporate Super you must meet the following eligibility criteria:

- you are at least age 15 but less than the age at which the relevant cover expires under the Benefit Design selected by your employer;
- you are a member of an Employer Plan in HESTA Corporate Super;
- you are an Australian resident or hold a valid visa to live and work in Australia;
- you have not previously received a lump-sum Terminal Illness benefit or total and permanent disablement benefit from HESTA or another fund or an insurer; and
- you satisfy any other criteria as agreed between the insurer and us.

Any additional eligibility criteria will be set out in your Member plan schedule.

When your Default Cover starts automatically

When you are paying for the cover from your super account

If you are eligible for Default Cover that you pay for under your Employer Plan and you are not an existing member of HESTA when you join HESTA Corporate Super, your cover will start automatically on the date you meet all of the following criteria unless you have told us you do not wish to receive this cover:

- your HESTA Corporate Super account balance has been \$6,000 or more since you joined;
- you are aged 25 or over; and
- your account is not inactive (see page 15 for a definition of inactive).

If your cover starts in this way it will be restricted to New Events Cover until you have been At Work for 30 consecutive days starting from the date cover commenced. See page 23 for a definition of New Events Cover and the At Work requirement.

Different automatic cover commencement rules may apply if you are an existing member of HESTA or if your employer is paying for one or all of the cover types (e.g. if your employer is paying for IP cover and you are paying for Death and TPD cover from your super account).

Starting cover before automatic commencement

If you are an eligible member, you can obtain cover before it starts automatically without needing to complete a full health assessment, if you elect to take up cover within 90 days of joining HESTA Corporate Super. You can let us know by completing the form available at hesta.com.au/corporatesuper. Cover will commence on the day we receive your request.

If your cover starts in this way it will be restricted to New Events Cover until you are At Work for 30 consecutive days. See page 23 for a definition of New Events Cover and the At Work requirement.

Otherwise, if you elect to take up cover more than 90 days after joining HESTA Corporate Super and before it commences automatically, you will need to complete a full health statement. Any cover that you commence this way is subject to approval by the insurer and exclusions and fee loadings may apply.

For details on when automatic cover will start for existing members of HESTA Super or HESTA Personal Super members, see page 25.

When your employer is paying the full cost of all cover

If you are eligible for cover and your employer is paying for the full cost of all Default Cover provided under your Employer Plan, that cover will start automatically on the applicable Cover Commencement Date.

Cover Commencement Date

The Cover Commencement Date that will apply to your Default Cover depends on when we first receive a Superannuation Guarantee (SG) contribution from your employer into your HESTA Corporate Super account.

Your Cover Commencement Date will be the later of:

- the date you commenced employment with your employer; or
- the date that the Employer Plan commenced;

if we receive your first SG contribution within 120 days of that date.

If your cover commences on this Cover Commencement Date you will have full cover if you were At Work on the date cover commenced. If you were not At Work on the date cover commenced your cover will be restricted to New Events Cover until you are At Work for 30 consecutive days.

Your Cover Commencement Date will be the date we receive your first SG contribution, if we receive this contribution more than 120 days after the later of:

- the date you commenced employment with your employer; or
- the date that the Employer Plan commenced.

If your cover commences on this Cover Commencement Date your cover will be restricted to New Events Cover for 24 months and a suicide or any intentional self-inflicted act exclusion will also apply to any Death and TPD cover you have for the first 24 months of cover.

See page 23 for a definition of New Events Cover and the At Work requirement.

Automatic Acceptance Limit (AAL)

If your Default Cover design is Salary based, your cover amount may increase or decrease as your Salary changes (as advised by your employer). Your Default Cover can increase up to the AAL and you won't need to provide evidence of your health. The AAL is the maximum level of Default Cover the insurer will provide without any medical evidence being required.

The AAL's that apply in your Employer Plan, are included in your Member plan schedule.

The Default Cover you receive cannot be more than the AAL.

The AAL's can vary from time to time and will depend on the number of insured members of your Employer Plan. You will be notified if your Default Cover exceeds the AAL and you will have the option to provide health and financial evidence to obtain cover above the AAL.

For example, if your death benefit is 5 x Salary, and the AAL is \$400,000 but your Salary has increased from \$80,000 to \$100,000, then your Default Cover is capped at \$400,000. If you wanted to increase your cover to \$500,000, which is the full sum insured for your Benefit Design, you would need to complete a Health Assessment.

Maximum Benefit

All benefits payable under the policy are capped by the Maximum Benefit. This is the maximum benefit the insurer will pay under the policy. Even if you apply to increase your benefit, the proposed new sum insured cannot exceed the Maximum Benefit.

The Maximum Benefit payable under the policy is:

- TPD: \$5,000,000
- Death Cover (including Terminal Illness): unlimited
- IP: \$30,000 per month.

Voluntary Cover

The term Voluntary Cover refers to any increase above Default Cover for Death and TPD Cover (other than cover taken under the Dial-Up Cover option, which is also known as Default Cover). Voluntary Cover is subject to underwriting (and therefore a Health Assessment). Voluntary Cover is in addition to Default Cover.

An insurer will make one of the following decisions on your application for Voluntary Cover:

- Accept your cover on standard terms, i.e. the cover you applied for is accepted by the insurer without any exclusions or insurance fee loadings.
- Accept your cover with special terms including loadings to your insurance fees or excluding certain medical conditions from cover. An insurer can provide you with cover and apply an exclusion on that cover related to a particular medical condition excluded. A loading on an insurance fee is an extra cost applied to give you cover because of your medical history.
- Decline your application for Voluntary cover.

Voluntary Cover commences on the day the insurer accepts your application for cover, or, where cover is issued on special terms, the date the insurer accepts your agreement in writing to those terms.

insurance fees and inactive accounts

Insurance fees

Insurance fees include applicable insurance premiums and insurance administration fees. The weekly cost of your cover will be deducted monthly in arrears from your HESTA Corporate Super account, usually two business days after the end of each calendar month. If your employer has agreed to pay for some or all of your Default Cover, the insurance fees deducted will be those you are responsible for paying). The amount deducted for any given month is based on the number of days in the month that you were insured.

Your insurance fees will depend on, among other things, the Benefit Design chosen by your employer (e.g. the benefit formula, Cover Expiry Age, Benefit Period, Waiting Period), your age, gender, the occupational mix of your Employer Plan, the claims history of your Employer Plan, the number of insured members of your Employer Plan and any other factors the insurer considers relevant. Generally, insurance fees increase as the insured amount increases.

Where your insurance cover is calculated using your salary and the insurance fees you pay is based on that, adjustments may be necessary from time to time to reflect the updated information.

For the insurance fee tables applicable to your cover, refer to your *Member plan schedule*.

Gross and net insurance fees

Where applicable you'll notice we quote the gross insurance fees. This is because we are legally required to show the gross insurance fee.

The good news is, generally members actually pay the net insurance fee, which is up to 15% less than the gross insurance fee. This is because HESTA can claim a tax deduction for the cost of providing insurance that members pay for, which we pass on to insured members. Where your Employer pays any of the insurance fees, there is no tax deduction passed on to you for the insurance fees paid by the employer.

Maintaining insurance cover if your account becomes inactive

If we don't receive any contributions or roll ins into your HESTA Corporate Super account for a continuous period of 16 months, it will be considered inactive. And if this happens we, under law, won't be able to provide you with insurance cover unless you've told us you want to keep it.

You can do this by logging into your account at hesta.com.au/login and selecting 'Please keep my insurance cover if I become inactive' in the preferences section.

If your cover has ceased due to inactivity, Default Cover will automatically restart from the date a roll in or contribution is received (provided your cover would not otherwise have ceased for another reason). However, this will be New Events Cover for two years from the date cover is restarted. After this time, full cover will apply. If you previously had Voluntary Cover that you had been underwritten for you will need to be underwritten again to receive the same cover.

Your account will not become inactive if:

- you have told us you want to keep your cover even if your account becomes inactive;
- you are a person covered by an exception to the rule against providing insurance to members with an inactive account under the superannuation law (such as certain current and former members of the Australian Defence Force); or
- your employer has notified us in writing that they will pay your insurance fees and have paid the full cost to HESTA each quarter.

New Events Cover

New Events Cover means you are only covered for claims arising from an illness which first becomes apparent, or an injury which first occurs, on or after the date your cover commenced, or was restarted.

death cover

This section details the key features and benefits of Death Cover through HESTA Corporate Super – including benefit limits and exclusions.

Is Death Cover through HESTA Corporate Super right for me?

