

MAP Superannuation Plan Insurance Guide

Issued 18 May 2018



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Important Information

The information in this document forms part of the MAP Superannuation Plan Product Disclosure Statement dated 18 May 2018, issued by Diversa Trustees Limited (AFSL No 253153; ABN 49 006 421 638; RSE Licence No L0000635) as Trustee of MAP Superannuation Plan (ABN 71 603 157 863; RSE R1001587).

General advice warning

Any advice contained in this Guide has been prepared without taking account any particular person's objectives, financial situation or needs. Because of that, you should, before acting on the advice, consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. In addition, you should obtain the MAP Superannuation Plan Product Disclosure Statement and consider it before making any decision about whether to acquire the product.

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Insurance in your super

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

MAP Super offers the following insurance options to eligible members of the Fund:

Death Insurance	Provides a lump sum benefit in the event of death.
Death and Total Permanent Disablement (TPD) Insurance	Provides a lump sum benefit if you die, suffer a Total and Permanent Disablement, or are diagnosed with a Terminal Illness.
Income Protection Insurance	Pays a set percentage of your Monthly Income for a predefined length of time in the event that you suffer Total Disability as a result of illness or injury. Your insurance cover is paid for out of your super account (which means that in most cases you will be paying for insurance out of your before-tax income).

You can choose to take up all or any combination of the above insurance cover options.

There are costs associated with insurance cover. These costs which are deducted from your account are calculated on the amount of cover you request, your membership type, your age, gender, occupation, income (in the case of income protection) and assessment by the Insurer.

Types of insurance

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

Your employment status:	You are eligible to apply for:
You are an employee of a Participating Employer ¹	Employee Cover (Section 2, 3 and 4)
All others	Personal Cover (Section 1, 3 and 4)

¹ *Participating Employer means an employer who makes or agrees to make contribution payments to the MAP Superannuation Plan.*

The level and cost of insurance cover will depend on whether you are eligible for Personal or Employee Cover.

Change of circumstances

If you change your:

- occupation
- location
- income and amount of hours you are working or
- if you cease working altogether;

then the above changes to your circumstances may have an impact on your eligibility to claim for benefits under your insurance cover, should you become temporarily or permanently disabled. Please let us know in writing or call us on 1800 640 055 to determine the impact of any changes to your circumstance.

1. MAP Super Personal Cover

Default Death and TPD Cover when you join

Provided you meet eligibility conditions¹, when you sign up to MAP Super you will receive default death and total and permanent disablement cover without any medical underwriting. If you are eligible, the default cover will be provided as fixed cover and is Limited Cover² for 36 months, unless the cover is underwritten and accepted by the Insurer. The amount of default cover provided will depend on your age, as shown in below table 1. Your annual premium per \$1,000 sum insured is in Table 3 on page 9.

You may elect to opt out your Default Cover, select death only cover, or reduce the level of cover at any time. However, any subsequent request to reinstate or increase cover will be subject to underwriting.

Table 1 – Default Personal Death and TPD Cover

Age next birthday	Death Cover	TPD Cover
16 – 35 years	\$535,500	\$535,500
36 – 40 years	\$318,000	\$318,000
41 – 45 years	\$189,000	\$189,000
46 – 50 years	\$109,500	\$109,500
51 – 55 years	\$61,500	\$61,500
56 – 60 years	\$37,500	\$37,500
61 years	\$28,500	\$28,500
62 years	\$25,500	\$22,950
63 years	\$22,500	\$18,000
64 years	\$21,000	\$14,700
65 years	\$19,500	\$11,700
66 years	\$19,500	\$9,750
67 years	\$19,500	\$7,800
68 years	\$16,500	\$4,950
69 years	\$15,000	\$3,000
70 years	\$15,000	\$1,500
Cost for Default Cover and when is it paid?	Males \$2.94 to \$5.56 per week Females \$1.54 to \$3.64 per week Premiums are annualised and deducted from your account monthly in arrears.	

Does the value of default cover remains the same as I age?	Death cover will remain the same with your age. TPD reduces after you turn 60 as follows (based on age next birthday)			
	61	100%	66	50%
	62	90%	67	40%
	63	80%	68	30%
	64	70%	69	20%
	65	60%	70	10%
Does the cost for cover remain the same as I age?	Cost will vary with age.			

Increasing Death & TPD Cover

You can select the amount of additional death / death and total permanent disablement cover to suit your needs (eg. enough to cover your mortgage).

The value of personal death cover remains fixed for as long as your membership and insurance continues. The value of personal TPD cover will remain fixed until age 61 so long as your membership and insurance continues. If you take out cover before you turn 65, death cover may continue to age 75. TPD cover will cease at age 70. The cost of additional personal cover will be determined by the level of cover you apply for.

All additional insurance will be underwritten by the insurer and is subject to the following policy maximums:

- Death - unlimited
- TPD and Terminal Illness - \$3 million.

The maximum amount described above is the total amount of cover held with MAP Super and all cover held under other policies with any other insurer.

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

While your application for increasing cover is being considered, the Insurer will provide interim accident cover.

¹ For eligibilities, please refer section 4.

² Limited cover is the cover provided for an illness first diagnosed, or an injury that first occurs, on or after the date your cover commences or recommences.

Lifetime event increase

If you are less than 55 you can increase your cover for any of the following types of Lifetime Events without providing further evidence of health: a) home purchase, b) marriage, c) birth or adoption of a child. The amount of additional cover will be the lesser of: a) 25% of your current cover b) \$200,000 or c) amount of or increase in mortgage.

Strict conditions and limits apply including a maximum of one increase in any 12 month period. See Death and TPD Insurance Terms and Conditions on page 12 for further detail.

Example

How to calculate your Personal additional Death and TPD insurance premium

39 year old male, additional \$1m death cover

1.	Write down the level of cover agreed benefit amount you require.	\$1m death cover
2.	Find your age next birthday in Table 3 from page 9.	Age next birthday is 40
3.	Write down the annual premium rate per \$1,000 agreed benefit, depending on whether you wish to obtain additional death only insurance cover or additional death and TPD cover.	Annual premium rate per \$1,000 agreed benefit for death cover is 0.49
4.	Multiple the agreed benefit amount required by the annual premium rate and divide by 1,000. This is your annual premium.	$1,000,000 \times 0.49 / 1000 = \490.00
5.	To work out your monthly premium, divide your annual premium by 12.	$\$490.00 / 12 = \40.833

Transferring Existing Death and TPD Cover

You may be able to transfer existing Death and TPD cover from your current insurer to MAP Super, provided you meet eligibility conditions.

Cover transferred to MAP Super will be converted into fixed cover for the same type and level of cover. Premiums rates under the MAP Super Group Life Insurance policy in Table 3 will applied to the transferred cover.

³ You can also apply for additional cover equal to the amount your Employer contributes to your superannuation subject to a

The maximum value of the combined total of transferred cover plus your existing cover is \$1 million.

Income Protection Insurance Cover

Income Protection insurance cover is available to eligible members, subject to the policy maximums of 75% of your pre-disability Monthly Income up to a maximum of \$25,000 per month³. This maximum amount is the total amount of cover held with MAP Super and all cover held under other policies with any other insurer.

You can select from 30 or 90 day waiting periods, and have the choice of a 2 year or to age 65 benefit periods. Cover is subject to underwriting and acceptance by the insurer.

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

Your annual premium per \$1,000 sum insured is based on your age, gender and occupation category, as shown in Table 4 on page 10.

While your application for the Income Protection cover is being considered, the Insurer will provide interim accident cover.

Transferring Existing Income Protection

You may be able to transfer existing Income Protection cover from your current insurer to MAP Super, provided you meet eligibility conditions.

Income protection cover transferred will be subject to following:

- maximum monthly benefit of \$15,000;
- if the waiting period is under 30 days, a 30 day waiting period will be applied;
- if the waiting period is greater than 30 days a 90 day period will be applied;
- benefit period will be confirmed by the Insurer; and
- total cover does not exceed the maximum monthly benefit of \$25,000.

Full terms and conditions for the transferred cover is in section 5.

