

KOGAN SUPER

Insurance Guide

RETAIL DIVISION
MERCER SUPER TRUST

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ABOUT THIS GUIDE

This *Insurance Guide* (Guide) is a summary of the key terms and conditions (including exclusions) of the insurance arrangements applicable to Kogan Super. Kogan Super is a plan in the Retail Division of the Mercer Super Trust. This Guide should be read in conjunction with the *Product Disclosure Statement* (PDS) and the *Product Guide*.

Mercer Superannuation (Australia) Limited (MSAL) ABN 79 004 717 533 AFSL 235906 is the trustee of the Mercer Super Trust ABN 19 905 422 981. In this Guide, MSAL is called trustee, we, our or us.

Kogan Superannuation Pty Ltd ABN 58 631 662 710 (Kogan Superannuation) as an authorised representative (number 001276987) of MSAL, has worked together with MSAL to provide you with this product. Kogan Superannuation is a wholly owned subsidiary of Kogan.com Ltd ABN 96 612 447 293 (Kogan).

MSAL is a wholly owned subsidiary of Mercer (Australia) Pty Ltd (Mercer) ABN 32 005 315 917.

Your insurance is provided through an insurance policy with AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (referred to as the Insurer throughout this Guide) who has consented to being so named.

MSAL is responsible for the contents of this Guide and is the issuer of this Guide. Kogan Superannuation, Kogan, Mercer and the Insurer are not responsible for the issue of, or any statements in this Guide, the *PDS* and the *Product Guide*. They do not make any recommendation or provide any opinion regarding Kogan Super or an investment in it.

The insurance part of your super benefit is subject to the terms and conditions of the applicable insurance policy. Other conditions may apply.

In providing insurance cover, the Insurer will collect and use your personal information. Your privacy is important to the Insurer. The Insurer's privacy policy sets out how your personal information is managed by them and is available at: www.aia.com.au

You should not rely on this Guide as a full and complete description of the terms and conditions of the insurance policy. All terms and conditions of the insurance policy prevail over any inconsistency in this Guide. Your super benefit could be reduced if the Insurer does not pay out all or part of the insured benefit when a claim is made.

We have the right to change the Insurer.

You should consider the information in this Guide, the *PDS* and the *Product Guide* before making any decision about your super.

The information provided in this Guide is of a general nature only and does not take into account your personal financial objectives, situation or needs. You should use this information to consider whether Kogan Super suits your individual objectives, financial situation or needs. You should obtain financial advice from your financial adviser tailored to your personal circumstances before making a decision.

Where we use Customer in this Guide, the *Product Guide* and the *PDS* we mean a member of Kogan Super.

Updated Information

The information in this Guide, the *PDS* and the *Product Guide* that are part of the *PDS* may change.

You can get updated information that is not materially adverse at kogansuper.com.au

We will tell you about changes that are materially adverse as required by law.

HOW TO CONTACT US

Helpline

Call the Helpline on **1800 517 212** or if calling from outside Australia on **+61 3 9192 4431** from 8am to 6pm AEST Monday to Friday.

Website

kogansuper.com.au

The website is available 24 hours per day, seven days per week (except for scheduled updates or maintenance).

Call the Helpline if you need help using the website.

By mail

Kogan Super
Locked Bag 20065
Melbourne VIC 3001

Keep your contact details up to date

We can only send you information if we have your current contact details.

We may send you Customer communications (including Customer statements and significant event notices that the law permits) by:

- Email (where we have your email address), and/or
- SMS (where we have your mobile number), and/or
- a link to our website so you can download them.

If we are unable to provide a particular communication in the manner described above, we'll contact you to check your email details are up-to-date.

Simply update your communication preferences from your online account or call the Helpline. Log into your online account at kogansuper.com.au and visit the 'Personal Details' section to view and update your communication preferences.

INSURANCE IN YOUR SUPER

This section describes insurance eligibility and the type, amount and cost of insurance cover available in Kogan Super.

See the Glossary later in this Guide for definitions of insurance terms.

Your super benefit may include insurance

You may be entitled to a super benefit if you die or become totally and permanently disabled while a Customer. This super benefit comprises:

- your account balance, and
- any insurance amount received.

If you become Totally Disabled, you may be eligible to receive a Monthly Benefit if you chose to apply for Income Protection cover and the Insurer accepts your application.

We will reduce your super benefit if, for some reason, we cannot arrange cover for you or if the Insurer does not pay out all or part of the insured part of your super.

What insurance cover is available

The insurance cover generally available, if you are eligible, is:

- Death (including Terminal Illness) cover,
- Total and Permanent Disablement (TPD) cover, and
- Income Protection (IP) cover.

Conditions apply to your insurance cover

Like most forms of insurance, some conditions (and exclusions) apply to the granting or payment of your insurance cover.

To be eligible for default cover you must:

- be an Australian Resident,
- be less than age 69 on the day you first become eligible for default death cover,
- be less than age 64 on the day you first become eligible for default TPD cover, and
- have an account balance in Kogan Super

However, if you meet the above criteria but are under 25 and/or have an account balance of less than \$6,000 you can only receive default cover by opting in. If this applies, please complete the relevant form available online or contact the Helpline. Opt in default cover will commence on the date we accept your application.

If since 1 July 2014 you have received or are eligible to receive a TPD benefit from the Mercer Super Trust or another super fund or insurance policy, then you will be eligible for default death cover only (including Terminal Illness). Your default death cover in this instance will be based on New Events Cover for the duration of your membership in Kogan Super, in addition to the conditions mentioned above.

If you have received a Terminal Illness benefit from the Mercer Super Trust or another super fund or insurance policy, you will not be eligible for any cover.

When you join Kogan Super, you can also apply for IP cover. To be eligible to apply you must:

- be aged 14 years or more, but less than 65,
- be an Australian Resident,
- have an account balance, and
- be a Permanent Employee working at least 15 hours per week, self-employed or a Contractor (on a minimum contract period of 12 months) working at least 15 hours per week.

You will not be eligible to apply for IP cover if:

- you are a Casual Employee; or
- you are working in a Hazardous or Uninsurable Occupation; or
- you are working less than 15 hours per week; or
- you are a Contractor on a contract period of less than 12 months.

Cover expiry age

The insurance cover will expire depending on your age and the type of insurance cover you have.

Insurance Cover	Cover expiry age		
	Death (including Terminal Illness)	TPD	IP
Default cover	70	65	Not applicable
Voluntary Insurance	80	75	65

Automatic cancellation of cover

In accordance with recent legislation any insurance cover you have will be cancelled if we have not received any contributions and/or rollovers to your super account for a continuous period of 16 months and you have not elected to maintain your insurance cover.

Where this occurs the cost of all insurance cover will stop being deducted from your super account balance. You will be advised if this applies to you.

The cancellation of insurance cover is aimed at reducing the erosion of super account balances by insurance premiums for unwanted cover. If you wish to elect to maintain your insurance cover, call the Helpline to request the relevant form.

Underwriting

Some types of insurance cover require underwriting by the Insurer. This Guide sets out when applications for cover, or change to cover, require underwriting.

Underwriting is a process where the Insurer considers your application for cover by taking into account your lifestyle, current health, salary details, past medical history and your family medical history. To start this process, you will generally be required to complete a personal statement. The Insurer may ask you for further information based on their findings. The Insurer may accept, decline or impose special conditions (such as an exclusion, restriction or premium loading) for the amount of cover that is subject to underwriting.

You will be advised of the date your cover starts if the Insurer accepts your application.

We will reduce your super benefit if for some reason we cannot arrange cover for you on standard terms or if the Insurer does not pay out all or part of the insured part of your super.

Death and TPD cover

Death cover provides a lump sum benefit if you die or are diagnosed with a Terminal Illness whilst a Customer.

Your beneficiaries and/or your estate will receive your insured benefit if you die. You will receive an insured Terminal Illness benefit if you are diagnosed with a Terminal Illness.

TPD cover provides a lump sum payment if you become totally and permanently disabled due to an illness or injury and satisfy the definition of Total and Permanent Disablement which is set out in the Glossary.

If the Insurer pays a Terminal Illness or TPD benefit, then your death cover will be reduced by the amount of the Terminal Illness or TPD cover paid, and will continue until your death cover stops for any reason outlined under the 'When death and TPD cover stops' section of this Guide. Insurance premiums continue only for any remaining amount of death cover.

To be eligible for default cover you must:

- be an Australian Resident;
- be less than age 69 on the day you first become eligible for default death cover,
- be less than age 64 on the day you first become eligible for default TPD cover, and
- have an account balance in Kogan Super.

However, if you meet the above criteria but are under 25 and/or have an account balance of less than \$6,000 you can only receive default cover by opting in. If this applies, please complete the relevant form available online or contact the Helpline. Opt in default cover will commence on the date we accept your application.

You'll be covered 24 hours a day, seven days per week up to your cover expiry age if you:

- have been accepted for cover, and
- remain eligible for cover because you have not met a cessation provision outlined under the 'When death and TPD cover stops' section of this Guide.

Your default cover will be limited to New Events Cover for 24 consecutive months from the date cover commences. This limitation will stop after the 24 month period provided you have been At Work for 30 consecutive days immediately prior to the end of the 24 month period. If you are not At Work at the end of the 24 month period, New Events Cover will continue until you are At Work for 30 consecutive days.

