Superhero MySuper

MySuper Insurance Guide

20 October 2026

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Important information

This information in this document forms part of the Superhero Super Product Disclosure Statement (PDS) 20 October 2026. Insurance cover is provided through group life policies issued by Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 AFSL 230694, trading as Acenda Life (Insurer (or Acenda Life) to the Trustee of Superhero Super (Policies). In the event of a dispute, the Policies will override the information in the PDS and this Guide. If you have any queries, would like further information, or a copy of the PDS, contact Superhero Super.

While Superhero Super includes "Superhero MySuper" and "Superhero Super" accounts, this Insurance Guide is applicable to new Superhero MySuper members who join on or after 20 October 2026.

Terms capitalised in this Insurance Guide are defined in Section 7 and 8.

The information in this Insurance Guide is general in nature and does not take into account your personal situation or needs. You should consider the appropriateness of the advice, having regard to your own objectives and read the Superhero Product Disclosure Statement before making any decision about whether to

invest in the product. Should you wish to seek financial advice, please consult a licensed financial adviser who can tailor options to suit your personal circumstances.

The information in this Insurance Guide is subject to change from time to time. Information that is not materially adverse can be updated by us. Updated information can be obtained online at **www.superhero.com.au/support**. A paper copy of any updated information will be provided to you free of charge, upon request.

The information contained in this Insurance Guide is a summary of the terms and conditions associated with the Group Life Insurance Policy and the Group Income Protection Insurance Policy. Full terms and conditions of each policy can be provided upon request.

To the extent this Insurance Guide is inconsistent with the Group Life Insurance Policy or the Group Income Protection Insurance Policy (together, the Policies), the terms of the Policies will prevail. The terms of the Policies may change after the date this Insurance Guide is prepared, without reference to the Fund's Members.

To help meet its obligation in connection with these insurance benefits, the Trustee holds life insurance policies issued by Acenda Life.

Acenda Life has consented to the statements referable to it in this document in the form and context in which they are included.

For more information

Phone: 1300 675 148 9am – 5pm (AEST), Monday to Friday

Email: **super@superhero.com.au**

Write: PO Box R1055, Royal Exchange NSW 1225

Visit: **https://www.superhero.com.au/**

Superhero Super is a sub-plan of OneSuper ABN 43 905 581 638 RSE R1001341 (the Fund). Superhero Super is issued by Diversa Trustees Limited ABN 49 006 421 638, AFSL No 235153 RSE Licence No. L0000635 (referred to as "we", "our", "us" or "the Trustee"), the Trustee of the Fund. Superhero Super Pty Ltd (ABN 40 667 649 854), which is a Corporate Authorised Representative (Authorised Representative No. 1306018) of Superhero Securities Limited (ABN 96 160 456 315) (AFSL No. 430150) is the "Investment Administrator" and "Promoter" of the Fund. The Administrator of the Fund and Superhero is OneVue Super Services Pty Limited (ABN 74 006 877 872; AFSL 246883) ("Administrator").

1. MySuper insurance in your super

No one knows what the future holds. If you were to suffer a serious injury or illness, your family's financial situation and quality of life could be severely affected.

You can access affordable insurance cover through Superhero to protect your family's financial security against the unexpected.

Death Insurance	Provides a lump sum benefit in the event of death
Terminal Illness Insurance	Provides a lump sum benefit in the event you are diagnosed with a Terminal Illness
Death and Total and Permanent Disablement (TPD) Insurance	Provides a lump sum benefit in the event of death or if you suffer Total and Permanent Disablement
Income Protection Insurance	Pays a set percentage of your monthly income for a predefined length of time in the event that you suffer Total Disability or Partial Disability as a result of illness or injury.

Eligible members will be provided with a default level of Death and TPD (including Terminal Illness), and Income Protection cover. You can choose to apply for Voluntary Death and TPD and Income Protection Cover. Your insurance cover is paid for out of your super account (which means, in most cases you will be paying for insurance out of your before-tax income).