Premiums rates under the MAP Super Group Life Insurance policy in Table 4 will applied to the transferred cover.

maximum of 10%. This amount is included in the \$25,000 per month maximum.

Example

How to calculate your income protection premium

39 year old male default employee cover

1.	Write down your annual salary	\$80,000.
2.	Work out your cover amount. Decide whether you wish to include super guarantee cover. Yes – Multiply your salary by 0.75 + SG % to cover (up to 10%). No – Multiply your salary by 0.75 (used for this example)	$\$80,000 \times 0.75 = \$60,000$
3.	Decide on a 2 year or to age 65 benefit period	To age 65
4.	Decide on a 30 or 90 day wait period	90
5.	Write down the annual premium rate per \$1,000 agreed benefit, by finding your age next birthday in table 4, depending on your choice made in the above steps.	Annual premium rate per \$1,000 agreed benefit is \$4.33
6.	Review your Premium adjustment factor and apply against rate.	$\$4.33 \times 100\% = \4.33
7.	Divide the agreed benefit amount required by 1,000, then multiply by the annual premium rate. This is your annual premium.	$60,000 / 1000 \times \$4.33 = \$259.80.$
8.	To work out your monthly premium, divide your annual premium by 12.	$\$259.80 / 12 = \21.65

2. MAP Super Employee Cover

Default Death and TPD Cover when you join

If you are an employee of a participating employer and meet eligibility conditions, when you join MAP Super you will receive 3 units of default death and total and permanent disablement cover without any medical underwriting, at a cost of \$3.15 per week. The amount of default cover provided will depend on your age, as shown in Table 2.

If you are not At Work on the date your cover commences, your cover will be Limited Cover⁴ for 24 months. At the end of the 24 month period you must be At Work otherwise Limited Cover will continue to apply. You may elect to opt out of your Default Cover, select death only cover, or reduce the level of cover at any time. However, any subsequent request to reinstate or increase cover will be fixed cover and subject to underwriting.

Increasing Death and TPD Cover

You can select the amount of additional death/death and total and permanent disablement cover to suit your needs (eg. Enough to cover your mortgage). However, the additional cover will be fixed cover and subject to underwriting.

The value of additional death cover remains fixed for as long as your membership and insurance continues. The value of additional TPD cover will remain fixed until age 61 so long as your membership and insurance continues. If you take out cover before you turn 65, death cover may continue to age 75. TPD cover will cease at age 70. The cost of additional personal cover will be determined by the level of cover you apply for, in accordance with Table 3.

All additional insurance will be underwritten by the insurer and is subject to the following policy maximums:

- Death – unlimited
- TPD & Terminal Illness - \$3 million.

The maximum amount described above is the total amount of cover held with MAP Super and all cover held under other policies with any other insurer.

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

While your application for increased cover is being considered, the Insurer will provide interim accident cover.

Lifetime event increases

If you are less than 55 you can increase your cover for any of the following types of Lifetime Events without providing further evidence of health: a) home purchase, b) marriage, c) birth or adoption of a child. The amount of additional cover will be 1 unit of cover as per Table 2.

Strict conditions and limits apply including a maximum of one increase in any 12 month period. See Death and TPD Insurance Terms and Conditions on page 12 for further detail.

Transferring Existing Death and TPD Cover

You may be able to transfer existing Death and TPD cover from your current insurer to MAP Super, provided you meet eligibility conditions.

Cover transferred to MAP Super will be converted into a number of units required to match the existing type and level of cover held, rounded up to the next highest number of units of cover. Premium rates per Table 2 will apply to the transferred cover.

The maximum value of the combined total of transferred cover plus your existing cover is \$1 million.

Income Protection Insurance Cover

Income Protection insurance cover is available to eligible members, subject to a maximum of 75% of your pre-disability Monthly Income up to a maximum of \$25,000 per month⁵. This maximum amount is the total amount of cover held with MAP Super and all cover held under other policies with any other insurer.

You can select from a 30 or 90 day waiting period, and have the choice of a 2 year or to age 65 benefit period. Cover is subject to underwriting and acceptance by the insurer.

maximum of 10%. This amount is included in the \$25,000 per month maximum.

⁴ Limited cover is the cover provided for an illness first diagnosed, or an injury that first occurs, on or after the date your cover commences or recommences.

⁵ You can also apply for additional cover equal to the amount your Employer contributes to your superannuation subject to a

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

Your annual premium per \$1,000 sum insured is based on your age, gender and occupation category, as shown in Table 4 on page 10.

While your application for the Income Protection cover is being considered, the Insurer will provide interim accident cover.

Transferring Existing Income Protection

You may be able to transfer existing Income Protection cover from your current insurer to MAP Super, provided you meet eligibility conditions.

Income protection cover transferred will be subject to following:

- maximum monthly benefit of \$15,000;
- if the waiting period is under 30 days, a 30 day waiting period will be applied;
- if the waiting period is greater than 30 days a 90 day period will be applied;
- benefit period will be confirmed by the Insurer; and
- total cover does not exceed the maximum monthly benefit of \$25,000.

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

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

Table 2 – Default Employee Death and TPD Cover

Age next birthday	Value of 3 units of death & TPD cover	Age next birthday	Value of 3 units of death & TPD cover
	\$3.15 per week		\$3.15 per week
16	535,500	44	189,000
17	535,500	45	189,000
18	535,500	46	109,500
19	535,500	47	109,500
20	535,500	48	109,500
21	535,500	49	109,500
22	535,500	50	109,500
23	535,500	51	61,500
24	535,500	52	61,500
25	535,500	53	61,500
26	535,500	54	61,500
27	535,500	55	61,500
28	535,500	56	37,500
29	535,500	57	37,500
30	535,500	58	37,500
31	535,500	59	37,500
32	535,500	60	37,500
33	535,500	61	28,500
34	535,500	62	25,500
35	535,500	63	22,500
36	318,000	64	21,000
37	318,000	65	19,500
38	318,000	66	19,500
39	318,000	67	19,500
40	318,000	68	16,500
41	189,000	69	15,000
42	189,000	70	15,000
43	189,000		

3. MAP Super Premium Rates Tables

Table 3 – Personal and Voluntary Death and TPD Cover – annual premium per \$1,000 insured

Age next birthday	Death only		Death & TPD		Age next birthday	Death only		Death & TPD	
	Male	Female	Male	Female		Male	Female	Male	Female
16	0.37	0.15	0.37	0.19	46	0.81	0.45	1.44	1.05
17	0.46	0.15	0.48	0.19	47	0.89	0.49	1.61	1.18
18	0.46	0.15	0.54	0.19	48	0.98	0.54	1.81	1.32
19	0.46	0.15	0.54	0.19	49	1.06	0.59	2.04	1.51
20	0.46	0.15	0.54	0.19	50	1.16	0.65	2.27	1.73
21	0.46	0.15	0.54	0.19	51	1.25	0.71	2.52	1.95
22	0.44	0.14	0.53	0.18	52	1.35	0.80	2.81	2.22
23	0.41	0.12	0.49	0.16	53	1.48	0.88	3.15	2.49
24	0.39	0.12	0.47	0.16	54	1.60	0.98	3.52	2.78
25	0.38	0.11	0.47	0.15	55	1.73	1.06	3.86	3.08
26	0.35	0.11	0.44	0.15	56	1.88	1.16	4.27	3.37
27	0.34	0.11	0.43	0.16	57	2.05	1.27	4.75	3.68
28	0.34	0.11	0.43	0.16	58	2.25	1.39	5.29	4.01
29	0.34	0.11	0.44	0.18	59	2.48	1.50	5.92	4.38
30	0.34	0.12	0.44	0.19	60	2.72	1.63	6.62	4.75
31	0.32	0.12	0.44	0.20	61	2.96	1.75	7.32	5.12
32	0.32	0.14	0.44	0.22	62	3.19	1.90	8.06	5.63
33	0.34	0.15	0.47	0.25	63	3.45	2.13	8.86	6.22
34	0.35	0.16	0.49	0.28	64	3.71	2.37	9.71	6.93
35	0.36	0.17	0.53	0.30	65	3.98	2.65	10.66	7.72
36	0.38	0.20	0.55	0.36	66	4.27	2.94	9.71	7.08
37	0.39	0.23	0.57	0.41	67	4.65	3.29	10.63	7.83
38	0.41	0.24	0.62	0.44	68	5.06	3.71	11.64	8.68
39	0.45	0.28	0.68	0.53	69	5.46	4.08	12.72	9.57
40	0.49	0.30	0.75	0.58	70	5.90	4.50	13.88	10.53
41	0.51	0.34	0.81	0.66	71	6.49	5.07		
42	0.58	0.36	0.90	0.74	72	7.14	5.70		
43	0.63	0.39	1.02	0.81	73	7.85	6.42		
44	0.68	0.41	1.14	0.89	74	8.64	7.21		
45	0.75	0.43	1.28	0.96	75	9.50	8.12		

Notes relating to Table 3

- Rates shown include stamp duty.
- Rates shown include a 10% administration fee payable to OneVue Superannuation Services which covers the cost of administering the insurance arrangements.
- Premiums are payable monthly in arrears.

