Insurance options
to protect you and your family

1 October 2019

The information in this document forms part of the following product disclosure statements:
• HESTA product disclosure statement issued 1 October 2019
• HESTA personal super product disclosure statement issued 1 October 2019
what’s inside?

Welcome to HESTA 3
Help at your fingertips 4
Insurance through HESTA 5
Income Protection (IP) Cover 11
Death Cover 16
Lump-sum TPD Cover 20

Other things you should know
- Important information about insurance through HESTA 26
- Important information about IP Cover 32
- Important information about Death Cover 38
- Important information about Lump-sum TPD Cover 40
- Insurer’s disclosure and privacy information 45

HESTA education and advice – how can we help? 46

Low-cost standard insurance from the moment you become an eligible HESTA member

24/7 account access
MySuper authorised default option
strength in numbers
income protection all the way to age 67
a truly national fund

contact us
hesta@hesta.com.au | 1800 813 327 | Locked Bag 5136, Parramatta NSW 2124 | hesta.com.au

Product ratings are only one factor to be considered when making a decision. See hesta.com.au/ratings for more information.
welcome to HESTA

HESTA is the largest fund in Australia dedicated to health and community services.
As a HESTA member, you can access low-cost, flexible insurance cover through your super. This guide provides important information about insurance cover through HESTA, including fees, benefits, limitations and exclusions. It also provides information on the full suite of insurance options available to you and how you can apply for different levels of cover.

Strength in numbers
HESTA has more than 840,000 members and $51 billion in assets, and is the largest industry super fund dedicated to health and community services. Our size means we can keep fees low and provide education and advice to members about their super – at no extra cost. Find out more at hesta.com.au

Strong long term investment performance
Since its inception in 1987, our default investment option – Core Pool – has delivered well above its target return over the long term.* Visit hesta.com.au/returns for information on the current and historical performance of all HESTA investment options.

A truly national fund
Our team of Client Relationship Managers, Member Education Managers, Superannuation Advisers and Financial Planners supports HESTA members and employers throughout Australia. Find out more at hesta.com.au/service

24/7 access to your account
Update and check your HESTA account online 24/7. Log in or register for online access today at hesta.com.au/login

Added extras

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

HESTA AWARDS

*Past performance is not a reliable indicator of future performance
A quick guide to help you on your insurance path

<table>
<thead>
<tr>
<th>I want to…</th>
<th>Online – insurance portal tab</th>
<th>Call us</th>
<th>Paper form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase my standard cover for death and/or IP cover to 6 units within 6 months of joining (HESTA super members under 55 years)</td>
<td>✔</td>
<td>✔</td>
<td>Increase your standard cover on joining form</td>
</tr>
<tr>
<td>Apply for insurance cover</td>
<td>✔</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Increase my cover</td>
<td>✔</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Convert my death cover and lump sum TPD cover (if any) from units to fixed cover</td>
<td>✔</td>
<td>—</td>
<td>Insurance alteration form</td>
</tr>
<tr>
<td>Convert my death cover and lump sum TPD cover (if any) from fixed cover to units</td>
<td>✔</td>
<td>—</td>
<td>Insurance alteration form</td>
</tr>
<tr>
<td>Apply to change my occupational classification to management</td>
<td>✔</td>
<td>—</td>
<td>Insurance alteration form</td>
</tr>
<tr>
<td>Transfer insurance cover from another fund</td>
<td>✗</td>
<td>—</td>
<td>Insurance transfer form</td>
</tr>
<tr>
<td>Apply for fee free insurance cover while on parental leave</td>
<td>✗</td>
<td>—</td>
<td>Ask your employer to complete the notification of parental leave form</td>
</tr>
<tr>
<td>Remove New Events Cover restriction within 6 months of joining (HESTA Personal Super members under 55 years)</td>
<td>✔</td>
<td>—</td>
<td>Removing new events cover restriction on joining form</td>
</tr>
<tr>
<td>Remove New Events Cover restriction (members over 55 years on joining)</td>
<td>✔</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Reduce my cover</td>
<td>✔</td>
<td>✔</td>
<td>Insurance alteration form</td>
</tr>
<tr>
<td>Cancel my cover</td>
<td>✔</td>
<td>✔</td>
<td>Insurance alteration form</td>
</tr>
<tr>
<td>Supported worker – insurance alterations</td>
<td>✗</td>
<td>✔</td>
<td>Supported workers insurance alterations form</td>
</tr>
<tr>
<td>Change my nominated beneficiaries</td>
<td>✔</td>
<td>—</td>
<td>Change of member details form</td>
</tr>
<tr>
<td>Make or change a binding death benefit nomination</td>
<td>✗</td>
<td>—</td>
<td>Binding death benefit nomination form</td>
</tr>
</tbody>
</table>

☐ Call us on 1800 813 327

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

✉️ Find and complete a paper form available at – hesta.com.au/forms
insurance through HESTA

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

Is insurance through HESTA right for me?

▶ Do you want a flexible insurance option you can tailor to suit your needs? □ yes □ no
▶ Are you looking for low-cost, flexible insurance cover you won’t have to pay for from your weekly budget? □ yes □ no
▶ Do you want death, temporary disability cover or total and permanent disablement cover 24/7 for injury and ill health, not just when you’re at work? □ yes □ no
▶ Thinking of starting a family and need cover that continues during parental leave? □ yes □ no

If you answered ‘yes’ to any of the above questions, insurance through HESTA may suit your needs. Read on to find out more about the low-cost convenient options available to you as a HESTA member.

Check your cover

Find out what existing cover you may have by either:
• logging into your online account at hesta.com.au/login
• checking your Annual statement
• calling 1800 813 327

HESTA members and HESTA Personal Super members

In this guide ‘HESTA members’ refers to members who join through the HESTA product disclosure statement issued 1 October 2019 (HESTA super), or who joined as ‘HESTA members’ before 1 October 2019.

In this guide ‘HESTA Personal Super members’ refers to members who join through the HESTA Personal Super product disclosure statement issued 1 October 2019 (HESTA Personal Super), or who joined as ‘HESTA Personal Super members’ before 1 October 2019.
Insurance through HESTA helps protect you and your family

Cover 24 hours a day, seven days a week
Insurance through HESTA provides cover for injury, illness or death anytime, anywhere (subject to eligibility).

You’re covered for longer
Standard Income Protection (IP) Cover right up to the Age Pension age of 67.
Standard Death Cover until age 75.
Lump-sum Total and Permanent Disablement (TPD) Cover to age 70, subject to approval by the insurer.
Your cover continues throughout your HESTA membership unless you cancel it, or become inactive. Cover may not apply to you in all circumstances (see later sections of this guide for details).

It’s convenient
Insurance fees are automatically deducted from your HESTA super or HESTA Personal Super account every month, so you don’t have to remember to renew your insurance every year.

It’s low cost
HESTA buys its insurance in bulk and we pass on any insurance tax savings we’re eligible to receive straight back to our members, meaning insurance through us is generally cheaper than insuring individually.

It’s flexible
You can tailor your type and level of cover to suit your changing needs.

Cover during approved parental leave
We won’t charge insurance fees for your insurance cover while you take up to 12 months of approved parental leave while working for an employer. See page 30 for terms and conditions.
available cover through HESTA

Income Protection Cover
Income Protection Cover (IP) provides a monthly benefit to assist you and your family in meeting ongoing living expenses, in the event you are sick or injured and cannot work.
See pages 12-15 for more information on IP Cover.

Death Cover
Death Cover provides a lump-sum benefit to help with ongoing expenses and one-off costs your family may face in the event of your death or in some cases, terminal illness.
See pages 17-19 for more information on Death Cover.

Comparing your insurance options

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Income Protection Cover</th>
<th>Death Cover</th>
<th>Lump-sum TPD Cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low cost</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cover for death (including terminal illness)</td>
<td>-</td>
<td>✓</td>
<td>-</td>
</tr>
<tr>
<td>Cover for partial disability</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cover for total and temporary disability</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cover for total and permanent disability</td>
<td>✓</td>
<td>-</td>
<td>✓</td>
</tr>
<tr>
<td>Unitised cover</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Fixed cover option</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Monthly benefit</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lump-sum benefit</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Lump-sum Permanent Incapacity Support Benefit</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Option to reduce waiting periods and change the benefit period</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Insurance cover is provided in units unless you choose fixed cover. Each unit provides a set benefit amount for an insurance fee which is calculated weekly and deducted monthly from your HESTA super or HESTA Personal Super account. Benefit amounts and insurance fees may vary depending on your age and income.

For Death Cover and Lump-sum TPD Cover, you can apply to fix your benefit amount. This is subject to agreement by the insurer. Fixed cover means your insurance fees will generally increase as you age while your sum insured will typically remain the same. As insurance fees increase as you age, the cost of cover would be expected to be greater than if you select unitised cover, where the sum insured will tend to decrease as you age.

You can also apply for extra units of cover, up to the maximum limits listed below. Total insurance fees per week for two units of standard cover varies with your age. Please see the table below:

<table>
<thead>
<tr>
<th>Age at last birthday</th>
<th>Gross Income Protection insurance fee per week $ (2 units)</th>
<th>Gross Death Cover insurance fee per week $ (2 units)</th>
<th>Total gross insurance fee per week $</th>
<th>Estimated net insurance fee per week $</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>0.44</td>
<td>0.32</td>
<td>0.76</td>
<td>0.65</td>
</tr>
<tr>
<td>25-34</td>
<td>1.14</td>
<td>0.94</td>
<td>2.08</td>
<td>1.77</td>
</tr>
<tr>
<td>35-44</td>
<td>3.30</td>
<td>2.36</td>
<td>5.66</td>
<td>4.81</td>
</tr>
<tr>
<td>45-54</td>
<td>5.38</td>
<td>2.68</td>
<td>8.06</td>
<td>6.85</td>
</tr>
<tr>
<td>55-64</td>
<td>6.42</td>
<td>2.60</td>
<td>9.02</td>
<td>7.67</td>
</tr>
<tr>
<td>65-66</td>
<td>0.78</td>
<td>1.36</td>
<td>2.14</td>
<td>1.82</td>
</tr>
<tr>
<td>67-74</td>
<td>N/A</td>
<td>1.36</td>
<td>1.36</td>
<td>1.16</td>
</tr>
</tbody>
</table>

# Weekly insurance fee for two units of standard Death and IP Cover. IP Cover ceases at age 67. Fees shown are for the standard occupational insurance fee scale.

* Amounts have been rounded to the nearest cent for disclosure only.

### Cover available

<table>
<thead>
<tr>
<th>Cover Type</th>
<th>Gross lump-sum TPD Cover insurance fee per week per unit</th>
<th>Estimated net lump-sum TPD Cover insurance fee per week per unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional Lump-sum TPD Cover</td>
<td>$1.56</td>
<td>$1.33</td>
</tr>
</tbody>
</table>

* Amounts have been rounded to the nearest cent for disclosure only. Fees shown are for the standard occupational insurance fee scale.

Gross and net insurance fees

As you read through this guide you’ll notice we quote both the gross and net 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 is able to claim a tax deduction for the cost of providing insurance, which we pass on to members, resulting in a lower net insurance fee.
This is the cover you receive automatically if you don’t make an alternative insurance choice when you first join HESTA.

Standard cover includes two units of IP Cover and two units of Death Cover. IP Cover for this option is cover and benefits available to age 67 after a 90-day waiting period. Standard cover for members may provide New Events Cover only in some circumstances. (See below to understand what New Events Cover means.)