▶	Would your family struggle to pay the mortgage if you died suddenly?	<input type="checkbox"/> yes	<input type="checkbox"/> no
▶	Would your partner need to cover the cost of child care and home help if you died?	<input type="checkbox"/> yes	<input type="checkbox"/> no
▶	Do you want to make sure your family isn't left with expenses when you die?	<input type="checkbox"/> yes	<input type="checkbox"/> no
▶	Do you want to leave something for your loved ones?	<input type="checkbox"/> yes	<input type="checkbox"/> no
▶	Do you want cover for death, but dislike having to remember to renew policies and pay insurance fees from your weekly income?	<input type="checkbox"/> yes	<input type="checkbox"/> no

If you answered ‘Yes’ to any of the above questions, Death Cover through HESTA Corporate Super may be right for you. Read on to find out how you can help provide for your loved ones if you die.

death cover at a glance

Key features

- Your employer can choose from the following Benefit Designs:
 - 5%, 10%, 15%, 20% or 25% of Salary x Future Service to age 65, 67 or 70;
 - 1, 2, 3, 4 or 5 multiplied by Salary; or
 - fixed cover of \$50,000, \$100,000, \$150,000, \$200,000 or \$250,000.
- Your employer can choose a Cover Expiry Age of age 65, 67 or 70.
- The Maximum Benefit under Death Cover is unlimited.
- Includes Terminal Illness benefit.

What's included?

Cover for death	✓
Lump-sum benefit	✓
Benefits payable for Terminal Illness	✓

Limitations

The sum insured for a Terminal Illness benefit is the death benefit that applies to you at the date you are certified as being Terminally Ill. It is calculated based on the applicable Death Benefit Design at that date. The date of certification is the later of the dates that two Medical Practitioners certify in writing that you are Terminally Ill.

Any payment of a TPD benefit will reduce your Death Cover (including Terminal Illness cover) by the same amount (potentially to zero if your TPD payment is equal to your Death Cover (including Terminal Illness)) sum insured. Your TPD benefit sum insured cannot exceed your death benefit sum insured.

Qualifying

To qualify for Terminal Illness benefits under your Death Cover, you must meet the terms and conditions outlined on page 30.

Exclusions

Death benefits will not be paid if your claim is caused wholly or partly, directly or indirectly by:

- war; or
- participation in combat or fighting force of any country, territory or foreign organisation; or
- active service in the armed forces of any country, territory, foreign or international organisation; or
- engagement in (including planning or preparing for) any act of terrorism; or
- in the case of an increase of Voluntary Cover for death, suicide within 13 months of commencing that increase.

See pages 30-31 for more details on exclusions that apply.

Other terms and conditions

Additional terms and conditions apply. For information on the full terms and conditions applicable see pages 30-31.

total and permanent disablement (TPD) cover

This section details the key features and benefits of TPD Cover through HESTA Corporate Super – including the benefit limits and available cover.

Is TPD Cover through HESTA Corporate Super right for me?

▶	Would you struggle to pay the bills if you suffered an injury or illness that meant you could never work again?	<input type="checkbox"/> yes	<input type="checkbox"/> no
▶	If you were injured permanently and unlikely to work again, would you need a lump-sum payment to cover medical and home care?	<input type="checkbox"/> yes	<input type="checkbox"/> no
▶	Would you need to modify your home if you suffered total and permanent disablement?	<input type="checkbox"/> yes	<input type="checkbox"/> no
▶	Are you looking for insurance cover you won't have to pay for from your weekly budget?	<input type="checkbox"/> yes	<input type="checkbox"/> no

If you answered 'Yes' to any of the above questions, TPD Cover through HESTA Corporate Super may be right for you. Read on to find out how you can cover yourself for TPD.

Why would I get TPD Cover if I already have IP Cover?

TPD Cover provides a lump-sum benefit (as opposed to a monthly benefit from IP Cover) if you are permanently sick or injured and unlikely to ever work again. This can be useful if you need to cover large one-off medical expenses, modify your home or obtain care.

TPD cover at a glance

Key features

- Your employer can choose from the following Benefit Designs:
 - 5% / 10% / 15% / 20% or 25% of Salary x Future Service to age 65;
 - 1, 2, 3, 4 or 5 multiplied by Salary; or
 - Fixed cover of \$50,000, \$100,000, \$150,000, \$200,000, \$250,000
- The Maximum Benefit under the policy is \$5 million
- Cover to age 65 (benefit expiry age).

Qualifying

To qualify for payment of TPD benefits, you must meet the requirements (including applicable TPD definition) listed on pages 32-33 under Important information about TPD Cover.

The sum insured will be that applicable to you, determined at the date described in the relevant TPD definition and based on your Benefit Design at that date. Once a TPD benefit is paid, your TPD Cover will cease. Your Death Cover will also cease if your TPD Cover is equal to your Death Cover. If your Death Cover is greater than your TPD Cover, your Death Cover will be reduced by the amount of the TPD cover paid and the remaining Death Cover will continue provided insurance fees are paid for that cover.

Exclusions

TPD benefits will not be paid if your claim is caused wholly or partly, directly or indirectly by:

- war; or
- participation in combat or fighting force of any country, territory or foreign organisation; or
- active service in the armed forces of any country, territory, foreign or international organisation; or
- engagement in (including planning or preparing for) any act of terrorism.

In the case of an increase or recommencement of Voluntary cover for TPD you will not be covered for an intentionally self-inflicted injury/illness or attempted suicide for a period of 13 months from when cover commenced or recommenced.

See page 33 for more definitions of exclusions (including other exclusions that may apply).

Tapering

Where your employer's Benefit Design does not reduce the TPD sum insured to nil by age 65, the sum insured will reduce. See table on the left.

The percentage of TPD tapering that applies to you will decrease your sum insured to the percentage that corresponds with your age. For example, if the default benefit for your employee category is 5 x Salary, at age 61 your default benefit is 5 x Salary x 80%.

When a new member joins the HESTA Corporate Super Employer Plan after their 61st birthday, the percentage that corresponds to their age in the table, will immediately apply to reduce their sum insured. For example, if the sum insured is fixed cover of \$50,000 and the new member is 61 years old, the sum insured will be \$40,000.

Other terms and conditions

Additional terms and conditions apply. For information on the full terms and conditions applicable, please refer to pages 32-33 for more details

What's included?

Cover for total and temporary disability	✗
Cover for total and permanent disability	✓
Cover for Partial Disability	✗
Monthly benefits	✗
Lump-sum benefits	✓

Age	% of TPD Sum Insured
Up to age 60	100%
61	80%
62	60%
63	40%
64	20%
65	0%

Limitations

You cannot take TPD Cover as a stand alone cover; it must be combined with Death Cover.

Your TPD Cover may not exceed the amount of your Death Cover. However, if you have Death and TPD Cover and you receive a TPD benefit payment, this will reduce your remaining Death Cover by the same amount (potentially to zero if your TPD payment is equal to your Death Cover amount).

TPD Cover does not provide a benefit if you're only partially or temporarily disabled.

income protection (IP) cover

This section details the key features and benefits of IP Cover through HESTA Corporate Super.

Is IP Cover through HESTA Corporate Super right for me?

▶	Would you struggle to pay the bills if you had to take time off work due to injury or illness?	<input type="checkbox"/> yes	<input type="checkbox"/> no
▶	Is your job your only source of income?	<input type="checkbox"/> yes	<input type="checkbox"/> no
▶	Do you want to be able to maintain your current lifestyle if you're sick or injured and unable or unlikely to work?	<input type="checkbox"/> yes	<input type="checkbox"/> no
▶	Are you looking for IP Cover you won't have to pay for from your weekly budget?	<input type="checkbox"/> yes	<input type="checkbox"/> no

If you answered 'yes' to any of the above questions, IP Cover through HESTA Corporate Super may be right for you. Read on to find out how you can protect your income if you are injured or ill.

IP cover at a glance

Key features

- Monthly disability payments
- Also provides cover if you're only Partially Disabled or temporarily disabled
- Select from a 2 year, 5 year or 'to age 65' Benefit Period, and a Waiting Period of 90 or 60 or 30 days.

What's included?

Cover linked to income	✓
Cover for total and temporary disability	✓
Cover for Partial Disability	✓
Monthly disability payments	✓
Superannuation Contribution Benefit (if selected by your employer)	✓

Limitations

The Benefit Design can provide benefits of up to 75% of your Pre-Disability Income. In addition, a Superannuation Contribution Benefit of up to 12% of your Pre-Disability Income may be provided, where your employer has chosen this as part of the Benefit Design. The Maximum Benefit is \$30,000 per month inclusive of the Superannuation Contribution Benefit.

IP Cover stops at age 65.

Your Benefit Period is the maximum length of time that you will receive a monthly benefit whilst you continue to be Totally or Partially Disabled. Your payments will stop when your Benefit Period ends, even if your disability continues.