Table 4 – Personal and Employee Income Protection Cover - annual premium rates per \$1,000 sum insured

Age next birthday	2 years Benefit Period				To Age 65 Benefit Period			
	30 day waiting period		90 day waiting period		30 day waiting period		90 day waiting period	
	Premium adjustment factors apply (see below)				Premium adjustment factors apply (see below)			
	Male	Female	Male	Female	Male	Female	Male	Female
16	1.91	2.86	0.70	1.04	3.77	5.66	1.63	2.45
17	1.91	2.86	0.70	1.04	3.77	5.66	1.63	2.45
18	1.91	2.86	0.70	1.04	3.77	5.66	1.63	2.45
19	1.91	2.86	0.70	1.04	3.77	5.66	1.63	2.45
20	1.91	2.86	0.70	1.04	3.77	5.66	1.63	2.45
21	1.91	2.86	0.70	1.04	3.90	5.85	1.68	2.52
22	1.94	2.90	0.70	1.04	4.03	6.05	1.74	2.61
23	1.96	2.95	0.70	1.04	4.18	6.27	1.80	2.70
24	1.98	2.97	0.70	1.04	4.34	6.51	1.86	2.79
25	2.02	3.03	0.70	1.04	4.49	6.73	1.92	2.89
26	2.05	3.07	0.70	1.04	4.62	6.93	1.92	2.89
27	2.07	3.11	0.70	1.04	4.78	7.17	1.95	2.92
28	2.13	3.19	0.70	1.04	4.98	7.46	1.99	2.98
29	2.18	3.27	0.70	1.04	5.23	7.85	2.05	3.07
30	2.25	3.38	0.71	1.06	5.52	8.27	2.12	3.18
31	2.35	3.52	0.74	1.11	5.85	8.77	2.21	3.31
32	2.44	3.66	0.75	1.13	6.21	9.32	2.33	3.49
33	2.56	3.85	0.78	1.17	6.63	9.95	2.46	3.70
34	2.70	4.05	0.82	1.23	7.07	10.61	2.64	3.95
35	2.84	4.26	0.87	1.31	7.57	11.36	2.82	4.23
36	3.00	4.50	0.93	1.39	8.11	12.17	3.05	4.58
37	3.19	4.79	0.98	1.47	8.71	13.07	3.30	4.95
38	3.38	5.07	1.06	1.60	9.34	14.01	3.59	5.39
39	3.60	5.40	1.16	1.74	10.04	15.06	3.93	5.90
40	3.83	5.75	1.27	1.90	10.79	16.18	4.33	6.49
41	4.06	6.10	1.38	2.07	11.57	17.35	4.76	7.13
42	4.34	6.51	1.51	2.27	12.42	18.62	5.26	7.89
43	4.64	6.96	1.66	2.49	13.33	20.00	5.83	8.75
44	4.95	7.43	1.85	2.78	14.30	21.45	6.48	9.73
45	5.29	7.94	2.05	3.07	15.33	23.00	7.21	10.81
46	5.67	8.51	2.29	3.44	16.44	24.65	8.03	12.04
47	6.07	9.10	2.56	3.85	17.61	26.42	8.95	13.42
48	6.52	9.78	2.86	4.30	18.85	28.28	9.98	14.96
49	7.00	10.50	3.20	4.81	20.17	30.26	11.10	16.66
50	7.51	11.27	3.60	5.40	21.56	32.34	12.35	18.53
51	8.09	12.13	4.04	6.05	23.02	34.53	13.71	20.57
52	8.73	13.09	4.53	6.79	24.55	36.82	15.20	22.80
53	9.42	14.14	5.10	7.65	26.14	39.21	16.79	25.19
54	10.17	15.26	5.73	8.59	27.80	41.70	18.48	27.72
55	11.02	16.53	6.42	9.63	29.49	44.23	20.25	30.37
56	11.95	17.92	7.21	10.82	31.16	46.73	22.02	33.04
57	12.98	19.47	8.07	12.11	30.08	45.12	20.87	31.31
58	14.12	21.17	9.06	13.58	28.88	43.31	19.65	29.47
59	15.40	23.10	10.13	15.20	26.13	39.20	18.38	27.58
60	16.80	25.20	11.33	17.00	23.79	35.68	17.33	26.00
61	18.37	27.55	12.64	18.96	21.30	31.95	16.57	24.86
62	20.13	30.19	14.10	21.15	20.96	31.44	16.01	24.01
63	19.27	28.90	15.65	23.48	19.27	28.90	15.65	23.48
64	16.40	24.60	12.32	18.48	16.40	24.60	12.32	18.48
65	5.53	8.29	3.28	4.93	5.53	8.29	3.28	4.93

Notes relating to Table 4

- Rates shown do not include stamp duty.
- Rates shown include a 10% administration fee payable to OneVue Superannuation Services which covers the cost of administering the insurance arrangements.
- Premiums are payable monthly in arrears.
- If you receive a TPD payment from MAP, Income Protection benefits can continue for the agreed benefit period.
- Benefits are indexed annually with CPI to a maximum of 5%.

Premium Adjustment factors

Occupation category	Factor
Professional	90%
White collar	100%
Light blue collar	140%
Blue collar	220%
Heavy blue collar	300%

Stamp Duty applicable to Income Protection Premiums

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

*Rates current at 1/7/17

4. Death and TPD Insurance Terms and Conditions

MAP offers Group Death and TPD insurance via Group Insurance Policy with Hannover Life Re of Australasia Ltd (the Insurer). The information contained in this section is a summary of the terms and conditions.

