

# Insurance Guide

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The information in this document forms part of the Product Disclosure Statement (PDS), dated 1 July 2020. GROW Super is an accumulation product offered through Smartsave 'Members Choice' Superannuation Master Plan ABN 43 905 581 638. GROW Super is promoted and distributed by GROW Super AFSL Co Pty Ltd ABN 55 617 358 166. GROW Super is a white label MySuper product of Smartsave.

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**Insurance in Your Super**

Insurance doesn't have to cost a fortune. GROW offers affordable insurance options so you can plan for your retirement and know that you are covered for those unexpected events and 'what ifs'.

GROW offers the following insurance options to eligible members of the fund:

<b>Death Insurance</b>	Provides a lump sum benefit if you die or are diagnosed with a Terminal Illness.
<b>Death and Total Permanent Disablement (TPD) Insurance</b>	Provides a lump sum benefit if you die, suffer a Total and Permanent Disablement or are diagnosed with a Terminal Illness
<b>Income Protection Insurance</b>	Pays a set percentage of your Monthly Income for a selected term in the event that you suffer Total Disability as a result of illness or injury.

There are costs (called 'premiums') associated with insurance cover with these costs deducted from your GROW account.

Note, GROW is eligible to claim a tax deduction for premiums attributable to your account, and you may be eligible to receive the benefit.

**Types of insurance**

GROW offers two types of insurance cover – personal and employee. The type of insurance cover available to you is determined by your employment status

<b>Your employment status: You are eligible to apply for:</b>	
<b>You are an employee of a Participating Employer <sup>1</sup></b>	Employee Cover (Sections 2, 3, 4 and 5)
<b>All others including Self-Employed persons</b>	Personal Cover

	(Sections 1, 3, 4 and 5)
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<sup>1</sup> means an employer who has selected GROW to be the default superannuation fund for the purpose of SG contributions for their employees.

For the avoidance of doubt, an employer who has selected a different fund to be their default superannuation fund, but directs SG contributions for an Eligible Person to GROW under Choice of Fund legislation, or a self-employed person, is not deemed to be a Participating Employer. Different conditions apply depending on whether you are eligible for Personal or Employee Cover.

**Change of circumstances**

If you change your:

- Occupation; or
- Location; or
- Income and/or number of hours you are working; or
- You cease working altogether;

This may have an impact on your eligibility to claim for benefits should you become temporarily or permanently disabled. Please therefore let us know of any change to your circumstances.

**1. GROW Personal Cover**

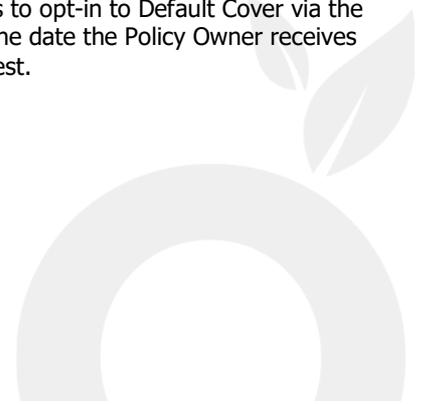
**Eligibility for Default Cover**

Generally, you are eligible for default cover if:

- a) You have submitted a Member Application via the GROW App; and
- b) An initial contribution or a rollover has been received by GROW; and
- c) You are not applying for, entitled to, or have not been paid a TPD or Terminal Illness benefit from any super fund or life insurance policy

Where the above requirements have been met, provided that your account balance is sufficient to pay the Premium then Default Cover commences on:

- a) for an Eligible Person who requests to opt-in to Default Cover via the GROW App upon joining GROW, on the date the Policy Owner receives their opt-in request, or
- b) Otherwise on the latter of: the date that the Eligible Person has attained both age 25 and an account balance of \$6,000, or the date that the Eligible Member requests to opt-in to Default Cover via the GROW App, on the date the Policy Owner receives their opt-in request.



Please refer to 'Death and TPD insurance Terms and Conditions' on page 14 For further information.

### Default Death & TPD Cover When You Join

Provided you meet the above eligibility conditions, when you join GROW you will receive default death and total and permanent disablement cover without any medical underwriting. Your default cover will be for New Events only (see below) for the first 24 months. If you are not At Work at the end of the 24 months period then New Events cover will continue until you have been At Work for 60 consecutive days. The amount of default cover provided will depend on your age, as shown in Table 1 below. Premium rates for this cover are shown in Table 3 on page 9.

**Table 1 – Default Personal Death & TPD Cover**

AGE NEXT BIRTHDAY	DEATH COVER	TPD OVER
16 – 43 years	\$250,000	\$250,000
44 – 45 years	\$200,000	\$200,000
46 – 47 years	\$150,000	\$150,000
48 – 50 years	\$100,000	\$100,000
51 – 53 years	\$80,000	\$80,000
54 – 58 years	\$50,000	\$50,000
59 – 64 years	\$40,000	\$40,000
65 years	\$25,000	\$25,000
66 - 70 years	\$25,000	\$25,000
<b>Age Next Birthday</b>	Determined when your cover first commences and Age Next Birthday is then reviewed for all Members on 15 May each year.	
<b>Premiums</b>	Premiums are deducted from your account monthly in arrears.	
<b>Does the value of default cover remain the same as I age?</b>	No, default cover reduces per the scale in Table 1 above	
<b>Does the cost for cover remain the same as I age?</b>	Cost will vary with age.	

### Whats Is 'news Events' Cover

'New Events' cover is cover for an illness first diagnosed or an injury that first occurs on or after the date your cover commences or recommences in GROW.

### Changing Death & TPD Cover

You can opt out of Default Cover, select death only cover, or reduce your level of cover at any time. Any subsequent request to reinstate or increase cover will be subject to underwriting. You can also 'fix' your Default cover (with no need for underwriting) so that your cover will not reduce as you age (but it continues to be New Events cover for the original 24 months period).

You can increase your insurance cover to suit your needs (e.g. apply for enough cover to repay your mortgage). This is called Voluntary cover and is 'fixed' cover. It will need to be underwritten. The cost of Voluntary cover is per the premium rates in Table 2.

You can change New Events cover to immediate full cover by completing a Short form underwriting questionnaire. If you answer 'No' to all the Health and Pastime questions your cover will convert to full cover.

Insurance cover is subject to a maximum of \$3 million for TPD and Terminal Illness. Death cover is unlimited. This is the total amount of cover held with GROW and all other policies with any other insurers.

The amount of TPD cover cannot exceed the amount of Death cover.

### Interim Accident Cover

While your application for Voluntary cover is being underwritten, the Insurer will provide interim accident cover for up to 90 days and to a maximum of \$1.5million. This is payable in the event of death or TPD suffered from an injury. Interim Accident Cover will not be payable where:

- The Death of an Insured Person is directly or indirectly the result of suicide or attempted suicide, or
- The Total and Permanent Disablement of an Insured Person is directly or indirectly the result of an intentional self-inflicted injury or attempted suicide

### Tapering of TPD Cover

'Fixed' TPD cover is subject to the following tapering from age 61:

Age Next Birthday	Reduction in Benefit
62	10%
63	20%
64	30%

65	40%
66	50%
67	60%
68	70%
69	80%
70	90%
Age Next Birthday	Determined when your cover first commences and Age Next Birthday is then reviewed for all Members on 15 May each year.

### Life Event Increases

If you are aged less than 60 you can increase your cover for any of the following types of Lifetime Events (called Nominated Events) without providing further evidence of health:

- marriage; or
- divorce; or
- the Member or their Partner giving birth or adopting a child; or
- the Member purchasing a home for their permanent residence with a mortgage on that residence of more than \$100,000; or
- the Member taking out a new business loan or increasing an existing business loan, of more than \$100,000.
- Child's first day at a private school.

The amount of additional Life Events cover will be the lesser of:  
a) 25% of your existing GROW cover (excluding Voluntary cover) or b) \$200,000 or c) the amount of your mortgage or d) the amount of or increase in your business loan.

Strict conditions apply including:

- You are an Insured Person on the date the Nominated Event occurred, and
- You are less than 60 years of age on the date you apply for the increase in cover under this clause, and
- You have not been declined, or have any exclusions, premium loading, limitations, special terms, conditions or restrictions applying to your current cover, and
- You are not applying for, intending to apply for, or have been paid a TPD benefit or Terminal Illness benefit from this policy, any superannuation fund or life insurance policy, and

- You provide us with sufficient proof to our satisfaction that the Nominated Event occurred, and
- You complete a signed application to request the increase in cover and it is received by the Fund within 90 days of the Nominated Event, and
- Your Insured Cover will not exceed \$3,000,000, and
- You are At Work on the date the Nominated Event occurred and At Work on the date we accept the application.

The increase to your cover will commence on the date the Insurer notifies GROW in writing.

New Events cover will apply to the Life Event increase in your cover for the first 12 months after your application is accepted.

Insurance cover can only increase once for any Nominated Event in any 12 months period and you can only increase your insurance cover once for each Nominated Event.

The Insurer will not pay the increased insurance cover if Death or TPD was the result of suicide, or a self-inflicted Injury, that occurred within the first 13 months from the date the Insurer agreed to the increase.

### Transferring Existing Death & TPD Cover

You may be able to transfer existing Death and TPD cover from your current insurer or super fund to GROW, provided you meet eligibility conditions.

Cover transferred to GROW will be 'fixed' cover for the same type and level of cover as that which was transferred. Premium rates in Table 2 will apply to the transferred cover.

The maximum value of the combined total of transferred cover and your existing GROW cover is \$1.5 million.

The following conditions apply to the transfer of cover:

- You must be aged less than 65, and
- You must not be working in an Excluded Occupation (see Section 4), and
- You must confirm that your insured benefit in the existing fund or insured policy will cease on cover commencing in GROW. No claim will be considered in GROW if you have retained any form of previous cover elsewhere, and
- You must not continue the cover, after acceptance of the transfer in GROW, under any other insurance arrangement, reinstate cover or effect a continuation option with any fund, and

- e) The Eligible Member or Insured Member must provide evidence that their existing cover is in force immediately prior to the completion of the Transfer of Cover Application Form. This includes details of the acceptance of their insurance and if it was accepted on standard terms or subject to additional terms, and
- f) The transfer of cover must not be subject to any premium loading, restriction, exclusion or pre-existing condition exclusion or restriction in regard to medical or other conditions, and
- g) You must satisfactorily complete the Transfer of Cover Application Form, including answering 'no' to the agreed health questions, and it is received by GROW within 31 days of being signed and dated.

