

# BT Super

## Lifetime Insurance Guide

Issued 1 October 2020

**This Insurance Guide is only for members who have joined BT Super who were formerly a member of BT Lifetime Super – Personal Plan, BT Retirement Selection – Personal Plan, BT Classic Lifetime – Personal Plan, BT Superannuation Investment Fund, Westpac Lifetime Super Service, BT Personal Portfolio Service, Westpac Simple Super, Westpac Personal Superannuation Plan, Westpac Personal Superannuation Investment Plan and Westpac Personal Superannuation Bond. If this does not describe you, you should refer to the BT Super Employee Insurance Guide instead.**

The information in this Insurance Guide forms part of the BT Super Product Disclosure Statement (PDS) issued 1 October 2020.

The information in this Insurance Guide may change at any time. Please make sure you read the latest version of this Insurance Guide, together with the PDS, before making a decision to invest in BT Super. The updated information, if it is not materially adverse, can be obtained at any time by going to [bt.com.au/btsuper](https://bt.com.au/btsuper) or in paper form, on request, free of charge by calling our Customer Relations team on 132 135 or email us at [bt.com.au/contact-us](mailto:bt.com.au/contact-us).

The information provided in this Insurance Guide is general information only and has been prepared without taking account of your personal objectives, financial situation or needs. Because of this you should, before acting on this information, consider its appropriateness, having regard to your objectives, financial situation and needs. You should consider the information in the PDS, and the Guides, including this Insurance Guide, before deciding whether to acquire, continue to hold or dispose of interests in BT Super, and obtain financial advice tailored to your personal circumstances.

If you have any questions about BT Super, or would like a copy of this PDS, or the Guides, please visit our website at [bt.com.au/btsuper](https://bt.com.au/btsuper) or call BT Customer Relations on 132 135 between 8.00am and 6.30pm (Sydney time), Monday to Friday or email us at [bt.com.au/contact-us](mailto:bt.com.au/contact-us).

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# Insurance in your super

## About the Insurer

In order to offer you competitive insurance rates and terms and conditions, we provide insurance through group life insurance policies with an insurer.

The cover under these group life insurance policies is provided under insurance policies (called Master Policies) issued by AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (the Insurer) to the Trustee. A copy of the relevant Master insurance policy is available upon request by contacting 132 135 between 8.00am and 6.30pm (Sydney time), Monday to Friday or email us at [bt.com.au/contact-us](mailto:bt.com.au/contact-us).

The Insurer may, with our agreement, vary the terms and conditions of the Master Policies. You will be notified if any change impacts you. If there is any inconsistency between the information in the PDS, this Guide and the Master Policies issued by the Insurer to the Trustee, the terms and conditions of the Master Policies will prevail.

Importantly, any benefits paid by the Insurer under the Master Policies will be paid to the Trustee. The Trustee will only pay a benefit to you in accordance with superannuation law and the governing rules. The Trustee will not make a payment greater than the amount received by the Trustee from the Insurer.

Many capitalised terms used throughout this Guide have a defined meaning that is described in the 'Insurance definitions' section.

## Who this Guide is for

This Insurance Guide is only for BT Super members who were formerly a member of BT Lifetime Super – Personal Plan, BT Retirement Selection – Personal Super Plan, BT Classic Lifetime – Personal Super, BT Superannuation Investment Fund, Westpac Lifetime Super Service, BT Personal Portfolio Service, Westpac Simple Super, Westpac Personal Superannuation Plan, Westpac Personal Superannuation Investment Plan and Westpac Personal Superannuation Bond. If this does not describe you, you should refer to the BT Super Employee Insurance Guide instead.

# What insurance is available through your BT Super account?

The types of insurance cover available to you include the following:

<b>Death</b>	A lump sum benefit paid to your estate or beneficiaries on your death – or if you become terminally ill.
<b>Total and Permanent Disablement (TPD)</b>	A lump sum benefit paid to you if you become 'Totally and Permanently Disabled'. TPD cover cannot be held without Death cover. TPD Cover cannot exceed the Death cover sum insured.
<b>Salary Continuance Insurance (SCI)</b>	<p>A monthly benefit paid to you if you become 'Totally Disabled' or 'Partially Disabled'.</p> <p>When you apply for SCI cover you need to choose a Waiting Period and a Benefit Period. The cost and cover offered will vary depending on your choices.</p> <p>You can choose a Waiting Period of 30, 90, 180 or 720 days. (180 and 720 days are available only with the 'to age 65' Benefit Period.)</p> <p>You can choose a Benefit Period of two years, five years or 'to age 65'.</p>

## How much can you apply for?

You choose your own sum insured amount, up to the limits described below.

The type and amount of cover you can apply for may be dependent on medical assessment and acceptance by the Insurer, and disclosure by you to us of relevant circumstances. You'll need to comply with the Insurer's requirements in relation to your application for cover (including an increase or variation of your insurance) which may include providing medical information and undergoing medical examinations and tests that the Insurer requests.

It's important that you assess and review the information in this Guide to understand the terms, conditions and exclusions applicable to you.

## What insurance is available through your BT Super account?

### Eligibility rules for insurance cover

To be eligible you must be a member of BT Super who was formerly a member of the funds as listed in the section 'Who this Guide is for' on page 3. You must also meet the relevant age criteria shown below and the other requirements for the relevant types of cover that you apply for.

	Death cover	TPD cover	SCI cover
<b>Employment Type</b>	<ul style="list-style-type: none"> <li>– Permanent Employees</li> <li>– Casual Employees and Contractors</li> <li>– Sole traders and business partners</li> <li>– Not working</li> </ul>	<ul style="list-style-type: none"> <li>– Permanent Employees</li> <li>– Casual Employees and Contractors</li> <li>– Sole traders and business partners</li> </ul>	<ul style="list-style-type: none"> <li>– Permanent Employees</li> </ul>
<b>Hours worked</b>	Not applicable	Not applicable	Gainfully Employed as a Permanent Employee for at least 20 hours per week
<b>Occupation Type</b>	You must be in an eligible occupation category for each insurance benefit you apply for. You can refer to the relevant Occupation Guide available on our website at <a href="http://bt.com.au/btsuper">bt.com.au/btsuper</a> to check your occupation classification.		
<b>Age when you apply for, or increase, cover</b>	17-69	17-69	17-59, or 17-54 if you work in a Heavy Blue occupation
<b>Minimum cover</b>	\$50,000	\$50,000	\$1,000 per month
<b>Maximum cover (subject to approval by the Insurer)</b>	<p>Death cover: No set limit (subject to approval by the Insurer). (Terminal Illness cover is limited to \$3 million)</p>	<p>For renewal of existing cover in respect of a Member under age 65: \$3 million.</p> <p>For Members aged 65 to 69, you can apply to add or increase cover by: the lesser of \$1 million and the amount of Death cover.</p> <p>TPD cover cannot be greater than the amount of Death cover.</p>	<p>75% of the first \$26,667 of Monthly Earnings and 50% of the balance of Monthly Earnings, subject to an overall maximum for certain occupational categories as follows:</p> <ul style="list-style-type: none"> <li>– Professional – \$30,000 per month</li> <li>– White Collar – \$25,000 per month</li> <li>– Light Blue – \$20,000 per month</li> <li>– Blue Collar – \$15,000 per month</li> <li>– Heavy Blue – \$5,000 per month or \$10,000 per month depending on the specific occupation.</li> </ul> <p>You can refer to the relevant Occupation Guide available on our website at <a href="http://bt.com.au/btsuper">bt.com.au/btsuper</a> to check your occupation classification.</p>