The insurer has the right under the policy to: accept cover for the member; accept cover for the member subject to premium loadings, exclusions or restrictions they may consider appropriate; or refuse to provide cover to a member.	
General Eligibility	<p>A member is eligible to apply for insurance if:</p> <ol style="list-style-type: none"> 1. They are a member of MAP Super and have sufficient funds in their account to cover the cost of monthly premiums; 2. For default cover, they are aged between 15 and 67; 3. For voluntary personal cover, they are aged between 15 and 70 (Death and Terminal Illness cover), or 15 and 65 (TPD cover); 4. For voluntary employee cover, they are aged between 15 and 65; 5. They are an Australian resident; 6. The Insurer expressly agrees in writing to MAP that the member is eligible; and 7. The member is not currently applying for, entitled to, or been paid a TPD or terminal illness benefit from any super fund or life insurance policy.
Transfer Eligibility	<p>A member is eligible to transfer cover from another provider if:</p> <ol style="list-style-type: none"> 1. The member meets general eligibility conditions; 2. The cover held by the member is currently insured under an employer sponsored policy; OR The cover held by the member is an individual insurance policy with another Australian life insurer, provided the policy has been underwritten and accepted for cover within the last five years; <p>AND, subject to meeting the following criteria:</p> <ol style="list-style-type: none"> 1. The member must be aged less than 65; 2. The member must not be working in an Excluded Occupation; 3. The member must confirm that their insured benefit in the existing fund or insured policy will cease on cover commencing under this policy. No claim will be considered under this policy where they retain any form of their previous cover elsewhere; 4. The member must transfer their entire account balance to the Plan; 5. The member must not continue the cover under any other insurance arrangement, reinstate cover or effect a continuation option with any fund; 6. The member must provide a copy of their most recent Benefit Statement or Policy Renewal Statement as evidence of their current cover and insured benefit previously held. This includes a copy of the advice they received from the insurer or fund advising them of acceptance of their insurance and if on standard terms or subject to additional terms; 7. The member's existing cover not being subject to any premium loading, exclusion or pre-existing condition exclusion or restriction in regard to medical or other conditions; 8. The maximum value of the combined total of transferred cover plus the existing cover is \$1,000,000; and 9. The member must satisfactorily complete a Transfer of Insurance to MAP Superannuation Plan Form, including answering 'no' to the agreed health questions, and be received by the Plan within 31 days of being signed and dated.
Limited Cover	<p>A member eligible for Personal Default Cover will receive Limited Cover for the first 36 months during which pre-existing illnesses and injuries at the date cover commences are excluded.</p> <p>A member eligible for Employee Default Cover will receive Limited Cover for 24 months during which pre-existing illnesses and injuries at the date cover commences are excluded, if the member is not At Work on the date the cover commences. After 24 months these limitations are removed if they are At Work, otherwise Limited Cover will continue to apply.</p> <p>It is important to note that if you have no pre-existing illnesses or injuries there will be no limitation on cover provided. Limited Cover does not apply if your insurance is underwritten and accepted by the Insurer.</p>
Exclusions	<p>There are no exclusions applicable to Default Cover. However, for any benefit in excess of the Default Cover (Voluntary Cover), the following exclusions apply.</p> <p>No voluntary Cover will be payable when a claim arises directly or indirectly as a result of:</p> <ol style="list-style-type: none"> 1. Death caused by suicide or attempted suicide in the 13 month period commencing from the day the member is accepted for cover; or

	<ol style="list-style-type: none"> 2. Total and Permanent Disablement from intentional self-inflicted injury or attempted suicide in the 13 month period commencing from the day the member is accepted for cover; or 3. Any additional exclusions advised by the Insurer in writing during the underwriting process.
Cooling off period	<p>After an application has been accepted from a member there is a period of 28 days in which the member may cancel their cover and obtain a refund of the premium (other than any Government taxes or charges which the Insurer is unable to recover). This is known as the cooling off period. This period will not apply if there has been any claim or potential claim made against the policy. After this period, cover will cease from the date that the written request is received by MAP.</p>
Total and Permanent Disability (Permanent Incapacity)	<p>Total and Permanent Disablement in respect of an Insured Person who is:</p> <ol style="list-style-type: none"> 1. Gainfully employed as a Permanent Employee, Contractor or self-employed working 15 or more hours each week within the 6 months prior to the Date of Disablement is determined under either Part 1, Part 2, Part 3, Part 4 or Part 5; or 2. Gainfully employed as a Permanent Employee, Contractor or self-employed and not working 15 or more hours each week within the 6 months prior to the Date of Disablement is determined under either Part 3, Part 4 or Part 5; or 3. Not gainfully employed as a Permanent Employee, Contractor or self-employer within the 6 months prior to the Date of Disablement is determined under either Part 3, Part 4 or Part 5; or 4. Over age 65 years is determined under either Part 3, Part 4 or Part 5. <p>We may waive the 3 month Total and Permanent Disablement waiting period and provide immediate assessment where a member is suffering from one or more of the Immediate Assessment Conditions and all claim requirements have been received by us.</p> <p>An Insured Person must be disabled to such an extent as a result of that injury or illness that in the Insurer's opinion, they are unlikely ever again to be able to engage in any gainful employment for which they are reasonably suited by education, training or experience, in order to satisfy Part 3, 4 or 5.</p> <p>Part 1 - Unlikely to Return to Work</p> <p>The Insured Person is unable to perform their occupational duties as a result of Injury or Illness for 3 consecutive months and in the Insurer's opinion at the end of that 3 months period, they continue to be so disabled as the result of their ill-health (whether physical or mental) that they are unlikely to resume their previous occupation at any time in the future, and will be unlikely at any time in the future to engage in Gainful Employment for which they are reasonably suited by education, training or experience..</p> <p>Part 2 - Permanent Impairment</p> <p>The Insured Person is engaged in gainful employment when suffering an Injury or Illness and, as a result of that Injury or Illness, they:</p> <ol style="list-style-type: none"> (a) suffer a permanent impairment of at least 25% of whole person function, as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th edition, or any other recognised standard that we agree to, and (b) Are disabled to such an extent, as a result of this impairment, that the Insured Person is unlikely ever again to be able to engage in any occupation, business, profession or employment for which the Insured Person is reasonably suited by education, training or experience. <p>Part 3 - Loss of Use Of</p> <p>The Insured Person suffers the total, permanent loss of us of:</p> <ol style="list-style-type: none"> 1. 2 limbs; or 2. The sight of both eyes; or 3. 1 limb and sight of 1 eye. <p>Part 4 - Cognitive Loss</p> <p>The Insured Person, as a result of Illness or Injury, is first diagnosed with Cognitive Loss and is under the continuous care and supervision by another adult for at least 3 consecutive months and, at the end of that 3 month period, they are likely to require permanent ongoing continuous care and supervision by another adult.</p> <p>Part 5 - Activities of Daily Living</p> <p>The Insured Person suffers an Illness or Injury, that in the Insurer's opinion:</p> <ol style="list-style-type: none"> 1. Totally prevents them from performing 2 of the Activities of Daily Living without assistance from another adult person for at least 3 consecutive months; and 2. Since they became ill or injured, they have been under the regular care and attention of a Doctor for that Illness or Injury; and 3. They are unlikely to ever again be able to perform at least 2 of the Activities of Daily Living without assistance from another adult.

<p>Activities of Daily Living</p>	<p>Means:</p> <ol style="list-style-type: none"> 1. Bathing, the ability to wash or shower without assistance; 2. Dressing, the ability to put on and take off clothing without assistance; 3. Feeding, the ability to get food from a plate into the mouth without assistance; 4. Mobility, the ability to get in and out of bed and a chair without assistance; 5. Toileting, the ability to use the toilet including getting on and off without assistance.
<p>Date of Disablement</p>	<p>Means the earlier of:</p> <ol style="list-style-type: none"> (a) The date the Insured Person is diagnosed with an Immediate Assessment Condition, or (b) The date on which the three (3) consecutive months absence from work that results in Total and Permanent Disablement began; except, if the Insured Person undertakes a formalised graded return to work which fails within 12 months, the Date of Disablement will be the date on which the person first ceased work, or (c) The date on which the Permanent Impairment that results in Total and Permanent Disablement began, or (d) The date on which the three (3) consecutive months inability to perform at least 2 of the Activities of Daily Living that results in Total and Permanent Disablement began, or (e) The date the Insured Person suffers the loss of Use of the sight in both eyes, or the Loss of use of both limbs, or the Loss of Use of both the sight in one (1) eye and one (1) limb, or (f) The date the Insured Person suffers the loss of use of the sight of another eye or the Loss of use of another limb, having already suffered the loss of use of the sight of an eye or the Loss of use of a limb, or (g) The date on which the Cognitive Loss that results in Total and Permanent Disablement was first diagnosed.
<p>Terminal Illness Benefit</p>	<p>Where the Insurer is satisfied that an insured member has been diagnosed with a Terminal Illness, they will pay a Terminal Illness benefit, subject to:</p> <ol style="list-style-type: none"> 1. An insured member will be eligible for a Terminal Illness benefit where the date of diagnosis of the Terminal Illness is on or after the date their cover commenced. No Terminal Illness benefit will be considered where the date of diagnosis is prior to this date; 2. A Terminal Illness benefit will be the lesser of the insured member's Agreed Benefit or \$3,000,000. If an insured member subsequently dies, provided they remain an insured member and the Insurer continues to receive the premium for their cover, the Insurer will pay the residual death benefit balance calculated as the Agreed Benefit as at the insured member's date of death, less any Terminal Illness benefit that has already been paid; 3. If a Terminal Illness benefit is paid, all cover will cease from that date. However, subject to b) above any residual death benefit balance will be payable on death of the insured member; 4. If cover has been terminated, a member will no longer be eligible for a Terminal Illness benefit from that date; 5. The insured member must supply, at their own expense, supporting medical evidence from two registered Doctors, approved by the Insurer, certifying that in the doctors' opinion ("Certification"), it is likely the illness or injury will result in the insured member's death within a period of 12 months ("Certification Period") from the date the Doctors provide Certification. The Certification provided by the Doctors in respect of the Terminal Illness must not extend beyond the Certification Period. At least one of the registered doctors providing Certification must be a specialist in the field to which the Terminal Illness relates. <p>The Insurer will require this information in a form of their choosing and reserves the right to ask for any additional information that they feel is appropriate. Where the Insurer asks for additional information, they will incur the cost of obtaining this information.</p> <p>Where a Terminal Illness benefit is paid it will be considered as an advance payment of the insured member's death benefit.</p> <p>From the date a Terminal Illness claim has been lodged, a member will no longer be eligible for any Total and Permanent Disablement cover, any increase in cover or any reinstatement of cover that would otherwise occur under the policy.</p>
<p>Agreed Benefit on Death, Total and Permanent Disablement or Terminal Illness</p>	<p>The Agreed Benefit that the Insurer must pay is the amount for which cover is in force:</p> <ol style="list-style-type: none"> 1. On the date of death, if the claim is for death; 2. On the Date of Disablement, if the claim is for Total and Permanent Disablement; 3. On the date of Certification, if the claim is for a Terminal Illness.

