



INSURANCE

1 JULY 2017

EMPLOYER SUPER
CORPORATE SUPERANNUATION DIVISION
MERCER SUPER TRUST
INSURANCE BOOKLET 1

The information in this booklet forms part of the Product Disclosure Statement for the Employer Super section of the Corporate Superannuation Division in the Mercer Super Trust dated 1 July 2017.

MAKE TOMORROW, TODAY



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ABOUT THIS BOOKLET

This *Insurance* booklet (Booklet) is a summary of the key terms and conditions of the insurance arrangements applicable to your Plan. Your Plan is part of the Employer Super section of the Corporate Superannuation Division within the Mercer Super Trust. This Booklet should be read in conjunction with the Employer Super Product Disclosure Statement (PDS).

The *Your Plan Details* guide (your Plan Guide) which is available by calling the Helpline or by using your personal login at mercersuper.com, contains more specific information about your insurance arrangements in your Plan. Your Plan Guide is **not** part of the PDS.

References to 'your Plan' throughout the PDS and this Booklet mean your Employer Plan in the Employer Super section of the Corporate Superannuation Division in the Mercer Super Trust.

Mercer Superannuation (Australia) Limited (MSAL) ABN 79 004 717 533 AFSL 235906 is the trustee of the Mercer Super Trust. In this Booklet, MSAL is called trustee, we or us.

MSAL is a wholly owned subsidiary of Mercer (Australia) Pty Ltd (Mercer) ABN 32 005 315 917.

MSAL is responsible for the contents of this Booklet and is the issuer of this Booklet. Mercer, your Employer and the insurer are not responsible for the issue of, or any statements in this Booklet, the PDS or any of the other important information booklets referred to in this Booklet or the PDS. They do not make any recommendation or provide any opinion regarding your Plan in the Mercer Super Trust or an investment in it.

The insurance part of your super payout is subject to the terms and conditions of the applicable insurance policy. Other conditions may apply.

Your Plan's insurance is provided through a group insurance policy (known as the trustee's umbrella policy) with AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (referred to as the Insurer throughout this Booklet) who has consented to being so named.

In providing insurance cover, the Insurer will collect and use your personal information. Your privacy is important to the Insurer. The Insurer's privacy policy sets out how your personal information is managed by them and is available at: www.aia.com.au

You should not rely on this Booklet as a full and complete description of the terms and conditions of the insurance policy. All terms and conditions of the insurance policy prevail over any inconsistency in this Booklet. Your super payout could be reduced if the Insurer does not pay out all or part of the insured benefit when a claim is made.

The trustee has the right to change the Insurer.

You should consider the information in this Booklet and the PDS and any other important information booklets referred to in this Booklet and the PDS before making any decision about your super.

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

Your Employer is as defined in your Plan Guide.

HOW TO CONTACT US

Trustee

Mercer Superannuation (Australia) Limited
ABN 79 004 717 533
GPO Box 4303
Melbourne VIC 3001

Tel: **1800 682 525**
If calling from outside Australia **+61 3 8687 1823**

Helpline

Call the Helpline on **1800 682 525** from 8am to 7pm AEST Monday to Friday.

If calling from outside Australia **+61 3 8687 1823**

Website

[mercersuper.com](https://www.mercersuper.com)

After you join the Plan, we will send you your personal login. You will then be able to access your Plan Guide and other information about your super in the Mercer Super Trust and other relevant information including annual reports and member newsletters.

Generally [mercersuper.com](https://www.mercersuper.com) is available 24 hours per day, seven days per week. Please note, however, that the website may not be available when we need to carry out scheduled updates or maintenance.

Call the Helpline if you need information about accessing the website.

Postal Address

Mercer Super Trust
GPO Box 4303
Melbourne VIC 3001

Help in making decisions

You should get advice from a licensed, or appropriately authorised financial adviser.

There are helpful tools and further information at [mercersuper.com](https://www.mercersuper.com) including:

- up to date information on investment options
- information from our wealth education experts, and
- financial planning tools.



Looking for financial advice?

If you wish to find out about Mercer financial advice services or speak to a Mercer financial adviser call **1800 702 993**

Mercer financial advisers are authorised representatives of Mercer Financial Advice (Australia) Pty Ltd ABN 76 153 168 293 AFSL 411766.



How to get your Plan Guide

Your Plan Guide is available from the Helpline or by using your personal login at [mercersuper.com](https://www.mercersuper.com)



Updated information

The information in this Booklet, the PDS and the other booklets (that are part of the PDS) may change.

You can obtain updated information that is not materially adverse at [mercersuper.com](https://www.mercersuper.com) or by calling the Helpline to request a copy of the information free of charge. Changes which are materially adverse will be advised to you as required by law.



Keep your contact details up to date

We can only send you information if we have your current contact details. You can update your details via our website [mercersuper.com](https://www.mercersuper.com) (sign in using your personal login) or call the Helpline.

We may send member communications to you (including member statements and significant event notices that the law permits) via:

- email (where we have an email address for you including any email address provided by you or any other person on your behalf including your Employer), and/or
- SMS (where we have a mobile number provided by you), and/or
- a link to a website so you can download them.

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



DEATH AND TPD INSURANCE TERMS AND CONDITIONS

This section is a summary of the terms and conditions for the Death and Total and Permanent Disablement (TPD) insurance cover in your Plan.

Call the Helpline for more information about insurance terms and conditions.

See the Glossary for terms used in this Booklet.

WHEN YOU JOIN YOUR PLAN

Death cover (including Terminal Illness cover)

Death cover provides a lump sum benefit if you are diagnosed with a Terminal Illness or die. Refer to your Plan Guide for more information about the level of Death cover and other options in your Plan.