See Death and TPD Insurance Terms and Conditions on page 14 for further details.

Monthly Income up to a maximum of \$30,000 per month. This maximum amount is the total amount of cover held with GROW Super and all cover held under other policies with any other insurer.

GROW offers cover with a 30 or 90 day waiting period and a 2 year, 5 Year or Age 65 benefit period. Cover is subject to underwriting and acceptance by the insurer.

Your monthly benefit will be increased by the lesser of the annual CPI percentage increase or 5% for every 12 months when you are in receipt of a total disability benefit.

Premiums are based on your age, gender and occupation category, as shown in Table 4 on page 11.

While your application for Income Protection cover is being considered, the Insurer will provide interim accident cover of up to \$15,000 per month for up to 90 days.

**Transferring Existing Income Protection**

Members can elect to transfer other existing cover to GROW if they are insured under:

- a) A group income protection insurance policy, or
- b) An individual retail income protection insurance policy provided you were underwritten and accepted for cover within the previous 5 years.

The maximum value of the combined total of transferred cover and your existing GROW cover is a benefit of \$15,000 per month. Cover with a Benefit Period and a Waiting Period commensurate with the cover being transferred will be provided. The transfer of other existing cover to GROW is subject to you meeting the following criteria:

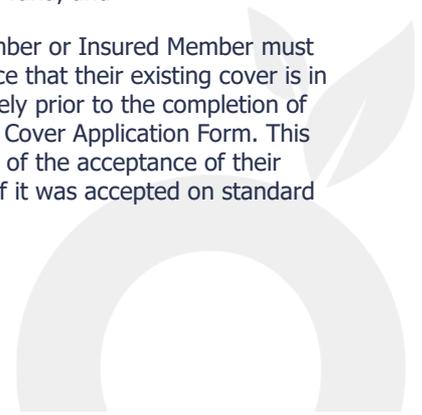
- a) You must be aged less than 65, and
- b) You must not be working in an Excluded Occupation (see Section 5), and
- c) You must confirm that your insured benefit in the existing fund or insured policy will cease on cover commencing in GROW, and
- d) You must not continue the cover, after acceptance of the transfer to GROW, under any other insurance arrangement, reinstate cover or effect a continuation option with any fund, and
- e) The Eligible Member or Insured Member must provide evidence that their existing cover is in force immediately prior to the completion of the Transfer of Cover Application Form. This includes details of the acceptance of their insurance and if it was accepted on standard

**Example: How to Calculate Your Personal Additional Death and TPD Insurance Premium**

38 year old male, white collar occupation, additional \$1m death cover		
1	Determine the level of additional cover you require.	\$1m death cover
2	Find your age next birthday in Table 3 on page 9.	Age next birthday is 39
3	Look up the annual premium rate per \$1,000 cover, depending on whether you wish to obtain additional death only insurance cover or additional death and TPD cover.	Annual premium rate per \$1,000 cover for death cover is \$0.90
4	Multiply the cover required by the annual premium rate and divide by 1,000. This is your annual premium.	1,000,000 x 0.90 / 1000 = \$900.00
5	To work out your monthly premium, divide your annual premium by 12.	\$900.00 / 12 = \$75.00

**Income Protection Insurance Cover**

Income Protection insurance cover is available to eligible members, subject to a maximum of 75% of your pre-disability



terms or subject to additional terms, and

- f) The existing cover must not be subject to any premium loading, restriction, exclusion or pre-existing condition exclusion or restriction in regard to medical or other conditions, and
- g) You must satisfactorily complete the Fund's Transfer of Cover Application Form, including answering 'no' to the agreed health questions. It must be received by GROW within 31 days of being signed and dated.

Full terms and conditions for the transferred cover are set out in Section 5. Premium rates in Table 2 will apply to the transferred cover.

### Example: How to Calculate Your Income Protection Premium

#### 39 year old male, professional occupation, 2 Year Benefit Period; 90 Day Waiting Period

1	Note your annual salary	80,000
2	Calculate your cover amount.	$\$80,000 \times 0.75 = \$60,000$
3	Find your age next birthday* in Table 2 on Page 11 *Determined when your cover first commences and Age Next Birthday is then reviewed for all Members on 15 May each year.	Age next birthday is 40
4	Look up the annual premium rate per \$1,000 agreed benefit, by finding your age next birthday in Table 3	Annual premium rate per \$1,000 agreed benefit is \$0.70
5	Review your Premium adjustment factor (Page 13) and apply against rate.	$\$0.70 \times 90\% = \$0.63$
6	Divide the agreed benefit amount required by 1,000, then multiply by the annual premium rate. This is your annual premium.	$60,000 / 1000 \times \$0.63 = \$37.80$
7	To work out your monthly premium, divide your annual premium by 12.	$\$37.80 / 12 = \$3.15$

## 2. GROW Employee Cover

### Eligibility for Default Cover

You are eligible for default cover if:

- a) You are an employee of a Participating Employer (PE); and
- b) You have submitted a Member Application via the GROW App (or your employer has enrolled you) within 120 days of commencing employment with the PE; and
- c) An initial employer contribution has been received by GROW within 120 days of your commencement of employment with the PE; and
- d) You are not applying for, entitled to, or have not been paid a TPD or Terminal Illness benefit from any super fund or life insurance policy; and
- e) You are At Work on the date you commenced employment with the PE.

### Default Death & TPD Cover when you join

Provided you meet the above eligibility conditions for cover when you join GROW you will receive default death and total and permanent disablement cover without any medical underwriting. Cover will commence as follows:

- a) if you are an Eligible Person who requests to opt-in to Default Cover within 120 days of the date you commenced employment with your Participating Employer, cover will commence on the date the Policy Owner (the Trustee) receives your opt-in request. Default Cover will be provided on a New Events basis until and unless you have been At Work for 60 consecutive days (after which Default Cover will no longer be limited to a New Events basis);
- b) Otherwise, provided that you have not opted out, Default Cover will be provided on the date that the next Employer Contribution is received immediately after you have attained both age 25 and an account balance of \$6,000. Default Cover will initially be provided on a New Events basis until and unless you have been At Work for 60 consecutive days (after which, Default Cover will no longer be limited to a New Events basis).

If you do not meet the eligibility conditions set out above, then your cover will be New Events (see below) cover and the following conditions will apply:

- a) If you are an Eligible Person who requests to opt-in to Default Cover outside of 120 days of the date you commence employment with your Participating Employer, cover will commence on the date the Policy Owner (the Trustee) receives your opt-in request. Default Cover will be provided on a New Events basis for 24 months, after which it will no longer be limited to a New Events basis if you are At Work.

- b) If you are not At Work at end of the 24 month period, Default Cover will no longer be limited on a New Events basis once you have been At Work for 60 consecutive days.

Otherwise all cover is subject to underwriting and acceptance by the Insurer.

The amount of default cover provided will depend on your age, as shown in Table 1 below. Premium rates for this cover are shown in Table 3.

**What is 'New Events' cover**

'New Events' cover is cover for an illness first diagnosed or an injury that first occurs on or after the date your cover commences or recommences in GROW.

**Table 2 – Default Employee Death & TPD Cover**

Age next birthday	Death Cover	TPD Cover
16 – 43 years*	\$250,000	\$250,000
44 – 45 years	\$200,000	\$200,000
46 – 47 years	\$150,000	\$150,000
48 – 50 years	\$100,000	\$100,000
51 – 53 years	\$80,000	\$80,000
54 – 58 years	\$50,000	\$50,000
59 – 64 years	\$40,000	\$40,000
65 years	\$25,000	\$25,000
66 - 70 years	\$25,000	\$25,000
Age Next Birthday	Determined when your cover first commences and Age Next Birthday is then reviewed for all Members on 15 May each year.	
Premiums	Premiums are annualised and deducted from your account monthly in arrears.	

Does the value of default cover remain the same as I age?	No, default cover reduces per the scale in Table 2 above
Does the cost for cover remain the same as I age?	Cost will vary with age.

\*From 1 April 2020, members under the age of 25 must make an election in order to obtain default cover.

**Changing Death & TPD Cover**

You can opt out of Default Cover, select death only cover, or reduce your level of cover at any time. Any subsequent request to reinstate or increase cover will be subject to underwriting. You can also 'fix' your Default cover so that it will not reduce as you age.

You can increase your insurance cover to suit your needs (eg. apply for enough cover to repay your mortgage). This is called Voluntary cover and is 'fixed' cover. It will need to be underwritten. The cost of Voluntary cover is per the premium rates in Table 2.

You can change New Events cover to immediate full cover by completing a Short form underwriting questionnaire. If you answer 'No' to all the Health and Pastime questions your cover will convert to full cover.

Insurance cover is subject to a maximum of \$3 million for TPD and Terminal Illness. Death cover is unlimited. This is the total amount of cover held with GROW and all other policies with any other insurers.

The amount of TPD cover cannot exceed the amount of Death cover.

**Interim Accident Cover**

While your application for Voluntary cover is being underwritten, the Insurer will provide interim accident cover for up to 90 days and to a maximum of \$1.5million. This is payable in the event of death or TPD suffered from an injury. Interim Accident Cover will not be payable where:

- a) The Death of an Insured Person is directly or indirectly the result of suicide or attempted suicide, or
- b) The Total and Permanent Disablement of an Insured Person is directly or indirectly the result of an intentional self-inflicted injury or attempted suicide

**Life Event Increases**



If you are aged less than 60 you can increase your cover for any of the following types of Lifetime Events (called Nominated Events) without providing further evidence of health:

- a) marriage; or
- b) divorce; or
- c) the Member or their Partner giving birth or adopting a child; or
- d) the Member purchasing a home for their permanent residence with a mortgage on that residence of more than \$100,000; or
- e) the Member taking out a new business loan or increasing an existing business loan, of more than \$100,000.
- f) Child's first day at a private school.

The amount of additional Life Events cover will be the lesser of:  
a) 25% of your existing GROW cover (excluding Voluntary cover) or b) \$200,000 or c) the amount of your mortgage or d) the amount of or increase in your business loan.

