Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Why have insurance cover?</td>
<td>3</td>
</tr>
<tr>
<td>Your choice of cover</td>
<td>4</td>
</tr>
<tr>
<td>Insurance health check – things to consider</td>
<td>5</td>
</tr>
<tr>
<td>2 Automatic cover and changing your cover</td>
<td>6</td>
</tr>
<tr>
<td>Insurance cover through VicSuper</td>
<td>6</td>
</tr>
<tr>
<td>Making changes to cover</td>
<td>8</td>
</tr>
<tr>
<td>3 Death and TPD cover</td>
<td>11</td>
</tr>
<tr>
<td>4 General information about death and TPD cover</td>
<td>15</td>
</tr>
<tr>
<td>5 Income protection cover</td>
<td>20</td>
</tr>
<tr>
<td>6 General information about income protection cover</td>
<td>23</td>
</tr>
<tr>
<td>7 Own approved occupation – TPD cover (EmployeeSaver members only)</td>
<td>27</td>
</tr>
<tr>
<td>8 Glossary</td>
<td>29</td>
</tr>
<tr>
<td>9 Approved occupation table</td>
<td>30</td>
</tr>
<tr>
<td>10 VicSuper privacy information Form</td>
<td>31</td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

Need help with the calculations?
Take advantage of our online insurance calculators to work out your premium and level of cover. Visit vicsuper.com.au/calculators

Insurance cover described in this handbook is provided under group life insurance and group salary continuance policies issued and underwritten by the National Mutual Life Association of Australasia Limited trading as AMP (the Insurer) ABN 72 004 020 437, Australian Financial Services Licence No. 234 649. This handbook is intended to be a guide to the insurance cover available through VicSuper under the policies; however, all cover is subject to the precise terms and conditions of those policies. Examples provided are for illustration purposes only. Your personal circumstances are likely to be different and more complex than the examples used.
Why have insurance cover?

We think nothing of insuring our cars. They’re expensive to replace, and we accept that there’s a chance they could be involved in an accident.

Yet the majority of us don’t consider the possibility of something happening to us. Unfortunately, the risks are every bit as real, but we often don’t want to confront them. An injury or illness could have a devastating effect on your finances and the likelihood may be greater than you have considered.

If you died or became permanently or temporarily disabled tomorrow, would your family be able to cope financially?

• how would you pay the mortgage or rent?
• could you pay for your children’s education?
• would your business survive?
• who would pay for the costs of ongoing care?

Just like car insurance or house and contents insurance, you take out death and total and permanent disablement cover or income protection cover in the hope that you’ll never need to claim on it. But isn’t it better to know that you have a safety net there if you need it?

VicSuper’s insurance is provided under group policies making premiums competitive with those you could get as an individual. The best part of having insurance through your super, is that premiums are deducted from your superannuation account, not your take home pay.

Important information

Different insurance arrangements apply depending on the type of account you hold as a member of VicSuper FutureSaver. If you joined VicSuper through a VicSuper participating employer, you are an EmployeeSaver member. If you joined VicSuper as an individual, you are a PersonalSaver member. This Insurance handbook outlines the insurance arrangements that apply to these two types of memberships.
Your choice of cover

VicSuper provides members with three types of insurance cover.

**Death only cover** - Death only cover is designed to assist your family with financial security if you die. If your circumstances suit death only cover and you’d like to take up this option, you can choose between unit-based and fixed death only cover (see page 11 for more details).

**Death and TPD (Total and Permanent Disablement) cover** - Death and TPD cover is designed to assist you and your family with financial security if you die or become permanently disabled. A TPD benefit provides you with a lump sum benefit if you are unable to work for health reasons and medical evidence indicates it is unlikely that you’ll ever be able to work again. You can choose between unit-based cover and fixed cover (see page 11 for more details).

**Income protection** - Income protection cover provides you with replacement income if injury or illness impacts on your earning capacity, causing you either total or partial disability. Income protection payments are paid monthly for your chosen benefit period of up to two years, 5 years or to age 65. Waiting periods apply. See page 20 for more details.

**Occupation categories**

Depending on the type of insurance cover, there are three occupation categories that may apply: general occupation, approved occupation and own approved occupation.

- **General occupation**: if your annual income (ie before tax and excluding employer superannuation guarantee contributions) is less than $75,000 or your occupation is not listed on page 30, general occupation rates will apply. EmployeeSaver members are provided with the general occupation category with their default cover.

- **Approved occupation**: if your annual income (ie before tax and excluding employer superannuation guarantee contributions) is $75,000 or more and you work in one of the occupations listed on page 30, you may apply for the approved occupation category.

- **Own approved occupation**: if you meet the approved occupation criteria above, and you choose a benefit period of five years or to age 65 in respect of your income protection cover, you may choose to pay a higher premium to be covered for your own approved occupation.

**Terminal Illness**

If you are certified by two medical practitioners to have a terminal illness likely to cause death within a specified timeframe, you may be able to claim a benefit.

- You may be able to claim your account balance if your terminal illness is likely to cause death within 24 months.
- If you have death only or death and TPD cover, you may be able to claim your insured benefit if your terminal illness is likely to cause death within 12 months.

See page 18 for how to make a terminal illness claim.

Need help with the calculations?
Take advantage of our online insurance calculators to work out your premium and level of cover.
Visit vicsuper.com.au/calculators
Insurance health check – things to consider

Step 1: Review your insurance arrangements
- do you currently have death, TPD and/or income protection cover?
- should you have any of these types of insurance?
- how much cover do you need?

Step 2: Consider your options
- unit-based death and TPD cover or death only cover
- fixed death and TPD cover or death only cover
- income protection cover.

Step 3: Apply for, or change your cover online
Go to vicsuper.com.au/insurance to apply for insurance, or increase, decrease, or cancel any existing cover you have. Alternatively you can use the Insurance request form attached to the back of this handbook.

VicSuper EmployeeSaver members can take advantage of the special insurance offer period to increase their cover with minimal underwriting requirements. See page 8 for details.

Step 4: Reassess from time to time
The level and type of cover you need will depend on your personal circumstances and financial commitments. Do you have a family? Have you purchased a new house? As your needs and circumstances change, you should review your insurance arrangements regularly to ensure that they continue to match your needs.

Need some advice?
VicSuper’s advice team are here to help you work out the type and level of cover to best suit your needs. A VicSuper express advice team member can contact you via phone to discuss your situation. Contact the Member Centre on 1300 366 216 to make a booking.

Duty of disclosure
You have a legal responsibility to disclose any information that may affect the assessment/underwriting of your insurance application to VicSuper and the Insurer.

If you fail to comply with your duty of disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within three years of entering into it. If your non disclosure is fraudulent, the Insurer may avoid the contract at any time. An Insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, select not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would be payable if you had disclosed all relevant matters to the insurer.
Insurance cover through VicSuper

Who can obtain insurance cover through VicSuper?

You are eligible for death and TPD insurance cover if you are:
• an EmployeeSaver or PersonalSaver member;
• aged 14 years or older, but less than age 70*, and
• legally permitted to reside and work for reward in Australia.

* TPD cover is not available to members who apply for cover aged 65 or more.

You are eligible for income protection insurance cover if you are:
• an EmployeeSaver or PersonalSaver member;
• aged 14 years or older, but less than age 65, and
• legally permitted to reside and work for reward in Australia, and
• working at least 14 hours per week, and
• either self-employed*, a casual employee, a contractor with a contract with your employer of at least 6 months, or a permanent employee.

* self-employed members are not eligible for default income protection cover, however they may apply for cover subject to the underwriting requirements outlined on page 9.

Default cover - EmployeeSaver members only

If you meet all the eligibility criteria listed on this page, you automatically receive default cover when you join VicSuper EmployeeSaver. Default cover provides you with:
• six units of unit-based death and TPD cover*, and
• six units of income protection cover ($3,000 per month), with a 90 day waiting period and a two year benefit period*.

* new members aged 65 to 69 receive death only cover - TPD and income protection cover is not provided

Eligibility for default cover – EmployeeSaver members only

In addition to the criteria outlined above, the following conditions must also be met to be eligible for full default cover:

a) VicSuper receives at least one superannuation guarantee (SG) contribution for you from your participating employer; and

b) you become a member before the later of:
• six months from the date you most recently commenced employment with your participating employer; or
• six months from the date you first became eligible to receive SG contributions from your participating employer; or
• (if applicable) three months from the date your participating employer first nominated VicSuper as the default fund for their SG contributions; and

c) you were at work on the day your cover commenced - see definition of “at work” on this page; and

d) you have not previously been paid, or you are not entitled to be paid, a TPD benefit or terminal illness benefit from VicSuper’s insurer, another fund or another insurance policy; and

e) you have not:
• elected to join VicSuper after initially not joining VicSuper under choice of fund legislation and you are still working for the same employer; or
• re-joined VicSuper after previously exiting the fund under choice of fund legislation and you are still working for the same employer as when you left the fund.

New self-employed members are not eligible for default income protection cover.

Default cover does not apply if you do not meet conditions a), b) or d) above. If you do not have default cover, you may apply for cover via our online application at vicsuper.com.au/insurance. Alternatively, complete the Insurance request form and the associated underwriting form/s.

New events cover

New events cover will apply if some of the eligibility criteria for default cover above are not met. New events cover means you are only provided with the default level of death, TPD and income protection cover for an illness which first became apparent or was diagnosed, or an injury which first occurred, on or after your cover commenced.

New events cover applies in the following circumstances:

1. If you meet conditions a) and b), but do not meet condition c), new events cover restrictions only apply for the first 12 months of cover, provided you are at work at the end of the 12 month period (if not at work, new events cover restrictions will continue to apply until you are at work for two consecutive months).

2. If you meet conditions a) and b), but do not meet condition e), new events cover applies until your cover stops under the policy (see page 17).

What does “at work” mean?

At work means you were:

i) performing all your normal and usual duties of paid employment without restriction, or you would have been capable of doing so, had the relevant day not been a public holiday or weekend day, or you were not on approved leave by your employer due to your own injury or illness; and

ii) not receiving or claiming and/or entitled to claim income support benefits from any source, including, but not limited to, workers’ compensation benefits, statutory transport accident benefits and disability income benefits.

If you do not meet this definition you are described as being not at work.
**PersonalSaver members**

You do not receive any automatic insurance cover when you join VicSuper as a PersonalSaver member. You can, however, apply for the type of cover that best suits your circumstances. (See page 9 for more details.)

**Unsure what cover you have, or are entitled to?**

If you are unsure whether you currently have insurance cover, or if new events cover may apply to you, please contact one of our experienced superannuation consultants on 1300 366 216 who will be happy to assist you.

Detailed policy conditions are outlined in the insurance policies, which are available on our website or by calling the Member Centre.

**Cover start date**

**EmployeeSaver**

Cover starts for new EmployeeSaver members who are eligible for default cover (including new events cover) from the later of:

- the date you commenced employment with your VicSuper participating employer, and
- the earliest date in the pay period covered by the first SG contribution received for you from your VicSuper participating employer.

Where cover is subject to underwriting requirements, cover will commence from the date cover is accepted by the Insurer.

Some members may be subject to new events cover as noted on page 6.

**PersonalSaver**

PersonalSaver members do not receive automatic insurance cover, and any cover applied for is subject to underwriting requirements. If approved by the Insurer, cover will commence on the date the Insurer provides written notification of acceptance of your application, provided there are sufficient funds in your account at that time to pay for the premiums. If you do not have any funds in your account at the time of acceptance, you will not be covered until such time as we receive sufficient funds in your account.
Making changes to cover

There is a range of different options for insurance cover through VicSuper; this allows you to tailor your cover to meet your individual circumstances.

Your options are outlined below:

<table>
<thead>
<tr>
<th>Cover type</th>
<th>Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Unit based cover for death and TPD</td>
<td>$1.07 per unit per week</td>
</tr>
<tr>
<td>• Unit based cover for death only</td>
<td>$0.39 per unit per week</td>
</tr>
<tr>
<td>• Fixed cover for death and TPD</td>
<td>Fixed cover premiums vary depending on your age. The annual premiums per $1,000 sum insured per occupation category are listed in Table 2 on page 14</td>
</tr>
<tr>
<td>• Fixed cover for death only</td>
<td></td>
</tr>
<tr>
<td>• Income protection</td>
<td>Income protection premiums vary depending on your age, occupation category, waiting period and benefit period. The cost per unit per week is listed in Table 3 on page 22. Each unit of cover is worth $500 sum insured per month.</td>
</tr>
</tbody>
</table>

For death only or death and TPD cover, you can choose either unit-based or fixed cover, but you cannot have a combination of both. You can also have income protection cover in addition to your unit-based or fixed cover, or by itself.

Special insurance offer period (EmployeeSaver members)

If you have been provided with default or new events cover, take advantage of the special insurance offer period to increase your cover with minimal underwriting requirements.

For new EmployeeSaver members starting work with a VicSuper participating employer, the special insurance offer period is 60 days from the date of your VicSuper letter confirming your insurance cover.

Action you can take

During your special insurance offer period there are opportunities to make changes to your cover with minimal underwriting requirements, which means you may not need to complete lengthy forms or undergo medical tests.

Once you elect to make a change to your death and TPD or income protection cover, your special insurance offer period ends.

To take advantage of the special insurance offer period opportunities, you will need to complete the Insurance Request form available at the back of this handbook.

Your options within the special insurance offer period are -

• **Unit-based cover**: you can apply to increase your death and TPD cover to a total of eight units (including your default cover) by completing a Good Health Declaration.

• **Fixed cover**: you can apply to increase your automatic unit-based death and TPD cover to up to eight units (as described above) and then transfer your unit-based cover to the equivalent amount of fixed cover, if you complete a Good Health Declaration. You can increase your cover during the special insurance offer period and then transfer to fixed cover at a later date, if you wish, however you will need to complete the Good Health Declaration again.

• **Income protection cover**: you can apply to increase your income protection cover up to eight units (including your default cover) worth $4,000 per month if you complete a Good Health Declaration and statement of earnings. You can also apply to reduce your default waiting period of 90 days to 60 or 30 days by completing the same Good Health Declaration.

