

Policy Document – Group Life Insurance Policy

K006533

Issued to:

Equity Trustees Superannuation Limited (ETSL) ABN 50 055 641 757, AFSL 229 757, RSE Licence No. L0001458

As Trustee for:

Centric Super Fund ABN 91 593 544 166

For the Provision of Death and Total and Permanent Disablement Insurance to Insured Members

Issued by:

AIA Australia Limited
ABN 79 004 837 861 AFSL 230043

Effective date: 26 August 2023

Insuring Clause

INSURANCE POLICY NO. K006533

FOR THE PROVISION OF DEATH AND TOTAL & PERMANENT DISABLEMENT INSURANCE TO INSURED MEMBERS OF CENTRIC SUPER FUND.

This Policy is issued by AIA Australia Limited ABN 79 004 837 861 AFS Licence No. 230043 ("the Company") to the Policy Owner described in the Policy Schedule.

The Policy is entered into by the Policy Owner in its capacity as Trustee for Centric Super Fund and the Policy Owner's rights, obligations and liabilities are those of the Trustee for Centric Super Fund.

In consideration of payment to the Company of all premiums and subject to the General Conditions hereof, the Company will pay to the Policy Owner the benefits stated in the Benefits section of the Policy immediately upon proof being given to the satisfaction of the Company of:

1. the happening of the events upon which such benefits are herein expressed to become payable;
2. the identity of the Insured Member upon whose death, Terminal Illness or Total and Permanent Disablement (TPD) the Company is asked to make payment; and
3. the correctness of the age of that Insured Member.

The Policy shall be deemed to be issued in the Commonwealth of Australia and all monies payable in respect thereof whether by or to the Company shall be payable in Australian currency.

The Company has caused this Policy to be executed as of the Policy Commencement Date.

Person authorised to sign on behalf of the Company:

DocuSigned by:

748FB51A97DC448

Nicky Serret

Head of Group Product

Effective Date: 26 August 2023


Date of Issue: 11 October 2023

EXECUTED by EQUITY TRUSTEES

SUPERANNUATION LIMITED ACN 055 641 757 by


its Authorised Signatories under Power of Attorney

dated 27th May 2016 in the presence of:


.....
Signature of Witness


Jason Lucas
.....
Name of Witness

12/10/2023
.....
Date

)
)
) 
)
) Signature of Authorised Signatory

)
) Megan Whitaker
) Authorised Signatory – Schedule III
)
) Name of Authorised Signatory

)
) 12/10/2023
)
) Date

)
)
) 
)
) Signature of Authorised signatory

)
) Sarah Addinsall
) Authorised Signatory – Schedule II
)
Name of Authorised Signatory

12/10/2023
.....
Date

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1. BENEFITS

1.1 DEATH BENEFIT

We will pay you a benefit if an *insured member* dies.

1.2 TERMINAL ILLNESS BENEFIT

We will pay you a benefit on the *terminal illness* of an *insured member* while insured under this policy.

1.3 TOTAL AND PERMANENT DISABLEMENT BENEFIT

If we have agreed in writing to provide *total and permanent disablement* cover for an insured member, we will pay you a benefit on the *total and permanent disablement* of the insured member.

1.4 AMOUNT OF BENEFIT

The benefit payable under condition 1.1, 1.2 or 1.3 will be the amount of *insured cover* that applied to the *insured* member in respect of the insured event at the time it occurred.

1.5 REDUCTION OF BENEFITS

If:

- (a) a benefit is paid upon death of an *insured member*, all other cover under this policy ceases;
- (b) a benefit is paid upon *total and permanent disablement* of an *insured member*, the *insured cover* for death is reduced by the amount of the *total and permanent disablement* benefit paid.

2. START OF COVER

2.1 WHEN DOES COVER START?

- 2.1.1 Cover for a person will not start under this policy, until an application for cover is made to *us* by an *insured member* covered in accordance with condition 3.2;
Despite this condition 2.1, this policy is closed to new members.

2.2 COVER FOR EXISTING INSURED MEMBERS

- 2.2.1 Regardless of anything else in this Policy, an *existing insured member* will continue to have the same type and amount of cover from the *effective date* subject to conditions 3.2.2 to 3.2.4.
- 2.2.2 An *existing insured member* will have the same amount of cover from the *effective date* that they held under this Policy immediately prior to the *effective date*.
- 2.2.3 If the *existing insured member's* cover was *limited cover* immediately prior to the *effective date*, the conditions attaching to *limited cover* will continue to apply on and from the *effective date* to the *existing insured member's* cover under this Policy until such time as they expire according to their terms.
- 2.2.4 Each individual condition, exclusion, restriction or loading which applied to an *existing insured member's* cover immediately prior to the *effective date* (each a "Pre-existing Term") will continue to apply on and from the *effective date* to the *existing insured member's* cover under the Policy until such time as the Pre-existing Term expires according to its terms.

2.3 INDIVIDUAL TRANSFER TERMS COVER

- 2.3.1 *When does individual transfer terms cover apply?*
- (a) A person who is insured under an *agreed policy* for death, terminal illness or *total and permanent disablement* and satisfies the *individual transfer terms* can become an *insured member* under this policy without first having to meet the underwriting requirements *we* would normally apply before accepting a person for cover. However, the person must still meet some of *our* underwriting requirements before they can become an *insured member* under *individual transfer terms*. The underwriting requirements the person must meet are determined by *us* and may change from time to time.
 - (b) The cover the person receives under *individual transfer terms* is subject to the conditions of this policy and any non-standard exclusions which applied under the *agreed policy* on the day before the *transfer date*. *We* may also apply to the person's cover any other conditions, exclusions, restrictions or other special conditions *we* consider appropriate.
 - (c) The amount of *individual transfer terms* cover that applies to a person is calculated under condition 3.4. The amount of that cover, together with any existing cover which applies to the person under this policy, cannot exceed \$1,500,000 in total.
- 2.3.2 *When does individual transfer terms cover start?*
- Individual transfer terms* cover starts for a person under this policy from the *transfer date* subject to the following:
- (a) if the person was not *at work* with his or her employer on the last working day immediately before the *transfer date*, the *individual transfer terms* cover they receive excludes cover for *total and permanent disablement* arising from an illness or an injury where that illness or injury is the reason the person was not *at work* on the last working day immediately before the *transfer date*;
 - (b) the limitation in a) will apply until the person is again *at work* with his or her employer for 30 consecutive days after the *transfer date*.

2.4 REINSTATING COVER

Where an *insured member's* cover ends because their account is *inactive* in accordance with condition 5.1(i) or because of an insufficient account balance in accordance with 5.1(e), cover can be reinstated on the following terms:

- (a) Where the *insured member* notifies *you* of their request to reinstate their cover within 90 days of cessation pursuant to condition 5.1(i) cover for the *insured member* will be automatically reinstated from the date cover ceased and subject to backdated premiums being paid.
- (b) Where an amount is received within 90 days of cessation due to an insufficient account balance pursuant to condition 5.1(e), cover for an *insured member* will be automatically reinstated from the date cover ceased and subject to backdated premiums being paid.
- (c) With respect to condition 2.4(a) and (b), after 90 days, the *insured member* will not be eligible to reinstate their previous cover and will need to apply for new *insured cover* in accordance with condition 3.2.