Strict conditions apply including:

- a) You are an Insured Person on the date the Nominated Event occurred, and
- b) You are less than 60 years of age on the date you apply for the increase in cover, and
- c) You have not been declined, or have any exclusions, premium loading, limitations, special terms, conditions or restrictions applying to your current cover, and
- d) You are not applying for, intending to apply for, or have been paid a Total and Permanent Disablement benefit or Terminal Illness benefit from this policy, any superannuation fund or life insurance policy, and
- e) You provide us with sufficient proof to our satisfaction that the Nominated Event occurred, and
- f) You complete a signed application to request the increase in cover and it is received by the Fund within 90 days of the Nominated Event, and
- g) Your Insured Cover will not exceed \$3,000,000, and
- h) You are At Work on the date the Nominated Event occurred and At Work on the date we accept the application.

The increase to your cover will commence on the date the Insurer notifies GROW in writing.

New Events cover will apply to the Life Event increase in cover for the first 12 months after your application is accepted.

Insurance cover can only increase once for any Nominated Event in any 12 months period and you can only increase your insurance cover once for each Nominated Event.

The Insurer will not pay the increased insurance cover if Death or Total and Permanent Disablement was the result of suicide, or a self-inflicted Injury, that occurred within the first 13 months from the date your application is accepted.

See Death and TPD Insurance Terms and Conditions for further details.

### Transferring Existing Death & TPD Cover

You may be able to transfer existing Death and TPD cover from your current insurer or super fund to GROW, provided you meet eligibility conditions.

Cover transferred to GROW will be 'fixed' cover for the same type and level of cover as that which was transferred. Premiums rates in Table 2 will apply to the transferred cover.

The maximum value of the combined total of transferred cover and your existing GROW cover is \$1.5 million.

The following conditions apply to the transfer of cover:

- a) You must be aged less than 65, and
- b) You must not be working in an Excluded Occupation (see Section 4), and
- c) You must confirm that your insured benefit in the existing fund or insured policy will cease on cover commencing in GROW. No claim will be considered in GROW if you have retained any form of previous cover elsewhere, and
- d) You must not continue the cover, after acceptance of the transfer in GROW, under any other insurance arrangement, reinstate cover or effect a continuation option with any fund, and
- e) The Eligible Member or Insured Member must provide evidence that their existing cover is in force immediately prior to the completion of the Transfer of Cover Application Form. This includes details of the acceptance of their insurance and if it was accepted on standard terms or subject to additional terms, and
- f) The transfer of cover must not be subject to any premium loading, restriction, exclusion or pre-existing condition exclusion or restriction in regard to medical or other conditions, and
- g) You must satisfactorily complete the Fund's Transfer of Cover application form, including answering 'no' to the agreed health questions. It must be received by GROW within 31 days of being signed and dated.

See Death and TPD Insurance Terms and Conditions for further details.

### **Income Protection Insurance Cover**

Income Protection insurance cover is available to eligible members, subject to a maximum of 75% of your pre-disability Monthly Income up to a maximum of \$30,000 per month. This maximum amount is the total amount of cover held with GROW and all cover held under other policies with any other insurer. GROW offers cover with a 30 or 90 day waiting period and a 2 year, 5 Year or Age 65 benefit period. Cover is subject to underwriting and acceptance by the insurer.

Your monthly benefit will be increased by the lesser of the annual CPI percentage increase or 5% for every 12 months when you are in receipt of a total disability benefit.

Your annual premium per \$1,000 sum insured is based on your age, gender and occupation category, as shown in Table 4 on page 11.

While your application for Income Protection cover is being considered, the Insurer will provide interim accident cover of up to \$15,000 per month for up to 90 days.

### **Transferring Existing Income Protection**

Members can elect to transfer other existing cover to GROW if they are insured under:

- a) A group income protection insurance policy, or
- b) An individual retail income protection insurance policy provided you were underwritten and accepted for cover within the previous 5 years.

The transfer of other existing cover to GROW is subject to you meeting the following criteria:

- a) You must be aged less than 65, and

- b) You must not be working in an Excluded Occupation (see Section 5), and
- c) You must confirm that your insured benefit in the existing fund or insured policy will cease on cover commencing in GROW, and
- d) You must not continue the cover, after acceptance of the transfer to GROW, under any other insurance arrangement, reinstate cover or effect a continuation option with any fund, and
- e) You must provide evidence that your existing cover is in force immediately prior to the completion of the Transfer of Cover Application form. This evidence could be a copy of your Benefit Statement or Policy Renewal Statement confirming your current cover and insured benefit held, and
- f) The existing cover must not be subject to any premium loading, restriction, exclusion or pre-existing condition exclusion or restriction in regard to medical or other conditions, and
- g) You must satisfactorily complete the Fund's Transfer of Cover Application Form, including answering 'no' to the agreed health questions. It must be received by GROW within 31 days of being signed and dated.

Full terms and conditions for the transferred cover are documented in Section 5.

Premiums rates in Table 4 will apply to the transferred cover.



### 3. GROW Premium Rates Tables

Table 3 – Death & TPD Cover - Annual Premium Per \$1,000 Sum Insured

Age Next Birthday	Death Only		Death & TPD	
	Male	Female	Male	Female
16	0.93	0.29	1.15	0.44
17	0.93	0.29	1.15	0.44
18	0.93	0.29	1.15	0.44
19	0.93	0.29	1.15	0.44
20	0.93	0.29	1.15	0.44
21	0.93	0.29	1.15	0.44
22	0.88	0.26	1.13	0.43
23	0.81	0.24	1.08	0.40
24	0.76	0.24	1.03	0.40
25	0.74	0.21	1.03	0.38
26	0.69	0.21	0.98	0.38
27	0.66	0.21	0.95	0.40
28	0.66	0.21	0.95	0.40
29	0.66	0.21	0.98	0.43
30	0.66	0.24	0.98	0.45
31	0.64	0.24	0.98	0.49
32	0.64	0.26	0.98	0.53
33	0.66	0.29	1.03	0.59
34	0.69	0.31	1.09	0.66
35	0.71	0.34	1.14	0.71
36	0.74	0.40	1.19	0.81
37	0.76	0.45	1.25	0.91
38	0.81	0.48	1.36	1.00
39	0.90	0.55	1.50	1.15
40	0.98	0.61	1.63	1.28
41	1.03	0.66	1.76	1.44

42	1.14	0.71	1.99	1.60
43	1.24	0.76	2.24	1.78
44	1.35	0.81	2.51	1.99
45	1.48	0.85	2.81	2.14
46	1.61	0.90	3.18	2.39
47	1.76	0.98	3.56	2.68
48	1.93	1.05	4.00	3.01
49	2.11	1.16	4.50	3.44
50	2.30	1.29	5.03	3.93
51	2.48	1.43	5.58	4.43
52	2.69	1.59	6.25	5.03
53	2.93	1.74	7.00	5.65
54	3.16	1.93	7.83	6.36
55	3.43	2.11	8.60	7.01
56	3.73	2.30	9.53	7.74
57	4.06	2.51	10.58	8.50
58	4.46	2.75	11.80	9.35
59	4.91	2.99	13.21	10.29
60	5.39	3.23	14.76	11.28
61	5.86	3.49	16.35	12.31
62	6.34	3.83	18.01	13.56
63	6.84	4.23	19.80	15.00
64	7.34	4.70	21.73	16.69
65	7.89	5.25	23.84	18.58
66	8.48	5.84	26.01	20.49
67	9.21	6.55	28.51	22.68
68	10.03	7.34	31.46	25.23
69	10.83	8.10	34.61	27.98
70	11.69	8.93	38.10	30.99

### Premium Adjustment Factors

Occupation category	Factor
Professional	90%
White Collar	100%
Light Blue Collar	118% of the death only rate and 140% of the death & TPD rate
Blue Collar	128% of the death only rate and 206% of the death & TPD rate
Heavy Blue Collar	148% of the death only rate and 245% of the death & TPD rate

#### Notes relating to Table 3

- Rates shown include stamp duty.
- Rates shown are based on a White Collar occupation category. If you do not provide your occupation details when you join the Fund you will automatically be assigned a Blue Collar occupation category.
- Rates shown include a 22% (includes GST) administration fee to cover the cost of administering the insurance arrangements payable to the Promoter of the Fund.
- Premiums are payable monthly in arrears.

**Table 4 – Income Protection Cover - Annual Premium Per \$1,000 Sum Insured**

Age Next Birthday	2 years		2 years		5 years		5 years		To Age 65		To Age 65	
	30 days	30 days	90 days	90 days	30 days	30 days	90 days	90 days	30 days	30 days	90 days	90 days
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
16	1.19	1.79	0.38	0.58	3.08	4.62	1.16	1.75	8.47	11.92	5.16	6.63
17	1.19	1.79	0.38	0.58	3.08	4.61	1.16	1.74	8.46	11.92	5.16	6.63
18	1.19	1.79	0.38	0.58	3.08	4.61	1.16	1.74	8.57	12.07	5.27	6.68
19	1.19	1.79	0.38	0.58	3.08	4.61	1.16	1.74	8.67	12.16	5.3	6.76
20	1.19	1.79	0.38	0.58	3.08	4.61	1.16	1.74	8.77	12.27	5.38	6.81
21	1.19	1.79	0.38	0.58	3.11	4.66	1.18	1.77	8.88	12.38	5.42	6.88
22	1.21	1.81	0.38	0.58	3.20	4.80	1.20	1.80	8.81	12.72	5.16	7.06
23	1.22	1.84	0.38	0.58	3.28	4.92	1.21	1.82	8.81	13.04	4.92	7.22
24	1.23	1.85	0.38	0.58	3.36	5.04	1.23	1.85	8.79	13.40	4.74	7.39
25	1.26	1.89	0.38	0.58	3.44	5.16	1.27	1.90	8.81	13.75	4.53	7.56
26	1.27	1.91	0.38	0.58	3.54	5.31	1.27	1.90	8.87	14.09	4.42	7.72
27	1.29	1.94	0.38	0.58	3.63	5.45	1.27	1.90	9.05	14.67	4.36	8.32
28	1.32	1.99	0.38	0.58	3.74	5.62	1.28	1.92	9.32	15.33	4.35	8.78
29	1.36	2.04	0.38	0.58	3.9	5.86	1.28	1.92	9.66	16.15	4.40	9.21

