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# Perpetual WealthFocus Super Plan

Insurance Book

**INSURANCE BOOK  
DATED 18 DECEMBER 2023**

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Perpetual 

## Important notes

This Insurance Book forms part of Product Disclosure Statement issue number 15 dated 18 December 2023 for Perpetual WealthFocus Super Plan (PDS) comprising the Features Book and Investment Book.

This Insurance Book contains important information about the insurance cover available through Perpetual WealthFocus Super Plan.

This Insurance Book should be read in conjunction with the PDS.

We may update the Insurance Book where we can according to the Fund's Trust Deed and the law. A copy of the PDS, this Insurance Book and any updates will be available at our website. You can also obtain a copy free of charge upon request by contacting us. You should keep a copy of this document and any updates to it for your reference.

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# Insurance cover

Subject to eligibility, you can apply to be insured under the Super Plan for:

- death only
- total and permanent disablement (TPD) only
- death and TPD
- salary continuance.

## Insurance summary

The following table provides a summary of the various insurance options available to Super Plan members. Additional information, including various definitions and insurance premium rates, is provided in the following pages.

### Insurance options for Super Plan members

Feature	Death cover	TPD cover	Salary continuance cover
<b>Benefit payable</b>	A benefit will be paid if you die (or are diagnosed with a terminal illness and have less than 24 months to live – see 'Definitions' for further information).	A benefit will be paid to you if you become totally and permanently disabled.  TPD only cover includes a limited death benefit that is payable if you die while covered and you have not been paid a TPD benefit – see 'Maximum cover' in this table for further information.	You can apply for agreed value or indemnity salary continuance cover.  <b>Amount you can insure</b> The maximum amount of cover you can insure at the time of application will be the lesser of: <ul style="list-style-type: none"> <li>- 75% of the first \$40,000 of your monthly salary then 20% thereafter or</li> <li>- \$40,000.</li> </ul> <b>Benefit payable</b> If you are disabled due to illness or injury and can't work for longer than the nominated waiting period (30, 60 or 90 days), you will be paid (as applicable) a monthly benefit calculated at the time of a claim on an: <ul style="list-style-type: none"> <li>• <b>agreed value</b> basis, being the lesser of: <ul style="list-style-type: none"> <li>- 100% of your monthly pre-disability income or</li> <li>- the amount insured or</li> <li>- \$40,000</li> </ul> </li> </ul> or <ul style="list-style-type: none"> <li>• <b>indemnity</b> basis, being the lesser of: <ul style="list-style-type: none"> <li>- 75% of the first \$40,000 of your monthly pre-disability income then 20% thereafter or</li> <li>- the amount insured or</li> <li>- \$40,000.</li> </ul> </li> </ul> Where you have selected the optional super component, which is a maximum additional amount of 10% paid directly by us into your Super Plan account, the monthly benefit is calculated as 85% of the first \$35,294 of your salary per month (maximum \$30,000 monthly benefit), plus 20% thereafter (maximum \$10,000 monthly benefit).
<b>Minimum cover</b>	\$50,000.	\$50,000.	\$500 monthly benefit.
<b>Maximum cover</b>	Death – unlimited. Terminal illness – equal to the amount of death cover.	TPD – \$5 million. Limited death benefit for TPD only cover – \$10,000.	\$40,000 monthly benefit. For amounts insured above \$30,000, the monthly benefit will revert to \$30,000 after two years of receiving a benefit.
<b>Minimum entry age</b>	Age 15.	Age 15.	Age 15.
<b>Maximum entry age</b>	Age 64.	Age 64.	Age 64.

<b>Available until</b>	Age 75.	Age 70 (for members aged over 65 an 'Activities of daily living' TPD definition will apply – see 'Definitions' for details).	Age 65.
<b>Cessation of cover</b>	<p>Cover will cease on the earliest of:</p> <ul style="list-style-type: none"> <li>your account remaining inactive for a continuous period of 16 months unless you have elected in writing to keep your cover (see 'Cessation of cover on inactive accounts' for further information)</li> <li>your 75th birthday</li> <li>the date you die</li> <li>60 days after the due date of any outstanding premium payment</li> <li>where the death and TPD benefit is for the same amount, the date you become totally and permanently disabled or terminally ill if a claim for that condition is accepted</li> <li>60 days after the date you cease to be a member of the Super Plan</li> <li>termination of the insurance policy agreement between the Trustee and the insurer</li> <li>the date you or the Trustee cancels the cover in writing.</li> </ul>	<p>Cover will cease on the earliest of:</p> <ul style="list-style-type: none"> <li>your account remaining inactive for a continuous period of 16 months unless you have elected in writing to keep your cover (see 'Cessation of cover on inactive accounts' for further information)</li> <li>your 70th birthday</li> <li>the date you die</li> <li>60 days after the due date of any outstanding premium payment</li> <li>where the death and TPD benefit is for the same amount, the date you become totally and permanently disabled or terminally ill if a claim for that condition is accepted</li> <li>60 days after the date you cease to be a member of the Super Plan</li> <li>termination of the insurance policy agreement between the Trustee and the insurer</li> <li>the date you or the Trustee cancels the cover in writing.</li> </ul>	<p>Cover will cease on the earliest of:</p> <ul style="list-style-type: none"> <li>your account remaining inactive for a continuous period of 16 months unless you have elected in writing to keep your cover (see 'Cessation of cover on inactive accounts' for further information)</li> <li>your 65th birthday</li> <li>the date you die</li> <li>60 days after the due date of any outstanding premium payment</li> <li>60 days after the date you cease to be a member of the Super Plan</li> <li>termination of the insurance policy agreement between the Trustee and the insurer</li> <li>the date you or the Trustee cancels the cover in writing.</li> </ul> <p>Note that limited cover applies if you become unemployed (other than as a result of sickness or injury) for a period of 12 months, and cover will cease if unemployment continues beyond 12 months. No salary continuance benefits will be payable during any periods of unemployment for any period of disability resulting directly or indirectly from any mental health disorder.</p>

## Important additional insurance information

### The insurer

The insurance cover constitutes a benefit provided under the Super Plan. The insurance cover is provided to the Trustee by AIA Australia Limited (the insurer) (ABN 79 004 837 861, AFSL 230043). The insurer has consented to the statements referable to it in this document in the form and context in which they are included.

Your insurance benefits are subject to the Fund's Trust Deed and the insurer's Policy Document, the main features of which are described in the Insurance Book. You can obtain a copy of the detailed Policy Document by contacting us. If any of the main features change, we will notify you in writing. If there are any inconsistencies between the information in this document and the terms set out in the Policy Document, the Policy Document will prevail.

### The duty to take reasonable care

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

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

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

When you apply for life insurance, the insurer conducts a process called underwriting. It's how the insurer decides whether they can cover you, and if so, on what terms and at what cost.

The insurer will ask questions they need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give the insurer in response to the questions is vital to their decision.

### If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to the insurer. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put the insurer in the position they would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where the insurer later investigates whether the information given to them was true. For example, the insurer may do this when a claim is made.

Before the insurer exercises any of these remedies, the insurer will explain their reasons and what you can do if you disagree.

## Guidance for answering our questions

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

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

## Changes before your cover starts

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

### If you need help

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

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

### Notifying the insurer

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

## Personal health information

If you apply for insurance cover, you will be required to provide personal health information. If you do not provide us with your relevant personal health information, it will not be possible to assess your insurance application.

We require your consent to collect, use or disclose your health and other personal information, which is collected and provided to the insurer to assess your eligibility for insurance and to administer your application.

Should you make a claim for an insurance benefit, your health and other personal information may be disclosed to the insurer, medical practitioners, claims investigators, reinsurers, the insurance reference bureau and such other experts as may be nominated by us or the insurer.

If there is any dispute about your entitlement to a disability benefit or any insurance related claim, your health and other personal information may be disclosed to legal and other advisers.

Your privacy is important to us and the insurer. By becoming a member, or otherwise interacting or continuing your relationship with us and the insurer directly or via a representative or intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling

of personal and sensitive information in the manner described in our or the insurer's privacy policies which are available at [www.perpetual.com.au](http://www.perpetual.com.au) and [www.aia.com.au](http://www.aia.com.au).

## Short-form personal statement

A short-form personal statement with no other medical evidence is available if you are under age 55 and applying for:

- death only cover up to \$1 million
- TPD only or death and TPD cover up to \$1 million
- indemnity salary continuance cover up to \$8,000 per month,

provided you are able to answer 'no' to all 'yes/no' questions within the 'Insurance cover' section of the Super Plan application form in the Features Book.

If you do not satisfy the above requirements, you will need to complete the separate 'Insurance application' form included with this document.

## Residency status

You must be an Australian resident (see 'Definitions' for details) or currently residing in Australia with a current and valid visa that enables you to work in Australia at the time the insurance cover is taken out.

## Commencement of cover

Cover will commence from the date when:

- both the Trustee and insurer agree to accept your cover on standard terms and conditions (including premium rates) or
- the insurer receives your written acceptance of any special acceptance terms (in which case you will be notified in writing of the date your cover commences),

subject to the first premium being received within 120 days of this date.

## World-wide cover

Insured members are generally covered 24 hours a day and may travel or work in any part of the world.

## Reducing or cancelling cover

You can reduce the sum(s) insured or cancel your death, TPD and/or salary continuance cover at any time by completing the 'Application to reduce or cancel cover' form available from our website. You can also choose to change your waiting period and/or benefit period for your salary continuance cover.

If you cancel your cover, you will no longer be insured for that cover and you (or your beneficiaries) will not be able to make an insurance claim for that type of cover. Once you have reduced or cancelled any cover, you will need to complete an insurance application form and be underwritten by the insurer if you subsequently wish to increase your cover amount or reapply for that type of cover.

### Cooling-off period for cancellations of cover

If you cancel your cover within 14 days of the date from which your cover commenced or was increased, all cover or the additional cover (as applicable) will be cancelled from the date that cover first commenced and any premiums paid for that cover will be refunded to your member account.

## Cessation of cover on inactive accounts

Under superannuation law, insurance cover must be cancelled if your account remains inactive for a continuous period of 16 months unless you have elected in writing to keep your cover. For this purpose, an account is deemed 'inactive' if it has not received any contribution (including transfer/rollover from another superannuation fund) for a continuous period of 16 months.

We will notify you once we have not received a contribution for 9, 12 and 15 months. If you would like to maintain your insurance cover, **before** your account becomes inactive for a continuous period of 16 months, you must do one of the following:

- make a contribution to make your account 'active'
- set up a savings plan to make regular personal contributions to your account so that your account will not be deemed to be inactive in the future
- complete and return the 'Insurance election form', which we'll also provide with our notification, to permanently opt-in for insurance cover (unless you subsequently advise otherwise).

Otherwise, we are required to cancel your insurance cover after the end of the period for which premiums have been paid once your account becomes inactive for a continuous period of 16 months.

## Reinstatement of cover

Your cover will be reinstated and treated as if it had never ceased if we receive a request from you to do so within 60 days of cessation, subject to the payment of any backdated premiums. After this time, you will need to reapply and be accepted for any insurance cover.

## Making a claim

You or your representative must notify the Trustee in writing as soon as possible after you become aware of any claim or potential claim.