2. Superhero MySuper insurance at a glance

How insurance is applied to your Superhero MySuper Account	
Insurer (Acenda Life)	Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 AFSL 230694, trading as Acenda Life
Insurance cover offered	• Death • Death & TPD • Terminal Illness • Income Protection
Policy Owner	The Trustee of Superhero
Life Insured	You
Premium payment	Premiums are deducted from your Superhero Super Account
24 Hour Worldwide Cover	While in force, insurance cover operates 24 hours a day, from midnight AEST on the day it commences worldwide. (Conditions apply)

Types of MySuper Default Insurance for new members

Superhero offers you access to a variety of different types and levels of insurance cover, subject to eligibility. This guide sets out information about cover available to Superhero MySuper members joining the Fund on or after 20 October 2026.

The type of insurance cover available to you is determined by your account type.

Your account type	**You may be eligible to receive / apply for:**
You are a MySuper Member (having joined via your employer)	• Default Death, TPD & Income Protection* • Voluntary Death, TPD & Income Protection

*Levels of cover are subject to your employer arrangements with the Funds Insurer. For the levels of default cover applicable to you, please contact your employer.

Fees and costs

There are costs associated with insurance cover. These costs (premiums) which are deducted from your Account, are calculated on the amount of insurance cover you have, your age, gender, occupation, income (for Income Protection Insurance cover).

Commencement of cover

Voluntary cover is subject to underwriting and all cover is subject to payment of premiums. Cover commences in accordance with the Policy.

Opting out of cover and cooling off period

An Eligible Person may opt out of all cover or reduce their level of cover by writing to the Fund at any time, and this variation will apply from the date the Fund receives this advice. Any subsequent increase in cover will be subject to underwriting.

The Insurer will provide a cooling off period during which an Insured Person may cancel their cover and obtain a refund of Premium. The cooling off period is 30 days and commences from the date the cover commenced.

Where cover has been cancelled under the Acenda Life Policy clause 2.8 it will be considered not to have started and no benefit will be payable. This period will not apply if there has been any claim or potential claim made against the Policy.

Loss of cover: We cannot continue to provide insurance cover to accounts which have not received a contribution or rollover for sixteen months or longer, unless you make an election to maintain cover notwithstanding inactivity. We'll let you know if you're at risk of losing cover, and what your options are. Refer to further information provided in section 5 of this Guide.

MySuper insurance in Superhero at a glance

Benefits	• Death Cover – provides a lump sum benefit in the event of death • Terminal Illness – provides a lump sum payment on the diagnosis of Terminal Illness. This payment is an advanced payment of a death benefit • Total & Permanent Disablement – provides a lump sum payment upon Total & Permanent Disablement • Income Protection Cover – pays a set percentage of your Monthly Income for a maximum pre-defined length of time in the event that you suffer Total Disability or Partial Disability as a result of Illness or Injury. Benefit indexation is included, however does not apply to the 2 Year Benefit Period.
Default cover	Eligible Members joining Superhero MySuper will automatically receive: • one unit of Death & TPD cover, and • Income Protection cover up to 84.5% of monthly income (subject to the maximum benefit limit), without having to provide medical evidence. This is made up of up to 75% of your income and 9.5% of superannuation benefits. Note: default income protection cover is subject to specific Employer arrangements and underwriting may be required to increase levels of cover. Cover is subject to a maximum of 75% of Monthly Income and is payable up to $20,000 per month and then 50% of monthly income thereafter up to the maximum benefit level (inclusive of Employer Superannuation Contribution Benefit) of $30,000 per month.
Eligibility for Default cover	For MySuper Default Insurance: • The date the eligible MySuper member satisfies the criteria outlined in Note 1 below; or • The date the Fund receives an Election from the eligible employee opting in for cover, subject to the Election being received by you within 60 days of the date of issue of the welcome letter. For clarity, if an employee does not satisfy the criteria outlined in Note 1 below, and the Fund does not receive an Election within 60 days of the date of issue of the welcome letter, the employee may obtain cover subject to providing Evidence of Insurability and acceptance by the Insurer. Notes: 1. to be considered as eligible for cover under the Funds Policy, additional criteria must be met: a. The Eligible Person must be at least 25 years of age; and