30	1.40	2.10	0.39	0.59	4.08	6.12	1.32	1.97	10.07	17.08	4.46	9.58
31	1.46	2.19	0.41	0.61	4.30	6.45	1.37	2.05	10.55	18.14	4.59	9.95
32	1.52	2.29	0.41	0.63	4.53	6.79	1.40	2.10	11.12	19.33	4.76	10.37
33	1.60	2.40	0.43	0.64	4.78	7.17	1.47	2.21	11.74	20.59	4.94	10.78
34	1.68	2.52	0.45	0.68	5.07	7.60	1.56	2.33	12.43	22.00	5.20	11.28
35	1.77	2.65	0.48	0.72	5.39	8.08	1.66	2.49	13.17	23.50	5.49	11.85
36	1.87	2.80	0.50	0.77	5.74	8.61	1.78	2.67	13.99	25.08	5.86	12.54
37	1.99	2.99	0.54	0.82	6.12	9.18	1.88	2.82	14.89	26.76	6.24	13.34
38	2.11	3.16	0.59	0.88	6.53	9.80	2.05	3.08	15.83	28.51	6.72	14.28
39	2.24	3.36	0.64	0.97	6.98	10.47	2.24	3.36	16.88	30.35	7.23	15.38
40	2.39	3.59	0.70	1.05	7.44	11.16	2.45	3.67	18.34	32.87	7.86	16.66
41	2.53	3.80	0.75	1.14	7.94	11.9	2.70	4.05	19.84	35.40	8.55	18.17
42	2.7	4.05	0.84	1.25	8.45	12.67	2.98	4.46	21.33	37.92	9.35	19.81
43	2.89	4.33	0.92	1.38	9.02	13.53	3.30	4.95	22.71	40.08	10.26	21.66
44	3.08	4.62	1.03	1.54	9.61	14.41	3.68	5.51	24.16	42.27	11.28	23.74
45	3.30	4.95	1.13	1.70	10.23	15.35	4.09	6.13	25.68	44.5	12.45	25.95
46	3.53	5.30	1.26	1.90	10.95	16.42	4.55	6.82	27.29	46.75	13.73	28.33
47	3.78	5.67	1.42	2.14	11.68	17.52	5.04	7.57	28.98	49.01	15.14	30.92
48	4.06	6.10	1.58	2.38	12.48	18.72	5.59	8.39	30.76	51.26	16.72	33.58
49	4.36	6.53	1.78	2.66	13.34	20.01	6.21	9.31	32.61	53.50	18.40	36.39
50	4.68	7.02	1.99	2.99	14.26	21.39	6.89	10.34	34.54	55.70	20.12	39.18
51	5.04	7.56	2.24	3.35	15.11	22.66	7.63	11.44	36.52	57.83	21.84	42.03
52	5.44	8.16	2.52	3.76	16.00	24.00	8.46	12.70	38.55	59.88	24.00	44.79
53	5.87	8.81	2.82	4.23	16.96	25.43	9.37	14.06	40.60	61.80	26.25	47.43
54	6.34	9.51	3.17	4.75	17.97	26.96	10.35	15.52	42.64	63.54	28.57	49.84
55	6.86	10.29	3.55	5.33	18.87	28.3	11.42	17.13	44.65	65.08	30.95	51.91
56	7.45	11.17	4.00	6.00	20.01	30.02	12.55	18.83	46.56	66.31	33.29	53.56
57	8.09	12.13	4.47	6.71	21.19	31.79	13.75	20.62	48.33	67.19	35.51	54.67
58	8.79	13.19	5.02	7.52	23.53	35.29	16.31	23.31	49.85	67.65	37.52	55.09
59	9.59	14.39	5.61	8.42	26.00	38.99	18.33	25.96	48.46	64.18	38.90	53.87
60	10.47	15.70	6.28	9.42	29.75	44.63	21.32	29.93	45.37	58.60	35.59	47.76

<b>61</b>	11.44	17.16	7.00	10.50	33.39	50.09	24.28	33.82	33.39	50.09	24.28	33.82
<b>62</b>	12.54	18.81	7.81	11.71	28.9	43.36	21.3	29.46	28.9	43.36	21.3	29.46
<b>63</b>	12.91	19.36	8.21	12.31	27.17	40.75	20.26	27.85	27.17	40.75	20.26	27.85
<b>64</b>	11.83	17.75	6.40	9.59	20.83	31.24	14.77	22.16	20.83	31.24	14.77	22.16

#### Notes relating to Table 4

- Rates shown do not include stamp duty.
- Rates shown are based on a White Collar occupation category. If you do not provide your occupation details when you join
- The Fund you will automatically be assigned a Blue Collar occupation category.
- Age Next Birthday is determined when your cover first commences and then re-calculated at each annual review date (15 May) and remains fixed until the following annual review date.
- Rates shown include a 22% (includes GST) administration fee to cover the cost of administering the insurance arrangements.
- Premiums are payable monthly in arrears.
- If you receive a TPD payment from GROW, Income Protection benefits can continue for the agreed benefit period.

#### Premium Adjustment Factors

Occupation Category	Factor
Professional	90%
White collar	100%
Light Blue collar	140%
Blue Collar	220%
Heavy Blue Collar	300%

#### Stamp Duty Applicable to Income Protection Premiums

State of Residence	Stamp Duty
ACT	0%
NSW	5%
QLD	9%
SA	11%
NT/TAS/VIC/WA	10%

Stamp duty may vary at any time when changes are made by individual States.

## 4. Death and TPD Insurance Terms and Conditions

GROW offers Group Death and TPD insurance via a Group Insurance Policy with Hannover Life Re of Australasia Ltd (the Insurer). The information contained in this section is a summary of the terms and conditions. Full terms and conditions are provided in the policy. In the event of any inconsistency or ambiguity, the policy shall prevail.

**The insurer has the right under the policy to: accept cover for the member; accept cover for the member subject to premium loadings, exclusions or restrictions they may consider appropriate; or refuse to provide cover to a member.**

<p><b>General Eligibility</b></p>	<p>A member is eligible to apply for insurance if:</p> <ol style="list-style-type: none"> <li>1. They are a member of GROW and have sufficient funds in their account to cover the cost of monthly premiums;</li> <li>2. They are aged between 15 and 65;</li> <li>3. They are an Australian resident;</li> <li>4. An initial contribution has been received in GROW;</li> <li>5. The Insurer expressly agrees in writing to GROW that the member is eligible; and</li> <li>6. The member is not currently applying for, entitled to, or been paid a TPD or terminal illness benefit from any super fund or life insurance policy.</li> </ol>
<p><b>Transfer Eligibility</b></p>	<p>A member is eligible to transfer cover from another provider if:</p> <ol style="list-style-type: none"> <li>1. A group life insurance policy, or</li> <li>2. An individual retail life insurance policy provided they were underwritten and accepted for cover within the previous 5 years.</li> </ol> <p>The transfer of other existing cover to the Fund is subject to the Eligible Person meeting the following criteria:</p> <ol style="list-style-type: none"> <li>1. The Eligible Member must be aged less than 65, and</li> <li>2. The Eligible Member must not be working in an Excluded Occupation, and</li> <li>3. The Eligible Member must confirm that their insured benefit in the existing fund or insured policy will cease on cover commencing under This Policy. No claim will be considered under This Policy where they retain any form of their previous cover elsewhere, and</li> <li>4. The Eligible Member must not continue the cover, after acceptance of the transfer under this Policy, under any other insurance arrangement, reinstate cover or effect a continuation option with any fund, and</li> <li>5. The Eligible Member or Insured Member must provide evidence that their existing cover is in force immediately prior to the completion of the Transfer of Cover Application Form. This includes details of the acceptance of their insurance and if it was accepted on standard terms or subject to additional terms, and</li> <li>6. The Eligible Member's existing cover must not be subject to any premium loading, restriction, exclusion or pre-existing condition exclusion or restriction in regard to medical or other conditions, and</li> <li>7. The Eligible Member must satisfactorily complete the Fund's Transfer of Cover Application Form, including answering 'no' to the agreed health questions, that is received by the Fund within 31 days of being signed and dated.</li> </ol> <p>Where all of the above requirements have been met, cover will commence from the latter of the date we accept the Transfer of Cover Application Form and their account balance being sufficient to pay Premium. If their account balance is not sufficient to pay Premium within 31 days of the date we accept the Transfer of Cover Application Form then the transfer of cover</p>

	<p>will not be considered to have started and a new Transfer of Cover Application Form is required to be completed.</p> <p>The amount of cover will be transferred across as Voluntary Cover for the same type of cover.</p> <p>The total Insured Cover after transfer must not exceed \$1,500,000. When combined with existing Insured Cover in the Fund the total must not exceed the Maximum Insured Cover.</p> <p>Where any of the above requirements have not been met, transfer of cover will not be considered to have started and any Premium paid in relation to the Transfer of cover will be refunded.</p>
<b>New Events Cover</b>	<p>A member eligible for Personal Default Cover will receive New Events Cover for the first 24 months during which pre-existing illnesses and injuries at the date cover commences are excluded. After 24 months these limitations are removed if they are At Work, otherwise New Events Cover will continue to apply until they are At Work for 60 consecutive days.</p> <p>It is important to note that if you have no pre-existing illnesses or injuries there will be no limitation on cover provided. New Events Cover does not apply if your insurance is underwritten and accepted by the Insurer.</p>
<b>Exclusions</b>	<p>No Cover will be payable when a claim arises directly or indirectly as a result of:</p> <ol style="list-style-type: none"> <li>1. Death caused by suicide or attempted suicide in the 24 month period commencing from the day the member is accepted for cover; or</li> <li>2. Total and Permanent Disablement from intentional self-inflicted injury or attempted suicide commencing from the day the member is accepted for cover; or</li> <li>3. The Insured Person having been in a country listed on the Department of Foreign Affairs &amp; Trade website (<a href="http://www.dfat.gov.au">www.dfat.gov.au</a>) as subject to a 'do not travel' warning at the time they entered the country, or</li> <li>4. War; or</li> <li>5. Any additional exclusions advised by the Insurer in writing during the underwriting process.</li> </ol>
<b>Cooling off period</b>	<p>After an application has been accepted from a member there is a period of 30 days in which the member may cancel their cover and obtain a refund of the premium (other than any Government taxes or charges which the Insurer is unable to recover). This is known as the cooling off period. This period will not apply if there has been any claim or potential claim made against the policy. After this period, cover will cease from the date that the written request is received by GROW.</p>
<b>Total and Permanent Disability (Permanent Incapacity)</b>	<p>Total and Permanent Disablement in respect of an Insured Person who is:</p> <ol style="list-style-type: none"> <li>1. Gainfully employed as a Permanent Employee, Contractor or self-employed person working 15 or more hours each week within the 6 months prior to the Date of Disablement and is less than age 65 is determined under either Part 1, Part 2, Part 3, Part 4 or Part 5; or</li> <li>2. Gainfully employed as a Permanent Employee, Contractor or self-employed person and not working 15 or more hours each week within the 6 months prior to the Date of Disablement is determined under either Part 3, Part 4 or Part 5; or</li> <li>3. Not gainfully employed as a Permanent Employee, Contractor or self-employer person within the 6 months prior to the Date of Disablement is determined under either Part 3, Part 4 or Part 5; or</li> <li>4. Over age 65 is determined under Part 3, Part 4 or Part 5.</li> </ol> <p>The Insurer may waive the 3 month Total and Permanent Disablement waiting period and provide immediate assessment where a member is suffering from one or more of the Immediate Assessment Conditions and all claim requirements have been received by us.</p>