Your beneficiaries and/or your estate will receive your insured benefit if you die. You will receive an insured Terminal Illness benefit if you are diagnosed with a Terminal Illness and satisfy other applicable conditions including the condition of release under superannuation law.

TPD cover

TPD cover provides a lump sum payment if you become totally and permanently disabled due to an illness or injury and satisfy other conditions. Refer to your Plan Guide for more information about the level of TPD cover and other options in your Plan.

Underwriting

Underwriting is a process where the Insurer considers your application for cover by taking into account your lifestyle, current health, salary details, past medical history and your family medical history. To start this

process, you will generally be required to complete a personal statement. The Insurer may ask you for further information based on their findings. The Insurer may accept, decline or impose special conditions (such as an exclusion, restriction or premium loading) for the amount of cover that is subject to underwriting.

You will be advised of the date your cover starts if the Insurer accepts your application.

Changing your Death or Death and TPD cover

You can generally apply to increase, opt out, or reduce your insurance cover at any time. If you want more insurance cover, you can increase the amount in two ways:

- (a) Voluntary Insurance cover – underwriting required
- (b) Life Events cover – evidence of life event required.

The type of evidence you'll need will depend on the amount of increase you require or the type of life event.

Where available, you can apply for Voluntary Insurance cover when you join your Plan or at any other time you are a member of your Plan. Refer to your Plan Guide for the insurance cover available in your Plan.

Interim accidental cover

The Insurer will cover you for Accidental Death and (if applicable) Accidental TPD while it is assessing your insurance application.

Interim cover starts from the date you sign your insurance application. It ends on the earlier of:

- your application being accepted or being limited by the Insurer, or
- you withdrawing your application, or
- 20 business days after the Insurer notifies us that your application has been declined (we will advise you of this date after we receive the information from the Insurer), or
- 90 days past the date the interim cover started, or
- when a benefit becomes payable under these interim cover conditions.

A benefit will not be payable if during the interim cover period your Accidental Death or Accidental TPD is caused directly or indirectly by engaging in any sport or pastime for which, at the time of application the Insurer would not normally provide cover at standard rates or terms. Sport or pastime includes but is not limited to abseiling, aviation, (other than a passenger on a recognised airline), football (all codes), long-distance sailing, scuba diving, motor racing, parachuting, powerboat racing, mountaineering or martial arts. Other exclusions may also apply. See the 'Exclusions and reductions to your cover may apply' section later in this Booklet.

All other terms and conditions of the policy apply to interim cover. There are no premiums for the period of interim cover.

You will be advised of the start date for your cover and/or if the Insurer accepts or limits your cover.

You will have the same amount of interim cover as the insurance cover for which you are being assessed, subject to a maximum of \$2 million for Death cover and \$1.5 million for TPD cover.

Increase cover after a Life Event

You may be able to increase your insurance cover without underwriting if there is a change or significant event in your life. You can apply at any time while you are a member of your Plan, subject to the conditions below.

Your Plan Guide will describe how much cover you can select, if any, and the cost of cover.

The types of Life Events you can apply for are described below:

Life Event

Getting married or registering a Registered Relationship

The first anniversary of a De facto Relationship where that anniversary is on or after the date your insurance cover started

Divorce, revocation or termination of a Registered Relationship in accordance with the applicable state or territory law

First anniversary of your Separation from a marriage, a Registered Relationship or a De facto Relationship where that anniversary is on or after the date your insurance cover started

Birth or adoption of a child by you or your Spouse

You take out a mortgage on the initial purchase of your primary residence

You take out a new mortgage, increase an existing mortgage for your primary residence to renovate/ extend for at least \$50,000

How to apply for Life Events cover

You will need to complete a *Life events application form in the Mercer Super Trust* within 60 days of the event occurring. You will need to provide specific details about the life event and provide certified copies of documents.

Download this form from our website mercersuper.com by using your personal login or request it from the Helpline.

Life Events cover will start from the date the Insurer has accepted your life event application. If you do not complete the application correctly or the evidence submitted is unsatisfactory, the Insurer may not accept your application. You will be advised of the start date for your cover after the Insurer has informed us that your application has been accepted.

Criteria for Life Events cover

You must meet the following conditions if you want to apply for Life Events cover:

- At the date of the life event, you must have insurance cover which has been accepted on standard terms;
- Your basic cover must not be unit based;
- You must be under age 65 on the date of completing the application for Life Events cover;
- You must not have been granted Life Events cover more than once in any 12 month period or more than three times while having insurance cover through your Plan. If you exceed any of these limits and in the event of a claim, the Insurer will decline to pay the part of your cover that was obtained through Life Events cover after exceeding the relevant limit.

This will occur even if premiums have been paid, in which case these premiums will be refunded;

- You must not have made, or be eligible to make, a claim for TPD, TTD (or similar cover) or Terminal Illness under any policy held with the Insurer;
- You must not have been previously declined cover above your Plan's AAL;
- For changes to your relationship status, you are only allowed one life event per relationship.

Conditions of Life Events cover

- If you have been granted Life Events cover because of a new or increased mortgage for a renovation or extension to your primary residence, then, for the first six months from the date of the increase, the Insurer will only pay the amount of increased cover for Accidental Death and Accidental TPD;
- Life Events cover will not be payable for the first 13 months from receiving Life Events cover if your:
 - Death or Accidental Death is caused by suicide, or
 - TPD or Accidental TPD or Terminal Illness is caused by attempted suicide or any deliberate self-inflicted injury or illness;
- If you are not At Work on the date the Insurer accepts your completed Life Events application, your increased cover for the first 12 months after the date the Insurer has accepted your life event application will be limited to New Events Cover only. This limitation will stop, when you are At Work for 30 consecutive days following the end of the 12 month period;
- If you are a Permanent Employee or Contractor working Full Time, are between 60 and 70 years old and have Life Events cover based on a fixed dollar value, then a portion of your Life Events TPD cover will be subject to the Limited TPD definition. The portion of your Life Events cover subject to the Limited TPD definition will increase by 10% for each year from your 60th birthday;
- Life Events TPD cover will be subject to the Limited TPD definition if you are a Permanent Employee or Contractor working Part Time, a Casual Employee or a Permanent Employee or Contractor working Full Time who is 70 to 75 years old.