## What insurance is available through your BT Super account?

	Death cover	TPD cover	SCI cover
			Nominated increases in the sum insured must be at least \$500 per month.
<b>Age insurance cover ends</b>	Midnight on 1 July after you turn 75	Midnight on 1 July after you turn 70	Midnight on 1 July after you turn 64
	Your Cover may cease at an earlier date upon the occurrence of certain other events-refer to the 'Duration of cover' section in this Guide for further information.		
<b>Non-Australian Residents</b>	Cover for non-Australian Residents will only be provided to a Member who holds a Visa and permanently resides in Australia. For the purposes of this Guide, 'Visa' means a current and valid visa issued in accordance with the <i>Migration Act 1958</i> (Cth).		

### Worldwide cover

Your insurance provides worldwide cover, 24 hours a day, 7 days a week, subject to any terms and conditions of the relevant Master Policy.

# How you can increase or change your insurance cover

The ways you can increase or change your cover depends on the type of cover you hold and the timing.

Scenario	Death and TPD cover	SCI cover
You want to apply for or change your insurance cover	✓	✓
Consolidating insurance cover	✓	✗
Life Stage increase	✓	✗
Indexation	✓	✓

## You want to apply for or change your insurance cover

You can apply at any time to add new cover or change your cover by completing an Insurance Application form.

Once we've received all the required information, the Insurer will assess your application. The Insurer may accept or decline your application. Alternatively, the Insurer may accept your application subject to conditions, that is, the level of cover offered may be different to what you applied for. For example, insurance may be offered at a lower sum insured, at a higher cost (as a result of an occupational or health loading) or with certain exclusions applying for certain types of claims. If this happens, the Insurer will notify you and obtain your agreement before proceeding with the application on these terms.

In some cases, the Insurer won't be able to accept your application for cover at all. We'll tell you if this occurs.

If your application has been approved by the Insurer, you'll be notified of such approval (together with any special conditions that apply) and you'll receive a document which sets out the details of your insurance. This is an important document which should be read carefully and kept in a safe place.

The Insurer may send the relevant notification in relation to your application to you at an address (including an email address) included in your application.

## Consolidating insurance cover

You can also apply to consolidate Death only or Death and TPD cover held within another super fund or held outside of super with your cover in your BT Super account. Simply access the Individual Insurance Consolidation Application form available on our website at [bt.com.au/btsuper](http://bt.com.au/btsuper) and follow the instructions.

The maximum amount insured that can be consolidated with your current cover (if any) within BT Super is \$2 million. SCI cover can't be changed under Insurance Consolidation.

The transfer of your insurance is subject to certain conditions and approval by the Insurer. Note: the total amount of Death only or Death and TPD cover you hold within BT Super after transfer must not exceed the maximums for the relevant cover set out in the table in the section 'Eligibility rules for insurance cover'.

## Life Stage Increase

With our Life Stage Increase option as a result of the occurrence of a specified personal or business event, you can apply for increases in Death only or Death and TPD cover without having to provide any additional evidence of health or insurability. SCI cover can't be changed under the Life Stage Increase.

The Life Stage Increase option can only be exercised prior to your 65th birthday and is subject to the following conditions:

- Your current Death only or Death and TPD insurance cover was accepted by the Insurer on standard terms without any exclusions, restrictions or loadings.
- At the date of the application for a Life Stage Increase, you must not have made and must not be eligible to make a claim under the relevant Master Policy.

You must apply within 60 days after the occurrence of a personal event or your receipt of evidence following the occurrence of a business event. Increases will be approved under this option upon the Insurer's receipt of proof, satisfactory to the Insurer, of the occurrence and the date of the personal or business event.

## How you can increase or change your insurance cover

The personal and business events covered and conditions applying are outlined below.

Personal Events	Additional cover you may apply for
<ul style="list-style-type: none"><li>– Marriage</li><li>– Divorce</li><li>– Birth or adoption of a child</li></ul>	<p>For 'marriage', 'divorce' and 'birth or adoption of a child' events, you may apply to increase your cover by the lesser of:</p> <ul style="list-style-type: none"><li>– 25% of your current Death only or Death and TPD cover, or</li><li>– \$200,000.</li></ul>
<ul style="list-style-type: none"><li>– Effecting a first mortgage on the purchase of a home, or increasing an existing first mortgage for the purposes of building or renovation works on the home.</li></ul>	<p>For the 'effecting a first mortgage on the purchase of a home, or increasing an existing first mortgage' event, you may apply to increase your cover by the lesser of:</p> <ul style="list-style-type: none"><li>– 50% of your current Death only or Death and TPD cover</li><li>– the amount of the first mortgage</li><li>– the amount of the increase of the first mortgage, or</li><li>– \$200,000.</li></ul> <p>Please note, the mortgage must be on your principal place of residence with a licensed mortgage provider.</p>
Business Events	Additional cover you may apply for
<ul style="list-style-type: none"><li>– Where you're a key person in a business (eg working partner, director or significant shareholder), and your value or financial interest in the business, averaged over the last three years has increased.</li></ul>	<p>For a business event, you may apply to increase your cover by the lesser of:</p> <ul style="list-style-type: none"><li>– 25% of your current Death only or Death and TPD cover</li><li>– the increase in the value of your financial interest in the business or of your value to the business (whichever is appropriate), averaged over the last three years, or</li><li>– \$200,000.</li></ul>
Limits	
<ul style="list-style-type: none"><li>– Total increases made under this option cannot exceed the lesser of the original Death only or Death and TPD cover and \$1 million over the duration of cover.</li><li>– There is a maximum of two increases in any 12 month period and a maximum of 10 increases in total over the duration of cover.</li><li>– If you die or become TPD within six months after a Life Stage increase has been provided, the increased amount will only be paid if death or TPD occurs as a result of an Accident.</li><li>– No benefit will be payable on the increased amount insured if the claim is caused by or as a result of an intentional, self-inflicted act, whether sane or insane, within a period of 13 months from the date of any Life Stage increase.</li></ul>	



## How you can increase or change your insurance cover

### Indexation

To protect the value of your insurance cover against erosion by inflation, the Insurer will automatically index the amount of your insurance on 1 July each year by the greater of the Consumer Price Index (CPI) and 3% (if you have Death and TPD cover) and by CPI only (if you have SCI cover).