You or your representative must provide any information the Trustee or insurer may reasonably require. For any terminal illness, TPD or salary continuance claims, you may also be required to undergo medical examinations to properly assess the claim. If you are overseas at the time, you may be required to return to Australia (at your expense) for assessment of the claim.

## Death and TPD cover

### Availability of cover

Both death and TPD cover are available on a stand-alone basis or combined with the same or differing amounts.

### Interim cover

You will be covered for accidental death and accidental TPD (see 'Definitions' for details) from the date the insurer receives your fully completed insurance application:

- for the lesser of the amount of death and/or TPD cover you have applied for or \$1.5 million and
- until the earlier of the date when your application is accepted or declined by the insurer, withdrawn by you or the expiration of 90 days.

## Indexation of cover

Your sum insured amount will be automatically indexed each 1 July as part of the annual insurance review by the lesser of the Consumer Price Index (CPI) or 5%, unless you advise us otherwise in writing. Your premium will be adjusted to allow for the higher sum insured and your age at the time of indexing. For TPD, this will be subject to a maximum of \$5 million cover.

## Medical evidence

Medical evidence, as specified in the 'Medical evidence tables', will be required if you apply for cover that exceeds relevant dollar limits. These medical evidence requirements are current as at the date of this document, but may be varied by the insurer at any time.

## Transferring cover

If you are under age 55 you may be able to transfer up to a total of \$1.5 million of your existing death and/or TPD cover from another fund or insurance policy, subject to a maximum of \$1 million for each transfer. There is a range of criteria that needs to be met for transferring your cover. Further information can be obtained by referring to the 'Insurance transfer form' included with this Insurance Book.

## Receiving a death or TPD insurance benefit

Any death, terminal illness or TPD insurance benefit paid into the Fund on your behalf will be invested in the Perpetual Cash investment option until we are able to pay the insurance benefit to you or your dependent(s) or to your legal personal representative, or we receive other investment instructions from you or a properly authorised person.

### Death

If you die while covered under the Super Plan, your death benefit will generally be paid to one or more of your dependants or to your legal personal representative (see 'Death benefits' in the Features Book for further information).

### TPD

In the case of total and permanent disablement while you have TPD cover, your claim will be assessed by the insurer against the Policy Document and by the Trustee against the Policy Document, Trust Deed and superannuation law before any TPD benefits are paid.

### Limited death benefit

A limited death benefit is automatically included in your stand-alone TPD cover. A lump sum amount of \$10,000 will be paid if you die while covered and you have not received a TPD benefit. This amount will not be indexed or paid in the event of suicide within 13 months of the cover commencing.

## Claims

The TPD definition that applies to you will generally depend on your employment status during the three months before the cause of any TPD claim (see 'Definitions' for details).

## Medical evidence required for death only cover

Age	Short-form personal statement	Full personal statement	Blood tests <sup>1</sup>	Medical examination <sup>2</sup>
Up to 39 <sup>3</sup>	Up to \$1,000,000	\$1,000,001	\$1,000,001	\$1,500,001
40-49 <sup>3</sup>	Up to \$1,000,000	\$1,000,001	\$1,000,001	\$1,000,001
50-54 <sup>3</sup>	Up to \$1,000,000	\$1,000,001	\$1,000,001	\$1,000,001
55-59	n/a	All amounts	\$650,001	\$500,001
60-64	n/a	All amounts	\$500,001	\$250,001

1 For HIV antibodies, Hepatitis B & C and MBA20.

2 An Electrocardiogram (ECG) and/or Personal Medical Attendant's Report (PMAR) may be requested on a discretionary basis.

3 See 'Short-form personal statement' for further information.

## Medical evidence required for death and TPD cover

Age	Short-form personal statement	Full personal statement	Blood tests <sup>1</sup>	Medical examination <sup>2</sup>
Up to 39 <sup>3</sup>	Up to \$1,000,000	\$1,000,001	\$2,500,001	\$2,500,001
40-49 <sup>3</sup>	Up to \$1,000,000	\$1,000,001	\$1,000,001	\$1,500,001
50-54 <sup>3</sup>	Up to \$1,000,000	\$1,000,001	\$1,000,001	\$1,000,001
55-59	n/a	All amounts	\$700,001	\$700,001
60-64	n/a	All amounts	\$500,001	\$500,001
65-69	n/a	All amounts	\$300,001	\$300,001

1 For HIV antibodies, Hepatitis B & C and MBA20.

2 An Electrocardiogram (ECG) and/or Personal Medical Attendant's Report (PMAR) may be requested on a discretionary basis.

3 See 'Short-form personal statement' for further information.

## Death cover buyback option

If you have death and TPD cover and subsequently a TPD benefit is paid, the amount of your death cover reduces by the TPD benefit amount paid. However, you can select the option to buy back that death cover in this event.

You can select this buyback option:

- when you apply for death and TPD cover or
- at any other time, subject to further underwriting, if all of the following apply:
  - you hold death and TPD cover
  - you are under age 60
  - no TPD benefit has been paid to you.

An additional loading of 4% of your combined death/TPD premium applies if you select this buyback option.

Where you have selected this option, if a TPD benefit is subsequently paid, you can exercise your option to buy back death cover for up to the amount paid as a TPD benefit by written request within 30 days from the first anniversary of the TPD benefit being paid.

The buyback option is also subject to the following conditions:

- the reinstated death cover may be indexed by CPI
- all loadings and exclusions that applied to the original death benefit will continue to apply to the reinstated death cover amount
- you must have existing applicable cover
- you must be alive at the time of making the request for the buyback.

Where you have selected the buyback option, your right to exercise it, and the premium loading attached to it, ends on the earliest of the following:

- you turn age 65
- your death or TPD cover ceases for any reason other than the payment of a TPD benefit (see 'Cessation of cover' for further details)
- the date you exercise this option.



## Definitions

The following definitions will apply to insured members.

### General

#### Australian resident

An Australian resident includes a person who is:

- either an Australian citizen or holder of an Australian permanent resident visa
- a New Zealand citizen holding a current special category visa who is residing in Australia indefinitely.

### For death cover

#### Accidental death

Death by accident means death directly and independently of any other cause from an unforeseen and unintended accident happening to you and caused by violent, external and visible means.

#### Terminal illness

You will be considered terminally ill if you were diagnosed with an illness and:

1. in the insurer's opinion, formed reasonably in good faith and in light of all available medical evidence, it is likely that you have less than 24 months to live regardless of any treatment undertaken
2. two registered medical practitioners (with at least one of these being a specialist in the relevant area) certify in writing that, despite reasonable medical treatment, it is likely that you have less than 24 months to live and
3. you were diagnosed as terminally ill both while death cover was effective and when the claim is lodged.

### For TPD cover

#### Accidental TPD

TPD by accident means total and permanent disablement directly and independently of any other cause from an unforeseen and unintended accident happening to you and caused by violent, external and visible means.

#### Standard TPD definition

If you were gainfully employed in the 12 months before the cause of a claim (or on approved unpaid leave or maternity/paternity leave for up to 24 consecutive months with documented evidence of an agreed return to work date) and under age 65 immediately prior to disablement, TPD means that:

- you have suffered a disability as a result of injury, sickness or disease and
- you have not performed any work for an uninterrupted period of at least three consecutive months solely due to the same injury, sickness or disease and
- you are attending and following the advice of a registered medical practitioner and have undergone all reasonable and usual treatment, including rehabilitation for the injury, sickness or disease and
- after considering all of the medical and other evidence the insurer may require, have become, in the insurer's opinion, incapacitated to such an extent that you are unlikely ever to be able to engage in any occupation for which you are reasonably suited by education, training or experience.

## Activities of daily living TPD definition

If you were not gainfully employed in the 12 months before the cause of a claim (unless you are on approved unpaid leave or maternity/paternity leave for up to 24 consecutive months) or you are aged 65 or over immediately prior to disablement, TPD means that:

- you have been, for a period of three consecutive months after the occurrence of an injury, sickness or disease, continuously, totally and permanently unable to perform at least two of the following activities of daily living as certified by a registered medical practitioner, and provided such continued inability is irreversible and is certified to be such by that registered medical practitioner:
  - **bathing** – the ability to wash yourself either in the bath or shower or by sponge bath without the standby assistance of another person
  - **dressing** – the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them without the standby assistance of another person
  - **eating** – the ability to feed yourself once food has been prepared and made available, without the standby assistance of another person
  - **toileting** – the ability to get to and from and on and off the toilet without the standby assistance of another person and the ability to manage bowel and bladder functions through the use of protective undergarments or surgical appliances (if appropriate)
  - **transferring** – the ability to move in and out of a chair without the assistance of another person

### and

- after considering all the medical and other evidence the insurer may require, have become, in the insurer's opinion, incapacitated to such an extent that you are unlikely ever to be able to engage in any occupation for which you are reasonably suited by education, training or experience.

### For death and TPD cover

#### At work

At work means:

- you are engaged in your normal duties, without limitation or restriction due to sickness or injury, and working normal hours on the date your cover (or increased cover, as applicable) is to commence
- you are not restricted by sickness or injury from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week) even though actual employment can be on a full-time, part-time, contract or casual basis and
- you are not in receipt of and/or entitled to claim income support benefits from any source.

If you are on approved leave or not gainfully employed for reasons other than sickness or injury, at work means in the opinion of the insurer you are not restricted by sickness or injury from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week) even though you are not then working on a full-time basis and you are not in receipt of and/or entitled to claim income support benefits (for sickness or injury) from any source.

If you do not meet these requirements, you will correspondingly be considered not at work.

### **New events cover**

New events cover means you are only covered for claims arising from a sickness which first became apparent or an injury which first occurred on or after the date your cover commenced. This excludes cover for any pre-existing conditions at that time.

### **Limitations and exclusions**

#### **For death cover**

No death benefit will be payable by the insurer if a claim arises wholly or partly, directly or indirectly from:

- death caused by any intentional, self inflicted act whether sane or insane within 13 months of cover commencing or increasing cover
- declared or undeclared war or any act of war
- active service in the armed forces of any country or international organisation.

No interim death benefit will be payable if death is caused directly or indirectly by engaging in any pursuit or pastime that the insurer would normally exclude from cover.

#### **For TPD cover**

No TPD benefit will be payable by the insurer if a claim arises wholly or partly, directly or indirectly from:

- any intentional, self-inflicted injury or sickness or attempted suicide or self-destruction while sane or insane
- declared or undeclared war or any act of war
- active service in the armed forces of any country or international organisation.

No interim TPD benefit will be payable if TPD is caused directly or indirectly by engaging in any pursuit or pastime that the insurer would normally exclude from cover.

## **Salary continuance cover**

### **Salary continuance benefit types**

Subject to eligibility you can apply to be insured for a salary continuance benefit for an agreed value or on an indemnity basis. The main difference between the two is that agreed value is subject to a maximum benefit of 100% of your monthly pre-disability income while indemnity is subject to a maximum benefit of 75% of your monthly pre-disability income.