WHILE YOU ARE A MEMBER OF YOUR PLAN

You need to understand some conditions that apply to your insurance cover.

Cover while on leave without pay

Your Death and TPD cover will continue for up to four years if you go on Employer approved leave without pay. Premiums must continue to be paid.

Your insurance cover will remain at the same dollar amount that applied immediately before your leave started. The TPD definition applying to you on the day immediately prior to starting your leave will be used to assess your claim should you become totally and permanently disabled during your leave.

When you return to work, your insured amount will be adjusted if necessary.

Your cover is subject to underwriting before the Insurer can provide you with insurance cover on your return, if you:

- return to work after four years, return to work after a date approved by the Insurer, or return to work after the specified return to work date (whichever is earlier), or
- cancel your cover and wish to reinstate it.

If you don't return to work by the specified return to work date, your insurance cover will automatically stop 30 days after the specified return to work date.

You may have to return to Australia at your own expense for medical treatment or assessment if you have a TPD claim while you are overseas.

You must advise us if you are going to be on leave without pay for longer than four years or for longer than your specified return date. The trustee will need to get the Insurer's prior written approval to continue cover.

Casual Employees with insurance cover cannot continue insurance cover while on leave without pay.

Cover while travelling overseas

Working overseas

You may be able to continue your Death and TPD cover if your Employer asks you to work or travel overseas.

If you work overseas on a temporary arrangement (including short business trips), Death and TPD cover will continue, providing the following conditions are satisfied:

- you must remain employed by your Australian Employer, and
- you must be an Australian Resident, and
- premiums for the cover must continue to be paid.

If you work overseas on a permanent arrangement, in addition to the above you must also advise us of your work and travel arrangements so that the trustee can provide you with more information about what will happen to your insurance arrangements and other benefits under your Plan.

Non-work related overseas travel

If you travel overseas for reasons that are not work related, your Death and TPD cover will continue providing the following conditions are satisfied:

- you must remain employed by your Australian Employer,
- you must be an Australian Resident, and
- premiums for the cover must continue to be paid.

TPD claims while overseas

If you make a TPD claim, you may have to return to Australia at your own expense for medical treatment or assessment (the trustee may not pay a TPD benefit if you do not return to Australia in the above circumstances).

Cessation of cover while overseas

If your cover stops or if you cancel it, your cover will be subject to underwriting before the Insurer can provide you with cover after you return to Australia.

Other important details

You must advise us if you are working overseas permanently so that the trustee can provide you with more information about what will happen to your insurance arrangements and other benefits under your Plan.

You should talk to your Employer if any of these circumstances apply to you.

You do not need prior written approval for overseas travel for non-business purposes.

Exclusions and reductions to your cover may apply

The following exclusions may apply to your insured benefit:

- Any increase in your insured amount for Death or TPD through Voluntary Insurance isn't payable if:
 - your Death is caused by suicide or your Terminal Illness is caused by any deliberate self-inflicted act, or
 - your TPD is caused by attempted suicide or by any deliberate self-inflicted actwithin the first 13 months from the date of the increase.
- For all cover, your insured benefit isn't payable if your Death, Terminal Illness, Accidental Death, TPD or Accidental TPD is caused:
 - wholly or partly, directly or indirectly:
 - by an act of War while you are overseas for your Employer, or
 - by active service in the armed forces of any country or territory or foreign or international organisation*, or
 - from any other exclusion imposed by the Insurer for the amount of cover that is subject to underwriting.

* If you are enrolled in the Australian Defence Forces Reserve, this exclusion will only apply where you are called up for active service.

Your insurance benefit may not be payable or may be reduced if:

- you do not notify us as soon as reasonably possible after you first became disabled, in circumstances where such a delay has prejudiced the Insurer's ability to assess and manage a claim, or
- you make a fraudulent claim, or
- you do not meet the claim requirements, or
- premiums are not paid.

In addition to the above exclusions, Life Events cover has additional benefit exclusions. See the 'Conditions of Life Events cover' section earlier in this Booklet.

When Death and TPD cover stops

Your Death and TPD cover stops in your Plan:

- if you call the Helpline or advise the trustee in writing that you want to cancel your cover, or
- if your Employer does not pay superannuation guarantee contributions on your behalf to your Plan within 120 days from the later of when you:
 - start work with your Employer; or
 - are first eligible for insurance cover under your Plan, or
- if you leave your Plan, or
- when you die, or
- if you are no longer an Australian Resident and you are no longer permanently in Australia or no longer eligible to work in Australia, or
- if the Insurer pays a Death (including Terminal Illness) or TPD benefit, or
- if the insurance policy terminates, or
- if your Employer stops participating in the Mercer Super Trust, or
- if you stop being employed by your Employer or the date your contract stops (as applicable), or
- if you Exercise Choice and you are not transferred to an Insurance Only category in your Plan. If you Exercise Choice and are transferred to an Insurance Only category in your Plan, please read the PDS for the Insurance Only category for the amount of Death and TPD cover provided to you in this category, or
- if you no longer qualify for insurance, or
- if you reach the Cover Expiry Age, or
- if you exceed the approved period of leave without pay (unless the Insurer grants written approval to extend cover), or
- if premiums are not paid, or
- if you make a fraudulent claim, or
- if you are a Casual Employee with insurance cover in your Plan, 12 months have passed since you last carried out all the duties of your usual occupation with your Employer.