	b. The Eligible Person must have an Account balance with the Plan of at least $6,000. 2. Insured Members who opt out of insurance cover and subsequently request to be covered will be subject to providing Evidence of Insurability and acceptance by us. 3. If the Eligible Person was not At Work on the day they become eligible for cover, their cover will be Limited Cover until they have been in Active Employment for 60 consecutive days.
Eligibility for default Cover continued	To be considered eligible for MySuper default cover, you must: • meet Eligibility for cover requirements above. • be at 'At Work' and be performing the normal duties of your Occupation on the date you are eligible for cover. If you are not 'At Work' on this date, you must provide us with written notification advising the dates and reason you are not 'At Work', • be under the Ceasing Age, and having satisfied the Commencement Criteria. • be employed by a participating or contributing Employer in the Fund and/or any associated entity of the Employer agreed to by the Insurer, • be a Member of the Fund, • be engaged in permanent Employment or Fixed Term Employment (for a term of 12 months or more) and working 15 hours or more per week (Income Protection cover only), and • be an Australian resident unless otherwise agreed with the Insurer.
Voluntary Cover	If you wish to increase your cover above the default cover level, or reinstate your cover, you can apply for voluntary cover. Please refer to Part 3 Death and TPD insurance cover and Part 4 Income Protection Insurance cover for detailed information.
Ceasing age	• Death: Age 70, TPD: Age 65 • Income Protection: 65
Transferred cover	You can transfer your Death, Death/TPD or Income Protection cover held under another superannuation fund, group insurance policy or retail policy into Superhero, subject to conditions and Insurer's approval. Please refer to Part 3 Group Life and Part 4 Group Income Protection for detailed information.
Guaranteed Future Insurability Benefit	MySuper Super members may be able to apply for additional cover after the occurrence of certain life events. Please refer to Part 3 Group Life for detailed information.
Maximum cover limits	• Death – $10,000,000 • Terminal Illness – $3,000,000 • Total & Permanent Disablement – $3,000,000 • Income Protection – $30,000 per month
How premiums are calculated	Premiums are calculated based on a number of factors including: • current age, occupation, gender, • personal pastimes, smoking status and state of health (for Voluntary cover only), and • level and type of cover.

3. Death and TPD insurance cover

Default Death and TPD Cover when you join as a MySuper Superhero Super member

If you are a Superhero MySuper member and meet eligibility criteria, you will receive 1 unit of Default Death and TPD insurance cover without any medical underwriting, at a cost of $4.89 per week. The amount of Default cover provided will depend on your age, gender and occupation, as shown in Table 1 - Default MySuper Death and TPD Cover amounts.

Eligibility for Cover

To be considered as eligible for cover under this Plan, additional criteria must be met.

- Be at 'At Work' and be performing the normal duties of your Occupation on the date you are eligible for cover. If you are not 'At Work' on this date, you must provide us with written notification advising the dates and reason you are not 'At Work',
- under the Ceasing Age, and having satisfied the Commencement Criteria.
- employed by the Employer or a Member of the Fund,
- engaged in permanent Employment or Fixed Term Employment (for a term of 12 months or more) and working 15 hours or more per week (Income Protection cover only), and
- an Australian resident unless otherwise agreed with the Insurer.
- Please note that not all occupations represent acceptable insurance risks. Some occupations, such as deep-sea divers and explosive handlers, are uninsurable within the Fund and automatic cover will not apply. Please contact us or refer to the Policy for more details on excluded occupations.

Cover will be applicable the earlier of:

- the Eligible Person being 25 years old or older, and
- the Eligible Person having an Account balance with the Plan of at least $6,000; or
- the date the Fund receives an Election from the eligible employee opting-in for cover, subject to the Election being received by the Fund within 60 days of the date of issue of the welcome letter.

To elect to opt-in to commence default cover before meeting these automatic commencement conditions, contact us.

If you are not At Work on the date your cover would have become effective, you will receive Limited Cover until you return to Active Employment for 60 consecutive days.

You may elect to opt out of your Default Cover, select death only cover, or reduce the level of cover at any time.

Insured Members who opt out of insurance cover and subsequently request to be covered will be subject to providing Evidence of Insurability and acceptance by the insurer.

Level of Default MySuper Death and TPD cover provided

The level of cover that you will automatically receive depends on your age, gender and occupational classification as set out in Table 1 below. The level of cover will change each year depending on your age.