<table>
<thead>
<tr>
<th>Cover</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP</td>
<td>2</td>
</tr>
<tr>
<td>Death</td>
<td>2</td>
</tr>
</tbody>
</table>

Standard extra cover available when you first join HESTA (through your employer)

<table>
<thead>
<tr>
<th>Cover</th>
<th>Units (including standard cover)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP</td>
<td>Up to 6</td>
</tr>
<tr>
<td>Death</td>
<td>Up to 6</td>
</tr>
</tbody>
</table>

Under age 55

If you are under age 55, within six months of joining HESTA complete the Short Personal Health Statement (Section 6B) in the New HESTA member application form (contained in the HESTA PDS) to apply for up to four additional units of IP Cover to age 67 with a 90-day waiting period and/or Death Cover. This allows a total of up to 6 units including standard cover. This cover is subject to approval by the insurer.

Aged 55 and over

If you are aged 55 and over, complete the Insurance cover application through hesta.com.au/login to apply for standard extra cover.

Note: HESTA Personal Super members are not eligible for this standard extra cover on joining but can apply for standard extra cover by completing the insurance cover application online at hesta.com.au/login at any time. This is subject to approval by the insurer.

New Events Cover

New Events Cover means the member is only covered for claims arising from a sickness which first becomes apparent or an injury which first occurs on or after the date cover last commenced, or was reinstated in respect of the member.

Management occupation classification

When joining, HESTA members and HESTA Personal Super members automatically receive cover at the standard occupational insurance fee scale. If a member is eligible, they can apply to pay for cover at a rate which better reflects their occupational profile.

The change in insurance fees will take effect from the date their application is approved and is subject to the same terms and conditions applying to their standard or standard extra cover.

Where a member changes their occupational scale to management their cover is known as management or management extra cover.

The following criteria applies for the management insurance fee occupational scale:

a) the member is engaged in a white collar occupation and is earning at least $100,000 per annum including fringe benefits* (pro rata for part time); and

b) the duties of the member’s occupation are limited to professional or managerial duties (at least 80% within an office environment), and

c) the member meets one of the following:

- holds a degree which is necessary for performing my occupation, or
- is a member of a professional or government institute or body which is necessary for performing my occupation, or
- has 10 years of service in a senior management or executive role.

Please note, AIA Australia (the Insurer) has approved a set number of professional institutes or bodies. If you don’t hold a degree or work in a management position and are unsure if you qualify, contact AIA Australia on 1800 043 782 or for further information please read Insurance cover for management available at hesta.com.au/forms

Changing your cover

New and existing members can apply for any mix of IP Cover, Death Cover or Lump-sum TPD Cover (up to the maximum cover shown in the table on page 8) at any time by completing the Insurance cover application online at hesta.com.au/login. This cover is subject to the approval of the insurer.

The term ‘standard extra cover’ refers to any variation to standard cover. This may be cover greater than standard cover, and for IP Cover also refers to cover that has a benefit payment period other than to age 67 or a waiting period other than 90 days. Standard extra cover starts from when your application is approved by the insurer.

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 HESTA super or HESTA Personal Super account to cover the insurance fees or your cover will stop. In some circumstances you may need to top up your account in advance.

*This amount can include fringe benefits, but excludes any superannuation guarantee contributions by your employer.

*For example, if the member works three days per week and earns $63,000 per annum, their full time equivalent would be $105,000, which is more than the minimum amount.
If we don’t receive any contributions or rollins into your account for a continuous period of 16 months, it will be considered inactive. And if this happens we 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.
This section details the key features and benefits of Income Protection (IP) Cover through HESTA – including the insurance fees, benefit limits and available cover.

Is IP Cover through HESTA right for me?

- Would you struggle to pay the bills if you had to take time off work due to injury or illness?
  - yes
  - no

- Is your job your only source of income?
  - yes
  - no

- Do you want to be able to maintain your current lifestyle if you’re sick or injured and unable or unlikely to work?
  - yes
  - no

- Are you looking for low-cost, flexible Income Protection Cover you won’t have to deduct from your weekly budget?
  - yes
  - no

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

What do IP Cover and benefits to age 67 mean for me?

This means if you’re totally disabled, you may be eligible to receive a benefit every month until age 67. See pages 32-37 for full details.

Key features

- low gross insurance fee between $0.22 per unit per week and $3.21 per unit per week (depending on your age) for standard cover and benefits to age 67 (with a 90 day waiting period). This is the cover received automatically on joining
- monthly disability payments
- also provides cover if you’re only partially disabled or temporarily disabled
- the flexibility to change your cover expiry age to 60, apply for a two-year benefit period or reduce the waiting period from 90 to 60 or 30 days. These changes may be subject to approval by the insurer.

What’s covered?

<table>
<thead>
<tr>
<th>What’s covered</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unitised cover</td>
<td>✓</td>
</tr>
<tr>
<td>Fixed cover</td>
<td>×</td>
</tr>
<tr>
<td>Cover for total and temporary disability</td>
<td>✓</td>
</tr>
<tr>
<td>Cover for total and permanent disability</td>
<td>✓</td>
</tr>
<tr>
<td>Cover for partial disability</td>
<td>✓</td>
</tr>
<tr>
<td>Monthly disability payments</td>
<td>✓</td>
</tr>
<tr>
<td>Option to reduce waiting periods</td>
<td>✓</td>
</tr>
<tr>
<td>Lump-sum Permanent Incapacity Support Benefit</td>
<td>✓</td>
</tr>
</tbody>
</table>
income protection
cover at a glance

Limitations
Each unit provides a maximum monthly benefit of $475. As such, standard IP Cover provides you with a maximum monthly benefit of $950 (i.e. two units).
You can apply for more units. Benefits are limited to 85% of your Pre-Disability Income up to a maximum monthly benefit of $25,000 (see pages 32-37 for details).
IP Cover stops at age 67 unless you’ve opted for cover to age 60. Different benefit expiry ages may apply to those currently claiming IP benefits.
Members receiving IP benefits or on claim for an event prior to 1 March 2012 are subject to additional limitations (see page 35).
If you’ve chosen a two-year benefit period, payments will cease at the end of the two-year payment period.
In addition, 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). Refer to page 33 for further details. In some circumstances, disability benefit payments will be reduced or totally offset (see page 34).

Eligibility
To be eligible for IP Cover you must be a member, at least age 15 and less than age 67, and not have previously received a Lump-sum TPD or terminal illness benefit. HESTA Personal Super members and other members age 55 or over are provided with New Events Cover when joining. HESTA members (joining through their Fund Employer) not in Active Employment when their cover starts receive New Events Cover until they return to Active Employment. Members who have previously opted out of being covered (or provided a written request for cover to cease) when previously a member also receive New Events Cover. HESTA members joining more than six months after they first started employment with their Fund Employer* or their employer becoming a Participating Employer* are also subject to New Events Cover. HESTA Personal Super members are only entitled to standard cover if they satisfy the At Work requirement. New Events Cover may also apply in other circumstances. See page 26-29 for full eligibility requirements.

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 32-37. 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 directly or indirectly by: any war or an act of war; an intentional self-inflicted act; or pregnancy, childbirth or miscarriage (in some circumstances). See additional information on exclusions page 35.

Other terms and conditions
Additional terms and conditions apply. For information on the full terms and conditions applicable see pages 32-37

* Refer to page 28 for these definitions
**Permanent Incapacity Support Benefit**

From 1 March 2018, HESTA has introduced a unique feature to our IP Cover which will allow eligible members to claim a lump-sum payment to support them when they are unable to return to work in certain circumstances.

Members with IP Cover who suffer a disabling event on or after 1 March 2018 will be eligible to claim $10,200:

- after receiving IP benefits for a qualifying period of two years, and
- where they meet the relevant policy definition.

Or, for a member with IP Cover who is ineligible to make an IP claim because:

- their IP Cover started after 1 July 2014, and
- they are unemployed for more than 90 days at the time the disabling event occurs.

If they suffer a disabling event which gives rise to a claim that occurs on or after 1 March 2018, they may be eligible to claim $10,200 after a three month qualifying period where they meet the relevant policy definition.

The relevant policy definition is:

The member suffers an injury or illness and as a result of that injury or illness, they are:

a) totally unable to engage in any occupation, business, profession or employment at the end of the qualifying period, and

b) determined at the end of the qualifying period to be permanently incapacitated to such an extent as to render them unlikely ever to engage in any gainful occupation, business, profession or employment for which they are reasonably suited by education, training or experience.

Where eligible, this benefit will be paid to your superannuation account rather than as income and will be accessible as a lump sum.

Where a member’s IP Cover is New Events Cover, any Permanent Incapacity Support Benefit will also be provided as New Events Cover.

The Permanent Incapacity Support Benefit can only be claimed once, even if you leave and re-join HESTA at a later date.

If you are over age 65 and become eligible to claim a disability benefit you will be ineligible to claim a Permanent Incapacity Support Benefit in these circumstances. Members who are ineligible to claim a disability benefit at this age may be eligible to claim a Permanent Incapacity Support Benefit in some circumstances.
**work out your IP cover**

### IP Cover insurance fees

Weekly gross and estimated net insurance fee for one unit of Income Protection Cover for the relevant age band and occupational insurance fee scale providing a maximum benefit of $475 per month. These fees are in $ and inclusive of stamp duty.

#### To age 67 benefit payment period

<table>
<thead>
<tr>
<th>Age last birthday</th>
<th>90 day waiting period</th>
<th>60 day waiting period</th>
<th>30 day waiting period</th>
<th>90 day waiting period</th>
<th>60 day waiting period</th>
<th>30 day waiting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>0.22 0.15</td>
<td>0.28 0.20</td>
<td>0.47 0.33</td>
<td>0.19 0.13</td>
<td>0.24 0.17</td>
<td>0.40 0.28</td>
</tr>
<tr>
<td>25-34</td>
<td>0.57 0.40</td>
<td>0.72 0.51</td>
<td>1.22 0.85</td>
<td>0.68 0.34</td>
<td>0.61 0.43</td>
<td>1.04 0.72</td>
</tr>
<tr>
<td>35-44</td>
<td>1.65 1.16</td>
<td>2.09 1.47</td>
<td>3.53 2.47</td>
<td>1.40 0.99</td>
<td>1.78 1.25</td>
<td>3.00 2.10</td>
</tr>
<tr>
<td>45-54</td>
<td>2.69 1.88</td>
<td>3.36 2.35</td>
<td>5.65 3.95</td>
<td>2.29 1.60</td>
<td>2.86 2.00</td>
<td>4.80 3.36</td>
</tr>
<tr>
<td>55-64</td>
<td>3.21 2.24</td>
<td>3.91 2.74</td>
<td>6.56 4.60</td>
<td>2.73 1.90</td>
<td>3.32 2.33</td>
<td>5.58 3.91</td>
</tr>
<tr>
<td>65-66</td>
<td>0.39 0.28</td>
<td>0.51 0.36</td>
<td>0.87 0.61</td>
<td>0.33 0.24</td>
<td>0.43 0.31</td>
<td>0.74 0.52</td>
</tr>
</tbody>
</table>

#### To age 60 benefit payment period

<table>
<thead>
<tr>
<th>Age last birthday</th>
<th>90 day waiting period</th>
<th>60 day waiting period</th>
<th>30 day waiting period</th>
<th>90 day waiting period</th>
<th>60 day waiting period</th>
<th>30 day waiting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>0.16 0.11</td>
<td>0.21 0.15</td>
<td>0.35 0.24</td>
<td>0.14 0.09</td>
<td>0.18 0.13</td>
<td>0.30 0.20</td>
</tr>
<tr>
<td>25-34</td>
<td>0.40 0.28</td>
<td>0.53 0.37</td>
<td>0.89 0.62</td>
<td>0.34 0.24</td>
<td>0.45 0.31</td>
<td>0.76 0.53</td>
</tr>
<tr>
<td>35-44</td>
<td>1.16 0.81</td>
<td>1.54 1.08</td>
<td>2.58 1.81</td>
<td>0.99 0.69</td>
<td>1.31 0.92</td>
<td>2.19 1.54</td>
</tr>
<tr>
<td>45-54</td>
<td>1.87 1.31</td>
<td>2.17 1.73</td>
<td>4.18 2.89</td>
<td>1.59 1.11</td>
<td>2.13 1.47</td>
<td>3.51 2.46</td>
</tr>
<tr>
<td>55-59</td>
<td>2.19 1.53</td>
<td>2.89 2.02</td>
<td>4.81 3.37</td>
<td>1.86 1.30</td>
<td>2.46 1.72</td>
<td>4.09 2.86</td>
</tr>
</tbody>
</table>