Cost of cover can change

The Insurer may vary the cost of your insurance cover without your prior approval by giving notice to the trustee. Costs may change if:

- War or any act of invasion occurs (whether declared or undeclared) in which the Commonwealth of Australia's armed forces are involved in activities including combat, defence or other military and operational activities, or
- Australia is involved in War, or
- there are significant changes in the total number of insured members and/or total insurance cover and/or the information used in determining the premium rates for the Mercer Super Trust, or
- the guaranteed period of the premium rates provided by the Insurer to the trustee expires, or
- there is a change in taxes or duties or other legislative changes that increase the Insurer's costs, or
- your Employer fails to provide the trustee and the Insurer with the necessary information to operate the policy effectively.

The trustee will let you know of any change in the cost of cover. We will write to you at least 30 days beforehand if your cost of cover is increasing.

MAKING A CLAIM UNDER YOUR PLAN

A claim for Death or TPD may be made if you die or have an injury or illness.

How to make a claim

You must advise us as soon as reasonably possible of any claim or potential claim. To make a claim, you or your beneficiaries can call us on the Helpline.

You will also need to provide further information required by the Insurer to assess your claim, which may be at your own cost.

Paying your Death (Terminal Illness) or TPD benefit

The trustee must meet various legal requirements before it can pay a benefit.

While we make every effort to pay benefits quickly, there may be a significant time between the date of Death or TPD and the benefit payment.

The Insurer needs to assess medical and other evidence for a TPD claim and this can take between 12 to 18 months or longer.

You and your Medical Practitioner must provide the necessary documents and complete all application requirements to make a TPD claim. You will need to meet the costs associated with any claim.

You'll need to meet the Insurer's definition of Terminal Illness or TPD before being eligible for a Terminal Illness or TPD insurance payout while a member of your Plan.

You will need to pay for the cost of returning to Australia if you are living or travelling overseas.

The trustee can only pay an insured benefit if:

- the Insurer has accepted the claim
- the insurance proceeds have been received from the Insurer, and
- a relevant condition of release under superannuation law has been satisfied by you.

The trustee will not be able to pay the benefit if you do not satisfy a condition of release. We will deduct any applicable tax from your super payout. Refer to the *Accessing Your Super* fact sheet on mercersuper.com for details about the conditions of release under superannuation law.

The Insurer may, subject to law, consider your claim withdrawn or refuse to pay your claim if you do not meet its requirements.

WHEN YOU LEAVE YOUR PLAN

When you leave your Plan, you may be eligible to continue your insurance cover.

Leaving your Employer or Exercising Choice

Extended cover

Your Death and TPD cover automatically extends for 60 days after you leave your Plan. This could be because you have Exercised Choice (and your super has not been automatically transferred to an Insurance Only category) or you have left your Employer.

The 60 days start from when you leave your Employer or the date contributions are first remitted to your chosen fund (known as your Effective Date), provided that an insurance benefit has not been paid to you or becomes payable to you from the Mercer Super Trust.

This is called extended cover and stops when you reach the earlier of:

- your Cover Expiry Age, or
- the end of the 60 day period.

If your super payout is automatically transferred to the Individual Section of the Mercer SmartSuper Plan (Individual Section), your extended cover will not stop if you reach your Cover Expiry Age.

There are no premiums deducted for extended cover.

How to continue your cover

Once your insurance cover stops, as long as:

- an insurance benefit has not been paid or becomes payable to you from the insurance cover in your Plan, and
- you stop being a member of your Plan, and
- your super payout is automatically transferred to the Individual Section,

then the dollar amount of your Death and TPD cover will be transferred to the Individual Section on the day after the extended cover stops. This amount of transferred insurance cover is subject to a maximum amount.

More information can be found in the *How Your Super Works* booklet.

Any underwriting conditions that applied to your Death or TPD cover will continue in the Individual Section. The cost of cover in the Individual Section is generally higher than your cover in your Plan. The terms and conditions applicable to your insurance cover may also be different in the Individual Section. You can obtain more information from the *How Your Super Works* booklet.

If you leave your Plan due to injury or illness, your TPD cover in the Individual Section will be for new events only. A new event is from a medical condition that is not directly or indirectly related to a condition arising from the injury or illness which has caused you to stop working with your Employer or Exercise Choice in your Plan.

You cannot continue insurance cover under the Mercer Super Trust if you leave your Plan and we do not automatically transfer your super to the Individual Section.

A licensed, or appropriately authorised financial adviser can help you decide the most appropriate way to continue your insurance cover for your personal needs and circumstances.



TTD INSURANCE TERMS AND CONDITIONS

This section is a summary of the terms and conditions as they apply to Total but Temporary Disablement (TTD) insurance cover in your Plan.

Call the Helpline for more information about insurance terms and conditions.

See the Glossary for terms used in this Booklet.

WHEN YOU JOIN YOUR PLAN

TTD, also known as income protection, generally pays a Monthly Benefit (percentage of your regular income) if you cannot work due to injury or illness and you meet the Insurer's definition of TTD. See your Plan Guide for details about the TTD cover available under your Plan.

Underwriting

Underwriting is a process where the Insurer considers your application for cover by taking into account your lifestyle, current health, salary details, past medical history and your family medical history. To start this process, you will generally be required to complete a personal statement. The Insurer may ask you for further information based on their findings. The Insurer may accept, decline or impose special conditions (such as an exclusion, restriction or premium loading) for the amount of cover that is subject to underwriting.

You will be advised of the date your cover starts if the Insurer accepts your application.

Interim accidental cover

The Insurer will cover you for Accidental Injury while it is assessing your insurance application.