Your Salary Continuance Insurance will be increased by the CPI Indexation Factor. However, if you make an SCI claim, different terms apply. See the section 'SCI Claims Escalation Benefit' for more details. If you have declined or cancelled indexation in respect of your SCI cover, then the Insured Monthly Disability Benefit after any disability claim ends will be equal to the Insured Monthly Disability Benefit that applied to you prior to the commencement of the claim.

Indexation won't apply to any Interim cover.

Indexation will apply unless you ask us not to do this. You can opt out of indexation at any time by providing notice to us, but if you do so there is no ability to automatically opt back in.

### Interim Accident and Sickness cover (Interim cover)

If you make an application for insurance (for example, applying for new cover or increasing existing cover), the Insurer will provide you with Interim cover once the Insurer has received a fully completed application and is assessing the application. You don't have to pay extra for this cover.

#### Death and TPD

You will receive Interim cover for Death only or Death and TPD cover (depending on the type of cover applied for), payable if you die or become TPD as a result of an Accident or Sickness while the Interim Cover is in force.

Interim cover for Death only or Death and TPD will be equal to the lesser of the insured amount that has been applied for or \$1 million.

The cover will apply from the date the Insurer receives the application until the earlier of:

- the date cover is accepted or declined
- 180 days from the date the application was signed for the amount sought, or
- the date you cancel or withdraw your application.

#### SCI

You will receive Interim cover for SCI if you are eligible to apply for SCI cover, including by satisfying any occupational eligibility criteria.

The cover will apply from the date the Insurer receives the application until the earlier of:

- 60 days from the start of Interim cover
- if cover is accepted, the date cover commences
- if cover is declined, 3 business days after we have notified you of your decline
- the date you withdraw your application
- the date you no longer satisfy the age criteria
- the date we notify you that Interim cover has ended.

Interim cover for SCI is payable if you become Totally Disabled, for longer than the Waiting Period applied for, as a result of an

Accident or Sickness while the Interim Cover is in force. The amount payable will be equal to the lesser of the Insured Monthly Disability Benefit that has been applied for or \$5,000 per month (reduced by the conditions described at 'SCI Benefit reductions' in this Guide).

The benefit will be paid until one of the following events occurs:

- you are no longer Totally Disabled
- the end of six months
- 1 July before you turn 65, or
- your death.

A benefit under Interim cover for SCI will not be paid if you become Totally Disabled directly or indirectly by:

- intentional self-inflicted injury or attempted suicide
- an Accident under the influence of alcohol or the use of drugs other than those prescribed and administered as intended including while driving a motor vehicle in these circumstances
- an act of war (whether declared or not)
- engaging in any sport or pastime that the Insurer would not normally cover on standard rates or terms, or
- a condition which you knew, or should have reasonably known, about before applying for cover.

Only one Interim Cover benefit will be paid to you in respect of an Accident.

## How you can increase or change your insurance cover

### When does your insurance cover start?

If you apply to change or add cover, your insurance cover will generally commence on the date the Insurer accepts your application. You'll receive a notice which sets out the details of your insurance when this happens.

### Cancelling or changing cover

To cancel or change your insurance, you can call us on 132 135 or email us at [bt.com.au/contact-us](mailto:bt.com.au/contact-us) or complete the relevant form available within your BT Super online account.

If you decide to cancel or reduce your insurance cover, your monthly insurance fees will be adjusted accordingly. If you change your insurance cover, we'll send a notice of the change to you which shows the effective date of the change.

If you subsequently wish to apply for cover you'll need to apply and be underwritten and accepted by the Insurer. The Insurer can decline to accept any application for insurance.

Your insurance may be (automatically) cancelled if your account becomes inactive (ie we have not received a contribution or a rollover for a continuous 16-month period) and you have not opted to maintain your insurance. Prior to your account becoming inactive, we will let you know what you can do if you want to maintain your cover.

To avoid having your insurance cover cancelled you can opt in by contacting us on 132 135 or email us at [bt.com.au/contact-us](mailto:bt.com.au/contact-us) or visit our website at [bt.com.au/btsuper](http://bt.com.au/btsuper).

# Cost of your insurance cover

The amount you pay for insurance is called an insurance fee. Insurance fees are based on the type and amount of cover you have chosen along with various factors such as your age, gender and occupation.

What you pay is calculated when your insurance begins and recalculated on notification of certain changes (eg if you ask us to make a change or we notify you we will make a change) or at 1 July each year. You'll be notified of your new insurance fee in your annual statement, or when we notify you at another time.

You should advise us when you cease active continuous employment or you change employment status, so your cover can be reviewed and adjusted if appropriate.

Insurance fees may alter depending on the Insurer's assessment of your circumstances. The Insurer reserves the right to revise insured amounts or fees in certain circumstances such as in the event of war or changes in tax legislation.

Any government taxes or charges (including stamp duty) relating to a Master Policy will be passed on with immediate effect. Any stamp duty that is payable for your cover is included in your insurance fee. The stamp duty payable is based on the State or Territory membership mix of BT Super and the type of cover, currently up to a maximum of 11%. Subject to certain exceptions (eg a change in cost due to a change in government taxes or charges), we will provide you with notice of a change in insurance fees.

For further information about how to estimate the cost of your insurance please contact us.

Unless you cancel your insurance cover, the insurance fees will be deducted from your BT Super account each month.

## How are insurance fees paid?

Insurance fees are deducted monthly from your BT Super account.

Insurance fees are deducted automatically in advance on the first of the month from your super balance so you can protect yourself and your family's future without affecting your take-home pay or everyday cash flow. Insurance fees are generally tax deductible to BT Super. The benefit of this deduction is passed on to you in the form of a reduced fee or cost where applicable.

## Maintenance of cover

To maintain your insurance, insurance fees will be deducted from your account when they are due. If your insurance fees are overdue we'll notify you within the timeframe specified by the Insurer prior to your cover ending.

Your insurance will be cancelled if these amounts are not paid within the timeframe specified in our notice to you.

If you're an existing member and the balance of your BT Super account is insufficient to pay the insurance fee, you will be notified and will have a three calendar months grace period from when the last insurance fee was deducted from your account to make a sufficient contribution to your account before cover is discontinued. If a sufficient contribution is not received within this period, cover will be cancelled with effect from the date the grace period expiry.

Cover remains in force during the grace period, however, any unpaid fee after the expiry of the grace period will cause the cover to lapse. If you die or are disabled during the grace period and a benefit is payable by the Insurer, the amount insured will be adjusted for any outstanding insurance fees.