#### Two-year benefit payment period (Cover expiry age of 67)

<table>
<thead>
<tr>
<th>Age last birthday</th>
<th>90 day waiting period</th>
<th>60 day waiting period</th>
<th>30 day waiting period</th>
<th>90 day waiting period</th>
<th>60 day waiting period</th>
<th>30 day waiting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>0.07 0.05</td>
<td>0.09 0.06</td>
<td>0.16 0.11</td>
<td>0.06 0.04</td>
<td>0.08 0.05</td>
<td>0.14 0.09</td>
</tr>
<tr>
<td>25-34</td>
<td>0.17 0.12</td>
<td>0.23 0.16</td>
<td>0.41 0.29</td>
<td>0.14 0.10</td>
<td>0.20 0.14</td>
<td>0.35 0.25</td>
</tr>
<tr>
<td>35-44</td>
<td>0.48 0.34</td>
<td>0.66 0.46</td>
<td>1.19 0.83</td>
<td>0.41 0.29</td>
<td>0.56 0.39</td>
<td>1.01 0.71</td>
</tr>
<tr>
<td>45-54</td>
<td>0.78 0.55</td>
<td>1.07 0.75</td>
<td>1.92 1.34</td>
<td>0.66 0.47</td>
<td>0.91 0.64</td>
<td>1.63 1.14</td>
</tr>
<tr>
<td>55-59</td>
<td>0.93 0.65</td>
<td>1.26 0.89</td>
<td>2.24 1.57</td>
<td>0.79 0.55</td>
<td>1.07 0.76</td>
<td>1.90 1.33</td>
</tr>
<tr>
<td>65-66</td>
<td>0.11 0.08</td>
<td>0.16 0.11</td>
<td>0.29 0.20</td>
<td>0.09 0.07</td>
<td>0.14 0.09</td>
<td>0.25 0.17</td>
</tr>
</tbody>
</table>

#### Two-year benefit payment period (Cover expiry age of 60)

<table>
<thead>
<tr>
<th>Age last birthday</th>
<th>90 day waiting period</th>
<th>60 day waiting period</th>
<th>30 day waiting period</th>
<th>90 day waiting period</th>
<th>60 day waiting period</th>
<th>30 day waiting period</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>0.05 0.03</td>
<td>0.08 0.06</td>
<td>0.15 0.10</td>
<td>0.04 0.03</td>
<td>0.07 0.05</td>
<td>0.13 0.09</td>
</tr>
<tr>
<td>25-34</td>
<td>0.12 0.08</td>
<td>0.21 0.15</td>
<td>0.37 0.26</td>
<td>0.10 0.07</td>
<td>0.18 0.13</td>
<td>0.31 0.22</td>
</tr>
<tr>
<td>35-44</td>
<td>0.34 0.24</td>
<td>0.60 0.42</td>
<td>1.08 0.76</td>
<td>0.29 0.20</td>
<td>0.51 0.36</td>
<td>0.92 0.65</td>
</tr>
<tr>
<td>45-54</td>
<td>0.55 0.39</td>
<td>0.98 0.68</td>
<td>1.75 1.22</td>
<td>0.47 0.33</td>
<td>0.83 0.58</td>
<td>1.49 1.04</td>
</tr>
<tr>
<td>55-59</td>
<td>0.66 0.47</td>
<td>1.16 0.81</td>
<td>2.05 1.43</td>
<td>0.56 0.40</td>
<td>0.99 0.69</td>
<td>1.74 1.22</td>
</tr>
</tbody>
</table>

Please note the use of ‘Std. gross’ above refers to ‘Standard gross’ and ‘Mgmt. gross’ refers to ‘Management gross’.

^Estimated net insurance fees have been rounded to the nearest cent for disclosure.
### Step 1
Determine the monthly cover units you need.

85\% of your income* per month

\[
\frac{(\text{your before-tax income per month} \times 0.85)}{\$475} = \text{Total IP units required (A)}
\]

(weekly payments are limited to 85\% of your income, round units to the nearest whole number)

*Employment income includes employer superannuation contributions and fringe benefits and self-employed income includes concessional contributions. Self-employed income is reduced by business expenses.

### Step 2
Using the table below, put in the units of cover from calculation at left to determine your weekly insurance fee.

<table>
<thead>
<tr>
<th>Number of IP units for your cover choice</th>
<th>Gross insurance fee per week for your age</th>
<th>Est. net insurance fee per week for your age</th>
<th>Weekly insurance fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td>(A)</td>
<td>(or)</td>
<td>=</td>
</tr>
</tbody>
</table>

This section details the key features and benefits of Death Cover through HESTA – including the insurance fee, benefit limits and available cover.

Is Death Cover through HESTA right for me?

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

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

What if I want my benefits to remain the same as I age?

If you want your benefits to remain the same as you age, you can fix your Death Cover.

See page 23 for more information about fixing your benefits.
death cover at a glance

Limitations

Standard cover is offered in units with an insurance fee which is age based, generally in 10 year age bands (see page 19 for details).

Each unit provides a set level of cover depending on your age. You can apply for up to $5 million of Death Cover.

Terminal illness benefits are limited to a maximum of $3 million (or the insured value if lesser). Where a terminal illness benefit is paid and is less than the death cover, the death cover will be reduced by the amount of the terminal illness benefit paid. If the remaining death cover is unitised and cannot be converted to whole units, it will be converted to fixed cover and rounded up to the nearest $1,000.

You can apply for and hold more optional Lump-sum TPD Cover than Death Cover however, you are required to hold at least some Death Cover in order to apply for optional Lump-sum TPD.

If you become eligible to claim a terminal illness benefit, any Lump-sum TPD you hold will be reduced by any terminal illness benefit paid. If the remaining TPD cover is unitised and cannot be converted to whole units, it will be converted to fixed cover and rounded up to the nearest $1,000.

Any payment of a Lump-sum TPD will reduce your Death Cover by the same amount (potentially to zero if your Lump-sum TPD payment is equal to or greater than your Death Cover amount).

Death Cover reduces to zero at age 75.

Eligibility

To be eligible for Death Cover you must be a member, at least age 15 and less than age 75, and not have previously received a Lump-sum TPD or terminal illness benefit. HESTA Personal Super members and other members over age 55 are provided with New Events Cover when joining. HESTA members (joining through their Fund Employer) not in Active Employment when their cover starts receive New Events Cover until they return to Active Employment. Members who opted out of being covered (or provided a written request for cover to cease) when previously a member also receive New Events Cover. HESTA members joining more than six months after they first started employment with their Fund Employer* or their employer becoming a Participating Employer* are also subject to New Events Cover. HESTA Personal Super members are only entitled to standard cover if they satisfy the At Work requirement. New Events Cover may also apply in other circumstances. See page 26-29 for full eligibility requirements.

Qualifying

To qualify for terminal illness benefits under your Death Cover, you must meet the terms and conditions outlined on page 38.

Exclusions

Death benefits will not be paid if your claim is caused directly or indirectly by war outside of Australia. A death benefit will however be payable, if you die while on war service. In some circumstances, a pandemic illness exclusion may apply, see page 39 for full details.

Other terms and conditions

Additional terms and conditions apply. For information on the full terms and conditions applicable see pages 38-39.

* Refer to page 28 for these definitions.
## Work out your weekly Death Cover insurance fee

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit amount you would like cover for</td>
<td>$</td>
</tr>
<tr>
<td>Benefit amount for one unit at your age (see table on page 19)</td>
<td>$</td>
</tr>
<tr>
<td>Number of units (round up units to nearest whole number)</td>
<td></td>
</tr>
<tr>
<td>Unit insurance fee for your age (see page 19)</td>
<td></td>
</tr>
<tr>
<td>Your Death Cover weekly insurance fee</td>
<td></td>
</tr>
</tbody>
</table>


### Why do unitised benefits decrease from age 40?

Insurance in super is about balance. When you're starting out, you will have a lower super balance, so we provide insurance to help you cover the gap as your super grows.
### Death Cover

<table>
<thead>
<tr>
<th>Age (last birthday)</th>
<th>Total standard cover $ (2 units)</th>
<th>Gross fee per unit $ per week</th>
<th>Estimated net fee per unit $ per week</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Standard</td>
<td>Management</td>
</tr>
<tr>
<td>15</td>
<td>50,000</td>
<td>0.16</td>
<td>0.11</td>
</tr>
<tr>
<td>16</td>
<td>50,000</td>
<td>0.16</td>
<td>0.11</td>
</tr>
<tr>
<td>17</td>
<td>50,000</td>
<td>0.16</td>
<td>0.11</td>
</tr>
<tr>
<td>18</td>
<td>50,000</td>
<td>0.16</td>
<td>0.11</td>
</tr>
<tr>
<td>19</td>
<td>50,000</td>
<td>0.16</td>
<td>0.11</td>
</tr>
<tr>
<td>20</td>
<td>50,000</td>
<td>0.16</td>
<td>0.11</td>
</tr>
<tr>
<td>21</td>
<td>50,000</td>
<td>0.16</td>
<td>0.11</td>
</tr>
<tr>
<td>22</td>
<td>50,000</td>
<td>0.16</td>
<td>0.11</td>
</tr>
<tr>
<td>23</td>
<td>50,000</td>
<td>0.16</td>
<td>0.11</td>
</tr>
<tr>
<td>24</td>
<td>50,000</td>
<td>0.16</td>
<td>0.11</td>
</tr>
<tr>
<td>25</td>
<td>134,900</td>
<td>0.47</td>
<td>0.33</td>
</tr>
<tr>
<td>26</td>
<td>134,900</td>
<td>0.47</td>
<td>0.33</td>
</tr>
<tr>
<td>27</td>
<td>134,900</td>
<td>0.47</td>
<td>0.33</td>
</tr>
<tr>
<td>28</td>
<td>134,900</td>
<td>0.47</td>
<td>0.33</td>
</tr>
<tr>
<td>29</td>
<td>134,900</td>
<td>0.47</td>
<td>0.33</td>
</tr>
<tr>
<td>30</td>
<td>134,900</td>
<td>0.47</td>
<td>0.33</td>
</tr>
<tr>
<td>31</td>
<td>134,900</td>
<td>0.47</td>
<td>0.33</td>
</tr>
<tr>
<td>32</td>
<td>134,900</td>
<td>0.47</td>
<td>0.33</td>
</tr>
<tr>
<td>33</td>
<td>134,900</td>
<td>0.47</td>
<td>0.33</td>
</tr>
<tr>
<td>34</td>
<td>134,900</td>
<td>0.47</td>
<td>0.33</td>
</tr>
<tr>
<td>35</td>
<td>185,600</td>
<td>1.18</td>
<td>0.82</td>
</tr>
<tr>
<td>36</td>
<td>185,600</td>
<td>1.18</td>
<td>0.82</td>
</tr>
<tr>
<td>37</td>
<td>185,600</td>
<td>1.18</td>
<td>0.82</td>
</tr>
<tr>
<td>38</td>
<td>185,600</td>
<td>1.18</td>
<td>0.82</td>
</tr>
<tr>
<td>39</td>
<td>185,600</td>
<td>1.18</td>
<td>0.82</td>
</tr>
<tr>
<td>40</td>
<td>170,000</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>41</td>
<td>168,000</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>42</td>
<td>153,000</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>43</td>
<td>138,000</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>44</td>
<td>124,800</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>45</td>
<td>114,000</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>46</td>
<td>103,800</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>47</td>
<td>97,200</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>48</td>
<td>90,300</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>49</td>
<td>84,000</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>50</td>
<td>76,800</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>51</td>
<td>70,200</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>52</td>
<td>64,200</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>53</td>
<td>59,100</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>54</td>
<td>54,600</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>55</td>
<td>50,400</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>56</td>
<td>46,500</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>57</td>
<td>43,200</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>58</td>
<td>39,900</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>59</td>
<td>36,900</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>60</td>
<td>34,200</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>61</td>
<td>31,500</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>62</td>
<td>28,800</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>63</td>
<td>26,100</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>64</td>
<td>23,700</td>
<td>1.34</td>
<td>0.94</td>
</tr>
<tr>
<td>65</td>
<td>17,400</td>
<td>0.68</td>
<td>0.47</td>
</tr>
<tr>
<td>66</td>
<td>15,300</td>
<td>0.68</td>
<td>0.47</td>
</tr>
<tr>
<td>67</td>
<td>13,200</td>
<td>0.68</td>
<td>0.47</td>
</tr>
<tr>
<td>68</td>
<td>11,400</td>
<td>0.68</td>
<td>0.47</td>
</tr>
<tr>
<td>69</td>
<td>10,200</td>
<td>0.68</td>
<td>0.47</td>
</tr>
<tr>
<td>70</td>
<td>8,400</td>
<td>0.68</td>
<td>0.47</td>
</tr>
<tr>
<td>71</td>
<td>7,500</td>
<td>0.68</td>
<td>0.47</td>
</tr>
<tr>
<td>72</td>
<td>6,600</td>
<td>0.68</td>
<td>0.47</td>
</tr>
<tr>
<td>73</td>
<td>5,700</td>
<td>0.68</td>
<td>0.47</td>
</tr>
<tr>
<td>74</td>
<td>4,800</td>
<td>0.68</td>
<td>0.47</td>
</tr>
<tr>
<td>75</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Please note the use of ‘Std. gross’ above refers to ‘Standard gross’ and ‘Mgmt. gross’ refers to ‘Management gross’. Net insurance fees have been rounded to two decimal places for disclosure only. Where a member applies for and is accepted for management cover their cover will be known as management or management extra cover.
lump-sum total and permanent disablement (TPD) cover