You can apply to extend your benefit period from two years to five years by completing the Insurer’s Abbreviated Personal Statement in addition to the Insurance request form.

You can cancel or reduce your insurance cover online at vicsuper.com.au/insurance, or simply complete the attached Insurance request form and return it to VicSuper before your special insurance offer period ends.

You can apply to transfer your unit-based cover to fixed cover at any time by completing the Good Health Declaration.

You can still change your cover outside your special insurance offer period, however any increase in cover will be subject to different underwriting requirements. Refer to page 9 for further detail.

Also at any time, if you are eligible, you may apply for an approved occupation category for your fixed death and TPD cover, and approved or own approved occupation category for your income protection cover. To do so, simply complete the Insurance request form.

If you would like more information regarding the special insurance offer period, please call our Member Centre on 1300 366 216.
Underwriting requirements when making changes to your cover

Decreases in cover or the income protection benefit period, or increases in the income protection waiting period, do not require any underwriting.

<table>
<thead>
<tr>
<th>Total death and TPD cover amount</th>
<th>Underwriting requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to $515,000 (or unit-based equivalent)</td>
<td>The Insurer's Abbreviated Personal Statement¹</td>
</tr>
<tr>
<td>Above $515,000 (or unit-based equivalent)</td>
<td>The Insurer's Personal Statement²</td>
</tr>
<tr>
<td>Transfer current amount of unit-based cover to fixed cover</td>
<td>Good Health Declaration¹</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total income protection cover amount or change in cover</th>
<th>Underwriting requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 10 units with a 2 year benefit period and 90 day waiting period (EmployeeSaver members only)</td>
<td>The Insurer's Abbreviated Personal Statement²</td>
</tr>
<tr>
<td>Any other change (including taking up income protection)</td>
<td>The Insurer's Personal Statement³</td>
</tr>
</tbody>
</table>

1 If you cannot satisfy the conditions of the Good Health Declaration you will be required to complete the Insurer's Abbreviated Personal Statement, which is available from vicsuper.com.au/forms
2 If you cannot complete the conditions of the Insurer's Abbreviated Personal Statement to their satisfaction you will be required to complete the Insurer's Personal Statement, which is available from vicsuper.com.au/forms
3 Depending on the information you provide you may be asked to have a medical examination or blood tests and/or provide further information before the insurer decides if it will accept you for cover. The cost of any medicals, reports or pathology tests that are required to verify your health during the underwriting process will be paid for by the Insurer.

Apply online

You can make changes to your insurance cover online, using the online insurance application forms available at vicsuper.com.au/insurance. This online application includes the underwriting requirements as outlined in the table above.

Alternatively, you can complete the Insurance request form and you may also need to complete a Good Health Declaration, the Insurer’s Abbreviated Personal Statement or Personal Statement.

For VicSuper EmployeeSaver members within their special insurance offer period, the underwriting requirements listed may not be required - see page 8.

For PersonalSaver members, if you do not have any money in your account at the time of acceptance, you will not be covered until such time as we receive sufficient funds into your account.

If you don’t already have TPD cover, you must be under age 65 when applying for new or increased TPD cover.

Transferring death and TPD unit-based cover to fixed cover (and vice versa)

You can apply to have any insurance cover you have under the unit-based option to be transferred to an equivalent level of fixed cover by completing a Good Health Declaration.

If you have fixed cover and wish to transfer to unit-based cover, you can do this without having to complete any underwriting requirements. If you make this transfer, you will be provided with an equivalent number of units, rounded up to the nearest whole unit.

Changes to occupation category

To apply for cover under the approved occupation or own approved occupation (income protection only) categories, please complete the Insurance request form.

If you were in the own approved occupation category for TPD cover prior to 1 July 2014, you can still make changes to your cover (increase or decrease), and keep the own approved occupation category. See page 27 for further information and premium rates.

High risk occupations

Applications for additional insurance cover and longer benefit periods may be declined due to your current occupation. The insurer may not consider applications for certain high-risk occupations such as, prison officers, members of armed forces and police forces, members who work in and around mining sites and members who work with explosives or hazardous materials or waste. Some self-employed members are also considered high-risk and applications may be declined on this basis (as assessed by the insurer).
Interim cover
Interim cover for death or disablement caused by accidental injury is provided while your application for new or additional cover is being assessed by the Insurer. Interim cover commences from the date VicSuper receives your completed application and the Insurer’s Personal Statement and ends on the earliest of:
• the date the Insurer accepts the application
• 20 business days after an application is declined
• the application is withdrawn
• 60 days from the date the interim cover commenced
• cover stopping under the terms of the policy, or
• the policy ending.

The amount of benefit provided is equal to the amount of benefit which is applied for, up to a maximum of:
• $5 million (less any existing death cover); or
• $5 million (less any existing cover) as a result of accidental death (less any existing death cover); or
• $3.09 million (less any existing cover) for total disablement caused by accidental injury, payable for up to 2 years.

No benefit will be payable under interim cover where:
• death was caused by suicide, or intentional self-injury, including intentionally contracted infection by bacteria or virus, or any attempt thereat; or
• disablement was caused by attempted suicide, or intentional self-injury, including intentionally contracted infection by bacteria or virus, or any attempt thereat.

The maximum amount of interim cover is limited to $1 million (for death or TPD) and $10,000 per month (for income protection) where death or disablement was as a result of, or associated with:
• making or attempting to make a flight in an aircraft (other than as a passenger for whom a fare or fee has been paid, or as a passenger in an aircraft under charter), or
• taking intoxicating liquor or drugs.

Life events cover (death only or death and TPD cover)
As you go through life, certain events may change the level of insurance cover you require – for example, when you buy your first house or have a child.

With life events cover, you can apply to increase your insured level of death only cover, or death and TPD cover, by up to two units per 12-month period (or equivalent dollar amount of cover) without completing any underwriting requirements, when:
• you marry or register a de facto relationship
• you divorce or register a separation from a marriage or de facto relationship
• you have a child or adopt a child
• you take out a mortgage on the initial purchase of a primary residence
• you increase an existing mortgage on your primary residence for renovations/extension (the mortgage increase must be at least $50,000 and only accidental death and TPD cover will be provided for the first 6 months)
• your child turns 12
• you reach the first anniversary of a marriage or de facto relationship, or
• you reach the first anniversary of a separation from a marriage or de facto relationship.

You must apply for your life event increase within 2 months of the event occurring. A maximum of three life events increases is allowed. Any additional cover obtained under a life event will be subject to the same premium loadings and/or exclusions applicable to any other cover you may have. Please refer to the Life events application form for further specific details, eligibility criteria and evidence required (available from vicsuper.com.au/forms).

You may also apply for your increase in cover due to a life event online at vicsuper.com.au/insurance

Transferring cover from another fund
If you have death and TPD cover with another superannuation fund, you may be able to transfer that cover into VicSuper provided that:
• you must disclose any exclusions that apply to the cover
• no premium loadings apply to the cover
• you subsequently cancel the amount of cover transferred within 60 days of receiving confirmation from VicSuper of the transfer.

The maximum amount of cover you will have is the greater of the cover with either your transferring fund or the cover through VicSuper. It is not the total of the combined cover. You cannot transfer any income protection cover to VicSuper.

Please refer to the Insurance transfer form for further specific details and eligibility criteria, or call our Member Centre on 1300 366 216. You may also make your application online at vicsuper.com.au/insurance

Cancelling cover
You can cancel or decrease your insurance cover at any time by logging on to VicSuper MembersOnline, completing the Insurance request form or by completing the online application at vicsuper.com.au/insurance. Your insurance cancellation will be effective from the day you elect to cancel cover if you are completing it online, or the day VicSuper receives your written notification.

EmployeeSaver members
Remember, even if you have not applied for insurance, you may have been automatically covered for six units of death and TPD cover and six units of income protection cover when you joined your VicSuper participating employer. If you cancel your cover before your special insurance offer period ends, you will receive a full refund of premiums deducted since your insurance cover commenced.

Re-commencement of cover
If you have previously cancelled your cover you will need to reapply for cover by completing the online application at vicsuper.com.au/insurance or by completing an Insurance request form and the Insurer’s Personal Statement. Cover will recommence from the date your request is approved by the Insurer in writing, provided you have sufficient funds in your account to pay the premiums.
Death and TPD cover

Death and TPD cover is intended to provide a lump sum benefit to you if you become totally and permanently disabled, or to your family if you pass away. You can elect death only cover, or death and TPD cover. You cannot have a higher amount of TPD cover than your death cover. All death and TPD cover ceases at age 70. In the event of a claim, the amount you are covered for is based on your sum insured at the date of death or TPD.

VicSuper has two different types of death and TPD cover – unit-based cover and fixed cover.

Unit-based cover
With unit-based cover, your total amount of cover depends on your age and the number of units you have. You can select up to a maximum of 60 units of death only or death and TPD cover (subject to underwriting requirements). Under unit-based cover, the cost of cover remains the same but your level of cover decreases on a sliding scale relative to your age once you reach age 36. The amount of cover for each unit is outlined in Table 1 on page 13.

EmployeeSaver members
Six units of death and TPD cover are automatically provided to eligible new EmployeeSaver members under age 65 when they join the fund. Eligible new members aged 65 to 69 when they join the fund will receive six units of death only cover. The automatic cover is subject to eligibility criteria outlined on page 6, and some members may be subject to new events cover - see page 6.

Fixed cover
Fixed cover is different from unit-based cover in that the level of cover remains the same, but premiums generally increase as you grow older. With fixed cover, you can choose your level of cover to suit your needs. Fixed cover enables you to apply for a level of cover you may not be able to reach under unit-based cover. See the maximum limits below. If you already have unit-based cover you may apply to transfer your existing level of unit-based cover to fixed cover by completing a Good Health Declaration.

Reduction of fixed TPD cover
It is important to note that under fixed cover, between the ages of 60 and 64 the TPD component of your fixed cover will reduce by 1/60th per month (or part thereof) of the total amount of your benefit at age 60. From age 64 there is no further reduction but a TPD benefit will only be payable from age 65 if you suffer a total and permanent disability and you meet the Specific Loss or Future Care conditions of the TPD definition (see page 15). The maximum TPD benefit payable from age 66 is $250,000. If you become terminally ill or pass away after age 60, the full death benefit would be paid. See page 12 for an example.

Indexation of fixed cover
Fixed death and TPD cover will be indexed to help benefits keep pace with inflation. Cover will automatically increase on 1 July each year by the lesser of CPI and 7.5%, subject to the maximum cover amounts. If you wish, you can opt out of these increases by completing the Insurance request form which is attached to the back of this handbook. If you opt out of the CPI increase, you will be required to complete the underwriting requirements if you want to opt back in at a later date.

What is the cost of death and TPD cover?

<table>
<thead>
<tr>
<th>Unit-based cover</th>
<th>Fixed cover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death and TPD cover - $1.07 per unit per week</td>
<td>Annual premiums are based on your age last birthday per $1,000 sum insured and the occupation category (general or approved) that is applicable to you. See Table 2 on page 14 for the premium rates for all cover types and ages.</td>
</tr>
<tr>
<td>Death only cover - $0.39 per unit per week</td>
<td>Premiums are deducted directly from your VicSuper account at the end of each month in arrears and when you close your account. Premium rates apply until 30 June 2018.</td>
</tr>
</tbody>
</table>

General and approved occupation categories
Under fixed death only or death and TPD cover, if your annual income is $75,000 or more, and you work in one of the approved occupations set out on page 30, you may be eligible for the approved occupation rate. If you earn less than $75,000 or your occupation is not listed, the general occupation rate will apply. If you work part-time, you can use your full time equivalent annual income to determine your eligibility for the approved occupation category.

Maximum cover limits
The maximum amounts of death and TPD insurance cover you can apply for are as follows:
- **death**: unlimited
- **TPD**: up to $5 million (however, under the ‘Unable to Work’ definition of TPD the maximum benefit is $3.09 million).

For unit-based cover, the maximum number of units allowed is 60. If the amount of cover you require is in excess of 60 units then you will need to apply for fixed cover.
Example calculations
The table below provides examples of how to calculate your level of cover and premium.

<table>
<thead>
<tr>
<th>Example 1 - Unit-based cover</th>
<th>Example 2 - Fixed cover</th>
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<tbody>
<tr>
<td>Luke is 37 years old and wants 10 units of death and TPD cover.</td>
<td>Jennifer is 45 years old and earns a gross annual salary of $68,000 per year. As Jennifer’s salary is under $75,000 she falls under the general occupation category.</td>
</tr>
<tr>
<td>His level of cover will be:</td>
<td>She wants $250,000 of death and TPD cover.</td>
</tr>
<tr>
<td>$46,000 (sum insured for age 37)</td>
<td>Jennifer’s premium is calculated as follows:</td>
</tr>
<tr>
<td>x 10 units of cover = $460,000</td>
<td>The rate for death and TPD cover under the general category for a 45 year old is $3.15 per $1,000 sum insured.</td>
</tr>
<tr>
<td>His premium is calculated as follows:</td>
<td>The annual premium will be</td>
</tr>
<tr>
<td>$1.07 x 10 units of cover = $10.70 per week</td>
<td>$3.15 x 250,000</td>
</tr>
<tr>
<td>or $557.93 per year, calculated as follows:</td>
<td>÷ 1,000</td>
</tr>
<tr>
<td>$10.70 ÷ 7 x 365 = $557.93</td>
<td>= $787.50</td>
</tr>
</tbody>
</table>

This premium will increase each year on Jennifer’s birthday.

Example 3 - Fixed cover TPD reduction from age 60
From age 60 to 64, the TPD component of fixed cover reduces by 1/60th per month (or part thereof) of the total amount of cover at age 60. For example:

Grace is age 63 and 4 months old and had $900,000 fixed death and TPD cover when she was age 60. The monthly TPD cover reduction is calculated as follows:

$900,000 x 1/60 = $15,000

This means the cover will reduce by $15,000 per month (or part thereof) after Grace turns 60.