# When cover ends

## Duration of cover

Your cover ceases at midnight on the earliest of:

- 30 days from the date that you leave BT Super (for Death cover)
- the date that you leave BT Super (for TPD and SCI cover)
- you reaching the maximum age, being midnight at the beginning of the first 1 July after you turn:
  - 75 for Death (including Terminal Illness) cover,
  - 70 for TPD cover,
  - 65 for SCI cover
- in respect of SCI cover, the date you permanently retire or cease gainful employment (unless you intend to return to gainful employment) for any reason other than Total or Partial Disability, or
- if you request your cover be cancelled – the date we notify you your cover ends
- the date your cover is cancelled because your account balance is insufficient to meet the insurance fees owed
- in respect of the Terminal Illness Benefit, when a Terminal Illness Benefit is paid in respect of you
- in respect of TPD cover, when a TPD benefit is paid in respect of you
- the date your Death or Death and TPD benefit is reduced to zero because a Terminal Illness benefit or a TPD benefit equal to your Death or Death and TPD cover amount has been paid
- the date you die
- the date you effect a continuation option with the Insurer (for Death cover)

- the date the relevant Policy issued by the Insurer ends
- an earlier date that we have advised you of, or
- 16 months since the last contribution or rollover was received unless you have elected to retain your insurance cover.

On termination of cover for any member who is absent from work on that day through illness, accident or injury, the Insurer's liability with respect to a potential claim for TPD shall continue until the earlier of the member resuming work or a claim for TPD being advised. In all other respects, cover ceases on the termination of the cover.

## Continuation option

The continuation option allows you to apply for a standard individual insurance policy with the Insurer (outside of BT Super) on terms that the Insurer considers are as close to your cover as possible, providing Death (including Terminal Illness) or Salary Continuance Insurance (as applicable) for the same sums insured (or such lower amounts as requested by you), following the closure of your account. TPD cover cannot be continued under this option.

You can exercise the continuation option provided:

- you hold your cover at the date you cease to be a member of BT Super
- you complete the Application for Continuation Option form and return it to the Insurer within 30 days of your BT Super account closing
- for Death cover only: you leave BT Super for reasons other than injury or sickness before reaching age 60, provided you have not lodged, and are not expected to lodge, a TPD or Terminal Illness claim under the applicable Master Policy or any other superannuation fund or insurance policy.

Certain terms and conditions of your insurance (eg loadings, exclusions or special conditions) will continue to apply. However, other terms and conditions of the new policy and the applicable insurance fee will be based on your answers at the time of your continuation application.

During the 30 day continuation option period, your existing Death cover will continue at no extra cost and will cease upon the expiry of the option period if the option is not exercised.

## Reinstating your insurance cover

If you do not remit sufficient contributions to pay for your insurance and it is cancelled, or you cancel your insurance, you will need to apply for cover and may not be able to take advantage of any previously available acceptance of cover.

Medical evidence may need to be submitted, assessed and accepted by the Insurer before cover is recommenced. The Insurer may decline to recommence or offer cover.

# Exclusions

## Death and TPD

Insurance benefits will not be payable for:

- claims in respect of a Death benefit as a result of an intentional, self-inflicted act, whether sane or insane, within a period of 13 calendar months from the date of joining or rejoining BT Super or, in the event of an increase in cover, within a period of 13 calendar months from the date of the increase (in respect of the increase only)
- claims in respect of a Death or TPD benefit which are caused by, or as a result from, Active Service, or
- claims in respect of any other underwriting exclusion imposed by the Insurer.

## SCI

Insurance benefits will not be paid if the Injury or Sickness giving rise to the claim is caused by:

- an act of war (whether declared or not)
- intentional, self-inflicted injury (while sane or insane)
- attempted suicide (while sane or insane), or
- normal and uncomplicated pregnancy or childbirth.

# Claims

We must be notified as soon as possible of the occurrence of an event giving rise to a claim. We must be notified in writing of an SCI claim within 30 days of Total Disability.

For a claim to be assessed, information may be requested from you or your Legal Personal Representative, your attending doctor(s) and, if applicable, from your Employer. You, or they, must provide all assistance, information and documentation reasonably requested by the Insurer in relation to the claim.

If you wish to make a claim, contact us on 132 135 or email us at [bt.com.au/contact-us](mailto:bt.com.au/contact-us) and request a claim form.

When lodging a claim:

- all information we or the Insurer request in relation to the claim must be provided
- the person making the claim may be asked to pay for certain medical reports or tests.

At any time after receiving the claim forms, the Insurer may ask for further information, including but not limited to, further medical information, financial information, or to provide an authority to obtain further information from treating Medical Practitioners and other persons.

You (or your Legal Personal Representative, if applicable) must co-operate with any reasonable request the Insurer makes in relation to the Insurer's assessment of the claim and, in the case of SCI, your continuing disability. The Insurer may also ask you to be examined or tested by a Medical Practitioner or other specialist of the Insurer's choosing. You must allow yourself to be medically examined at any reasonable time requested. Subject to the separate costs arrangements in relation to Terminal Illness and Interim cover, the Insurer will pay the reasonable costs of obtaining such further information requested by the Insurer.

For SCI, the Insurer may require proof to be provided in respect of your Pre-Disability Monthly Earnings, Monthly Earnings or other financial information to determine the amount payable. Such proof may include income tax returns, accountant's statements, receipts of payments, or such other documents as the Insurer reasonably requires.

The Insurer may ask for proof of your age. You must provide that information before a claim can be paid. If, when the cover commenced:

- your age was lower than disclosed, the Insurer will refund any amount of insurance fee that has been paid above what should have been paid, or
- your age was higher than disclosed, the Insurer will reduce any sum insured in accordance with section 38 of the *Insurance Contracts Act 1984*.

## How and when is an insurance claim paid?

The payment of any insurance benefit is conditional on the Insurer accepting the claim and paying the benefit to us as the Trustee. If you are eligible under Policy terms, both Death and TPD benefits are first paid to the Trustee. The Trustee will pay the benefit to you (for Terminal Illness, TPD or SCI benefits), or your dependant(s) or to your Legal Personal Representative (for Death benefits), provided the conditions of the Trust Deed and Australian superannuation law are met.

The benefit is payable in addition to the value of your investment in BT Super. For further information refer to 'How super works' in the Super Guide. Your investment choices will continue to apply until your death benefit payment is processed after the Trustee has made its decision regarding to whom benefits are to be paid. Any insurance benefit paid to the Trustee will be held in a non-interest-bearing account which will not be subject to investment earnings or losses, and will be paid as part of your final benefit.

## Claiming a Death benefit

The payment of any claim will be subject to the assessment of evidence required by the Insurer. In the event of death, the Insurer will (within a reasonable timeframe after your death) need copies certified by a legal practitioner, attorney or Justice of the Peace of the:

- birth certificate, and
- death certificate.

If the name on the birth certificate is different from the name on the death certificate, a document such as a marriage certificate or deed poll confirming the name change is also required.

## Claiming a Terminal Illness benefit

If you have Death cover and are Terminally Ill, the Insurer will pay a Terminal Illness benefit. This Terminal Illness benefit is a pre-payment of the insured benefit you would ordinarily receive upon death.