Accidental interim cover starts from the date you sign your insurance application. It ends on the earlier of:

- your application being accepted or being limited by the Insurer, or

- you withdrawing your application, or
- 20 business days after the Insurer notifies us that your application has been declined (we will advise you of this date after the Insurer provides us with this information), or
- 90 days past the date the interim cover started, or
- when a benefit becomes payable under these interim cover conditions.

A benefit will not be payable if during the interim cover period your Accidental Injury is caused directly or indirectly by engaging in any sport or pastime for which, at the time of application the Insurer would not normally provide cover at standard rates or terms. Sport or pastime includes but is not limited to abseiling, aviation, (other than a passenger on a recognised airline), football (all codes), long-distance sailing, scuba diving, motor racing, parachuting, powerboat racing, mountaineering or martial arts. Other exclusions may also apply. See the 'Exclusions to your cover may apply' section later in this Booklet.

All other terms and conditions of the policy apply to interim cover. There are no premiums for the period of your interim cover.

You will be advised of the start date for your cover, where the Insurer accepts or accepts but limits your cover.

You will have the same amount of interim cover as the insurance cover for which you are being assessed, subject to a maximum of \$15,000 per month.

WHILE YOU ARE A MEMBER OF YOUR PLAN

You need to understand some conditions that apply to your insurance cover.

Cover stops while on leave without pay

Your TTD cover will stop when you go on Employer approved leave without pay. TTD premiums will not be charged to your super account if this occurs.

When you return to work, as long as you return on your specified return to work date and this is within four years from when your leave without pay started, your TTD cover will restart and TTD premiums will be charged to your super account from that date.

If you return to work prior to your specified return to work date, your TTD cover will restart on the date after you are At Work for 30 consecutive days following the date of returning to work. TTD premiums will be charged to your super account from when your TTD cover restarts.

Your TTD cover is subject to underwriting before the Insurer can provide you with TTD cover if you:

- do not return to work on the specified return to work date, or
- return to work prior to the specified return to work date and you are not At Work for 30 consecutive days following the date of returning to work, or
- return to work more than 4 years since the commencement of your leave without pay, or
- return to work after a date approved by the Insurer.

Cover while travelling overseas

Working overseas

You may be able to continue your TTD cover if your Employer asks you to work or travel overseas.

If you work overseas on a temporary arrangement (including short business trips), TTD cover will continue, providing the following conditions are satisfied:

- you must remain employed by your Australian Employer, and
- you must be an Australian Resident, and
- premiums for the cover must continue to be paid.

If you work overseas on a permanent arrangement, in addition to the above you must also advise us of your work and travel arrangements so that the trustee can provide you with more information about what will happen to your insurance arrangements and other benefits under your Plan.

Non-work related overseas travel

If you travel overseas for reasons that are not work related, your TTD cover will continue providing the following conditions are satisfied:

- you must remain employed by your Australian Employer,
- you must be an Australian Resident, and
- premiums for the cover must continue to be paid.

TTD claims while overseas

You may have to return to Australia at your own expense for medical treatment or assessment if you make a TTD claim. The trustee may not pay a TTD benefit if you do not return to Australia in the above circumstances.

Cessation of cover while overseas

If your cover stops or if you cancel it, your cover will be subject to underwriting before the Insurer can provide you with cover on your return to Australia.

Other important details

You must advise us if you are working overseas permanently so that the trustee can provide you with more information about what will happen to your insurance arrangements and other benefits under your Plan.

You should talk to your Employer if any of these circumstances apply to you.

You do not need prior written approval for overseas travel for non-business purposes.

Exclusions to your cover may apply

The Insurer cannot pay your TTD or Partial Disablement benefit if your disablement is caused wholly or partly, directly or indirectly:

- by any deliberate self-inflicted injury or illness (whether sane or insane), or
- by uncomplicated pregnancy or childbirth, or
- by any injury or illness which occurs while you are on an Employer approved period of leave without pay, or
- from the same injury or illness related to a previous TTD claim where:
 - the full Benefit Period has been paid, and
 - you haven't been back At Work for at least six months, or
- from an act of War, or
- from active service in the armed forces of any country or territory or foreign or international organisation*, or
- from any other exclusion imposed by the Insurer for the amount of cover that is subject to underwriting.

* If you are enrolled in the Australian Defence Forces Reserve, this exclusion will only apply where you are called up for active service.

Your insurance benefit may not be payable or may be reduced if:

- you do not notify us as soon as reasonably possible after you first became disabled, in circumstances where such a delay has prejudiced the Insurer's ability to assess and manage a claim, or
- you make a fraudulent claim, or
- you do not meet the claim requirements, or
- premiums are not paid.

When your TTD cover stops

Your TTD cover stops:

- if you call the Helpline or advise the trustee in writing that you want to cancel your cover, or
- if your Employer does not pay superannuation guarantee contributions on your behalf to your Plan within 120 days from the later of when you:
 - start work with your Employer; or
 - are first eligible for insurance cover under your Plan, or
- if you leave your Plan, or
- when you die, or
- if you are no longer an Australian Resident and you are no longer permanently in Australia or no longer eligible to work in Australia, or
- if the insurance policy terminates, or
- if your Employer stops participating in the Mercer Super Trust, or
- if you stop being employed by your Employer (or on the date your contract stops), or
- if you Exercise Choice and you are not transferred to an Insurance Only category in your Plan. If you Exercise Choice and are transferred to an Insurance Only category in your Plan, please read the PDS for the Insurance Only category, for the amount of TTD cover (if any) provided to you in this category, or
- if you are no longer eligible for TTD cover, or
- if you change your employment status and you are no longer eligible for TTD cover, or
- if you reach your Cover Expiry Age, or
- while you are on Employer approved leave without pay, or
- if you do not return to work from your Employer approved leave without pay on the specified return to work date, or
- if premiums are not paid, or
- if you make a fraudulent claim.