3. AMOUNT OF COVER

3.1 AMOUNT OF COVER FOR AN INSURED MEMBER

The amount of cover for an *insured member* will be the *insured cover* which we accept in writing. This amount of cover may include a cumulative percentage increase equal to the *consumer price index* effective for the 12 month period to the *review date*, up to a maximum increase of 7.5%.

3.2 APPLICATION FOR INSURED COVER

3.2.1 An application for *insured cover* under this policy, or to change, increase, reduce or cease *insured cover*, whichever is applicable, must be made to *us* in the form prescribed by *us*.

3.2.2 In the case of an application for *insured cover*, to change or increase *insured cover*, other than in the circumstances (if any) we agree with *you*, the application is made to *us* on the following terms:

- (a) When considering an application, we may request medical and other information.
- (b) We will notify *you* whether the application is accepted or declined and, if accepted, the date on which the *insured cover* starts.
- (c) We may apply special conditions to *insured cover*.
- (d) if we decline an application for an increase in *insured cover* the *insured member* retains the level of *insured cover* applying immediately before the application (if applicable);
- (e) from the date the application for *insured cover* is received by *us*, we provide interim *accidental death* cover in accordance with condition 4.

3.2.3 For the purpose of this condition, cover will be increased under this condition with effect from the date the increase is accepted by *us*.

3.2.4 In the case of an application for *insured cover*, the person in respect of whom the application is made must, at the time of application, meet the *eligibility criteria*.

3.2.5 If condition 3.2.2(c) applies for a person and he or she elects for cover not to start within 30 days of the date we advise *insured cover* starts, we will reimburse any premiums paid in respect of that person.

3.3 APPLICATION TO DECLINE, CEASE OR REDUCE INSURED COVER

An application made by the *insured member* to decline, cease or reduce *insured cover* can be accepted by *us* at any time in the form prescribed by *us*. Any future cover applied for under this policy by the *insured member* will be subject to condition 3.2, with the exception of where an *insured member* has cancelled their cover in accordance with condition 5.1(d), they will not be eligible to reapply for cover.

For the purpose of this condition, cover will be reduced or cancelled under this condition with effect from the date the notification being made to *us* is received.

3.4 INDIVIDUAL TRANSFER TERMS COVER

The amount of cover a person receives under *individual transfer terms* is the amount of death, terminal illness and *total and permanent disablement* cover which applied to the person under the *agreed policy* on the day before the *transfer date*. However, the amount of that cover, together with any existing cover which applies to the person under this policy, cannot exceed \$1,500,000 in total.

3.5 FUTURE INSURABILITY OPTION

3.5.1 Exercise of option

You may apply to us for an increase for an *insured member*, in the form prescribed by us for death cover or death and *total and permanent disablement* cover, in the event of:

- (a) the *insured member's* marriage; or
- (b) *becoming a parent*.

We will notify you whether the application is accepted or declined, and if accepted, the date on which the additional cover starts will be the date which we accepted the increase in cover.

3.5.2 You must submit the request to increase an *insured member's insured cover* within 60 days of the above event/s occurring.

3.5.3 You must give to us with your written notification, proof, satisfactory to us, that the event which triggers the exercise of the option has taken place and of the date it took place.

3.5.4 Amount of cover

The maximum increase in *insured cover* applicable if an *insured member* satisfies condition 3.5.1 will be the lesser of the following:

- (a) 25% of the insured member's insured cover as at the date of the relevant event; or
- (c) \$100,000.

3.5.5 Premiums

Upon the increase of an *insured member's insured cover* under this option, the amount of the premium payable in respect of the *insured member* will be recalculated to reflect the increase in cover according to the *premium rates* current at the time.

3.5.6 Restriction on exercise of option

This option can only be exercised once in any 12 month period for an insured member and can only be exercised for the insured member pursuant to condition 3.5.1 but not in relation to both 3.5.1(a) and 3.5.1(b). If both death and *total and permanent disablement* cover apply to an insured member, one type of cover cannot be increased under this option without increasing the other type of cover in the same proportion. An insured member's *total and permanent disablement* cover can never exceed his or her death cover.

3.5.7 Unless we agree in writing, you may not apply for an increase of death cover or death and *total and permanent disablement* cover for a person under this condition, if he or she has obtained continued cover under an individual policy pursuant to condition 11.

3.5.8 Exclusions and special conditions

An increase in an *insured member's insured cover* under this condition 3.5 is subject to the same exclusions and other special conditions as apply to the *insured cover*.

4. INTERIM ACCIDENTAL DEATH AND TOTAL AND PERMANENT DISABLEMENT COVER

4.1 ACCIDENTAL DEATH AND ACCIDENTAL TOTAL AND PERMANENT DISABLEMENT COVER WHILE WE CONSIDER YOUR REQUEST FOR DEATH OR DEATH AND TOTAL AND PERMANENT DISABLEMENT COVER

If a person applies for *insured cover* or an increase in *insured cover* which is death cover or death and *total and permanent disablement cover*, we will provide interim *accidental death* and interim accidental *total and permanent disablement cover* (if applicable) while we are considering the request for *insured cover* or increase in *insured cover*, as set out in this condition 4.

Interim accidental *total and permanent disablement cover* will only apply if a person is applying for or increasing *total and permanent disablement cover*.

4.2 ACCIDENTAL DEATH AND TOTAL AND PERMANENT DISABLEMENT COVER

We will pay a benefit if a person to whom clause 4.1 applies dies or becomes *totally and permanently disabled* as a result of an *accident* that happens during the interim accident cover period set out in condition 4.4. The *person's death* or *total and permanent disablement* must occur within 120 days of the *accident*.

4.3 AMOUNT OF BENEFIT

The benefit will be the amount of death cover or death and *total and permanent disablement cover* the person applied for. However, this benefit and any other benefit payable on account of interim *accidental death* or interim accidental *total and permanent disablement cover* will not exceed the *maximum accident cover*.

4.4 INTERIM ACCIDENTAL DEATH AND INTERIM ACCIDENTAL TOTAL AND PERMANENT DISABLEMENT COVER PERIOD

Interim *accidental death* or interim accidental *total and permanent disablement cover* will start on the date the person's application for *insured cover* or an increase for *insured cover* is received by *you* and will end on the earliest of the following dates:

- (a) the date the person withdraws the request for the *insured cover* or increase for *insured cover*;
- (b) the date we accept the application for the *insured cover* or additional *insured cover* on standard or special terms;
- (c) the date we reject the application for the *insured cover* or additional *insured cover*;
- (d) 120 days from the date *you* are notified of the person's application for *insured cover* or additional *insured cover*.

4.5 INTERIM ACCIDENT COVER LIMITATIONS

Interim accident cover for a person is subject to the same exclusions, limitations, restrictions and claim procedures as apply to an *insured member* under the policy.

4.6 IF YOU MAKE A CLAIM

If the person is entitled to make a claim under this condition 4, the application for *insured cover* or additional *insured cover* will be automatically cancelled.