Months from age 60 to 63 and 4 months = 40

40 months x $15,000 = $600,000

The reduced TPD benefit therefore is

$900,000 - $600,000 = $300,000

If Grace were to cease work due to disability and was deemed to be totally and permanently disabled at this age, the TPD benefit payable would be $300,000. If however, Grace became terminally ill or passed away at this age, the full $900,000 benefit would be payable.

By age 64 Grace’s TPD benefit would have reduced to $180,000. There is no further reduction from age 64. The maximum TPD benefit from age 66 is $250,000 but this will not impact on Grace.

Need help with the calculations? Use our online insurance calculators to work out your premium and level of cover. Visit vicsuper.com.au/calculators
Table 1: Unit-based death only and death and TPD cover
Premiums and sum insured per unit apply until 30 June 2018.

<table>
<thead>
<tr>
<th>Age last birthday</th>
<th>Cover for one unit ($)</th>
<th>Default cover ($) for eligible EmployeeSaver members (6 units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-35</td>
<td>51,500</td>
<td>309,000</td>
</tr>
<tr>
<td>36</td>
<td>46,000</td>
<td>276,000</td>
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<tr>
<td>37</td>
<td>46,000</td>
<td>276,000</td>
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<tr>
<td>38</td>
<td>45,500</td>
<td>273,000</td>
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<tr>
<td>39</td>
<td>45,500</td>
<td>273,000</td>
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<tr>
<td>40</td>
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<td>243,000</td>
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<tr>
<td>41</td>
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<tr>
<td>43</td>
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<td>17,000</td>
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<td>8,100</td>
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<tr>
<td>68</td>
<td>1,250</td>
<td>7,500</td>
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<tr>
<td>69</td>
<td>1,150</td>
<td>6,900</td>
</tr>
<tr>
<td>70</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

If you join VicSuper on or after your 65th birthday, TPD cover is not available.
## Table 2: Fixed cover premiums for death only and death and TPD cover

Annual rates per $1,000 sum insured. Premiums apply until 30 June 2018. For own approved occupation rates, see Section 7, page 28.

<table>
<thead>
<tr>
<th>Age last birthday</th>
<th>General occupation</th>
<th>Approved occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Death only ($)</td>
<td>Death and TPD ($)</td>
</tr>
<tr>
<td>14</td>
<td>0.55</td>
<td>0.79</td>
</tr>
<tr>
<td>15</td>
<td>0.55</td>
<td>0.79</td>
</tr>
<tr>
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<td>0.97</td>
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<tr>
<td>18</td>
<td>0.76</td>
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<td>0.74</td>
<td>1.06</td>
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<td>0.70</td>
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<td>0.52</td>
<td>0.75</td>
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<tr>
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<td>0.58</td>
<td>0.83</td>
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<tr>
<td>33</td>
<td>0.64</td>
<td>0.91</td>
</tr>
<tr>
<td>34</td>
<td>0.68</td>
<td>0.97</td>
</tr>
<tr>
<td>35</td>
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</tr>
<tr>
<td>63</td>
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</tr>
<tr>
<td>64</td>
<td>11.67</td>
<td>33.72</td>
</tr>
<tr>
<td>65</td>
<td>13.14</td>
<td>38.48</td>
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<tr>
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<td>14.73</td>
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<td>20.30</td>
<td>63.26</td>
</tr>
<tr>
<td>70</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
General information about death and TPD cover

All words in bold on this page have an associated definition which can be found on the following page.

What is Total and Permanent Disablement (TPD)?

There are three Parts to the definition of TPD and a member may qualify for a TPD benefit under one or more of those Parts.

If you are regularly working 14 hours or more per week, you would generally be assessed under the ‘Unable to Work’ definition (Part 1) when claiming a benefit. However, a benefit may also be payable if you qualify under the Specific Loss (Part 2) or Future Care (Part 3) definitions.

You will be considered to be totally and permanently disabled if:

• you suffer an injury or illness that first commences while you are engaged in regular remunerative work as a full-time employee aged 65 or under and you meet the conditions of Part 1 or
• you suffer an injury or illness and meet the conditions of Part 2 or 3.

The conditions of Parts 1, 2 and 3 are set out in the following two columns.

---

**Part 1 – Unable to Work**

You meet the conditions of Part 1 if:

a) you have continued to remain absent from all work since your date of disablement solely due to the injury or illness that originally stopped you from working; and

b) you are under regular and ongoing care; and

c) the Insurer determines that as at the date of disablement, and during the TPD waiting period, and continuously since then, after considering all evidence which the Insurer believes is necessary to reach their view, in their opinion you have become incapacitated by injury or illness (whether physical or mental) to such an extent that you are unlikely to ever be able to work in any business, occupation or regular duties, whether paid or unpaid, for which you are reasonably fitted by education, training or experience.

In making that determination, the Insurer will consider any future reasonable retraining or rehabilitation that you could reasonably undertake, or have already undertaken.

---

**Part 2 – Specific Loss**

You meet the conditions of Part 2 if:

a) you suffer an injury or illness which first becomes apparent while you were insured through VicSuper; and

b) because of the injury or illness, you have suffered the total loss of (or total loss of the use of):

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

in circumstances where the loss will never be regained; and

c) after considering all evidence which the Insurer believes is necessary to reach their view, in their opinion you have become incapacitated by injury or illness (whether physical or mental) to such as extent that you are unlikely to ever be able to work in any business, occupation or regular duties, whether paid or unpaid, for which you are reasonably fitted by education, training or experience.

---

**Part 3 – Future Care**

You meet the conditions of Part 3 if:

a) you suffer an injury or illness which first occurs while you are insured through VicSuper; and

b) because of that injury or illness, in the Insurer’s opinion, you are permanently unable to perform at least two of the five “Activities of Daily Living” listed below, without assistance from another person. If you can perform the activity by using special equipment you will be considered able to undertake that activity. The five “Activities of Daily Living” are:

- bathing/showering;
- dressing/undressing;
- eating/drinking;
- using the toilet to maintain personal hygiene;
- getting in and out of bed, a chair, a wheelchair or moving from place to place by walking, a wheelchair or with a walking aid; and

c) the Insurer determines after considering all evidence which the Insurer believes is necessary to reach their view, in their opinion you have become incapacitated by injury or illness (whether physical or mental) to such an extent that you are unlikely to ever be able to work in any business, occupation or regular duties, whether paid or unpaid, for which you are reasonably fitted by education, training or experience.

If you meet the definition of TPD under the Insurer’s policy, the insured benefit will be paid to VicSuper and can be paid to you provided you meet a condition of release under the Superannuation Industry (Supervision) Act 1993 (Cwlth). This would generally be on the grounds of permanent incapacity.

In the case where VicSuper determines a condition of release has not been met, the TPD benefit will be placed in your VicSuper account until such time as a condition of release is met.

TPD benefits are generally paid as a lump sum, however you may like to consider beginning a VicSuper Pension or you can leave the lump sum amount in your VicSuper account and make partial withdrawals when required. A VicSuper Financial Planner may be able to assist you in making the right decision for you, based on your circumstances.
Further definitions

**Full-time employee** means:
- a permanent employee required to work 14 hours or more per week as part of their normal duties, or
- any other employee who has worked for the employer for an average of 14 hours or more per week over a period of 12 consecutive months, immediately preceding the date of disablement, or where the employee has worked for the employer for less than 12 months the employee has worked an average of 14 hours or more per week for the employer from the date he or she commenced working for the employer, to the date of disablement.

**Regular remunerative work** means:
You were engaged in regular remunerative work if you are doing work in any employment, business or occupation. You must be doing the work for reward – or hope of reward – of any type.

**Date of disablement** means:
- for Part 1 of the TPD definition, the later of:
  a) the date when a medical practitioner examines you and certifies in writing that you are disabled; and
  b) the date you cease all work (whether or not for reward) due to illness or injury.
- for Part 2 of the TPD definition, the date the Insurer determines that you meet one of the conditions under Part 2.
- for Part 3 of the TPD definition, the date the Insurer determines that you are unable to perform at least two of the five “activities of daily living” under Part 3 without assistance from another person.

**Regular and ongoing care** means you:
- sought advice, care and associated treatment that was reasonably necessary and appropriate, from an appropriate medical practitioner or a consultant medical practitioner who is a specialist practicing in an area related to the illness or injury suffered by you who:
  - personally assessed you; and
  - has been provided with full clinical details in relation to your illness or injury; and
  - continues to be provided with details at reasonable intervals in the circumstances; and
- are following the advice, care and associated treatment of that medical practitioner, and
- have taken all other reasonable measures to minimise or avoid further deterioration of the original illness or injury.

**Reasonable retraining** means any further education, training or experience, which in the Insurer’s opinion based on further medical and other evidence satisfactory to the Insurer:
- you have reasonable capacity to undertake; and
- may make you reasonably fitted to engage in or work, whether or not for reward, in an occupation which is related to the skills and knowledge you will acquire by education, training and experience.

**Rehabilitation** means:
Occupational rehabilitation for the purpose of returning you to duties of employment. Occupational rehabilitation includes initial rehabilitation assessment, psychological assessment, functional assessment, workplace assessment, vocational assessment and vocational retraining. Any occupational rehabilitation must be part of a return to work program approved by the Insurer.

Members who had TPD cover prior to 1 July 2014
If you had TPD cover prior to 1 July 2014, and have maintained that cover continuously since, there are some differences in the definition of TPD as follows:
- if you meet the definition in Part 2 or Part 3, the Insurer does not need to determine if you have become incapacitated by injury or illness to such an extent that you are unlikely to ever be able to work in any business, occupation or regular duties, for which you are reasonably fitted by education, training or experience.
- if you had elected “own approved occupation” TPD, and continue to meet the approved occupation criteria, Part 1 of the TPD definition means:
  a) you have continued to remain absent from all work since your date of disablement solely due to the injury or illness that originally stopped you from working; and
  b) you are under regular and ongoing care; and
  c) the Insurer determines that as at the date of disablement and during the TPD waiting period, and continuously since then, after considering all evidence which the Insurer believes is necessary to reach their view, in their opinion you have become incapacitated by injury or illness (whether physical or mental) to such an extent that you are unlikely to ever work in or attend your own occupation. In making that determination, the Insurer will consider any rehabilitation that you could reasonably undertake or have already undertaken.
What is the waiting period for a TPD claim?

TPD benefits are subject to waiting periods as below.

Day one TPD
If you are diagnosed by a medical practitioner (as defined below) as suffering one of the conditions listed below, the Insurer will waive the TPD waiting period when assessing a claim made under the ‘Unable to Work’ definition of TPD. This means you can apply to claim your benefit immediately.

The conditions are:
- Alzheimer’s disease and other dementias
- Cardiomyopathy
- Diplegia
- Hemiplegia
- Lung disease
- Major head injury
- Motor neurone disease
- Multiple sclerosis
- Muscular dystrophy
- Paraplegia
- Parkinson’s disease
- Permanent blindness
- Permanent deafness
- Permanent loss of speech
- Primary pulmonary hypertension
- Quadriplegia
- Severe rheumatoid arthritis
- Tetraplegia.

Medical practitioner means a registered medical practitioner who is appropriately qualified to treat the person insured for their injury or illness. The medical practitioner cannot be you, your family member, business partner, employee or employer nor those of the Trustee of VicSuper.

Three month waiting period
A three month waiting period will apply if your claim is being assessed under the ‘Unable to Work’ (Part 1) TPD definition and you are not suffering one of the conditions listed under ‘Day one TPD’ above.

No waiting period
There is no waiting period for a TPD benefit under the ‘Specific Loss’ (Part 2) or ‘Future Care’ (Part 3) definitions.

Exclusions for death and TPD cover

Unless you have new events cover (see page 6) there are currently no pre-existing condition exclusions on cover provided automatically to you. However, depending on the health evidence supplied during the application process, individual special conditions such as exclusions or premium loadings may apply to your death and/or TPD cover.

Cover during leave without pay, including parental leave
If you are on leave without pay for reasons other than injury or illness, including parental leave, your death only or death and TPD cover can continue for up to a maximum of seven years provided that:
- your employer has approved that leave in writing before it commences, and
- you have sufficient funds in your VicSuper account to pay for the premiums at all times during that leave.

If you would like cover for longer than seven years, you would need to request an extension of that cover and receive written approval from the Insurer prior to the end of the seven year period. You will receive written notification from the Insurer regarding this leave and if it will be covered under the policy.

If you’re on leave without pay, including parental leave, the Insurer may decline requests to increase or make changes to your TPD cover until you return to work.

Cover whilst overseas
Your death only or death and TPD cover will continue for a maximum of three years while you are overseas for the purpose of the participating employer provided that any details of your temporary overseas arrangements required by the Insurer are made available when requested. However, a benefit is not payable for death, accidental death, terminal illness or TPD caused by an act of war whilst you are overseas.

If you are travelling overseas, or have moved overseas, your cover will continue. However a benefit is not payable for death, accidental death, terminal illness or TPD caused by an act of war whilst you are overseas.

In the event of a TPD or terminal illness claim you may be required to return to Australia at your own expense for medical treatment or assessment. A benefit for TPD or terminal illness may not be payable if you do not return to Australia.

Leaving a participating employer (EmployeeSaver members)
If you leave your VicSuper participating employer, but you remain an EmployeeSaver member, your death and TPD cover continues provided that you continue to meet policy conditions including having sufficient funds in your account to meet the premiums at all times.

When does cover stop?
Your death only or death and TPD cover will cease at the earliest of the following situations:
- once there are insufficient funds in your FutureSaver account to meet your premiums
- you advise VicSuper to cancel your cover
- your FutureSaver account is closed
- you turn age 70
- a death, TPD or terminal illness benefit is paid
- you cease to be eligible for cover under VicSuper’s governing rules
- you are on unpaid leave for longer than the agreed period of time (up to seven years but may be extended with the Insurer’s agreement)
- you are overseas with your employer longer than the agreed period of time (up to three years but may be extended with the Insurer’s agreement)
- you make a fraudulent claim
- when the policy ends.