Personal Cover Commencement	<p>Personal Default Cover Commences when:</p> <ol style="list-style-type: none"> 1. A fully completed and signed Application Form is received by us; 2. A contribution in respect of that member has been received; 3. The member is not applying for, entitled to, or has not been paid a Total and Permanent Disablement benefit from any superannuation fund or life insurance policy. If this provision is not satisfied, then the member is only eligible for death cover; 4. The member is not applying for, entitled to, or has been paid a terminal illness benefit from any superannuation fund or life insurance policy. If this provision is not satisfied then the member is not eligible for any cover; and 5. The member is in At Work on the date that cover commences. <p>Where the above requirements have been met, Default Cover applies and the cover for an Agreed Benefit commences on the later of the date their Membership Application Form is received and accepted by us or the date the contribution is received by us. The Default Cover is for New Events only for 36 months.</p> <p>Where the above requirements are not met, Default Cover does not apply and all cover for an Agreed Benefit is subject to underwriting and commences on the date we advise in writing.</p>
Employee Cover Commencement	<p>Employee Default Cover commences when:</p> <ol style="list-style-type: none"> 1. A member is employed by a Participating Employer and joins MAP Super within 180 days of becoming First Eligible and a fully completed and signed Member Application Form or Minimum Member Details are received by us within that time; 2. An On-Time Employer Contribution has been received by us in respect of the member; 3. The member is not applying for, entitled to, or has not been paid a Total and Permanent Disablement benefit from any superannuation fund or life insurance policy. If this provision is not satisfied, then the member is only eligible for death cover; and 4. The member is not applying for, entitled to, or has not been paid a terminal illness benefit from any superannuation fund or life insurance policy. If this provision is not satisfied then the member is not eligible for any cover. <p>Where all of the above requirements have been met, the cover for an Agreed Benefit commences on the first day of the period for which the initial On-time Employer Contribution relates.</p> <p>If the member is not At Work on the date their cover commences, they will receive New Events cover for 24 months. At the end of the 24 month period they must be At Work otherwise cover for New Events only will continue to apply.</p> <p>Where the above requirements are not met, Default Cover does not apply and all cover for an Agreed Benefit is subject to underwriting and commences on the date we advise in writing.</p>
Accident Cover	<p>Inevitably, there is a period of time between an application for cover being received by the Insurer and the completion of the assessment process. During this time the Insurer will provide interim cover known as Accident Cover. Accident Cover covers only visible, violent and external events to the body that results in the Death or Total and Permanent Disablement of a member.</p> <p>The amount of cover for Accident Cover will be the lesser of the amount of cover applied for or \$1,500,000.</p> <p>Accident Cover terminates when the member's application is accepted, refused, withdrawn, cancelled, or 90 days after it began, whichever occurs first.</p> <p>Accident Cover does not apply to any Life event increases.</p>
Cover during Employer approved leave	<p>Cover will continue for an insured member on Employer approved leave provided:</p> <ol style="list-style-type: none"> 1. They continue to be employed by their Employer and premiums are received in respect of them; 2. The period of leave is no longer than two (2) years; and 3. If cover for the member terminates while they are on leave, cover will only be reinstated upon their return to work with their Employer and subject to underwriting and acceptance by the Insurer.
Cover whilst working overseas	<p>Cover may continue for an insured member residing for work purposes overseas provided that:</p> <ol style="list-style-type: none"> 1. They remain a member of the MAP Superannuation Plan throughout the period of overseas residence; 2. The period of overseas residence is no longer than three (3) years duration; 3. At the time of the member's departure, the country of residence is not considered a Hazardous Destination as listed on the Department of Foreign Affairs and Trade website (www.dfat.gov.au) as subject to a 'do not travel' warning; 4. The premium continues to be paid; and 5. The member provides any other information the Insurer considers necessary to make a decision on whether cover will continue.

	<p>When the member resumes employment, cover that was terminated by them during the period of overseas residence may be reinstated subject to acceptance by the Insurer.</p>
<p>Lifetime Event</p>	<p>When an insured member purchases a home for their permanent residence with a mortgage on that residence of \$100,000 or more, or gets married; or they or their Partner give birth or adopt a child/children (all defined as 'Nominated Lifetime Events') the member can increase their cover by:</p> <p><i>Employee Cover</i></p> <p>One (1) unit of cover</p> <p><i>Personal Cover</i></p> <p>The lesser of:</p> <ol style="list-style-type: none"> 1. 25% of their Agreed Benefit; 2. \$200,000; or 3. the increase in mortgage, (if existing), or the amount of the mortgage (if new). <p>Subject to the specified maximums without providing medical evidence provided that;</p> <ol style="list-style-type: none"> 1. The member is less than age 55 on the date that they apply for this increase in cover; 2. The member's cover is not subject to any special terms, conditions such as a premium loading, restriction or exclusion; 3. The member must not have previously been declined cover under the policy; 4. The member must not be applying for, intending to apply for, or have been paid a Total and Permanent Disablement benefit or Terminal Illness benefit from the Fund, any superannuation fund or life insurance policy; 5. The member is At Work on the date the Nominated Lifetime Event occurred and At Work on the date the Insurer accepts the application; 6. The member can only increase their cover once for any Nominated Lifetime Event in any 12 month period; 7. The member can only ever increase their cover once for each Nominated Lifetime Event; 8. The member must apply within 90 days of the Nominated Lifetime Event; and 9. The member must provide sufficient proof to the Insurer's satisfaction that the Nominated Lifetime Event occurred. 10. The member is only eligible to increase the cover for the same type of cover for which they are currently insured. <p>Limited Cover will apply to the increased cover for the first 180 days. The increased cover is not payable if Death or Total & Permanent Disablement was a result of suicide or a self-inflicted injury that occurred within the first 13 months from the date of increase.</p> <p>Cover will commence from the date that the member is advised in writing.</p>
<p>Termination of cover</p>	<p>Cover ceases:</p> <ol style="list-style-type: none"> 1. When the member reaches their Cover Ceasing Age; 2. When the member ceases to be an Eligible Person; 3. When the member ceases to be an Australian Resident; 4. When the member commences service with the armed forces of any country other than the Australian Defence Force Reserves; 5. When the member ceases to be a member of MAP Super; 6. Subject to Terminal Illness Benefit provisions, on the date a claim is admitted for a benefit for the member; 7. When the member is on Employer approved leave for longer than two (2) years; 8. When the member ceases to reside in Australia or fail to meet the conditions included in "cover whilst working overseas"; 9. On the date the member exercises their right to direct future contributions to another fund and transfers their entire account balance to this fund as a result of choice of fund legislation; 10. On the date the member's account balance is insufficient to pay premiums. Where this applies cover will cease on the last day of the month for which premium was payable; 11. When the member dies; 12. When the member retires permanently from the workforce; or 13. When the member is the subject of a fraudulent claim