The following additional conditions apply for an agreed value benefit:

- satisfactory financial evidence must be supplied to the insurer for consideration at the time of applying for cover
- an additional premium cost of 20% of the relevant occupation rate loading
- claim offsets for other sources of income
- you must meet all other eligibility conditions at the time of your claim
- your occupation type is considered professional, white collar or light blue collar at the time of applying for cover.

### **Availability of agreed value cover**

Agreed value salary continuance cover is only available on an ongoing basis to professional, white collar and light blue collar occupation categories.

### **Employment status**

You must be permanently and gainfully employed for at least 15 hours per week (unless you are on approved unpaid employment leave) at the time of applying for cover.

The total disability definition that applies to you will generally depend on your employment status before the cause of any salary continuance claim (see 'Definitions' for details).

### **Interim cover**

You will be covered for accidental disability (see 'Definitions' for details) from the date the insurer receives your fully completed insurance application:

- for the lesser of the amount of cover you have applied for or \$10,000 per month and
- until the earlier of the date when your application is accepted or declined by the insurer, withdrawn by you or the expiration of 120 days.

The maximum benefit period for accidental disability cover will be two years.

### **Indexation**

#### **Sum insured**

Your sum insured amount will be automatically indexed each 1 July as part of the annual insurance review by the lesser of CPI or 5%, subject to a maximum monthly benefit of \$40,000, unless you advise us otherwise in writing. Your premium will be adjusted to allow for the higher insured monthly benefit and your age at the time of indexing.

#### **Benefit payments**

If you have been receiving benefit payments for at least 12 consecutive months, the monthly benefit payment amount will be increased by the lesser of CPI or 5% each year for the duration of your claim, subject to a maximum monthly benefit of \$40,000 (reverting to a maximum of \$30,000 per month after two years of receiving benefit payments).

### **Medical evidence**

Medical evidence, as specified in the following 'Medical evidence required for salary continuance cover (monthly benefit amount)' table, will be required if you apply for cover that exceeds relevant dollar limits. These medical evidence requirements are current as at the date of this document, but may be varied by the insurer at any time.

## Transferring cover

If you are under age 55 you may be able to transfer up to \$10,000 per month of your existing salary continuance cover from another fund or insurance policy. There is a range of criteria that needs to be met for transferring your cover. Further information can be obtained by referring to the 'Insurance transfer form' included with this Insurance Book.

## Receiving a salary continuance insurance benefit

In the case of total or partial disability while you have salary continuance cover, your claim will be assessed by the insurer against the Policy Document and by the Trustee against the Policy Document, Trust Deed and superannuation law before any salary continuance

benefits are paid. Salary continuance benefits are taxed as income when paid to a member (see 'Tax on salary continuance benefits' in the Features Book for further information).

The benefit you receive will depend on whether you have an agreed value or indemnity benefit type. If you have an agreed value benefit type, you will receive the lesser of the pre-determined amount of monthly benefit and 100% of your salary at the time of your claim. If you have an indemnity benefit type, you will have your benefit assessed at the time of your claim.

If you receive a salary continuance benefit, you must maintain a Super Plan account that meets our minimum balance. If you don't meet this requirement, any superannuation component forming part of your salary continuance benefit will no longer be payable.

## Medical evidence required for salary continuance cover (monthly benefit amount)

Age	Short-form personal statement	Full personal statement <sup>1</sup>	Blood tests <sup>2</sup>	PMAR <sup>3</sup>	Medical examination
Up to 49 <sup>4</sup>	Up to \$8,000	\$8,001	\$8,001	\$11,001	\$20,001
50-54 <sup>4</sup>	Up to \$8,000	\$8,001	\$8,001	\$10,001	\$20,001
55-59	n/a	All amounts	\$6,501	\$10,001	\$20,001
60-64	n/a	All amounts	\$6,501	\$7,501	\$20,001

1 All agreed value applications require a Full Personal Statement.

2 For HIV antibodies, Hepatitis B & C and MBA20.

3 A Personal Medical Attendant's Report (PMAR) may be requested on a discretionary basis.

4 See 'Short-form personal statement' for further information.

## Definitions

The following definitions will apply to insured members for salary continuance cover.

### Accidental disability

Total or partial disability by accident means disablement directly and independently of any other cause from an unforeseen and unintended accident happening to you and caused by violent, external and visible means.

### Total disability

If you were gainfully employed for at least 15 hours per week in the three months immediately preceding the occurrence of an event giving rise to a claim (or you are on approved unpaid leave or maternity/paternity leave for up to 24 consecutive months with documented evidence of an agreed return to work date), total disability means disablement resulting solely from sickness or injury that occurs while you have salary continuance cover, which results in you:

1. being continuously unable to perform at least one important duty of your usual occupation necessary to producing income
2. remaining under the regular care and attendance, and following the advice, of a registered medical practitioner in relation to that sickness or injury
3. not engaging in any occupation, whether paid or unpaid
4. suffering a disability which satisfies, in the insurer's opinion, a condition of release under superannuation law.

An important duty is defined as involving 20% or more of overall occupational tasks responsible for generating at least 20% of your pre-disability income (see 'Definitions' for details).

If you are unemployed or gainfully employed for less than 15 hours per week in the three months immediately preceding the occurrence of an event giving rise to a claim (unless you are on approved unpaid leave or maternity/paternity leave for up to 24 consecutive months with documented evidence of an agreed return to work date), then total disability means disablement resulting solely from sickness or injury that occurs while you have salary continuance cover, which results in you:

1. being unable to perform any occupation for which you are reasonably suited by education, training or experience
2. remaining under the regular care and attendance of a registered medical practitioner and are following the advice of that registered medical practitioner in relation to that sickness or injury
3. not engaging in any occupation, whether paid or unpaid
4. suffering a disability which satisfies, in the insurer's opinion, a condition of release under superannuation law.

No benefit will be payable during any periods of unemployment for any disability due to a mental health disorder.

### Partial disability

Partial disability means following a period of total disability for at least 14 consecutive days, and solely due to that same sickness or injury, you:

1. are able to perform one or more duties of your usual occupation but are unable to perform all of the duties of your usual occupation
2. are earning an income less than your pre-disability income
3. remain under the regular care and attendance, and following the advice, of a registered medical practitioner in relation to that sickness or injury.

A benefit paid for partial disability will be reduced proportionately to the benefit paid for total disability. It is based on a formula that takes your pre-disability income into consideration regardless of whether your benefit is agreed or indemnity value.

### Recurrent disability

If you have returned to work and you suffer a recurrence of your disablement from the same or related cause within 12 months of recovery or your salary continuance benefit ceasing, salary continuance payments will recommence immediately without a waiting period. The maximum claim period will be adjusted to take into account prior claim payments.

### Salary

Salary or income means your basic wage or income. It includes your total value of remuneration including salary, fees, regular commission, regular bonus, regular overtime and fringe benefits, salary sacrificed super contributions but excludes mandatory superannuation contributions and unearned income (eg investment or interest income).

Bonuses, overtime earnings and commissions (as applicable) will be calculated based on the averages received by you from your employer over the last three years.

If you are self-employed, a working director or partner in a partnership, salary means the income generated by the business or practice due to your personal exertion or activities, less your share of necessary business expenses and investment income.

### Pre-disability income

Pre-disability income means your average gross monthly income over the 12 months immediately before becoming disabled. If you have been working for less than 12 months, your pre-disability income means your average gross monthly income over your total period of employment immediately before becoming disabled.

### At work

For salary continuance cover, 'at work' has the same meaning as the definition for death and TPD cover.

### New events cover

For salary continuance cover, 'new event cover' has the same meaning as the definition for death and TPD cover.

## Claims

For an agreed value benefit, the insurer will assess your claim based on the lesser of your salary details provided at the time you applied for cover and 100% of your pre-disability income at the time of claim. This is regardless of whether your salary is lower or higher at the time of your claim.

For an indemnity benefit, the insurer will assess your claim based on your pre-disability income at the time of your claim (see 'Definitions' for details).

## Rehabilitation expense reimbursement

An additional benefit may be payable to cover the cost of rehabilitation if the insurer determines that your potential to return to gainful employment will be assisted. The rehabilitation expenses must be pre-approved by the insurer.

## Limitations and exclusions

No salary continuance benefits will be payable by the insurer if a claim arises wholly or partly, directly or indirectly from:

- any deliberate, self-inflicted injury or attempted suicide or self-destruction while sane or insane
- uncomplicated pregnancy, childbirth or miscarriage
- active service in the armed forces of any country or international organisation
- declared or undeclared war or any act of war.

No salary continuance benefits will also be payable:

- if you have been unemployed for 12 months or more at the time of an event giving rise to a claim or
- during any periods of unemployment for any period of disability resulting directly or indirectly from any mental health disorder, including (but not limited to) anxiety disorder, depressive disorders, stress, fatigue, drug or alcohol abuse, behavioural disorders, their treatment or complications thereof.

Salary continuance benefits will be paid for a maximum of six months while you travel or reside overseas.

## Life stage event option

This option enables you to increase your death only, TPD only, death and TPD and/or salary continuance cover up to certain limits without providing further medical evidence when one of the following life stage events occurs.

## Life stage events and cover increase limits

Life stage event	Death/TPD cover increase limit	Salary continuance cover increase limit
<b>Personal events</b> <ul style="list-style-type: none"> <li>• marriage</li> <li>• divorce</li> <li>• death of a spouse</li> <li>• turning age 30, 40 and 50</li> <li>• the birth or adoption of a child</li> <li>• your child turning age 12 or commencing education at a private school</li> <li>• a salary increase of more than \$10,000 per annum if you are not self employed</li> <li>• attaining five years' membership of the Super Plan with the relevant type(s) of cover held continuously over that time.</li> </ul>	The lesser of: <ul style="list-style-type: none"> <li>• 25% of your current sum insured or</li> <li>• \$250,000.</li> </ul>	The lesser of: <ul style="list-style-type: none"> <li>• 25% of your current sum insured or</li> <li>• \$1,500 per month.</li> </ul>
<b>Employment status</b> Your employment status changes from part time to full time.	Not applicable.	The lesser of: <ul style="list-style-type: none"> <li>• 25% of your current sum insured or</li> <li>• \$1,500 per month.</li> </ul>
<b>First mortgage</b> Taking out or increasing a first mortgage over your principal place of residence with a registered mortgage provider.	The lesser of: <ul style="list-style-type: none"> <li>• 50% of your current sum insured</li> <li>• the amount of your first mortgage or the amount of the increase of your first mortgage (as applicable) or</li> <li>• \$250,000.</li> </ul>	The lesser of: <ul style="list-style-type: none"> <li>• 25% of your current sum insured or</li> <li>• \$1,500 per month.</li> </ul>
<b>Business event</b> You are a key person in a business (working partner, director or significant shareholder) and your value or financial interest in the business (averaged over the last three years) has increased.	The lesser of: <ul style="list-style-type: none"> <li>• 25% of your current sum insured</li> <li>• the increase in the value of your financial interest in the business or the value of the business (as appropriate) averaged over the last three years or</li> <li>• \$250,000.</li> </ul>	Not applicable.