You can apply to have the New Events Cover restriction removed subject to underwriting and acceptance by the Insurer.

Note that if since 1 July 2014 you have received or are eligible to receive a TPD benefit from the Mercer Super Trust or another super fund or insurance policy, then you will be eligible for default death cover only (including Terminal Illness). Your default death cover in this instance will be based on New Events Cover for the duration of your membership in Kogan Super.

If you have received a Terminal Illness benefit from the Mercer Super Trust or another super fund or insurance policy, you will not be eligible for any cover.

You can choose to apply for Voluntary Insurance cover at any time. Customers who wish to apply for Voluntary Insurance cover can log into their account and complete the relevant form. Your Voluntary Insurance cover is subject to underwriting and starts once the Insurer accepts your application. Refer to the Voluntary Insurance cover section later in this Guide.

Terminal illness

If you are covered for death only or death and TPD, you are also automatically covered for Terminal Illness.

Terminal Illness cover is an advanced payment of your death cover and the insured amount is based on the same terms (such as an exclusion, restriction or premium loading). The Terminal Illness benefit is equal to the lesser of your death cover and the 'Maximum benefit amount' detailed later in this section.

Which TPD definition applies to you at claim time

The TPD definition that will apply to you will depend on your circumstances at the Benefit Calculation Date.

Work status and how many hours you work	TPD definition that will apply
If you are: a. working on average 15 hours or more per week in the 3 months prior to the Benefit Calculation Date, and b. working in a non-hazardous occupation	Full TPD
If you are: a. working on average less than 15 hours per week in the 3 months prior to the Benefit Calculation Date; or b. not working; or c. a Casual Employee; or d. self-employed; or e. aged 67 or more; or f. working in a Hazardous or Uninsurable Occupation.	Limited TPD

For full details of the TPD definition, see the Glossary section of this Guide.

Maximum benefit amount

The maximum amount of insurance cover is:

- unlimited for death cover,
- \$3 million for Terminal Illness, and
- \$5 million for TPD cover reducing to \$3 million after age 65.

Transfer of insurance from another super fund

You may also be able to transfer any existing death, death and TPD or IP cover that you may hold with other super fund(s) or insurance policies to your existing Kogan Super membership (subject to limits, conditions and approvals). Call the Helpline for details of how you can transfer any existing cover to Kogan Super.

Amount of default death and TPD cover

If eligible or if you have opted in, you will generally be provided with default death and TPD cover. The amount of cover generally increases with age and will be updated on your birthday (as applicable). See the 'Insured amounts and cost of cover' table which shows the insured amount of cover and the cost of cover (depending on your gender and age next birthday).

Changing your cover

You can cancel your death and/or TPD cover at any time. To cancel your cover or transfer existing cover, call the Helpline for more details.

If you want to increase your insurance cover, you can increase the amount in two ways:

- a. Voluntary Insurance cover – underwriting required and acceptance by the Insurer, or
- b. Life Events Cover – evidence of life event required.

See later in this Guide for more information on Voluntary Insurance cover and Life Events Cover.

Cost of cover

The cost of insurance cover will depend on your gender and your age next birthday. The cost of cover is shown in the 'Insured amounts and cost of cover' table below.

How we calculate and deduct cost of cover

We calculate and deduct the cost of your cover from your super account each month.

Insured amounts and cost of cover table

Age next birthday	Amount of cover \$		Cost of death cover per week \$		Cost of TPD cover per week \$		Cost of death and TPD cover per week \$	
	Death Only	TPD Only	Male	Female	Male	Female	Male	Female
15	50,000	300,000	0.80	0.40	0.60	0.80	1.40	1.20
16	50,000	300,000	0.80	0.40	0.60	0.80	1.40	1.20
17	50,000	300,000	0.80	0.40	0.60	0.80	1.40	1.20
18	50,000	300,000	0.80	0.40	0.60	0.80	1.40	1.20
19	50,000	300,000	0.80	0.40	0.60	0.80	1.40	1.20
20	50,000	300,000	0.80	0.40	0.60	0.80	1.40	1.20
21	50,000	300,000	0.80	0.40	0.60	0.80	1.40	1.20
22	50,000	300,000	0.80	0.40	0.60	0.80	1.40	1.20
23	50,000	300,000	0.80	0.40	0.60	0.80	1.40	1.20
24	50,000	300,000	0.80	0.40	0.60	0.80	1.40	1.20
25	50,000	300,000	0.80	0.40	0.60	0.80	1.40	1.20
26	160,000	160,000	2.00	1.20	1.00	0.80	3.00	2.00
27	160,000	160,000	2.00	1.20	1.00	0.80	3.00	2.00
28	160,000	160,000	2.00	1.20	1.00	0.80	3.00	2.00
29	156,000	156,000	2.00	1.20	1.00	0.80	3.00	2.00
30	152,000	152,000	2.00	1.20	1.00	0.80	3.00	2.00
31	190,000	190,000	2.50	1.50	1.25	1.00	3.75	2.50
32	190,000	190,000	2.50	1.50	1.25	1.00	3.75	2.50
33	190,000	190,000	2.50	1.50	1.25	1.00	3.75	2.50
34	190,000	190,000	2.50	1.50	1.25	1.00	3.75	2.50
35	190,000	190,000	2.50	1.50	1.25	1.00	3.75	2.50
36	192,000	192,000	3.00	1.80	1.50	1.20	4.50	3.00
37	192,000	192,000	3.00	1.80	1.50	1.20	4.50	3.00
38	180,000	180,000	3.00	1.80	1.50	1.20	4.50	3.00
39	168,000	168,000	3.00	1.80	1.50	1.20	4.50	3.00
40	150,000	150,000	3.00	1.80	1.50	1.20	4.50	3.00
41	138,000	138,000	3.00	1.80	1.50	1.20	4.50	3.00
42	126,000	126,000	3.00	1.80	1.50	1.20	4.50	3.00
43	114,000	114,000	3.00	1.80	1.50	1.20	4.50	3.00
44	108,000	108,000	3.00	1.80	1.50	1.20	4.50	3.00
45	102,000	102,000	3.00	1.80	1.50	1.20	4.50	3.00
46	96,000	96,000	4.00	2.40	2.00	1.60	6.00	4.00
47	96,000	96,000	4.00	2.40	2.00	1.60	6.00	4.00
48	84,000	84,000	4.00	2.40	2.00	1.60	6.00	4.00
49	72,000	72,000	4.00	2.40	2.00	1.60	6.00	4.00
50	60,000	60,000	4.00	2.40	2.00	1.60	6.00	4.00
51	52,000	52,000	4.00	2.40	2.00	1.60	6.00	4.00
52	48,000	48,000	4.00	2.40	2.00	1.60	6.00	4.00
53	40,000	40,000	4.00	2.40	2.00	1.60	6.00	4.00
54	36,000	36,000	4.00	2.40	2.00	1.60	6.00	4.00
55	32,000	32,000	4.00	2.40	2.00	1.60	6.00	4.00
56	28,000	28,000	4.00	2.40	2.00	1.60	6.00	4.00
57	24,000	24,000	4.00	2.40	2.00	1.60	6.00	4.00
58	20,000	20,000	4.00	2.40	2.00	1.60	6.00	4.00

Insured amounts and cost of cover table (continued)

Age next birthday	Amount of cover \$		Cost of death cover per week \$		Cost of TPD cover per week \$		Cost of death and TPD cover per week \$	
	Death Only	TPD Only	Male	Female	Male	Female	Male	Female
59	20,000	20,000	4.00	2.40	2.00	1.60	6.00	4.00
60	18,000	18,000	4.00	2.40	2.00	1.60	6.00	4.00
61	12,000	12,000	4.00	2.40	2.00	1.60	6.00	4.00
62	12,000	12,000	4.00	2.40	2.00	1.60	6.00	4.00
63	12,000	12,000	4.00	2.40	2.00	1.60	6.00	4.00
64	6,000	6,000	4.00	2.40	2.00	1.60	6.00	4.00
65	6,000	6,000	4.00	2.40	2.00	1.60	6.00	4.00
66	6,000	n/a	4.00	2.40	n/a	n/a	6.00	4.00
67	6,000	n/a	4.00	2.40	n/a	n/a	6.00	4.00
68	6,000	n/a	4.00	2.40	n/a	n/a	6.00	4.00
69	6,000	n/a	4.00	2.40	n/a	n/a	6.00	4.00
70	4,000	n/a	4.00	2.40	n/a	n/a	6.00	4.00

Premium rates include stamp duty of 1.4% for death cover and 6.2% for TPD cover and Insurance Administration Service fee of 16.5% inclusive of GST. As premiums are paid monthly in arrears rather than annually in advance, these rates include a frequency loading of 1%.

For Customers under the age of 25, you can apply to opt-in for default cover.

Example

Jack is a Customer and he is 35 years old (age 36 next birthday). He has an account balance of more than \$6,000, and is an Australian resident and works more than 15 hours a week.

Jack has been accepted for default death and TPD cover. If he was to die or become totally and permanently disabled, his insurance amount would be \$192,000.

Jack's default death and TPD cover will cost him \$4.50 per week.