	<p>An Insured Person must be disabled to such an extent as a result of that injury or illness that in the Insurer’s opinion, they are unlikely ever again to be able to engage in any gainful employment for which they are reasonably suited by education, training or experience, in order to satisfy Part 3, 4 or 5.</p> <p><b>Part 1 - Unlikely to Return to Work</b> The Insured Person is unable to do any work as a result of Injury or Illness for 3 consecutive months and in the Insurer’s opinion at the end of that 3 months period, they continue to be so disabled as the result of their ill-health (whether physical or mental) that they are unable to resume their previous occupation at any time in the future, and will be unlikely at any time in the future to engage in Gainful Employment for which they are reasonably suited by education, training or experience.</p> <p><b>Part 2 - Permanent Impairment</b> The Insured Person is engaged in gainful employment when suffering an Injury or Illness and, as a result of that Injury or Illness, they:</p> <ol style="list-style-type: none"> <li>a. suffer a permanent impairment of at least 25% of whole person function, as defined in the American Medical Association publication ‘Guides to the Evaluation of Permanent Impairment’, 4th edition, or any other recognised standard that we agree to, and</li> <li>b. Are disabled to such an extent, as a result of this impairment, that the Insured Person is unlikely ever again to be able to engage in any occupation, business, profession or employment for which the Insured Person is reasonably suited by education, training or experience.</li> </ol> <p><b>Part 3 - Loss of Use Of</b> The Insured Person suffers the total, permanent and irrecoverable loss of use of:</p> <ol style="list-style-type: none"> <li>1. 2 limbs; or</li> <li>2. The sight of both eyes; or</li> <li>3. 1 limb and sight of 1 eye.</li> </ol> <p><b>Part 4 - Cognitive Loss</b> The Insured Person, as a result of Illness or Injury, is first diagnosed with Cognitive Loss and is under the continuous care and supervision by another adult for at least 3 consecutive months and, at the end of that 3 month period, they are likely to require permanent ongoing continuous care and supervision by another adult.</p> <p><b>Part 5 - Activities of Daily Working</b> The Insured Person suffers an Illness or Injury, that in the Insurer’s opinion:</p> <ol style="list-style-type: none"> <li>1. Totally and irreversibly prevents them from performing 2 of the Activities of Daily Living without assistance from another adult person for at least 3 consecutive months; and</li> <li>2. Since they became ill or injured, they have been under the regular care and attention of a Doctor for that Illness or Injury; and</li> <li>3. They are unable to ever again be able to perform at least 2 of the Activities of Daily Living without assistance from another adult.</li> </ol>
<p><b>Activities of Daily Working</b></p>	<p>Means:</p> <ol style="list-style-type: none"> <li>a. Walking - they cannot walk more than 200 metres on a level surface without stopping due to breathlessness, angina or severe pain elsewhere in the body,</li> <li>b. Rising/Sitting - they are unable to rise and sit using a raised chair with arms without the help of another person,</li> </ol>

	<ul style="list-style-type: none"> <li>c. Dexterity - they are unable to write legibly with a pen or pencil or use a keyboard with either hand,</li> <li>d. Communication - they cannot:             <ul style="list-style-type: none"> <li>i. Clearly hear (with a hearing aid or other aid if normally used) conversational speech in a quiet room in their first language, or</li> <li>ii. Understand simple messages in their first language, or</li> <li>iii. Speak with sufficient clarity to be clearly understood in their first language,</li> </ul> </li> <li>e. Eyesight - their visual ability is reduced to the extent that functional abilities are affected and independent functioning without physical assistance from another person in a workplace is impossible, even with the use of assistive devices.</li> </ul>
<p><b>Date of Disablement</b></p>	<p>Means the earlier of the date:</p> <ul style="list-style-type: none"> <li>a. The Insured Person is diagnosed with an Immediate Assessment Condition, or</li> <li>b. The 3 consecutive months absence from work that results in TPD began under Part 1 of the TPD definition. However, if the Insured Person undertakes a formalised graded return to work which fails within 12 months, we will take the Date of Disablement as being the date on which the person first ceased work, or</li> <li>c. The permanent impairment under Part 2 of the TPD definition that results in TPD began, or</li> <li>d. The Insured Person suffers the Loss of Use of the sight in both eyes, or the Loss of Use Of both limbs, or the Loss Of Use Of both the sight in 1 eye and 1 limb, or</li> <li>e. The Insured Person suffers the Loss of Use Of the sight of another eye or the Loss Of Use Of another limb, having already suffered the Loss Of Use Of the sight of an eye or the Loss Of Use Of a limb, or</li> <li>f. The Cognitive Loss that results in TPD was first diagnosed, or</li> <li>g. The 3 consecutive month's inability to perform at least 2 of the Activities of Daily Working that results in TPD began</li> </ul>
<p><b>Terminal Illness Benefit</b></p>	<p>Where an Insured Person has been diagnosed with a Terminal Illness, we will pay a Terminal Illness benefit provided that:</p> <ul style="list-style-type: none"> <li>a. The Date of Certification of the Terminal Illness is on or after the date their Insured Cover commenced under The Policy. No Terminal Illness benefit will be considered where the Date of Certification is prior to this date, and</li> <li>b. A Terminal Illness benefit for an Insured Person will be the lesser of their Insured Cover or \$3,000,000. Provided they remain an Insured Person, and we continue to receive Premium for their Insured Cover, we will pay the residual Insured Cover for Death calculated as at the Insured Person's date of Death, less any Insured Cover for Terminal Illness that has already been paid, and</li> <li>c. An Insured Person must supply at their expense, supporting medical evidence from 2 Doctors to certify that, as a result of injury or illness, they are likely to die within 24 months. Further, at least one of those Doctors must be a specialist practising in the area of your illness or injury and both the certifications provided by the two medical practitioners must not be more than 12 months old. We will require this information in a form of our choosing and reserve the right to ask for any additional information that we feel is appropriate. Where we ask for additional information, we will incur the cost of obtaining this information, and</li> <li>d. If The Policy has terminated, the Insured Person will only be eligible for a Terminal Illness benefit where:</li> </ul>

	<ul style="list-style-type: none"> <li>i. The Date of Certification is prior to the date that The Policy terminated, and</li> <li>ii. The Insured Person is not eligible for a terminal illness, total and permanent disablement or death claim under a new replacement policy.</li> </ul> <p>From the date a Terminal Illness claim has been lodged an Insured Person will no longer be eligible for Total and Permanent Disablement, any increase in Insured Cover or any reinstatement of Insured Cover.</p> <p>If a claim for Terminal Illness is admitted, all Insured Cover will cease from that date subject to (b) above any and residual Insured Cover for Death will be payable on the Death of the Insured Person.</p> <p>Where a Terminal Illness benefit is paid it will be considered as an advance payment of the Insured Cover for Death.</p> <p>Date of Certification means the latter of the dates 2 Doctors approved by us have certified, jointly or separately, that the Insured Person suffers a Terminal Illness. At least 1 of the Doctors must be a specialist practising in the field to which the Terminal Illness relates. Each of the certificates must be supported by test results and the certification period must not have ended.</p>
<p><b>Agreed Benefit on Death, Total and Permanent Disablement or Terminal Illness</b></p>	<p>The Agreed Benefit that the Insurer must pay is the amount for which cover is in force:</p> <ul style="list-style-type: none"> <li>1. On the date of death, if the claim is for death;</li> <li>2. On the Date of Disablement, if the claim is for Total and Permanent Disablement;</li> <li>3. On the date of Certification, if the claim is for a Terminal Illness.</li> </ul>
<p><b>Personal Cover Commencement</b></p>	<p>An Eligible Person will receive Default Cover that is New Events Cover where provided that your account balance is sufficient to pay the Premium then Default Cover commences on:</p> <ul style="list-style-type: none"> <li>a. for an Eligible Person who requests to opt-in to Default Cover via the GROW App upon joining GROW, on the date the Policy Owner receives their opt-in request, or</li> <li>b. Otherwise on the latter of date that the Eligible Person has attained both age 25 and an account balance of \$6,000 and requests to opt-in to Default Cover via the GROW, on the date the Policy Owner receives their opt-in request.</li> </ul> <p>New Events Cover will apply for 24 months from the date that cover commenced. If the Insured Person is not At Work on the day cover is due to commence at the end of the 24 month period, New Events Cover will continue to apply until the Insured Person is At Work for 60 consecutive days.</p> <p>A Personal Member may complete our Short Form Personal Statement to apply to remove the New Events Cover period. Any change in the cover terms is subject to our approval and will commence from the date that we advise in writing</p>
<p><b>Accident Cover</b></p>	<p>Inevitably, there is a period of time between an application for cover being received by the Insurer and the completion of the assessment process. During this time the Insurer will provide interim cover known as Accident Cover. Accident Cover covers only visible, violent and external events to the body that results in the Death or Total and Permanent Disablement of a member.</p> <p>The amount of cover for Accident Cover will be the lesser of the amount of cover applied for or \$1,500,000.</p> <p>Accident Cover terminates when the member's application is accepted, refused, withdrawn, cancelled, or 90 days after it began, whichever occurs first.</p> <p>Accident Cover does not apply to any Life event increases.</p>
<p><b>Cover whilst working overseas</b></p>	<p>Cover may continue for an insured member residing for work purposes overseas provided that:</p> <ul style="list-style-type: none"> <li>a. The Insurer continues to receive Premium for them, and</li> </ul>