If *you* are entitled to make a claim under this clause 4 for an *insured member* or a person, *we* will require payment of the premium for the period from the date *you* are notified in writing of the person's request for the cover to the date of the *accident* and the terms of this policy apply to that claim.

5. END OF INSURED COVER

5.1 WHEN DOES INSURED COVER END?

Insured cover for an *insured member* under this policy will end on the earliest of the following:

- (a) the date any benefit becomes payable for the *insured member* which results in the *insured cover* for that person being reduced to nil;
- (b) the *insured member* reaches the *cover expiry age*;
- (c) the *insured member* is no longer an *investor* of the *fund*;
- (d) the date *you* or *we* receive a written request from the *insured member* to cancel the *insured member's insured cover*;
- (e) two months from the end of the calendar month following the date on which the balance in the *insured member's* account in the *fund* is insufficient to cover the next month's premium payment for the *insured member's insured cover*.
- (f) the date the policy terminates or is cancelled;
- (g) the *insured member* dies;
- (h) the *insured member* joins the armed forces of any country (other than the Australian Armed Forces Reserve); and
- (i) the date on which the account for an *insured member* becomes inactive, meaning *you* have not received an amount in respect of the *insured member* for a continuous period of 16 months (as at or after 1 July 2019).

The above provision 5.1(i) does not apply to an *insured member* who has provided a written election to *you* after 8 May 2018 to maintain their cover.

6. COVER AFTER POLICY TERMINATES

6.1 CONTINUED COVER FOR TOTAL AND PERMANENT DISABLEMENT

Continued *total and permanent disablement* cover applies to a person if he or she was not at work on the last working day immediately before the date of termination of this policy.

However, we will only pay a benefit on account of continued *total and permanent disablement* cover if that benefit would have been payable had this policy not terminated.

6.2 END OF CONTINUED COVER FOR TOTAL AND PERMANENT DISABLEMENT

Continued total and permanent disablement cover for the person ends on the earliest of the following:

- (a) the person has returned to work after the date of termination of this policy and actively performed all the duties and work hours of his or her usual occupation free of any limitation due to illness or injury and is not entitled to or receiving income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits;
- (d) we make a decision on any claim for the person under continued *total and permanent disablement* cover;
- (e) the person is no longer an *investor* of the *fund*;
- (f) the person reaches the *cover expiry age*;
- (g) the person dies.

7. CLAIMS

7.1 WHEN TO MAKE A CLAIM

You must notify *us* in writing as soon as possible after *you* become aware of any claim or potential claim. If *you* delay notifying *us* of a claim, and as a result *our* interests are prejudiced, *we* may be permitted not to pay the claim or to reduce the benefit in some circumstances under applicable laws.

7.2 OUR REQUIREMENTS

- 7.2.1 *We* must be satisfied of *our* liability to pay a benefit. *You* must provide *us*, at *your* expense, with any requirements *we* reasonably consider are necessary to properly assess the claim.
- 7.2.2 Payment of any terminal illness or *total and permanent disablement* benefit is conditional on the *insured member* undergoing any medical or other examination *we* reasonably require.
- 7.2.3 (a) *We* will pay:
- (i) the medical costs of any medical examination *we* require under condition 7.2.2, other than the initial medical examination required to make a claim; and
 - (ii) the costs *we* approve for any other examination *we* require under condition 7.2.2.
- (b) However, unless *we* agree otherwise, *we* will not pay any other costs including fees incurred for travelling to an appointment or for non-attendance at an appointment arranged under condition 7.2.2.
- 7.2.4 The payment of a benefit for death under this policy is conditional on *you* providing *us* with proof of the *insured member's* death in the form of a death certificate which has been issued in accordance with the legal requirements of the country in which it is issued. If the death certificate is not issued in the English language then a translated copy must also be provided.
- 7.2.5 If the *insured member* is outside Australia while *we* are assessing a claim for a *total and permanent disablement* benefit, the *insured member* must return to Australia at his or her cost for assessment (unless the *insured member* is unable to return to Australia for medical reasons which are acceptable to *us*).
- 7.2.6 If *we* provide *you* with any information that *we* obtain from another party, that information must at all times remain confidential to *you* and any representative *you* appoint to assist with the assessment of claims, unless *you* have a legal obligation to disclose that information.

7.3 MEDICAL EXAMINATIONS THAT WE ARRANGE

We may require the *insured member* to undergo such medical examinations and non-invasive tests *we* reasonably consider to be necessary to satisfy *us* of *our* liability to pay a claim for a *terminal illness* or *total and permanent disablement* benefit. If *we* choose to arrange such medical investigations:

- (a) *we* have the discretion to appoint a *medical practitioner* of *our* choice;
- (b) *we* will pay the *medical practitioner's* fees and the costs of any tests or procedures the *insured member* undergoes at *our* request;
- (c) unless *we* agree otherwise in writing, *we* will not pay any other costs related to the *insured member's* attendance on the *medical practitioner* including fees incurred for travelling to an appointment or for non-attendance at an appointment.

7.4 CONFIDENTIAL INFORMATION IN RELATION TO CLAIMS

If *we* provide *you* with information that *we* obtain in the course of assessing a claim:

- (a) *you* must deal with that information in accordance with the Privacy Act 1988 (Cth) and that information must at all times remain confidential to *you*, unless *you* have a statutory obligation to disclose it;

- (b) any person *you* appoint to assist *you* to manage or assess claims must agree to be bound by the same obligations that *you* have under this condition 7.4.

7.5 EVIDENCE IN SUPPORT OF A CLAIM

We may refuse to accept any evidence in support of a claim, including a report of a *medical practitioner* if it is illegible or is not written in the English language. Before *we* consider evidence given to *us* in support of a claim, *we* may, at no expense to *us*, require *you* to have the evidence transcribed into a form in which it can be comprehended in English and appropriately certified to be a true copy of the original.

7.6 EXCLUSIONS

7.6.1 War

- (a) We won't pay a benefit (including a benefit provided for under condition 4) if a person's death is due to *war*, unless they die on war service.
- (b) We won't pay a benefit (including a benefit provided for under condition 4) if a person's *terminal illness* or *total and permanent disablement* is the direct or indirect result of *war*.

7.6.2 Suicide

No benefit is payable under this policy (including a benefit provided for under condition 4) if in *our* opinion:

- (a) a person's death is due to:
- (i) suicide; or
 - (ii) intentional self-inflicted injury;

and the death occurs within 12 months of the person's death cover commencing, recommencing or increasing. Where the death cover has increased, only the increased benefit is not payable.

- (b) the terminal illness or total and permanent disablement of a person is due to:
- (i) attempted suicide; or
 - (ii) intentional self-inflicted injury;

and the *terminal illness* or *total and permanent disablement* occurs within 12 months of the person's cover for the relevant insured event commencing, recommencing or increasing. Where the *terminal illness* or *total and permanent disablement* cover has increased, only the increased benefit is not payable.

This exclusion applies whether or not the person is sane at the relevant time.