If you receive a Terminal Illness benefit, any Death benefit paid to your beneficiaries will be reduced by the amount paid to you as a Terminal Illness benefit. The Terminal Illness benefit will be limited to the lower amount of either your Death insurance cover amount or \$3 million.

## Claims

### Claiming a TPD benefit

The Trustee should be notified within two years after you first become absent from active work with an employer or as soon as reasonably practicable.

### Claiming a SCI benefit

SCI claims that are accepted by the Insurer will be paid to you monthly if you have suffered Total Disability or Partial Disability following a period of Total Disability. No benefits will be payable by the Insurer until the Waiting Period has expired and the Insurer has determined that you're entitled to the benefit.

The benefit will be payable monthly in arrears and you'll continue to receive a monthly payment until the earliest of the following events:

- you're no longer Totally or Partially Disabled, or
- the end of your Benefit Period, or
- your cover for SCI ends. Please see the section 'When cover ends' in this Guide.

Continued payment of SCI benefits is subject to you providing updated proof of continued disability at your own cost, as reasonably requested by the Insurer, which may be on a monthly basis. When assessing your claim for a SCI cover, the Insurer may determine that you're entitled to a TPD benefit (if you have TPD cover).

If we are not notified of a SCI claim within 90 days, the Insurer may delay the commencement of your monthly payments to the later of the date the Insurer received written notification and the end of the Waiting Period.

SCI payments can be ceased at any time if the Insurer is of the opinion that you're not Totally Disabled or Partially Disabled, as required under the SCI cover.

### Total Disability

The monthly benefit paid to you will be the lesser of:

- the Insured Monthly Disability Benefit, increased in accordance with CPI if applicable (refer to 'Indexation' in this Guide for more information), and
- 75% of your Pre-Disability Monthly Earnings.

The amount of the benefit is reduced by any income received from other sources, refer to 'SCI Benefit reductions' in this Guide for more information. The monthly Total Disability Benefit is paid in arrears.

If you're Totally Disabled for only part of a month, the Total Disability Benefit will be reduced on a pro-rata basis (based on a 30 day month).

### Partial Disability

A monthly Partial Disability Benefit will be paid if you're Partially Disabled after the Waiting Period while you hold SCI cover, as set out below. The monthly Partial Disability Benefit is paid in arrears.

Your monthly Partial Disability Benefit is calculated as follows:

$$\text{Monthly Total Disability Benefit} \times \frac{(\text{Pre-Disability Monthly Earnings less Post-Disability Monthly Earnings})}{\text{Pre-Disability Monthly Earnings}}$$

The amount of this benefit is reduced by any income received from other sources, refer to 'SCI Benefit reductions' in this Guide for more information.

If you're Partially Disabled with Monthly Earnings of 20% or less than your Pre-Disability Monthly Earnings, you can receive the full monthly Total Disability Benefit for the first 3 months. This only applies if you're continuously disabled for 3 months immediately after the end of the Waiting Period.

If you're Partially Disabled for part of a month, the amount of the benefit payable for that month will be reduced on a pro-rata basis (based on a 30 day month).

### SCI Claims Escalation Benefit

If you're receiving an SCI benefit on a Review Date, then the Insured Monthly Disability Benefit will be increased by the CPI, unless you choose to opt out of indexation increases.

If you have declined or cancelled indexation increases in respect of your SCI cover, then the Insured Monthly Disability Benefit after any claim ends will be equal to the Insured Monthly Disability Benefit that applied to you prior to the commencement of the claim.

### SCI Benefit reductions

The amount of the monthly Total Disability Benefit or Partial Disability Benefit may be reduced by any amounts paid or payable in respect of you from the following sources:

- workers' or motor accident compensation or other compensation under common law in respect of the Injury or Sickness giving rise to the claim
- statute, or as damages under common law, (whether or not modified by statute), for loss of income, loss of earning capacity or any other economic loss (including any benefits or payments received for work injury damages), whether paid as a lump sum or not
- regular payments from another super fund or other insurance policy made in respect of the Injury or Sickness giving rise to the claim, but only if that fund or policy was not disclosed to us before your SCI cover (or increase in cover) commenced (including regular payments which are converted to a lump sum)
- under legislation in respect of Injury or Sickness, giving rise to the claim

## Claims

- your employer, partnership or business in relation to a period during which the benefit is or would otherwise be payable, or
- sick leave payments in relation to a period during which the benefit is or would otherwise be payable.

The above sources don't include:

- payments made as compensation for pain and suffering or the loss of use of part of the body
- lump sum TPD, trauma or Terminal Illness payments
- payments made in respect of the Injury or Sickness giving rise to the claim from business expense insurance policies, or
- an entitlement to paid sick leave that is not taken.

In the case of a benefit offset paid or payable as a lump sum (including by way of settlement or commutation):

- you must provide the Insurer, as soon as reasonably practicable, a breakdown of the lump sum including the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss, the amount claimed in respect of each head of damage or loss (to the extent applicable) and any other information the Insurer reasonably requires in relation to the lump sum;
- the Insurer will only reduce what it pays by the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss for the same period, as determined by the Insurer, at its discretion;
- the portion identified above will be converted to a monthly amount at the rate of one-sixtieth (1/60th) per month over a

period of sixty (60) months for the purposes of calculating the amount to be offset; and

- where you do not provide sufficient particulars to reasonably allow the Insurer to make a determination of the portion of the lump sum relating to loss of income, loss of earning capacity or any other economic loss for the same period, the Insurer will convert the entirety of the lump sum to a monthly amount at a rate of one-sixtieth (1/60th) over a period of sixty (60) months for the purposes of calculating the amount to be offset.

### SCI Tax on monthly Benefit

PAYG tax will be deducted by us, as required by law, from your monthly benefit payment. Please refer to [www.ato.gov.au](http://www.ato.gov.au) for details on PAYG tax.

### Waiver of insurance fees on claim

For SCI, we'll waive the insurance fee (and stamp duty and other taxes) that falls due during the period for which we are paying you a Total Disability Benefit or Partial Disability Benefit or any other monthly benefit under SCI cover. If you're only entitled to a monthly benefit for part of the month, the amount waived will be reduced on a pro-rata basis (based on a 30 day month).

SCI fees will recommence from the date you cease to be disabled.

### Claiming an SCI Benefit when you're on employer approved leave, parental leave or sabbatical leave

SCI can continue even if you have taken employer approved leave, parental leave or sabbatical leave for a period up to 24 calendar months immediately before suffering Total or Partial Disability, provided the required insurance fees and other charges in respect of the cover are paid.

### SCI Concurrent Disablement

Where you are Totally Disabled because of more than one Injury or Sickness, whether related or not, benefits are payable in respect of only one Injury or Sickness, as the Insurer shall determine, based on medical evidence.