In addition, where the Benefit Period is to age 65, Partial Disability benefit payments will only be paid for a maximum of 24 months in aggregate (i.e. the total of Total Disability and Partial Disability benefits). See page 37 for further details.

In some circumstances, disability benefit payments will be reduced or totally offset (see page 37).

Qualifying for an income benefit

To qualify for payment of benefits, you must meet the policy definitions listed under *Important information about IP Cover* on pages 34-38. Our insurer will pay you a benefit in circumstances where you are Totally or Partially Disabled after the end of the relevant waiting period.

Exclusions

IP benefits will not be paid if your claim is caused wholly or partly, directly or indirectly by:

- a self-inflicted injury or illness or attempted suicide; or
- uncomplicated pregnancy, childbirth or miscarriage; or
- engagement in (including planning and preparing for) any act of terrorism in Australia or any foreign country; or
- active service in the armed forces of any country, territory or foreign organisation; or
- participating in a combat or fighting force of any country, territory or foreign organisation; or
- war or acts of war, whether war is declared or not.

Other terms and conditions

Additional terms and conditions apply. For information on the full terms and conditions applicable, please refer to pages 34-38.

important information about insurance through HESTA Corporate Super

In this section, terms in capitals are defined in the relevant policies, and summarised on the following pages

Changes to your Employer Plan's default Benefit Design

Your Employer Plan may change over time due to changes in the number of employees, the number of insured members in the Employer Plan, the Benefit Design, the cost of insurance and legislation changes.

When this happens your cover may automatically change. Where your cover is affected we will notify you of any changes.

When cover stops

Your cover will stop on the earlier of when:

- the relevant HESTA Corporate Super policy ends;
- you reach the Cover Expiry Age (this depends on your Benefit Design);
- the Grace Period ends which is either:
 - 120 days after cover first commenced if at the end of the 120 days you have insufficient funds to cover insurance fees; or
 - 30 days at any other time when in any other case you have insufficient funds to deduct insurance fees.

If a claim arises within the applicable Grace Period, no Sum Insured amount will become payable in respect of a claim until the outstanding insurance fee is paid;

- you're no longer a member of the Employer Plan (e.g. upon the payment or transfer of your total account balance in the plan);
- you're no longer an Australian Resident or hold a valid visa to live and work in Australia or if you permanently depart Australia;
- we receive your request to transfer or cancel your insurance (or on a later date if requested);
- you die;
- your account becomes inactive unless you have asked us to maintain your insurance or an exemption to this applies (see page 15 for information about when your account may become inactive);
- where you have been seconded overseas and remain employed with your employer - the date you are no longer eligible to work in Australia;

- you have been seconded overseas and remained employed with your employer for five years, and the insurer has not agreed to extend your cover beyond five years;
- you are no longer an Eligible Person;
- you no longer meet the conditions for continuation of cover during Leave Without Pay (see page 26 for information about Leave Without Pay);
- for Death and TPD Cover: you cease to be an employee of your employer (note that Death Cover or Death and TPD Cover will automatically transfer to the HESTA Industry Group Life Policy number MP8302- refer page 25);
- for IP Cover: 60 days after you cease to be an employee of your employer. You will have 60 days from the date cover ceases in HESTA Corporate Super to transfer cover to HESTA Industry Group Life Policy number MP8302;
- the date you are paid a Terminal Illness benefit or a TPD benefit equal to the level of your Death Cover; or
- the date you are paid any TPD benefit except where the level of your Death Cover is greater than your TPD Cover. In this case, your Death Cover will be reduced by the amount of the TPD benefit paid, and will continue so long as insurance fees continue to be paid, and subject to the terms and condition of the policy.
- the date your employer stops paying your insurance fees if you have not had a balance of \$6,000 or more and you are aged under 25. This may occur if you have not given us notice that you want to keep your cover (see page 13 for how to do this) and your employer ceases to pay for the full cost of your cover;

Termination of your cover will not affect your eligibility to make a claim where the date of disability or death occurred while the cover was in force.

Definitions

Permanent Employee means a person who is employed on a permanent basis by the employer to undertake identifiable duties and is paid sick leave and annual leave entitlements

Casual Employee means a person who is not a Permanent Employee or Contractor, is employed on a casual basis and whose employer is making superannuation guarantee contributions to HESTA Corporate Super in respect of them.

To make a claim on IP Cover, a Casual Employee must also have been working for the employer in the previous three months prior to the date of disability.

Contractor means: a person who is:

- determined to be a Contractor under the Employer Plan; or
- if not determined under the Employer Plan, a person employed under a written contract for a specified period for at least six months and whose employer:
 - requires them to perform identifiable duties for a regular number of hours each week;
 - provides annual leave and sick leave entitlements; and
 - pays superannuation guarantee contributions in respect of them.

New Events Cover

If New Events Cover applies, this means the HESTA Corporate Super member is only covered for claims arising from an illness which first becomes apparent or an injury which first occurs on or after the date the member's cover commenced (or most recently commenced) under the relevant policy.

Cover Expiry Age

The Cover Expiry Age that applies to TPD Cover and IP Cover is set. However, the Cover Expiry Age that applies to Death Cover is determined by the Benefit Design selected by your employer.

The applicable Cover Expiry Age for each type of cover is:

- Death Cover: 65, 67 or 70 years (depending on employer selection)
- TPD Cover: 65 years
- IP Cover: 65 years.

The Cover Expiry Age that applies to any Death Cover you have will be set out in your *Member plan schedule*.

At Work requirement:

For a HESTA Corporate Super member to meet the At Work requirement the person must be At Work as defined in the relevant policy. Under the policy a person is At Work if they are:

- engaged in his or her normal duties, without limitation or restriction due to injury or illness, and is working normal hours on the day cover is to commence; and
- not restricted by illness or injury from being capable of performing their full and normal duties on a full time basis (for at least 30 hours per week) even though their actual employment can be on a full-time, part time, contract or casual basis; and
- not in receipt of and/or entitled to claim any income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.

The person will be considered to be At Work if on the applicable date, as the context requires, the person is on employer approved leave for reasons other than injury or illness and not taking into account the leave is able to meet the At Work definition.

Australian Resident

Australian Resident means:

- a person who resides in Australia and is either an Australian citizen or a holder of an Australian Permanent Resident visa; or
- a person who is a New Zealand citizen and is the holder of a Special Category Visa (SCV) while residing in Australia indefinitely.

Health Assessment

Health Assessment means a request to provide any evidence of health or other information required by the insurer for the purposes of assessing an application for cover.

Dial-up Cover options for default Death and TPD Cover

Where the default Death and TPD Benefit Design that applies to you is a:

- Percentage of Salary multiplied by Future Service; or
- Multiple of Salary;

you may apply to increase your default Death and TPD Cover within 90 days of the date you started employment with your employer or the date your Employer Plan commenced, whichever is the later without providing a Health Assessment, up to the applicable AAL, as set out in the following tables:

Where Benefit Design is 'Percentage of Salary multiplied by Future Service'

Current Benefit Design	Increased Benefit Design
10% of Salary multiplied by Future Service	15% of Salary multiplied by Future Service; or 20% of Salary multiplied by Future Service
15% of Salary multiplied by Future Service	20% of Salary multiplied by Future Service; or 25% of Salary multiplied by Future Service
20% of Salary multiplied by Future Service	25% of Salary multiplied by Future Service

Where Benefit Design is 'Multiple of Salary'

Current Benefit Design	Increased Benefit Design
1 x Salary	2 x Salary
2 x Salary	3 x Salary; or 4 x Salary
3 x Salary	4 x Salary; or 5 x Salary
4 x Salary	5 x Salary

Note: Health Assessments and AAL's are explained on page 14.

This option is only available if your Default Cover started on a Cover Commencement Date or you opted in to Default Cover before it commenced automatically within 90 days of joining your Employer (see page 13 for information about when cover starts) or within 90 days of the date the Employer plan commenced where later.

Where we receive your first super contribution within 120 days of your Cover Commencement Date, you must be At Work on the date Dial-up cover commences, otherwise the increased cover is restricted to New Events Cover until you are At Work for 30 consecutive days.

If your employer is paying the full cost of your default cover and your cover commences on your Cover Commencement Date (see page 13) your dial up cover will have the same At Work and New Events restrictions apply to the dial up as would have applied to your Default cover.

If we receive your first super contribution more than 120 days after your Cover Commencement Date your cover will be restricted to New Events Cover for 24 months and a suicide or any intentional self-inflicted act exclusion will also apply to any Death and TPD cover you have for the first 24 months of cover.

If you opted-in to Default Cover within 90 days of joining your Employer (see page 13 for information about when cover starts) or within 90 days of the date the Employer plan commenced where later, your Dial-up Cover will be restricted to New Events Cover until you are At Work for 30 consecutive days.