This section details the key features and benefits of Lump-sum TPD Cover through HESTA – including the insurance fee, benefit limits and available cover.

Our Lump-sum TPD cover is commonly referred to as ‘Any Occupation’ cover.

Is Lump-sum TPD Cover through HESTA right for me?

▶ Would you struggle to pay the bills if you suffered an injury or illness that meant you could never work again?
  □ yes □ no

▶ If you were injured and permanently unlikely to work again, would you need a lump-sum payment to cover medical and home care?
  □ yes □ no

▶ Would you need to modify your home if you suffered total and permanent disablement?
  □ yes □ no

▶ Are you looking for low-cost, flexible insurance cover you won’t have to deduct from your weekly budget?
  □ yes □ no

If you answered ‘Yes’ to any of the above questions, Lump-sum TPD Cover through HESTA may be right for you. Read on to find out how you can cover yourself for total and permanent disablement.

Why would I get Lump-sum TPD Cover if I already have IP Cover?

Lump-sum TPD Cover provides a lump-sum benefit if you are 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.
lump-sum TPD cover at a glance

Key features

- low insurance fee of $1.56 gross per unit, per week ($1.33 est. net) for cover under the standard occupation insurance fee scale
- cover to age 70 (benefit expiry age)
- provides a lump-sum benefit of up to $85,000 per unit, decreasing from age 40, in the event of total and permanent disablement
- choose between unitised or fixed cover (subject to agreement by the insurer)

What's covered?

<table>
<thead>
<tr>
<th>What's covered?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unitised cover</td>
<td>✓</td>
</tr>
<tr>
<td>Option to fix cover</td>
<td>✓</td>
</tr>
<tr>
<td>Cover for total and temporary disability</td>
<td>x</td>
</tr>
<tr>
<td>Cover for total and permanent disability</td>
<td>✓</td>
</tr>
<tr>
<td>Cover for partial disability</td>
<td>x</td>
</tr>
<tr>
<td>Monthly benefits</td>
<td>x</td>
</tr>
<tr>
<td>Lump-sum benefits</td>
<td>✓</td>
</tr>
</tbody>
</table>

Limitations
You need to apply for Lump-sum TPD Cover online at hesta.com.au/login

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

Offered in units with a set weekly insurance fee per unit (see page 22 for details). Each unit provides a lump-sum level of cover depending on your age.

Your Lump-sum TPD Cover can exceed the amount of your Death Cover however, you are required to have at least some Death Cover in order to be eligible to apply for Lump-sum TPD Cover.

If you have Death and Lump-sum TPD Cover and you receive a Lump-sum TPD benefit payment this will reduce your remaining Death Cover by the same amount (potentially to zero if your Lump-sum TPD payment is equal to or greater than your Death Cover amount). If the remaining Death Cover is unitised and cannot be converted to whole units, your remaining Death Cover will be converted to fixed cover and rounded up to the nearest $1,000.

Any payment of a terminal illness benefit will also reduce any Lump-sum TPD Cover by the same value. Lump-sum TPD Cover does not provide a benefit if you’re only partially or temporarily disabled. Lump-sum TPD Cover reduces to zero at age 70.

Eligibility
To be eligible for Lump-sum TPD Cover you must be a member, or applying to be a member, at least age 15 but less than age 70, and not have already received a Lump-sum TPD or terminal illness benefit under any insurance policy. See page 26 for full eligibility requirements.

Qualifying
To qualify for payment of Lump-sum TPD benefits, you must meet the requirements listed on pages 40-42 under Important information about Lump-sum TPD Cover.

Exclusions
Lump-sum TPD benefits will not be paid if your claim is caused directly or indirectly by: an act of war outside of Australia; or your intentional self-inflicted act.

Other terms and conditions
Additional terms and conditions apply. For information on some of the key terms and conditions applicable see pages 40-42.

Occupational fee scale
Where you are able to satisfy the criteria on page 9 you can apply for cover at the management occupational fee scale. For Lump-sum TPD Cover the insurance fee for management cover is $1.09 per unit per week (gross), $0.93 per unit per week (estimated net).
work out your lump-sum TPD cover

**Work out your weekly insurance fee for Lump-sum TPD Cover**

<table>
<thead>
<tr>
<th>Benefit amount you would like cover for</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit amount for one unit at your age (see table on right)</td>
<td>$</td>
</tr>
<tr>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Number of units (round up units to nearest whole number)</td>
<td></td>
</tr>
<tr>
<td>$\times$</td>
<td></td>
</tr>
<tr>
<td>$1.56$ gross standard insurance fee ($1.33$ est. net standard insurance fee per week)</td>
<td>$1.56$</td>
</tr>
<tr>
<td>=</td>
<td></td>
</tr>
<tr>
<td>Your Lump-sum TPD Cover weekly insurance fee</td>
<td></td>
</tr>
</tbody>
</table>

*If you satisfy the criteria for management insurance fee scale $1.09$ gross ($0.93$ est. net) would apply, subject to insurer approval.

<table>
<thead>
<tr>
<th>Lump-sum TPD Cover</th>
<th>Age (last birthday)</th>
<th>Lump-sum TPD benefit for each unit $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 39</td>
<td>85,000</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>84,000</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>76,500</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>69,000</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>62,400</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>57,000</td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>54,750</td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>51,900</td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>48,600</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>45,150</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>42,000</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>38,400</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>35,100</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>32,100</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>29,550</td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>27,300</td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>25,200</td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>23,250</td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>21,600</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>19,950</td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>18,450</td>
<td></td>
</tr>
<tr>
<td>60</td>
<td>17,100</td>
<td></td>
</tr>
<tr>
<td>61</td>
<td>15,750</td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>14,400</td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>13,050</td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>11,850</td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>8,700</td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>7,650</td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>6,600</td>
<td></td>
</tr>
<tr>
<td>68</td>
<td>5,700</td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>5,100</td>
<td></td>
</tr>
<tr>
<td>70</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
fixing your death cover and lump-sum TPD cover

Key features
- Maintain the benefit amount of your Death Cover and optional Lump-sum TPD Cover as you age.
- Cover for a specific dollar value.
- Insurance fees usually increase as you age.

Insurance cover is offered in units. Insuring in units means your insurance fees generally don’t increase as much when you age. Your benefit amount will change and will decrease from age 40.

For example, though Death Cover starts at a lower value and increases to age 39 the benefit per unit for Death Cover then decreases from $92,800 to $85,000 on your 40th birthday and continues to decrease progressively until your benefit expiry age. Insurance fees for each unit of Death Cover is age based (generally) in 10 year age bands. For Lump-sum TPD the insurance fee per unit is the same regardless of your age. Just the cover amount changes as you age.

See the tables on pages 19 and 22 for full details of the benefit per unit at various ages for Death Cover and Lump-sum TPD Cover.

If you don’t want your cover to vary as you age, you can fix your Death Cover and Lump-sum TPD Cover. Fixing your cover means your benefits stay the same as you age up until age 75 for Death Cover and age 61 for Lump-sum TPD Cover. As your sums insured stay the same this means that your insurance fees will tend to increase with your age.

Limitations
Fixed cover is available in multiples of $1,000. If you fix your Lump-sum TPD Cover, your benefit amount will be fixed until you reach age 61 at which point your cover amount will decrease in equal amounts, 10% for each full year until age 70 when cover stops. If applicable, the insurance fee payable will be based on the reduced Lump-sum TPD Cover.

Even if you fix your cover, the law requires we turn off your insurance cover when your account has been inactive for 16 months (unless you have asked us to maintain your insurance). See page 10 on how to maintain your insurance if you become inactive.

Changing between fixed and unitised options
You can switch between unitised and fixed Death and Lump-sum TPD Cover at any time by completing the Insurance alteration form available at hesta.com.au/forms.

If you change from the unitised to the fixed option, your existing cover will be rounded up to the nearest $1,000 fixed value. If you switch from the fixed to the unitised option, you will be provided the same number of units to equate to your current level of fixed cover (rounded up to the nearest unit value).