Occupational classification

White Collar occupations include professionals, management, clerical and administrative workers. Light Blue Collar occupations are qualified skilled tradesmen performing light to medium manual work such as electricians, plumbers and chefs. Dark Blue Collar occupations are unskilled manual workers such as cleaners, bricklayers and fencing contractors.

Please note that not all occupations represent acceptable insurance risks. Some occupations, such as deep-sea divers and explosive handlers, are uninsurable within the Fund and automatic cover will not apply. If your occupation is not White Collar, Light Blue Collar or Dark Blue Collar, you will need to provide Client Services complete occupational details.

This should include a description of your daily duties, in order for the Insurer to assess whether insurance can be offered and if so, on what terms.

Table 1 Default MySuper Death & TPD cover amounts

One unit of automatic Death & TPD cover at a cost of $4.89 per week[2] by occupation						
Age Next Birthday	**White Collar**		**Light Blue Collar**		**Dark Blue Collar**	
	Male	**Female**	**Male**	**Female**	**Male**	**Female**
Up to 35*	$345,778	$610,400	$249,667	$398,800	$181,778	$320,900
36 to 40	$237,556	$362,100	$171,444	$261,400	$124,778	$190,200
41 to 45	$150,222	$229,200	$108,556	$165,500	$79,000	$120,500
46 to 50	$90,667	$131,800	$65,333	$95,100	$47,333	$69,200
51 to 55	$54,000	$81,600	$39,111	$58,800	$28,222	$42,600
56 to 60	$30,778	$42,600	$20,778	$29,900	$15,778	$22,400
61 to 65	$19,111	$29,200	$12,444	$20,900	$9,889	$15,300
66 to 70	$15,333	$25,000	$15,333	$25,000	Nil	Nil

Notes:

1. Age next birthday is determined at the date you join the Fund and annually on the 1st day of July in each subsequent year.
2. Death only cover applies for Members aged over 65, i.e. no TPD.
3. Cover for Dark Blue Collar Members ceases at age 65.
4. If you do not provide your occupation details to the Fund, your cover amount will be based on Light Blue Collar occupation.

*for age next birthday 15 – 24, default cover is only valid if you choose to opt-in

How much will Default Death and TPD Insurance cover cost?

The premium for the Default Death and TPD cover in MySuper is $4.89 per week per unit.

Voluntary Insurance cover

Apply for Death & TPD cover

Eligibility for Voluntary cover is applicable after you have received default MySuper Cover, if you wish to change the level of cover to a fixed amount. Eligibility is subject to being fully underwritten and accepted for cover by the Insurer.

You can apply for voluntary Death & TPD cover if:

- you join the Superhero MySuper and you wish to apply for additional death only or increase your default death & TPD cover,
- you wish to change your cover to a fixed level of cover
- you wish to reinstate your cover

You can apply for units of death & TPD cover (unitised cover), which will vary with your age; or a fixed level of death only or death & TPD cover.

The maximum cover amount is $10 million for death and $3 million for TPD.

Voluntary Death & TPD insurance cover is subject to underwriting and acceptance by the Insurer.

To apply, you should complete the Health Evidence section of the Personal Choice Application Form, or the Short Form Personal Statement.

If the total amount of death & TPD cover will be more than $1,000,000 or you will answer 'Yes' to any of the questions on the Short Form Personal Statement, you should complete a Request for Insurance / Personal Statement.

Please contact us if you wish to be provided with these forms.

How much will Voluntary Insurance cover cost?

If you select the unitised cover, the premium is $4.89 per week per unit. Otherwise the cover is fixed and the premium is based on the premium rates set out in Table 4.

Death & TPD benefits

The benefit payable on death or TPD will be your superannuation Account balance plus any insured benefit.

The value of unitised cover changes with your age.

If your default or voluntary cover is unitised, the cover amount will be adjusted throughout the life of your Superhero Membership determined by your age.

For example:

If you are aged 40 female working in a 'White Collar' occupation when you join Superhero MySuper Super, you will receive $362,100 of Default Death and TPD insurance cover.

The following year when you turn 41, your Default Death and TPD insurance cover will reduce to $229,200.

TPD tapering for fixed cover

If your cover is fixed cover (the value of your Death & TPD cover will remain fixed until age 61. When you reach your 61st birthday, while your death cover still remains fixed, your TPD cover will reduce as shown in Table 2 below.