7.6.3 Illegal activity and Professional misconduct

- (a) We won't pay a benefit under this policy (including a benefit provided for under condition 4) if the person's death, *terminal illness* or *total and permanent disablement* is directly or indirectly caused by their participation, or their intention to participate, in illegal activity.
- (b) We won't pay a benefit for the person's *total and permanent disablement* for any condition which arises, directly or indirectly, as a result of a permanent or temporary banning, deregistration or disqualification which:
- ◆ arises solely from disciplinary action undertaken against the person and
 - ◆ prevents the person from pursuing, practising or engaging in their occupation or profession.

7.6.4 Pandemic/Endemic Illness

- (a) Despite any other condition of this policy, *we* will not pay a benefit for an *insured member* if:
- (iii) the *insured member's* death or *terminal illness* is caused directly or indirectly by a *pandemic/endemic illness* or any other condition which is directly or indirectly caused by, or related to, the *pandemic/endemic illness*; and
 - (iv) the death or *terminal illness* occurs within 30 days of the *insured member's insured cover* for death:
 - (v) starting;
 - (vi) restarting; or
 - (vii) increasing with *our* written acceptance (but only the increased benefit is not payable).
- (h) For the purpose of this condition 7.6.4, *pandemic/endemic illness* means an illness in respect of which a pandemic or endemic alert, advisory, notification, declaration or other similar publication is issued by:

- (i) the Australian Government (including a relevant Australian Government department, authority, minister or officer); or
 - (ii) the World Health Organisation.
- (i) This condition 7.6.4 only applies under this policy on and from the date *we* notify *you* in writing. The date on and from which this condition 7.6.4 applies will be at least 14 days after the date of *our* written notification to *you*.

For the removal of any doubt, this condition 7.6.4 will not apply to any existing *insured cover* applying to *insured members*. This condition 7.6.4 only applies to increases to this *insured cover* and any new persons applying for *insured cover* from the date *we* notify *you* under this condition 7.6.4(c).

- 7.6.5 We will not make a payment under this policy if the payment would cause *us* to infringe the *Private Health Insurance Act 2007 (Cth)*, *Health Insurance Act 1973 (Cth)* or the *National Health Act 1953 (Cth)* or any succeeding legislation in connection with health insurance.

8. PREMIUM

8.1 TIME TO PAY PREMIUM

You must pay premiums monthly in arrears on or before the *premium due date*.

8.2 AMOUNT OF PREMIUM

8.2.1 The amount of premium payable is the total cost of *insured cover* for all *insured members* during the period in respect of which premium is calculated based on the *premium rates* for that period, plus any government levies, duties, taxes or charges not included in the *premium rates*. The amount of premium payable for each *insured member* will be calculated using his or her age next birthday as at the relevant *review date*.

8.2.2 At each review date we will recalculate the *insured cover* in respect of *insured member* if such cover has been elected by the *insured member* to include a cumulative percentage increase equal to the consumer price index effective for the 12 month period to the review date, up to a maximum increase of 7.5%.

8.3 PREMIUM ADJUSTMENT

8.3.1 At each *premium calculation date* and on termination of the policy, we will recalculate the premium to reflect changes in the number of *insured members* and the amount of cover of the *insured members* over the period since the last *premium calculation date*. You must give us any additional information we need to recalculate the premium.

8.3.2 If the premium you paid for that period:

- (a) exceeds the recalculated premium, we will refund the excess to you within 35 days after the date the recalculated premium is determined or use it to pay your premium; or
- (b) is less than the recalculated premium, you will pay the shortfall to us within 35 days after the date we notify you of the recalculated premium.

8.4 OVERDUE PREMIUMS

If the premium payable under condition 8.2 is not paid to us within 30 days of the *premium due date*, we will give you a notice and if the premium due is not paid within the time period stipulated in the notice the policy may be terminated by us by writing to you and all *insured cover* for each *insured member* will end. Any such notice will not stipulate a date less than 60 days after the notice is given.

8.5 WAIVER OF PREMIUM

If cover ends for an *insured member* under condition 5(a), (c), (g) or (h), the premium from the first of the month in which the *insured member* met the aforementioned condition, to the date cover ends, will be waived.

9. VARIATION OF POLICY

9.1 VARIATION BY AGREEMENT

This policy may be varied by written agreement between *you* and *us*. The variations to this policy which *you* and *we* have documented in this policy document apply on and from the *policy commencement date*, unless otherwise agreed in writing between *you* and *us*.

9.2 VARIATION BY US

9.2.1 We may vary the *premium rates* by giving *you* at least 3 months' prior written notice of the variation:

- (a) at any time after the end of a *guarantee period*;
- (b) if the number of *insured members* reduces by more than 25% within any consecutive 3 month period.
- (c) if the *fund* merges or amalgamates with another superannuation fund or master fund; or
- (d) if the *fund* is bought or sold to another entity.

The notice in relation to (b), (c) or (d) may be given to *you* at any time, including during the *guarantee period*.

9.2.2 We may vary any of the terms and conditions of this policy (including the *premium rates*) by giving *you* at least 3 months' written notice, even before the end of a *guarantee period*, if there is a change to the law and as a result:

- (a) it becomes impossible or impractical for *us* to carry out our obligations under the policy;
- (b) the basis of taxation of the policy or *us* is changed;
- (c) government charges, taxes or levies are imposed or changed; or
- (d) if the provisions of the policy would otherwise become inconsistent with the law.

A variation by *us* of any of the terms and conditions of this policy on the basis of condition 9.2.2(b) must be consistent with the relevant change to the basis of taxation of the policy or *us*.

9.2.3 Our right to vary the terms and conditions of the policy under condition 9.2.2 does not apply to the extent that it would prevent the policy from being treated as life insurance business under the Life Insurance Act 1995 (or any legislation that replaces it).

9.2.4 We may vary the *premium rates* with immediate effect and confirm the change in writing, even before the end of a *guarantee period*, in the event of *war* within Australia.

10. WORLDWIDE COVER

10.1 WHERE DOES COVER APPLY?

Cover for an *insured member* applies outside Australia subject to the other conditions of this policy. *We* may, however, require the *insured member* to return to Australia at his or her expense for assessment in the case of a *terminal illness* or *total and permanent disablement* claim.

11.GENERAL

11.1 TERM OF THIS POLICY

This policy begins on the *policy commencement date*. It will end on the first to occur of the following:

- (a) the expiry of two months after *we* receive *your* written request to cancel this policy or on another date *we* agree to in writing;
- (b) the date cover under this policy has ended for all *insured members*;
- (c) a premium is more than 30 days overdue and *we* cancel the policy.

11.2 RECORDS

- 11.2.1 *You* must keep, for our inspection, accurate records necessary for the effective operation of this policy, as *we* require from time to time. These records must be maintained in a format that is reasonably accessible by *us*.
- 11.2.2 *We* may conduct an audit from time to time of any records *you* (or any person on *your* behalf) have which are connected with this policy. *We* will give *you* reasonable notice if *we* propose to conduct an audit. *We* will only conduct an audit in normal office hours.

11.3 INCORRECT OR INCOMPLETE INFORMATION

We rely on information *you* give *us* to provide cover for *insured members* and to assess claims. If *you* (or any person on your behalf) give *us* incorrect information or do not give *us* complete and relevant information, *we* may not pay, or *we* may delay payment of, a claim in some circumstances.