## Conditions for life stage event increases

### Death and TPD cover

The following conditions apply to increases in death and/or TPD cover under this option:

- you must be under age 65 at the time of applying
- satisfactory proof of the event (eg marriage certificate, birth certificate, mortgage documentation, etc) must be provided to the insurer for consideration
- the request for the increase and supply of documentation must occur within 60 days of the life stage event occurring or, in the case of a business event, within 60 days of you receiving proof of the business event
- applications for more than one event per year are allowed, subject to overall increases not exceeding \$250,000 in any 12-month period
- total increases made under this option cannot exceed \$1.25 million over the duration of your cover
- your existing cover must be on standard terms without any special exclusions, restrictions or premium loadings
- you must not have made a claim or be eligible to make a claim against the relevant cover under this policy or any other life insurance policy with any company.

The following exclusions and restrictions also apply:

- if you die or become disabled within six months after being provided an increase under this option, the increased death or TPD cover amount will only be paid if death or disablement occurs as a result of an accident or sickness that occurred on or after the date increased cover commenced
- no benefit will be payable on the increased insured amount if the claim is caused as a result of an intentional, self-inflicted act, whether sane or insane, within 13 months from the date of any increase under this option
- if you are not at work on the date that the insurer accepts an increase under this option, new events cover will apply to the increased death or TPD cover amount for 12 consecutive months, at the end of which you are required to be at work for 30 consecutive days to receive full cover (otherwise the new events cover restriction will continue to apply until you are at work for 30 consecutive days).

### Salary continuance cover

The following conditions apply to increases in salary continuance cover under this option:

- you must be under age 65 at the time of applying and not self employed
- satisfactory proof of the event (eg marriage certificate, birth certificate, mortgage documentation, etc) must be provided to the insurer for consideration, including current proof of income for agreed value cover
- the request for the increase and supply of documentation must occur within 60 days of the life stage event occurring
- applications for more than one event per year are allowed, subject to the amount insured not exceeding 75% of income (or 85% including super component)
- no more than three increases can be made under this option over the duration of your cover

- your existing cover must be on standard terms without any special exclusions, restrictions or premium loadings
- you must not have made a claim or be eligible to make a claim for salary continuance benefits under this policy or any other life insurance policy with any company
- you have not been declined for insurance cover previously.

If you are not at work on the date that the insurer accepts an increase under this option, new events cover will apply to the increased cover amount for 12 consecutive months, at the end of which you are required to be at work for 30 consecutive days to receive full cover (otherwise the new events cover restriction will continue to apply until you are at work for 30 consecutive days).

## Insurance premiums

**It is important that you ensure your investment balance is sufficient to cover your premiums each month. Your insurance cover will lapse if outstanding premiums are not paid within 60 days. The Trustee has no responsibility for ensuring continuity of your insurance cover and accepts no responsibility if it lapses.**

Your insurance premium and, if applicable, amount(s) of cover are calculated:

- on commencement of your cover
- on notification of certain changes to your personal details (eg occupation)
- as part of the annual insurance review.

The premiums you will pay will depend upon the following factors:

1. the type(s) of cover you request
2. your gender
3. your age
4. your occupation
5. your smoker status
6. your health
7. your pastimes
8. the sum insured
9. the waiting period before a benefit becomes payable (salary continuance cover only)
10. the benefit period (salary continuance cover only)
11. whether you select a benefit that is agreed value or indemnity (salary continuance cover only).

Age is determined by your age at application date. For existing members, annual premiums change based on your age at 30 June each year.

Premiums are deducted monthly in arrears by withdrawal of units. You can either nominate the investment option from which you would like premiums deducted, or have premiums deducted proportionately across your investment options. If no nomination is made, or the investment option you have chosen is insufficient to cover the premiums, premiums will be deducted from your investment option with the highest account balance.

No GST is charged on the insurance premiums.

### Occupational loading factors

Your occupational loading factor will be determined by your occupation as well as other information you should provide, including qualifications, industry and daily duties. If you don't provide sufficient details, you may be assessed at a higher occupational loading factor resulting in higher premiums. You are responsible for providing us with this information so that the correct occupational loading factor (refer annual premium tables for details) is applied.

### Payments to Perpetual Group relating to insurance

The Perpetual Group may earn an amount paid by the insurer for services and reimbursement of expenses incurred in relation to the insurance arrangements for the Fund. This amount may be up to 10.50% (inclusive of GST) of the standard insurance premiums.

### Death and/or TPD cover

The following premium rate tables outline the various annual premiums payable per \$1,000 of insured benefit for selected ages, taking into account premium factors 1-3 and 5. Factors 6 and 7, if necessary, will be assessed via a Personal Statement within the 'Insurance application' form. You may be required to provide further details (including medical tests – see 'Medical evidence' for details), depending on the level of cover you are requesting and your age. Premium loadings may apply due to occupational (see details below tables), health or pastime factors.

### Annual premiums per \$1,000 sum insured – Death only cover

Age	Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker
15	0.94	1.29	0.31	0.39
16	0.94	1.29	0.31	0.39
17	0.94	1.29	0.31	0.39
18	0.94	1.29	0.31	0.39
19	0.94	1.29	0.31	0.39
20	0.98	1.39	0.32	0.41
21	1.01	1.45	0.31	0.39
22	1.03	1.47	0.29	0.36
23	1.01	1.48	0.28	0.34
24	1.00	1.48	0.28	0.34
25	0.97	1.47	0.28	0.34
26	0.94	1.44	0.28	0.36
27	0.91	1.42	0.29	0.39
28	0.87	1.40	0.30	0.42
29	0.84	1.38	0.31	0.45
30	0.82	1.38	0.32	0.47
31	0.79	1.38	0.34	0.50
32	0.78	1.39	0.36	0.53
33	0.77	1.40	0.39	0.58
34	0.77	1.43	0.43	0.64
35	0.78	1.46	0.47	0.70
36	0.81	1.51	0.50	0.77
37	0.83	1.59	0.55	0.84
38	0.87	1.67	0.60	0.94
39	0.91	1.76	0.67	1.04
40	0.96	1.88	0.72	1.15
41	1.01	1.99	0.78	1.24
42	1.05	2.12	0.86	1.38
43	1.12	2.26	0.92	1.48
44	1.20	2.43	1.00	1.62
45	1.29	2.65	1.08	1.75
46	1.42	2.88	1.18	1.90
47	1.54	3.13	1.27	2.05
48	1.71	3.44	1.39	2.22
49	1.89	3.79	1.50	2.39
50	2.10	4.17	1.62	2.58
51	2.34	4.62	1.74	2.75
52	2.61	5.12	1.89	2.96
53	2.94	5.68	2.03	3.17
54	3.30	6.28	2.24	3.46
55	3.72	6.89	2.49	3.77
56	4.18	7.58	2.77	4.13
57	4.72	8.32	3.10	4.54
58	5.35	9.12	3.46	4.99
59	6.09	10.09	3.90	5.49
60	6.99	11.29	4.38	6.07
61	7.98	12.63	4.93	6.70
62	9.09	14.08	5.54	7.42
63	10.37	15.74	6.21	8.21
64	11.77	17.88	7.05	9.30
65	13.32	19.85	7.83	10.19
66	15.12	22.05	8.70	11.11
67	17.11	24.49	9.63	12.19
68	19.38	27.19	10.71	13.36
69	21.90	30.29	11.85	14.64
70	24.65	34.06	13.33	16.46
71	27.73	38.32	15.00	18.52
72	31.20	43.12	16.88	20.84
73	35.09	48.49	18.99	23.43
74	39.48	54.56	21.35	26.36

### Occupational loading factors

Professional	0.90	White collar	1.00
Light blue collar	1.15	Heavy blue collar	1.30

**Annual premiums per \$1,000 sum insured –  
TPD only cover**

Age	Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker
15	0.28	0.36	0.24	0.32
16	0.28	0.36	0.24	0.32
17	0.27	0.36	0.24	0.32
18	0.27	0.37	0.23	0.33
19	0.27	0.36	0.23	0.32
20	0.27	0.37	0.21	0.33
21	0.27	0.39	0.21	0.33
22	0.27	0.36	0.21	0.31
23	0.27	0.36	0.21	0.31
24	0.25	0.36	0.21	0.31
25	0.24	0.33	0.21	0.29
26	0.24	0.36	0.20	0.31
27	0.24	0.37	0.21	0.31
28	0.24	0.36	0.20	0.31
29	0.24	0.37	0.20	0.33
30	0.24	0.40	0.21	0.36
31	0.25	0.41	0.21	0.37
32	0.25	0.43	0.24	0.39
33	0.29	0.47	0.24	0.41
34	0.29	0.49	0.25	0.43
35	0.31	0.53	0.28	0.47
36	0.32	0.57	0.28	0.52
37	0.35	0.60	0.31	0.55
38	0.39	0.65	0.35	0.60
39	0.41	0.72	0.39	0.68
40	0.43	0.84	0.43	0.77
41	0.51	0.95	0.49	0.88
42	0.61	1.08	0.56	0.97
43	0.69	1.21	0.64	1.13
44	0.79	1.40	0.72	1.28
45	0.91	1.57	0.83	1.46
46	1.05	1.80	0.95	1.68
47	1.18	2.05	1.10	1.90
48	1.38	2.34	1.25	2.14
49	1.64	2.73	1.46	2.50
50	1.90	3.14	1.74	2.86
51	2.28	3.65	2.08	3.33
52	2.70	4.25	2.44	3.87
53	3.23	4.94	2.94	4.51
54	3.91	5.75	3.53	5.25
55	4.73	6.72	4.30	6.12
56	5.79	7.88	5.26	7.22
57	7.15	9.28	6.46	8.48
58	8.67	11.06	7.87	10.12
59	10.16	13.23	9.20	12.05
60	11.56	15.72	10.46	14.36
61	12.77	18.23	11.56	16.65
62	14.43	21.46	13.07	19.58
63	16.33	24.48	14.80	22.35
64	18.57	27.80	16.81	25.37
65	20.46	30.13	18.34	27.41
66	23.43	33.99	20.83	30.74
67	26.94	38.54	23.79	34.79
68	31.10	43.85	27.21	39.54
69	35.86	50.04	31.18	45.05

**Occupational loading factors**

Professional	0.85	White collar	1.00
Light blue collar	1.85	Heavy blue collar	2.70