Voluntary insurance cover

Cover available

You can apply for Voluntary Insurance for death only, TPD only cover or for death and TPD cover. This cover is on top of any default cover you may already have.

You can choose to cover yourself for any lump sum amount, as long as it is a multiple of \$1,000 and the total amount of your default and Voluntary Insurance cover does not exceed the maximum amount of insurance cover as described earlier in the 'Maximum benefit amount' section of this Guide. For example, you may choose to take out \$20,000, \$50,000 or \$100,000 worth of Voluntary Insurance cover.

The TPD definition that will apply to you will depend on your circumstances at the Benefit Calculation Date.

TPD definition may vary

From age 65 to age 67, both the Full TPD definition and the Limited TPD definition, will apply to your Voluntary Insurance for TPD cover in varying proportions subject to the details below.

The portion of your Voluntary Insurance for TPD cover that will be subject to the Full TPD definition will be reduced by 1/24th times the number of months since your 65th birthday. The remaining portion of your Voluntary Insurance for TPD cover will be subject to the Limited TPD definition. From age 67 your sum insured will be based on the Limited TPD definition only. All cover will cease from your cover expiry age.

If your TPD cover commences after your 65th birthday the assessment amount will be calculated as if your cover had commenced at age 65.

Applying for cover and changing your cover

You can log into your online account at kogansuper.com.au and apply to take out or adjust your cover at any time by completing the relevant form. To cancel your cover, call the Helpline.

The granting of this cover or changing to a higher level in the future is subject to underwriting and will only start or change once the Insurer accepts your application.

You will be advised of the date your cover starts if the Insurer accepts your application.

The Insurer will provide you with interim cover while the Insurer assesses your application. See later in this Guide for more information.

Annual cost of cover

The 'Voluntary premium rate table' shows premium rates per age next birthday.

To work out your annual cost of cover:

- look up your age next birthday in the left hand column then
- multiply the figure in the applicable right hand column by your cover amount then
- divide by 1,000.

How we calculate and deduct cost of cover

We first calculate your annual cost of cover at the date your cover starts and then on each subsequent birthday. There are some circumstances when we recalculate your annual cost of cover e.g. if you change your amount of cover.

We deduct the cost of your cover from your super account each month based on your annual cost.

Example – voluntary insurance cover

Jill is a Customer and age 45 (46 next birthday).

Jill has applied and been accepted for Voluntary Insurance for death and TPD cover of \$100,000.

From the 'Voluntary premium rate table' you can see that at age 46 next birthday the annual premium for Voluntary Insurance for death and TPD cover is \$2.29 for every \$1,000 of cover. This means the annual total cost of Jill's Voluntary Insurance cover is $\$2.29 \times \$100,000 \div 1,000 = \$229.00$.

Voluntary premium rate table

Age next birthday	Annual premium rates per \$1,000*					
	Death cover only		TPD cover only		Death and TPD cover	
	Female	Male	Female	Male	Female	Male
15	0.31	0.60	0.13	0.14	0.44	0.74
16	0.31	0.74	0.17	0.10	0.48	0.84
17	0.39	0.89	0.13	0.10	0.52	0.99
18	0.45	1.09	0.11	0.07	0.56	1.16
19	0.49	1.26	0.20	0.07	0.69	1.33
20	0.51	1.28	0.18	0.07	0.69	1.35
21	0.51	1.23	0.18	0.07	0.69	1.30
22	0.49	1.16	0.20	0.07	0.69	1.23
23	0.48	1.13	0.18	0.07	0.66	1.20
24	0.45	1.07	0.14	0.08	0.59	1.15
25	0.44	1.00	0.13	0.08	0.57	1.08
26	0.42	0.96	0.14	0.08	0.56	1.04
27	0.42	0.92	0.14	0.10	0.56	1.02
28	0.42	0.89	0.14	0.11	0.56	1.00
29	0.42	0.89	0.17	0.11	0.59	1.00
30	0.42	0.89	0.18	0.13	0.60	1.02
31	0.44	0.89	0.18	0.17	0.62	1.06
32	0.44	0.89	0.20	0.17	0.64	1.06
33	0.45	0.89	0.21	0.18	0.66	1.07
34	0.45	0.89	0.23	0.28	0.68	1.17
35	0.49	0.95	0.21	0.27	0.70	1.22
36	0.53	0.96	0.23	0.31	0.76	1.27
37	0.58	1.00	0.28	0.35	0.86	1.35
38	0.66	1.05	0.34	0.40	1.00	1.45
39	0.74	1.13	0.38	0.44	1.12	1.57
40	0.82	1.23	0.50	0.52	1.32	1.75
41	0.92	1.32	0.61	0.58	1.53	1.90
42	0.98	1.41	0.71	0.69	1.69	2.10
43	1.07	1.53	0.79	0.76	1.86	2.29
44	1.13	1.63	0.86	0.93	1.99	2.56
45	1.16	1.81	1.00	1.03	2.16	2.84
46	1.23	1.94	1.06	1.24	2.29	3.18
47	1.31	2.07	1.17	1.46	2.48	3.53
48	1.40	2.25	1.33	1.67	2.73	3.92
49	1.49	2.45	1.53	1.92	3.02	4.37
50	1.63	2.65	1.73	2.18	3.36	4.83
51	1.81	2.94	1.99	2.55	3.80	5.49
52	2.05	3.21	2.33	2.91	4.38	6.12
53	2.32	3.56	2.66	3.37	4.98	6.93
54	2.62	3.89	2.98	3.85	5.60	7.74
55	2.90	4.25	3.39	4.43	6.29	8.68

Age next birthday	Annual premium rates per \$1,000*					
	Death cover only		TPD cover only		Death and TPD cover	
	Female	Male	Female	Male	Female	Male
56	3.25	4.66	3.89	5.22	7.14	9.88
57	3.63	5.12	4.44	6.12	8.07	11.24
58	4.03	5.63	5.32	7.24	9.35	12.87
59	4.43	6.24	6.38	8.56	10.81	14.80
60	4.92	6.92	7.65	10.13	12.57	17.05
61	5.43	8.10	9.18	11.92	14.61	20.02
62	6.01	9.43	11.00	13.93	17.01	23.36
63	6.72	10.88	13.08	16.28	19.80	27.16
64	7.64	12.46	15.43	18.94	23.07	31.40
65	8.72	14.20	18.16	21.92	26.88	36.12
66	9.92	16.16	20.65	24.95	30.57	41.11
67	11.37	18.29	23.69	28.23	35.06	46.52
68	13.06	20.61	27.21	31.83	40.27	52.44
69	15.13	23.08	31.53	35.64	46.66	58.72
70	17.60	25.83	36.68	39.87	54.28	65.70
71	20.45	28.74	42.60	44.37	63.05	73.11
72	23.72	31.98	49.41	49.36	73.13	81.34
73	27.38	35.62	57.05	54.97	84.43	90.59
74	31.53	39.74	65.67	61.33	97.20	101.07
75	36.23	44.22	75.48	68.25	111.71	112.47
76	41.33	48.65	n/a	n/a	n/a	n/a
77	47.03	53.35	n/a	n/a	n/a	n/a
78	53.53	58.18	n/a	n/a	n/a	n/a
79	60.88	63.09	n/a	n/a	n/a	n/a
80	69.12	68.07	n/a	n/a	n/a	n/a

*Premium rates include stamp duty of 1.4% for death cover and 6.2% for TPD cover and Insurance Administration Service fee of 16.5% inclusive of GST. As premiums are paid monthly in arrears rather than annually in advance, these rates include a frequency loading of 1%.

Life events cover

You may be eligible to apply for more death or death and TPD cover (Life Events Cover) without underwriting.

You will need to:

- have death or death and TPD cover
- have recently experienced one of the life events described later in the Guide, and
- complete the relevant form by logging into your online account at kogansuper.com.au or contact the Helpline and apply within 60 days of the life event occurring.

Once the Insurer accepts your application, you will be provided with an additional amount of death only or death and TPD cover. This additional amount will be reflected in your account as Voluntary cover.

The amount of death only or death and TPD cover is based on your age next birthday as specified in the 'Insured amounts of cover - Life Events' table below and will be treated as Voluntary Insurance. We calculate the cost of this cover in the same way as Voluntary Insurance and deduct it from your super account each month. See more details about Life Events Cover conditions later in this Guide.

Any subsequent acceptance of Life Events Cover will be based on your age next birthday at the time of application and the amount of death only or death and TPD cover.

TPD definition may vary

From age 65 to age 67, both the Full TPD definition and the Limited TPD definition, will apply to your Life Events Cover for TPD cover in varying proportions subject to the details below.

The portion of your Life Events Cover for TPD cover that will be subject to the Full TPD definition will be reduced by 1/24th times the number of months since your 65th birthday. The remaining portion of your Life Events Cover for TPD cover will be subject to the Limited TPD definition. From age 67 your sum insured will be based on the Limited TPD definition only. All cover will cease from your cover expiry age.

If your TPD cover commences after your 65th birthday the assessment amount will be calculated as if your cover had commenced at age 65.

Example – Life Event Cover

Jill is a Customer and age 45 (46 next birthday).

Jill has applied and been accepted for Life Events Cover of \$12,000 based on the 'Insured amounts of cover - Life Events' table below.