11.4 PAYMENTS

All payments made in connection with this policy, whether to *us* or by *us*, must be made in Australia and in Australian currency.

11.5 NOTICES

- 11.5.1 Notices, medical evidence or other communications must be in writing and in English.
- 11.5.2 *We* will send notices to *you* at the address *you* last gave *us*.
- 11.5.3 *You* will send notices to *us* at the address *we* last gave *you*.

11.6 WAIVER

- 11.6.1 *Our* failure or delay to exercise a power or right *we* have under or in connection with this policy does not operate as a waiver of that power or right.
- 11.6.2 A waiver of *our* power or right is not effective unless *we* waive that power or right in writing.
- 11.6.3 Waiver of a power or right by *us* is limited to the specific matter in respect of which *we* grant it and applies only to the extent and for the period notified in writing by *us*. It does not preclude either the exercise of that power or right in the future or the exercise of any other power or right.

11.7 NON-ASSIGNMENT OF POLICY

You may not assign this policy without *our* written agreement.

11.8 GENERAL

The group life policy of which this policy forms part:

- (a) is issued from *our* No. 1 Statutory Fund;
- (b) does not participate in *our* profits; and
- (c) does not acquire a surrender value.

11.9 INTERPRETATION

- 11.9.1 The headings in this policy are a guide only. They are not intended to be used to interpret the policy conditions.
- 11.9.2 If the context allows, plurals can be read as the singular and the singular read as plurals.
- 11.9.3 This policy is subject to and governed by the laws of the Commonwealth of Australia and the laws of the State of New South Wales.
- 11.9.4 In this policy document (including the Schedule, tables and annexure to this policy document), references to "this policy" or "the policy" are references to the group life policy number K006533 but only to the extent that the group life policy relates to existing members of the *fund*.

11.10 SPECIAL CONDITIONS

- 11.10.1 We may apply *special conditions* to the *insured cover* for the *insured member*.

12. DEFINITIONS

Words or expressions in italics throughout the policy document have meanings set out in the Schedule attached to this policy document. The Schedule, tables and annexure to this policy document form part of this policy.

GROUP LIFE INSURANCE POLICY SCHEDULE

DEFINITIONS

<i>accident</i>	Bodily injury caused solely and directly by accidental, external and visible means, independent of any other cause.
<i>accidental death</i>	Death as a result of bodily injury caused solely and directly by accidental, external and visible means independent of any other cause.
<i>active employment</i>	<p>Means the person:</p> <ul style="list-style-type: none">(a) is employed (including being on fully paid leave which is caused by illness or injury) by an employer to carry out identifiable duties and is actually performing those duties; and(b) is not in our opinion, restricted by illness or injury from performing or being capable of actively performing on a full time basis (even if not then working on a full time basis) either:<ul style="list-style-type: none">(i) the duties referred to in paragraph (a); or(ii) the full and normal duties of his or her usual occupation; and(c) is, in our opinion, capable of satisfying paragraphs (a) and (b) above on an ongoing and prolonged basis; and(d) is not entitled to or receiving income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits. <p>OR</p> <p>Means the person is not employed for reasons other than illness or injury, and is in <i>our</i> opinion, not restricted by illness or injury from being capable of performing the duties of his or her own occupation on a full time basis (even if not then working on a full time basis). Occupation has the same meaning as paragraph E of <i>our total and permanent disablement</i> definition.</p>
<i>agreed policy</i>	<p>A "life policy" under the Life Insurance Act 1998 (Cth):</p> <ul style="list-style-type: none">(a) providing death or total and permanent disablement cover; and

- (b) that we agree to treat as an agreed policy for the purposes of this policy.

at work

Means either:

- (a) the insured member is:
 - (i) actively performing all the duties and work hours of his or her usual occupation with his or her employer free from any limitation due to illness or injury; and
 - (ii) in our opinion, capable of satisfying paragraph (i) on an ongoing and prolonged basis; and
 - (iii) not entitled to or receiving income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits;
- (b) the insured member:
 - (i) is on employer approved leave for reasons other than illness or injury; and
 - (ii) was, on the last working day for the person immediately before he or she commenced the employer approved leave:
 - (A) in our opinion actively performing all the duties and work hours of his or her usual occupation free from any limitation due to illness or injury; and
 - (B) not entitled to or receiving income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.

A person who does not meet this definition is correspondingly described as being "not at work".

becoming a parent

Birth of biological child or adoption of a child.

consumer price index

The latest annual Consumer Price Index (All Capital Cities) published by the Australian Bureau of Statistics as at the effective date of the calculation under this policy. If the consumer price index is no longer published we will use a similar index to it.

For the purposes of calculating an insured member's amount of cover under Condition 3 or an insured member's benefit the consumer price index is set to a minimum of 3.0% p.a.

continued total and permanent disablement cover

The cover we provide under condition 6 of this policy for a person.

This cover is provided subject to the terms and conditions of this policy.

cover expiry age

- (a) Death cover:

The first day of the month in which the insured member turns 75 years of age.

- (b) Total and permanent disablement cover:

The first day of the month in which the insured member turns 70 years of age.

date of disablement

Means the later of:

- (a) the date the insured member suffers from the illness or injury that is the principal cause of the insured member's disablement; and
- (b) the date the insured member ceases all employment.

However, where an *insured member* participates in a rehabilitation program and is incapable of returning to employment within 12 months from the date the *insured member* commenced his or her absence from employment, the date of disablement will be the date that would have applied if the *insured member* had not participated in the rehabilitation program.

The date of disablement must occur while the *insured member* is covered under this policy.

<i>effective date</i>	26 August 2023
<i>eligibility criteria</i>	<p>A person is eligible to apply for death or death and <i>total and permanent disablement</i> cover under this policy if at the relevant time they:</p> <ul style="list-style-type: none"> (a) have been accepted as an investor of the public offer division of the fund under the trust deed; (b) must be a permanent resident of Australia; (c) are aged 18 years or more but less than: <ul style="list-style-type: none"> ◆ 69 years for death; and ◆ 64 years for total and permanent disablement cover. (d) satisfy such other requirements that are from time to time stipulated by us.
<i>employed/employment</i>	Means employment (including casual employment for more than 15 hours per week) or self-employment, for gain or reward, in any business, trade, profession, vocation, calling, occupation or employment.
<i>existing insured member</i>	Means an <i>insured member</i> immediately prior to the <i>effective date</i> .
<i>full time basis</i>	At least 30 hours per week.
<i>fund</i>	Centric Super Fund ABN: 91 593 544 166
<i>grandfathered TPD cover</i>	<p>Grandfathered TPD cover consists of:</p> <ul style="list-style-type: none"> (a) insured cover for total and permanent disablement which applied to an insured member as at midnight 30 June 2014 and has not ended; and (b) increases in the amount of the cover referred to in paragraph (a).
<i>guarantee period</i>	From 1 July 2019 to 30 June 2023 and such subsequent periods as <i>you</i> and we agree in writing.
<i>individual transfer terms</i>	<p>Individual transfer terms apply to a person if all of the following requirements are satisfied:</p> <ul style="list-style-type: none"> (a) the person was continuously insured under an agreed policy during the 12 months before the transfer date; (b) on the day before the transfer date the person's cover under the agreed policy did not contain any individual premium loadings; (c) the person has provided us with details of any non-standard exclusions that applied to their cover under the agreed policy on the day before the transfer date ; (d) an application for life insurance for the person has never been declined; (e) the person's cover under the agreed policy ceased on the day before the transfer date and the person has agreed to waive any entitlement to continue his or her cover under the agreed policy, whether pursuant to a continuation option under the agreed policy or otherwise; (f) the person: <ul style="list-style-type: none"> (i) has not received; (ii) has not been admitted for; and (iii) is not eligible for; <ul style="list-style-type: none"> a total and permanent disablement benefit under the <i>agreed policy</i> or any other policy; (g) as at the transfer date the person is less than 55 years; (h) we are satisfied, on medical or other evidence, that, as at the date the person's cover under the agreed policy ceased, the person has not been diagnosed with an illness that reduces his or her life expectancy to less than 24 months;