Account closure
If your FutureSaver account is closed, there is no option to continue your insurance cover provided by the Insurer.
Making a death or TPD claim

Making a claim on your insurance cover can be a lengthy process, however VicSuper is committed to assisting members to ensure a claim is made as simple as possible. Whether you’re applying for a death, TPD or terminal illness claim, call our Member Centre on 1300 366 216 to begin the process.

You don’t necessarily need to engage in advice from a legal professional to make a claim. VicSuper works hard with our insurer to ensure the best possible outcome for the member is achieved, as quickly as possible.

Making a death claim

For a death benefit to be claimed, VicSuper must be notified and appropriate paperwork will then be forwarded to your dependents or your executor to complete. The insured benefit paid will be based on the sum insured at the date of death, in addition to the account balance (applicable premiums and fees will be deducted).

Making a terminal illness claim

You are insured for terminal illness as part of your death only cover and death and TPD cover, which is an advance payment of the death benefit. Terminal illness means any illness in which you are not expected to live more than 12 months regardless of any treatment undertaken.

You will need to get two registered medical practitioners to certify that you are suffering from an illness that is likely to result in death within 12 months of certification. At least one of the registered medical practitioners must be a specialist practicing in the area related to the illness. There is no waiting period for a terminal illness benefit.

Provided that the Insurer agrees with the certification, a benefit will be payable calculated on the latest date of the certificates provided by the medical practitioners.

The terminal illness benefit is the amount of your insured death benefit and your super account balance (applicable premiums and fees will be deducted).

Making a TPD claim

There are a number of steps involved in making a TPD claim, and the claim process can sometimes be quite lengthy. The sooner you notify VicSuper of your illness or injury, the better. A delay in lodging your claim may complicate and extend the assessment process. Generally your sum insured is calculated at the date you ceased work due to illness or injury (ie the date you were last physically at work) and your age at that time.

The steps below outline what is involved in the TPD claim process.

1. Contact the VicSuper Member Centre to discuss your situation

During this phone call, you will be asked a series of questions, including your personal details and member number, the date you last worked prior to your illness or injury, the name of your last employer and the nature of your illness or injury.

2. Claim documentation will be sent to you

Following your initial contact through VicSuper, initial claim documentation will be sent to you. All forms need to be completed with as much detail as possible in order for your claim to be assessed by the Insurer. The documentation will include:
   - Disability Claim form, including a Disability Claim form, including a
   - Member Statement
   - Medical Practitioner Statement

Any costs incurred for completing the initial documentation will be at your own expense. Initial assessment of your claim can begin during the waiting period.

Your employer will also be contacted at this stage to complete an Employer Statement. This statement includes information about the type of work and duties of your role prior to your illness or injury, your period of employment including your last day at work and any other relevant employment related information.

3. VicSuper receives and reviews your documentation

Once all required information has been received by VicSuper (including the Employer Statement), all documentation is sent to the Insurer for assessment. If further information is required prior to the claim being sent to the Insurer, VicSuper will contact you.

4. The Insurer assesses your claim

During the assessment process by the Insurer you may be asked directly by them to provide additional information or attend an independent medical examination, or they may ask your medical practitioner, employer or other insurers for further information. Any additional medical reports or examinations they require will be paid for by the Insurer.

5. The Insurer makes a decision

After considering all the information provided, the Insurer will make a decision to accept, defer or decline your claim. This decision is based on whether, in their opinion, you meet the definition of TPD under the policy. The Insurer will notify VicSuper of the decision.

6. VicSuper reviews the Insurer’s decision

VicSuper is obliged to act in the best interests of all members and therefore will review the Insurer’s decision. VicSuper will either agree or disagree with the Insurer’s decision to accept, defer or decline your claim.

- Accept – if your claim is accepted VicSuper will notify you and you can elect to either take all or part of your benefit in cash, leave part or all of your benefit in your current VicSuper account, roll your benefit to a VicSuper Pension or rollover to another superannuation fund.

Whatever you decide, you will be required to complete one final form indicating your preference.

- Defer – if VicSuper agrees with the Insurer’s decision to defer your claim until the extent of your illness or injury can be further assessed which may include reasonable retraining or rehabilitation, we will notify you in writing. In some cases, you may be given the opportunity to provide further evidence to support your claim, which may result in another assessment prior to the end of the deferral period.
Decline - If VicSuper agrees with the Insurer’s decision to decline your claim, we will write to you outlining the reasons for the decline. You will be provided with all the medical evidence used to come to this decision, and be given the opportunity to provide a further submission in the form of medical evidence to support your claim. Your claim will then be further assessed by both the Insurer and VicSuper, and either agree to continue assessment or uphold the original decline decision.

If VicSuper disagrees with the Insurer’s decision to defer or decline your claim, we may ask for further medical evidence or ask the Insurer to re-consider their decision.

7. If you disagree with the decision made
Following the review of the Insurer’s decision, if you disagree with the decision made or how your claim has been managed, you can lodge a complaint in writing to VicSuper. VicSuper has 90 days in which to respond to your complaint. If you are still concerned about the response or the management of your claim you can contact the Superannuation Complaints Tribunal.

Superannuation Complaints Tribunal (SCT)
The Superannuation Complaints Tribunal is an independant body set up by the Federal Government to review trustee decisions and complaints relating to members and/or beneficiaries.

To ensure you retain your right to ultimately complain to the SCT if you are dissatisfied with the outcome of your TPD claim, you must ensure your claim for the payment of a TPD benefit is made to the Trustee (VicSuper) within 2 years of you permanently ceasing employment, and your claim is made to the SCT within 4 years of the Trustee’s decision about your claim.

The SCT contact number is 1300 884 114.
Income protection cover

Income protection cover is designed to provide you with replacement income in the event that an injury or illness causes total or partial disability and impacts your earning capacity. The value of income protection cover is stated in units. Each unit of cover is worth $500 per month. Income protection cover ceases at age 65.

Eligibility for income protection cover

You are eligible for income protection cover provided that:
• you are an employed or self-employed VicSuper EmployeeSaver or PersonalSaver member, and
• you are working at least 14 hours per week, and
• if you are a contractor, your contract with an employer is at least 6 months, and
• you are aged 14 years or older but under age 65, and
• you are legally permitted to reside and work for reward in Australia.

How much income protection cover can I apply for?

You can apply for income protection cover for up to 75% of your income (as defined below) at the time of your application, plus 10% superannuation contributions, subject to a maximum of $30,000 per month.

In the event of a successful claim, the benefit payable will be the lesser of the amount of cover in place and 75% of your income (as defined below) at the time of disability, plus 10% superannuation contributions, to a maximum of $30,000 per month.

This means if you have a higher level of cover and your salary decreases, you will not receive the higher level of income protection cover.

Your cover will not automatically increase to reflect a change to your income. If your income increases you may apply for an increase in cover up to 75% of your new income plus 10% superannuation contributions (to a maximum of $30,000 per month inclusive of superannuation contributions). Any increase in cover is subject to completing underwriting requirements. Therefore, you should consider your level of cover from time to time to reflect salary movements.

Income

If you are employed on a permanent basis, income means the total remuneration given to you by your employer including fringe benefits, immediately before your date of disablement.

If you are employed as a contractor or in a casual capacity your income means the average income earned in the 12 months immediately before your date of disablement.

If you are self employed, income means the amount that is generated by the business due to your own personal exertion activity, after all expenses in earning that amount have been deducted. This amount is measured and averaged over the 12 months before your date of disablement.

Income for a self-employed person does not include any income earned by the person prior to becoming self-employed.

For all types of employment noted above:
• if you have been covered for income protection in the fund for less than 12 months, your income is averaged over the period during which you have had cover, even if you had income prior to obtaining cover
• income is before tax and does not include any commissions, bonuses, investment and interest income and superannuation guarantee contributions.

Default income protection cover – EmployeeSaver members

Subject to the eligibility criteria on page 6 being met, eligible new EmployeeSaver members are automatically provided with six units ($3,000 per month) of income protection cover with a 90 day waiting period and a two year benefit period.

New self employed members are not eligible for default income protection cover.

If your income is below $42,350, the $3,000 per month automatic cover will be more than you are entitled to receive in the event of a claim. You should consider whether this level of cover is appropriate for you.

Benefit payment period

You can apply for a benefit payment period of up to two years, up to five years or up until age 65. If you make a successful income protection claim you will receive benefit payments for your selected benefit payment period, subject to you meeting the criteria for ongoing payment of a benefit. Benefits are paid monthly in arrears.

A two year benefit period has a lower premium than a five year benefit period or a benefit period to age 65.

Benefit waiting period

You can apply for a benefit waiting period of 30, 60 or 90 days. No benefit will be paid during the waiting period. You should advise us as soon as you become ill or injured and believe you are eligible to make a claim. This will enable us to assess your claim and ensure that, if you qualify for benefits, payment can be made to you as soon as possible. We may also be able to assist you to get you back to work quicker so that you can earn your full income again.
The waiting period starts when a medical practitioner, after examining you for the relevant illness or injury, certifies that you are totally disabled. You should consider your ability to support yourself through sick leave, annual leave and personal savings, along with the cost of premiums, in determining the most appropriate waiting period for you.

**Electing income protection cover under the own approved occupation category**

To be eligible for cover under the own approved occupation category, you must satisfy the approved occupation criteria of an annual income of at least $75,000 and work in one of the approved occupations listed on page 30. The own approved occupation category only applies to benefit periods of five years or to age 65.

In the event of an income protection claim under the own approved occupation category, you will be entitled to the income protection benefit if the Insurer considers that you are unable to undertake the regular duties of your own occupation, rather than any occupation. This may appeal to you if you work in a specialised occupation and your earning capacity would be significantly less in any other field.

**What will income protection cover cost me?**

Income protection premiums are calculated based on your age last birthday, level of cover, the benefit period, the waiting period and the occupation category (general, approved or own approved).

Table 3 on page 22 shows how much income protection insurance will cost you per week for each unit of cover (each unit of cover is worth $500 per month).

**Further underwriting limit on increases in your income**

Where you have been underwritten and accepted for income protection cover, an extra $500 per month of cover can be granted by the Insurer, without further underwriting, every 12 months, provided:

- you apply for the extra benefit within 12 months of receiving the increase in income;
- you provide proof of the increase in your income in a form acceptable to the Insurer; and
- you are at work on the date you submit your application.

Any such increase in cover will be subject to any premium loadings or exclusions on your underwritten cover.

**Example calculations**

The table below provides examples of income protection scenarios and premium calculations.

<table>
<thead>
<tr>
<th>Example 1</th>
<th>Example 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stan is aged 40 and works as a HR manager, earning an annual income of $102,000 (making him eligible for the approved occupation category). He would like to reduce his waiting period to 60 days with a two year benefit period.</td>
<td>Karen is a 32 year old EmployeeSaver member and decides to change her two year benefit period to the age 65 benefit period. She works as a primary school teacher with an annual income of $71,500 (therefore eligible only for the general occupation category). She is happy with the 90 day waiting period.</td>
</tr>
<tr>
<td><strong>Level of cover</strong></td>
<td>75% of annual income plus 10% super contributions</td>
</tr>
<tr>
<td>$102,000 x 85%</td>
<td>$71,500 x 85%</td>
</tr>
<tr>
<td>$86,700, or $7,225 per month</td>
<td>$60,775, or $5,064 per month</td>
</tr>
<tr>
<td>This amount is rounded up to $7,500 per month or 15 units of cover.</td>
<td>This amount is rounded up to $5,500 per month or 11 units of cover.</td>
</tr>
<tr>
<td><strong>Premium calculation</strong></td>
<td><strong>Premium calculation</strong></td>
</tr>
<tr>
<td>The premium rate is $0.94 per unit per week. Therefore the premium calculation is</td>
<td>The premium rate is $0.73 per unit per week. Therefore the premium calculation is</td>
</tr>
<tr>
<td>$0.94 x 15</td>
<td>$0.73 x 11</td>
</tr>
<tr>
<td>= $14.10 per week or $735.20 per year</td>
<td>= $8.03 per week or $418.70 per year</td>
</tr>
</tbody>
</table>

If Karen makes a successful income protection claim, she will receive monthly benefit payments until she turns age 65, after her 90 day waiting period expires, and subject to meeting the criteria for ongoing payment of a benefit.

Note, all income protection benefit payments may be subject to benefit offsets. Please see page 24 for more information.

**Need help with the calculations?**

Take advantage of our online insurance calculators to work out your premium and level of cover. Visit vicsuper.com.au/calculators
### Section 5 | Income protection cover

#### Table 3: Income protection premiums

Premiums displayed are per unit per week and apply to 30 June 2018. Each unit of cover is worth $500 per month.