From the 'Voluntary premium rate table' (also used for Life Events Cover premiums) you can see that at age 46 next birthday the annual premium for Life Events Cover is \$2.29 for every \$1,000 of cover. This means the annual total cost of Jill's Life Events Cover is $\$2.29 \times \$12,000 \div 1,000 = \$27.48$.

Insured amounts of cover - Life Events

Age next birthday	Insured amount \$	
	Death cover	TPD Cover
15	12,500	75,000
16	12,500	75,000
17	12,500	75,000
18	12,500	75,000
19	12,500	75,000
20	12,500	75,000
21	12,500	75,000
22	12,500	75,000
23	12,500	75,000
24	12,500	75,000
25	12,500	75,000
26	40,000	40,000
27	40,000	40,000
28	40,000	40,000
29	39,000	39,000
30	38,000	38,000
31	38,000	38,000
32	38,000	38,000
33	38,000	38,000
34	38,000	38,000
35	38,000	38,000
36	32,000	32,000
37	32,000	32,000
38	30,000	30,000
39	28,000	28,000
40	25,000	25,000
41	23,000	23,000
42	21,000	21,000
43	19,000	19,000
44	18,000	18,000
45	17,000	17,000
46	12,000	12,000
47	12,000	12,000
48	10,500	10,500
49	9,000	9,000
50	7,500	7,500
51	6,500	6,500
52	6,000	6,000
53	5,000	5,000
54	4,500	4,500
55	4,000	4,000
56	3,500	3,500
57	3,000	3,000
58	2,500	2,500
59	2,500	2,500
60	2,250	2,250
61	1,500	1,500
62	1,500	1,500
63	1,500	1,500
64	750	750
65	750	750

Income protection (IP) cover

Cover available

IP cover is also known as salary continuance or disability income cover.

If you are eligible and would like to apply for IP cover, you can do so any time by logging into your online account at kogansuper.com.au and completing the relevant form.

IP cover generally pays a Monthly Benefit (percentage of your regular income) if you cannot work due to injury or illness and you meet the Insurer's definition of Total Disablement or Partial Disablement.

Monthly Benefit and maximum benefit amount

Where this cover applies and you become Totally Disabled because of injury or illness, you'll generally be eligible to receive a Monthly Benefit after the Waiting Period for up to the maximum Benefit Period, subject to satisfaction of the insurance policy terms, payable up to the cover expiry age.

The maximum Benefit Period is two years and also applies to both payments for a Total Disablement or a Partial Disablement benefit.

The Monthly Benefit is the lesser of:

- 75% of your pre-disability income, or
- sum insured, or
- the maximum benefit amount of \$30,000 per month.

Your Monthly Benefit will be reduced by any payments described under 'Your IP benefit can be reduced' later in this Guide.

You may be entitled to continue to receive a reduced Monthly Benefit if you return to work but in a reduced capacity. However certain conditions apply. For more details, see 'You may be eligible for a partial disablement benefit' as detailed later in this Guide.

Underwriting will be required before the Insurer can provide cover for you. This cover is fixed and may be varied on notification of updated income each year subject to the Insurer's approval.

You will be advised of the date your cover starts if the Insurer accepts your application. Any increases in your cover or changes to your occupation are subject to underwriting and acceptance by the Insurer.

IP cover will continue if you subsequently become a casual employee or reduce your hours to less than 15 hours per week, after cover is provided, however a different definition of total disablement will apply.

Changing your cover

You can cancel your IP cover at any time by contacting the Helpline.

You will not be able to reapply for IP cover in the future if you do not meet the eligibility conditions at the time you reapply for cover or you:

- are a Casual Employee; or
- are working in a Hazardous or Uninsurable Occupation ; or
- are working less than 15 hours per week, or
- are a contractor on a contact period of less than 12 months.

Annual cost of cover

The cost of insurance cover depends on your age next birthday, gender and occupational rating factor. The occupational rating factor and the IP premium rates are shown in the tables below.

We first calculate your annual cost of cover at the date your cover starts and your subsequent age next birthday.

We deduct the cost of your cover from your super account each month based on your annual cost.

Occupational rating factor

Occupational category	Occupational rating factor
Professional	0.90
White Collar	1.00
Supervisory/Qualified with field work	1.375
Blue Collar	2.30
Heavy Blue Collar	3.00
Hazardous or Uninsurable Occupation	Not eligible for cover

The occupational ratings are described as follows:

Professional – Executives and Senior Management with tertiary qualifications, membership of professional associations and high incomes e.g. CEO, CFO, lawyer, doctor etc.

White Collar – Occupations that are office based with no manual work, e.g. clerical or administrative roles such as bookkeeper, receptionist, social worker etc.

Supervisory/Qualified with field work – Occupations not classified as White Collar, involving some light manual work, including supervisors and persons in a totally administrative job within a warehouse, manufacturing or industrial environment. The working environment may also present slight injury or sickness risk, e.g. hairdresser, shop assistant, florist, cashier, tailor etc.

Blue Collar – Occupations that involve a moderate degree of manual work, or recognised qualified trades e.g. baker, gasfitter, electrician, mechanic, printer, signwriter, greengrocer etc.

Heavy Blue Collar – Heavy manual occupations or those with a degree of additional risk of disability e.g. boilermaker, gardener, storeman, tyre fitter, welder etc.

To work out your annual cost of cover, refer to the IP premium rate table:

- look up your age next birthday in the left hand column then

- multiply the figure in the applicable right hand column by your insurance amount

then

- divide by 1,000

then

- multiply by the applicable occupational rating factor.

How we calculate and deduct cost of cover

The cost of your IP insurance cover will stop being deducted from your super account while you are receiving a Total Disablement or Partial Disablement benefit.

Example – IP Cover

Jill is a Customer, age 45 (46 next birthday) and has fixed cover of \$41,250, based on 75% of her income of \$55,000 per annum.

Jill is a white collar worker who has applied and been accepted for IP cover. Her occupational rating factor is 100%.

If Jill were to become Totally Disabled, based on her insured amount, her IP cover will cost her

$\$3.37 \times \$41,250 \div 1,000 \times 1 = \139.01 per annum.

IP premium rate table

Age next birthday	Annual premium rates per \$1,000 of annual IP cover* \$	
	Female	Male
15	0.76	0.78
16	0.76	0.78
17	0.76	0.78
18	0.76	0.78
19	0.78	0.80
20	0.78	0.80
21	0.78	0.80
22	0.81	0.77
23	0.82	0.73
24	0.84	0.69
25	0.84	0.65
26	0.89	0.65
27	0.89	0.60
28	0.92	0.58
29	0.94	0.57
30	0.97	0.57
31	1.01	0.59
32	1.03	0.60
33	1.09	0.63
34	1.14	0.66
35	1.21	0.70

IP premium rate table (continued)

Age next birthday	Annual premium rates per \$1,000 of annual IP cover* \$	
	Female	Male
36	1.32	0.77
37	1.48	0.86
38	1.62	0.93
39	1.78	1.03
40	1.98	1.14
41	2.10	1.20
42	2.33	1.33
43	2.56	1.46
44	2.85	1.62
45	3.15	1.80
46	3.37	1.93
47	3.83	2.21
48	4.15	2.43
49	4.53	2.69
50	4.95	2.99
51	5.42	3.35
52	5.90	3.73
53	6.59	4.28
54	7.22	4.83
55	7.86	5.44
56	8.52	6.10
57	9.02	6.71
58	9.61	7.44
59	10.09	8.14
60	10.94	9.22
61	11.75	10.36
62	12.65	11.70
63	13.62	13.23
64	12.48	12.59
65	6.77	6.97

* Premium rates include stamp duty of 8.1% and Insurance Administration Service fee of 16.5% inclusive of GST. As premiums are paid monthly in arrears rather than annually in advance, these rates include a frequency loading of 1%.

DEATH AND TPD INSURANCE – TERMS AND CONDITIONS

This section is a summary of the terms and conditions for the death and Total and Permanent Disablement (TPD) insurance cover.

Call the Helpline for more information about insurance terms and conditions.

See the Glossary for terms used in this Guide.

When you join Kogan Super

Interim cover

Interim cover applies to Voluntary Insurance cover. The Insurer will cover you for Accidental Death and (if applicable) Accidental TPD while it is assessing your insurance application.

Interim cover starts from the date you sign your insurance application form. It ends on the earlier of:

- your application being accepted by the Insurer, or
- you or us withdrawing your application, or
- 30 days after the Insurer notifies us that your application has been declined (we will advise you of this date after we receive the information from the Insurer), or
- 90 days after you sign your insurance application form, or
- when a benefit becomes payable under these interim cover conditions.

You will have the same amount of interim cover as the insurance cover for which you are being assessed, subject to a maximum of \$2 million for death cover and \$1.5 million for TPD cover.

A benefit will not be payable if during the interim cover period your Accidental Death or Accidental TPD is caused directly or indirectly by engaging in any sport or pastime for which, at the time of application the Insurer would not normally provide cover at standard rates or terms. A sport or pastime includes but is not limited to abseiling, aviation, (other than a passenger on a recognised airline), football (all codes), long-distance sailing, scuba diving, motor racing, parachuting, powerboat racing, mountaineering or martial arts. Other exclusions also apply. See the 'Exclusions and reductions to your cover may apply' section later in this Guide.