- (i) in the 12 months before the transfer date, the person must not have been advised to undergo treatment or to take medication prescribed by a medical practitioner that was intended to last for three months or longer (excluding the contraceptive pill, hormone replacements, inhaled asthma medication or cold, flu or hay fever medication);
- (j) as at the transfer date the person is able to work 35 hours per week and, if applicable, both of the following apply:
 - (i) if in the two years before the transfer date the person had their duties or workplace modified due to injury, illness or impairment, they have resumed their pre-modified duties as at the transfer date;
 - (ii) if in the two years before the transfer date the person was working in a role or occupation that was designed or chosen to suit the needs of an injury, illness or impairment, they have resumed their pre-modified occupation as at the transfer date.
- (k) we have been provided with evidence satisfactory to us of the type and amount of cover which applied to the person under the agreed policy on the day before the transfer date;
- (l) the person has completed, to our satisfaction, such application or other documents we prescribe for this purpose.

individual transfer terms cover

The cover we provide under condition 2.3 of this policy for a person.

This cover is provided subject to the terms and conditions of this policy including all policy exclusions.

Insured cover

The cover provided under this policy in respect of an *insured member's* death, *terminal illness* and, if applicable, *total and permanent disablement*.

Despite any other condition, the total justified *insured cover* for:

- ◆ death only cover will not exceed \$5.5 million (with a limit of \$2 million on *terminal illness*); and
- ◆ *total and permanent disablement* cover will not exceed \$3 million.

insured member

A person who is an *investor* of the *fund* and who either has *takeover cover* or *individual transfer terms cover* or who has been accepted by *us* for death or death and *total and permanent disablement* cover under *this policy*.

investor

An individual with an investment in the *fund*.

limited cover

The *insured member* is covered for death, *terminal illness* and, if applicable *total and permanent disablement* arising from:

- (a) an illness which first becomes apparent; or
- (b) an injury that first occurs,

on or after the date the cover last commenced, recommenced or increased for the *insured member* in the *fund*.

limited total and permanent disablement cover

Limited cover provided under this policy in respect of an *insured member's* *total and permanent disablement*.

maximum accident cover

The maximum accident cover is \$1,000,000 less the amount of death or death and *total and permanent disablement* cover in force under this policy for the person.

medical practitioner

A person, acceptable to *us*, who is registered and practising as a medical practitioner in Australia other than:

- (a) the insured member;
- (b) the insured member's direct family member, including a spouse or partner, parent, sibling or child;
- (c) the insured member's business partner, associate, employer or employee; or

(d) a person who practises in the same medical centre or clinic as the insured member.

occupation

Means an occupation that a person can perform, on a full-time or part-time basis, based on skills and knowledge the person has acquired through previous education, training or experience.

pandemic/endemic illness

Means an illness in respect of which a pandemic or endemic alert, advisory, notification, declaration or other similar publication is issued by:

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

policy commencement date

25 August 2023

policy year

12 month period ending on 30 June each year.

policyowner

Equity Trustee Superannuation Limited (ETSL) ABN: 50 055 641 757. AFSL 229 757. RSE Licence No. L001458.

premium calculation date

The last business day of every month.

premium due date

The fifth day of every month in each *policy year*.

premium rates

The premium rates are set out in the Appendix to this policy.
The premium rates include stamp duty.

relevant medical specialist(s)

A *medical practitioner* we consider to be a specialist in the relevant field of medicine.

review date

1 July each year

super policy

A "life policy" under the Life Insurance Act 1995 (Cth):

- (a) providing death or death and total and permanent disablement cover for standard employer – sponsored members of a superannuation fund; and
- (b) that we agree to treat as a super policy for the purposes of this policy;

where the expression standard employer – sponsored member has the same meaning as that expression has in the Superannuation Industry (Supervision) Act 1993 (Cth).

terminal illness

means all of the following have occurred:

- ◆ two *medical practitioners* have certified, jointly or separately, in writing that the *insured member* suffers from an illness or has incurred an injury that is likely to result in the death of the *insured member* within a period (the "Certification Period") that ends not more than 24 months after the date of certification;
- ◆ at least one of the *medical practitioners* is a specialist practising in an area related to the *insured member's* illness or injury;
- ◆ we are satisfied, on medical or other evidence, that despite reasonable medical treatment, the *insured member's* illness or injury is likely to result in the *insured member's* death within the Certification Period;
- ◆ the date of the certification by the medical practitioners occurs while the insured member is covered under this policy; and
- ◆ the Certification Period has not ended for each of the certificates.

total and permanent disablement (or totally and permanently disabled)

A. An *insured member* will be considered totally and permanently disabled if:

- (a) the insured member suffers, as a result of illness or injury:
 - (i) the complete and irrecoverable loss of use of two limbs;
 - (ii) blindness in both eyes; or
 - (iii) the complete and irrecoverable loss of use of one limb and blindness in one eye;

and where the *date of disablement* occurs on or after 1 July 2014, we consider, on the basis of medical and other evidence satisfactory to us, the person is unlikely to ever be able to engage in any *occupation* whether or not for reward.

In this paragraph (a):

- ◆ *limb* means the whole hand below the wrist or whole foot below the ankle; and
- ◆ *blindness* means the permanent loss of sight in both eyes due to illness or injury to the extent that:
 - ◆ visual acuity is 6/60 or less in both eyes or
 - ◆ to the extent that the visual field is reduced to 20 degrees or less of arc whether aided or unaided and all as certified by an ophthalmologist.

OR

B. An *insured member* will be considered totally and permanently disabled if:

- (a) the insured member is, as a result of illness or injury:
 - (i) totally unable to perform without the physical assistance of another person any two of the 'activities of daily living' or all of the 'defined home duties' set out below; and
 - (ii) in our opinion, the person is permanently and irreversibly unable to do so for life and where the date of disablement occurs on or after 1 July 2014, we consider, on the basis of medical and other evidence satisfactory to us, the person is unlikely to ever be able to engage in any occupation whether or not for reward.