<table>
<thead>
<tr>
<th>Waiting period</th>
<th>14-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
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<tr>
<td><strong>2 year benefit period</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General occupation</td>
<td>30 days</td>
<td>0.58</td>
<td>0.63</td>
<td>0.58</td>
<td>0.66</td>
<td>0.94</td>
<td>1.32</td>
<td>1.70</td>
<td>2.15</td>
<td>2.73</td>
</tr>
<tr>
<td></td>
<td>60 days</td>
<td>0.43</td>
<td>0.48</td>
<td>0.43</td>
<td>0.51</td>
<td>0.71</td>
<td>0.99</td>
<td>1.29</td>
<td>1.65</td>
<td>2.10</td>
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<td>90 days (default)</td>
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<td>0.20</td>
<td>0.18</td>
<td>0.20</td>
<td>0.30</td>
<td>0.41</td>
<td>0.53</td>
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<td>0.56</td>
<td>0.58</td>
<td>0.56</td>
<td>0.61</td>
<td>0.89</td>
<td>1.24</td>
<td>1.59</td>
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<td>60 days</td>
<td>0.41</td>
<td>0.46</td>
<td>0.43</td>
<td>0.48</td>
<td>0.68</td>
<td>0.94</td>
<td>1.22</td>
<td>1.54</td>
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<tr>
<td></td>
<td>90 days</td>
<td>0.15</td>
<td>0.18</td>
<td>0.15</td>
<td>0.18</td>
<td>0.28</td>
<td>0.38</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General occupation</td>
<td>30 days</td>
<td>0.78</td>
<td>0.84</td>
<td>0.78</td>
<td>0.89</td>
<td>1.27</td>
<td>1.77</td>
<td>2.28</td>
<td>2.89</td>
<td>3.70</td>
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<tr>
<td></td>
<td>60 days</td>
<td>0.58</td>
<td>0.63</td>
<td>0.58</td>
<td>0.66</td>
<td>0.96</td>
<td>1.34</td>
<td>1.72</td>
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<tr>
<td></td>
<td>90 days</td>
<td>0.38</td>
<td>0.43</td>
<td>0.38</td>
<td>0.43</td>
<td>0.63</td>
<td>0.89</td>
<td>1.14</td>
<td>1.44</td>
<td>1.85</td>
</tr>
<tr>
<td>Approved occupation</td>
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<td>0.73</td>
<td>0.78</td>
<td>0.73</td>
<td>0.84</td>
<td>1.19</td>
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<td>0.61</td>
<td>0.56</td>
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<td>0.91</td>
<td>1.27</td>
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<td>2.10</td>
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<td>0.38</td>
<td>0.41</td>
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<td>0.84</td>
<td>1.09</td>
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<td>0.84</td>
<td>0.94</td>
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<td>0.68</td>
<td>0.63</td>
<td>0.71</td>
<td>1.04</td>
<td>1.44</td>
<td>1.85</td>
<td>2.38</td>
<td>3.04</td>
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<td>0.46</td>
<td>0.43</td>
<td>0.48</td>
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<tr>
<td><strong>Age 65 benefit period</strong></td>
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<td></td>
</tr>
<tr>
<td>General occupation</td>
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<td>1.24</td>
<td>1.34</td>
<td>1.24</td>
<td>1.39</td>
<td>2.03</td>
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<td>0.99</td>
<td>0.94</td>
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<td>1.52</td>
<td>2.10</td>
<td>2.71</td>
<td>3.44</td>
<td>4.40</td>
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<td>0.66</td>
<td>0.73</td>
<td>1.06</td>
<td>1.49</td>
<td>1.92</td>
<td>2.43</td>
<td>3.11</td>
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<td>Approved occupation</td>
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<td>1.27</td>
<td>1.19</td>
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<td>0.71</td>
<td>1.01</td>
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<td>Own approved occupation</td>
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<td>1.34</td>
<td>1.52</td>
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<td>3.92</td>
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<td>4.73</td>
</tr>
<tr>
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<td>0.71</td>
<td>0.76</td>
<td>0.71</td>
<td>0.78</td>
<td>1.14</td>
<td>1.59</td>
<td>2.05</td>
<td>2.63</td>
<td>3.34</td>
</tr>
</tbody>
</table>
General information about income protection cover

What does income protection cover me for?

Income protection insurance will cover you for total disablement and partial disablement, as detailed below. You must meet one of the definitions outlined below to be eligible to claim an income protection benefit.

Total disablement

You are considered to be totally disabled if you are under either the approved or general occupation categories and through injury or illness, you are:

- in the Insurer’s opinion, not capable of performing at least one of the important duties of your regular occupation, and
- not engaged in any occupation (whether paid or unpaid), and
- following the treatment and advice of a medical practitioner appropriately qualified to treat your illness or injury.

If you have selected a benefit period of five years or to age 65, you receive consideration for your occupation for the first two years. Thereafter you are considered to be totally disabled if, in the Insurer’s opinion because of your illness or injury, you are:

- not capable of performing any occupation (whether paid or unpaid) for which you are reasonably suited by education, training or experience; and
- not working in any occupation (whether paid or unpaid); and
- following the treatment and advice of a medical practitioner appropriately qualified to treat your illness or injury.

Benefit payments will commence at the end of your waiting period as a proportion of the total disablement benefit. A partial disability income will be based on your pre-disability income and your actual income from working, less any payments from other sources.

Partial disablement

You are considered to be partially disabled, if immediately after being totally disabled for at least 14 days:

- you are unable to perform one or more of the important duties of your occupation, and
- because of the disability your income for the work you are doing is less than the amount of your pre-disability income, and
- you are under the regular care and attendance of a medical practitioner.

Benefit payments will commence at the end of your waiting period as a proportion of the total disablement benefit. A partial disability income will be based on your pre-disability income and your actual income from working, less any payments from other sources.

What if I return to work and realise I’m not ready?

Special arrangements exist so that you are not disadvantaged if, after becoming totally disabled, you attempt to return to work but are unsuccessful.

- For waiting periods of 60 or 90 days
  If you return to your usual pre-disability duties and work hours for less than 10 consecutive working days and are again totally disabled as a result of the same or a related injury or illness, the waiting period will simply be extended by the number of days you returned to work. A partial return to work on light duties or restricted hours does not extend the waiting period.

- For waiting periods of 30 days
  If you return to your usual pre-disability duties and work hours for less than six consecutive working days and are again totally disabled as a result of the same or a related injury or illness, the waiting period will simply be extended by the number of days you returned to work.

A partial return to work on light duties or restricted hours does not extend the waiting period.

Only if you return to normal duties for six consecutive days or more will the waiting period start afresh on subsequent total disablement.

- Within six months of last receiving a benefit from the Insurer
  If, within six months of returning to usual pre-disability duties and work hours after having received a benefit, you are again totally disabled or partially disabled due to the same or a related illness or injury for which you claimed that income protection benefit, the waiting period does not apply. You may continue to receive your previous benefit for up to the balance of the two year benefit period, five year benefit period or for the remaining benefit period to age 65.

- Six months or more since last receiving a benefit from the Insurer
  If you have been back at usual pre-disability duties and work hours for six months or more, and then you are again totally disabled or partially disabled due to the same or a related injury for which you have claimed an income protection benefit, this will be treated as a new claim and a new waiting period and benefit period will apply.

Example

Ian was injured while on holiday, which resulted in him claiming his income protection benefit. He had taken out income protection cover with a 90 day waiting period and a two year benefit period. Once his 90 day waiting period had passed (he does not receive payments for the waiting period), Ian began receiving his monthly benefit payments in arrears. After Ian had been receiving his benefit for three months, he felt capable of going back to work. However after only one week back at work, Ian realised he would need longer to recover.

Ian contacted VicSuper and once again began receiving his income protection benefit. There was no waiting period, and Ian was eligible to continue receiving his income protection benefit for up to another 21 months, subject to his doctor’s reports.
Section 6 | General information about income protection cover

Insurance handbook

Effect of income from other sources (offset)
Your monthly income protection benefit will be reduced by any sick leave payments received (or receivable) by you from your employer at the same time as VicSuper’s Insurer is paying you.
In addition, if the combination of the monthly benefit paid by VicSuper’s Insurer plus any other income outlined below exceeds the maximum benefit available of 85% of your income (including 10% for superannuation contributions), your monthly benefit will be reduced to ensure that the maximum benefit you receive from all sources does not exceed the maximum allowed, as outlined above.
The following amounts paid or payable in relation to your illness or injury are taken into account for these purposes:
- any other insurance policy paid by VicSuper’s insurer or another insurer; and
- any amount paid under common law actions for loss or earnings, past or future; and
- worker’s compensation or any other equivalent payments in respect of lost income including any associated superannuation contribution; and
- statutory accident compensation scheme payments (excluding superannuation contributions); and
- Centrelink disability support pension; and
- any other income earned that is not a result of personal exertion (excluding investment income).
Lump sum amounts including lump sum TPD payments, annual or long service leave amounts, lump sum superannuation payments and investment income are not considered as an offset for the purpose of reducing your benefit.
If you retire on the grounds of permanent incapacity and you receive a lump sum TPD benefit, your income protection benefit will still be payable up to your full benefit period (either two years, five years or until age 65); they don’t cancel each other out. That is, there is no offset arrangement.

Tax on income protection benefits
The benefit paid will have Pay As You Go (PAYG) tax deducted. VicSuper’s Insurer will forward you a PAYG Payment Summary at the end of the financial year to lodge with your annual tax return.

Indexation of benefits paid
If you have a benefit period of five years or to age 65 and you become eligible for benefit payments that have been paid for 12 consecutive months, the benefit payment will increase each year by the lesser of CPI and 5% subject to the maximum monthly benefit (provided there is no break in payment).

Payments into superannuation
In the event of a successful claim, any amount payable in excess of 75% of your annual income (up to an additional 10%) will be paid into your VicSuper FutureSaver account.
For example, if your annual income is $50,000 and your income protection insurance cover is $40,000 per annum, the maximum income protection benefit payable to you is $50,000 x 75% = $37,500 per annum. If offsets apply, the benefit may be reduced.
The difference between the insurance cover amount and the benefit payable to you is $2,500 (which is under the maximum of 10% of income) and is payable as a superannuation contribution to your VicSuper account.

Rehabilitation expenses
The Insurer may at its discretion pay expenses relating to rehabilitation programs approved by it to assist you to return to your pre-disability occupation or to retrain you in another occupation if you are totally or partially disabled. Such amounts would be paid directly to the rehabilitation service provider.

Any request for payment of rehabilitation expenses must be approved by the Insurer before they are incurred and they cannot be reimbursed from any other source. Invoices for approved expenses must be provided before the Insurer will pay. The amount payable is paid in addition to any total or partial disability benefit payment.

What if I die while in receipt of income protection payments?
If you die before your cover expires and you were receiving income protection payments at the time because you were totally disabled, your beneficiaries or estate will receive a lump sum amount equal to three months’ benefit for total disability.

Ceasing income protection payments
Payment of your income protection benefit will stop as soon as one of the following happens:
- you cease to be totally or partially disabled (as defined on page 23); or
- you turn age 65; or
- you have received the benefit for the full benefit period; or
- you cease following the treatment and advice of a medical practitioner appropriately qualified to treat your illness or injury; or
- you refuse to undertake treatment or rehabilitation which could, in the Insurer’s opinion, be expected to assist your ability to return to any or your occupation on any basis; or
- you fail to take steps to return to any or your occupation if you have the capacity to do so; or
- you fail to make available to the Insurer, medical, financial or other evidence which has been requested in writing to assess your claim; or
- you die; or
- you refuse to return to Australia from overseas for medical treatment or assessment; or
- you make a fraudulent claim.
Cover during leave without pay, including parental leave
You may continue to be covered for income protection if you are on leave without pay including parental leave for reasons other than injury or illness. Your cover can continue up to a maximum period of 24 months for parental leave or 12 months for any other type of leave without pay, provided:
• your employer has approved in writing your period of unpaid leave, prior to that leave commencing, and
• you have sufficient funds in your VicSuper FutureSaver account to pay for the premiums at all times.
If you sustain total disability or partial disability during the period of unpaid leave:
• if you are overseas, the Insurer may require you to return to Australia at your own expense, where necessary, for medical treatment or assessment and the Insurer may not pay a benefit if you do not return to Australia;
• the waiting period will commence on the date the Insurer receives a medical certificate from a medical practitioner stating that you are unable to work due to illness or injury; and
• benefit payments will not commence until after the specified return date that was approved by your employer, or where applicable, the Insurer, prior to the commencement of unpaid leave.
Your employer must keep appropriate records of your proposed date of return to work in this regard and provide such documents to the Insurer, if requested.
If the period of leave without pay is longer than 24 months for parental leave or 12 months for any other type of leave without pay, the Insurer must be notified in writing before the leave commences. You will receive written notification from the Insurer regarding this leave and if it will be covered under the policy.
If you’re on leave without pay, including parental leave, the Insurer may decline requests to increase or make changes to your income protection cover until you return to work.

Unemployment
You can continue income protection cover while unemployed for up to 12 months. However, you cannot claim a benefit for any illness or injury that occurs while you are unemployed. To continue your cover, you need to ensure you have sufficient funds in your VicSuper FutureSaver account to pay the premiums at all times.

Cover whilst overseas
Your income protection cover will continue for a maximum of three years if you are an Australian resident while you are overseas for the purpose of your participating employer, provided that any details of your overseas arrangements required by the Insurer are made available when requested.
If you would like cover for longer than three years you would need to request an extension of that cover and receive written approval from the Insurer prior to the end of the three year period.
Depending on the circumstances, the Insurer may apply a premium loading or conditions in extending your cover.
In the event of a claim you may be required to return to Australia, at your own expense for medical treatment or assessment. A benefit may not be payable if you do not return to Australia.

Exclusions for income protection benefits
You are ineligible to make an income protection claim if your total or partial disablement is caused by:
• attempted suicide or intentionally self-inflicted injury, or
• war, which includes but is not limited to war (whether it is declared or not) or war related activities, revolution, invasion or rebellion or civil unrest; or
• service in the armed services of any country or international organisation, or
• uncomplicated pregnancy, childbirth or miscarriage.
Unless you have new events cover (see page 6), there are currently no blanket pre-existing condition exclusions on cover provided automatically to you. However, depending on the health evidence and other information you may have supplied during the application process, individual special conditions such as exclusions and/or premium loadings may apply to your income protection cover.

When you are not eligible for an income protection benefit payment
You are no longer eligible to make an income protection claim if one of the following occurs. You:
• permanently retire; or
• are no longer working at least 14 hours per week; or
• are on parental leave for longer than 24 months or you are on any other type of unpaid leave or temporarily unemployed for longer than 12 months (unless special arrangements are made with the Insurer).
VicSuper will not know if your required hours of work have reduced as described above unless you tell us, and premiums for income protection cover will continue to be deducted from your account. It is therefore your responsibility to request to cancel your cover if you are no longer eligible for an income protection benefit.

When does income protection cover stop?
Your income protection cover will stop at the earliest of any of the following:
• you advise VicSuper to cancel your cover; or
• you have insufficient funds in your VicSuper account to pay your premiums; or
• your VicSuper account is closed; or
• you turn age 65; or
• you die; or
• you cease to be eligible for cover under VicSuper’s governing rules; or
• you are on unpaid leave or overseas for your participating employer for longer than the period agreed by the Insurer; or
• you make a fraudulent claim; or
• you are unemployed for longer than 12 months; or
• the policy ends.
Premiums payable for income protection cover are waived during the period when you are being paid a benefit.