## Claims

### SCI Recurrent Disability Benefit

If a further SCI claim is made by you arising from the same or related cause as the first claim, the further claim:

- will be treated as a separate claim – with a new Waiting Period and Benefit Period – if it occurred after you returned to work for at least six consecutive months (2 or 5 year Benefit Period) or 12 months (age 65 Benefit Period), or
- will be deemed to be a continuation of the original claim if made within six months (2 or 5 year Benefit Period) or 12 months (age 65 Benefit Period) from the ceasing of payments from the earlier claim. A further Waiting Period will not apply in this case, however, the maximum claim period will be adjusted to take into account prior claim payments made in relation to the first claim.

### When does the monthly payment of SCI cease?

SCI monthly benefits are payable until the earliest of:

- you no longer satisfy the Total Disability or Partial Disability definition
- you reach the expiry of your applicable maximum Benefit Period
- you meet any other condition under When Your Cover Ends which causes your SCI cover to cease.

### For all claims

If you were ineligible when cover commenced and cover was provided in error, no benefits will be payable and overpaid fees will be refunded to you, unless otherwise agreed between us and the Insurer.

The Insurer reserves the right to require that you return to Australia (at your expense) for claim assessment and examination prior to payment of any Terminal Illness benefit, TPD benefit or continued payment of any SCI benefits. The Insurer may not pay benefits or may cease to pay SCI benefits where you don't return to Australia.

The Insurer also reserves the right to arrange for you to be examined by a Medical Practitioner at the Insurer's expense to determine your insurance entitlement.

### Duty of Disclosure

If you, as the person whose life is to be insured under the life insurance contract, do not tell us or the insurer something that you know, or could reasonably be expected to know, may affect the insurer's decision to provide insurance and on what terms, this may be treated as a failure by us to comply with our Duty of Disclosure.

This could affect the insurance cover provided to you as described below.

#### Insured's Duty of Disclosure

A person who enters into a life insurance contract has a duty, before entering into the contract, to tell the insurer anything that he or she knows, or could reasonably be expected to know, that may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty until the insurer agrees to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk the insurer insures you for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives your duty to tell them about.

If you do not tell the insurer something that you know, or could reasonably be expected to know, or that may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell the insurer something that he or she must tell them.

#### If the person entering the contract does not tell us something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell the insurer anything he or she is required to, and the insurer would not have provided the insurance if he or she had disclosed that information to them, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if he or she had

## Claims

told the insurer everything he or she should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, the insurer may, at any time vary the contract in a way that places them in the same position they would have been in if he or she had told the insurer everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

## Your privacy

Your privacy is important to AIA Australia. The AIA Australia Privacy Policy sets out how your personal and sensitive information is collected, used, handled and disclosed by us, and the purposes that your information is used for (including the administering, assessing or processing your insurance or any application or claim, to send communications that may be of interest to you, the provision of products and services and other purposes set out in AIA Australia's Privacy Policy). The AIA Australia Privacy Policy is available at [www.aia.com.au](http://www.aia.com.au) or by calling 1800 333 613. By becoming a member, or otherwise interacting or continuing your relationship with AIA Australia directly or via a representative or intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of personal and sensitive information in the manner described in AIA Australia's Privacy Policy on AIA Australia's website as updated from time to time, and to the disclosure of your personal and sensitive information to third parties who may be located in Australia, South Africa, the US, the United Kingdom, Europe, Asia and other countries.

Please note that Australian Privacy Principle 8.1 (which relates to cross-border disclosures) will not apply to the disclosure, AIA Australia will not be accountable for those overseas parties under the Privacy act and you may not be able to seek redress under the Privacy Act. The most recent version of the AIA Australia Privacy Policy at [www.aia.com.au](http://www.aia.com.au) applies to and supersedes all previous Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access.

# Insurance definitions

Insurance has some words and terms that have special meanings:

**Accident** means physical damage to the body sustained as a result of an external traumatic occurrence that results in Bodily Injury that is unexpected. This does not include an event that results from sickness or disease.

**Active Service** means direct participation in military operations as a member of the armed forces. In the case of when you are enrolled in the Australian Defence Force Reserves, this means operational deployment and does not apply to training activities.

**Benefit Period** means the maximum period of time measured from the end of the Waiting Period for which a Benefit entitlement in respect of any one Injury or Sickness may continue to accrue (subject to recurrent disability as detailed under 'When Total & Partial Disability reoccurs' in this Guide). Your Benefit Period will be shown in your Welcome Pack.

Periods when a Total Disability Benefit, Partial Disability Benefit or Interim Accident and Sickness Benefit are payable in respect of the same or a related Injury or Sickness are added together to determine when the Benefit Period expires, unless the Injury or Sickness is deemed to be a new Injury or Sickness.

**Bodily Injury** means physical damage to the body sustained as a result of an external traumatic occurrence sustained after the later of:

- the commencement date of cover
- for an increase in the sum insured for any Benefit, the date we increase the Benefit (other than an increase due to indexation), and
- the date cover was last reinstated, but before cover ends.

**Casual Employee** means a person who is engaged by an employer to perform identifiable duties and who is not entitled to be paid annual leave or sick leave.

**Consumer Price Index** or **CPI** means the percentage increase in the Consumer Price Index (weighted average of eight capital cities combined) as published by the Australian Bureau of Statistics or its successor over the 12 month period ending 31 March each year. This Consumer Price Index rate will be used for indexation on the Review Date in the subsequent year (ie 15 months later). If the Consumer Price Index is not published, or is considered by us to be inappropriate, the percentage increase will be calculated by reference to such other retail price index as, in our opinion, most nearly replaces it or we consider to be most appropriate in all the circumstances. If the Consumer Price Index rate is negative, we will consider it to be zero.

**Contractor** means a person who has been provided a written contract of employment for a specified period by an employer to perform identifiable duties and who may be entitled to be paid annual leave or sick leave as per their written contract of employment.

**Doctor** or **Medical Practitioner** means a legally qualified and registered medical practitioner. It does not include you, a member of the your immediate family, or your business partner.

We may, in Our absolute discretion, accept a similarly qualified person who is registered and practising as a medical practitioner in another country with a similar standard of medical care as that in Australia, and who has a formal qualification that is generally equivalent to that required to practise in Australia. We may, in Our absolute discretion, seek an independent opinion from a qualified registered medical practitioner in Australia to review such overseas medical evidence.

**Eligible contributions** for measuring contributions inactivity consist of:

- **Superannuation Guarantee** contributions
- additional employer contributions, or
- personal contributions (including a rollover, contributions made by a spouse and government contributions).

**Gainfully Employed/Gainful Employment** means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment.

**Inactive** and **inactivity** means you have an account that is inactive within the meaning of the *Superannuation Industry (Supervision) Act 1993*.