Table 2 – TPD Tapering

Age Next Birthday	Tapering Factor
Up to 61	0%
62	20%
63	40%
64	60%
65	80%

Transferring an existing Death and TPD insurance policy to Superhero

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

If you are currently insured for Death only cover or Death and TPD cover with another superannuation fund, group insurance policy or retail policy, you may be eligible to transfer this cover to Superhero without medical underwriting. The transfer of cover is subject to the following conditions:

- the combined total (transferred plus existing cover), of Death and TPD insurance cover following the transfer must not exceed $1,500,000,
- you must satisfactorily complete a Transfer Application Form and provide satisfactory evidence of existing cover,
- any exclusions, premium loadings applied to the external insurance cover will continue to apply to this cover once transferred, and
- you confirm that you will cancel your existing transferred insurance within sixty (60) days of Insurer's acceptance.

Where all of the above requirements have been met, cover will commence from the date the Insurer accepts your transfer application as long as your Account balance is sufficient to pay the monthly Premium.

Before deciding to transfer any insurance cover you have, please ensure you have considered any potential loss of existing cover or other benefits you may have with your existing insurer.

Where any of the requirements are not met, no transfer of cover can occur and the cover will then be subject to underwriting and acceptance by the Insurer.

The transfer of your existing insurance is subject to review by the Insurer. Superhero will write to you to confirm whether your application to transfer cover has been accepted by the Insurer.

If your application to transfer cover is accepted by the Insurer

- The same type and level of cover being transferred will be applied, and
- Premiums for transferred cover will be deducted from your Superhero Account and based on premium rates detailed in Table 4.

Guaranteed Future Insurability Benefit

You can apply for additional cover within 90 days of the eligible event (Life Event) occurring. We will require proof of the event being provided for one of the below events:

Event	Required Proof of Event
Marriage or divorce	Marriage Certificate Divorce Certificate
Birth or legal adoption of a child	Adoption papers
Death of a spouse	Death certificate

First Mortgage	Loan documentation or other supporting evidence from the mortgage lender
Home Renovation on principal place of residence	Letter from lender confirming the amount of the drawdown loan to cover the cost of renovation
Becoming a carer for the first time	Documentation from Centrelink
Completion of first undergraduate degree at an Australian university	Degree qualification
Dependent children starting secondary school	Enrolment confirmation from secondary school

The amount of cover you can apply for is the lesser of:

- one unit of age based scale (refer Table 1), or
- $100,000, or
- if you have non-unitised cover, 25% of the amount of cover as at the date of the relevant event.

To be eligible:

- Proof satisfactory to the Insurer must be provided of the life event taking place and the date the event took place as detailed in the above table.
- you must be At Work on the date the Insured Member applies for this Benefit,
- you must be aged 60 or less,
- you must apply for additional cover within 90 days of the required proof of the event being provided,
- this option may be exercised more than once but cannot be exercised more than four times within your Membership of the fund,
- only existing Death only or Death/TPD benefits can be increased as a result of a life event. If you have previously opted out, or we have declined an application of this type of cover before you are not eligible for Guaranteed Future Insurability Benefit,
- any increases will be subject to the same underwriting decisions (including any premium loadings, any existing exclusions, declinature or other special conditions) as apply to the Insured Member's Benefit.

Cover will commence from the date we advise you in writing.

How to apply for a Guaranteed Future Insurability Benefit increase in Group Life insurance cover

1. Obtain and complete the Life Event Option form, this form is available on the Superhero website **www.superhero.com.au/**,
2. Obtain the required proof of event (refer to above table), and
3. Send your form and supporting documents to:
   Superhero Super
   PO Box R1055
   Royal Exchange NSW 1225.

Interim Accident cover

Interim Accident cover is provided when you apply for voluntary cover and while the Insurer is considering your application.

The Interim Accident Benefit will be paid where Total and Permanent Disability or death is caused by injury only. Interim Accident cover will commence on receipt of a fully completed request for insurance form and declaration of health in the form that we require. The interim Accident Benefit will be the lesser of the amount applied for and $1,000,000.