Account closure
If your FutureSaver account is closed, there is no option to continue your previous insurance cover provided by the Insurer.
How do I claim an income protection benefit?

There are a number of steps involved in making an income protection claim, and the claim process may take time. You don’t need to wait for your waiting period to finish, before advising us you may need to make a claim, although no benefits will be paid during the waiting period.

This will enable us to assess your claim and ensure that if you qualify for benefits, payment can be made to you as soon as possible. We may also be able to assist you to get back to work quicker so that you can earn income again.

You don’t necessarily need to engage in advice from a legal professional to make a claim. VicSuper works hard with our insurer to ensure the best possible outcome for the member is achieved, as quickly as possible.

The steps below briefly outline what is involved in the income protection claim process.

1. Contact the VicSuper Member Centre to discuss your situation

   To begin the claim process, call our Member Centre on 1300 366 216.

   During this phone call, you will be asked a series of questions, including your personal details and member number, the date you last worked prior to your illness or injury, the nature of your illness or injury and the name of your last employer.

2. Your claim is referred to the insurer

   Following your initial contact with VicSuper, your claim will be submitted to the Insurer. The Insurer will contact you by phone and have further discussions with you. The claim documentation will be completed by the Insurer during this discussion. The need for lengthy claim forms has been removed.

   You will be required to complete authority forms so the Insurer can contact your treating doctors and your employer.

3. The Insurer assesses your claim

   During the assessment process by the Insurer, you may be asked directly by the Insurer to provide additional information or attend an independent medical examination. They may also ask your doctor, employer or other insurers for further information.

   Any additional medical reports or examinations will be paid for by the Insurer.

4. The Insurer makes a decision

   After considering all the information provided, the Insurer will make a decision to accept your application and start paying your monthly income protection benefit or decline your application. This decision is based on whether, in their opinion, you meet the definition of total disability or partial disability under the policy. The Insurer will notify VicSuper of the decision.

5. VicSuper reviews the Insurer’s decision

   VicSuper is obliged to act in the best interests of all members and therefore review the Insurer’s decision. VicSuper will either agree or disagree with the decision to accept or decline your claim.

   - Accept - if your claim is accepted, you will begin to receive monthly payments. See Step 6.

   - Decline - if VicSuper disagrees with the Insurer’s decision to decline your claim, we will write to you outlining the reasons for the decline. You will be provided with all the medical evidence used to come to this decision, and be given the opportunity to provide a further submission in the form of medical evidence to support your claim. Your claim will then be further assessed by both the Insurer and VicSuper, and either agree to continue assessment or uphold the original decline decision.

   If VicSuper disagrees with the Insurer’s decision to decline your claim, we may ask for further medical evidence or ask the Insurer to re-consider their decision.

6. Monthly payments made until benefit payment ends or you return to work

   If the claim is accepted, the Insurer will start paying your monthly benefit which is subject to PAYG tax. Your benefit will be directly credited to your bank account. To ensure you continue to be eligible to receive a monthly benefit you must provide regular reports from your treating doctor confirming your total or partial disability.

   You will need to arrange to have this report completed by your treating doctor at your expense.

Disagreements

Following the review of the Insurer’s decision, if you disagree with the decision made or how your claim has been managed, you can lodge a complaint in writing to VicSuper. VicSuper has 90 days in which to respond to your complaint. If you are still concerned about the response or the management of your claim you can contact the Superannuation Complaints Tribunal.

Superannuation Complaints Tribunal (SCT)

The Superannuation Complaints Tribunal is an independent body set up by the Federal Government to review trustee decisions and complaints relating to members and/or beneficiaries. To ensure you retain your right to ultimately complain to the SCT if you are dissatisfied with the outcome of your income protection claim, you should generally lodge your complaint within one year of the super fund’s decision. If the decision you’re complaining about is more than one year old, the Tribunal has the discretion not to deal with that complaint.

The SCT contact number is 1300 884 114.
Own approved occupation – TPD cover (EmployeeSaver members only)

Prior to 1 July 2014, EmployeeSaver members could apply for ‘own approved occupation’ for their unit-based or fixed TPD cover. Provided that this cover was in place by 30 June 2014, members can retain this cover and the associated benefit into the future.

What does the own approved occupation TPD category mean?
To continue to be eligible for the own approved occupation cover, you must meet the approved occupation criteria (ie you must have an annual income of at least $75,000 and work in one of the approved occupations listed on page 30).

In the event you make a TPD claim, under the own approved occupation category you will be entitled to the TPD benefit if the Insurer considers that you are permanently disabled in relation to your own occupation.

See page 16 for additional details on the TPD definition for members with own approved occupation.

Making changes to own approved occupation TPD cover
You can make the same changes to your unit-based or fixed own approved TPD cover as general or approved occupation categories while still retaining the own approved occupation category. This includes increasing, decreasing, transferring between unit-based and fixed cover and cancelling cover. See page 9 for information relating to underwriting requirements when making changes to cover.

What happens if I leave my approved occupation?
If you change your occupation and that new occupation no longer meets the approved occupation criteria, your own approved occupation TPD cover will no longer apply. You will need to advise VicSuper in writing so we can decrease your premium.

If you change occupations and no longer meet the approved occupation criteria and don’t advise VicSuper, in the event of a claim you will assessed under the definition to work in any occupation rather than your own occupation. Any associated premiums for the period from when you left your own approved occupation to the date of claim acceptance will be refunded.
Table 4: Premiums for own approved occupation TPD cover

For unit-based own approved occupation death and TPD cover, the premium is $1.18 per unit per week.

The following table outlines the fixed cover death and TPD own approved occupation premiums. Annual rates per $1,000 sum insured. Premiums apply until 30 June 2018.

<table>
<thead>
<tr>
<th>Age last birthday</th>
<th>Own approved occupation Death and TPD ($)</th>
<th>Age last birthday</th>
<th>Own approved occupation Death and TPD ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>0.81</td>
<td>43</td>
<td>2.71</td>
</tr>
<tr>
<td>15</td>
<td>0.81</td>
<td>44</td>
<td>2.98</td>
</tr>
<tr>
<td>16</td>
<td>0.93</td>
<td>45</td>
<td>3.33</td>
</tr>
<tr>
<td>17</td>
<td>0.99</td>
<td>46</td>
<td>3.71</td>
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<tr>
<td>18</td>
<td>1.10</td>
<td>47</td>
<td>4.20</td>
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<td>19</td>
<td>1.08</td>
<td>48</td>
<td>4.76</td>
</tr>
<tr>
<td>20</td>
<td>0.97</td>
<td>49</td>
<td>5.44</td>
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<td>21</td>
<td>0.93</td>
<td>50</td>
<td>6.17</td>
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<td>23</td>
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<td>52</td>
<td>7.76</td>
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</tr>
<tr>
<td>25</td>
<td>0.72</td>
<td>54</td>
<td>9.60</td>
</tr>
<tr>
<td>26</td>
<td>0.68</td>
<td>55</td>
<td>10.91</td>
</tr>
<tr>
<td>27</td>
<td>0.70</td>
<td>56</td>
<td>12.36</td>
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<td>28</td>
<td>0.70</td>
<td>57</td>
<td>13.93</td>
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<tr>
<td>29</td>
<td>0.72</td>
<td>58</td>
<td>15.73</td>
</tr>
<tr>
<td>30</td>
<td>0.77</td>
<td>59</td>
<td>17.86</td>
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<tr>
<td>31</td>
<td>0.79</td>
<td>60</td>
<td>20.45</td>
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<tr>
<td>32</td>
<td>0.87</td>
<td>61</td>
<td>23.52</td>
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<tr>
<td>33</td>
<td>0.95</td>
<td>62</td>
<td>27.18</td>
</tr>
<tr>
<td>34</td>
<td>1.01</td>
<td>63</td>
<td>31.44</td>
</tr>
<tr>
<td>35</td>
<td>1.16</td>
<td>64</td>
<td>36.39</td>
</tr>
<tr>
<td>36</td>
<td>1.28</td>
<td>65</td>
<td>41.52</td>
</tr>
<tr>
<td>37</td>
<td>1.39</td>
<td>66</td>
<td>47.18</td>
</tr>
<tr>
<td>38</td>
<td>1.61</td>
<td>67</td>
<td>53.53</td>
</tr>
<tr>
<td>39</td>
<td>1.80</td>
<td>68</td>
<td>60.51</td>
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<td>40</td>
<td>2.03</td>
<td>69</td>
<td>68.25</td>
</tr>
<tr>
<td>41</td>
<td>2.26</td>
<td>70</td>
<td>0</td>
</tr>
<tr>
<td>42</td>
<td>2.48</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Approved occupation refers to the occupation category you may be eligible to apply for if you have an annual income of $75,000 or more and work in one of the occupations listed in the approved occupation table.

Date of disablement for income protection means the later of:
• the date when a medical practitioner examines you and certifies in writing that you are disabled;
• the date you cease all work due to illness or injury.

Default cover is the cover you automatically receive as a new eligible EmployeeSaver member if you joined VicSuper through your employer. That is, six units of unit-based death and TPD cover and six units of income protection cover with a 90 day waiting period and a two year benefit period. Some conditions apply (see page 6). No default cover is provided for PersonalSaver members.

Fixed death only or death and TPD cover allows you to elect and maintain a specific level of death or death and TPD cover. The premiums are adjusted to reflect the increased risk at various ages. A death or TPD benefit is paid as a lump sum.

General occupation refers to the occupation category you have if you have an annual income under $75,000 or your occupation is not listed in the approved occupation table. Default income protection cover is provided under the general occupation category.

Good Health Declaration is a short questionnaire you can complete during the special insurance offer period to apply for specific levels of increased cover or when transferring from unit-based cover to fixed cover. You can find the Good Health Declaration in the Insurance request form attached to this handbook.

Income protection cover provides a monthly benefit if you are unable to work due to total or partial disablement that impacts on your earning capacity. It is intended to replace loss of income and payments are made on a monthly basis rather than as a lump sum, for a period of up to two years, five years or to age 65. Income protection cover is unit-based, and each unit of cover is worth $500 per month. Premiums are calculated per unit per week and generally increase with age.

Insurer’s Abbreviated Personal Statement and Personal Statement are forms which you may need to complete depending on the level of cover you are applying for. The current Insurer is AMP. These forms are available from vicsuper.com.au/forms or by calling VicSuper’s Member Centre on 1300 366 216.

Medical practitioner means, a registered medical practitioner who is appropriately qualified to treat the person insured for their injury or illness. The medical practitioner cannot be the person insured, or their family member, business partner, employee or employer.

Own approved occupation is now only available for income protection cover. Some members may have had own approved occupation for their TPD cover prior to 1 July 2014 and they are eligible to retain it. No new applications for own approved occupation TPD cover will be accepted. Own approved occupation means that for a slightly higher premium you may be eligible to elect to be covered in the event you are unable to work in your own occupation.

To be eligible, you must satisfy the criteria of an ‘approved occupation’. This may appeal to you if you work in a specialised occupation and your earning capacity would be significantly less in any other field (you will need to satisfy a condition of release to access benefits).

Special insurance offer period is a period of time in which eligible new EmployeeSaver members can elect to increase cover by up to 2 units with minimal underwriting requirements; or the time during which cover can be cancelled and have premiums deducted to date refunded to your account. The special insurance offer period ends 60 days after the date of VicSuper’s letter advising your default insurance details.

Unit-based death only or death and TPD cover provides a specific level of death or death and TPD cover for each unit, based on your age. The premium per unit is a set rate regardless of age, and the level of cover per unit reduces as you get older. A death or TPD benefit is paid as a lump sum.
You must have an annual income of at least $75,000 in addition to having your occupation listed below to be considered for an approved occupation category.