See page 23 for a definition of New Events Cover and the At Work requirement.

A Health Assessment will be required if you are applying for the increased Benefit Design and the cover is over the AAL. In addition, a full medical assessment may also be required if requested by the insurer.

If your request to increase your cover is received more than 90 days after the later of the date you commence employment and the date your Employer plan commences, you may need to provide satisfactory evidence of health to the insurer. If your cover is accepted by the insurer, your cover will commence on the date of acceptance.

Restarting cover

If you previously opted out of, or cancelled Default Cover, you will need to apply in writing and complete a Health Assessment if you wish to reapply for cover (this includes where you left the Employer Plan and wish to re-join the Employer Plan and obtain cover). (Note: any Death and TPD Cover provided as a result will be 'Voluntary Cover').

However, if cover ceased due to there being insufficient funds to enable insurance fees to be deducted, or due to your account being inactive (refer to page 15), and an amount is received into your account after cover has ceased, Default Cover will automatically be restarted from that date, provided your cover would not have otherwise ceased for another reason, however this will be New Events Cover for 24 months from the date cover is restarted. If you previously had Voluntary Cover that ceased, you will need to be underwritten again to receive the same cover.

An application can be completed using the form available at hesta.com.au/corporatesuper and is subject to approval by the insurer.

Multiple accounts

As a member you are only entitled to insurance cover on one account – generally your first account. If you have multiple accounts where insurance fees are being deducted and become entitled to an insured benefit, only one benefit will be payable subject to the following:

- the benefit paid will be the membership account that provides for a higher benefit under the policies; and
- all fees paid on the account/s for which an insured benefit is not payable will be refunded.

See the next section for further details about what will happen if you have multiple accounts with HESTA.

See the *Other information* fact sheet at hesta.com.au/factsheets for further details about what will happen if you have multiple accounts.

Joining HESTA Corporate Super if you are currently a HESTA super or HESTA Personal Super member

What happens to my cover?

As an existing HESTA or HESTA Personal Super Member, you can apply to transfer any IP cover to HESTA Corporate Super if IP cover is not automatically provided within your Employer Plan.

Upon your commencement in HESTA Corporate Super your cover in HESTA or HESTA Personal Super will cease. The cover you receive in HESTA Corporate Super for death and TPD will be the higher of:

- the cover you held in HESTA Super or HESTA Personal Super; or
- the cover your employer's Benefit Design provides to you in HESTA Corporate Super.

If your Death and TPD cover in HESTA or HESTA Personal Super is greater than the Death and TPD cover your employer's Benefit Design provides:

- your cover that exceeds the cover you get based on your Employer's Benefit Design will be fixed and rounded up to the nearest \$1,000; and
- any loadings, exclusions or restrictions that you had on your cover will apply to the amount that exceeds the cover your employer's Benefit Design provides.

If your employer has chosen default IP Cover as part of their Benefit Design, you will receive their chosen IP Cover. However, if this doesn't suit you, you can elect to transfer your IP Cover from HESTA or HESTA Personal Super if you tell us within 60 days from the date you join HESTA Corporate Super. If your employer does not provide IP Cover in their chosen design, your IP Cover will be automatically transferred to HESTA Corporate Super.

Any IP Cover transferred from HESTA or HESTA Personal Super will be:

- the same amount of cover but fixed;
- the same waiting period and benefit payment period unless your benefit payment period was to age 67, which will change to age 65;
- cover will cease on the day before your 65th birthday; and
- any loadings, exclusions or restrictions that you had on your cover will continue to apply.

The cost of cover in HESTA Corporate Super will be based on your employer's insurance fee rates.

To apply to transfer your cover, download the *HESTA Corporate Super membership transfer* form from hesta.com.au/corporatesuper

What does it mean if my cover is fixed?

If the cover you had in HESTA or HESTA Personal Super was higher than the cover you would get in your Employer Plan we ensure that you get to keep your previous level of cover. Your cover becomes fixed meaning it is not linked to your salary. This fixed cover does not change as your salary changes.

When cover commences

Cover that transfers to HESTA Corporate Super from your HESTA or HESTA Personal Super account will continue, subject to the terms and conditions above, from the day you join HESTA Corporate Super.

If you do not have cover in HESTA or HESTA Personal Super when you join HESTA Corporate Super, default cover will generally commence on the date:

- your account balance has been \$6,000 or more;
- you are aged 25 or older; and
- you are not inactive,

unless you are exempt from the above requirements because your employer pays the cost of your cover or for another reason. If your cover commences automatically upon meeting the above age and balance requirements, it will be restricted to New Events Cover until you are At Work for 30 consecutive days.

You can choose to start cover before automatic commencement by telling us. See page 13 for details on starting cover before automatic commencement.

See page 23 for a definition of New Events Cover and the At Work requirement.

Transferring membership back to HESTA super

Am I still covered if I cease employment with my HESTA Corporate Super employer?

If you cease to be an employee of your employer, any Death and TPD cover you held will automatically transfer to a HESTA Super account on a fixed cover basis if you are eligible for cover under the HESTA Super policy in the General occupation category.

Cover will be the same amount of cover held immediately prior to ceasing employment with your HESTA Corporate Super employer rounded up to the nearest \$1,000, subject to the maximum cover levels that apply in HESTA Super. Cover will continue in your HESTA Super account where:

- your cover in HESTA Corporate Super did not cease for any reason before you left your employer in HESTA Corporate Super;
- you were not in receipt of or eligible to claim any benefits under the HESTA Corporate Super policies;
- your cover is subject to the same loadings, exclusions and restrictions that applied in HESTA Corporate Super; and
- there is sufficient account balance to pay the first month's insurance fee in HESTA Super.

If your employer paid for your Death and TPD cover in HESTA Corporate Super and you leave your employer before you are age 25 or you have less than \$6,000 in your account, your Death and TPD cover will not transfer automatically.

If this applies to you, you will have 60 days from the date you ceased employment with your HESTA Corporate Super employer to request that your Death and TPD cover continue in HESTA Super.

Where you held IP Cover in HESTA Corporate Super, you have 60 days from the date you ceased employment with your HESTA Corporate Super employer to transfer the IP Cover to HESTA Super before your cover ends. You remain insured for IP Cover during those 60 days.

The following conditions will apply to transferred IP Cover:

- your cover will be in the General Occupation category;
- the waiting period you had in HESTA Corporate Super will continue to apply;
- the Cover Expiry Age will change to age 67; and
- if your Benefit Period in HESTA Corporate Super was:
 - 2 years it will be 2 years in HESTA Super;
 - 5 years it will be 5 years in HESTA Super; or
 - to age 65, it will be to age 67 in HESTA Super.

The sum insured will be the same sum insured you held in HESTA Corporate Super rounded up to the nearest whole unit in HESTA Super.

The cost of any cover transferred from HESTA Corporate Super will be based on the General occupation scale in HESTA Super. If your cover in HESTA Corporate Super exceeds the maximum cover allowable in HESTA Super then your cover will be reduced to the HESTA Super maximum.

Leave Without Pay

Where your employer approves a period of Leave Without Pay (LWOP) for you (including, but not limited to, maternity or paternity leave, study leave, holiday or travel), your cover will continue until the earliest of:

- your agreed return to work date; and
- 24 months.

A formal, written agreement for the LWOP must be made with your employer before you start LWOP (and you must provide proof of this agreement where required), and your insurance fees must continue to be paid. (You should ensure you have a sufficient balance in your super account, and that you have chosen to maintain your cover even if your account becomes inactive).

Where your return to work date changes and is agreed by the employer, cover will continue automatically provided the new return to work date is within 24 months of the commencement date of your LWOP.

Your cover can be extended beyond the 24 month period, as long as you ask us to make a written request to the insurer before your LWOP expires, and the insurer agrees to the extension.

If you die or are Totally and Permanently Disabled during a period of LWOP and your Benefit Design is based on your Salary, your Salary will be determined at the date immediately before you start LWOP. For TPD Cover, the TPD definition used to assess will be that which would have applied to you on the date before you started LWOP.

If you become entitled to an IP benefit during a period of LWOP, your benefit will be based on your Pre-Disability Income at the date immediately before you started LWOP.

Your benefit will commence on the later of the date immediately after the expiry of the IP Cover waiting period and the documented agreed return to work date.

The Total Disability and Partial Disability definition used to assess you will be that which would have applied to you on the date immediately before you started LWOP.

If you do not return to work on the agreed return to work date, cover will cease immediately for IP Cover, and 30 days after that date for Death and TPD Cover. Any subsequent reinstatement of cover will require you to provide a Health Assessment and is subject to acceptance by the insurer.

Overseas cover

You are also covered if you are travelling or holidaying overseas.