All other terms and conditions of the policy apply to interim cover. No premiums are payable for the period of interim cover.

You will be advised of the start date for your cover and/or if the Insurer accepts or limits your cover.

Cooling-off period

If you are not satisfied that the insurance meets your needs, you can cancel your cover within 30 days of it commencing. If you cancel within this period, you will receive a full refund of all insurance premiums paid since the cover commenced.

Increase in cover after a life event

You may be able to increase your death only, or death and TPD insurance cover without underwriting if there is a change or significant event in your life as outlined below. Cover is based on your age next birthday as specified in the 'Insured amounts of cover - Life Events' table under the heading Life Events Cover.

Life Event

Getting married or registering a Registered Relationship

The first anniversary of a De facto Relationship where that anniversary is on or after the date your insurance cover started

Divorce, revocation or termination of a Registered Relationship in accordance with the applicable State or Territory law

First anniversary of your Separation from a marriage, a Registered Relationship or a De facto Relationship where that anniversary is on or after the date your insurance cover started

Birth or adoption of a child by you or your Spouse

You take out a mortgage on the initial purchase of your primary residence

You take out a new mortgage, increase an existing mortgage for your primary residence to renovate/extend for at least \$50,000

How to apply for Life Events Cover

You will need to complete the relevant form by logging into your online account at kogansuper.com.au or by contacting the Helpline and apply for Life Events Cover within 60 days of the event occurring. You will need to provide specific details about the life event and provide certified copies of documents.

Life Events Cover will start from the date the Insurer has accepted your life event application. If you do not complete the application correctly or the evidence submitted is unsatisfactory, the Insurer may not accept your application. You will be advised of the start date for your cover after the Insurer has informed us that your application has been accepted.

Criteria for Life Events Cover

You must meet the following conditions if you want to apply for Life Events Cover:

- At the date of the life event, you must have insurance cover which has been accepted on standard terms;
- The life event must be in relation to you;
- You must be under age 65 on the date of completing the application for Life Events Cover;
- You must not have been granted Life Events Cover more than once in any 12 month period or more than three times while having insurance cover through Kogan Super. If you exceed any of these limits and in the event of a claim, the Insurer will decline to pay the part of your cover that was obtained through Life Events Cover after exceeding the relevant limit.
- This will occur even if premiums have been paid, in which case these premiums will be refunded;
- You must not have made, or be eligible to make, a claim for TPD, Total Disablement (or similar cover) or Terminal Illness under any policy held with the Insurer; and
- For changes to your relationship status, you are only allowed one life event per relationship.

Conditions of Life Events Cover

- New Events Cover will apply to your increased cover for the first 12 months after the date the Insurer has accepted your Life Events Cover application. This limitation will stop, when you have been At Work for 30 consecutive days following the end of the 12 month period;
- If you have been granted Life Events Cover because of a new or increased mortgage for a renovation or extension to your primary residence, then, for the first 6 months from the date of the increase, the Insurer will only pay the amount of increased cover for Accidental Death and Accidental TPD;
- Life Events Cover will not be payable for the first 13 months of the Insurer accepting your Life Events Cover if your:
 - Death or Accidental Death is caused by suicide, or
 - TPD or Accidental TPD or Terminal Illness is caused by attempted suicide or any deliberate self-inflicted injury or illness.
- The maximum amount of each increase under Life Events Cover is the sum insured, according to your age next birthday. This is set out in the Insured amounts of Cover- Life Events table earlier in this Guide.

While a customer

You need to understand some conditions that apply to your insurance cover.

Cover while travelling overseas

Your death only, TPD only or death and TPD cover continues if you travel overseas subject to the conditions of the insurance policy.

If you travel overseas temporarily, the following conditions apply:

- you must remain a Customer, and
- you must be an Australian Resident, and
- premiums for the cover must continue to be paid.

If you make a Terminal Illness or TPD claim, you may have to return to Australia at your own expense for medical treatment and assessment (we may not pay a Terminal Illness or TPD benefit if you do not return to Australia in the above circumstances).

If your cover stops or if you cancel it, your cover will be subject to underwriting before the Insurer can provide you with cover after you return to Australia.

Exclusions and reductions to your cover may apply

The following exclusions may apply to your insured benefit:

- any increase or reinstatement in your insured amount for death or TPD through Voluntary Insurance cover, isn't payable if:
 - your death is caused by suicide within 13 months, or
 - your Terminal Illness or TPD is caused by attempted suicide or by any deliberate self-inflicted injury/illness or attempted suicide or self-destruction
- from the date of the increase.
- your insured benefit isn't payable if your death, Terminal Illness or TPD is caused wholly or partly, directly or indirectly by:
 - War , or
 - active service in the armed forces of any country, territory, foreign or international organisation*, or
- any other exclusion imposed by the Insurer.

* If you are enrolled in the Australian Army Reserve, this exclusion will only apply where you are called up for active service.

Your insurance benefit may not be payable or may be reduced if:

- you do not notify us as soon as reasonably possible after you first became disabled, in circumstances where such a delay has prejudiced the Insurer's ability to assess and manage a claim, or
- you make a fraudulent claim, or
- you do not meet the claim requirements, or
- premiums are not paid.

When Death and TPD cover stops

Your Death and TPD cover stops:

- if you call the Helpline or tell us in writing that you want to cancel your cover, or
- if you cease to be a Customer, or
- when you die, or
- if you are no longer an Australian Resident and you are no longer permanently in Australia or no longer eligible to work in Australia, or
- if the Insurer pays a Terminal Illness benefit (except where death or TPD cover is higher in which case death and/or TPD cover will be reduced by the amount of the terminal illness cover paid and will continue until your cover stops for any reason), or
- if the Insurer pays a TPD benefit (except where death cover is higher in which case death cover will be reduced by the amount of the TPD cover paid and will continue until your cover stops for any reason), or
- if the insurance policy terminates, or
- 60 days after you are no longer eligible for insurance cover, or
- if you reach the applicable cover expiry age, or
- 60 days after premiums are not paid, or
- if we have not received any contributions or rollovers into your account for a continuous period of 16 months, and you have not elected to maintain your insurance cover, or
- if you make a fraudulent claim.

Reinstatement of cover

If your default cover has been cancelled due to non-payment of premiums and within 90 days you request for your default cover to be reinstated, your default cover will automatically be reinstated from the date cover ceased to what it was immediately prior to cancellation. This is subject to the outstanding premiums being paid. Any remaining New Events Cover restriction will continue to apply from the date cover re-commences.

If your cover has been cancelled due to no contributions and/or rollovers being received into your super account for a continuous period of 16 months, your cover can be automatically reinstated. We will automatically reinstate your cover with effect on the date we receive:

- your notification in writing to reinstate cover, or
- a contribution or rollover into your account,

provided we receive your notification or contribution or rollover within 90 days from the date your cover was cancelled.

Any remaining New Events Cover restriction will continue to apply from the date cover re-commences.

Any other reinstatement of cover other than the conditions above will be subject to underwriting and acceptance by the Insurer.

You should refer to the 'Automatic cancellation of cover' section earlier in this Guide for more information including how to elect to maintain your cover.

Cost of cover can change

The Insurer may vary the cost of your insurance cover by giving notice to us. Costs may change if:

- War in which the Commonwealth of Australia's armed forces are involved or involving the country of your temporary residence, or
- there are legislative changes or business activity which results in unusual changes to the membership and/or the information used in determining the premium rates for Kogan Super, or
- the guaranteed period of the premium rates provided by the Insurer to us expires, or
- there is a change in taxes or duties or other legislative changes that increase the Insurer's costs.

We will let you know of any change in the cost of cover. We will write to you at least 30 days beforehand if your cost of cover will increase.

Making a claim

A claim for death or TPD may be made if you die or suffer a permanent disability due to an injury or illness.

How to make a claim

You must advise us as soon as reasonably possible of any claim or potential claim. To make a claim, you or your beneficiaries can call the Helpline.

You will also need to provide further information required by the Insurer to assess your claim, which may be at your own cost.

Paying your death (Terminal Illness) or TPD benefit

We must meet various legal requirements before we can pay a benefit.

While we make every effort to pay benefits quickly, there may be a significant time between the date of death or TPD and the benefit payment.

The Insurer needs to assess medical and other evidence for a TPD claim and this can take around 6 to 12 months however in many circumstances assessment can be completed sooner.

You and your Medical Practitioner must provide the necessary documents and complete all application requirements to make a TPD claim. You will need to meet the costs associated with any claim.

You'll need to meet the Insurer's definition of Terminal Illness or TPD before being eligible for a Terminal Illness or TPD insurance benefit. See the Glossary for the definition of Terminal Illness and TPD.

Important note – the TPD definition that will apply to you if you lodge a claim will depend on your circumstances at the Benefit Calculation Date.

You will need to pay for the cost of returning to Australia if you are living or travelling overseas.

We can only pay an insured benefit if:

- the Insurer has accepted the claim
- the insurance proceeds have been received from the Insurer, and
- a relevant condition of release under superannuation law has been satisfied by you.

We will not be able to pay the benefit if you do not satisfy a condition of release. We will deduct any applicable tax from your super benefit. Refer to the *Accessing Your Super* fact sheet for details about the conditions of release under superannuation law. This fact sheet is available at kogansuper.com.au/documents.