<table>
<thead>
<tr>
<th>No.</th>
<th>Occupation</th>
<th>No.</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accountant/auditor - CPA or CA qualified</td>
<td>36</td>
<td>Human resources professional</td>
</tr>
<tr>
<td>2</td>
<td>Actuary</td>
<td>37</td>
<td>Intelligence analyst (no field work/duties and unarmed)</td>
</tr>
<tr>
<td>3</td>
<td>Administration duties - 100% office duties only</td>
<td>38</td>
<td>Lawyer</td>
</tr>
<tr>
<td>4</td>
<td>Air conditioning engineering - tertiary qualified, office duties only</td>
<td>39</td>
<td>Librarian</td>
</tr>
<tr>
<td>5</td>
<td>Anaesthetist</td>
<td>40</td>
<td>Local councillor</td>
</tr>
<tr>
<td>6</td>
<td>Architect</td>
<td>41</td>
<td>Magistrate</td>
</tr>
<tr>
<td>7</td>
<td>Archivist/curator/records manager</td>
<td>42</td>
<td>Mathematician</td>
</tr>
<tr>
<td>8</td>
<td>Assistant general manager - office duties only</td>
<td>43</td>
<td>Mayor</td>
</tr>
<tr>
<td>9</td>
<td>Assistant school principal - 100% office duties</td>
<td>44</td>
<td>Medical practitioner</td>
</tr>
<tr>
<td>10</td>
<td>Audiologist</td>
<td>45</td>
<td>Member of parliament</td>
</tr>
<tr>
<td>11</td>
<td>Banker - investment, commercial, merchant, credit analyst</td>
<td>46</td>
<td>Meteorologist - tertiary qualified, office or laboratory (non toxic) duties only</td>
</tr>
<tr>
<td>12</td>
<td>Barrister</td>
<td>47</td>
<td>Ombudsman</td>
</tr>
<tr>
<td>13</td>
<td>Board director</td>
<td>48</td>
<td>Optometrist</td>
</tr>
<tr>
<td>14</td>
<td>Chancellor/Vice chancellor</td>
<td>49</td>
<td>Orthodontist</td>
</tr>
<tr>
<td>15</td>
<td>Chemical industry - analytical/industrial chemist/research work, tertiary qualified, not handling acids, explosives, radioactive materials</td>
<td>50</td>
<td>Parliamentary staff</td>
</tr>
<tr>
<td>16</td>
<td>Chemist</td>
<td>51</td>
<td>Pharmacist</td>
</tr>
<tr>
<td>17</td>
<td>Computer programmer</td>
<td>52</td>
<td>Physician - office duties only</td>
</tr>
<tr>
<td>18</td>
<td>Dental hygienist/dental technician/dental therapist</td>
<td>53</td>
<td>Political analyst</td>
</tr>
<tr>
<td>19</td>
<td>Dentist/dental surgeon</td>
<td>54</td>
<td>Psychiatrist</td>
</tr>
<tr>
<td>20</td>
<td>Doctor - medical or dental</td>
<td>55</td>
<td>Psychologist</td>
</tr>
<tr>
<td>21</td>
<td>Economist</td>
<td>56</td>
<td>Radiologist</td>
</tr>
<tr>
<td>22</td>
<td>Engineer - tertiary qualified, consulting/office duties only, if mining - no underground work and office duties only</td>
<td>57</td>
<td>School principal</td>
</tr>
<tr>
<td>23</td>
<td>Executive manager - office duties only</td>
<td>58</td>
<td>Scientific officer - tertiary qualified, office work only which is limited to research, collation of results and report writing</td>
</tr>
<tr>
<td>24</td>
<td>Film director</td>
<td>59</td>
<td>Scientist - tertiary qualified, office or laboratory (non toxic) duties only</td>
</tr>
<tr>
<td>25</td>
<td>Film producer</td>
<td>60</td>
<td>Senior manager - office duties only</td>
</tr>
<tr>
<td>26</td>
<td>Financial planner</td>
<td>61</td>
<td>Senior project manager - tertiary qualified, office work only</td>
</tr>
<tr>
<td>27</td>
<td>General manager/chief executive - office duties only</td>
<td>62</td>
<td>Solicitor</td>
</tr>
<tr>
<td>28</td>
<td>Geologist - office duties only (no field work)</td>
<td>63</td>
<td>Statistician - office duties only</td>
</tr>
<tr>
<td>29</td>
<td>Government Department assistant/general manager</td>
<td>64</td>
<td>Stock/investments broker</td>
</tr>
<tr>
<td>30</td>
<td>Government Department chairperson</td>
<td>65</td>
<td>Systems analyst</td>
</tr>
<tr>
<td>31</td>
<td>Government Department director</td>
<td>66</td>
<td>Telecommunications/telephone engineer - tertiary qualified, office duties only</td>
</tr>
<tr>
<td>32</td>
<td>Government Department general manager</td>
<td>67</td>
<td>Tertiary education teacher</td>
</tr>
<tr>
<td>33</td>
<td>Government Department group manager</td>
<td>68</td>
<td>Town planner - tertiary qualified, office work only</td>
</tr>
<tr>
<td>34</td>
<td>Government Department regional director</td>
<td>69</td>
<td>University and college staff - professor/reader/lecturer</td>
</tr>
<tr>
<td>35</td>
<td>Government Department secretary</td>
<td>70</td>
<td>Veterinary surgeon - domestic pets</td>
</tr>
</tbody>
</table>
VicSuper privacy information (sensitive information)

This privacy information outlines how sensitive member information is collected, used and disclosed by VicSuper. Sensitive information (such as health or medical information) about VicSuper Fund members is always handled with extreme care and diligence.

This information includes two parts: a Collection Notice and a Privacy Policy Statement. The Collection Notice explains why VicSuper collects sensitive information and outlines possible consequences if this information is not provided to VicSuper.

It also lists organisations to which VicSuper may disclose sensitive member information. The Privacy Policy Statement explains how VicSuper is obligated to handle sensitive information and how further information about privacy can be obtained. If you would like to request access to your sensitive information held by VicSuper, you can contact us on 1300 366 216. VicSuper reserves the right to postpone access while a claim is under consideration.

Collection Notice

VicSuper is required to obtain members’ consent before it collects any sensitive information (such as health or medical information) from members. So that your consent will be informed, VicSuper advises the following:

- VicSuper Pty Ltd “VicSuper” ABN 69 087 619 412 is the Trustee of the VicSuper Fund. You can contact VicSuper on 1300 366 216.
- You can gain access to your sensitive information held by VicSuper by contacting us on the above number. We reserve the right to postpone access while a claim is under consideration.
- VicSuper collects sensitive information about you primarily to:
  - assess eligibility for and arrange insurance cover
  - assess entitlement to and pay a death benefit to which your beneficiary/s or your estate may become entitled
  - assess entitlement to and pay a disability benefit (including any insured component) to which you may become entitled
  - provide appropriate information and advice about insurance features that may be relevant to you.
- In respect of the purposes listed, the types of organisations to which VicSuper usually discloses sensitive information include:
  - VicSuper Fund’s Insurer and Underwriter
  - regulators and other Commonwealth Government agencies, such as the Superannuation Complaints Tribunal
  - professional advisers
  - medical practitioners and medico-legal consultants
  - other product providers who administer products on behalf of VicSuper
  - service providers including, but not limited to, internationally-based providers of internet, data storage and data access services and systems which may be located in countries including US, UK, Canada and New Zealand.
- VicSuper is required to collect information to meet its obligations under relevant law, including the Superannuation Industry (Supervision) Act 1993 (Cwlth) & Regulations.
- The main consequences of you not providing all or part of your sensitive information to VicSuper are:
  - VicSuper’s Insurer may be unable to assess your eligibility for insurance
  - VicSuper and/or VicSuper’s Insurer may be unable to assess whether you (or your beneficiary/s or estate) are entitled to a death or disability benefit (including any insured benefit)
  - processing of your death or disability claim may be delayed
  - VicSuper’s Insurer may be unable to pay you any insured benefit to which you, your beneficiary/s or your estate may become entitled
  - VicSuper may be unable to correctly calculate any death benefit to which your beneficiary/s or your estate may become entitled
  - VicSuper may be unable to distribute a death benefit or pay a disability benefit to you.
Privacy Policy Statement

VicSuper Pty Ltd, as Trustee of the VicSuper Fund (“the Fund”) has an obligation to comply with all relevant State and Federal legislation with regard to the management and administration of the Fund.

This includes the Privacy Act 1988 (Cwlth) (“the Act”), which:
1. protects the privacy of personal information held by organisations in the private sector.
2. regulates the appropriate collection, holding, use, correction, disclosure and transfer of personal information by private sector organisations.

The provisions of the Act apply to the Trustee of the Fund because it holds personal information about each member of the Fund. The Trustee will be bound by and will ensure that it complies with the Privacy Principles prescribed in the Act.

The information held by the Trustee may include a member’s personal particulars, tax file number, contact details, nominated beneficiaries, preferred rollover institutions, membership and contribution history, salary details, level of death and disability cover (if applicable) and surcharge debts. This information is collected directly from the member or the member’s employer, including any associated company of the employer which participates in the Fund, pursuant to employee records exemption.

Personal information about members is held and used for the purposes of establishing membership including applying for and arranging any insurance cover (if applicable), assisting employers in meeting their superannuation obligations, investment and administration of the members’ superannuation entitlements, the provision of information and advice about superannuation, retirement planning and VicSuper Fund features to members and prospective members, paying and transferring superannuation benefits including any insured component (if applicable) and enabling VicSuper to undertake research on members’ views.

Sensitive information about members, such as medical and health information, is held and used for the purposes of assessing eligibility for insurance cover (if applicable), and where a death or disability claim has been lodged with VicSuper. Sensitive information is not collected, used or disclosed without members’ express consent. This collection notice, with details about how sensitive information may be collected, used or disclosed, is provided when consent is requested.

A member’s personal information may be disclosed by the Trustee, to third parties such as the member’s employer, an individual or organisation as required by the Family Law Act 1975 (Cwlth), other superannuation funds, other product providers who administer products on VicSuper’s behalf, RSAs and rollover entities, their beneficiaries or their representatives, a person nominated by them in writing, auditors, VicSuper’s Insurer (AMP), actuaries, medical consultants, professional advisers, and as expressly authorised by law. It may also be disclosed to government agencies such as the Australian Prudential Regulation Authority, Australian Securities & Investments Commission, Australian Taxation Office, Superannuation Complaints Tribunal and Centrelink.

Otherwise, member information is kept confidential and is stored on the Fund’s database and is only disclosed to the member.

A member or prospective member has certain rights including the right to access and correct personal information, and the right to complain about any breaches of the Act.

The Trustee’s Privacy Policy sets out how the Trustee intends to comply with the provisions of the Act and gives further details of the collection, holding, use and disclosure of members’ personal information. The policy also explains the processes to be followed for a member to access their own personal information, to make a complaint about possible breaches of policy, and the options available to the member if they are dissatisfied with the Trustee’s internal review.

If members wish to make a complaint about any breaches of the Privacy Act 1988 (Cwlth), they can contact the Fund’s Complaints Coordinator. The contact details are as follows:
Tel: 1300 366 216
Fax: 03 9667 9601
Address: Complaints Coordinator
VicSuper Fund
GPO Box 89, Melbourne 3001

If a member feels that VicSuper, through the internal complaints procedure, has not adequately dealt with their privacy complaint, they may seek to contact the Office of the Australian Information Commissioner. The contact details are as follows:
Tel: 1300 363 992
TTY: 1800 620 241
Fax: 02 9284 9666
Address: Office of the Australian Information Commissioner
GPO Box 2999, Canberra, ACT, 2601
Email: enquiries@oaic.gov.au

If members wish to make a request for access to personal information or for further information concerning privacy, members should contact the Fund’s Privacy Officer. The contact details are as follows:
Tel: 1300 366 216
Fax: 03 9667 9601
Address: Privacy Officer
VicSuper Fund
GPO Box 89, Melbourne 3001

Generally, there is no charge to members for the provision of their personal information. Any request for access will be acknowledged within 14 days and responded to within 28 days. If members request access to sensitive information, there may be a delay in providing this information (eg until the Trustee has made a decision regarding a disability claim).

For more information, contact VicSuper on 1300 366 216 between 8.30am and 5pm, Monday to Friday.
Insurance request
VicSuper FutureSaver

Important information

• You are an EmployeeSaver member if you joined VicSuper FutureSaver through your employer. You are a PersonalSaver member if you joined VicSuper FutureSaver as an individual (not through your employer).
• Please complete this form to apply for insurance cover through VicSuper FutureSaver or to increase, decrease, transfer or cancel your insurance cover. You may also complete any of these changes online at vicsuper.com.au/insurance.
• You should read the Insurance handbook before completing this form to ensure you understand the level of cover you are applying for and the cost and conditions of this cover.
• To be eligible for an approved or own approved occupation category for income protection insurance you must have an annual income of at least $75,000 and work in an approved occupation. Please refer to the Insurance handbook for further information.
• To be eligible for death only or death and total and permanent disablement (TPD) cover through VicSuper FutureSaver, you must be under age 70. If you do not already have TPD cover, you must be under age 65 when applying for new or increased TPD cover.
• To be eligible for income protection cover through VicSuper FutureSaver you must be a FutureSaver member and an Australian resident under age 65, be employed or self-employed and work at least 14 hours per week.
• Insurance is provided under group life insurance policies issued and underwritten by the National Mutual Life Association of Australasia Limited trading as AMP (the Insurer). All cover is subject to the precise terms and conditions of those policies.
• If you have any questions regarding the insurance cover available through VicSuper FutureSaver or this form, or you wish to find out more about the option to transfer any existing death only, or death and TPD cover you hold with another fund to VicSuper, please call our Member Centre on 1300 366 216.
• The Insurer’s Abbreviated Personal Statement and Personal Statement are available from vicsuper.com.au/forms or by calling 1300 366 216.

Step 1: Your duty of disclosure

What you need to tell us

When you apply for insurance, and up until the insurer accepts your application, you have a duty to tell us anything you know, or could reasonably be expected to know, that may affect the insurer’s decision to insure you and the terms of your insurance. This means answering all the questions in the application honestly, making sure you include all the information we ask for.

If anything changes or you remember more information while we’re processing your application you’ll need to let us know.

If you want to change your insurance cover at any time, extend it or reinstate it, you’ll also have the same duty at that time to tell us anything that may affect the insurer’s decision to insure you.

If you don’t tell us something

If you don’t give all the required information and the missing information would have affected the decision to insure you or the terms of your insurance, the insurer may:
• Cancel your cover from the date it commenced – within three years of your cover starting if we wouldn’t have given you insurance cover had we had that information.
• Reduce your cover – to reflect the premium you’ve been paying. The premium you pay is directly linked to your level of cover. If you fail to tell us something, your premiums may have been too low. For Death cover we can only reduce cover within three years of your cover starting.
• Vary your cover – to take into account the information you didn’t tell us and put the insurer in the same position as they would’ve been if you’d told us. Variations could mean that waiting periods and exclusions may be different. We don’t make variations to Death cover.

Your total insurance cover forms one insurance contract with the insurer. If you don’t give us all the required information, the insurer may treat your different types of cover as separate contracts when it takes action to address this.

It’s fraudulent to deliberately leave out required information or give us incorrect information. In these situations the insurer may refuse to pay a claim and cancel your insurance cover from the date it started.

You don’t need to tell us anything:
— that reduces the insurer’s risk
— that is common knowledge
— we know or should know as an insurer, or
— we’ve told you that you don’t need to tell us.
Step 2: Personal details

Member number*

Member type
- EmployeeSaver
- PersonalSaver

Title
- Mr
- Mrs
- Ms
- Miss
- Other (please specify)

Surname*

Given name/s*

Postal address*

Residential address*

Daytime phone number*

Date of birth*

Email

By providing your email address you are agreeing to receive communications from VicSuper via email, or via VicSuper MembersOnline. You can change or further customise how you receive your communications from VicSuper at any time by logging into VicSuper MembersOnline or calling the Member Centre on 1300 366 216. If you are not registered for VicSuper MembersOnline we will send you a password shortly. Some correspondence cannot be sent electronically so you may still receive some communications from VicSuper in the post.