If you are seconded overseas and remain employed with your employer, and are:

- an Australian citizen;
- an Australian permanent resident;
- a New Zealand citizen who commenced cover while residing permanently in Australia; or
- otherwise eligible to work in Australia throughout the period of secondment;

then cover will automatically continue for a period of up to five years from the start of your overseas secondment.

You will need to provide information about your whereabouts overseas when requested.

You can extend cover beyond the five years if you ask HESTA to make a written request by 1 July each year to the insurer to extend your cover for the following 12-month period (1 July to 30 June each year), and this is agreed by the insurer. In these circumstances, the insurer may apply a premium loading, cover exclusion and/or restriction to your cover.

All cover remains subject to the continuing payment of insurance fees while you are overseas. You should ensure you have a sufficient balance in your superannuation account, and that you have chosen to maintain your cover even if your account becomes inactive.

However, if you are seconded overseas and remain employed with your employer, but do not retain eligibility to work in Australia, cover will cease from the date you cease to be eligible to work in Australia. Your cover for IP benefits can be restarted without a Health Assessment on the date you return to gainful employment in Australia with the employer, provided:

- you are eligible for cover; and
- your employment with the employer has been continuous throughout your overseas secondment and upon returning to gainful employment with the employer in Australia; and
- cover will be New Events Cover from the date cover is restarted, until you meet the At Work requirement for 30 consecutive days.

Subject to the terms of the policy, if you were seconded overseas but remained employed with the employer on the day the Employer Plan commenced, you will automatically be covered for up to five years from that date.

Changing your cover

I want to add Voluntary Cover or extra cover, how do I apply?

You can apply to increase your insurance cover at any time, by completing the *HESTA Corporate Super Insurance alteration form* available at hesta.com.au/corporatesuper. All changes are subject to acceptance by our insurer.

What changes can I make to my cover?

You can apply for:

- an increase or decrease in your Death Cover or TPD cover sum insured (this will depend on the Benefit Design in your Employer Plan)
- a different IP Cover waiting period (i.e. 90, 60 or 30 days)
- a different IP Cover Benefit Period (2 years, 5 years or to age 65).

What happens when I apply to change my cover?

Your application will be assessed by our insurer.

During their assessment the insurer may ask you for (but not limited to) the following:

- information about your current job and occupation and your previous roles or occupations
- the undertaking of medical tests or exams
- copies of medical tests or exams
- proof of your income.

What if our insurer needs more information?

Our insurer may need more information to assess your application, so we ask you to provide your contact telephone number in the Insurance cover application and a time you'd prefer to be called.

What happens once the insurer makes a decision on my application?

All requests to increase cover (other than via a Voluntary Cover option see page 24) are subject to acceptance by our insurer and may be subject to additional limitations, exclusions and/or insurance fee loadings. If the insurer accepts your application, your extra cover starts from the date the insurer accepts the cover.

If the insurer accepts your application with additional limitations, exclusions and/or insurance fee loadings, your extra cover starts from the date the insurer accepts the cover.

The insurer may decline your application based on your occupation, your health or medical history. If the insurer declines your application, the cover you had before you made the application will remain the same. You can ask that your medical doctor be informed about the reasons for your insurance being declined. You have the right to request the insurer to review their decision and you can provide further evidence to the insurer for consideration.

Before you make changes to cover

Insurance fees will vary depending on the level and type of insurance you have. Increasing your insurance fees will reduce your retirement savings, so it's important to consider this when changing your cover.

You must have enough funds in your account to cover the insurance fees or your cover will stop.

Can I cancel or reduce my cover?

Yes, you can opt out of, cancel or reduce your cover at any time. You can:

- call 1800 813 327, or
- send your written, signed instructions to us, or
- complete and return the *HESTA Corporate Super Insurance alteration form* available at hesta.com.au/corporatesuper

If you opt out, cancel or reduce your cover, this will take effect on the date on which we receive notice.

If you opt out of Default Cover within 60 days of that cover commencing, any insurance fees paid for that cover will be refunded to your account. This does not apply to Voluntary Cover.

If I cancel or reduce my cover can I reapply for it later?

Yes, but you'll need to complete a Health Assessment to be assessed by the insurer. If your occupation or health situation has changed, you're older, or have experienced an event or deterioration in health that may impact your eligibility, the insurer may reject your application or offer restricted cover with additional limitations, exclusions and/or insurance fee loadings. Your benefits may also be different.

Pre-existing conditions

For any cover or increase in cover that you need to make an application for, the cover only extends to pre-existing conditions if you complied with the duty to take reasonable care and made no relevant misrepresentations in the application.

A pre-existing condition is an injury, illness, condition or related symptom:

- that you (or a reasonable person in your position) were aware of or should have been aware of before you received cover or an increase in cover; or
- for which you had, or were intending to have a Medical Consultation (defined below) before you received cover or an increase in cover; or
- for which a reasonable person in your circumstances would have had a Medical Consultation before you received cover or an increase in cover.

Medical Consultation means any activity 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).

Interim Accident Cover during assessment of your application

While your application for insurance cover is being assessed by our insurer, you will be provided with interim accident IP Cover, Death Cover, or Death and TPD Cover, as applicable, for a maximum of 120 days while your application is pending the insurer's decision. This cover commences from the date the insurer receives your fully completed application.

This interim accident cover will apply for the increased amount of cover being applied for, to a maximum of:

- \$15,000 a month of IP Cover; and
- \$2 million for Death Cover, or Death and TPD Cover; as applicable.

The interim accident cover will continue until the earliest of:

- the date our insurer accepts or rejects your application for cover,
- the date you cancel or withdraw your application,
- 120 days from the date the insurer receives your application for cover; and
- the date cover would otherwise have ceased under the relevant policy.

For IP Cover, this benefit will become payable if you become Totally Disabled or Partially Disabled, as a result of Accidental Injury, whilst interim accident cover applies. The maximum Benefit Period will be the benefit period applicable to you.

For Death and TPD Cover, a benefit is payable if you suffer an Accidental Injury resulting in death or Total and Permanent Disablement.

Accidental Injury means a bodily injury caused solely and directly by violent, visible, external and unexpected means that is not traceable, even indirectly, to any pre-existing mental or physical condition.

Where an AAL or Forward Underwriting Limit¹ applies to limit the applied-for cover, the sum insured applied for is the amount of that limit.

¹ This is a level of cover set by the insurer. Following a Health Assessment, the insurer may agree that future increases in the sum insured amount (in line with the Benefit Design) may be provided up to this level without a further Health Assessment.

Exclusions apply, including for sports or pastimes that the insurer would not normally provide cover for at standard rates or terms, and as set out on pages 17, 19 and 21 under 'Exclusions'.

Investment of insurance benefits

Death benefits and TPD benefits received from the insurer will be invested in the HESTA Cash and Term Deposits investment option when received.

If a member becomes entitled to an IP benefit, and under superannuation law the benefit must be directed to their superannuation account and cannot be paid directly, this amount will be invested in accordance with the member's chosen investment option from the date of receipt by HESTA from our insurer.

Changes to the law

The insurer may alter the policy provisions and premium rates with HESTA agreement (which shall not be unreasonably withheld), to take into account any tax or other impost or, if the policy would otherwise become inconsistent with the law, to the extent of such inconsistency.

The provision of cover and payment of benefits under this policy is subject to law, and the insurer is not obliged to provide cover or pay benefits if to do so would be contrary to applicable law, government policy, regulator guidance or regulator requests.

Making a claim

You must inform us and the insurer as soon as possible of any incident giving rise to a potential claim under the policies. In doing so, you agree to the insurer fully investigating and assessing your claim to its satisfaction, to determine whether you meet the requirements for the payment of a benefit under the relevant policy.

You must cooperate with any such investigation including, but not limited to, attending medical practitioners or other independent specialists appointed by the insurer to assess a claim and providing documents or other materials when requested by the insurer.

In respect of any claims that arise whilst you are overseas, the insurer will, wherever possible, use its network of overseas life insurance companies to gather the information necessary to assess claims overseas. However, the insurer may require that you return to Australia (at your own expense) for claims assessment and examination prior to the payment or continued payment of any benefit. The insurer may not pay a benefit where you do not return to Australia.

If a claim arises during a period where no insurance fees have been received for 30 days after the due date, the claim will not be admitted until all insurance fees owing are paid.

If the insurer declines a claim, they will advise you in writing of the reasons, but allow you to provide further evidence to support your claim.

General Exclusions

Some exclusions generally apply to Death, TPD and IP Cover. These general exclusions provide that no benefit will be payable for certain events or circumstances. This means that no benefits are payable under a policy for claims caused wholly or partly, directly or indirectly by:

- active service in the armed forces of any country, territory, foreign or international organization;
- participating in a combat or fighting force of any country, territory or foreign organization;
- engagement in (including planning and preparing for) any act of terrorism in Australia or any foreign country; or
- war or acts of war, whether declared or not.