Cost of cover can change

The Insurer may vary the cost of your insurance cover without your prior approval by giving notice to the trustee. Costs may change if:

- Australia is involved in War, or
- War or any act of invasion occurs (whether declared or undeclared) in which the Commonwealth of Australia's armed forces are involved in activities including combat, defence or other military and operational activities, or

- there are significant changes in the total number of insured members and/or total insurance cover and/or the information used in determining the premium rates for the Mercer Super Trust, or
- the guarantee period of the premium rates provided by the Insurer to the trustee expires, or
- there is a change in taxes or duties or other legislative changes that increase the Insurer's costs, or
- your Employer fails to provide the trustee and the Insurer with the necessary information to operate the policy effectively.

The trustee will let you know of any change in the costs of cover. We will write to you at least 30 days beforehand if your cost of cover is increasing.

MAKING A CLAIM UNDER YOUR PLAN

You can make a claim while a member of your Plan if you have an injury or illness.

How to make a claim

You must advise us as soon as reasonably possible of any claim or potential claim. To make a claim, you can call us on the Helpline.

You will also need to provide further information required by the Insurer to assess your claim, which may be at your own cost.

Paying your TTD benefit

If your claim is accepted, your insured benefit will be paid monthly in arrears for your benefit payment period as long as you remain Totally but Temporarily Disabled or partially disabled (if applicable). If you are partially disabled then you will receive a portion of the monthly benefit that takes into account any income you are earning.

The Insurer needs to assess medical and other evidence for a TTD claim. This can take between three to six months or longer.

You and your Medical Practitioner must provide the necessary documents and complete all application requirements to make a TTD claim. You will need to meet the costs associated with completing the claim forms.

You will need to pay for the cost of returning to Australia if you are living or travelling overseas.

You'll need to meet the Insurer's definition of Total but Temporary Disablement before being eligible for a TTD insurance payout while a member of your Plan.

Exclusions to your TTD cover (including Partial Disablement) may apply. See the 'Exclusions to your cover may apply' section earlier in this Booklet.

The Insurer may, subject to law, consider your claim withdrawn or refuse to pay your claim if you do not meet its requirements.

Your first disability payment is effective from the day after your Waiting Period ends. Insured benefit payments are made in arrears so you will not receive your first payment for a month after the effective date and until the Insurer has completed their required assessment. A pro-rata insured benefit will be paid if a benefit is payable for less than a whole month.

Pay As You Go (PAYG) tax will be deducted from each Monthly Benefit payment.

The cost of all your insurance cover will stop being deducted from your super account while you are receiving a TTD or Partial Disablement benefit.

The Insurer will review your case at least monthly to determine if you remain eligible for your TTD benefit. You will need to provide the Insurer with medical and other information it requires.

You may be eligible for a Partial Disablement benefit

You may be eligible for a Partial Disablement benefit if you return to work for your Employer in a reduced capacity.

To be eligible:

- you must be receiving a TTD benefit, or
- during the TTD Waiting Period you are totally disabled for at least 7 out of 12 consecutive days.

You'll also need to meet the Insurer's definition of Partial Disablement before being eligible for a partial disablement insurance payout while a member of your Plan. The Partial Disablement benefit cannot be paid prior to the expiry of the Waiting Period.

We will calculate your Partial Disablement benefit as a proportion of your TTD benefit. We will base your benefit on the reduction in your income due to your disability and the income you earn whilst you are partially disabled. If you have any offsets, this will also apply.

You'll be reviewed at least monthly to determine if you remain eligible for your Partial Disablement benefit. You will need to give the Insurer relevant medical and other information.

When your TTD or Partial Disablement benefit stops

Your TTD or Partial Disablement benefit stops on the earliest of the following:

- for TTD only, if you work for pay, or
- for Partial Disablement, if you no longer work in a reduced capacity with your Employer, or
- if you stop being TTD or partially disabled, or
- when you reach your Cover Expiry Age, or
- you make a fraudulent claim, or
- if you reach the TTD or Partial Disablement maximum Benefit Period. Maximum Benefit Period is described in your Plan Guide, or
- if you stop regular medical treatment or fail to follow the treatment or advice from a Medical Practitioner, or

- if you refuse to return from overseas for medical treatment or assessment, or
- if you fail to provide the evidence required to assess your claim within 60 days of the Insurer's request, or
- if the insurer determines you're able to return to work and do your normal duties, or
- if you die (in which case a lump sum equal to three times your Monthly Benefit will be added to your Death payout).

Your TTD benefit can be reduced

The TTD or Partial Disablement benefit can be reduced by any of the following amounts, regardless of how they are paid:

- any amount paid under another disablement, injury or illness insurance policy
- any amount paid under common law actions for loss of income
- workers' compensation or any other payments for lost income whether under legislation or not
- motor accident compensation payments, and
- any other income you receive from your Employer (including sick leave entitlements) that is not as a result of your personal exertion.

Your benefit will not be reduced by any amount received as a lump sum TPD payment or lump sum superannuation payment.

Rehabilitation expenses

In addition to the TTD Monthly Benefit, you may be eligible for a rehabilitation expense amount if you have occupational rehabilitation costs. You must have:

- prior written approval from the Insurer
- a written statement from your Medical Practitioner (to which the Insurer agrees) that you need to incur these expenses as part of your occupational Rehabilitation, and
- no other source of reimbursement for these expenses.

The rehabilitation expense amount could cover the cost of joining any pre-approved Rehabilitation program or purchasing goods or equipment.

The maximum amount payable will be the lesser of the total value of the expense, or six times your Monthly Benefit. This amount will be paid directly to the service provider.