Interim Accident cover will expire on the earliest of the following:

- 90 days after the commencement of the interim death & TPD cover,
- the date on which the Insurer gave notice that the request for insurance is accepted or declined,
- the date you cancel or withdraws the request for insurance, or
- the date you cease to be eligible for cover or no longer satisfies the eligibility criteria.

No interim Accident Benefit will be payable if:

- an injury occurring prior to the date of you becoming eligible for cover,
- the cover applied for would have been declined under the Insurer's normal assessment guidelines, or
- you lodge a claim for an event or condition that would have been excluded under the Insurer's normal underwriting process.

Only one benefit under interim Accident cover for any one Accident is payable.

Calculating your Death and TPD cover premiums

Example: 39 year old male with a white collar occupation and applies for $1m Death Only voluntary cover.

Table 3: Death premium example

How to calculate		Example
1.	Write down your cover amount and type	$1m death only
2.	Note your age at your next birthday when you joined the Fund or at the annual review date, and your gender.	40, male
3.	Use your cover type (1), your age at your next birthday and your gender (2) then apply the annual premium rate per $1,000 of sum insured in Table 4.	0.70
4.	Multiply the cover amount (1) by the annual premium rate (3) and divide by 1,000.	($1m × 0.70) ÷ 1,000 = $700
5.	Note your occupational factor.	White Collar = 100%
6.	Multiply the premium by your occupational factor (5). This is your annual premium.	$700 x 100% = $700
7.	To work out your monthly premium divide your annual premium (6) by 12.	$700 / 12 = $58.33

Death and TPD insurance premium rates

Table 4: Death & TPD insurance rate table

Annual white collar Premium Rates per $1,000 sum insured (stamp duty & GST inclusive).

Age Next Birthday	Male		Female	
	Death	D&TPD	Death	D&TPD
16	0.36	0.38	0.18	0.20
17	0.45	0.48	0.19	0.21
18	0.53	0.57	0.23	0.24
19	0.61	0.65	0.25	0.27
20	0.65	0.71	0.28	0.30

Table 4: Death & TPD insurance rate table continued

21	0.69	0.75	0.28	0.30
22	0.71	0.78	0.27	0.30
23	0.71	0.80	0.26	0.29
24	0.72	0.81	0.26	0.29
25	0.71	0.82	0.25	0.29
26	0.64	0.77	0.25	0.30
27	0.62	0.75	0.27	0.33
28	0.61	0.77	0.28	0.36
29	0.60	0.77	0.29	0.37
30	0.59	0.78	0.30	0.41
31	0.57	0.79	0.32	0.43
32	0.57	0.80	0.33	0.46
33	0.56	0.81	0.35	0.51
34	0.57	0.84	0.37	0.55
35	0.57	0.88	0.39	0.60
36	0.59	0.92	0.43	0.66
37	0.61	0.97	0.45	0.73
38	0.61	1.01	0.48	0.80
39	0.65	1.09	0.53	0.88
40	0.70	1.19	0.57	0.97
41	0.75	1.29	0.61	1.05
42	0.81	1.40	0.68	1.16
43	0.86	1.51	0.73	1.27
44	0.94	1.69	0.80	1.41
45	1.04	1.88	0.86	1.57
46	1.15	2.13	0.95	1.75
47	1.27	2.37	1.04	1.96
48	1.40	2.68	1.14	2.20
49	1.51	2.97	1.24	2.43
50	1.65	3.30	1.33	2.69
51	1.78	3.67	1.44	2.97
52	1.93	4.09	1.56	3.29
53	2.09	4.57	1.68	3.65
54	2.27	5.07	1.78	3.99
55	2.46	5.63	1.92	4.36
56	2.67	6.26	2.03	4.77
57	2.89	6.97	2.16	5.22

Table 4: Death & TPD insurance rate table continued

58	3.14	7.76	2.31	5.70
60	3.81	9.27	2.68	6.51
61	4.21	10.14	2.88	6.94
62	4.65	11.09	3.11	7.43
63	5.13	12.13	3.36	7.94
64	5.60	13.41	3.60	8.60
65	6.10	14.82	3.84	9.33
66	6.97	N/A	3.85	N/A
67	7.60	N/A	3.86	N/A
68	8.29	N/A	4.13	N/A
69	9.18	N/A	4.48	N/A
70	10.17	N/A	4.85	N/A

Notes:

- age next birthday is determined at the date you join the Fund and annually on the 1st day of July in each subsequent year.
- rates shown are for White Collar. Factors apply for other occupations as below.