Please note your cover may also be subject to other exclusions which apply specifically to the type of cover i.e. Death Cover (see page 17), TPD Cover (see page 19) and IP Cover (see page 21) or exclusions that have been applied specifically to your cover.

important information about death cover

Words in capitals are defined at the end of the section.

Terminal Illness benefits and definition

As long as your Death Cover continues, if you become terminally ill you may be entitled to a Terminal Illness benefit.

You're regarded as Terminally Ill when:

- two Medical Practitioners have certified, jointly or separately, that you are suffering from an illness, or have incurred an injury, that is likely to result in your death within a period (the 'certification period') that ends no more than 24 months after the date of the certification; and
- at least one of the Medical Practitioners is a specialist practicing in an area related to the illness or injury you have suffered; and
- for each of the certificates, the certification period has not ended.

Where you are diagnosed with a Terminal Illness, the benefit payable will be the amount of Death Cover you have as at the date you are certified as being Terminally Ill. The date of certification is the later of the dates that two Medical Practitioners certify in writing that you are Terminally Ill.

The maximum amount the insurer will pay is the amount of your Death Cover.

Important information about Terminal Illness and the early release of superannuation benefits

If you have been diagnosed with a terminal medical condition you may be eligible for release of your superannuation benefit. A terminal medical condition exists in relation to a person at a particular time if the following circumstances exist:

- two registered medical practitioners have certified, jointly or separately, that the person suffers from an illness, or has incurred an injury, that is likely to result in the death of the person within a period (the certification period) that ends not more than 24 months after the date of the certification; and
- at least one of the registered medical practitioners is a specialist practising in an area related to the illness or injury suffered by the person; and
- for each of the certificates, the certification period has not ended.

As the requirements for claiming a terminal medical condition have been aligned with the requirements that apply under the insurance policy, you may be able to receive both insurance benefits and access to your superannuation account tax free in circumstances of Terminal Illness.

Nominating your beneficiaries

If you die, all the money in your super account (plus any money paid by our insurer), less any applicable tax, is available for payment to your dependants or your legal personal representative. When we receive formal notification, your accrued account balance (including any paid insurance benefit) will be transferred to the HESTA Cash and Term Deposits investment option until it is paid to your beneficiaries.

Unless you make a valid nomination in the form for binding death benefit nominations, the Trustee of HESTA has the final decision on who will receive your death benefit. In reaching its decision, the Trustee will consider any dependants you nominate as your non-binding beneficiaries.

Binding death benefit nominations

To provide greater certainty about who receives your benefit when you die, you can make a binding death benefit nomination which binds the Trustee of HESTA to pay your death benefit to the person(s) you choose.

The person(s) nominated must be any one or more of the following dependants:

- a spouse (legal or de facto)
- child (including step-children or adopted)
- financial dependant
- interdependency relationship
- your legal personal representative, which means the executor or administrator of your Estate.

If a nominated beneficiary is no longer valid at the time of your death, your nomination will become a non-binding nomination and the Trustee will ultimately determine to whom the benefit is paid, after taking into consideration your nominated beneficiaries and other relevant information.

To make a binding death nomination you must complete a *Binding death benefit nomination* form available at hesta.com.au/bindingnom

We will advise in writing if your binding death benefit nomination has been accepted. A binding death benefit nomination is valid for three years.

Interdependency

An interdependency relationship is defined as a close personal relationship between two people who live together, where one or each provides the other with financial support, and one or each provides the other with domestic support and personal care.

The definition also includes a person with a physical, intellectual or psychiatric disability who may live in an institution, but is still interdependent with the deceased on the other criteria. It also may include people who were temporarily living apart.

Government regulations require that trustees take into account the following criteria when assessing whether a close personal relationship existed between two persons, which could be considered as an interdependent relationship:

- a) All of the circumstances of the relationship between the people, including (where relevant):
 - i) the duration of the relationship; and
 - ii) whether or not a sexual relationship exists; and
 - iii) the ownership, use and acquisition of property; and
 - iv) the degree of mutual commitment to a shared life; and
 - v) the care and support of children; and
 - vi) the reputation and public aspects of the relationship; and
 - vii) the degree of emotional support; and
 - viii) the extent to which the relationship is one of mere convenience; and
 - ix) any evidence suggesting that the parties intend the relationship to be permanent.
- b) The existence of a statutory declaration signed by one of the people to the effect that the person is, or (in the case of a statutory declaration made after the end of the relationship) was, in an interdependency relationship with the other person.

Death and TPD Cover if you're receiving IP payments

If you're receiving IP payments, you can retain your Death and TPD Cover by maintaining your HESTA Corporate Super membership and enough money in your account to cover your insurance fees.

Other important Death Cover definitions

Medical Practitioner

Means a medical practitioner who is suitably qualified and fully registered without any restrictions and practising as a medical practitioner in Australia other than:

- you,
- your immediate or extended family member,
- your manager, employee or colleague, or
- your business partner or associate sharing a vested business interest.

A registered medical practitioner is a qualified medical practitioner who holds a Bachelor of Medicine, Bachelor of Surgery (MBBS) or a recognised equivalent.

The insurer in its absolute discretion, may accept a similarly qualified person who is registered and practising as a medical practitioner in another country, and who has a formal qualification that is generally equivalent to that required to practise in Australia. The insurer reserves the right to seek an independent opinion from a qualified registered medical practitioner in Australia to review such overseas medical evidence.

important information about TPD cover

Words in capitals are defined at the end of the section.

TPD Definition

If you have TPD Cover you will be paid a TPD benefit if you satisfy the Total and Permanent Disablement definition.

You will be Totally and Permanently Disabled if, in our insurer's opinion:

- a) Your Date of Disablement occurs while you have cover under the policy; and
- b) You are attending and following the advice of a Medical Practitioner and have undergone all reasonable and usual treatment for your condition; and
- c) you suffer from an injury or illness and as a result of that injury or illness:
 - i) from the Date of Disablement you are totally unable to engage in any occupation, business, profession or employment for an uninterrupted period throughout the Waiting Period due to the same illness or injury; and
 - ii) the insurer determines at the end of the Waiting Period that you are permanently incapacitated to such an extent as to render you unlikely ever to engage in any gainful occupation, business, profession or employment, for which you are reasonably suited by education, training or experience.

If you are Totally and Permanently Disabled from a TPD Medical Condition, the Waiting Period will be waived.

Additional information on TPD limitations

TPD Cover cannot be taken out without Death Cover

TPD Cover must be combined with Death Cover. TPD Cover cannot be obtained as a stand-alone cover, or combined on its own with IP Cover. Only TPD and Death Cover or Death Cover, TPD Cover and IP Cover can be combined.

TPD cover cannot exceed Death Cover.

Other important TPD definitions

Date of Disablement means the later of:

- a) the date certified by a Medical Practitioner as the date on which you are Totally and Permanently Disabled from an illness or injury that is the principal cause of Total and Permanent Disablement for which a claim is made; and
- b) the date you cease all work solely as a result of illness or injury.

Medical Practitioner means a medical practitioner who is suitably qualified and fully registered without any restrictions and practising as a medical practitioner in Australia other than:

- you;
- your immediate or extended family member,
- your manager, employee or colleague, or
- your business partner or associate sharing a vested business interest.

A registered medical practitioner is a qualified medical practitioner who holds a Bachelor of Medicine, Bachelor of Surgery (MBBS) or a recognised equivalent.

The insurer in its absolute discretion, may accept a similarly qualified person who is registered and practising as a medical practitioner in another country, and who has a formal qualification that is generally equivalent to that required to practise in Australia. The insurer reserves the right to seek an independent opinion from a qualified registered medical practitioner in Australia to review such overseas medical evidence.

TPD Medical Condition means you have been certified by a Medical Practitioner (specialising in the relevant field) as having:

- *Blindness*
- *Cardiomyopathy*
- *Chronic Lung Disease*
- *Dementia and Alzheimer's Disease*
- *Diplegia*
- *Hemiplegia*
- *Loss of Speech*
- *Loss of Hearing*
- *Major Head Trauma*
- *Motor Neurone Disease*
- *Multiple Sclerosis*
- *Muscular Dystrophy*
- *Paraplegia*
- *Parkinson's Disease*
- *Primary Pulmonary Hypertension*
- *Quadriplegia*
- *Severe Rheumatoid Arthritis*
- *Tetraplegia*

These TPD Medical Conditions are defined in Schedule 2 of the HESTA Corporate Super Group Life Insurance Policy No. MP 8373.