**Injury** means a Bodily Injury (as described later in this definition) which is sustained by you after the later of:

- the commencement date of cover
- for an increase in the sum insured for any benefit, the date we increase the benefit (other than due to indexation), and
- the date your cover was last reinstated, but before your cover ends.

A Bodily Injury (as described later in this definition) which was sustained prior to the commencement date of cover or reinstatement of your cover, that you fully disclosed to the Insurer and the Insurer agreed to cover, is considered an injury for the purposes of this definition. In this definition of 'Injury', 'Bodily Injury' means physical damage to the body sustained as a result of an external traumatic occurrence.

**Insured Member/You** means a member of BT Super Lifetime Personal who has been accepted for insurance cover, or remains covered, under the relevant Master Policy and whose cover has neither been terminated nor ceased.

## Insurance definitions

**Insured Monthly Disability Benefit** means the sum insured amount specified in your Welcome Pack, Annual Statement or other communication issued by us describing any SCI cover you may have.

**Insurer** means AIA Australia ABN 79 004 837 861 AFSL 230043.

**Interim cover** means Interim cover for an Accident or Sickness.

**Medical Practitioner** means a legally qualified and registered medical practitioner. It does not include the Participating Employer you are, an Employee of the Participating Employer, a member of your immediate family, or your business partner.

The Insurer may accept a similarly qualified person who is registered and practising as a medical practitioner in another country with a similar standard of medical care as that in Australia, and who has a formal qualification that is generally equivalent to that required to practise in Australia. The Insurer may seek an independent opinion from a qualified registered medical practitioner in Australia to review such overseas medical evidence.

**Monthly Earnings** means:

- if you're an employee, the normal monthly value of the remuneration package paid to you by your employer, including salary, super contributions, fees, commissions, regular overtime and bonus payments and packaged fringe benefits, not including income which is not derived from your personal exertion or activities, such as interest or dividend payments, or
- if you're self-employed (that is you own or have an interest (either directly or indirectly) in any part of a business, practice or partnership):

- the normal monthly income earned by your business, practice or partnership due to your personal exertion or activities, less
- your share of the expenses of the business, practice or partnership that were necessarily incurred in producing the normal monthly income.

Monthly Earnings are calculated before deducting income tax.

**Partial Disability** and **Partially Disabled** means that:

- you have been Totally Disabled for at least 14 days of the first 19 days of the Waiting Period, and
- you return to work and are able to perform one or more of the important income producing duties of your usual occupation but, because of the Injury or Sickness causing that Total Disability, not all of them or only in a reduced capacity, and
- as a result your Monthly Earnings are less than the amount of your Pre-Disability Monthly Earnings, and
- you're under the Regular Care of a Medical Practitioner.

**Partial Disability Benefit** means the monthly amount payable if you're Partially Disabled, as defined under the 'Claiming a SCI benefit' section of this Guide.

**Permanent Employee** means a person who is Gainfully Employed on a permanent basis, where leave (including paid sick and paid holiday leave) is included as a condition of employment or is self-employed on a permanent basis.

**Post-Disability Monthly Earnings** means your Monthly Earnings.

**Pre-Disability Monthly Earnings** means your highest average Monthly Earnings in any consecutive 12 month period in the 36 months immediately preceding the commencement of Total

Disability, increased by CPI Indexation each Review Date since that date (if applicable).

**Regular Care of a Doctor** or **Regular Care of a Medical Practitioner** means you're:

- obtaining advice, care and treatment from a Doctor in relation to your Injury or Sickness at such times as is reasonable in the circumstances
- following the advice, care and treatment of the Doctor, and
- taking all other reasonable measures, including rehabilitation to avert or minimise any disabling Injury or Sickness.

**Review Date** means 1 July each year.

## Insurance definitions

### **Sickness** means:

a sickness or disease, which first becomes apparent after a completed application form, in respect of your application for your cover, has been received by the Insurer.

For the avoidance of doubt, a sickness or disease is taken to have first become apparent when:

- a Doctor first gave you advice, care or treatment for the sickness or disease, or
- a reasonable person in the same circumstances as you would have sought advice, care or treatment from a Doctor.

For SCI only, a sickness or disease which first became apparent before the commencement date of cover or last reinstatement of your cover, that you fully disclosed to the Insurer and the Insurer agreed to cover, is considered a Sickness for the purposes of this definition.

**Special Risk** (also referred to as **hazardous**) – means occupations classified as ‘Special Risk’ for Death or ‘ADL’ for TPD in the BT Occupation Guide (see [bt.com.au/btsuper](http://bt.com.au/btsuper)), and includes:

- occupations that are skilled or semi-skilled manual labour
- heavy machine operators who are exposed to high risk accidents or health hazards
- any unskilled workers and labourers
- specialist occupations – examples include model, actor and pilot
- occupations with additional hazards – examples include miner, seafarer and professional sportsperson, and
- highly repetitive occupations – examples include process worker and long haul driver.

**Superannuation Guarantee** means the compulsory superannuation contributions made by employers on behalf of their employees.

### **Terminal Illness** means:

- two registered Medical Practitioners have certified, jointly or separately, that:
  - you have a Sickness or Injury, that is likely to result in death within a period (the certification period) that ends no more than 24 months after the date of the certification, and
  - the death is likely to occur within the certification period even if you were to receive reasonable medical treatment
- at least one of the registered Medical Practitioners is the treating registered specialist Medical Practitioner, and
- for each of the certificates, the certification period has not ended.

The certification must be evidenced by a medical report from the treating registered specialist Medical Practitioner and, where required by the Insurer, confirmed by a registered Medical Practitioner of the Insurer’s choice.

**Total and Permanent Disablement or TPD** means, where at the Date of Disablement

Part A of the definition apply to those:

Aged less than 67 and:

- working on a permanent, casual or contact basis (or on employer approved leave);
- unemployed for less than 2 years; or
- self-employed and has completed paid work in the previous 2 years.

Part B of the definition will apply to those:

- aged 67 and over;
- unemployed for less than 2 years; or
- self-employed and has completed paid work for 2 years or more

Part C of the definition will apply to those:

Aged less than 67 and:

- performing unpaid-full time Domestic Duties; or
- has never been Gainful Employment.

### Part A

You will be considered Totally and Permanently Disabled if:

(a) solely as a result of injury or sickness, you are continuously not working in any occupation for a period of three (3) consecutive months after the Date of Disablement; and

(b) you are under the care of, and following the advice and treatment of, a Medical Practitioner and has undergone all reasonable and usual treatment, including rehabilitation for the injury or sickness; and

(c) at the end of the three (3) month period or the Date of Lodgement whichever is the later, solely as a result of the same injury or sickness, you are, in the Insurer’s opinion, unlikely ever again to engage in any occupation for which they are reasonably suited by education, training or experience.