<p>Excluded Occupation</p>	<p>Any of the following occupations are considered to be an Excluded Occupation:</p> <ol style="list-style-type: none"> 1. Air traffic controller; 2. Earth drilling, mineral exploration, miner or person working with explosives; 3. Professional entertainer such as actor, dancer, musician and stage performer; 4. Fireman or police persons; 5. Fisherman; 6. Forestry worker; 7. Sex worker; 8. Workers in the horse racing industry such as trainer, jockey and strapper; 9. Workers whose work requires them to work at heights above 10 meters such as rigger, scaffolder, roof worker and antenna erector; 10. Offshore oil rig worker; 11. Commercial pilot; 12. Professional and semi-professional sport person; 13. Security guard, doormen, bouncer and person employed in crowd control; 14. Sheltered workshop employee; 15. Seasonal worker or employees in industries with casual workforce; or 16. Underground or underwater worker.
<p>At Work</p>	<p>Means an eligible person or insured person is:</p> <ol style="list-style-type: none"> (a) Actively performing all of the duties and hours of their usual occupation for their employer, or (b) If on employer approved leave (except leave caused by illness or injury) they would be able to attend work and perform their normal duties without restriction due to illness or injury.
<p>Immediate Assessment Conditions</p>	<p>Means any of the following:</p> <ol style="list-style-type: none"> (a) Blindness - the permanent loss of sight in both eyes, whether aided or unaided, due to <i>Injury or Illness</i> to the extent that visual acuity is 6/60 or less in both eyes or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist. (b) Cardiomyopathy - condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, i.e. Class 3 on the New York Heart Association classification of cardiac impairment. (c) Chronic Lung Disease - the permanent end stage respiratory failure with FEV1 test results of consistently less than one litre, requiring continuous permanent oxygen therapy. (d) Dementia and Alzheimer's Disease - the clinical diagnosis of dementia (including Alzheimer's disease) as confirmed by a consultant neurologist, psycho-geriatrician, psychiatrist or geriatrician. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other recognisable cause has been identified. Where, significant cognitive impairment means a deterioration in the person's Mini-Mental State Examination scores to 24 or less and deterioration would continue but for any effective treatment. Dementia related to alcohol, drug abuse or Acquired Immune Deficiency Syndrome is excluded. (e) Diplegia - the total loss of function of both sides of the body due to <i>Injury or Illness</i>, where such loss of function is permanent. (f) Hemiplegia - the total loss of function of one side of the body due to <i>Injury or Illness</i>, where such loss of function is permanent. (g) Loss of Hearing - the complete and irrecoverable loss of hearing, both natural and assisted from both ears as a result of <i>Injury or Illness</i>, as certified by a specialist we consider appropriate. (h) Loss of Speech - the total and irrecoverable loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or the speech centres of the brain. The loss must be certified by an appropriate medical specialist. (i) Major Head Trauma - <i>Injury</i> to the head resulting in neurological deficit causing either: <ol style="list-style-type: none"> (i) A permanent loss of at least 25% whole person function (as defined by the American Medical Association publication Guide to the Evaluation of Permanent Impairment 4th Edition or the equivalent guide to the evaluation of impairment approved by us, or (ii) The permanent and irreversible inability to perform without the assistance of another person any 2 of the following activities of daily living: <ul style="list-style-type: none"> • 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 & out of bed & a chair, • Continence - the ability to control bowel and bladder function, • Feeding - the ability to get food from a plate into the mouth, as certified by a consultant neurologist.

- (j) **Motor Neurone Disease** - unequivocal diagnosis of motor neurone disease by a consultant neurologist and confirmed by neurological investigations.
- (k) **Multiple Sclerosis** - the unequivocal diagnosis of multiple sclerosis as confirmed by a consultant neurologist and characterised by demyelination in the brain and spinal cord evidenced by Magnetic Resonance Imaging or other investigations acceptable to us. There must have been more than one episode of well-defined neurological deficit with persisting neurological abnormalities.
- (l) **Muscular Dystrophy** - the unequivocal diagnosis of muscular dystrophy by a consultant neurologist.
- (m) **Paraplegia** - the permanent loss of use of both legs, or both arms, resulting from spinal cord *Injury* or *Illness*.
- (n) **Parkinson's Disease** - the unequivocal diagnosis of Parkinson's disease by a consultant neurologist where the consultant neurologist confirms that the condition:
 - (i) Is the established cause of two or more of the following:
 - Muscular rigidity,
 - Resting tremor,
 - Bradykinesia, and
 - (ii) Has caused significant progressive physical impairment, likely to continue progressing but for any treatment benefit.
 They must be following advice and treatment of a specialist neurologist.
- (o) **Primary Pulmonary Hypertension** - primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 on the New York Heart Association classification of cardiac impairment.
- (p) **Quadriplegia** - the permanent loss of use of both arms and both legs, resulting from spinal cord *Injury* or *Illness*.
- (q) **Severe Burns** - third degree burns to 20 per cent or more of the body surface, or to the whole of the face or the whole of both hands requiring surgical debridement and/or grafting.
- (r) **Severe Rheumatoid Arthritis** - the unequivocal diagnosis of severe rheumatoid arthritis by a rheumatologist. The diagnosis must be supported by and evidence all of the following criteria:
 - (i) At least a 6 week history of severe rheumatoid arthritis which involves three or more of the following criteria:
 - Proximal interphalangeal joints in the hands,
 - Metacarpophalangeal joints in the hands,
 - Metatarsophalangeal joints in the foot, wrist, elbow, knee or ankle.
 - (ii) Simultaneous bilateral and symmetrical joint soft tissue swelling or fluid (not bony over growth alone), and
 - (iii) Typical rheumatoid joint deformity and at least two of the following criteria:
 - Morning stiffness,
 - Rheumatoid nodule,
 - Erosions seen on x-ray imaging,
 - The presence of either a positive rheumatoid factor or the serological markers consistent with the diagnosis of severe rheumatoid arthritis.
 Degenerative osteoarthritis and all other arthritis are excluded.
- (s) **Tetraplegia** - the total and permanent loss of use of both arms and both legs, together with loss of head movement, due to brain *Injury* or *Illness* or spinal cord *Injury* or *Illness*.

5. Income Protection Insurance Terms and Conditions

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

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

General Eligibility	<p>A member is eligible to apply for Income Protection insurance if:</p> <ol style="list-style-type: none"> 1. They are an Australian Resident; 2. They are aged between 15 and 65; 3. They are working at least fifteen (15) hours per week as a permanent employee working for their employer, Contractor or as a self-employed person; 4. They are not in an Excluded Occupation, or do not perform any duties of an Excluded Occupation; 5. They meet the Eligibility Conditions set out in the Policy; and 6. The Insurer expressly agrees in writing to MAP that the member is eligible.
Transfer Eligibility	<p>A member is eligible to transfer cover from another provider if:</p> <ol style="list-style-type: none"> 1. The member meets general eligibility conditions; 2. The cover held by the member is currently insured under another employer sponsored policy; or The cover held by the member is an individual insurance policy with another Australian life insurer, provided the policy has been underwritten and accepted for cover within the last five years; <p>AND, subject to meeting the following criteria:</p> <ol style="list-style-type: none"> 1. The member is aged less than 65; 2. The member is not working in an Excluded Occupation 3. The member must confirm that their insured benefit in the existing fund or insured policy will cease on cover commencing under this policy. No claim will be considered under this policy where they retain any form of their previous cover elsewhere; 4. The member must transfer their entire account balance to the Plan; 5. The member must not continue the cover under any other insurance arrangement, reinstate cover or effect a continuation option with any fund; 6. The member must provide a copy of their most recent Benefit Statement or Policy Renewal Statement dated within the previous 12 months as evidence of their current cover and insured benefit previously held. This includes a copy of the advice they received from the insurer or fund advising them of acceptance of their insurance and if on standard terms or subject to additional terms; 7. The member's existing cover not being subject to any premium loading, exclusion or pre-existing condition exclusion or restriction in regard to medical or other conditions; 8. The maximum amount of cover that can be transferred for Income Protection is \$15,000 per month cover; 9. The member's total cover must not exceed the maximum benefit levels under this policy; and 10. The member must satisfactorily complete a Transfer of Insurance to MAP Superannuation Plan Form, including answering 'no' to the agreed health questions, and be received by the Plan within 31 days of being signed and dated.
Cooling Off Period	<p>After an application has been accepted there is a period of 28 days in which the member may cancel their cover and obtain a refund of the premium (other than any Government taxes or charges which the Insurer is unable to recover). This is known as the cooling off period. This period will not apply if there has been any claim or potential claim made against the policy. After this period, cover will cease from the date that the written request is received by MAP.</p>