TPD Waiting Period means three consecutive months unless:

- otherwise agreed in the employer's benefit design; or
- a TPD Medical Condition applies, in which case the TPD Waiting Period may be waived at the insurer's discretion.

important information about IP cover

Words in capitals are defined at the end of the section.

Qualifying for IP benefits

You need to meet the following policy definitions of 'total disability' and/or 'partial disability' to qualify to receive IP benefits:

Total Disability/Totally disabled

You will be totally disabled if you satisfy the Total Disability Definition as described below.

Total Disability Definition (under IP Cover)

- For IP Cover with up to a two or up to five year Benefit Period: You are totally disabled if disablement occurs while the policy is in force, resulting from injury or illness and as a result, you:
 - cease to be Gainfully Employed;
 - are unable to perform at least one Important Duty of your usual occupation, which is necessary to producing Income;
 - remain under the regular care and attendance and are following the advice of a Medical Practitioner in relation to that injury or illness, including following all recommended courses of treatment; and
 - are not engaged in any occupation, whether paid or unpaid.
- For IP Cover with a 'to age 65' Benefit Period: total disability means:
 - for the first two years of the Benefit Period - you are totally disabled if disablement occurs while the policy is in force, resulting from injury or illness, and as a result you:
 - cease to be Gainfully Employed;
 - are unable to perform at least one Important Duty of your usual occupation necessary to producing Income;
 - remain under the regular care and attendance and are following the advice of your treating Medical Practitioner in relation to that injury or illness, including following all recommended courses of treatment; and
 - are not engaged in any occupation, whether paid or unpaid; and
 - after the expiry of two years of the Benefit Period - in the opinion of the insurer (after considering medical evidence), you are disabled by ill-health to such an extent that you are unlikely ever to be capable of engaging in your usual occupation (having regard to the general nature of your occupation).
- You will be deemed to have ceased to be Gainfully Employed due to an illness or injury if, within 60 days after you cease to be employed by your employer, you became incapable of performing at least one Important Duty of your last occupation due to that injury or illness.

Partial Disability (under IP Cover)

Partial disability means that due to injury or illness, you:

- are unable to perform at least one Important Duty of your usual occupation but you have returned to work in your usual or an alternative occupation;
- are earning an Income from your usual or alternative occupation which is less than your Pre-Disability Income; and
- remain under the regular care and attendance of a Medical Practitioner and are following the advice of that Medical Practitioner in relation to that injury or illness, including following all recommended courses of treatment.

Important Duty means a duty that involves 20% or more of your overall occupational task (this applies to both Total Disability and Partial Disability definitions).

Other requirements for Total Disability benefits

A monthly Total Disability benefit in accordance with your employer's chosen Benefit Design (of up to 75% of Pre-Disability Income and an optional Superannuation Contribution Benefit) may be payable in arrears, if you:

- are totally disabled for at least 7 out of 12 consecutive days at the commencement of the Waiting Period;
- remain totally or partially disabled for the balance of the Waiting Period; and
- continue to be totally disabled after the expiry of the Waiting Period or, after receiving a Partial Disability benefit, you are totally disabled immediately after ceasing to be partially disabled for the same or related condition.

How is my Sum Insured calculated?

If your employer has chosen to provide IP Cover through its Employer Plan, the Benefit Design for each employee category will be a monthly benefit of 75% of an employee's Income as reported to us by your employer. Refer to your *Member plan schedule* for more information about your Sum Insured and insurance fees. If your claim is approved the monthly benefit you receive will be based on your Pre-Disability Income. 'See Payment of IP benefits - how much will I receive?' for more information.

The Sum Insured is the monthly amount of insured benefit (including the Superannuation Contribution Benefit) calculated in accordance with the Benefit Design (see page 12), Voluntary Cover (see page 14) or cover transferred from HESTA Super or HESTA Personal Super (see page 25).

Requirements for Partial Disability

You may qualify for a Partial Disability benefit if you have been totally and temporarily disabled due to illness or injury, but can then resume partial duties on a reduced income. This benefit may be payable if you are:

- Totally Disabled for at least 7 out of 12 consecutive days during the Waiting Period; and
- remain Disabled (i.e. Totally Disabled or Partially Disabled) for the balance of the Waiting Period; and
- return to work in a reduced capacity and are Partially Disabled after the expiry of the Waiting Period or after receiving a Total Disability benefit for the same or a related condition.

Determining benefits for Partial Disability

The calculation used in determining the partial disability benefit payable is as follows:

$$\frac{A - B}{A} \times \text{monthly benefit (sum insured)}$$

A is your *monthly equivalent* of Pre-Disability Income

B is monthly income earned during the period of Partial Disability. (If you take annual leave or long service leave during this time, the income you would have earned had you not taken such leave will be included).

Payment of IP benefits - how much will I receive?

No payment is applicable for the Waiting Period. At the end of the Waiting Period, IP benefits are payable monthly in arrears once your claim has been accepted. For a part month, the insurer will pay 1/30th of the monthly benefit for each day you are entitled to be paid.

The maximum period over which you are paid is the Benefit Period chosen by your employer as part of the IP Cover Benefit Design (2 years, 5 years or to age 65).

If you are a Casual Employee or Contractor who is employed on a minimum contract period of 12 months or less, your Benefit Period will be limited to two years and your Pre-Disability Income from the employer will be measured over the three months immediately prior to your date of disability.

Once payment of your IP benefits begin, where the Benefit Period is up to five years or to age 65, your benefits will be adjusted by the lesser of 5% or the percentage increase in the Consumer Price Index (CPI) at the end of each continuous 12 month period, so as to protect your payments from the effects of inflation.

No insurance fees for IP Cover are deducted from your super account while Total Disability benefits are payable.

If your employer has chosen to include an additional Superannuation Contribution Benefit, this will pay up to an additional 12% of Pre-Disability Income as a superannuation contribution to a complying superannuation fund (subject to the monthly maximum superannuation contributions base).

Your monthly IP benefit and any additional Superannuation Contribution Benefit, together, cannot exceed the Maximum Benefit payable under the HESTA Corporate Super income protection policy, which is \$30,000 per month. Your sum insured and Automatic Acceptance Limit will also apply to cap the default IP benefit.

IP benefit payments attract PAYG withholding tax, the same as salary and wages. PAYG withholding tax will be deducted from the benefit payment before it is paid and forwarded to the Australian Taxation Office. If you receive IP benefit payments you will be asked to provide your Tax File Number (TFN) to HESTA. If you don't provide your TFN, tax will be deducted at the highest PAYG withholding tax rate. If your employer includes an additional Superannuation Contribution Benefit, that portion will be paid into your super account with HESTA and will count towards your before-tax contribution cap.

Reduction in IP payments (Income Offsets)

The monthly IP benefit which you might receive will be reduced by 'Other Disability Income'.

'Other Disability Income' includes any income or benefits payable to you even if they are paid in the form of a lump-sum and they cover compensation for future earnings and economic losses.

This would include payments for injury or illness such as workers compensation, motor accident, common law damages, other income protection policy payments, paid sick leave (in certain circumstances) and any settlement amounts.

Where a payment is made to you in the form of lump-sum it will be spread over a period of 60 monthly amounts when a benefit reduction is calculated.

You must provide the insurer with a breakdown of the lump-sum including the portion of the lump-sum relating to loss of income, future earnings or any other economic loss, the amount claimed in respect of each type of loss and any other information the insurer reasonably requires. The insurer will only reduce your payment by the portion of the lump-sum relating to loss of income, future earnings or any other economic loss for the same period.

Payments from Centrelink, annual leave, and long service leave entitlements are not treated as 'Other Disability Income'. Sick leave is also not considered to be an offset except where an employer provides unlimited sick leave as part of their employment arrangement. Any benefits paid for total and permanent disability under any insurance policy do not affect benefits under this policy.

Waiting period

Your employer can select a 30, 60 or 90 day Waiting Period as part of its IP Cover Benefit Design. The Waiting Period commences

the later of the following:

- the date you are first examined and certified by a Medical Practitioner (refer to page 39 for this definition) as being Totally Disabled in relation to an injury or illness that gave rise to the claim; and
- the date you ceased work due to that injury or illness.

If you consult a Medical Practitioner within seven days of ceasing work due to the injury or illness, the Waiting Period will commence from the date you ceased work.

The Waiting Period is the number of consecutive days you must be Totally Disabled or Partially Disabled (subject to a minimum 7 out of 12 consecutive days of Total Disability in the Waiting Period), before your IP benefits begin to accrue.

Benefits are payable after the Waiting Period which applies to your cover and are paid monthly in arrears. When you lodge your claim, you are required to provide evidence showing your entitlement to benefits

Returning to work during the waiting period

If you return to work during the Waiting Period, the Waiting Period may start again. However, if the return to work only happens once, and you perform your usual duties and hours for no more than five consecutive days, only the number of days you have worked will be added to the Waiting Period.