Where your level of cover increases because you switch from the fixed option to the unitised option, the increased cover will be New Events Cover only.
## fixing your death & lump-sum TPD cover

### Work out your weekly fee for fixed cover

**Step 1**
Look up the insurance fee for fixed Death Cover and/or Lump-sum TPD Cover you want at your current age.

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your current age</td>
<td></td>
</tr>
<tr>
<td>Death Cover sum insured needed</td>
<td>$ (A)</td>
</tr>
<tr>
<td>Lump-sum TPD Cover sum insured needed</td>
<td>$ (B)</td>
</tr>
<tr>
<td>Death Cover insurance fee</td>
<td>$ (C)</td>
</tr>
<tr>
<td>Lump-sum TPD Cover insurance fee</td>
<td>$ (D)</td>
</tr>
</tbody>
</table>

Refer to table on page 25

**Step 2**
Your calculations

<table>
<thead>
<tr>
<th>Calculation</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Cover insurance fee</td>
<td>$ (A)</td>
</tr>
<tr>
<td>$1,000 x</td>
<td></td>
</tr>
<tr>
<td>$ (C)</td>
<td></td>
</tr>
<tr>
<td>=</td>
<td></td>
</tr>
<tr>
<td>$ (E)</td>
<td></td>
</tr>
<tr>
<td>per week</td>
<td></td>
</tr>
<tr>
<td>Lump-sum TPD Cover insurance fee</td>
<td>$ (B)</td>
</tr>
<tr>
<td>$1,000 x</td>
<td></td>
</tr>
<tr>
<td>$ (D)</td>
<td></td>
</tr>
<tr>
<td>=</td>
<td></td>
</tr>
<tr>
<td>$ (F)</td>
<td></td>
</tr>
<tr>
<td>per week</td>
<td></td>
</tr>
</tbody>
</table>

**Step 3**
Total weekly insurance fee

<table>
<thead>
<tr>
<th>Calculation</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ (E) + $ (F)</td>
<td></td>
</tr>
<tr>
<td>=</td>
<td></td>
</tr>
</tbody>
</table>


✓ The insurance fee for fixed cover will generally increase significantly as you grow older, reducing your retirement savings.
<table>
<thead>
<tr>
<th>Age (last birthday)</th>
<th>Gross Death $</th>
<th>Gross Lump-sum TPD $</th>
<th>Est. net Death $</th>
<th>Est. net Lump-sum TPD $</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>0.0133</td>
<td>0.0093</td>
<td>0.0030</td>
<td>0.0021</td>
</tr>
<tr>
<td>16</td>
<td>0.0133</td>
<td>0.0093</td>
<td>0.0030</td>
<td>0.0021</td>
</tr>
<tr>
<td>17</td>
<td>0.0133</td>
<td>0.0093</td>
<td>0.0030</td>
<td>0.0021</td>
</tr>
<tr>
<td>18</td>
<td>0.0133</td>
<td>0.0093</td>
<td>0.0030</td>
<td>0.0021</td>
</tr>
<tr>
<td>19</td>
<td>0.0127</td>
<td>0.0089</td>
<td>0.0034</td>
<td>0.0023</td>
</tr>
<tr>
<td>20</td>
<td>0.0121</td>
<td>0.0085</td>
<td>0.0038</td>
<td>0.0026</td>
</tr>
<tr>
<td>21</td>
<td>0.0112</td>
<td>0.0079</td>
<td>0.0035</td>
<td>0.0025</td>
</tr>
<tr>
<td>22</td>
<td>0.0105</td>
<td>0.0073</td>
<td>0.0041</td>
<td>0.0029</td>
</tr>
<tr>
<td>23</td>
<td>0.0097</td>
<td>0.0068</td>
<td>0.0042</td>
<td>0.0029</td>
</tr>
<tr>
<td>24</td>
<td>0.0090</td>
<td>0.0063</td>
<td>0.0043</td>
<td>0.0030</td>
</tr>
<tr>
<td>25</td>
<td>0.0086</td>
<td>0.0061</td>
<td>0.0046</td>
<td>0.0032</td>
</tr>
<tr>
<td>26</td>
<td>0.0084</td>
<td>0.0059</td>
<td>0.0049</td>
<td>0.0035</td>
</tr>
<tr>
<td>27</td>
<td>0.0083</td>
<td>0.0058</td>
<td>0.0054</td>
<td>0.0038</td>
</tr>
<tr>
<td>28</td>
<td>0.0083</td>
<td>0.0058</td>
<td>0.0059</td>
<td>0.0041</td>
</tr>
<tr>
<td>29</td>
<td>0.0084</td>
<td>0.0059</td>
<td>0.0068</td>
<td>0.0047</td>
</tr>
<tr>
<td>30</td>
<td>0.0086</td>
<td>0.0061</td>
<td>0.0075</td>
<td>0.0053</td>
</tr>
<tr>
<td>31</td>
<td>0.0088</td>
<td>0.0062</td>
<td>0.0087</td>
<td>0.0061</td>
</tr>
<tr>
<td>32</td>
<td>0.0095</td>
<td>0.0066</td>
<td>0.0101</td>
<td>0.0070</td>
</tr>
<tr>
<td>33</td>
<td>0.0102</td>
<td>0.0071</td>
<td>0.0113</td>
<td>0.0080</td>
</tr>
<tr>
<td>34</td>
<td>0.0108</td>
<td>0.0075</td>
<td>0.0130</td>
<td>0.0091</td>
</tr>
<tr>
<td>35</td>
<td>0.0117</td>
<td>0.0082</td>
<td>0.0173</td>
<td>0.0121</td>
</tr>
<tr>
<td>36</td>
<td>0.0134</td>
<td>0.0094</td>
<td>0.0218</td>
<td>0.0158</td>
</tr>
<tr>
<td>37</td>
<td>0.0146</td>
<td>0.0102</td>
<td>0.0231</td>
<td>0.0161</td>
</tr>
<tr>
<td>38</td>
<td>0.0159</td>
<td>0.0111</td>
<td>0.0269</td>
<td>0.0189</td>
</tr>
<tr>
<td>39</td>
<td>0.0173</td>
<td>0.0121</td>
<td>0.0312</td>
<td>0.0218</td>
</tr>
<tr>
<td>40</td>
<td>0.0185</td>
<td>0.0130</td>
<td>0.0354</td>
<td>0.0248</td>
</tr>
<tr>
<td>41</td>
<td>0.0195</td>
<td>0.0136</td>
<td>0.0400</td>
<td>0.0280</td>
</tr>
<tr>
<td>42</td>
<td>0.0206</td>
<td>0.0145</td>
<td>0.0466</td>
<td>0.0312</td>
</tr>
<tr>
<td>43</td>
<td>0.0217</td>
<td>0.0152</td>
<td>0.0498</td>
<td>0.0349</td>
</tr>
<tr>
<td>44</td>
<td>0.0228</td>
<td>0.0160</td>
<td>0.0560</td>
<td>0.0392</td>
</tr>
<tr>
<td>45</td>
<td>0.0244</td>
<td>0.0171</td>
<td>0.0635</td>
<td>0.0444</td>
</tr>
<tr>
<td>46</td>
<td>0.0261</td>
<td>0.0182</td>
<td>0.0725</td>
<td>0.0507</td>
</tr>
<tr>
<td>47</td>
<td>0.0282</td>
<td>0.0198</td>
<td>0.0833</td>
<td>0.0584</td>
</tr>
<tr>
<td>48</td>
<td>0.0308</td>
<td>0.0216</td>
<td>0.0953</td>
<td>0.0667</td>
</tr>
<tr>
<td>49</td>
<td>0.0337</td>
<td>0.0237</td>
<td>0.1082</td>
<td>0.0757</td>
</tr>
<tr>
<td>50</td>
<td>0.0359</td>
<td>0.0258</td>
<td>0.1218</td>
<td>0.0852</td>
</tr>
<tr>
<td>51</td>
<td>0.0401</td>
<td>0.0281</td>
<td>0.1363</td>
<td>0.0995</td>
</tr>
<tr>
<td>52</td>
<td>0.0435</td>
<td>0.0304</td>
<td>0.1504</td>
<td>0.1052</td>
</tr>
<tr>
<td>53</td>
<td>0.0471</td>
<td>0.0329</td>
<td>0.1640</td>
<td>0.1148</td>
</tr>
<tr>
<td>54</td>
<td>0.0508</td>
<td>0.0355</td>
<td>0.1785</td>
<td>0.1249</td>
</tr>
<tr>
<td>55</td>
<td>0.0550</td>
<td>0.0385</td>
<td>0.1940</td>
<td>0.1357</td>
</tr>
<tr>
<td>56</td>
<td>0.0594</td>
<td>0.0416</td>
<td>0.2105</td>
<td>0.1473</td>
</tr>
<tr>
<td>57</td>
<td>0.0641</td>
<td>0.0449</td>
<td>0.2285</td>
<td>0.1599</td>
</tr>
<tr>
<td>58</td>
<td>0.0693</td>
<td>0.0485</td>
<td>0.2467</td>
<td>0.1741</td>
</tr>
<tr>
<td>59</td>
<td>0.0754</td>
<td>0.0527</td>
<td>0.2723</td>
<td>0.1906</td>
</tr>
<tr>
<td>60</td>
<td>0.0826</td>
<td>0.0577</td>
<td>0.3004</td>
<td>0.2102</td>
</tr>
<tr>
<td>61</td>
<td>0.0910</td>
<td>0.0637</td>
<td>0.3334</td>
<td>0.2334</td>
</tr>
<tr>
<td>62</td>
<td>0.1004</td>
<td>0.0703</td>
<td>0.3709</td>
<td>0.2596</td>
</tr>
<tr>
<td>63</td>
<td>0.1456</td>
<td>0.1019</td>
<td>0.4134</td>
<td>0.2894</td>
</tr>
<tr>
<td>64</td>
<td>0.1674</td>
<td>0.1172</td>
<td>0.4624</td>
<td>0.3237</td>
</tr>
<tr>
<td>65</td>
<td>0.1926</td>
<td>0.1349</td>
<td>0.5192</td>
<td>0.3634</td>
</tr>
<tr>
<td>66</td>
<td>0.2206</td>
<td>0.1544</td>
<td>0.5870</td>
<td>0.4109</td>
</tr>
<tr>
<td>67</td>
<td>0.2510</td>
<td>0.1757</td>
<td>0.6687</td>
<td>0.4681</td>
</tr>
<tr>
<td>68</td>
<td>0.2510</td>
<td>0.1757</td>
<td>0.6687</td>
<td>0.4681</td>
</tr>
<tr>
<td>69</td>
<td>0.2510</td>
<td>0.1757</td>
<td>0.6687</td>
<td>0.4681</td>
</tr>
<tr>
<td>70</td>
<td>0.2510</td>
<td>0.1757</td>
<td>0.6687</td>
<td>0.4681</td>
</tr>
<tr>
<td>71</td>
<td>0.2510</td>
<td>0.1757</td>
<td>0.6687</td>
<td>0.4681</td>
</tr>
<tr>
<td>72</td>
<td>0.2510</td>
<td>0.1757</td>
<td>0.6687</td>
<td>0.4681</td>
</tr>
<tr>
<td>73</td>
<td>0.2510</td>
<td>0.1757</td>
<td>0.6687</td>
<td>0.4681</td>
</tr>
<tr>
<td>74</td>
<td>0.2510</td>
<td>0.1757</td>
<td>0.6687</td>
<td>0.4681</td>
</tr>
</tbody>
</table>

*Estimated net insurance fees have been rounded to four decimal places for disclosure only.
important information about insurance through HESTA

Eligibility criteria
You are eligible for:
• IP Cover if you are between the ages of 15 and 67
• Death Cover if you are between the ages of 15 and 75
• Lump-sum TPD Cover if you are between the ages of 15 and 70

and only if you have not previously received a lump-sum total and permanent disablement benefit or terminal illness benefit under any insurance policy.

When cover starts
For HESTA members (joining through your Fund Employer), if you’re eligible for standard cover, it will commence on the date you join the fund. The date you join the fund is the earlier of:
• the date the first contribution or rollover is received into your account, and
• the later of:
  i. the first day of the period that the first contribution from your Fund Employer (see page 28) relates to, and
  ii. the date you commenced employment with a Fund Employer where this date is notified to HESTA.

For HESTA Personal Super members standard cover commences on the date the first contribution or rollover is received if At Work* on that day. If not At Work, cover commences when you are next At Work.

*At Work:
For employed members, or self-employed members, At Work means the member is:

a) performing, without restriction due to injury or illness, all of the usual identifiable duties and hours of the occupation from which they earn their regular income;

or

b) is capable of performing, without restriction due to injury or illness, all of the usual identifiable duties and hours of the occupation from which they earn their regular income.

For members who are not employed or self-employed, At Work means the member is capable of performing, without restriction due to injury or illness, all of the usual identifiable duties and hours of the last occupation from which they earned an income.