**Annual premiums per \$1,000 sum insured –  
Combined death and TPD cover**

Age	Male		Female	
	Non-smoker	Smoker	Non-smoker	Smoker
15	1.11	1.52	0.45	0.60
16	1.11	1.52	0.45	0.60
17	1.11	1.52	0.45	0.60
18	1.11	1.52	0.45	0.60
19	1.11	1.52	0.45	0.60
20	1.15	1.61	0.46	0.62
21	1.18	1.69	0.45	0.60
22	1.19	1.70	0.42	0.56
23	1.18	1.70	0.41	0.54
24	1.13	1.70	0.41	0.53
25	1.10	1.67	0.41	0.53
26	1.07	1.66	0.41	0.55
27	1.05	1.64	0.42	0.59
28	1.01	1.61	0.42	0.60
29	0.97	1.62	0.43	0.66
30	0.95	1.62	0.46	0.71
31	0.95	1.63	0.48	0.74
32	0.95	1.65	0.52	0.79
33	0.94	1.69	0.52	0.85
34	0.94	1.73	0.59	0.93
35	0.97	1.80	0.64	1.01
36	1.01	1.87	0.69	1.10
37	1.04	1.97	0.75	1.20
38	1.11	2.10	0.81	1.33
39	1.18	2.22	0.91	1.49
40	1.25	2.43	1.00	1.66
41	1.34	2.60	1.10	1.80
42	1.44	2.80	1.22	2.02
43	1.57	3.05	1.33	2.20
44	1.70	3.34	1.48	2.45
45	1.88	3.69	1.62	2.69
46	2.08	4.05	1.79	3.01
47	2.31	4.46	1.99	3.29
48	2.62	4.96	2.21	3.65
49	2.96	5.56	2.46	4.03
50	3.34	6.22	2.77	4.45
51	3.83	6.99	3.10	4.96
52	4.38	7.90	3.53	5.52
53	5.08	8.92	3.99	6.14
54	5.89	10.06	4.59	6.95
55	6.86	11.31	5.34	7.83
56	8.02	12.76	6.27	8.90
57	9.45	14.44	7.40	10.19
58	11.10	16.43	8.69	11.71
59	12.83	18.84	10.02	13.52
60	14.65	21.69	11.34	15.64
61	16.66	25.01	12.81	18.08
62	18.92	28.66	14.47	20.81
63	21.48	32.39	16.33	23.52
64	24.39	36.78	18.54	26.68
65	27.78	41.15	20.86	29.68
66	31.67	46.08	23.51	32.96
67	36.16	51.74	26.52	36.94
68	41.37	58.21	30.03	41.50
69	47.27	65.70	34.02	46.71

**Occupational loading factors**

Professional	0.875	White collar	1.000
Light blue collar	1.500	Heavy blue collar	2.000

**Loading for buyback option**

1.040 (see 'Death cover buyback option' for further information)



## Salary continuance cover

The following premium rate tables outline the various annual premiums payable per \$100 monthly benefit for selected ages, taking into account premium factors 1-3, 5 and 9-10. Factors 6 and 7, if necessary, will be assessed via a Personal Statement within the 'Insurance application' form. You may be required to provide further details (including medical tests – see 'Medical evidence' for details), depending on the level of cover you are requesting and your age. Premium loadings may apply due to occupational (see details below tables), health or pastime factors.

### Annual premiums per \$100 monthly benefit – Salary continuance cover (male, non-smoker)

Age	Gender	Male – non-smoker								
	Waiting period	30 days			60 days			90 days		
	Benefit period	Two years	Five years	To age 65	Two years	Five years	To age 65	Two years	Five years	To age 65
15		9.89	12.61	13.79	6.93	8.85	9.65	2.88	3.88	4.43
16		9.89	12.61	13.79	6.93	8.85	9.65	2.88	3.88	4.43
17		9.89	12.61	13.79	6.93	8.85	9.65	2.88	3.88	4.43
18		9.89	12.61	13.79	6.93	8.85	9.65	2.88	3.88	4.43
19		9.89	12.61	13.79	6.93	8.85	9.65	2.88	3.88	4.43
20		9.89	12.61	13.79	6.93	8.85	9.65	2.88	3.88	4.43
21		9.67	12.41	13.68	6.77	8.68	9.57	2.69	3.65	4.24
22		9.48	12.22	13.61	6.64	8.55	9.54	2.52	3.45	4.05
23		9.33	12.09	13.60	6.54	8.44	9.51	2.39	3.27	3.91
24		9.21	11.97	13.63	6.47	8.40	9.55	2.27	3.13	3.81
25		9.12	11.91	13.73	6.39	8.33	9.60	2.17	3.03	3.72
26		9.17	12.05	14.08	6.41	8.44	9.86	2.14	2.97	3.72
27		9.31	12.32	14.57	6.53	8.62	10.18	2.09	2.96	3.77
28		9.54	12.67	15.16	6.69	8.89	10.63	2.09	2.97	3.84
29		9.83	13.15	15.91	6.87	9.19	11.15	2.13	3.04	3.96
30		10.22	13.72	16.81	7.14	9.60	11.75	2.17	3.12	4.11
31		10.64	14.42	17.84	7.46	10.07	12.50	2.20	3.24	4.32
32		11.17	15.17	18.97	7.81	10.63	13.30	2.31	3.35	4.55
33		11.76	16.08	20.29	8.21	11.26	14.20	2.41	3.55	4.84
34		12.39	17.05	21.74	8.67	11.95	15.21	2.55	3.77	5.21
35		13.12	18.14	23.35	9.18	12.72	16.32	2.69	4.04	5.64
36		13.92	19.36	25.09	9.75	13.56	17.56	2.89	4.34	6.10
37		14.79	20.71	27.01	10.35	14.49	18.90	3.10	4.70	6.64
38		15.72	22.14	29.07	11.01	15.51	20.35	3.36	5.11	7.28
39		16.74	23.76	31.30	11.72	16.62	21.92	3.65	5.62	8.01
40		17.85	25.46	33.74	12.50	17.84	23.61	4.01	6.16	8.86
41		19.04	27.33	36.35	13.33	19.13	25.46	4.40	6.84	9.83
42		20.34	29.39	39.17	14.24	20.56	27.41	4.85	7.60	10.94
43		21.75	31.61	42.19	15.22	22.10	29.52	5.41	8.49	12.22
44		23.26	34.03	45.45	16.29	23.82	31.80	6.00	9.51	13.66
45		24.91	36.67	48.94	17.44	25.66	34.25	6.71	10.70	15.30
46		26.71	39.58	52.67	18.69	27.71	36.89	7.52	12.05	17.20
47		28.66	42.74	56.70	20.06	29.91	39.69	8.44	13.63	19.31
48		30.82	46.22	61.00	21.58	32.36	42.72	9.48	15.45	21.67
49		33.16	50.05	65.62	23.21	35.04	45.94	10.70	17.52	24.32
50		35.71	54.29	70.56	25.01	38.00	49.40	12.05	19.89	27.27
51		38.52	59.00	75.83	26.97	41.27	53.08	13.61	22.60	30.56
52		41.64	64.16	81.49	29.15	44.92	57.03	15.37	25.69	34.12
53		45.08	69.93	87.52	31.55	48.95	61.26	17.34	29.21	38.02
54		48.89	76.36	93.94	34.22	53.47	65.75	19.59	33.18	42.26
55		53.11	83.55	100.76	37.18	58.49	70.55	22.09	37.69	46.80
56		57.85	91.58	107.78	40.50	64.11	75.47	24.94	42.80	51.51
57		63.12	100.62	114.83	44.18	70.43	80.39	28.10	48.52	56.19
58		69.03	110.78	121.57	48.33	77.55	85.11	31.65	54.95	60.59
59		75.68	122.29	127.56	52.98	85.57	89.28	35.61	62.18	64.37
60		83.18	129.84	132.02	58.24	90.88	92.41	40.04	65.86	66.92
61		91.71	131.56	133.80	64.20	92.08	93.66	44.92	66.32	67.42
62		101.38	128.35	130.54	70.97	89.86	91.37	50.38	63.17	64.22
63		96.46	113.34	115.25	67.52	79.33	80.68	43.99	52.09	52.95
64		55.56	65.25	66.35	38.87	45.69	46.46	16.46	19.52	19.82

**Annual premiums per \$100 monthly benefit – Salary continuance cover (male, smoker)**

Age	Gender	Male – smoker								
	Waiting period	30 days			60 days			90 days		
	Benefit period	Two years	Five years	To age 65	Two years	Five years	To age 65	Two years	Five years	To age 65
15		12.50	15.94	17.43	8.76	11.17	12.20	3.62	4.90	5.59
16		12.50	15.94	17.43	8.76	11.17	12.20	3.62	4.90	5.59
17		12.50	15.94	17.43	8.76	11.17	12.20	3.62	4.90	5.59
18		12.50	15.94	17.43	8.76	11.17	12.20	3.62	4.90	5.59
19		12.50	15.94	17.43	8.76	11.17	12.20	3.62	4.90	5.59
20		12.50	15.94	17.43	8.76	11.17	12.20	3.62	4.90	5.59
21		12.22	15.68	17.27	8.55	10.97	12.11	3.38	4.61	5.35
22		12.00	15.45	17.20	8.40	10.82	12.04	3.20	4.36	5.12
23		11.79	15.27	17.19	8.26	10.68	12.03	3.03	4.15	4.94
24		11.64	15.13	17.22	8.16	10.57	12.05	2.88	3.97	4.81
25		11.51	15.07	17.36	8.07	10.54	12.14	2.74	3.82	4.70
26		11.59	15.23	17.77	8.12	10.66	12.45	2.67	3.77	4.70
27		11.77	15.57	18.38	8.24	10.89	12.86	2.65	3.74	4.74
28		12.05	16.02	19.15	8.44	11.22	13.42	2.65	3.77	4.83
29		12.43	16.62	20.11	8.70	11.63	14.08	2.66	3.82	5.00
30		12.90	17.33	21.22	9.02	12.14	14.84	2.73	3.91	5.21
31		13.46	18.19	22.51	9.41	12.74	15.76	2.80	4.06	5.45
32		14.11	19.17	23.97	9.87	13.43	16.78	2.90	4.25	5.75
33		14.83	20.32	25.63	10.37	14.22	17.95	3.04	4.47	6.14
34		15.66	21.56	27.47	10.95	15.08	19.24	3.22	4.75	6.58
35		16.57	22.94	29.49	11.59	16.06	20.64	3.39	5.10	7.10
36		17.57	24.48	31.70	12.32	17.14	22.20	3.65	5.46	7.70
37		18.67	26.16	34.11	13.07	18.32	23.89	3.94	5.93	8.40
38		19.86	28.01	36.73	13.91	19.60	25.71	4.24	6.45	9.19
39		21.16	29.99	39.57	14.81	20.99	27.68	4.61	7.09	10.12
40		22.53	32.17	42.62	15.80	22.51	29.83	5.06	7.79	11.18
41		24.07	34.53	45.91	16.85	24.17	32.14	5.55	8.62	12.41
42		25.70	37.09	49.47	17.99	25.98	34.63	6.14	9.60	13.81
43		27.46	39.93	53.29	19.24	27.94	37.30	6.82	10.74	15.42
44		29.39	43.00	57.40	20.58	30.09	40.18	7.57	12.03	17.25
45		31.48	46.32	61.83	22.05	32.45	43.26	8.48	13.52	19.34
46		33.73	50.00	66.54	23.62	35.00	46.60	9.48	15.23	21.72
47		36.21	53.98	71.62	25.35	37.78	50.15	10.66	17.22	24.36
48		38.92	58.38	77.06	27.25	40.88	53.94	11.99	19.52	27.37
49		41.87	63.25	82.88	29.32	44.25	58.02	13.50	22.13	30.71
50		45.13	68.58	89.11	31.57	48.02	62.38	15.24	25.13	34.44
51		48.66	74.50	95.79	34.08	52.16	67.05	17.20	28.54	38.58
52		52.59	81.04	102.90	36.83	56.73	72.04	19.41	32.46	43.11
53		56.94	88.35	110.54	39.85	61.84	77.36	21.91	36.89	48.05
54		61.76	96.47	118.64	43.23	67.53	83.06	24.74	41.93	53.38
55		67.12	105.52	127.29	46.96	73.87	89.10	27.91	47.60	59.13
56		73.06	115.67	136.18	51.14	80.97	95.32	31.51	54.05	65.05
57		79.73	127.09	145.05	55.80	88.99	101.53	35.48	61.28	70.97
58		87.19	139.93	153.56	61.02	97.97	107.49	39.97	69.41	76.57
59		95.60	154.45	161.11	66.92	108.13	112.78	44.98	78.53	81.31
60		105.09	164.02	166.76	73.57	114.81	116.74	50.55	83.19	84.56
61		115.86	166.19	168.99	81.09	116.35	118.30	56.76	83.78	85.14
62		128.07	162.15	164.86	89.64	113.51	115.40	63.64	79.80	81.10
63		121.85	143.15	145.56	85.28	100.21	101.90	55.57	65.80	66.88
64		70.15	82.43	83.82	49.10	57.71	58.67	20.80	24.64	25.06