	<ul style="list-style-type: none"> <li>b. The period of Overseas is no longer than 5 years, and</li> <li>c. In the Insurer’s opinion, the residence Overseas is temporary in nature.</li> </ul>
<p><b>Lifetime Event</b></p>	<p>A member can apply to increase their cover without providing medical evidence if a Nominated Event occurs. The increase does not apply to Voluntary Cover.</p> <p>When a Nominated Event occurs, a member can increase their cover if:</p> <ul style="list-style-type: none"> <li>a. They are a member on the date the Nominated Event occurred, and</li> <li>b. They are less than 60 years of age on the date they applied for the increase in cover under this clause, and</li> <li>c. They have not been declined, or have any exclusions, premium loading, limitations, special terms, conditions or restrictions applying to their cover under The Policy, and</li> <li>d. They must not be applying for, intending to apply for, or have been paid a Total and Permanent Disablement benefit or Terminal Illness benefit from GROW, any superannuation fund or life insurance policy, and</li> <li>e. They provide us with sufficient proof to our satisfaction that the Nominated Event occurred, and</li> <li>f. Their fully completed and signed application to request the increase in the cover is received by us within 90 days of the Nominated Event, and</li> <li>g. Their Insured Cover will not exceed the Maximum Insured Cover in the Policy Schedule, and</li> <li>h. They are At Work on the date the Nominated Event occurred and At Work on the date we accept the application.</li> </ul> <p>The increase to a member’s cover will commence on the date that the insurer accepts the increase. New Events Cover will apply to the increased portion of Insured Cover for the first 12 months after the insurer has accepted the application.</p> <p>The Insured Person can only increase their cover once for any Nominated Event in any 12 month period and can only increase their cover once for each Nominated Event.</p> <p>The Insured Person will be eligible to increase their cover for the same type of cover for which they are currently insured.</p> <p>Cover for the Nominated Event will not be paid if Death, or Total and Permanent Disablement, was the result of suicide, or a self-inflicted Injury, that occurred within the first 13 months from the date of the increase.</p>
<p><b>Termination of cover</b></p>	<p>Insured Cover for an Insured Member ceases on the earlier of the date:</p> <ul style="list-style-type: none"> <li>1. When member reaches the Cover Ceasing Age, or</li> <li>2. When the member ceases to be an Australian Resident, or</li> <li>3. When the member ceases to reside in Australia or fail to meet the conditions included “Cover Whilst Working Overseas” , or</li> <li>4. When the member commences active service with the armed forces of any country, except as part of the Australian Defence Force Reserves whilst performing duties within Australia, or</li> <li>5. When the member ceases to be a member of the Fund,</li> <li>6. When the member’s account with the Fund has been inactive (no contributions or rollovers received) for a period of sixteen months or more, and the member has not made an election to maintain insurance,or</li> <li>7. On the date the members account balance is insufficient to meet the next Premium which falls due. Where this applies cover will cease on the last day of the month in which the Premium fell due and was paid, or</li> <li>8. The end of the period for which premiums have been paid immediately after the date the members account became Inactive, except where they are an Exempt member, or</li> <li>9. When the Insurer admits a claim, subject to Terminal illness provisions on the date a claim is admitted for a benefit for the member, or</li> </ul>

	<ol style="list-style-type: none"> <li>10. When the member dies, or</li> <li>11. When the member is subject of a fraudulent claim under The Policy, or</li> <li>12. The Policy Owner gives notice that Insured Cover will cease for an Insured member, or</li> <li>13. All Insured Cover for every Insured member under The Policy ceases.</li> </ol> <p>We will provide a refund of Premium that related to a period after an Insured member' s cover had ceased if, in our opinion, the Premium was paid to Insurer in error by the Fund.</p> <p>For avoidance of doubt, an Insured member who ceases to be employed by a Participating Employer will automatically transfer from the Employer Sponsored Division into the Personal Division and retain their Insured Cover.</p>
<b>Excluded Occupation</b>	<p><b>Excluded Occupation</b> means:</p> <ol style="list-style-type: none"> <li>1. Aviation worker such as a pilot, air traffic controller or aerial photographer,</li> <li>2. Emergency services worker such as a fireman, police officer, ambulance officer or paramedic, except as a volunteer,</li> <li>3. Entertainer working professionally such as an actor, dancer, musician or performer,</li> <li>4. Forestry worker such as a tree feller or sawmill worker,</li> <li>5. Horse racing industry worker such as a jockey, trainer or strapper,</li> <li>6. Mining worker such as a miner, mineral explorer earth driller or explosives handler,</li> <li>7. Offshore worker such as a fisherman, oil rig worker or diver,</li> <li>8. Seasonal worker,</li> <li>9. Security worker such as a security guard, doormen, bouncer or crowd controller,</li> <li>10. Sex worker,</li> <li>11. Sports person working professionally or semi-professionally. They will be eligible for Death only cover but will not be eligible for TPD cover.</li> <li>12. Underground or underwater worker,</li> <li>13. Working at heights above 10 metres such as a rigger, scaffolder, roof worker or antenna erector</li> </ol>
<b>At Work</b>	<p>Means that a person:</p> <ol style="list-style-type: none"> <li>a. Is not restricted by Illness or Injury from being capable of actively performing all of their full and normal duties of their usual occupation for the Employer on a full-time basis (for at least thirty 30 hours per week) even though actual employment may be on a full-time, part-time, casual or contract basis, or</li> <li>b. If on Employer approved leave, except leave caused by an Illness or Injury, could otherwise be able to attend work and perform their normal duties without restriction due to Illness or Injury, and</li> <li>c. Is not in receipt of, or entitled to claim, any income support benefits from any source including but not limited to workers' compensation benefits, statutory transport accident benefits and disability income benefits.</li> </ol>
<b>Immediate Assessment Conditions</b>	<p>Means any of the following:</p> <ol style="list-style-type: none"> <li>a. <b>Blindness</b> - the permanent loss of sight in both eyes, whether aided or unaided, due to <i>Injury</i> or <i>Illness</i> to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.</li> <li>b. <b>Cardiomyopathy</b> - condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, i.e. Class 3 on the New York Heart Association classification of cardiac impairment or a left ventricular ejection fraction of less than 35%.</li> <li>c. <b>Chronic Lung Disease</b> - the permanent end stage respiratory failure with FEV1 test results of consistently less than 1 litre, requiring continuous permanent oxygen therapy or FEV1 of less than 35% of predicted value on two separate occasions 6 months apart and confirmed by a pulmonologist.</li> </ol>

- d. **Dementia and Alzheimer's Disease** - the clinical diagnosis of dementia (including Alzheimer's disease) as confirmed by a consultant neurologist, psycho-geriatrician, psychiatrist or geriatrician. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Where significant cognitive impairment means a deterioration in the person's Mini-Mental State Examination scores to 24 or less and deterioration would continue but for any effective treatment. Dementia related to alcohol, drug abuse or Acquired Immune Deficiency Syndrome is excluded.
- e. **Diplegia** - the total loss of function of symmetrical sides of the body due to *Injury or Illness*, where such loss of function is permanent.
- f. **Hemiplegia** - the total loss of function of 1 side of the body due to *Injury or Illness*, where such loss of function is permanent.
- g. **Loss of Hearing** - the complete and irrecoverable loss of hearing, both natural and assisted from both ears of 90dB or more over the frequencies 500Hz, 1000Hz, 2000Hz, and 3000Hz on 2 occasions taken 6 months apart. The loss of hearing must be as a result of *Injury or Illness*, as certified by an ear, nose and throat specialist.
- h. **Loss of Speech** - the total and irrecoverable loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or the speech centres of the brain. The loss must be certified by an appropriate medical specialist.
- i. **Major Head Trauma** - Injury to the head resulting in neurological deficit causing either:
  - i. A permanent loss of at least 25% whole person function (as defined by the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment 4th Edition' or the equivalent guide to the evaluation of impairment approved by us, or
  - ii. The permanent and irreversible inability to perform without the assistance of another person any 2 of the following activities of daily living:
    - Dressing - the ability to put on and take off clothing,
    - Toileting - the ability to use the toilet, including getting on and off,
    - Mobility - the ability to get in and out of a bed and a chair,
    - Continence - the ability to control bowel and bladder function,
    - Feeding - the ability to get food from a plate into the mouth, as certified by a consultant neurologist.
- j. **Motor Neurone Disease** - unequivocal diagnosis of motor neurone disease by a consultant neurologist and confirmed by neurological investigations.
- k. **Multiple Sclerosis** - the unequivocal diagnosis of multiple sclerosis as confirmed by a consultant neurologist and characterised by demyelination in the brain and/or spinal cord evidenced by Magnetic Resonance Imaging or other investigations acceptable to us. There must have been more than 1 episode of well-defined neurological deficit with persisting neurological abnormalities.
- l. **Muscular Dystrophy** - the unequivocal diagnosis of Muscular Dystrophy by a consultant neurologist.
- m. **Paraplegia** - the permanent loss of use of both legs resulting from spinal cord *Injury or Illness*.
- n. **Parkinson's Disease** - the unequivocal diagnosis of Parkinson's disease by a consultant neurologist where the consultant neurologist confirms that the condition:
  - i. Is the established cause of 2 or more of the following:
    - Muscular rigidity,
    - Resting tremor,
    - Bradykinesia, and
  - ii. Has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit.

They must be following advice and treatment of a specialist neurologist.