When cover stops
Cover will stop on the earlier date of:
• when the HESTA policy ends
• you reach the benefit or cover expiry age
• you don’t have enough money in your HESTA account to pay your insurance fees
• you’re no longer a member with HESTA
• when we receive your request to cancel insurance (or on a later date if requested)
• you die
• your account becomes inactive* (unless you have asked us to maintain your insurance)
• Lump-sum TPD Cover will cease if you receive a terminal illness benefit where your Death Cover is equal to or greater than your Lump-sum TPD Cover
• Death Cover will cease if you receive a lump-sum TPD benefit greater than or equal to your Death Cover.
Reinstatement of cover

If an amount is received into your account after cover ceased due to inactivity, or because your account did not have enough money to pay the insurance fees, you will automatically receive Standard Cover - two units of IP Cover and two units of Death Cover. The cover reinstated will be New Events Cover on the day the amount is received provided the amount is sufficient to cover the insurance fees (refer to page 9 to understand what New Events Cover means). The New Events Cover restriction will apply for two years if you are under age 55 and a HESTA member (those who joined through a Fund Employer). For all other members i.e. a HESTA Personal Super member or a HESTA member aged 55 or over, New Events Cover will continue to apply unless an application to remove the restriction is made. You can apply to remove the New Events Cover restriction via the insurance portal in your member account at hesta.com.au/login. Removal of this restriction is subject to the approval of the insurer.

If you cancelled your insurance cover before your account became inactive, you will not receive Standard cover when your account becomes active again.

*Inactive or Inactivity

You are considered inactive if you have not received an amount for a continuous period of 16 months. An amount includes contributions and rollovers. If you become inactive you will lose any insurance you have unless you have opted-in to maintain your insurance before you become inactive.

You can opt-in online at hesta.com.au/login or call us on 1800 813 327 and select ‘keep my insurance’.
Active Employment:
For employed members, or self-employed members, Active Employment means that the insured member is:

a) actively performing all of the usual identifiable duties and hours of the occupation from which they earn their regular income; and

b) in our insurer’s opinion, not restricted by injury or illness from being capable of actively performing those identifiable duties and any other duties of their usual occupation on a full-time basis (even if not working on a full-time basis).

A person who is on employer approved leave, for reasons other than injury or illness, will meet this Active Employment requirement if in our insurer’s opinion they are not restricted by injury or illness from being capable of actively performing all the duties of their occupation on a full-time basis without restriction due to injury or illness (even if not then working on a full-time basis).

A person who is not employed or self-employed will meet this Active Employment requirement if in our insurer’s opinion they are not restricted by injury or illness from being capable of actively performing all the duties of their usual occupation, or, if in our insurer’s opinion they do not have a usual occupation, their last occupation on a full-time basis without restriction due to injury or illness (even if not then working on a full-time basis).

A person who is not employed or self-employed and is engaged in domestic duties on a full-time basis, will meet this Active Employment requirement if in our insurer’s opinion they are able to actively perform their domestic duties on a full-time basis without restriction due to injury or illness.

For the purposes of this Active Employment definition, full-time basis means working at least 35 hours per week.

Standard cover
HESTA members (joining through their Fund Employer)
New members who are eligible for cover receive standard cover automatically upon joining HESTA. Your standard cover may be limited to injuries or illnesses that occur after commencement of cover (i.e. New Events Cover) if, on the day you join HESTA:

- you do not meet the Active Employment* requirement (if you are not in Active Employment on the day you join the fund, the New Events Cover restriction will no longer apply when you are again in Active Employment), or
- you are age 55 or over, or
- you have previously been a member of HESTA who opted out or cancelled insurance cover (see Cover for previous members on page 29), or
- it is more than six months after the later of: – starting employment with a Fund Employer, or
- your employer becoming a Participating Employer,

unless a full insurance cover application for cover not to be restricted is accepted by the insurer.

*Where you are under 55 years and join HESTA more than six months after you join your Fund Employer (or more than six months after your employer becomes a Participating Employer) your New Events Cover restriction will be limited to two years if you can satisfy the Active Employment requirement* on your second anniversary as a member or alternatively for a period of two consecutive months thereafter.

Fund Employer
A Fund Employer can either be a:

Participating Employer
- an employer (including any related body corporate of that employer) whom HESTA has accepted to participate in, and who contributes to HESTA, in respect of employees who are admitted as members; or

Non-Participating Employer
- an employer of a member (including any related body corporate of that employer) who has not completed a Participating Employer application but contributes employer superannuation contributions to HESTA in respect of that member. This excludes people who are self employed (sole traders, partners and contractors or employees of the member’s own company or trust).
HESTA Personal Super members

For HESTA Personal Super members, standard Income Protection Cover and Death Cover is restricted to New Events Cover only.

If you are under age 55 you can apply to remove this restriction within 6 months of joining by completing the Short Personal Health Statement in the HESTA Personal Super member application form which can be found in the HESTA Personal Super Product Disclosure Statement at hesta.com.au/pds or the Removing new events cover restriction on joining form at hesta.com.au/forms. Removal of this restriction is subject to approval by the insurer.

If you are age 55 or over, you will need to complete the Insurance cover application online at hesta.com.au/login. Removal of this restriction is subject to approval by the insurer.

Note for previous members

HESTA members (joining through their Fund Employer) will receive standard cover upon rejoining. This may be New Events Cover in some circumstances.

Where a HESTA member previously opted out, or cancelled cover prior to exiting the fund any standard cover will be restricted to New Events Cover. HESTA Personal members also receive New Events Cover only upon joining.

To remove the New Events Cover restriction where a member has previously opted out or cancelled cover under a previous membership an Insurance cover application must be completed online at hesta.com.au/login 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 Other information in the HESTA or HESTA Personal Super Product Disclosure Statement at hesta.com.au/pds for further details about what will happen if you have multiple accounts.

Transferring cover

If you already have Death Cover, Lump-sum TPD Cover or IP Cover through another industry super fund, master trust or a corporate super fund and you are under age 55, you can apply to transfer that cover to HESTA. Transferred cover will be subject to approval by the insurer.

To transfer your cover, download the Insurance transfer form from hesta.com.au/forms.

Standard extra cover on joining for new HESTA members

New members (except HESTA Personal Super members and all members age 55 or over), can apply for up to four additional units of Death Cover and/or four additional units of IP Cover (to age 67 with a waiting period of 90 days). To be eligible for this standard extra cover on joining, you must apply within six months by completing the Short Personal Health Statement in the HESTA member application form which can be found in the HESTA Product Disclosure Statement at hesta.com.au/pds or the Increasing your standard insurance cover on joining form at hesta.com.au/forms. This extra cover is subject to approval by the insurer.
Insurance fee-free cover whilst on parental leave

To qualify for insurance fee-free cover during parental leave:

- you must be employed and
- your parental leave must be approved by this employer; and
- your insurance must not have otherwise ended.

If the above are satisfied, IP Cover, Death and Lump-sum TPD Cover (if any), can continue for a maximum period of 12 months insurance fee free starting from the later of the date on which approved parental leave commenced or the date we are notified of the approved leave. Fee-free cover whilst on parental leave ceases on the earlier of:

1. you resume work with your employer, or
2. the date the period of your approved parental leave (up to a maximum period of 12 months) has ended.

Payment of insurance fees must recommence in order for your insurance cover to continue after your period of parental leave.

To benefit from fee-free cover during parental leave, ask your Employer to complete the Notification of parental leave form at hesta.com.au/forms

Am I still covered if I stop work or take extended leave?

Yes, as long as the cost of your insurance can be met by regular deductions from your HESTA account, and you can choose to maintain your insurance cover if your account becomes inactive. However you may not be entitled to Total and Temporary (or Partial) Disablement benefits if your disability occurs during a period when you have stopped work. See page 56 or contact us to confirm your eligibility for a benefit.

Changing your cover

I want extra cover, how do I apply?

You can apply to increase your insurance cover at any time, by completing the Insurance cover application through your online account at hesta.com.au/login. All changes are subject to acceptance by our insurer. If the insurer accepts your application with additional limitations, exclusions and/or insurance fee loadings, your extra cover will commence from the date the insurer accepts the cover. The insurer may reject your application based on your occupation, your health or medical history.

What changes can I make to my cover?

You can apply for:

- more units of cover
- a shorter IP waiting period (i.e. 60 or 30 days)
- a longer IP benefit period (if you currently have a two-year maximum benefit period)
- a shorter IP benefit period (if you would like a two-year maximum benefit period)
- IP Cover to age 60 instead of age 67
- Lump-sum TPD Cover (if you have Death Cover)
- fixed Death and Lump-sum TPD Cover (if you have unitised cover)
- unitised Death and Lump-sum TPD Cover (if you have fixed cover).

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 (generally for high income applicants only).

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 are subject to acceptance by our insurer and may be subject to additional limitations, exclusions and 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.

Can I cancel or reduce my cover?

Yes, you can cancel or reduce your cover at any time:

- call 1800 813 327, or
- log into your online account at hesta.com.au/login, or
- send your written, signed instructions to us, or
- complete and return the Insurance alteration form available at hesta.com.au/forms

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

Yes, but you'll need to complete the full Personal Health Statement in this guide or via hesta.com.au/login to be assessed by our 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.

Interim Accident Cover during assessment of your application

Whilst your application for insurance cover is being assessed by our insurer, you will be provided with interim accident IP Cover, Death Cover, and Lump-sum TPD Cover, as applicable. 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 a maximum $2 million for Death Cover and Lump-sum TPD Cover as applicable. The interim accident cover will continue until the earliest of:

- the date our insurer accepts your application for cover,
- the date our insurer accepts your application on special terms (i.e. insurance exclusions or fee loadings may apply),
- the date our insurer declines your application,
- the date you withdraw your application, and
- 120 days from the date HESTA is notified of your request for cover.

An interim accident IP benefit will become payable if you become totally disabled, as a result of accident, whilst interim accident cover applies, and is limited to a benefit payment period of two years.

Accident means a bodily injury caused solely and directly by accidental external and visible means, independent of any other cause.

Investment of insurance benefits

Death benefits, lump-sum TPD benefits and Permanent Incapacity Support Benefits received from the insurer will be invested in the HESTA cash investment option when received.

If a member becomes entitled to an Income Protection 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.
Qualifying for IP benefits
You need to meet the following policy definitions of ‘total disability’ and/or ‘partial disability’ to qualify to receive IP payments.

Total disability/Totally disabled
An insured member will be considered totally disabled if they suffer a total and permanent disability or a total and temporary disability as defined below.

Total and permanent disability/Totally and permanently disabled (under Income Protection Cover)
A member is Totally and Permanently Disabled at the end of the Waiting Period where our insurer is reasonably satisfied that the member is unlikely, because of ill health, to ever again engage in gainful employment for which the insured member is reasonably qualified by education, training or experience and are not unable to work as a result of their registration to a medical or professional body being no longer active. The member will be treated as being Totally Disabled until the earlier of the end of the Benefit Payment Period and death.

For the purposes of this definition, ill health means suffering from one of the following medical conditions as defined in the policy:

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

Total and temporary disability
A member is Totally and Temporarily Disabled if, because of illness or injury he or she:

- ceases to be Gainfully Employed; and
- during the Waiting Period and for the first two years of the Benefit Payment Period - in the insurer’s opinion after considering medical evidence – the member is unable to perform at least one of the important duties of his or her Usual Occupation due to the direct result of injury or illness.

After the expiry of two years of the Benefit Payment Period — in the insurer’s opinion after considering medical evidence — the member must be disabled to such an extent that he or she is unlikely ever to be capable of engaging in his or her Usual Occupation. For the avoidance of doubt, the capability of engaging in the insured member’s Usual Occupation will be determined having regard to the general nature of the member’s occupation.

An insured member would not be totally and temporarily disabled if he or she is engaged in any work for wages or profit, or is not under the continuous care of and following the treatment recommended by a Medical Practitioner, or unable to work as a result of their registration to a medical or professional body being no longer active.

An insured member will be considered to have ceased to be Gainfully Employed due to an illness or injury if, within a period of 90 days after the member was employed or self-employed, they became incapable of performing at least one of the important duties of their last occupation due to that injury or illness. Different definitions may apply for members continuously covered under the IP policy before 1 July 2014.
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 either:

- following a period during which payment of IP benefits was made due to total disability; or
- from the day after the end of the waiting period, if you are totally disabled for at least seven out of 12 consecutive days during the waiting period, provided you remain partially disabled at that time.