Activities of daily living

- ◆ dressing – the ability to put on and take off clothing;
- ◆ toileting – the ability to use the toilet, including getting on and off;
- ◆ mobility – the ability to get in and out of bed and on and off a chair;
- ◆ continence – the ability to control bowel and bladder function;
- ◆ feeding – the ability to get food from a plate into the mouth;
- ◆ bathing – the ability to wash yourself either in the bath or shower or by sponge bath without the standby assistance of another person.

Defined Home Duties

- ◆ Cleaning the usual place of dwelling;
- ◆ Purchasing household food and items used for cleaning;
- ◆ Preparing meals for the household;
- ◆ Performing for the household laundry services such as washing or ironing.

OR

C. An *insured member* will be considered totally and permanently disabled if:

- (a) the insured member was, on the date of disablement, aged 65 years or less;
- (b) the insured member is absent from all work as a result of suffering cardiomyopathy, primary pulmonary hypertension, major head trauma with permanent neurological deficit, motor neurone disease, multiple sclerosis with impairment,, muscular dystrophy, paraplegia, quadriplegia, hemiplegia, diplegia, dementia and Alzheimer's disease, Parkinson's disease with impairment, blindness, loss of speech, loss of hearing in both ears, chronic lung disease or severe rheumatoid arthritis (each as defined in the Schedule of Medical Condition Definitions set out at the end of this policy);
- (c) we consider, on the basis of medical and other evidence satisfactory to us, the insured member is unlikely ever to be able to engage in any occupation, whether or not for reward; and
- (d) the insured member is likely to be so disabled for life.

OR

D. If the *insured member* was engaged in full time domestic duties or child rearing at the time of the illness or injury, then the *insured member* will be considered totally and permanently disabled if:

- (a) through illness or injury, the insured member is unable to perform domestic duties or child rearing and has been confined to the home for a period of six consecutive

months and is under the regular treatment, and following the advice, of a medical practitioner, and continues to be so incapacitated to the extent that he or she is unable to engage in any occupation (whether or not for reward) and is likely to be so disabled for life; or

- (b) has been unable to perform domestic duties or child rearing and confined to the home as a result of cardiomyopathy, primary pulmonary hypertension, major head trauma with permanent neurological deficit, motor neurone disease, multiple sclerosis with impairment, muscular dystrophy, paraplegia, quadriplegia, hemiplegia, diplegia, dementia and Alzheimer's disease, Parkinson's disease with impairment, blindness, loss of speech, loss of hearing in both ears, chronic lung disease, or severe rheumatoid arthritis and is under the regular treatment and following the advice, of a medical practitioner and continues to be so incapacitated to the extent that he or she is unable to engage in any occupation (whether or not for reward) and is likely to be so disabled for life.

OR

E. One of the following applies:

(any occupation)

the *insured member*:

- (a) was, on the date of disablement, aged 65 years or less and employed; and
(b) as a result of illness or injury, has been absent from all work for 6 consecutive months from the date of disablement and we consider, on the basis of medical and other evidence satisfactory to us, the insured member is unlikely ever to be able to engage in any occupation, whether or not for reward;

or

(own occupation)

you make a claim in respect of *grandfathered TPD cover* where the *insured member* to whom the cover applies:

- (a) was, on the date of disablement, aged 65 years or less and employed; and
(b) as a result of illness or injury, has been absent from all work for 6 consecutive months from the date of disablement and we consider, on the basis of medical and other evidence satisfactory to us, the insured member is unlikely ever to be able to engage in his or her own occupation, whether or not for reward;
(c) where occupation means gainful occupation that the insured member engages in on a full time basis immediately prior to total and permanent disablement.
(d) Despite the above, an insured member will not be totally and permanently disabled under paragraph E if:
(e) at any time after the insured member ceases employment but prior to the date of disablement, the insured member is not employed for a period of 6 or more consecutive months from the termination date of their last period of employment ("period of unemployment"); and
(f) the insured member does not, after his or her most recent period of unemployment but prior to the date of disablement, return to active employment for 40 consecutive working days.

transfer date

The date we agree in writing is the transfer date for the purpose of applying the *individual transfer terms* to a person insured under an *agreed policy*

war

Includes any act of war (whether declared or not).

we/our/us

AIA Australia Limited ABN 79 004 837 861 AFSL 230043 and its successors or assignees.

you/your

The *policyowner*.

SCHEDULE OF MEDICAL DEFINITIONS

blindness

The permanent loss of sight in both eyes due to illness or injury to the extent that:

- ◆ visual acuity is 6/60 or less or
- ◆ the visual field is reduced to 20 degrees or less of arc

whether aided or unaided and all as certified by a *relevant medical specialist*.

cardiomyopathy

The diagnosis of cardiomyopathy by a *relevant medical specialist* resulting in significant physical impairment, which is classified as Class 3 or greater under the New York Heart Association classification of cardiac impairment.

chronic lung disease

End stage respiratory failure requiring permanent long term oxygen therapy as certified by the *relevant medical specialist*.

dementia and Alzheimer's disease

Clinical diagnosis of dementia (including Alzheimer's disease) as confirmed by a *relevant medical specialist*.

The diagnosis must confirm irreversible failure of brain function resulting in significant cognitive impairment.

Significant cognitive impairment means a deterioration in the person's Mini-Mental State Examination score to 24 or less, where the deterioration would continue but for any effective treatment.

diplegia

The total and permanent loss of use of both arms or both legs, resulting from illness or injury of the brain or spinal cord.

hemiplegia

The total and permanent loss of use of one arm and one leg on the same side of the body, resulting from illness or injury of the brain or spinal cord.

loss of hearing in both ears

The permanent and irreversible loss of hearing in both ears as a result of illness or injury, to the extent that the person has an average hearing threshold of 91db or greater as measured at 500, 1000, 1500, 2000 and 3000 Hz even with amplification. The loss must be certified by a *relevant medical specialist*.

The definition isn't met if the person's level of hearing is lower than the above threshold with the assistance of any type of hearing device, other than a cochlear implant.

loss of speech

The total and irrecoverable loss of the ability to produce intelligible speech as a result of illness or injury which causes permanent damage to the larynx or its nerve supply or the speech centres of the brain. The loss must be certified by a *relevant medical specialist*.

major head trauma with permanent neurological deficit

Injury to the head resulting in permanent neurological deficit causing either:

- ◆ permanent cognitive impairment, where the person has a Mini-Mental State Examination score of 24 or less; or
- ◆ the permanent and irreversible inability to perform without the assistance of another person any one of the activities of daily living:
 - dressing - the ability to put on and take off clothing;
 - toileting - the ability to use the toilet, including getting on and off;
 - mobility - the ability to get in and out of bed and a chair;
 - continence - the ability to control bowel and bladder function;
 - feeding - the ability to get food from a plate into the mouth;

as certified by a *relevant medical specialist*.