### Part B

You will be considered Totally and Permanently Disabled if:

(a) solely as a result of injury or sickness, you are continuously unable for a period of three (3) consecutive months after the

## Insurance definitions

Date of Disablement to perform at least 2 out of the 5 Activities listed below as certified by a Medical Practitioner and in the Insurer's opinion on the basis of the medical evidence, you are permanently unable to perform the same Activities without assistance from another adult (even if they are using Aids and Adaptations); and

(b) solely as a result of the same injury or sickness, you are in the Insurer's opinion, unlikely ever again to engage in any occupation for which they are reasonably suited by education, training or experience.

**Activities** means:

**Mobility:** 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 walk more than two hundred (200) metres at a normal pace on a level surface without stopping due to breathlessness as a result of a medical condition or angina;

**Seeing:** To read ordinary newsprint and pass the standard eye test for a car licence (even with glasses or contact lenses) and your vision is better than legal blindness. Legal blindness is as certified by an ophthalmologist;

**Lifting:** To lift (from bench height) and carry a five (5) kg weight a distance of ten (10) metres and place the item back down at bench height;

**Communicating:** To speak with sufficient clarity such that you can hold a conversation with another person in a quiet room in their first language. This involves understanding a simple message and relaying that message to another person; and

**Manual dexterity:** To use: at least one hand to pick up or manipulate small objects precisely with your hand or fingers (such as picking up a coin from desk height, using cutlery, tying shoelaces or fastening buttons); or a pen, pencil or keyboard

to write a short note that can be understood by another person in your first language

If you were unable to perform one or more of the above Activities when their cover commenced, that activity will not be taken into consideration by the Insurer as part of the TPD assessment.

**Aids and Adaptations** means equipment or fixtures which assist you to carry out the Activities.

Part C

You will be considered Totally and Permanently disabled if:

(a) solely as a result of injury or sickness, you are unable to perform all Domestic Duties for a period of three (3) consecutive months after their Date of Disablement; and

(b) you are under the care of, and following the advice and treatment of, a Medical Practitioner and has undergone all reasonable and usual treatment, including rehabilitation for the injury or sickness; and

(c) solely as a result of the same injury or sickness you are, in the Insurer's opinion, unlikely ever again to engage in unpaid full-time Domestic Duties or in any occupation for which they are reasonably suited by education, training or experience.

**Domestic Duties** means the household duties normally performed by you who remains at home completing unpaid full-time domestic duties. It does not include a person working in a regular occupation including part-time and/or paid voluntary work that provides an income or a person studying or at home due to unemployment.

Domestic duties specifically includes:

- cooking and preparing meals – meaning to prepare meals using kitchen appliances;

- cleaning the home – meaning to carry out the basic internal household chores using domestic equipment such as a vacuum and mop;
- washing clothes – meaning to do the household's laundry to a basic standard;
- shopping for groceries – meaning to leave the home to purchase general household grocery items; and (if applicable) caring for:
- children – meaning to care for and supervise dependent children under 16 years of age or in full-time secondary education; or
- a disabled person of the household.

If you are able to perform any one of these tasks, they will be considered able to carry out all Domestic Duties.

In this definition, **Date of Disablement** means:

(a) For Part A, the earlier of: the date as at which you were first certified by a Medical Practitioner as unfit for work, or as incapacitated, due to sickness or injury ('certification effective date'), provided you consulted that Medical Practitioner on or within 7 days after the certification effective date; the date you were first consulted a Medical Practitioner for the claimed condition, if you had already been off work, or incapacitated, due to sickness or injury for more than 7 days.

b) For Part B, the date you were first certified by a Medical Practitioner as unable to perform at least 2 out of the 5 'Activities' specified in that Part without assistance from another adult (with Aids and Adaptations) due to sickness or injury.

c) For Part C, the date you were first certified by a Medical Practitioner as unable to perform all of the 'Domestic Duties' specified in that Part.

## Insurance definitions

In this definition, **Date of Lodgement** means the date you lodge a claim for a TPD benefit with the Plan and provides all mandatory documentation required by the Insurer in relation to their claim in order to commence assessment.

**Total Disability** and **Totally Disabled** means you're, because of Injury or Sickness that caused you to cease to be Gainfully Employed:

- unable to perform one or more of the important income producing duties of your usual occupation, and
  - not Gainfully Employed but you're not permanently incapacitated, or
  - the Sickness or Injury makes it unlikely that you'll ever again be able to work in any occupation for which you're reasonably qualified because of education, training or experience, and
- under the Regular Care of a Doctor.

This definition applies to occupation categories (as shown in the Welcome Letter) Professional, White Collar or Light Blue during the life of a claim, and only applies to occupation categories Blue or Heavy Blue for the first 2 years of a claim, after which you'll need to demonstrate that you are, because of Injury or Sickness:

- unable to perform any occupation for which you're reasonably qualified by education, training or experience, and
  - not gainfully employed but you're not permanently incapacitated, or
  - the Sickness or Injury makes it unlikely that you'll ever again be able to work in any occupation for which you're reasonably qualified because of education, training or experience, and
- under the Regular Care of a Doctor.

'Important income producing duties' mean those duties which could reasonably be considered primarily essential to producing

your Monthly Earnings. 'Usual occupation' means the occupation in which you were last engaged before becoming disabled.

**Total Disability Benefit** means the monthly amount payable if you're Totally Disabled, as defined under the 'Claiming a SCI benefit' section of this Guide.

**Waiting Period** means the minimum period of time which must elapse from the commencement of Total Disability before any disability benefit entitlement may accrue. Your Waiting Period is shown in the Welcome Letter.

For the purposes of the Total Disability Benefit, in general, you must be Totally Disabled throughout the Waiting Period. For example, if you cease to be Totally Disabled at any time during the Waiting Period, the Waiting Period will stop at that point in time. If you become Totally Disabled then the Waiting Period will start again.

However, if you return to work for five consecutive working days or less during the 30 day Waiting Period (or 10 consecutive working days or less if the Waiting Period is 90 days or more), the Waiting Period won't stop; instead the number of days you have returned to work will be added to (and count towards) the Waiting Period.

The table below shows the maximum number of consecutive working days you can return to work during the Waiting Period.

Waiting Period	Maximum number of days
30 days	5
90, 180, 720 days	10

## Insurance definitions

For the purposes of the Partial Disability Benefit:

- your Waiting Period won't stop if, from the date of Total Disability, you're Totally Disabled for at least 14 of the first 19 days of the Waiting Period and Totally or Partially Disabled for the balance of the Waiting Period, and
- if you return to work other than in a partial capacity for 5 consecutive working days or less during the 30 day Waiting Period (or 10 consecutive working days or less if the Waiting Period is 90 days or more), the Waiting Period does not stop; instead the number of days you have returned to work will be added to (and count towards) the Waiting Period. If you return to work in other than a partial capacity for more than 5 consecutive working days during the 30 day Waiting Period (or 10 consecutive working days if the Waiting Period is 90 days or more), the Waiting Period stops and a new Waiting Period will apply for any claim.





For more information

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