- o. **Primary Pulmonary Hypertension** - primary pulmonary hypertension associated with right

	<p>ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 on the New York Heart Association classification of cardiac impairment, or where there is a pulmonary artery pressure (PAP) of more than 30mmHg.</p> <p>p. <b>Quadriplegia</b> - the permanent loss of use of both arms and both legs, resulting from spinal cord <i>Injury or Illness</i>.</p> <p>q. <b>Severe Burns</b> - third degree burns to 20 per cent or more of the body surface, or to the whole of the face or the whole of both hands requiring surgical debridement and/or grafting.</p> <p>r. <b>Severe Rheumatoid Arthritis</b> - the unequivocal diagnosis of Severe Rheumatoid Arthritis by a rheumatologist in accordance with the '2010 Rheumatoid Arthritis Classification Criteria' published by the American College of Rheumatology and European League Against Rheumatism, with evidence of persistent joint inflammation and progressive disease. There must be evidence of a poor clinical response to:</p> <ol style="list-style-type: none"> <li>i. At least six (6) months of treatment with oral disease modifying anti-rheumatic drugs (DMARDs), and</li> <li>ii. All conventional therapy including biological agents.</li> </ol> <p>Degenerative osteoarthritis and all other arthritis are excluded.</p>
<b>Professional</b>	<p>Professional white collar occupations where the worker holds a tertiary qualification relevant to their occupation and is a member of a professional institute and earns a gross income of at least \$100,000 per annum. They must be working in a sedentary capacity in an office environment with less than 20% of time spent outdoors (eg solicitor, accountant and medical practitioner). Clerical, administration</p>
<b>White Collar</b>	Occupations involving office duties only (eg office administrator, computer operator, bank clerk, consultant), managerial
<b>Light Blue Collar</b>	Occupations mainly engaged in light manual duties in non-hazardous industries. This includes store workers, professionals with some fieldwork, persons who travel but do not deliver goods, and supervisors of manual work (e.g. retail and sales personnel, computer technicians, purchasing officer, coffee shop owner).
<b>Blue Collar</b>	Qualified tradespeople who perform a moderate amount of manual work (e.g. plumber, carpenter, nurse).
<b>Heavy Blue Collar</b>	Unskilled occupations performing manual work or skilled employees mainly performing heavy manual work (e.g. construction workers, factory workers, cleaners, labourers, delivery drivers, storemen, production workers and machine operations.)

## 5. Income Protection Insurance Terms and Conditions

GROW provides members with the opportunity to have Income Protection insurance through a Group Insurance Policy, issued to us by Hannover Life Re of Australasia Ltd (the Insurer). The information contained in this section is a summary of the terms and conditions. Full terms and conditions are contained in the Policy.

**The insurer has the right under the policy to: accept cover for the member; accept cover for the member subject to premium loadings, exclusions or restrictions they may consider appropriate; or refuse to provide cover to a member.**

<b>General Eligibility</b>	<p>A member is eligible to apply for Income Protection insurance if:</p> <ol style="list-style-type: none"> <li>1. They are an Australian Resident;</li> <li>2. They are aged between 15 and 65;</li> <li>3. They are not in an Excluded Occupation, or do not perform any duties of an Excluded Occupation;</li> <li>4. They meet the Eligibility Conditions set out in the Policy; and</li> </ol>
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	The Insurer expressly agrees in writing to GROW that the member is eligible.
<b>Transfer Eligibility</b>	<p>1. An <i>Eligible member</i> can elect to transfer other existing cover to the <i>Fund</i> if they are insured under:</p> <ol style="list-style-type: none"> <li>1. A group life insurance policy, or</li> <li>2. An individual retail life insurance policy provided where the member was underwritten and accepted for cover within the previous 5 years.</li> </ol> <p>The transfer of other existing cover to the <i>Fund</i> is subject to the <i>Eligible member</i> meeting the following criteria:</p> <p>The transfer of other existing cover to the Fund is subject to the Eligible Person meeting the following criteria:</p> <ol style="list-style-type: none"> <li>1. The Eligible Member must be aged less than 65, and</li> <li>2. The Eligible Member must not be working in an Excluded Occupation, and</li> <li>3. The Eligible Member must confirm that their insured benefit in the existing fund or insured policy will cease on cover commencing under This Policy. No claim will be considered under This Policy where they retain any form of their previous cover elsewhere, and</li> <li>4. The Eligible Member must not continue the cover, after acceptance of the transfer under this Policy, under any other insurance arrangement, reinstate cover or effect a continuation option with any fund, and</li> <li>5. The Eligible Member or Insured Member must provide evidence that their existing cover is in force immediately prior to the completion of the Transfer of Cover Application Form. This includes details of the acceptance of their insurance and if it was accepted on standard terms or subject to additional terms, and</li> <li>6. The Eligible Member's existing cover must not be subject to any premium loading, restriction, exclusion or pre-existing condition exclusion or restriction in regard to medical or other conditions, and</li> <li>7. The Eligible Member must satisfactorily complete the Fund's Transfer of Cover Application Form, including answering 'no' to the agreed health questions, that is received by the Fund within 31 days of being signed and dated.</li> </ol> <p>Where all of the above requirements have been met, cover will commence from the latter of the date we accept the Transfer of Cover Application Form and their account balance being sufficient to pay Premium. If their account balance is not sufficient to pay Premium within 31 days of the date we accept the Transfer of Cover Application Form then the transfer of cover will not be considered to have started and a new Transfer of Cover Application Form is required to be completed.</p> <p>The amount of cover will be transferred across as Voluntary Cover for the same type of cover.</p> <p>The total Insured Cover after transfer must not exceed \$15,000. When combined with existing Insured Cover in the Fund the total must not exceed the Maximum Insured Cover.</p> <p>any of the above requirements have not been met, transfer of cover will not be considered to have started and any Premium paid in relation to the Transfer of cover will be refunded.</p>
<b>Cooling off period</b>	After an application has been accepted there is a period of 30 days in which the member may cancel their cover and obtain a refund of the premium (other than any Government taxes or charges which the Insurer is unable to recover). This is known as the cooling off period. This period will not apply if there has been any claim or potential claim made against the policy. After this period, cover will cease from the date that the written request is received
<b>Exclusions</b>	No benefit will be payable when a claim arises directly or indirectly as a result of: <ol style="list-style-type: none"> <li>1. War; or</li> <li>2. Intentional or self-inflicted harm or attempted suicide; or</li> <li>3. Normal and uncomplicated pregnancy or childbirth. Complications of pregnancy, multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar programme,</li> </ol>

	<p>discomfort (such as morning sickness, backache, varicose veins, ankle swelling, bladder problems) are considered normal and uncomplicated; or</p> <ol style="list-style-type: none"> <li>4. Participation in a criminal act; or</li> <li>5. A member having been in a country listed on the Department of Foreign Affairs &amp; Trade website as subject to a 'do not travel' warning; or</li> <li>6. Any other exclusions advised in the underwriting process.</li> </ol>
<b>Excluded Occupations</b>	<p><b>Excluded Occupation</b> means:</p> <ol style="list-style-type: none"> <li>1. Aviation worker such as a pilot, air traffic controller or aerial photographer,</li> <li>2. Emergency services worker such as a fireman, police officer, ambulance officer or paramedic, except as a volunteer,</li> <li>3. Entertainer working professionally such as an actor, dancer, musician or performer,</li> <li>4. Forestry worker such as a tree feller or sawmill worker,</li> <li>5. Horse racing industry worker such as a jockey, trainer or strapper,</li> <li>6. Mining worker such as a miner, mineral explorer earth driller or explosives handler,</li> <li>7. Offshore worker such as a fisherman, oil rig worker or diver,</li> <li>8. Seasonal worker,</li> <li>9. Security worker such as a security guard, doormen, bouncer or crowd controller,</li> <li>10. Sex worker,</li> <li>11. Sports person working professionally or semi-professionally,</li> <li>12. Underground or underwater worker,</li> <li>13. Working at heights above 10 metres such as a rigger, scaffolder, roof</li> </ol>
<b>Pre-existing Conditions</b>	<p>If a member has a pre-existing medical condition, they will be eligible to make a claim provided the condition was disclosed to, and accepted by the Insurer at the time of applying.</p>
<b>Monthly Income</b>	<p>Means:</p> <ol style="list-style-type: none"> <li>1. Where the member is employed 1/12th of their current annual pre-tax income paid by the Employer; or</li> <li>2. Where the member directly or indirectly owns part or all of a business, including all or part ownership through another legal entity, from which they earn their usual income, 1/12th of the gross amount immediately before the period of Total Disability, as a direct result of the member's personal exertion or activities through their usual occupation after allowing for the costs and expenses incurred in deriving that income. Income from the business will not include investment income, profit distributions or similar payments that may continue in the event of Total Disability or Partial Disability.</li> </ol>
<b>Monthly Benefit</b>	<p>Means:</p> <ol style="list-style-type: none"> <li>1. The agreed percentage up to 75% of the insured member's Monthly Income as advised to GROW and upon which premiums are based immediately prior to the date of Disability; or</li> <li>2. If the insured member is no longer a Permanent Employee employed on a permanent basis working at least 15 hours per week or a Contractor, working for their employer for at least 15 hours per week, the agreed percentage up to 75% of the member's average Monthly Income over the 12 months immediately prior to the date of Disability.</li> </ol>
<b>Total Disability</b>	<p>Means an insured member is totally disabled if, because of Illness or Injury, they are:</p> <ol style="list-style-type: none"> <li>1. Unable to perform at least one income producing duty of their occupation; and</li> <li>2. Under the regular care of, and following the advice of a Doctor; and not working in any occupation, whether for reward or not for reward; and</li> <li>3. Not working in any occupation, whether for reward or not for reward</li> </ol> <p>Where an income producing duty is a duty of the insured member's occupation immediately before they became disabled which generates 20% or more of their Monthly Income.</p>
<b>Partial Disability</b>	<p>Disability because of an injury or illness, an insured Person has suffered Total Disability continuously for a</p>