Premium adjustment factors

Occupation category	Factor
White Collar	100%
Light Blue Collar	140%
Dark Blue Collar	190%

- rates shown include up to 11% insurance administration fee which covers the cost of administering the insurance arrangements.
- premiums are payable monthly in arrears and deducted monthly from your Account and charged at the end of the month.

Cessation of Death and TPD cover

Death and TPD insurance cover will cease on the earliest of the following:

- sixty (60) days after the date your Account balance is insufficient to cover the cost of the insurance premium,
- sixty (60) days after the date you no longer qualify as an insured Member under this Policy,
- the date you effect a continuation option under this Policy,
- the date you reach age 65 for TPD benefits or age 70 for death benefits,
- the day before you commence service in the armed forces of any country (not including service in the Australian Army Reserve),
- the date you are paid a TPD Benefit,
- the date you are paid a Terminal Illness Benefit which is not less than the amount of the Death and/or TPD Benefit,
- the date of your death,
- twenty-four (24) months from the commencement of Employer approved leave of absence or parental leave, if you have not returned to work prior to the expiry of the twenty-four (24) month period,
- the date the Fund receives a request from you to cancel your cover,
- if you have been an Inactive Member (subject to the reinstatement provision as detailed below), the later of the date that:
    - you became an Inactive Member, and
    - the latest period to which your insurance premiums have been paid.
    - Cover will however not cease if the Fund has received or is taken to have received an election from you to continue your cover prior to your cover ceasing.
- the date this Policy terminates, or is cancelled.

The cessation of your cover shall not prejudice any entitlement to make a claim for an event which happened prior to the cessation of cover.

Where cover has ceased due to you effecting a continuation option, any claims arising under this Policy may only be made pursuant to the Policy effected under the continuation option.

Reinstatement of cover

If your cover ceases due to non-payment of premiums, the Insurer may, at its discretion reinstate it on such terms as the Insurer may determine.

If your cover ceases due to being an Inactive Member, you may reinstate your cover subject to the following terms:

- a written request to reinstate cover is received by the Fund within 60 days after your cover ceased.
- you satisfactorily complete the insurer's Short Form Personal Statement with the completed form being received by the Fund within 60 days after your cover ceased.

Reinstatement of your cover under this condition will be taken to be a continuation of your cover as if it did not cease, provided outstanding premiums accrued between

the date that your cover was originally cancelled and the date that cover is reinstated are paid.

Reinstatement of an Inactive Member's cover under this condition will be reinstated to the date the cover ceased and at the same level of cover the Insured Member previously held immediately prior to their cover being ceased.

Continuation option

If you are under age 60 and are not entitled to, nor are you claiming, a Benefit, you may apply for a continuation option when you leave the Fund. You must apply within sixty (60) days of ceasing Membership of the Fund.

This means that the Insurer may issue you with an individual policy that is guaranteed to renew annually, subject to the terms described in the 'Death and TPD Insurance Terms and Conditions' section 7 and 8.

4. Income Protection insurance cover

Default Income Protection cover when you join Superhero MySuper

There are limits on how much Income Protection cover you can receive.

If default insurance cover is available in your employer plan, the maximum amount of Income Protection cover you can attain is limited to the lesser of:

• up to 75% of your Monthly Income, or

• up to 84.5% of your Monthly Income, where 75% is payable to you and 9.5% is paid as a superannuation contribution to your account;

• the maximum benefit level, and

• where you receive Income Protection cover automatically, you generally receive an amount of cover up to the Automatic Acceptance Limit (AAL) for your specific employer plan. Depending on your employer plan, different options may be available.

These limits also apply to Voluntary Income Protection cover.

In the event of a claim, the benefit will be paid following the conclusion of a waiting period and lasts for a maximum of two years. Levels of default Income Protection Cover and waiting periods that are applicable are subject to your Employer's arrangements with the Fund. You can obtain details of your employer's arrangements from your employer.