Providing a personal email address rather than a work email address ensures we can contact you even if you change employers.

Step 3: Death and total and permanent disablement (TPD) cover

Type of cover
Select one of the options below to indicate the type of cover you would like to apply for (you may choose only one):
- Unit-based death only
- Fixed death only
- Unit-based death and TPD
- Fixed death and TPD

Unit-based cover
How many units of cover would you like in total? ___ units (maximum of 60 units)
See Underwriting requirements below to identify any additional forms you may need to complete.

Fixed cover
Total level of cover you are applying for $___
See Underwriting requirements below to identify any additional forms you may need to complete.

CPI adjustment for fixed cover
Fixed death or death and TPD cover will be automatically increased at 1 July each year, by the lesser of CPI and 7.5%, and premiums will also increase in line with the increase in cover. If you prefer not to receive this automatic increase in cover, please tick the box below.

I do not want my cover adjusted automatically for CPI (inflation). 

Occupation category
To be eligible for an approved occupation, your occupation must be listed in the approved occupation table in the Insurance handbook and your annual income must be $75,000 or more. You must also complete Step 6.

Select the occupation category you are applying for:
- General
- Approved (fixed cover only)
- Own approved (only available if you had an own approved occupation category prior to 1 July 2014)
Step 3: Death and total and permanent disablement (TPD) cover (continued)

Transferring unit-based cover to fixed cover (or vice versa)

☐ Transfer my unit-based cover to fixed cover
You must complete the Good Health Declaration. See Underwriting requirements below.

☐ Transfer my fixed cover to unit-based cover
No underwriting required.

Special insurance offer period (SIOP)
EmployeeSaver members only

You can take advantage of your special insurance offer period to make changes to your cover with minimal underwriting requirements.

For eligible new EmployeeSaver members starting work with a VicSuper participating employer, the special insurance offer period is 60 days from the date of your VicSuper letter advising your insurance cover.

Once you elect to make a change to your death and TPD or income protection cover, your special insurance offer period ends.

For more information about your options within the special insurance offer period please refer to the Insurance handbook.

Underwriting requirements
Decreases in cover don’t require any underwriting.

| Inside SIOP (EmployeeSaver members only) | Increase up to 8 units or fixed cover equivalent | You must complete the Good Health Declaration (Part A) in Step 5 of this form |
| Outside SIOP or PersonalSaver members | Increase up to $515,000 or unit-based equivalent | You must complete the Insurer’s Abbreviated Personal Statement |
| | Increase above $515,000 or unit-based equivalent | You must complete the Insurer’s Personal Statement |
| | Transfer from unit-based cover to fixed cover | You must complete the Good Health Declaration (Part A) in Step 5 of this form |

Depending on the medical information provided by you, further information or evidence may be requested.

Step 4: Income protection

Level of cover
How many units of income protection cover would you like in total? ☐ ☐ units (maximum of 60 units)
See Underwriting requirements below to identify any additional forms you may need to complete.

Declaration of earnings
What is your current annual income? $ ☐ ☐ ☐ ☐ ☐ ☐ ☐
(ie before tax and excluding employer Superannuation Guarantee contributions, commissions and bonuses)
The maximum annual amount of income protection benefit you can apply for is 85% of your annual income.
The maximum income protection amount payable to you is 75% of your annual income at the time of claim, plus up to a further 10% for superannuation contributions which will be directed to your VicSuper account.

Occupation category
To be eligible for an approved or own approved occupation, your occupation must be listed in the approved occupation table in the Insurance handbook and your annual income must be $75,000 or more. You must also complete Step 6.

Select the occupation category you are applying for:
☐ General ☐ Approved ☐ Own approved

Benefit period
Complete this step to select or change your benefit payment period. The default benefit period for EmployeeSaver members is 2 years. Premiums for each option are available from vicsuper.com.au or by calling 1300 366 216.
☐ 2 years ☐ 5 years ☐ To age 65
See Underwriting requirements below to identify any additional forms you may need to complete.
Step 4:
Income protection (continued)

Waiting period
Complete this step to select or change your waiting period. The default waiting period for EmployeeSaver members is 90 days. Premiums for each option are available from vicsuper.com.au or by calling 1300 366 216.

- [ ] 90 days
- [ ] 60 days
- [ ] 30 days

See Underwriting requirements below to identify any additional forms you may need to complete.

Special insurance offer period (SIOP)
EmployeeSaver members only
You can take advantage of your special insurance offer period to make changes to your cover with minimal underwriting requirements.

For eligible new EmployeeSaver members starting work with a VicSuper participating employer, the special insurance offer period is 60 days from the date of your VicSuper letter advising your insurance cover.

Once you elect to make a change to your death and TPD or income protection cover, your special insurance offer period ends.

For more information about your options within the special insurance offer period, please refer to the Insurance handbook.

Underwriting requirements
Decreases to units of cover or benefit period, or an increase in waiting period don’t require any underwriting.

<table>
<thead>
<tr>
<th>Inside SIOP (EmployeeSaver members only)</th>
<th>Increase up to 8 units</th>
<th>You must complete the Good Health Declaration (Part A&amp;B) in Step 5 of this form</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 or 60 day waiting period</td>
<td>You must complete the Good Health Declaration (Part A&amp;B) in Step 5 of this form</td>
<td></td>
</tr>
<tr>
<td>5 year benefit period</td>
<td>You must complete the Insurer’s Abbreviated Personal Statement</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outside SIOP or PersonalSaver members</th>
<th>Increase up to 10 units (where default cover exists)</th>
<th>You must complete the Insurer’s Abbreviated Personal Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase above 10 units or any number of units where no previous cover exists</td>
<td>You must complete the Insurer’s Personal Statement</td>
<td></td>
</tr>
<tr>
<td>Increase to benefit period</td>
<td>You must complete the Insurer’s Personal Statement</td>
<td></td>
</tr>
<tr>
<td>Decrease to waiting period</td>
<td>You must complete the Insurer’s Personal Statement</td>
<td></td>
</tr>
</tbody>
</table>

Depending on the medical information provided by you, further information or evidence may be requested.

Step 5:
Good Health Declaration (please tick all boxes that apply to you)

You have an obligation to complete this declaration honestly.
If you believe that you have information to disclose that may affect the assessment of your insurance application, you have a legal responsibility to disclose any information that may affect the assessment of your insurance application to VicSuper and the Insurer. If you fail to comply with your duty of disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within three years of entering into it.

If your non disclosure is fraudulent, the Insurer may avoid the contract at any time.

An Insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, select not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would be payable if you had disclosed all relevant matters to the insurer.

**Part A:** Complete this section if you are within your Special Insurance Offer Period (SIOP), or transferring from unit-based cover to fixed cover.

I hereby declare that:

- [ ] I have no reason to believe that I may be suffering from a terminal illness, where terminal illness means any illness which will result in my death within 12 months, regardless of any treatment that may be undertaken, and

- **In the last 12 months, other than for colds or flu or minor viral illnesses that were short, isolated occurrences from which I have fully recovered, or for annual check-ups where the results were normal:**

  - [ ] I have not attended a doctor, medical centre or health professional for any symptoms, sickness, injury, operation, inherited disorder, counselling of any kind or review of a previously diagnosed condition, and
  
  - [ ] I have not had a diagnostic test of any nature (eg blood test, genetic test, x-ray, scan) that has resulted in me receiving advice from a doctor, medical centre or other health professional to seek treatment or further investigation for a medical condition, and
  
  - [ ] I have not been prescribed or advised to take medication on a regular or ongoing basis (excluding contraception), and
  
  - [ ] I have not had any sickness, symptom or injury that has prevented me from performing all the duties of my usual occupation for more than ten consecutive working days.

If you are unable to tick all boxes above, please complete the Insurer’s Abbreviated Personal Statement.
Step 5: Good Health Declaration (please tick all boxes that apply to you) (continued)

If you are unable to tick all boxes above, please complete the Insurer’s Abbreviated Personal Statement.

Part B: Also complete this section if you are within your SIOP and electing 7 or 8 units of income protection cover, and/or have elected a 50 or 60 waiting day period.

I hereby declare that:

☐ I have not been paid a disablement benefit from any superannuation fund or insurance policy or from any legislative scheme (such as Workers Compensation or Transport Accident Commission) or a Government disability payment, and I am not applying for, or entitled to apply for, payment of such a benefit, and

☐ I am not currently off work or unable to perform any of the duties of my normal occupation because of illness or injury (other than for colds or flu), and

☐ I have not been unable to work for a total of four or more weeks in the last twelve months because of illness or injury.

If you are unable to tick all boxes above, please complete the Insurer’s Abbreviated Personal Statement.

Step 6: Employment details

Complete this step if you’re applying for an approved or own approved occupation in Step 3 and/or Step 4.

What is your job title? [ ]

Enter the occupation number from the approved occupation table, which can be found in the Insurance Handbook.

Occupation number [ ] [ ]

Describe your occupational duties.

Describe the three main duties of your current occupation and the percentage of time spent on each of these duties. You only need to complete this step if you have indicated that you are in an approved occupation.

<table>
<thead>
<tr>
<th>Main duties</th>
<th>Percentage of time spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

This information is used to assess whether you are eligible for approved occupation or own approved occupation premium rates and for the own approved occupation definition for your income protection cover.

☐ I confirm I am employed or self-employed and the information in this step is true and correct, and my annual income is $75,000 or more. Go to Step 8.
Step 7: Cancel your cover

You can use Steps 3 or 4 of this form to reduce your current level of death only, death and TPD or income protection cover. Complete this step to cancel any or all of your death, death and TPD or income protection cover.

- [ ] Cancel my TPD cover (and retain death only cover)
- [ ] Cancel my death and TPD cover
- [ ] Cancel my death only cover (you cannot retain TPD only cover)
- [ ] Cancel my income protection cover
- [ ] Cancel all of my insurance cover

Your current cover will be cancelled from the day VicSuper receives this form and premiums will be deducted up until that day. If you cancel your cover within the special insurance offer period, relevant premiums will be refunded to you in full. If you cancel your cover and decide at a later time to reinstate it, you will be required to complete the Insurer’s Personal Statement and be fully underwritten.

Step 8: Sign and date this form

I certify that:
• I have read and understood the insurance handbook and understand the implications of the selection(s) that I have made.
• I understand that my right to receive benefits under the insurance policies is dependent on meeting the conditions of the policies, meeting a condition of release under the Superannuation Industry (Supervision) Act 1993 (Cwlth) and the Insurer approving my claim.
• I understand insurance premium rates apply until 30 June 2018 and I understand that any cover will only be provided if there are sufficient funds in my FutureSaver account at all times to pay for the premiums.
• I am currently employed or self-employed for at least 14 hours per week (only relevant if you are applying for income protection cover).
• I understand that if I close my FutureSaver account in the future all cover will cease and there is no option to continue my previous insurance cover provided by the Insurer.
• The information that I have supplied in this form is true in all particulars.
• I understand that if I have chosen to cancel my existing cover, I may not be accepted for cover in the future.
• I am legally permitted to reside and work for reward in Australia.
• I have previously received and read VicSuper’s privacy information including VicSuper’s Privacy brochure (sensitive information).
• I understand that death and death and TPD cover ceases at age 70 and that income protection cover ceases at age 65.
• I understand that if I transfer from unit-based death and TPD cover to fixed death and TPD cover that between the ages of 60 and 64 the TPD component of my fixed cover will reduce by 1/60th per month (or part thereof) of the total amount of my benefit at age 60. From my 64th birthday there is no further reduction but TPD benefits will only be payable from my 65th birthday if I meet the ‘Special Loss’ or ‘Future Care’ parts of the TPD definition. The maximum TPD benefit payable from my 66th birthday is $250,000.
• I understand that I have a duty to disclose all relevant information to VicSuper and the Insurer and I authorise my employer and any hospital or doctor (or other person who has treated or examined me) to give VicSuper and the Insurer any information they require in relation to my employment and medical history.
• I understand that new events cover may apply. See the insurance handbook for specific details.
• For the purposes of the Privacy Act 1988 I consent to the collection, use and disclosure of sensitive information about me in connection with this application.

Surname*

Given name/s*

Signature* Date*

Step 9: Send your form to VicSuper

Send your completed form and any supporting documentation to VicSuper, GPO Box 89 Melbourne VIC 3001

Please do not fax this form. VicSuper will not process any changes to your cover received via fax as we must receive the original form to make changes to your cover.
Send your completed form and any supporting documentation to VicSuper Pty Ltd ABN 69 087 619 412 AFSL 237333 is the Trustee of VicSuper Fund ABN 85 977 964 496 underwritten by the National Mutual Life Association of Australasia Limited trading as AMP (the Insurer) ABN 72 004 020 437. Australian Financial Services Licence No. 234 649. This handbook is intended to be a guide to the insurance cover available through VicSuper under the policies, however, all cover is subject to the precise terms and conditions of those policies. Examples provided are for illustration purposes only. Your personal circumstances are likely to be different and more complex than the examples used.

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Printed on an environmentally responsible and carbon neutral paper.
Call our Member Centre
1300 366 216 and speak to a VicSuper superannuation consultant

Advice centres
Bendigo | Blackburn | Geelong | Melbourne CBD | Traralgon

Serviced offices
Bairnsdale | Ballarat | Frankston | Greensborough | Inverloch
Laverton | Mildura | Narre Warren | Shepparton | Wangaratta
Warragul | Warrnambool | Wodonga

Monday to Friday
8.30am to 5pm

To make an appointment to see a VicSuper financial planner
call 1300 366 216
Or book online at www.vicsuper.com/advice

Send us a fax
03 9667 9610

Write to us
VicSuper
GPO Box 89
Melbourne VIC 3001

Browse our website
vicsuper.com.au

Manage your account online
Simply visit our website to login

Need help with the calculations?
Take advantage of our online insurance calculators
to work out your premium and level of cover. Visit
vicsuper.com.au/calculators