If you're eligible for partial disability benefits, these are only payable for the balance (if any) of a period of two years since the end of the waiting period irrespective of your Benefit Payment Period. Any period where total disability benefits have been paid is included within that two year period.

An insured member would not be partially disabled if he or she is unable to work as a result of their registration to a medical or professional body being no longer active.

Low income workers
Under the 85% limit, if you earn less than $13,412 p.a. you may not be eligible to receive the full $950 per month standard IP benefit (for two units) in the event of a successful claim. You can choose to reduce your IP Cover to suit your needs by logging into your member account at hesta.com.au/login and choosing the 'change your insurance' cover option in the insurance portal, or completing the Insurance alteration form available at hesta.com.au/forms

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

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

A represents the insured member’s Pre-Disability Income and

B is the greater of the employment income and self employment income the insured member earned, or is capable of earning, for the month that the partial disability benefit is payable.

In calculating the amount a member is capable of earning the insurer will take into account the medical evidence and all other relevant information including, but not limited to, relevant financial information such as copies of tax returns or any Notice of Assessment issued by the Australian Tax Office (ATO) and any other information the insurer considers necessary to calculate the amount a member is capable of earning.

Monthly benefit – how much can I be insured for?
The maximum monthly benefit a member may be insured for under the IP policy is $25,000.

The monthly benefit a member may receive is capped at the lesser of:

a) the monthly benefit equal to the units of cover last accepted for that Insured member; and

b) 85% of the insured member’s Pre-Disability Income.

Payment of IP benefits
IP benefits are payable monthly in arrears once your claim has been accepted. No payment is applicable for the waiting period. Once payment of your IP benefits begin, 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 IP benefits are payable.
Offsetting IP payments

The monthly IP benefit payable will be reduced so that the combined amount of the benefit payable and Other Disability Income is no more than 85% of a member’s Pre-Disability Income.

Other Disability Income means:
Any income, benefits or payments (other than benefits received under the IP policy and investment income) or commutations of income, benefits or payments paid or payable in respect of the insured member’s sickness or injury including, but not limited to:

a) all benefits or other payments (whether lump sum, periodic or otherwise) which are paid, or are required to be paid, in relation to the injury or illness, including:
i) under any workers’ compensation, motor accident compensation or similar legislation or scheme;
ii) from Centrelink where Centrelink does not offset IP benefits;
iii) under any statute, or as damages under common law (whether or not modified by statute), for loss of income, loss of earning capacity or any other economic loss, (including any benefits or payments received for work injury damages), whether paid as a lump sum or not;
iv) under any disability income type insurance policy or any other insurance policy that pays benefits due to disability or illness; and
v) from the settlement of disputed claims in relation to any of the above;
b) any other loss of income, loss of earning capacity or any other economic loss component of a lump sum payment paid or required to be paid in relation to the injury or illness of the Insured Member;

c) any superannuation contributions referable to the period when benefits are payable, including settlement or commutations amounts in respect of loss of superannuation contributions referable to that period under any statutory regime or common law settlements, and

d) any paid sick leave received at the same time the IP benefit is being paid;

Any income described above which is paid as a lump sum including by way of settlement or commutation, or is commuted to a lump sum, will be treated as a monthly income of 1/60th of the lump sum payable over a period of 60 months (i.e. five years).

You must provide us with a breakdown of the lump sum including the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss, the amount claimed in respect of each type of loss. We will only reduce what we pay you by the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss for the same period.

Annual leave, and long service leave entitlements are not treated as Other Disability Income. Any benefits paid for total and permanent disability under any insurance policy do not affect benefits under this policy.

Waiting period

The waiting period commences the day after a Medical Practitioner has certified the member is unable to work due to sickness, injury or illness.

If you have IP Cover, there’s a waiting period (normally 90 days) before your claim for an IP payment will be assessed. 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 is 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.

Members with IP Cover since before 1 July 2014

Where a member continues to be disabled at the end of the first two-year benefit payment period (where benefit period exceeds two years), as a result of a new injury or illness that occurred independently to a previous claim, a new waiting period, benefit payment period and maximum aggregate 24 month period of total and partial disability apply to the new claim.

Members with IP Cover commenced after 1 July 2014

Where a member’s IP Cover commenced after 1 July 2014 and the benefit payment period is more than two years, any new illness that continues to cause disability will be treated as part of the same claim and will not give rise to a separate claim. In these circumstances a new waiting period, benefit payment period or aggregate 24 month period of total and partial disability will not apply to the new claim.

Ongoing assessment

In order to substantiate ongoing disability, 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.

Current benefit recipients (events prior to 1 March 2012)

A member who was on claim or eligible to claim under the OnePath (formerly ING) or CommInsure IP policies applying prior to 1 March 2012 who returns to their pre-disability hours and duties for two consecutive months or is capable of doing so after 1 March 2018 (in our insurer’s opinion), after ceasing to be on claim, will receive cover under this policy to age 67 (with a benefit period to age 67 or two years as applicable). A member who returns to work after 1 March 2018 but not at their pre-disability hours and duties for two consecutive months, will have full cover to their Former Cover Expiry Age and New Events Cover only from their Former Cover Expiry Age to age 67.

Where a member has ceased to be on claim but has not returned to work and is not capable of returning to work at their pre-disability hours and duties for two consecutive months, they will receive full cover to their Former Cover Expiry Age and a benefit payment period of either two years or to age 60 or 65 as applicable (consistent with their benefit payment period under their previous OnePath or CommInsure cover).

The Former Cover Expiry Age which applies for members on claim with OnePath (formerly ING) and CommInsure prior to 1 March 2012 is generally age 60. Some members made an active decision to have cover to age 65 in some circumstances.

Where a member on claim for an event prior to 1 March 2012 reaches their Former Cover Expiry Age while on claim, they will not be entitled to further Income Protection Cover or benefits as a member of HESTA.

If you are currently receiving income protection payments, different monthly benefits may apply.

Additional information on exclusions

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

- any war or act of war
- your intentional self-inflicted act
- pregnancy, childbirth or miscarriage, unless you are disabled for more than three (3) months from the later of the date your pregnancy finishes or the date your disability starts. When this occurs, your disability will be taken as starting at the later date and the waiting period will then begin. If you are disabled as a result of an injury, illness or condition which has no relationship to your pregnancy, this pregnancy exclusion will not apply.

Payments will not be made if the payment would cause the insurer to infringe health insurance legislation.

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 of disclosure and made no relevant misrepresentations in the application.

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

a) 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
b) for which you had, or were intending to have a Medical Consultation before you received cover or an increase in cover, or
c) 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).
Overseas cover while in receipt of IP benefits

If, after payment of your IP benefit begins, you travel or live overseas for more than six months (or a longer period if the insurer agrees), payment of any 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 IP benefits. If your IP benefit payments stop, they will only resume if your entitlement is established while you live in Australia or another country approved by the insurer.

Ceasing employment

IP cover commenced after 1 July 2014

If your IP Cover commenced after 1 July 2014, you will not be eligible to claim a Total and Temporary (or Partial) disability benefit where the disability occurred more than 90 days after ceasing employment.

IP cover commenced before 1 July 2014

If your IP Cover commenced before 1 July 2014, you may be eligible to claim a Total and Temporary (or Partial) disability benefit where disability occurs more than 90 days after ceasing employment in some circumstances. Where eligible, payments will be directed to your superannuation account until a superannuation condition of release has been satisfied.

Other important IP definitions

<table>
<thead>
<tr>
<th>Gainful employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Means a medical practitioner who is suitably qualified and fully registered without any restrictions and practising as a medical practitioner in Australia other than:</td>
</tr>
<tr>
<td>a) the insured member,</td>
</tr>
<tr>
<td>b) an insured member’s immediate or extended family member, or</td>
</tr>
<tr>
<td>c) an insured member’s manager, employee, colleague or business associate.</td>
</tr>
</tbody>
</table>

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.

The above definition of Medical practitioner also applies for cover under the Group Life (Death and Lump sum TPD) Insurance Policy.
Pre-Disability Income
For insured members who were employed (and not self-employed) immediately prior to their disability, Pre-Disability Income means the average monthly income during the 12 months prior to their most recent period of disability. Where a member becomes disabled during unpaid parental or employer-approved leave Pre-Disability Income is the average of monthly income in the 12 months before the leave first commenced or if the insured member has been employed for a period of less than 12 months before commencement of that leave, the average monthly employment income during the period they were continuously employed before the leave first commenced, subject to a minimum averaging period of one month.

Where a member is on unpaid parental leave or other employer approved leave in the 12 month period before disability or suffers disability within 90 days of ceasing employment with their employer, the average monthly Pre-Disability Income only takes into account the months the member was in paid employment for the entire month.

For insured members who were self-employed (and not employed) immediately prior to their disability, Pre-Disability Income means the average monthly earnings generated by the business as a direct result of a member’s personal exertion during the 12 months immediately before their most recent period of disability or, if in business for less than 12 months, during the period for which they have been in business, subject to a minimum averaging period of one month (less the average monthly share of business expenses before the deduction of applicable income tax).

Where a member continuously covered since before 1 July 2014, becomes entitled to a benefit while they are unemployed Pre-Disability Income will be the total monthly employment and self-employment income in the most recent 12 month period the member was employed or self-employed prior to disability or the actual period of employment or self-employment if less than 12 months.

Where an insured member has had periods of employment and self employment in the 12 months immediately prior to disability the Pre-Disability Income will be calculated by adding together employment and self-employment income in the 12 month period and dividing that amount by 12. If the insured member had a period of unpaid parental or other employer approved leave during their employment and/or period of unemployment, the Pre-Disability Income is the average monthly employment and self employed income for the 12 month period, taking into account only those months where they were in paid employment or self employed for the entire month, subject to a minimum averaging period of one month.

A different definition of Pre-Disability Income may apply under certain circumstances.

Income from employment includes all salary and wages (including payments while on paid leave) fees, commissions, bonuses and regular overtime, fringe benefits and employer superannuation contributions referable to the period (whether or not paid in that period). Self-employed income includes earnings from personal exertion including concessional superannuation contributions, less their share of business expenses (before the deduction of any applicable income tax).
Terminal illness benefits
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:
• prior to age 70 two Medical Practitioners one of whom is an appropriate specialist (practising in an area related to the injury or illness suffered) have jointly or separately certified you suffer an illness, or have incurred an injury, that is likely to lead to your death within 24 months of the date of certification and for each of the certificates the certification period has not ended; or
• if you are aged between 70, and age 75, two Medical Practitioners one of whom is an appropriate specialist (practising in an area related to the injury or illness suffered), have jointly or separately certified you suffer from an illness, or have incurred an injury, likely to result in death within six months or less from the date of certification and for each of the certificates, the certification period has not ended.

The terminal illness insurance benefit available is the lesser of:
• the insured benefit; or
• $3 million.

If you’re paid a terminal illness benefit, your Death Cover will cease, unless your Death Cover is greater than $3 million, in which case the balance is paid when you die, as long as:
• your death occurs before age 75, and
• you have continued to pay Death Cover insurance fees.

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:

a) 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

b) 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

c) for each of the certificates, the certification period has not ended.

From 1 March 2018, the requirements for claiming a terminal medical condition have been aligned with the requirements that apply under the insurance policy for members under age 70. This ensures members can receive both insurance benefits and access to their superannuation account tax free in these circumstances.

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.

The investment choice in place at the date of your death continues to apply to your account until the benefit is paid. Any insurance proceeds received are invested in the HESTA cash investment option until paid (see page 31).

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 preferred 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
- interdependent
- legal personal representative, which means the executor or administrator of the Estate.