The Insurer will not pay a rehabilitation expense amount if this contravenes the National Health Act 1953, Health Insurance Act 1973, Private Health Insurance Act 2007, Private Health Insurance (Prudential Supervision) Act 2015 or any similar health insurance legislation or regulation.

What happens if you die, become disabled again or have multiple injuries or illnesses?

You may be eligible for a recurrent disablement benefit if you become TTD or partially disabled again from the same or related cause within six months of returning to work.

We will treat any such claim as a continuation of the previous claim and there will be no Waiting Period. We will add the total TTD or Partial Disablement periods together to determine the remainder of your Benefit Period.

If you are TTD or partially disabled because you have more than one injury or illness, or both, you will only receive one benefit even if the injuries or illnesses are not related.

We will pay out a lump sum equal to three times your Monthly Benefit as well as your Death payout from your Plan if you die while receiving a TTD or Partial Disablement benefit.

WHEN YOU LEAVE YOUR PLAN

Leaving your Employer or Exercising Choice

Extended cover

Your TTD cover automatically extends for 60 days after you leave your Plan. This could be because you have Exercised Choice and your TTD cover has not been transferred to an Insurance Only category or because you have left your Employer. The 60 days starts from when you leave your Employer or your Effective Date. It is only for disabilities caused through an Accidental Injury.

This automatic extension is called extended cover.

Extended cover stops when you reach the earlier of:

- your Cover Expiry Age, or
- the end of the 60 day period.

There are no premiums for extended cover.

You cannot continue your TTD cover under the Mercer Super Trust if you leave your Plan or Employer and stop being a member of the Corporate Superannuation Division of the Mercer Super Trust.

A licensed, or appropriately authorised, financial adviser can help you decide how best to continue your TTD cover for your needs and circumstances.



GLOSSARY

This Glossary gives you specific meanings for some terms used in the insurance policy and throughout this Booklet.

Accident

Means bodily injury caused directly and solely by a violent, accidental, external and visible event.

Accidental Death

Means death which is a result of an Accident.

Accidental Injury

Means an injury which first occurred to you after your TTD cover began in your Plan, including any interim cover, and is caused directly and solely because of an accidental event where the event was violent, external and visible and which was not caused by attempted suicide, or self-inflicted by you on purpose.

Accidental Total and Permanent Disablement (TPD)

Means TPD which is a result of an Accident.

At Work

Means that you are actively performing all the duties of your usual occupation with your Employer free from any limitation due to injury or illness and do not receive and/or are entitled to claim income support payments from any source including worker's compensation payments, statutory transport accident payments or disability income payments. If you are absent from work for reasons other than injury or illness, you will be considered to be at work as long as you are at work on the day before the first day of your Employer approved leave. If you do not meet any of these conditions, you will be considered to be not at work.

Australian Resident

Means for insurance purposes, you are legally permitted to reside and work for reward in Australia.

Automatic Acceptance Limit (AAL)

Is the amount of Death only or Death and TPD or TTD insurance cover available under a group insurance policy without the need for underwriting.

Basic Insurance

Is as described in your Plan Guide.

Benefit Period

Means the maximum period for which a TTD and/or Partial Disablement benefit will be paid to you. It starts from the date you are first entitled to be paid a TTD and/or Partial Disablement benefit and stops when any of the events under 'When your TTD or Partial Disablement benefit stops' or 'Your TTD benefit can be reduced' occurs, as described earlier in this Booklet. The maximum period will include the total of any period where you were TTD or partially disabled due to the same or related cause, unless otherwise agreed between the Insurer and the trustee.

Casual Employee

Means you are employed on a casual basis by your Employer, regardless of the number of hours you work and you are not a Permanent Employee or a Contractor.

Contractor

Means you are:

- contracted by your Employer where the contract duration is for a fixed term as agreed between you and your Employer
- contracted by your Employer to personally perform the duties that you are contracted for, and
- not a Permanent Employee or a Casual Employee.

Cover Expiry Age

Is as described in your Plan Guide.

De facto or De facto Relationship

For insurance purposes means a relationship between you and another person (whether of the same sex or different sexes) where you and the other person:

- are not legally married to each other
- are not Family Members, and
- having regard to all the circumstances of your relationship, you and the other person have a relationship as a couple living together on a genuine domestic basis

or such other meaning as set out in the Family Law Act 1975 (Cth).

Disability Income

Means the monthly (or pro rata) amount earned by you, while you are partially disabled, as a result of your own personal exertion from your Employer or from any employment obtained through Rehabilitation.

Exercise Choice

Is as described in the PDS.

Family Member

Means your spouse, parent, parent-in-law, child including adopted child, step-child or ex-nuptial child.

Full Time

Is as described in your Plan Guide.

Full TPD

Full TPD means that you have a Permanent Disability and are eligible to claim under any of the four parts, (a), (b), (c) and (d) of the TPD definition.

Important Duties

Means one or more duties that involve 20% or more of your overall occupational tasks which are important and essential in producing income.

Life Events cover

Is as described earlier in this Booklet.

Limited TPD

Limited TPD means that you have a Permanent Disability and are eligible to claim under parts (b), (c) or (d) of the TPD definition.

Medical Care

Means that you must be receiving and following medical treatment or advice reasonably recommended by a Medical Practitioner who has personally assessed you and been provided with full clinical details of your case, and you will continue to be reviewed in these circumstances on at least a monthly basis unless otherwise agreed by the Insurer.

Medical Practitioner

Means a registered medical practitioner who is appropriately qualified to treat you for your injury or illness. The medical practitioner cannot be you or a Family Member, business partner, employee or Employer.

Monthly Benefit

Means your monthly income including any employer superannuation contribution benefit (if applicable) up to the maximum benefit amount payable on TTD as described in your Plan Guide.