<i>motor neurone disease</i>	The diagnosis of motor neurone disease as certified by a <i>relevant medical specialist</i> .
<i>multiple sclerosis with impairment</i>	The diagnosis of multiple sclerosis as certified by a <i>relevant medical specialist</i> and evidence by magnetic resonance imaging or other investigations acceptable to <i>us</i> and has resulted in persisting neurological abnormalities.
<i>muscular dystrophy</i>	The diagnosis of muscular dystrophy as certified by a <i>relevant medical specialist</i> .
<i>paraplegia</i>	The total and permanent loss of use of both legs, resulting from illness or injury of the brain or spinal cord.
<i>Parkinson's disease with impairment</i>	The diagnosis of Parkinson's disease certified by a <i>relevant medical specialist</i> , confirming that the condition has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit.
<i>primary pulmonary hypertension</i>	Primary pulmonary hypertension established by cardiac catheterisation resulting in significant permanent physical impairment which is classified as Class 3 or greater under the New York Heart Association classification of cardiac impairment.
<i>quadriplegia</i>	The total and permanent loss of use of both arms and both legs, resulting from illness or injury of the brain or spinal cord.
<i>severe rheumatoid arthritis</i>	<p>The diagnosis of severe rheumatoid arthritis by a <i>relevant medical specialist</i>.</p> <p>The diagnosis must be supported by, and evidence, all of the following criteria:</p> <ul style="list-style-type: none"> ◆ the <i>insured member</i> has undergone and is non-responsive to all reasonable conventional therapy*, and ◆ the <i>insured member</i> has failed treatment with one biological disease-modifying anti rheumatic drugs (bDMARD), <p>as recommended by a <i>relevant medical specialist</i>.</p> <p>Degenerative osteoarthritis and all other arthritides are excluded.</p> <p>*Conventional therapy includes those medications available through the Australian Pharmaceutical Benefits Schedule excluding those on the 'specialised drugs' list of Rheumatoid Arthritis.</p>

APPENDIX – PREMIUM RATES

Monthly Premium Rates per \$100,000 of Insured Benefit

Includes: Stamp Duty

Excludes: Adviser Commission, Dealer / Customer Commission and Administrator Commission

Age Next Birthday	Death Only		Death Only		Death& TPD		Death & TPD	
	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
19	5.62	7.92	2.55	3.20	8.02	11.41	4.95	6.69
20	5.87	8.30	2.55	3.20	8.57	11.99	5.25	6.89
21	6.00	8.43	2.55	3.20	8.40	11.83	4.95	6.60
22	5.87	8.43	2.42	3.06	8.28	11.83	4.82	6.46
23	5.49	8.04	2.30	2.93	7.58	10.84	4.40	5.73
24	5.11	7.65	2.17	2.81	6.91	10.17	3.97	5.31
25	4.98	7.41	2.17	2.68	6.57	9.40	3.77	4.68
26	4.72	7.27	2.17	2.93	6.22	9.28	3.67	4.94
27	4.72	7.27	2.30	3.06	6.13	9.08	3.70	4.87
28	4.59	7.27	2.30	3.06	6.10	9.18	3.80	4.97
29	4.59	7.41	2.30	3.20	6.10	9.30	3.80	5.09
30	4.72	7.65	2.55	3.44	6.22	9.76	4.05	5.55
31	4.72	8.04	2.55	3.70	6.22	9.94	4.05	5.60
32	4.72	8.43	2.68	3.96	6.22	10.52	4.19	6.06
33	4.85	8.81	2.93	4.21	6.45	10.80	4.53	6.22
34	4.98	9.07	3.06	4.47	6.49	11.06	4.57	6.46
35	5.11	9.45	3.20	4.72	6.80	11.75	4.89	7.02
36	5.23	9.83	3.44	5.23	7.23	12.43	5.44	7.83
37	5.49	10.33	3.70	5.62	7.70	13.14	5.90	8.43
38	5.74	10.98	3.96	6.13	8.25	14.18	6.45	9.32
39	6.13	11.75	4.34	6.64	8.83	15.45	7.03	10.33
40	6.51	12.77	4.72	7.41	9.71	16.87	7.92	11.50
41	7.02	13.91	5.11	8.04	10.72	18.63	8.81	12.75
42	7.65	15.32	5.49	8.81	11.66	20.71	9.49	14.20
43	8.30	16.85	6.00	9.71	12.90	22.86	10.60	15.71
44	9.07	18.39	6.51	10.60	14.56	25.29	12.02	17.50
45	9.83	20.17	7.15	11.61	15.83	27.97	13.16	19.42
46	10.72	22.08	7.92	13.02	17.42	30.89	14.62	21.82
47	11.87	24.12	8.81	14.43	19.48	34.23	16.41	24.53
48	12.89	26.42	9.95	16.21	21.99	38.33	19.06	28.12
49	14.17	28.72	11.37	18.39	24.57	42.54	21.77	32.19
50	15.57	31.40	12.77	20.56	27.48	47.51	24.67	36.66

	Death Only		Death Only		Death & TPD		Death & TPD	
Age Next Birthday	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker	Male Non-Smoker	Male Smoker	Female Non-Smoker	Female Smoker
51	17.11	34.59	14.55	23.36	30.81	53.31	28.26	42.08
52	19.02	38.04	16.46	26.17	34.83	59.56	32.28	47.69
53	21.18	42.00	18.50	29.10	39.10	66.31	36.42	53.42
54	23.74	46.22	20.42	31.92	44.35	74.32	41.03	60.03
55	26.55	50.80	22.46	34.71	50.56	83.72	46.48	67.65
56	29.87	56.03	24.76	37.78	60.18	97.96	55.09	79.71
57	33.70	61.65	27.19	40.98	71.72	113.98	65.21	93.31
58	38.29	68.04	30.00	44.30	85.92	134.08	77.63	110.34
59	43.40	74.80	33.19	48.12	101.83	156.75	91.62	130.07
60	49.40	82.59	37.01	52.59	121.25	181.15	108.86	151.16
61	54.83	91.68	41.09	58.38	143.08	213.76	128.46	178.36
62	61.41	102.67	46.02	65.38	170.25	254.38	152.87	212.25
63	69.40	116.03	52.00	73.88	204.30	305.24	183.44	254.69
64	79.11	132.26	59.28	84.23	247.21	369.35	221.97	308.18
65	90.19	150.79	67.58	96.02	301.59	450.61	270.79	375.99
66	102.82	171.89	77.05	109.46	448.63	668.14	404.63	561.52
67	117.22	195.96	87.83	124.78	546.96	812.08	495.42	687.18
68	133.62	223.39	100.13	142.26	667.96	988.75	607.47	842.18
69	152.33	254.66	114.15	162.17	816.97	1205.89	745.87	1033.62
70	173.65	290.32	130.13	184.87	1000.76	1473.13	916.99	1270.22
71	199.70	333.87	149.65	212.61				
72	231.66	387.29	173.58	246.62				
73	271.03	453.13	203.10	288.54				
74	319.81	534.69	239.66	340.48				
75	380.58	636.27	285.20	405.18				

Occupation Loadings:	Professional	White Collar	Light Blue Collar	Medium Blue Collar	Heavy Blue Collar	Hazardous
Life only	87.5%	100%	105%	125%	130%	250%
Any Occupation TPD	87.5%	100%	105%	125%	200%	n/a
Own Occupation TPD	105%	n/a	n/a	n/a	n/a	n/a