The Insurer may, subject to law, consider your claim withdrawn or refuse to pay your claim if you do not meet its requirements.

Extended cover

Your death only or death and TPD cover will continue for up to 60 days after you cease to be eligible for insurance (see under 'When death and TPD cover stops').

There are no premiums deducted for extended cover.

INCOME PROTECTION – TERMS AND CONDITIONS

This section is a summary of the terms and conditions as they apply to Income Protection (IP) insurance cover.

Call the Helpline for more information about insurance terms and conditions.

See the Glossary for terms used in this Guide.

When you join Kogan Super

Income protection generally pays a Monthly Benefit (percentage of your regular income) if you cannot work due to injury or illness and you meet the Insurer's definition of Total Disablement or Partial Disablement at the end of the Waiting Period.

Interim cover

The Insurer will cover you for Accidental Injury while it is assessing your insurance application.

Accidental interim cover starts from the date you sign your insurance application. It ends on the earlier of:

- your application being accepted by the Insurer, or
- you or us withdrawing your application, or
- 30 days after the Insurer notifies us that your application has been declined (we will advise you of this date after the Insurer provides us with this information), or
- 90 days after you signed the insurance application form, or
- when a benefit becomes payable under these interim cover conditions.

Any benefit payable will apply from the first day after the 90 day Waiting Period ends until the earlier of the following:

- you die;
- the maximum benefit period of 2 years has expired;
- you are no longer Totally Disabled;
- you reach age 65.

A benefit will not be payable if during the interim cover period your Accidental Injury is caused directly or indirectly by engaging in any sport or pastime for which, at the time of application the Insurer would not normally provide cover at standard rates or terms. A sport or pastime includes but is not limited to abseiling, aviation, (other than a passenger on a recognised airline), football (all codes), long-distance sailing, scuba diving, motor racing, parachuting, powerboat racing, mountaineering or martial arts. Other exclusions also apply. See the 'Exclusions to your cover may apply' section later in this Guide.

All other terms and conditions of the policy apply to interim cover. There are no premiums for the period of your interim cover.

You will have the same amount of interim cover as the insurance cover for which you are being assessed, subject to a maximum of \$15,000 per month.

You will be advised of the start date for your cover, where the Insurer accepts or accepts but limits your cover.

Cooling-off period

If you are not satisfied that the insurance meets your needs, you can cancel your cover within 30 days of it commencing. If you cancel within this period, you will receive a full refund of all insurance premiums paid since the cover commenced.

While you are a customer

You need to understand some conditions that apply to your insurance cover.

Cover while travelling overseas

You may be able to continue your IP cover if you travel overseas subject to the conditions of the insurance policy.

If you travel overseas temporarily, the following conditions apply:

- you must remain a Customer, and
- you must be an Australian Resident, and
- premiums for the cover must continue to be paid.

You may have to return to Australia at your own expense for medical treatment or assessment if you make a claim. The trustee may not pay a Total Disablement or Partial Disablement benefit if you do not return to Australia in the above circumstances.

If your cover stops or if you cancel it, your cover will be subject to underwriting before the Insurer can provide you with cover on your return to Australia.

Exclusions to your cover may apply

The Insurer cannot pay your Total Disablement or Partial Disablement benefit if your disablement is caused wholly or partly, directly or indirectly:

- by any deliberate self-inflicted injury or illness (whether sane or insane), or
- by uncomplicated pregnancy or childbirth, or
- from the same injury or illness related to a previous claim where the full Benefit Period has been paid, or
- from an act of War, or
- from active service in the armed forces of any country or territory or foreign or international organisation* after your cover commenced or recommenced, or
- from any other exclusion imposed by the Insurer for the amount of cover that is subject to underwriting.

* If you are enrolled in the Australian Defence Forces Reserve, this exclusion will only apply where you are called up for active service.

Your insurance benefit may not be payable or may be reduced if:

- you do not notify us as soon as reasonably possible after you first became disabled, in circumstances where such a delay has prejudiced the Insurer's ability to assess and manage a claim, or
- you make a fraudulent claim, or
- you do not meet the claim requirements, or
- premiums are not paid within 60 days of the due date.

When your IP cover stops

Your IP cover stops:

- if you call the Helpline or tell us in writing that you want to cancel your cover, or
- when you die, or
- if you cease to be a Customer, or
- if you are no longer an Australian Resident and you no longer live in Australia or are no longer eligible to work in Australia,
- if the insurance policy terminates, or
- 60 days after you are no longer eligible for insurance cover, or
- 60 days after premiums are not paid (unless you are receiving a Total Disablement or Partial Disablement benefit), or
- if you reach your cover expiry age, or
- if we have not received any contributions or rollovers into your account for a continuous period of 16 months, and you have not elected to maintain your insurance cover. or
- if you make a fraudulent claim.

Reinstatement of cover

If your cover has been cancelled due to non-payment of premiums and within 90 days you request for your cover to be reinstated, your cover will automatically be reinstated to what it was immediately prior to cancellation, subject to any outstanding premiums being paid.

If your cover has been cancelled because we have not received any contributions and/or rollovers to your super account for a continuous period of 16 months, your cover can be automatically reinstated. We will automatically reinstate your cover with effect on the date we receive:

- your notification in writing to reinstate cover, or
- a contribution or rollover into your account,

provided we receive your notification or contribution or rollover within 90 days from the date your cover was cancelled.

Any other reinstatement of cover other than the conditions above will be subject to underwriting and acceptance by the Insurer.

Cost of cover can change

The Insurer may vary the cost of your insurance cover by giving notice to us. Costs may change if:

- War in which the Commonwealth of Australia's armed forces are involved or involving the country of your temporary residence, or
- there are legislative changes or business activity which results in unusual changes to the membership and/or the information used in determining the premium rates for Kogan Super, or

- the guaranteed period of the premium rates provided by the Insurer to us expires, or
- there is a change in taxes or duties or other legislative changes that increase the Insurer's costs.

We will let you know of any change in the cost of cover. We will notify you at least 30 days beforehand if your cost of cover will increase.

Making a claim

You can make a claim while a Customer if you have an injury or illness.

How to make a claim

You must advise us as soon as reasonably possible of any claim or potential claim. To make a claim, you can call us on the Helpline.

You will also need to provide further information required by the Insurer to assess your claim, which may be at your own cost.

Paying your Total Disability or Partial Disability benefit

If your claim is accepted, your insured benefit will be paid monthly in arrears for your benefit payment period as long as you remain Totally Disabled or Partially Disabled (if applicable). If you are Partially Disabled, then you will receive a portion of the Monthly Benefit that takes into account any income you are earning.

The Insurer needs to assess medical and other evidence for a claim. This can take between 3 to 6 months however in many circumstances assessment can be completed sooner.

You and your Medical Practitioner must provide the necessary documents and complete all application requirements to make a claim. You will need to meet the costs associated with completing the claim forms.

You will need to pay for the cost of returning to Australia if you are living or travelling overseas.

You'll need to meet the Insurer's definition of Total Disablement or Partial Disablement before being eligible for a payout.

Exclusions may apply. See the 'Exclusions to your cover may apply' section earlier in this Guide.

The Insurer may, subject to law, consider your claim withdrawn or refuse to pay your claim if you do not meet its requirements.

Your first disability payment is effective from the day after your Waiting Period ends. Insured benefit payments are made in arrears so you will not receive your first payment for a month after the Waiting Period ends and until the Insurer has completed their required assessment. A pro-rata insured benefit will be paid if a benefit is payable for less than a whole month. If you have any offsets, these will also apply.

Pay As You Go (PAYG) tax will be deducted from each Monthly Benefit payment.

The cost of all your insurance cover will stop being deducted from your super account while you are receiving a Total Disablement or Partial Disablement benefit.

The Insurer will review your case monthly to determine if you remain eligible for your benefit. You may need to provide the Insurer with medical and other information it requires.

You may be eligible for a Partial Disablement benefit

You may be eligible for a Partial Disablement benefit if you return to work in a reduced capacity.

To be eligible you must be Totally Disabled for at least 7 out of 12 consecutive days during the Waiting Period.

You'll also need to meet the Insurer's definition of Partial Disablement before being eligible for a partial disablement insurance benefit. The Partial Disablement benefit cannot be paid prior to the expiry of the Waiting Period.

We will calculate your Partial Disablement benefit as a proportion of your Total Disablement benefit. We will base your benefit on the reduction in your income due to your disability and the income you earn whilst you are Partially Disabled. If you have any offsets, these will also apply. See the 'Your benefit can be reduced' section for more information about offsets.

Your claim will be reviewed regularly to determine if you remain eligible for your Partial Disablement benefit. You may need to give the Insurer relevant medical and other information.

When your Total Disablement or Partial Disablement benefit stops

Your Total Disablement or Partial Disablement benefit stops on the earliest of the following:

- for Partial Disablement, if you no longer work in a reduced capacity, or
- if you stop being Totally Disabled or Partially Disabled (as applicable), or
- when you reach your cover expiry age, or
- you make a fraudulent claim, or
- if you reach the Total Disablement or Partial Disablement maximum Benefit Period, or
- if you stop being under Medical Care, or
- if you refuse to return from overseas for medical treatment or assessment, or
- if you fail to provide the Insurer with evidence required to assess your claim, or
- if you die (in which case a lump sum equal to three times your Monthly Benefit will be added to your death benefit).