It is important to note, if a nominated beneficiary is not alive at the time of the member’s death, or is not a dependant or legal personal representative, the Trustee will determine to whom the benefit is paid.

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

The Trustee will advise in writing if your binding death 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 includes people who were temporarily living apart.

Government regulations require that trustees take into account the following criteria when assessing interdependency:

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.

**Pandemic illness**

Our insurer has the power to invoke the following exclusion:

- death or terminal illness benefits will not be paid if your death or terminal illness is directly or indirectly because of a pandemic illness; and
- the Death or terminal illness occurs within 30 days of the cover; a) commencing, b) recommencing, or c) increasing.

A Pandemic Illness is an illness in respect of which a pandemic (including epidemic) alert, advisory notification, declaration or other similar publication is issued by:

a) the Australian Government (including a relevant Australian Government department, authority, minister or officer), or
b) the World Health Organisation.

**Death Cover if you’re receiving IP payments**

If you’re receiving IP payments, you can retain your Death Cover by maintaining your HESTA membership and enough money in your account to cover your insurance fees.
Important information about lump-sum TPD cover

Lump-sum TPD Cover may provide you with a lump-sum payment if you’re permanently unlikely to work and you meet the relevant definition.

**Lump-sum TPD definitions from 1 July 2014**

The Specific Loss, Cognitive loss, Loss of independent existence, Home duties and Activities of daily work definitions also require that a member must be determined by the insurer to be permanently incapacitated to such an extent as to render him or her unlikely ever to engage in any gainful occupation, business, profession or employment, for which he or she is reasonably suited by education, training or experience. This change applies to members who join from 1 July 2014, and to members who joined prior to 1 July 2014 in relation to any cover taken up after 1 July 2014.

Please see Important TPD definitions commencing on this page for the full definitions.

**Additional information on lump-sum TPD limitations**

You cannot take out Lump-sum TPD Cover without Death Cover

Lump-sum TPD Cover must be combined with Death Cover. You cannot have Lump-sum TPD Cover as a stand-alone cover, or combine it on its own with IP Cover. You can combine Lump-sum TPD and Death Cover or Death Cover, Lump-sum TPD Cover and IP Cover. You are able to apply for and hold more Lump-sum TPD Cover than Death Cover.

**Important TPD definitions**

The following are the definitions for total and permanent disablement which apply under our insurance policy.

Members aged 65 or above will only be assessed against the specific loss (2), loss of independent existence (3) and cognitive loss (4) definitions of TPD.

Where a member with TPD cover has not had previous employment, the ‘loss of independent existence’ (3) definition applies.

For Lump-sum TPD Cover, this means:

1. **Unlikely to return to work**

   As a result of injury or illness, the insured member is:
   - totally unable to engage in any occupation, business, profession or employment for a period of three consecutive months, and
   - determined by our insurer at the end of that three-month period (or such later time as the insurer agrees with us), to be permanently incapacitated to such an extent as to render him or her unlikely ever to engage in any gainful occupation, business, profession or employment, for which he or she is reasonably suited by education, training or experience;

   OR

2. **Specific loss**

   As a result of illness or injury, the insured member suffers the total and permanent loss of the use of:
   - two limbs (where limb is defined as the whole hand or the whole foot), or
   - the sight in both eyes; or
   - one limb and the sight in one eye;
   and, except for Insured members who have been continuously covered since prior to 1 July 2014, is determined by the insurer to be permanently incapacitated to such an extent as to render him or her unlikely ever to engage in any gainful occupation, business, profession or employment, for which he or she is reasonably suited by education, training or experience.

   (see over for more TPD definitions)

   OR
3. Loss of independent existence
As a result of illness or injury, the insured member suffers loss of independent existence. Loss of independent existence means, the insurer has determined the insured member is totally and irreversibly unable to perform at least two of the following five ‘activities of daily living’ without the assistance of another adult:
- bathing and/or showering;
- dressing and undressing;
- eating and drinking;
- using a toilet to maintain personal hygiene;
- getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or with assistance of a walking aid;

and, except for Insured members who have been continuously covered since prior to 1 July 2014, is determined by the insurer to be permanently incapacitated to such an extent as to render him or her unlikely ever to engage in any gainful occupation, business, profession or employment, for which he or she is reasonably suited by education, training or experience.

OR

4. Cognitive loss
As a result of illness or injury, the Insured member suffers cognitive loss and, except for Insured members who have been continuously covered since prior to 1 July 2014, is determined by the insurer to be permanently incapacitated to such an extent as to render him or her unlikely ever to engage in any gainful occupation, business, profession or employment, for which he or she is reasonably suited by education, training or experience. ‘Cognitive loss’ means the insurer has determined a total and permanent deterioration or loss of intellectual capacity has required the Insured member to be under continuous care and supervision by another adult person for at least three consecutive months and, at the end of that three month period, they are likely to require permanent ongoing continuous care and supervision by another adult person.

OR

5. Home duties definition
All of the following paragraphs a), b) and c) and d) apply to the insured member:

a) the insured member has not been employed in the 12 months immediately before the date of disablement, and during that time, was capable of performing full-time unpaid domestic duties (even if not actually performing such domestic duties); and

b) as a result of sickness or injury, has been unable to perform domestic duties for six consecutive months from the date of disablement and our insurer considers, on the basis of medical evidence and other evidence satisfactory to our insurer, the person is unlikely ever to be able to engage in their unpaid domestic duties, or any occupation, whether or not for reward; and

c) is so incapacitated that they are unable to leave their place of residence without the assistance of another person; and

d) except for Insured members who have been continuously covered since prior to 1 July 2014, is determined by the insurer to be permanently incapacitated to such an extent as to render him or her unlikely ever to engage in any gainful occupation, business, profession or employment, for which he or she is reasonably suited by education, training or experience.

For the purpose of paragraph b), occupation means an occupation that the insured member can perform, on a full-time or part-time basis, based on the skills and knowledge the insured member has acquired through previous education, training or experience,
6. Activities of daily work definition
The Insured member has become so disabled by injury or illness that he or she will never be able to perform at least four of the following activities of daily work and, except for Insured members who have been continuously covered since prior to 1 July 2014, is determined by the insurer to be permanently incapacitated to such an extent as to render him or her unlikely ever to engage in any gainful occupation, business, profession or employment, for which he or she is reasonably suited by education, training or experience:

a) Bending: the ability to bend, kneel or squat to pick something up from the floor and straighten up again.

b) Communicating: the ability to:
   i) clearly hear with or without a hearing aid or alternative aid if required
   ii) comprehend and express oneself by spoken or written language with clarity, and
   iii) successfully communicate on a day-to-day basis in a work environment.

c) Vision (reading): the ability to read, with or without correction or with suitable lenses, to the extent that an ophthalmologist can certify that:
   i) visual acuity is equal or greater than 6/48 in both eyes, or
   ii) constriction is within or greater than 20 degrees of fixation in the eye with the better vision.

d) Walking: the ability to walk more than 200m on a level surface without stopping due to breathlessness, angina or severe pain anywhere in the body.

e) Lifting: the ability to lift, carry or otherwise move objects weighing up to 5kg using either or both hands.

f) Manual dexterity: the ability, with reasonable precision and success, to:
   i) use at least one hand, its thumb and fingers, including the ability to pick up and manipulate small objects, and
   ii) use a keyboard.

The insured member must be undergoing appropriate treatment/care and any claim must be supported by evidence.

7. Specific medical conditions
All of the following paragraphs (i), (ii), (iii) and (iv) apply:

i) the insured member was, on the date of disablement, aged 65 years or less; and

ii) the person is absent from all work as a result of suffering Cardiomyopathy, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Quadriplegia, Hemiplegia, Diplegia, Tetraplegia, Dementia and Alzheimer’s Disease, Parkinson’s Disease, Blindness, Loss of Speech, Loss of Hearing, Chronic Lung Disease or Severe Rheumatoid Arthritis; (each as defined in Schedule 2 of Medical Conditions Definitions set out in the Policy) and

iii) our insurer considers, on the basis of medical and other satisfactory evidence, the person is unlikely ever to be able to engage in any occupation whether or not for reward; and

iv) the person is likely to be so disabled for life.

For the purposes of paragraph (iii), occupation means an occupation that the person can perform on a full-time basis prior to the date of disablement, or a part-time basis if employed on a part-time basis prior to the date of disablement, based on the skills and knowledge the insured member has acquired through previous education, training or experience.
Your duty of disclosure

HESTA has taken out a contract 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 you apply for insurance cover and before that cover is accepted by the insurer, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect the insurer’s decision to provide the insurance and on what terms.

You have this duty of disclosure until the insurance is provided.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

• reduces the risk of the insurance; or
• is common knowledge; or
• the insurer knows or should know as an insurer; or
• the insurer waives the duty to tell the insurer about.

If you do not tell us something

If you do not tell the insurer anything that you know, or could reasonably be expected to know, that affects the insurer’s decision to provide the insurance, then the insurer can exercise a number of remedies under the contract.

This means that it can do any one of the following things:

a) the insurer can treat your insurance cover as never having commenced. The insurer can do this if it becomes aware of something which you should have told them before entering into the contract and that fact would have meant that the insurer would not have agreed to provide insurance cover to you on any terms e.g. they would not have given you insurance even if you agreed to pay an extra premium; or

b) the insurer can reduce the amount of insurance cover provided to you; or

c) the insurer may choose to continue to provide you with insurance cover but change the basis upon which it provides that insurance to you (vary the contract). If the insurer chooses to do this, then it will do so by putting the insurer back in the same position it would have been in had you told the insurer everything you should have.

NOTE: The insurer can only exercise options a) and b) within three years of providing you with insurance cover. The insurer cannot exercise option c) if you are only insured for death insurance.

If the insurer chooses to do any one of a), b) or c) then the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If the insurer can treat your cover separately, it can choose to apply any one of these options separately to each type of insurance.

This means that if you are insured for Death and TPD Cover, the insurer may treat your TPD Cover as never having commenced but allow your death insurance cover to continue.

If you fail to provide all the information which you are required to provide (your duty of disclosure) and the failure is fraudulent, then the insurer may refuse to pay a claim and treat your insurance cover as never having commenced.

Privacy information

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

HESTA Privacy Officer
Locked Bag 5136
Parramatta NSW 2124
1800 813 327
hesta.com.au/privacy
Need a little help from a friend?

Education and advice – how can we help?

Believe it or not, if you can manage the household budget, you can easily manage your super. With the right guidance, your super really can be just as straightforward.

Our financial education and advice service is here to give you that guidance. Our Member Education Managers, Superannuation Advisers and Financial Planners 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 education options — from the convenience of online education, right through to workplace education sessions. All you need to do is choose the options that work best for you.
Education

Online education — 24/7 education at home
• financial goal setting
• income streams
• financial planning
• saving
• social security
• retirement basics
Improve your financial skills today at hesta.com.au/money101

Workplace education sessions — let us come to you
• how super works
• transition to retirement
• government co-contributions
• easy money management
• combining super
• low-cost banking services for members

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

Advice

One-on-one advice — at no-extra cost
• review your investment options
• determine the adequacy of your income in retirement
• determine the most tax-effective way to make additional contributions to your super
• consider your insurance needs

Personal retirement advice — get the most out of your retirement
• help with creating a personalised transition to retirement strategy at no extra cost
• advice on choosing the investment options to suit your needs
• maintaining your super and insurance when you start accessing your super

Financial planning — full service advice
• making your investments work harder
• setting your retirement goals
• super and the Age Pension
• your super and tax
• creating a contributions strategy that works for you
• aged care
• provided on a fee-for-service basis
• personalised advice for couples
• Investments outside of super

contact us
hesta@hesta.com.au  |  1800 813 327  |  Locked Bag 5136, Parramatta NSW 2124  |  hesta.com.au
...because your stories are our inspiration.