**Annual premiums per \$100 monthly benefit – Salary continuance cover (female, non-smoker)**

Age	Gender	Female – non-smoker								
	Waiting period	30 days			60 days			90 days		
	Benefit period	Two years	Five years	To age 65	Two years	Five years	To age 65	Two years	Five years	To age 65
15		14.32	18.47	21.82	10.02	12.92	15.28	3.36	4.55	5.89
16		14.32	18.47	21.82	10.02	12.92	15.28	3.36	4.55	5.89
17		14.32	18.47	21.82	10.02	12.92	15.28	3.36	4.55	5.89
18		14.32	18.47	21.82	10.02	12.92	15.28	3.36	4.55	5.89
19		14.32	18.47	21.82	10.02	12.92	15.28	3.36	4.55	5.89
20		14.32	18.47	21.82	10.02	12.92	15.28	3.36	4.55	5.89
21		14.52	18.77	22.48	10.14	13.14	15.71	3.39	4.66	6.09
22		14.69	19.10	23.13	10.29	13.38	16.20	3.45	4.74	6.29
23		14.90	19.44	23.82	10.43	13.60	16.68	3.50	4.83	6.51
24		15.08	19.80	24.58	10.57	13.85	17.20	3.54	4.94	6.74
25		15.29	20.16	25.34	10.71	14.10	17.75	3.60	5.02	7.00
26		15.71	20.81	26.54	10.99	14.57	18.59	3.82	5.40	7.62
27		16.28	21.64	28.01	11.40	15.16	19.60	4.02	5.71	8.19
28		16.99	22.71	29.72	11.90	15.91	20.82	4.18	5.99	8.70
29		17.82	23.97	31.76	12.49	16.76	22.22	4.32	6.23	9.22
30		18.79	25.42	34.06	13.16	17.78	23.85	4.49	6.51	9.72
31		19.89	27.04	36.64	13.92	18.95	25.66	4.66	6.79	10.27
32		21.13	28.88	39.54	14.79	20.21	27.68	4.84	7.10	10.85
33		22.49	30.88	42.68	15.74	21.63	29.90	5.06	7.49	11.55
34		23.94	33.10	46.11	16.76	23.18	32.28	5.34	7.93	12.32
35		25.53	35.50	49.86	17.87	24.85	34.89	5.65	8.44	13.24
36		27.21	38.06	53.85	19.04	26.65	37.69	6.05	9.10	14.34
37		29.01	40.82	58.11	20.31	28.58	40.68	6.51	9.88	15.62
38		30.94	43.78	62.65	21.65	30.64	43.84	7.07	10.76	17.10
39		32.98	46.93	67.43	23.08	32.85	47.20	7.70	11.86	18.84
40		35.13	50.28	72.50	24.59	35.19	50.73	8.45	13.11	20.86
41		37.38	53.85	77.77	26.18	37.69	54.46	9.33	14.53	23.15
42		39.78	57.62	83.31	27.85	40.34	58.32	10.31	16.20	25.75
43		42.27	61.63	89.09	29.60	43.14	62.36	11.44	18.07	28.65
44		44.91	65.90	95.09	31.43	46.11	66.58	12.72	20.23	31.86
45		47.69	70.43	101.31	33.38	49.31	70.91	14.12	22.60	35.43
46		50.65	75.26	107.75	35.45	52.67	75.41	15.68	25.29	39.29
47		53.74	80.39	114.36	37.62	56.26	80.04	17.41	28.25	43.43
48		57.05	85.87	121.20	39.93	60.12	84.85	19.27	31.53	47.86
49		60.54	91.77	128.22	42.39	64.23	89.75	21.33	35.12	52.55
50		64.28	98.07	135.40	45.00	68.66	94.81	23.54	39.05	57.43
51		68.29	104.91	142.77	47.80	73.43	99.93	25.90	43.31	62.45
52		72.59	112.29	150.26	50.81	78.59	105.20	28.49	47.90	67.51
53		77.24	120.28	157.90	54.07	84.19	110.52	31.19	52.85	72.60
54		82.29	129.04	165.65	57.60	90.31	115.96	34.08	58.14	77.55
55		87.75	138.62	173.47	61.43	97.02	121.41	37.16	63.77	82.31
56		93.76	149.14	180.97	65.65	104.39	126.68	40.37	69.77	86.53
57		100.37	160.81	187.91	70.26	112.58	131.54	43.75	76.11	89.96
58		107.65	173.70	193.87	75.37	121.61	135.70	47.28	82.74	92.27
59		115.75	188.15	198.28	81.02	131.70	138.81	50.94	89.71	93.06
60		124.79	195.49	200.38	87.37	136.85	140.26	54.73	90.37	91.80
61		134.92	193.90	198.75	94.44	135.73	139.12	58.62	86.38	87.79
62		146.35	186.07	190.71	102.43	130.25	133.51	62.59	78.35	79.62
63		138.37	163.96	168.04	96.85	114.76	117.64	53.03	62.78	63.82
64		81.70	96.80	99.23	57.19	67.77	69.46	20.01	23.70	24.08

### Annual premiums per \$100 monthly benefit – Salary continuance cover (female, smoker)

Age	Gender	Female – smoker								
	Waiting period	30 days			60 days			90 days		
	Benefit period	Two years	Five years	To age 65	Two years	Five years	To age 65	Two years	Five years	To age 65
15		18.10	23.30	27.57	12.65	16.29	19.31	4.24	5.80	7.42
16		18.10	23.30	27.57	12.65	16.29	19.31	4.24	5.80	7.42
17		18.10	23.30	27.57	12.65	16.29	19.31	4.24	5.80	7.42
18		18.10	23.30	27.57	12.65	16.29	19.31	4.24	5.80	7.42
19		18.10	23.30	27.57	12.65	16.29	19.31	4.24	5.80	7.42
20		18.10	23.30	27.57	12.65	16.29	19.31	4.24	5.80	7.42
21		18.32	23.70	28.38	12.83	16.58	19.87	4.31	5.90	7.69
22		18.56	24.14	29.21	12.98	16.87	20.44	4.36	6.00	7.97
23		18.79	24.55	30.10	13.16	17.19	21.09	4.42	6.11	8.21
24		19.06	24.99	31.02	13.35	17.49	21.73	4.49	6.23	8.52
25		19.32	25.46	32.03	13.52	17.79	22.42	4.53	6.35	8.85
26		19.84	26.27	33.53	13.89	18.38	23.47	4.82	6.81	9.63
27		20.57	27.37	35.36	14.39	19.15	24.77	5.07	7.21	10.34
28		21.45	28.71	37.56	15.01	20.10	26.31	5.28	7.56	11.01
29		22.51	30.28	40.12	15.75	21.20	28.09	5.46	7.88	11.65
30		23.72	32.10	43.03	16.62	22.49	30.13	5.67	8.21	12.31
31		25.13	34.17	46.29	17.58	23.91	32.40	5.90	8.58	12.96
32		26.69	36.49	49.94	18.68	25.53	34.96	6.12	8.97	13.72
33		28.37	39.01	53.93	19.88	27.32	37.77	6.39	9.46	14.59
34		30.23	41.81	58.29	21.17	29.25	40.78	6.73	10.00	15.57
35		32.24	44.81	62.97	22.56	31.37	44.07	7.13	10.68	16.75
36		34.39	48.07	68.01	24.07	33.66	47.60	7.63	11.47	18.10
37		36.68	51.57	73.40	25.66	36.10	51.39	8.21	12.46	19.72
38		39.09	55.29	79.12	27.35	38.70	55.39	8.90	13.61	21.61
39		41.66	59.29	85.18	29.15	41.51	59.63	9.73	14.98	23.79
40		44.38	63.53	91.57	31.06	44.46	64.10	10.70	16.55	26.34
41		47.24	68.01	98.26	33.06	47.60	68.77	11.79	18.37	29.23
42		50.23	72.80	105.26	35.17	50.94	73.67	13.04	20.45	32.54
43		53.40	77.88	112.52	37.38	54.50	78.76	14.46	22.84	36.20
44		56.75	83.26	120.10	39.71	58.29	84.07	16.04	25.55	40.27
45		60.25	88.99	127.97	42.18	62.26	89.57	17.84	28.58	44.74
46		63.96	95.04	136.09	44.77	66.52	95.24	19.81	31.96	49.62
47		67.87	101.53	144.47	47.52	71.07	101.13	21.98	35.69	54.88
48		72.06	108.46	153.11	50.43	75.92	107.15	24.35	39.84	60.49
49		76.48	115.91	161.95	53.54	81.14	113.36	26.94	44.37	66.38
50		81.20	123.88	171.04	56.83	86.73	119.73	29.72	49.31	72.53
51		86.26	132.50	180.31	60.38	92.76	126.22	32.73	54.69	78.87
52		91.68	141.82	189.83	64.17	99.27	132.88	35.96	60.50	85.28
53		97.57	151.94	199.45	68.29	106.36	139.62	39.41	66.78	91.68
54		103.94	163.00	209.27	72.76	114.09	146.47	43.09	73.44	97.97
55		110.85	175.08	219.09	77.59	122.57	153.36	46.93	80.58	103.99
56		118.44	188.38	228.61	82.92	131.90	160.03	51.00	88.14	109.33
57		126.79	203.10	237.33	88.75	142.17	166.15	55.28	96.14	113.64
58		135.99	219.44	244.89	95.19	153.60	171.42	59.73	104.52	116.55
59		146.22	237.65	250.47	102.36	166.36	175.33	64.37	113.30	117.55
60		157.65	246.93	253.10	110.34	172.86	177.17	69.14	114.15	115.98
61		170.45	244.91	251.04	119.33	171.44	175.73	74.05	109.11	110.90
62		184.88	235.03	240.90	129.41	164.52	168.64	79.09	98.98	100.57
63		174.79	207.10	212.27	122.37	144.97	148.59	66.98	79.31	80.61
64		103.21	122.29	125.33	72.22	85.57	87.73	25.28	29.92	30.42

#### Occupational loading factors

Professional	0.90	White collar	1.00
Light blue collar	1.50	Heavy blue collar	3.00

#### Loading for agreed value benefit

1.20 (see 'Salary continuance benefit types' for further information)

## Calculating the cost of cover

### Death and/or TPD cover

For death only, TPD only and death and TPD, the premium payable will depend on the type(s) of cover and benefit amount(s) you nominate (see Examples 1-3).