Exclusions	<p>No benefit will be payable when a claim arises directly or indirectly as a result of:</p> <ol style="list-style-type: none"> 1. War or act of war; 2. Self-inflicted harm or attempted suicide, regardless of whether the Insured Person was sane or insane at the time; 3. Normal and uncomplicated pregnancy or childbirth. Complications of pregnancy, multiple pregnancy, threatened or actual miscarriage, participation in an IVF or similar programme, discomfort (such as morning sickness, backache, varicose veins, ankle swelling, bladder problems) are considered normal and uncomplicated; 4. Participation in a criminal act; 5. A member who becomes an insured member where their occupation is an Excluded Occupation and where the Insurer has not given their prior approval; 6. Any other exclusions advised in the underwriting process.
Excluded Occupations	<p>Any of the following occupations are considered to be an Excluded Occupation:</p> <ol style="list-style-type: none"> 1. Air traffic controller; 2. Earth drilling, mineral exploration, miner or person working with explosives; 3. Professional entertainer such as actor, dancer, musician and stage performer; 4. Fireman or police persons; 5. Fisherman; 6. Forestry worker; 7. Sex worker; 8. Workers in the horse racing industry such as trainer, jockey and strapper; 9. Workers whose work requires them to work at heights above 10 meters such as rigger, scaffolder, roof worker and antenna erector; 10. Offshore oil rig worker; 11. Commercial pilot; 12. Professional and semi-professional sport person; 13. Security guard, doormen, bouncer and person employed in crowd control; 14. Sheltered workshop employee; 15. Seasonal worker or employees in industries with casual workforce; or 16. Underground or underwater worker.
Pre-existing conditions	<p>If a member has a pre-existing medical condition, they will be eligible to make a claim provided the condition was disclosed to, and accepted by the Insurer at the time of applying.</p>
Monthly Income	<p>Means:</p> <ol style="list-style-type: none"> 1. Where the member is employed 1/12th of their current annual pre-tax income paid by the Employer; or 2. Where the member directly or indirectly owns part or all of a business, including all or part ownership through another legal entity, from which they earn their usual income, 1/12th of the gross amount immediately before the period of Total Disability, as a direct result of the member's personal exertion or activities through their usual occupation after allowing for the costs and expenses incurred in deriving that income. Income from the business will not include investment income, profit distributions or similar payments that may continue in the event of Total Disability or Partial Disability.
Monthly Benefit	<p>Means:</p> <ol style="list-style-type: none"> 1. The agreed percentage up to 75% of the insured member's Monthly Income as advised to MAP and upon which premiums are based immediately prior to the date of Disability; or 2. If the insured member is no longer a Permanent Employee employed on a permanent basis working at least 15 hours per week or a Contractor, working for their employer for at least 15 hours per week, the agreed percentage up to 75% of the member's average Monthly Income over the 12 months immediately prior to the date of Disability.

<p>Total Disability</p>	<p>Means an insured member is totally disabled if, because of Illness or Injury, they are:</p> <ol style="list-style-type: none"> 1. Unable to perform at least one income producing duty of their occupation 2. Under the regular care of, and following the advice of a Doctor; and not working in any occupation, whether for reward or not for reward. <p>Where an income producing duty is a duty of the insured member's occupation immediately before they became disabled which generates 20% or more of their Monthly Income.</p>
<p>Partial Disability Benefit</p>	<p>If immediately before suffering Partial Disability because of an injury or illness, an insured Person has suffered Total Disability continuously for a period of at least 7 days out of 12 consecutive days and:</p> <ol style="list-style-type: none"> (a) Has ceased to suffer Total Disability, and (b) Has resumed partial employment or, in the Insurer's opinion, is deemed capable of returning to partial employment duties, and (c) As a result of the injury or illness that caused their Total Disability has received, or would in the Insurer's opinion receive, a Post-Disability Income that is less than their Monthly Income, and (d) Is under the continuous and regular care of a Doctor undergoing the appropriate treatment. <p>A Partial Disability is payable. No Partial Disability benefit is accrued or payable until the expiry of the Waiting Period.</p> <p>The amount payable in respect of Partial Disability is calculated in accordance with the following formula, less any Other Disability Income that accrues to the Insured Person during the month:</p> $\frac{A - B}{A} \times C$ <p>Where,</p> <p>A is the Insured Person's pre disability monthly income</p> <p>B is the Insured Person's actual monthly income earned during the month of partial disability</p> <p>C is the monthly benefit which would otherwise be payable if the Insured Person had suffered Total Disability</p> <p>If an Insured Person suffers Partial Disability and no work is available then, after considering all the medical and other evidence available to us, the Insurer will calculate their Post-Disability income based on the Insurer's assessment of their capacity to earn.</p>
<p>Cover Commencement</p>	<p>Cover commences:</p> <ol style="list-style-type: none"> 1. When there is sufficient account balance to pay premium and 2. On the date the Insurer advises in writing that they have agreed to accept cover.
<p>Benefit Limits</p>	<p>Irrespective on any other provisions:</p> <ol style="list-style-type: none"> 1. The benefit the Insurer is liable to pay in respect of a member will never be more than the Maximum Monthly Benefit; 2. The Insurer is not liable to continue to pay a benefit in respect of a member once they attain the Maximum Insurable Age of 65 years; and 3. The entitlement of the Monthly Benefit payable will not exceed the selected Benefit Period (being two (2) years or to age 65) for the same or related injury or illness.
<p>Benefit Offsets</p>	<p>The amount of the Monthly Benefit will be reduced by any Other Disability Income that the member receives or is entitled to during that month. If the Other Disability Income exceeds the monthly benefit, then the Insurer is not liable to pay a benefit. A reduction of the monthly benefit will only be made where the total payments received by the Insured Person exceeds the maximum Monthly Benefit or 75% of their pre-disability monthly income, whichever is lower.</p> <p>If the entitlement of an Insured Person to Other Disability Income is in dispute, the Insurer may at their discretion pay the full amount of the benefits due on a conditional basis until the dispute is resolved. If the Insurer chooses to pay, and the Insured Person receives Other Disability Income, the Insurer may offset those payments received from future benefits or recover the amount of benefit the Insurer has paid which would have been offset.</p>
<p>Benefit Index</p>	<p>The Insurer will increase the Monthly Benefit for an Insured Person by the lesser of the annual CPI percentage increase or 5% for every 12 months where they are in receipt of a Total Disability benefit.</p>