Recurrent claims

If, after receiving your IP benefit (or where you would have been entitled to receive an IP payment if it was not offset by other payments) you make a full return to work and suffer a recurrence of the disability (due to the same or related cause) within six months of returning to work, there may be no waiting period on a resulting claim. As long as your cover remains current and the recurrence results in you being totally or partially disabled again you will satisfy this requirement. The insurer will treat this as a continuation of the original claim and add both periods of disability (and any subsequent periods) together to determine when the benefit payment period ends.

Concurrent claims

Our insurer will only pay benefits in respect of one disability at a time.

A member receiving an IP benefit may lodge a claim for an unrelated injury or illness, but benefits will only be paid for one claim at a time.

Rehabilitation programs

Where you attend an insurer approved rehabilitation program which incorporates a return to work plan, the insurer will pay the cost of that program directly to the program provider.

Such programs are designed to rehabilitate you to enable you to return to your pre-disablement occupation or where this is not appropriate, retrain you for another occupation.

The insurer will not make a payment where this would cause the insurer to infringe any health insurance or similar legislation.

Ongoing assessment

All members in receipt of IP benefits are required to be under the continuous care and following the treatment recommended by a Medical Practitioner.

Our insurer will require periodic medical assessment and the completion of regular medical reports in order to maintain ongoing benefits for Total and Temporary (or Partial) Disability benefits as applicable.

When do IP benefit payments cease?

IP benefits are only payable until the first to occur of:

- the date you turn age 65;
- your death;
- the date you are no longer Totally or Partially Disabled;
- the date your Benefit Period ends;
- where you are seconded overseas and remain employed with your employer, the date you are no longer eligible to work in Australia; or
- if you have a Benefit Period to age 65, in respect of Partial Disability benefits only: when Disability benefits (i.e. the total of Partial Disability and Total Disability benefits) have been paid for 24 months in aggregate.

Overseas cover while in receipt of IP benefits

If, after payment of your IP benefit begins, you travel or live overseas, benefits will only be paid for a maximum of six months. If you permanently re-locate overseas, benefit payments will cease from the date you permanently depart Australia.

Further, payment of such benefits will only continue as long as the insurer can continue to obtain the evidence provided in the form and at the times the insurer reasonably requires, to verify your entitlement to the IP benefits.

While the insurer will, wherever possible, use its overseas network to gather the information necessary to assess claims overseas, the insurer may require that you return to Australia (at your own expense) for claims assessment and examination before payment or continued payment of any benefit. The insurer may not pay a benefit where you do not return to Australia in these circumstances.

Ceasing employment

Generally, you will not be eligible to claim a total disability or partial disability benefit where the disability occurs after you have ceased employment with your employer.

However, you will remain covered for total disability and partial disability where, within 60 days after you ceased employment with your employer, you became incapable of performing at least one Important Duty of your last occupation due to illness or injury, and fulfil the other relevant criteria of these definitions.

Other important IP definitions

Gainful Employment or Gainfully Employed

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

Sum Insured

The monthly amount of insured benefit (including the Superannuation Contribution Benefit) as calculated in accordance with the Benefit Design, or Voluntary Cover as agreed with the Insurer.

Important Duty

Means a duty that involves 20% or more of the insured member's overall occupational tasks.

Medical Practitioner

Means a medical practitioner who is suitably qualified and fully registered without any restrictions and practising as a medical practitioner in Australia other than:

- a) you,
- b) your immediate or extended family member,
- c) your manager, employee or colleague, or
- d) your business partner or associate sharing a vested business interest.

A registered medical practitioner is a qualified medical practitioner who holds a Bachelor of Medicine, Bachelor of Surgery (MBBS) or a recognised equivalent.

The insurer in its absolute discretion, may accept a similarly qualified person who is registered and practising as a medical practitioner in another country, and who has a formal qualification that is generally equivalent to that required to practise in Australia. The insurer reserves the right to seek an independent opinion from a qualified registered medical practitioner in Australia to review such overseas medical evidence.

Pre-Disability Income means:

- the gross monthly Income you earned immediately before becoming disabled; or
- if you are a Casual Employee or Contractor with a minimum contract period of 12 months or less, the average gross monthly Income you earned in the three months immediately before becoming disabled subject to the leave without pay conditions (refer to page 26 for information about the leave without pay conditions).

Income means:

The pre-tax remuneration package paid by the employer to you, including base Salary and fees, regular bonuses, regular overtime earnings and regular commissions (but excluding mandated superannuation contributions, allowances, irregular bonuses, irregular overtime earnings and irregular commissions and unearned income such as investment or interest earnings).

Regular bonuses, regular overtime earnings and regular commissions you receive from the employer will be calculated based on the average of the last three years' (or where you have been employed for less than three years, averaged over your period of employment) regular bonuses, regular overtime earnings and regular commissions received by you from the Employer.



your duty when applying for cover and privacy information

Your duty to take reasonable care

HESTA has taken out contracts of insurance with an insurer to provide the insurance benefits in the fund.

On becoming an insured member, you are bound by the terms and conditions of this contract of insurance. When applying for insurance, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

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

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

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

We will ask questions we need 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 give us in response to our questions is vital to our decision.

If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. There are different actions the insurer can take as set out in the *Insurance Contracts Act 1984 (Cth)*. These are intended to put them in the position they would have been in if the duty had been met.

These actions include your cover being avoided (treated as if it never existed) or changing its terms. Not meeting your legal duty may also result in a claim being declined or a benefit being reduced.

Please note there may be circumstances where they later investigate whether the information you gave them was true, for example, when a claim is made.

Before the insurer takes any of these actions, they will explain their reasons and what you can do if you disagree.

Guidance for answering the insurers questions

You are responsible for the information provided to the insurer. When answering their questions, please:

- Think carefully about each question before you answer. If you're unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you're unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

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

If you need help

It's important you understand this information and the questions we ask you. Ask us or a person you trust, such as your adviser, for help if you have difficulty understanding the process of applying for insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

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

Privacy information

AIA respects your privacy. AIA's handling and exchange of your personal and sensitive information is outlined in the AIA Australia Group Privacy Policy available at aia.com.au or on 1800 333 613.

HESTA Privacy Officer

Locked Bag 35007 Collins St West VIC 8007
1800 813 327

hesta.com.au/privacy



**need
a little
help?**

**With the right guidance,
managing your super can be
straightforward.**

Our help and advice service is here to give you guidance. Our Superannuation Specialists can help make super relevant and show you some hassle-free ways to boost your super and protect your future.

Getting the right advice, starts with you

Of course, getting the right advice starts with understanding what you want and which option fits in best with your life. In addition to advice, we also provide a variety of help options – from the convenience of online help, right through to workplace help sessions. All you need to do is choose the options that work best for you.

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Help



On demand interactive videos – 24/7

- contributions
- Income streams
- financial help and advice
- Age Pension
- investments
- retirement
- combining super
- insurance.

Get your super questions answered.

Advice



Retirement hub

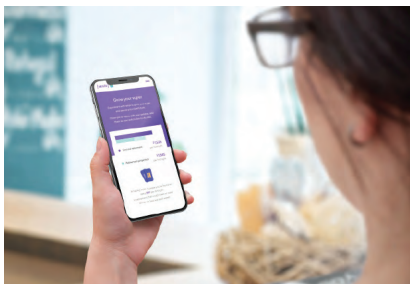
- what does retirement advice include and cost?
- get help applying for the Age Pension
- estate planning services
- make a time to talk to a team member
- what our members say about advice from HESTA

hesta.com.au/retirement-hub



Retirement planning information sessions – demystify retirement

- boosting your super before retirement
- transition to retirement
- stretching your super further
- creating a comfortable retirement
- super and the Age Pension.



Future Planner¹

- lifestyle planning for retirement
- calculate what your retirement income could be, including Age Pension
- model changes to your investments, contributions or retirement age on your projected retirement income.

Explore how you can make the most of your super and your future.



One-on-one advice

- review your investment options
- lump-sum contribution advice
- determine the most tax-effective way to make additional contributions to your super
- determine the adequacy of your income in retirement
- consider your insurance needs.



Personal retirement advice – get the most out of your retirement

- setting your retirement goals
- super and the Age Pension
- maintaining your super and insurance when you start accessing your super
- help with creating a personalised transition to retirement strategy through superannuation
- fees may apply.

¹ Not available to HESTA Income Stream members

contact us

hesta@hesta.com.au | 1800 813 327 |

Locked Bag 35007 Collins St West VIC 8007 | hesta.com.au |



Super with impact

hesta.com.au