#### Example 1: Death only cover

A male member aged 45 who is a non-smoking light blue collar worker would like to be insured for a benefit of \$250,000 in the event of his death (death only cover).

##### Monthly premium:

$$= \frac{\text{Premium rate}^2 \times \text{occupational loading factor}^2 \times \text{insured benefit}}{12 \times \$1,000^3}$$

$$= \frac{\$1.29 \times 1.15 \times \$250,000}{\$12,000}$$

$$= \$30.91 \text{ per month}$$

If you have an equal amount of death and TPD cover, the cost is calculated based entirely on the combined death/TPD premium rate (see Example 2).

#### Example 2: Death and TPD cover for the same amount

A male member aged 45 who is a non-smoking light blue collar worker would like to be insured for a benefit of \$250,000 in the event of his death or TPD.

##### Monthly premium:

$$= \frac{\text{Premium rate}^1 \times \text{occupational loading factor}^1 \times \text{insured benefit}}{12 \times \$1,000^3}$$

$$= \frac{\$1.88 \times 1.50 \times \$250,000}{\$12,000}$$

$$= \$58.75 \text{ per month}$$

However, if you have differing amounts of death and TPD cover (see Example 3):

- the combined death/TPD premium rate will apply to the common sum insured amount and
- the relevant death only or TPD only premium rate will apply to the death or TPD cover above the common sum insured amount.

#### Example 3: Death and TPD cover for differing amounts

A male member aged 45 who is a non-smoking light blue collar worker would like to be insured for a death benefit of \$250,000 and TPD benefit of \$200,000.

##### Monthly premium for the common \$200,000 sum insured amount:

$$= \frac{\text{Premium rate}^1 \times \text{occupational loading factor}^1 \times \text{insured benefit}}{12 \times \$1,000^3}$$

$$= \frac{\$1.88 \times 1.50 \times \$200,000}{\$12,000}$$

$$= \$47.00 \text{ per month}$$

plus

##### Monthly premium for the additional \$50,000 death cover:

$$= \frac{\text{Premium rate}^2 \times \text{occupational loading factor}^2 \times \text{insured benefit}}{12 \times \$1,000^3}$$

$$= \frac{\$1.29 \times 1.15 \times \$50,000}{\$12,000}$$

$$= \$6.18 \text{ per month}$$

##### Total monthly premium:

$$= \$47.00 + \$6.18 \text{ per month} = \$53.18 \text{ per month}$$

- 1 From insurance rate table – Combined death and TPD cover.
- 2 From insurance rate table – Death only cover.
- 3 Premium rates are expressed per \$1,000 of the sum insured.

### Salary continuance cover

For salary continuance cover, the premium payable will depend on the benefit amount you nominate and the basis of your cover (see Example 4).

#### Example 4: Benefit amount and premium

A female member aged 40 who is a non-smoking white collar worker. She currently earns an annual salary of \$75,000 (excluding super) and would like to take out salary continuance cover in the event of a disablement that will prevent her from working. She would like the benefit to be paid over two years, have a 60 day waiting period and a 10% super contribution component.

##### Monthly insured benefit:

$$= \frac{(75\% \text{ of annual salary})}{12 \text{ months}} + \frac{(10\% \text{ super component})}{12 \text{ months}}$$

$$= \frac{(75\% \times \$75,000)}{12} + \frac{(10\% \times \$75,000)}{12}$$

$$= \frac{\$56,250}{12} + \frac{\$7,500}{12}$$

$$= \$4,687.50 + \$625.00 = \$5,312.50$$

##### Monthly premium:

$$= \frac{\text{Premium rate}^1 \times \text{occupational loading factor}^1 \times \text{insured benefit}}{12 \times \$100^2}$$

$$= \frac{\$24.59 \times 1.0 \times \$5,312.50}{\$1,200}$$

$$= \$108.86 \text{ per month (indemnity basis)}$$

$$= \$108.86 \times 1.2 = \$130.63 \text{ per month (agreed value basis)}$$

In this example, upon payment of a disablement claim by the insurer, she will receive:

- a monthly benefit of \$4,687.50\* (less PAYG tax) and
- a monthly amount of \$625.00\* paid by us into her Super Plan account as a super contribution.

\*For cover provided on an indemnity basis, the benefit payable may be lower if at claim time she is earning less than \$75,000 per annum.

- 1 From insurance rate tables.
- 2 Premium rates are expressed per \$100 of the monthly benefit.

If actual monthly income is greater than \$40,000, the maximum sum insured is calculated as 75% of the first \$40,000, then 20% of the amount in excess of \$40,000 up to the maximum monthly sum insured of \$40,000. This equates to an actual monthly income of \$90,000.

## How to apply

To apply for death only, TPD only, death and TPD and/or salary continuance cover through the Super Plan, you must complete the 'Insurance cover' section within the Super Plan application form in the Features Book. If you do not satisfy the requirements for the short-form personal statement, as described under 'Short-form personal statement', you will need to complete the separate 'Insurance application' form included with this Insurance Book.

The amount and type of information that the insurer will require will depend on your age and the type(s) and amount(s) of cover you are seeking (see 'Short-form personal statement' and the 'Medical evidence' sections for details about underwriting requirements).

## Contact details

### **Website**

[www.perpetual.com.au](http://www.perpetual.com.au)

### **Email**

[investments@perpetual.com.au](mailto:investments@perpetual.com.au)

### **Phone**

During business hours (Sydney time)

1800 022 033 – for investors

1800 062 725 – for intermediaries

### **Postal address**

No stamp required if posted in Australia

Reply Paid 4171

Perpetual WealthFocus Super Plan

GPO Box 4171

Sydney NSW 2001

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**Australian Capital Territory**

Nishi Building  
Level 9  
2 Phillip Law Street  
Canberra ACT 2601

**New South Wales**

Angel Place  
Level 18  
123 Pitt Street  
Sydney NSW 2000

**Queensland**

Central Plaza 1  
Level 15  
345 Queen Street  
Brisbane QLD 4000

**South Australia**

Level 11  
101 Grenfell Street  
Adelaide SA 5000

**Victoria**

Rialto South Tower  
Level 29  
525 Collins Street  
Melbourne VIC 3000

**Western Australia**

Exchange Tower  
Level 29  
2 The Esplanade  
Perth WA 6000

[www.perpetual.com.au](http://www.perpetual.com.au)

Trust is earned.

Perpetual 



# Insurance application

Please complete all pages of this application form in black ink, using **BLOCK** letters.

This form should be used if you:

- are aged 55 or older, or
- require more than \$1 million of death only cover, or
- require more than \$1 million of Total and Permanent Disablement (TPD) only cover, or
- require more than \$1 million of death and TPD cover, or
- earn over \$128,000 per annum and therefore require more than \$8,000 monthly benefit of salary continuance cover, or
- require agreed value salary continuance cover, or
- have answered 'yes' to any of the questions in the 'Insurance cover' section of the Super Plan application form.

**Are you an existing Super Plan member?**

yes  account number

## 1. Member details

title Mr  Mrs  Miss  Ms  other

first name(s)

last name

date of birth  /  /  current age  gender  male  female

unit number  street number

street name

suburb (if relevant) OR city

state  postcode

country

email address

phone (business hours)  phone (after hours)

occupation

industry

daily duties (including % time spent performing each duty)



## 2. Type of insurance

Type of insurance (for an increase in cover, the amount nominated will be added to any existing cover)

Type(s) of cover			New		Increase	
death only or	<input type="checkbox"/>	amount	\$	(min. \$50,000)	\$	
TPD only or	<input type="checkbox"/>	amount	\$	(min. \$50,000)	\$	
death and TPD	<input type="checkbox"/>	death amount	\$	(min. \$50,000)	\$	
		TPD amount	\$	(min. \$50,000)	\$	
and/or salary continuance	<input type="checkbox"/>	buyback option	yes    no (default)			
		amount	\$	per month (min. \$500 per month)	\$	per month

(The amount of salary continuance cover cannot be greater than 85% of your monthly income, which includes a maximum 10% allowance for super contributions. That is your cover amount cannot be greater than 75% of your monthly income plus an optional 10% of your monthly income representing a super contribution component. For example if you have a monthly salary of \$4,000 the maximum monthly cover amount you can have is 75% x \$4,000 plus 10% x \$4,000.)

What percentage of your cover amount indicated above represents a super contribution component?  (This is optional and is a maximum of 10% of your monthly income.)  
 If this is left blank nil will be assumed.

### Please apply indexing to my sum insured:

yes (default)     no

### Salary continuance only

benefit period	2 years <input type="checkbox"/> (to age 65 if earlier)	5 years <input type="checkbox"/> (to age 65 if earlier)	to age 65 <input type="checkbox"/>
waiting period	30 days <input type="checkbox"/>	60 days <input type="checkbox"/>	90 days <input type="checkbox"/>
type of cover	agreed value* <input type="checkbox"/>	indemnity <input type="checkbox"/>	

\* If you are applying for agreed value salary continuance cover, the following additional financial information is also required:

#### If you are self employed

- Profit & Loss statements for your business or practice (including any trusts if applicable) for the last 2 years,
- your income tax returns and notice of assessments including any business entities for the last 2 years, and
- if you are applying for cover of \$15,000 per month or more, Statement of Assets and Liabilities (held personally or in trust) from your accountant.

#### If you are not self employed and you are applying for cover

- up to \$12,500 per month, income tax return and notice of assessment for the last year, or
- above \$12,500 per month, income tax returns and notice of assessments for the last 2 years, or
- above \$15,000 per month, income tax returns and notice of assessments for the last 2 years **plus** Statement of Assets and Liabilities (held personally or in trust), from your accountant.

### Please pay my insurance premiums

from my investment option with the highest balance (default) - including where the balance in a nominated investment option is insufficient to pay a premium

proportionally across my investment options

from my  investment option

### 3. Personal statement – Part 1

annual salary (\$)  number of hours worked per week  height (cm)  weight (kg)

1. Are you:

(a) an Australian citizen or holder of an Australian permanent resident visa? no  yes

(b) a New Zealand citizen holding a current special category visa who is residing in Australia indefinitely? no  yes

2. Have you smoked tobacco or any other substance in the last 12 months? no  yes

If yes, please state forms and quantities:

3. Do you drink alcohol? no  yes

If yes, state how many standard drinks you consume per week:  
(One standard drink = 30 ml spirits (one nip), 100 ml wine, 10 oz/285 ml beer)

4. Do you have existing life, disability or trauma cover on your life?  
(including any current applications held with any insurer) no  yes

If yes, please provide the policy details in the schedule below.