Your benefit can be reduced

Your Total Disability or Partial Disability benefits can be reduced or offset by any of the following amounts, regardless of how they are paid:

- any amount paid under another disablement, injury or illness insurance
- any amount paid under common law actions for loss of income
- workers' compensation
- any statutory or other government payments for lost income in relation to your injury or illness
- motor accident compensation payments, and
- any other income you receive from your employer (including sick leave entitlements) that is not as a result of your personal exertion.

Your benefit will not be reduced by any amount received as a lump sum TPD payment or lump sum superannuation payment.

Rehabilitation expenses

In addition to the Total Disability or Partial Disability Monthly Benefit, you may be eligible for a rehabilitation expense amount if you have occupational rehabilitation costs. This rehabilitation expense, if approved by the Insurer, will be paid directly to the service provider. You must have:

- prior written approval from the Insurer
- a written statement from your Medical Practitioner (to which the Insurer agrees) that you need to incur these expenses as part of your Rehabilitation, and
- no other source of reimbursement for these expenses.

The rehabilitation expense amount could cover the cost of joining any pre-approved Rehabilitation program or purchasing goods or equipment.

The Insurer will not pay a rehabilitation expense amount if this contravenes the *National Health Act 1953*, *Health Insurance Act 1973*, *Private Health Insurance Act 2007*, *Private Health Insurance (Prudential Supervision) Act 2015* or any similar health insurance legislation or regulation.

What happens if you die, become disabled again or have multiple injuries or illnesses?

You may be eligible for a recurrent disablement benefit if you become Totally Disabled or Partially Disabled again from the same or related cause within 6 months of your benefit payments for the earlier claim ending.

We will treat any such claim as a continuation of the previous claim and there will be no Waiting Period. We will add the total Partial Disablement or Total Disablement periods together to determine the remainder of your Benefit Period.

If you become Totally Disabled or Partially Disabled again from a different cause, or the same or related cause more than six months after your benefit payments for the earlier claim ending, we will treat any such claim as a separate claim and a new Waiting Period and Benefit Period will be applied.

If you are Totally Disabled or Partially Disabled because you have more than one injury or illness, or both, you will only receive one benefit even if the injuries or illnesses are not related.

We will pay out a lump sum equal to three times your Monthly Benefit as well as your death benefit if you die while receiving a Total Disablement or Partial Disablement benefit.

Extended cover

Your IP cover will continue for up to 60 days after you cease to be eligible for insurance (see 'When your IP cover stops').

There are no premiums deducted for extended cover.

This Glossary gives you specific meanings for some terms used in the insurance policy and throughout this Guide.

Accident

Means bodily injury caused directly and solely by a violent, accidental, external and visible event.

Accidental Death

Means death which is a result of an Accident.

Accidental Injury

Means an injury which first occurred to you after your IP cover began, including any interim cover, and is caused directly and solely because of an accidental event where the event was violent, external and visible and which was not caused by attempted suicide, or self-inflicted by you on purpose.

Accidental Total and Permanent Disablement (TPD)

Means TPD which is a result of an Accident.

At Work

Means:

- a. you are engaged in normal duties and normal working hours without limitation due to injury or illness;
- b. you are not restricted by injury or illness from being capable of performing duties on a full time basis (30 hours per week) even though actual employment may be on part time, contract or casual basis, or you are on employer approved leave without pay; and
- c. you are not in receipt of and/or entitled to receive income support benefits.

Australian Resident

Means for insurance purposes, you are legally permitted to reside and work for reward in Australia.

Benefit Calculation Date

Means:

- your last day at work prior to your injury or illness – applicable to part (a) of the TPD definition, or
- the date on which the Medical Practitioner first certifies you to be TPD - applicable to the Limited TPD definition (parts (b), (c) and (d)), or
- the date on which the Medical Practitioner specialising in the relevant field diagnoses you with one of the medical conditions associated with a Waiting Period Day One TPD Medical Condition.

Benefit Period

Means the maximum period for which a Total Disablement and/or Partial Disablement benefit will be paid to you for any one continuous period of Total Disablement or Partial Disablement. It starts from the date you are first entitled to be paid a Total Disablement and/or Partial Disablement benefit and stops when any of the events under 'When your Total

Disablement or Partial Disablement benefit stops' as described earlier in this Guide. The maximum period will include the total of any period where you were Totally Disabled or Partially Disabled due to the same or related cause, unless otherwise agreed between the Insurer and the trustee.

Casual Employee

Means you are employed on a casual basis regardless of the number of hours you work and you are not a Permanent Employee or a Contractor.

Contractor

Means you are:

- employed on a contract for a fixed term to perform duties that you are contracted for, and
- not a Permanent Employee or a Casual Employee.

De facto or De facto Relationship

For insurance purposes means a relationship between you and another person (whether of the same sex or different sexes) where you and the other person:

- are not legally married to each other
- are not Family Members, and
- having regard to all the circumstances of your relationship, you and the other person have a relationship as a couple living together on a genuine domestic basis

or such other meaning as set out in the Family Law Act 1975 (Cth).

Disability Income

Means the monthly (or pro rata) amount earned by you, while you are Partially Disabled, as a result of your own personal exertion.

Family Member

Means your spouse, parent, sibling, parent-in-law or child including adopted child, step-child or ex-nuptial child.

Full TPD

Means that you have a Permanent Disability and are eligible to claim under any of the four parts, (a), (b), (c) or (d) of the TPD definition.

Hazardous or Uninsurable Occupation

A person who is working in an uninsurable or hazardous occupation per the most current Mercer Easy Super – Occupation Table issued by AIA.

Please call the Helpline for more information.

Important Duties

Means one or more duties that involve 20% or more of your overall occupational tasks which are important and essential in producing income.

Life Events Cover

Means that you are eligible to increase your death or death and TPD cover (as applicable), without being subject to underwriting terms, if any of the life events listed in the 'Increase in cover after a life event' section of this Guide occur.

Limited TPD

Means that you have a Permanent Disability and are eligible to claim under part (b), (c) or (d) of the TPD definition. No Waiting Period applies for Limited TPD.

Medical Care

Means that you must be receiving and following medical treatment or advice reasonably recommended by a Medical Practitioner who has personally assessed you and been provided with full clinical details of your case, and you will continue to be reviewed in these circumstances on at least a monthly basis unless otherwise agreed by the Insurer.

Medical Practitioner

Means a registered medical practitioner who is appropriately qualified to treat you for your injury or illness. The medical practitioner cannot be you or a Family Member, business partner, employee or your employer.

Monthly Benefit

Means your monthly benefit as described earlier in the 'Monthly Benefit and maximum benefit amount' section in this Guide.

New Events Cover

Means you are only covered for claims arising from an illness which became apparent or an injury which occurred on or after the date your insurance cover started or most recently started in Kogan Super.

Partial Disablement/ Partially Disabled

If you are a Permanent Employee working at least 15 hours per week, a Contractor (on a minimum contract period of 12 months) or self-employed (for at least 12 months) working at least 15 hours per week, Partial Disablement/Partially Disabled means that, because of an injury or illness, you:

- are unable to perform the Important Duties of your regular occupation, and
- are earning a Disability Income from your regular occupation or alternative occupation which is less than your monthly income, and
- are capable of work (whether or not for reward), and
- remain under Medical Care.

If you are a Casual Employee, working less than 15 hours per week, a Contractor on a contract period of less than 12 months, self-employed for less than 12 months or working in a Hazardous or Uninsurable Occupation, Partial Disablement/Partially Disabled means that, because of an injury or illness, you:

- continue to work but are unable to perform the Important Duties of your regular occupation or all other occupation for which you are reasonably qualified by education, training or experience, and

- are earning a Disability Income from your regular occupation or alternative occupation which is less than your monthly income, and
- are capable of work (whether or not for reward), and
- remain under Medical Care.

Permanent Disability

Means you have become incapacitated due to injury or illness (whether physical or mental) to such an extent, in the Insurer's opinion, that it makes it unlikely that you will ever engage in or work for reward in any occupation or work for which you are reasonably qualified by education training or experience.

Permanent Employee

Means you are employed on a permanent basis, for an indefinite duration where you receive entitlements normally associated with permanent employment.

Pre-disability income

Means the average gross monthly income you have earned in the twelve (12) months immediately prior to becoming disabled.

For self-employed Customers, it means the average gross monthly income you have earned in the twelve (12) months immediately prior to becoming disabled or the latest financial year immediately prior to becoming disabled.

Registered Relationship

For the purpose of Life Events cover means a relationship, or civil union or a declaration of civil partnership, between two adults who are a couple, that has been registered in accordance with State or Territory law.

Rehabilitation

Means occupational rehabilitation for the purpose of returning you to your pre-disablement occupation or another occupation. Occupational rehabilitation may include initial rehabilitation assessment, physical conditioning program, graduated return to work program, vocational assessment and assistance to obtain new employment. Any occupational rehabilitation must be as part of a return to work program approved by the Insurer.

Separation

For the purpose of Life Events cover means:

- in the case of marriage, not living as a couple, whether or not an application for divorce has been made, or
- in the case of a Registered Relationship, not living as a couple, whether or not an application for termination or revocation under the applicable State or Territory law has been made, or
- in the case of a De facto Relationship, ceasing to be in that De facto Relationship.