<p><b>Benefit</b></p>	<p>period of at least 7 days out of 12 consecutive days and:</p> <ol style="list-style-type: none"> <li>Has ceased to suffer Total Disability, and</li> <li>Has resumed partial employment or, in the Insurer’s opinion, is deemed capable of returning to partial employment duties, and</li> <li>As a result of the injury or illness that caused their Total Disability has received, or would in the Insurer’s opinion receive, a Post-Disability Income that is less than their Monthly Income, and</li> <li>Is under the continuous and regular care of a Doctor undergoing the appropriate treatment.</li> </ol> <p>A Partial Disability is payable. No Partial Disability benefit is accrued or payable until the expiry of the Waiting Period.</p> <p>The amount payable in respect of Partial Disability is calculated in accordance with the following formula <math>\frac{A-B}{A} \times C</math>, less any Other Disability Income that accrues to the Insured Person during the month:</p> <p>Where,</p> <ol style="list-style-type: none"> <li>is the Insured Person’s pre disability monthly income</li> <li>is the Insured Person’s actual monthly income earned during the month of partial disability</li> <li>is the monthly benefit which would otherwise be payable if the Insured Person had suffered Total Disability</li> </ol> <p>If an Insured Person suffers Partial Disability and no work is available then, after considering all the medical and other evidence available to us, the Insurer will calculate their Post-Disability income based on the Insurer’s assessment of their capacity to earn.</p>
<p><b>Cover Commencement</b></p>	<p>Cover will commence on the latter of the date the insurer advises in writing or the date GROW receives the initial contribution for the payment of Premium.</p>
<p><b>Benefit Limits</b></p>	<p>Irrespective on any other provisions:</p> <ol style="list-style-type: none"> <li>The benefit the Insurer is liable to pay in respect of a member will never be more than the Maximum Monthly Benefit;</li> <li>The Insurer is not liable to continue to pay a benefit in respect of a member once they attain the Maximum Insurable Age of 65 years; and</li> <li>The entitlement of the Monthly Benefit payable will not exceed the selected Benefit Period (being two (2) years for the same or related injury or illness.</li> </ol>
<p><b>Benefit Offsets</b></p>	<p>The amount of the Monthly Benefit will be reduced by any Other Disability Income that the member receives or is entitled to during that month. A reduction of the monthly benefit will only be made where the total payments received by the Insured Person exceeds the maximum Monthly Benefit or 75% of their pre-disability monthly income, whichever is lower.</p> <p>If the entitlement of an Insured Person to Other Disability Income is in dispute, the Insurer may at their discretion pay the full amount of the benefits due on a conditional basis until the dispute is resolved. If the Insurer chooses to pay, and the Insured Person receives Other Disability Income, the Insurer may offset those payments received from future benefits or recover the amount of benefit the Insurer has paid which would have been offset.</p>
<p><b>Benefit Index</b></p>	<p>The Insurer will increase the Monthly Benefit for an Insured Person by the lesser of the annual CPI percentage increase or 5% for every 12 months where they are in receipt of a Total Disability benefit.</p>
<p><b>Accident Cover</b></p>	<p>Inevitably, there is a period of time between an application for cover being received by the Insurer and the completion of the assessment process. During this time the Insurer will provide interim cover known as Accident Cover. Accident Cover covers only Total Disability as a result of an injury.</p> <p>The amount of cover for Accident Cover shall not be greater than the maximum amount of cover which</p>

	<p>would have been applicable to the insured member (if any) and subject to this limit, be the lesser of:</p> <ol style="list-style-type: none"> <li>1. The amount for which cover was being applied for; or</li> <li>2. \$15,000 per month.</li> </ol> <p>The Insurer may take into account any information received in the course of the claim under Accident Cover in exercising their discretion whether they accept, refuse or offer special terms, conditions, restrictions, exclusions or premium loading.</p> <p>During the period a benefit is payable in connection with the Accident Cover, the Insurer is not liable to pay any other benefits. The maximum benefit period of a claim under Accident Cover is 2 years.</p> <p>Accident Cover terminates when the member's application is accepted, refused, withdrawn, cancelled, or 90 days after it began, whichever occurs first.</p>
<b>Notice of a claim</b>	Initial notice of a potential claim must be provided as soon as possible after the incident. The Insurer will only consider a claim where the delay in notification does not prejudice their ability to assess the claim.
<b>Commencement of Payments and Ongoing Payments</b>	<p>After the conclusion of the Waiting Period, benefits will be paid in Australian dollars, one month in arrears for each month in which the benefit is payable. If a benefit is payable for less than the whole month, 1/30th of the benefit will be paid for each day the benefit is payable.</p> <p>If the insured member has more than one injury or illness causing their Total Disability or Partial Disability, whether they are related or not, only one Total Disability benefit or Partial Disability benefit will be payable.</p>
<b>Death Benefit Whilst on Claim</b>	Where an insured member who is in receipt of a Total Disability or Partial Disability benefit dies, the Insurer will pay an additional lump sum death benefit equal 3 times the Monthly Benefit. The lump sum death benefit is only payable upon receipt of satisfactory evidence.
<b>Approved Rehabilitation Benefit</b>	<p>If an insured member is suffering Total Disability or Partial Disability and the Insurer agrees that a program is likely to assist in their return to work, the Insurer may pay for the cost of approved rehabilitation in addition to the benefits otherwise payable for the insured member.</p> <p>The Insurer is not liable to pay these costs unless they have approved them prior to being incurred. If the Insurer has determined that they will pay such costs, they will be paid directly to the provider of the program.</p>
<b>Recurrent Disability Benefit</b>	<p>A period of Disability will be deemed to be a continuation of an earlier period of Disability if it is caused by the same medical condition and is separated from the previous period of Disability by less than six (6) months active full time work. If a period of Disability is deemed to be a continuation of an earlier period of Disability the Waiting Period does not apply. The insured member's usual hours of work prior to their Disability will be considered as their full time work.</p> <p>Where a benefit has been continuously paid for the Benefit Period, the Insurer will not pay any further benefits for a Disability that is caused by the same or related injury or illness.</p> <p>If cover ceases due to the member being on claim for longer than the Benefit Period, cover is subject to underwriting and acceptance by the Insurer when the member resumes employment.</p>
<b>Waiver of Premium</b>	When Total Disability benefits are being paid for a member, the premium that relates to the period of their claim will be waived for that member.
<b>Cessation of Payments</b>	<p>Insured Cover for a Member ceases on the earlier of the date:</p> <ol style="list-style-type: none"> <li>a. They no longer meet the definition of Total Disability or Partial Disability, or</li> <li>b. They die, or</li> </ol>

	<ul style="list-style-type: none"> <li>c. The Benefit Period expires, or</li> <li>d. They attain the Cover Ceasing Age, or</li> <li>e. They are no longer under the regular care of and following the advice of a Doctor, and</li> <li>f. They reside Overseas for a period longer than agreed by the Insurer, or</li> <li>g. The Member fails to provide GROW with any requested information that is required to assess the his/her claim, or</li> <li>h. A fraudulent claim is made by the Member.</li> </ul>
<b>Cover Whilst Working Overseas</b>	<p><i>Insured Cover</i> will continue for an Insured Person whilst Overseas provided:</p> <ul style="list-style-type: none"> <li>a. The Insurer continues to receive Premium for them, and</li> <li>b. The period of Overseas is no longer than 5 years, and</li> <li>c. In our opinion, the residence Overseas is temporary in nature.</li> </ul>
<b>Payment of Benefits Whilst Residing Overseas</b>	<p>When an Insured Person is Overseas, or resides in Australia and subsequently travels Overseas and becomes disabled, the Insurer will not be liable to pay benefits for more than a total of 6 months while they remain Overseas. However, if the entitlement to the benefit is continuing, the Insurer must continue to pay the Monthly Benefit again with effect from the date they return to Australia.</p> <p>We reserve the right to ask the Insured Person to return to Australia at their expense for the ongoing assessment of a claim.</p>
<b>Termination of cover</b>	<p>Insured Cover for an Insured Member ceases on the earlier of the date:</p> <ol style="list-style-type: none"> <li>1. When member reaches the Cover Ceasing Age, or</li> <li>2. When the member ceases to be an Australian Resident, or</li> <li>3. When the member ceases to reside in Australia or fail to meet the conditions included "Cover Whilst Working Overseas", or</li> <li>4. When the member commences active service with the armed forces of any country, except as part of the Australian Defence Force Reserves whilst performing duties within Australia, or</li> <li>5. When the member ceases to be a member of the Fund, or</li> <li>6. When the member's account with the Fund has been inactive (no contributions or rollovers received) for a period of sixteen months or more, and the member has not made an election to maintain insurance, or</li> <li>5. On the date the members account balance is insufficient to meet the next Premium which falls due. Where this applies cover will cease on the last day of the month in which the Premium fell due and was paid, or</li> <li>6. The end of the period for which premiums have been paid immediately after the date the members account became Inactive, except where they are an Exempt member, or</li> <li>7. When the member dies, or</li> <li>8. When the member is subject of a fraudulent claim under The Policy, or</li> <li>9. The Policy Owner gives notice that Insured Cover will cease for an Insured member, or</li> <li>10. All Insured Cover for every Insured member under The Policy ceases.</li> </ol> <p>We will provide a refund of Premium that related to a period after an Insured member's cover had ceased if, in our opinion, the Premium was paid to Insurer in error by the Fund.</p> <p>For avoidance of doubt, an Insured member who ceases to be employed by a Participating Employer will automatically transfer from the Employer Sponsored Division into the Personal Division and retain their Insured Cover.</p>
<b>Workplace modification benefit</b>	<p>If the Insured Person is receiving Total Disability or Partial Disability benefits and the Insurer agrees that modification to their place of employment is necessary in order for them to return to work, the Insurer may pay all or some of the modification expenses. The workplace modification benefit will be paid in addition to any other benefit payable.</p> <p>The Insurer is not liable to pay these costs unless they have approved them prior to being incurred. If the</p>

	Insurer has determined that they will pay such costs, they will be paid directly to the service provider.
<b>Professional</b>	Professional white collar occupations where the worker holds a tertiary qualification relevant to their occupation and is a member of a professional institute and earns a gross income of at least \$100,000 per annum. They must be working in a sedentary capacity in an office environment with less than 20% of time spent outdoors (eg solicitor, accountant and medical practitioner).
<b>White Collar</b>	Clerical, administration and managerial occupations involving office duties only (eg office administrator, computer operator, bank clerk, consultant).
<b>Light Blue Collar</b>	Occupations mainly engaged in light manual duties in non-hazardous industries. This includes store workers, professionals with some fieldwork, persons who travel but do not deliver goods, and supervisors of manual work (e.g. retail and sales personnel, computer technicians, purchasing officer, coffee shop owner).
<b>Blue Collar</b>	Qualified tradespeople who perform a moderate amount of manual work (e.g. plumber, carpenter, nurse).
<b>Heavy Blue Collar</b>	Unskilled occupations performing manual work or skilled employees mainly performing heavy manual work (e.g. construction workers, factory workers, cleaners, labourers, delivery drivers, storemen, production workers and machine operators).