Commencement date	Insurer	Type of cover	Amount of cover	To be replaced
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	no <input type="checkbox"/> yes <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	no <input type="checkbox"/> yes <input type="checkbox"/>

#### At the date of application:

5. Are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis due to injury or illness (even if you are not currently working on a full time basis or are unemployed)? no  yes

6. In the last three (3) years, have you had any advice or treatment, taken prescribed drugs or been hospitalised for any injury or illness (excluding for colds or flus)? no  yes

7. Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs? no  yes

8. Are you under any treatment by diet, medication, prescribed drugs or other therapy? no  yes

9. Has any company ever refused or applied special or modified conditions or cancelled any application to insure you for a life or disability policy? no  yes

10. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes including touch football), long-distance sailing, hang gliding, scuba diving, motor racing, non-competitive off-road motorcycle sport (trail bike/dirt bike riding/motocross), parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? no  yes

If you answered yes to any of the questions above, please provide full details:

11. Do you have definite plans to travel or reside overseas? no  yes

If 'yes', please state:

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Family history

12. (a) Have any of your immediate family (father, mother, brother, sister), prior to the age of 60 (living or dead), ever suffered from:

- Heart disease or stroke? no  yes

- Breast cancer, ovarian cancer, prostate cancer or colon (bowel) cancer? no  yes
- Polycystic kidney disease or diabetes? no  yes
- Mental disorder? no  yes
- Huntington's chorea, Alzheimer's disease, Dementia, Motor neurone disease, Multiple sclerosis, Muscular dystrophy or Parkinson's disease? no  yes
- Any other hereditary disease? no  yes

If 'yes', please provide details in the table below:

	Condition/illness (for heart disease or cancer please specify the type)	Age at onset (approx.)	Age at death (if applicable)
Father	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Mother	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Brothers	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Sisters	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

(b) Are you required to undergo any regular screening as a result of your family history? no  yes

If 'yes', please provide details.

### 3. Personal statement – Part 2

#### Section A: Medical details

1. Have you ever experienced any symptoms of or received treatment:
  - (a) High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke? no  yes
  - (b) Asthma, chronic lung disease, sleep apnoea or other respiratory disorder? no  yes
  - (c) Indigestion, gastric or duodenal ulcer, hernia/s or any bowel disorder? no  yes
  - (d) Diabetes, abnormal blood sugar, gout or thyroid disorder? no  yes
  - (e) Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder? no  yes
  - (f) Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness, tremor or recurrent headaches or any neurological disorder including multiple sclerosis? no  yes
  - (g) Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia? no  yes
  - (h) Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles? no  yes
  - (i) Psoriasis or eczema, skin disorder or abnormality with hearing, eyesight or speech? no  yes
  - (j) Cancer, cyst, lump, tumour or growth of any kind? no  yes
  - (k) Liver, pancreas, prostate, kidney or bladder disorder, renal colic or stone? no  yes
  - (l) Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia? no  yes
  - (m) Hepatitis B or C or are a Hepatitis B or C carrier. Acquired Immune Deficiency Syndrome (AIDS) sufferer or infected with the HIV virus? no  yes

### 3. Personal statement – Part 2 (continued)

**Females only**

Have you ever experienced any symptoms of or been advised to have treatment for:

(n) Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound? no  yes

(o) An abnormal cervical smear (pap smear) test including the detection of Human Papilloma Virus (HPV) or any abnormality of the ovaries? no  yes

(p) Abnormal vaginal bleeding within the last 12 months or endometriosis? no  yes

(q) Are you currently pregnant? no  yes

If yes, please state expected delivery date  /  /

2. Have you ever suffered symptoms of or had any other illness, disease or disorder? no  yes

3. In the last 5 years have you:

(a) Had any medical examinations, consultations, X-rays, pathology tests or procedures? no  yes

(b) Occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs? no  yes

4. Are you currently under ongoing monitoring, consultation or review for any condition, complaint or finding? no  yes

5. Are you currently considering or have you been advised/referred to undergo further treatment, investigation or procedure? no  yes

(Only if you are applying for TPD or salary continuance cover)

(a) Have you ever been involved in an accident that has caused you to be off work or reduce your working capacity for greater than 10 consecutive days? no  yes

(b) Have you consulted a chiropractor, osteopath, physiotherapist or acupuncturist? no  yes

**Lifestyle statement**

6. (a) Have you ever used any illicit drugs not prescribed by a medical practitioner? no  yes

If 'yes', a 'Drugs Questionnaire' is required.

(b) In the past 5 years have you:

(i) Engaged in male to male sexual activity **without** a condom (except in a relationship between you and only one other person where neither of you has had sex **without** a condom with anyone else in the past 5 years) no  yes

or

(ii) had sex **without** a condom:

- with someone you know or suspect to be HIV positive or
- with someone who injects non prescribed drugs or
- with a sex worker or as a sex worker?

no  yes

If 'yes', a 'Confidential Supplementary Personal Statement' is required.

If you answered YES to ANY of the questions in Section A, please complete Section B. Otherwise, go to Sections C and D.

**Section B: Answers in detail**

If you answered YES to ANY question in Section A, please provide details in the schedule below. If there is insufficient space, please provide a signed and dated supplementary statement.

question reference	time off work	date of illness/injury	degree of % recovery
illness, injury or tests	<input type="text"/>	<input type="text"/>	<input type="text"/>
results of tests	<input type="text"/>		
reason and type of treatment including date of last symptoms	<input type="text"/>		
full name and address of doctor or hospital (if any)	<input type="text"/>		
	<input type="text"/>		



### 3. Personal statement – Part 2 (continued)

4. Do you receive any unearned income?  
(eg. from investments such as rental property or dividends) no  yes

If yes, how much?  per month

5. What was your previous occupation?

6. Are you self-employed? (sole trader, business partner, employee of own company/trust)  
If yes no  yes

(a) Date your business started  /  /

(b) How long have you been self-employed?  years/months

(c) What percentage of your work is:  
(i) Freelance?  % (ii) Contract?  %

(d) If self-employed, did your business make a loss in the last financial year? no  yes

If yes, please provide copies of Profit and Loss Statements for the last two (2) years.

(e) How many people do you employ?

7. Have you or any business with which you were associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration? no  yes

If yes, when  /  /

Date of discharge  /  /

8. Do you work at home? no  yes

If yes, state percentage of the time  %

9. Do you earn commission or bonuses? no  yes

If yes, state percentage of total income  %

## 4. General declaration

- **Truth and Accuracy** – I hereby declare that to the best of my knowledge and belief and where applicable:
  - all of the answers to questions on this application form are true and accurate and I have not deliberately withheld any information material to the proposed insurance
  - if I am transferring my existing insurance cover from another provider and this information is being provided directly to the insurer, this information is true and accurate at the time of transfer and I have not deliberately withheld any information material to the insurance cover that is being transferred and
  - all information I have provided to the insurer directly is true and accurate and I have not deliberately withheld any information material to the proposed insurance cover.
- **Changes to Contract** – I understand that I must advise the trustee and insurer of any material change in my health during the period between the application date shown below and the cover commencement date. I understand that my failure to advise of such a change may make the contract of insurance voidable by the insurer.
- **Acceptance of the application** – I note that this application is subject to acceptance by the insurer and that the insurance cover does not commence until I have been advised by the trustee about acceptance of my application and (where applicable) I have provided written acceptance of any special acceptance terms.
- **Duty to take reasonable care** – I acknowledge that I have read and understood the 'Duty to take reasonable care' in accordance with the Insurance Contracts Act 1984, as detailed in the Features Book and Insurance Book.  
Warning: You have a duty to disclose all information relevant to the insurer's decision to accept your application.
- **Privacy Statement** – I have read and understood the Privacy disclosure as detailed in the Features Book. I consent to my personal information being collected and used and disclosed in accordance with the privacy disclosure.
- **Consent to provide personal health information to my financial adviser** – I consent to allow Perpetual to provide my financial adviser with any personal health information to assist the trustee and insurer in assessing my application for insurance.

I do not authorise my financial adviser to be provided with any personal health information submitted in relation to my application for insurance.

### Election to maintain cover (optional)

I wish to opt-in to maintain my insurance cover in the event that my account becomes inactive for a continuous period of 16 months (where my insurance cover would otherwise be required to be cancelled). I understand and acknowledge that the ongoing insurance premiums being charged to my account will likely reduce my account balance.

signature	<input type="text"/>	date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## 5. Authority to release medical information

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

Consent to Disclose – I consent to AIA Australia and to the Trustee on behalf of AIA Australia, to collect and use my health information to assess my application for cover, to assess and manage my claim, or to confirm the information I gave when I applied for cover or made a claim. AIA Australia will respect your privacy by only asking for the information AIA Australia reasonably need, and will tell you each time your consent is used.

Even if AIA Australia collect information from health providers (such as your General Practitioner), before the insurance starts you must still tell AIA Australia every matter (including about your health) that is relevant to AIA Australia decision about whether to offer you insurance, and if so, on what terms. This is your Duty of Disclosure under the Insurance Contracts Act 1984 (Cth).

Please read each Authority carefully and the explanatory notes below.

Authority 1	
<p><b>Authority 1 explanatory notes</b> – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:</p> <ul style="list-style-type: none"> <li>• preparing a general report and/or a report about a specific condition;</li> <li>• accessing and releasing your records in SafeScript;</li> <li>• releasing your hospital patient notes;</li> <li>• releasing the results of any investigations they have done; and/or</li> <li>• releasing correspondence with other health providers.</li> </ul> <p><b>Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice</b></p> <p>With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to <b>AIA Australia</b>, or to third parties they engage.</p> <p>I agree to all the following:</p> <ul style="list-style-type: none"> <li>• My health information can be released in the form <b>AIA Australia</b> asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.</li> <li>• <b>AIA Australia</b> can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.</li> <li>• This Authority is valid only while <b>AIA Australia</b> is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.</li> <li>• A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.</li> </ul> <p>name <input style="width: 150px;" type="text"/></p> <p>signature <input style="width: 150px;" type="text"/></p> <p>date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	

Authority 2	
<p><b>Authority 2 explanatory notes</b> – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:</p> <ul style="list-style-type: none"> <li>• they will be unable to, or did not, provide the report within 4 weeks;</li> <li>• or</li> <li>• the report provided is incomplete, or contains inconsistencies or inaccuracies.</li> </ul> <p>Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above. If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.</p> <p><b>Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances</b></p> <p>I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to <b>AIA Australia</b>, or to third parties they engage, only if <b>AIA Australia</b> has asked them for a report on my health and either:</p> <ul style="list-style-type: none"> <li>• the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or</li> <li>• the report is incomplete, or contains inconsistencies or inaccuracies.</li> </ul> <p>I agree to all the following:</p> <ul style="list-style-type: none"> <li>• <b>AIA Australia</b> can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.</li> <li>• This Authority is valid only while <b>AIA Australia</b> is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.</li> <li>• A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.</li> </ul> <p>name <input style="width: 150px;" type="text"/></p> <p>signature <input style="width: 150px;" type="text"/></p> <p>date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	

I authorise and consent to any life insurance company disclosing to AIA Australia personal and sensitive information about me with regard to previous or current applications for insurance cover or claims made under other insurance cover which may include details of my health and medical history.



## 6. Financial adviser use only

### Financial adviser details

financial adviser name																														
phone																														
mobile											fax																			
postal address																														
email																														
AFSL licensee name																														
AFSL number																														
either Perpetual adviser number																														
or dealer group																														
dealer branch																														
financial adviser signature																date		/		/										
IL GN				/			/				(Group)																			
IL AN				/			/				(Adviser)																			
IL CN				/			/				(Client)																			