<p>Accident Cover</p>	<p>Inevitably, there is a period of time between an application for cover being received by the Insurer and the completion of the assessment process. During this time the Insurer will provide interim cover known as Accident Cover. Accident Cover covers only Total Disability as a result of an injury.</p> <p>The amount of cover for Accident Cover shall not be greater than the maximum amount of cover which would have been applicable to the insured member (if any) and subject to this limit, be the lesser of:</p> <ol style="list-style-type: none"> 1. The amount for which cover was being applied for; or 2. \$15,000 per month. <p>The Insure may take into account any information received in the course of the claim under Accident Cover in exercising their discretion whether they accept, refuse or offer special terms, conditions, restrictions, exclusions or premium loading.</p> <p>During the period a benefit is payable in connection with the Accident Cover, the Insure is not liable to pay any other benefits. The maximum benefit period of a claim under Accident Cover is 2 years.</p> <p>Accident Cover terminates when the member's application is accepted, refused, withdrawn, cancelled, or 90 days after it began, whichever occurs first.</p>
<p>Notice of a claim</p>	<p>Initial notice of a potential claim must be provided as soon as possible after the incident. The Insurer will only consider a claim where the delay in notification does not prejudice their ability to assess the claim.</p>
<p>Commencement of Payments and Ongoing Payments</p>	<p>After the conclusion of the Waiting Period, benefits will be paid in Australian dollars, one month in arrears for each month in which the benefit is payable. Income tax will be deducted. If a benefit is payable for less than the whole month, 1/30th of the benefit will be paid for each day the benefit is payable.</p> <p>If the insured member has more than one injury or illness causing their Total Disability or Partial Disability, whether they are related or not, only one Total Disability benefit or Partial Disability benefit will be payable.</p>
<p>Death Benefit Whilst on Claim</p>	<p>Where an insured member who is in receipt of a Total Disability or Partial Disability benefit dies, the Insurer will pay an additional lump sum death benefit equal to \$10,000. The lump sum death benefit is only payable upon receipt of satisfactory evidence.</p>
<p>Approved Rehabilitation Benefit</p>	<p>If an insured member is suffering Total Disability or Partial Disability and the Insurer agrees that a program is likely to assist in their return to work, the Insurer may pay for the cost of approved rehabilitation in addition to the benefits otherwise payable for the insured member.</p> <p>The Insurer is not liable to pay these costs unless they have approved them prior to being incurred. If the Insurer has determined that they will pay such costs, they will be paid directly to the provider of the program.</p>
<p>Recurrent Disability Benefit</p>	<p>A period of Disability will be deemed to be a continuation of an earlier period of Disability if it is caused by the same medical condition and is separated from the previous period of Disability by less than six (6) months active full time work. If a period of Disability is deemed to be a continuation of an earlier period of Disability the Waiting Period does not apply. The insured member's usual hours of work prior to their Disability will be considered as their full time work.</p> <p>Where a benefit has been continuously paid for the Benefit Period, the Insurer will not pay any further benefits for a Disability that is caused by the same or related injury or illness.</p> <p>If cover ceases due to the member being on claim for longer than the Benefit Period, cover is subject to underwriting and acceptance by the Insurer when the member resumes employment.</p>
<p>Employer Superannuation Contribution Benefit</p>	<p>If an insured member's Employer is required to make superannuation contributions for the member and the member nominated Superannuation Contribution Cover on their application form, a superannuation contribution of the lesser of the following will be paid for the period of disability:</p> <ol style="list-style-type: none"> 1. The amount specified on the application form (to a maximum of 10% of the member's monthly income); 2. The total that was being contributed by the Employer as superannuation on behalf of the member on a basis immediately prior to the member's Total Disability; or <p>If the insured member suffers Partial Disability, Superannuation Contributions will be paid in proportion to the Partial Disability Benefit. Please note, this benefit is not available to self-employed persons.</p>
<p>Waiver of Premium</p>	<p>When Total Disability benefits are being paid for a member, the premium that relates to the period of their claim will be waived for that member.</p>

<p>Cessation of Payments</p>	<p>Benefit payments will cease at the earliest of the following events;</p> <ol style="list-style-type: none"> 1. The member no longer meets the definition of Total Disability or Partial Disability 2. The member passes away; 3. The Maximum Benefit Period expires; 4. The member attains the Maximum Insurable Age; 5. The member is no longer under the regular care of and following their advice a Doctor; 6. The member resides overseas for a period longer than agreed; 7. The member fails to provide requested information that is required to assess the claim; 8. A fraudulent claim is made.
<p>Cover Whilst Working Overseas</p>	<p>Cover may continue for a member residing for work purposes overseas provided that:</p> <ol style="list-style-type: none"> 1. They remain a member of MAP Super throughout the period of overseas residence; 2. The period of overseas residence is no longer than three (3) years duration; 3. At the time of the member's departure, the country of residence is not considered a Hazardous Destination as listed on the Department of Foreign Affairs and Trade website (www.dfat.gov.au) as subject to a 'do not travel' warning; 4. The premium continues to be paid; and 5. The member provides any other information the Insurer considers necessary to make a decision on whether cover will continue. <p>When the member resumes employment, cover that was terminated by them during the period of overseas residence may be reinstated subject to acceptance by the Insurer.</p>
<p>Payment of Benefits Whilst Residing Overseas</p>	<p>Where eligible, Monthly Benefits will continue to be paid whilst a member is overseas for a maximum period of six (6) months after which the claimant must return to Australia, at their own expense for benefits to continue.</p>
<p>Cover During Employer Approved Leave</p>	<p>Cover will continue for a member on employer approved leave provided:</p> <ol style="list-style-type: none"> 1. They continue to be employed by their Employer; 2. The period of leave is no longer than two (2) years; and 3. The premium continues to be paid. <p>If cover for the member terminates while they are on leave, cover will only be reinstated upon their return to work with their Employer and subject to underwriting and acceptance by the Insurer.</p> <p>A benefit will not be paid in respect of a period during which the insured member was not otherwise due to receive an income from their Employer.</p> <p>The member must notify us prior to the commencement of leave if cover is not to be continued during that period of leave. When the member resumes employment, cover that was terminated by them during the period of leave may be reinstated subject to acceptance by the Insurer.</p>
<p>Automatic Acceptance of Increase in Benefit</p>	<p>If an insured member receives a Salary increase, they may apply to increase their Monthly Benefit amount without providing further evidence of health. The new (increased) Monthly Benefit is limited to the lesser of:</p> <ol style="list-style-type: none"> 1. 75% of Monthly Income; 2. \$1,000 per month more than their previously underwritten and accepted Monthly Benefit; or 3. 1/12th of the Forward Underwriting Limit specified by the Insurer. <p>There is no limit on the number of times a member can increase their benefit, only the amount of the total increase over the previously underwritten benefit. Members must apply by writing to MAP (by post, fax or email with an attachment including the member's signature) and providing any relevant evidence requested by MAP. Increased cover will commence on the date MAP advises the member in writing subject to the member being at work on that date.</p>
<p>Termination of cover</p>	<p>Cover ceases:</p> <ol style="list-style-type: none"> 1. When the member reaches age 65; 2. When the member ceases to be an Eligible Person; 3. When the member ceases to be a member of MAP Super; 4. When the member ceases to be an Australian Resident; 5. When the member reaches the expiry of the Benefit Period; 6. When the member commences service with the armed forces of any country other than the Australian Defence Force Reserves;

	<ol style="list-style-type: none"> 7. When the member is on Employer approved leave for over two (2) years; 8. The date the member's account balance is insufficient to pay premiums. Where this applies cover will cease on the last day of the month for which premium was payable; 9. When the member retires permanently from the workforce; 10. When a fraudulent claim is made by the member; 11. When the member ceases to be employed; 12. When the member dies; 13. When the member ceases to reside in Australia and the conditions included in "cover whilst working overseas" do not apply; or 14. On the date the member exercises their right to direct future contributions to another fund and transfers their entire account balance to this fund as a result of choice of fund legislation.
<p>Workplace modification benefit</p>	<p>If the Insured Person is receiving Total Disability or Partial Disability benefits and the Insurer agrees that modification to their place of employment is necessary in order for them to return to work, the Insurer may pay all or some of the modification expenses. The workplace modification benefit will be paid in addition to any other benefit payable.</p> <p>The Insurer is not liable to pay these costs unless they have approved them prior to being incurred. If the Insurer has determined that they will pay such costs, they will be paid directly to the service provider.</p>

MAP Superannuation Plan

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