New Events Cover

Means you are only covered for claims arising from an illness which became apparent or an injury which occurred on or after the date your insurance cover started or most recently started under your Plan.

Part Time

Is as described in your Plan Guide.

Partial Disablement

Means that, because of an injury or illness, you:

- are unable to perform the Important Duties of your regular occupation, and
- have returned to work in your regular occupation or an alternative occupation with your Employer or you have returned to work with assistance of Rehabilitation, and
- are earning a Disability Income from your regular occupation or alternative occupation which is less than your monthly income at the last day you were at work prior to your injury or illness, and
- are capable of work (whether or not for reward), and
- remain under Medical Care.

Permanent Disability

Means you have become incapacitated due to ill-health (whether physical or mental) to such an extent, in the Insurer's opinion, that it makes it unlikely that you will ever engage in or work for reward in any occupation or work for which you are reasonably qualified by education, training or experience.

Permanent Employee

Means you are employed on a permanent basis, by your Employer, for an indefinite duration where you receive entitlements normally associated with permanent employment.

Registered Relationship

For the purpose of Life Events cover means a relationship, or civil union or a declaration of civil partnership, between two adults who are a couple, that has been registered in accordance with state or territory law.

Rehabilitation

Means occupational rehabilitation for the purpose of returning you to your pre-disablement occupation or another occupation. Occupation rehabilitation may include initial rehabilitation assessment, physical conditioning program, graduated return to work program, vocational assessment and assistance to obtain new employment. Any occupational rehabilitation must be as part of a return to work program approved by the Insurer.

Separation

For the purpose of Life Events cover means:

- in the case of marriage, not living as a couple, whether or not an application for divorce has been made, or
- in the case of a Registered Relationship, not living as a couple, whether or not an application for termination or revocation under the applicable state or territory law has been made, or
- in the case of a De facto Relationship, ceasing to be in that De facto Relationship.

Spouse

For insurance purposes means your partner in marriage, a Registered Relationship or De facto Relationship.

Terminal Illness

Means any illness where:

- two Medical Practitioners have certified, jointly or separately, that an illness has caused a reduction in life expectancy to 12 months or less and the Insurer agrees (based on medical evidence provided by your Medical Practitioners), that you suffer from an illness that is likely to result in your death within a period (the certification period) that ends not more than 12 months after the date of the certification, regardless of any treatment that might be undertaken, and
- at least one of the Medical Practitioners is a specialist practising in an area related to the illness suffered by you, and
- for each of the certificates, the certification period has not ended.

The illness resulting in the terminal illness must occur, and the date any Medical Practitioner certifies you as being terminally ill, must take place while you are covered under your Plan.

Total and Permanent Disablement (TPD)

As an insured person, you are Totally and Permanently Disabled (TPD) if you have a Permanent Disability and any one of the applicable parts (a), (b), (c) or (d) below applies. You should see the Full TPD and Limited TPD definitions for details of which parts apply.

Part (a) Unlikely to work

When all of the following apply:

- (i) you have been continuously absent from employment through injury or illness for the Waiting Period, and
- (ii) after considering all evidence which the Insurer believes is necessary, it forms the opinion that you have become incapacitated to such an extent as to render you unlikely ever to engage in, or work for reward in, any occupation or work for which you are reasonably qualified by education, training or experience.

or

Part (b) Specific loss

You have suffered an injury or illness which first became apparent while you were insured under your Plan and as a result of the injury or illness have suffered the total and irrecoverable loss of (or total loss of the use of):

- both hands, or
- both feet, or
- one hand and one foot, or
- the sight of both eyes, or
- one hand and the sight in one eye, or
- one foot and the sight in one eye,

where the loss of sight means to the extent that the visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc.

or

Part (c) Future care

When all the following apply:

- (a) you suffer an injury or illness which first occurs, while you are insured under your Plan, and
- (b) because of that injury or illness, in the opinion of the Insurer you are permanently unable to perform at least two of the five activities of daily living listed below, without assistance from another person:
 - bathing/showering
 - dressing/undressing
 - eating/drinking
 - using the toilet to maintain personal hygiene, or
 - getting in and out of bed, a chair, a wheelchair or moving from place to place by walking, with a wheelchair or with a walking aid.

or

Part (d) Cognitive loss

You have suffered an injury or illness which first became apparent while you were insured under your Plan and as a result of the injury or illness have suffered the total and permanent deterioration or loss of intellectual capacity that:

- while being insured under your Plan, you commenced a period of at least three consecutive months under the continuous care and supervision by another adult person, and
- at the end of that three month period you are likely to require to be under the permanent ongoing continuous care and supervision by another adult person.

Total but Temporary Disablement (TTD)

Means that, because of an injury or illness, you:

- have been continuously absent from employment throughout the Waiting Period, and
- are not capable of doing the Important Duties of your regular occupation, and
- are not working in any occupation (whether paid or unpaid), and
- are under Medical Care.

Voluntary Insurance

Means any sum insured you elect (including any elections for an increase in Basic Insurance) that requires underwriting. Voluntary insurance does not include Life Events Cover.

Waiting Period

Means the waiting period for TPD or TTD (as applicable) as described in your Plan Guide.

Waiting Period Day One TPD Medical Condition

Means you are diagnosed by a Medical Practitioner specialising in the relevant field as having Alzheimer's disease or other dementias, cardiomyopathy, diplegia, hemiplegia, chronic lung disease, major head injury, motor neurone disease, multiple sclerosis, muscular dystrophy, paraplegia, Parkinson's disease, permanent blindness, permanent deafness, permanent loss of speech, primary pulmonary hypertension, quadriplegia or tetraplegia.

War

Includes but is not limited to declared or undeclared war or war related activities, revolution, invasion or rebellion or civil unrest.

If you have any questions about your super, contact us at:

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