Spouse

For insurance purposes means your partner in marriage, a Registered Relationship or De facto Relationship.

Terminal Illness

Means any illness where:

- two registered Medical Practitioners have certified, jointly or separately, and approved by the Insurer, that you have suffered from an illness or incurred an injury that is likely to result in your death within a period (the certification period) that ends no more than 12 months after the date of the certification, regardless of any treatment that might be undertaken, and
- at least one of the Medical Practitioners is a specialist practicing in an area related to the injury or illness suffered by you, and
- for each of the certificates, the certification period has not ended.

The illness resulting in the Terminal Illness must occur, and the date any Medical Practitioner first certifies you as being terminally ill, must take place while you have insurance cover in Kogan Super.

Total and Permanent Disablement (TPD)

As an insured person, you are totally and permanently disabled if you have a Permanent Disability and any one of the applicable parts (a), (b), (c) or (d) below applies. You should see 'Which TPD definition applies to you at claim time' section earlier in this Guide for details of which parts apply to you.

Part (a) Unlikely to work

When all of the following apply:

- you have been continuously absent from employment through injury or illness for the Waiting Period; and
- after considering all evidence which the Insurer believes is necessary to reach their view, in their opinion, you have become incapacitated to such an extent as to render you unlikely ever to engage in, or work for reward in, any occupation or work for which you are reasonably qualified by education, training or experience.

or

Part (b) Specific loss

You have suffered an injury or illness which first became apparent while you are a person insured and as a result of the injury or illness have suffered the total and irrecoverable loss of (or total loss of the use of):

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

where the loss of sight means to the extent that the visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc.

or

Part (c) Future care

When all of the following apply:

- you suffer an injury or illness which first occurs, while you are insured; and
- because of that injury or illness, in the Insurer's opinion, you are permanently unable to perform at least three of the five 'activities of daily working' listed below:
 - Mobility: The ability to:
 - bend, kneel or squat to pick something up from the floor and straighten up again, and get into and out of a standard sedan or car; or
 - walk more than 200 metres at a normal pace on a level surface without stopping due to breathlessness as a result of a medical condition or angina.
 - Hearing: The ability to hear such that an audiologist can certify that you have a hearing ability of less than or equal to 40db in the better ear (averaged over the frequencies 0.5, 1, 2 and 3 KHz) in an audiometry test.
 - Communicating through speech: The ability to speak with sufficient clarity to be able to hold a conversation in a quiet room in your first language. This involves understanding a simple message and relaying that message to another person.
 - Seeing: The ability to see even when tested with visual aids, such that an ophthalmologist can certify that your visual acuity is better than 6/60 in the better eye or a visual field of greater than 10 degrees (i.e. not legally blind).
 - Manual Dexterity: The ability to use:
 - at least one hand to pick up and/or manipulate small objects such as picking up a coin from a desk, using cutlery or fastening buttons; or
 - a pen or pencil or keyboard to write a short note that can be understood by another person.

or

Part (d) Cognitive Loss

You have suffered an injury or illness which first became apparent while you are insured and as a result of the injury or illness have suffered the total and permanent deterioration or loss of intellectual capacity that:

- while being insured with Kogan Super, commenced a period of at least three consecutive months under the continuous care and supervision by another adult person; and
- at the end of that three month period, is likely to require you to be under permanent ongoing continuous care and supervision of another adult person.

Total Disablement/Totally Disabled

If you are a Permanent Employee working at least 15 hours per week, a Contractor (on a minimum contract period of 12 months) or self-employed (for at least 12 months) working at least 15 hours per week, Total Disablement/Totally Disabled means that, because of an injury or illness, you:

- have been continuously absent from employment throughout the Waiting Period, and
- are not capable of doing the Important Duties of your regular occupation, and
- are not working in any occupation (whether paid or unpaid), and
- are under Medical Care.

If you are a Casual Employee, working less than 15 hours per week, a Contractor on a contract period of less than 12 months, self-employed for less than 12 months or working in a Hazardous or Uninsurable Occupation, Total Disablement/Totally Disabled means that, because of an injury or illness, you:

- have been continuously absent from employment throughout the Waiting Period, and
- are not capable of:
 - doing the Important Duties of your regular occupation, and
 - performing any occupation (whether paid or unpaid) for which you are reasonably qualified by education, training or experience, and
- are not working in any occupation (whether paid or unpaid), and
- are under Medical Care.

Voluntary Insurance

Means any amount of cover that you elect where you are required to provide evidence to the Insurer, and which is not default cover.

Please note: If you cancel your insurance cover and later request this to be reinstated, subject to underwriting, the reinstated cover will be considered an increase and also be deemed as Voluntary Insurance.

Waiting Period

For part (a) of the TPD definition, means 3 months, unless a Waiting Period Day One TPD Medical Condition applies, in which case the Waiting Period does not apply.

For IP cover, means 90 consecutive days which must elapse before the Monthly Benefit begins to accrue. The Waiting Period commences from the later of the following

- the date you are first examined and certified by a Medical Practitioner as Totally Disabled in relation to the injury or illness giving rise to the claim, and
- the date you cease work due to that injury or illness.

If you consult a medical practitioner within seven days of ceasing work due to the injury or illness, the Waiting Period will commence from the date you ceased work.

Waiting Period Day One TPD Medical Condition

Means you are diagnosed by a Medical Practitioner specialising in the relevant field as having Alzheimer's disease or other Dementias, blindness, Cardiomyopathy, Chronic lung disease, Diplegia, Hemiplegia, Loss of hearing, Loss of speech, Major head injury, Motor neurone disease, Multiple sclerosis, Muscular dystrophy, Paraplegia, Parkinson's disease, Pulmonary arterial hypertension (primary), Quadriplegia or Tetraplegia. See the following Medical Definitions section for more detail.

War

Includes but is not limited to declared or undeclared war or war related activities, revolution, invasion or rebellion or civil unrest.

MEDICAL DEFINITIONS

These terms may change from time to time. Please contact the Helpline for more details.

Alzheimer's disease or other dementias

Means the diagnosis of dementia (including Alzheimer's disease) as confirmed by a consultant neurologist or geriatrician resulting in significant cognitive impairment. Significant cognitive impairment means deterioration in the person insured's mini-mental state examination scores, or equivalent thereof, scores to 24 or less.

Blindness

Means that as a result of disease or accident and certified by an ophthalmologist, the:

- a. visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes; or the:
- b. field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white test object); or the
- c. combination of visual defects results in the same degree of vision impairment as that occurring in (a) or (b) above.

Cardiomyopathy

Means a condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant permanent physical impairment i.e. Class III on the New York Heart Association classification of cardiac impairment.

The New York Heart Association classifications are:

- Class I – no limitation of physical activity, no symptoms with ordinary physical activity.
- Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.
- Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.
- Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Chronic lung disease

Means end stage respiratory failure requiring continuous and permanent oxygen therapy and is confirmed by a medical specialist, excluding intermittent oxygen therapy.

Diplegia

Means the total and permanent loss of function of both sides of the body due to spinal cord injury or disease, or brain injury or disease.

Hemiplegia

Means the total and permanent loss of function of one side of the body due to spinal cord injury or disease, or brain injury or disease.

Loss of hearing

Means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of Injury or Sickness, as certified by an appropriate specialist Medical Practitioner.

Loss of speech

Means the complete and irrecoverable loss of the ability to speak as a result of Injury or Sickness which must be established and the diagnosis reaffirmed after a continuous period of 3 months of such loss by an appropriate specialist Medical Practitioner.

Major head injury

Means an accidental head injury resulting in permanent neurological deficit, resulting in the Person insured either:

- being totally and permanently unable to perform any 1 of the activities of daily working; or
- suffering at least a 25% impairment of whole person function as defined in Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association.

Diagnosis must be confirmed by a consultant neurologist.

Motor neurone disease

Means the unequivocal diagnosis of motor neurone disease confirmed by a consultant neurologist.

Multiple sclerosis

Means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist.

Muscular dystrophy

Means the unequivocal diagnosis of muscular dystrophy, confirmed by a consultant neurologist.

Paraplegia

Means the total and permanent loss of function of the lower limbs due to spinal cord injury or disease, or brain injury or disease.

Parkinson's disease

Means the unequivocal diagnosis of idiopathic Parkinson's disease as confirmed by a consultant neurologist. All other types of Parkinsonism are excluded (e.g. secondary to medication).

Pulmonary arterial hypertension (primary)

Means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation, resulting in significant irreversible physical impairment of at least Class III of the New York Heart Association classification of cardiac impairment.

Pulmonary Hypertension in association with chronic lung disease is specifically excluded.

Other forms of hypertension (involving increased blood pressure) are specifically excluded.

The New York Heart Association classifications are:

- Class I – no limitation of physical activity, no symptoms with ordinary physical activity.
- Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.
- Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.
- Class IV – symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Quadriplegia

Means the total and permanent loss of use of the upper and lower limbs due to spinal cord injury or disease or brain injury or disease.

Tetraplegia

Means the total and permanent loss of use of the upper and lower limbs due to spinal cord injury or disease or brain injury or disease.