To be eligible for default Income Protection cover, you must be at least 25 years of age, and must have an Account balance with the Plan of at least $6,000. If you are not At Work on the day you become eligible for cover, your cover will be Limited Cover[1] until you return to Active Employment for 60 consecutive days. The Insurer may require health evidence and cover would only take effect from the date when the Insurer accepted the request.

Eligible MySuper members will receive Default Cover on:

- the date they satisfy the criteria (being age 25 or over, and having a balance of least $6,000), or
- the date the Fund receives an Election from the eligible employee opting in for cover subject to the Election being received within 60 days of the date of issue of the Superhero welcome letter.

If you are a MySuper member and do not satisfy the criteria outlined above, you may obtain cover subject to being underwritten and accepted by the Insurer. Cover will take effect from the date the Insurer notifies you they have accepted the cover.

You may elect to opt out of Default Cover, or apply for a reduced monthly benefit at any time. However, any subsequent request to reinstate or increase cover will be subject to underwriting.

You may also apply to have a 60-day or a 90-day waiting period, and extend the 2 years payment period to 5 years or to age 65. Any variation to the default cover will be subject to underwriting and written acceptance by the Insurer.

Limited Cover means you are covered only for claims arising from:

- an illness that first became apparent, or
- an injury which first occurred;

on or after the date the cover commenced, recommenced, reinstated or increased.

Default cover eligibility requirements

Levels of default Income Protection Cover are subject to your Employer's arrangements with the Fund.

To be eligible for My Super Default Income Protection insurance cover, you must be:

- 'At Work' and performing the normal duties of your Occupation on the date you are eligible for cover. If you are not 'At Work' on this date, you must provide us with written notification advising the dates and reason you are not 'At Work';
- under the Ceasing Age, and having satisfied the Commencement Criteria;
- employed by the Employer or a Member of the Fund;

- nominated to join within 120 days of first becoming eligible for cover;
- engaged in permanent Employment or Fixed Term Employment and working 15 hours or more per week;
- an Australian resident unless otherwise agreed with the Insurer.

WARNING: Unless you say no to default insurance cover, decline the default cover or cancel it, the cost of default insurance cover will be deducted from your Account automatically once your cover commences. You have 14 days from submitting your application to opt out of default cover before you will incur an insurance premium.

How much will Default Insurance cover cost

The cost of default income protection insurance cover is based on your age, gender and occupation as per the premium rates tables set out in table 6, 7 and 8 below of this Guide.

Default Income Protection cover when you join

MySuper default Cover (Death and TPD and Income Protection) is not available to members who join via the Superhero website or mobile app and are subject to levels agreed with your employer. Levels of cover can be confirmed with your Employer.

Voluntary Income Protection cover

All voluntary cover is subject to underwriting.

Apply for Income Protection Cover

You will need to apply for voluntary Income Protection cover if:

- you join the Superhero MySuper and,
- you wish to increase or vary your default income protection cover,
- you wish to reinstate your cover.

You can select from 30, 60 or 90 day waiting periods, and have the choice of a 2 year, 5 year or to age 65 Benefit Period. The maximum Monthly Benefit is $30,000, refer to the Terms and Conditions below. Voluntary Income Protection insurance cover is subject to underwriting and acceptance by the Insurer.

To apply, you should complete the Health Evidence section of the Personal Choice Application Form, or the Short Form Personal Statement.

If the total amount of income protection cover will be more than $8,000 per month or you will answer 'Yes' to any of the questions on the Short Form Personal Statement, you should complete a Request for Insurance / Personal Statement.

Those Personal Statement forms can be obtained from our website at **www.superhero.com.au**.

How much will Voluntary Insurance cover cost

The cost of voluntary income protection insurance cover is based on your age, gender and occupation as per the premium rate tables 6, 7 and 8 below of this Guide.

Transferring an existing Income Protection insurance policy to Superhero

You may be able to transfer your existing Income Protection insurance cover from your current insurer to Superhero provided you meet the eligibility terms and conditions.

If you are currently insured for Income Protection cover with another superannuation fund, group insurance policy or retail policy, you may be eligible to transfer this cover to Superhero, without medical underwriting. This additional cover is subject to the following terms:

- the combined total (transferred plus existing cover), of Income Protection insurance cover following the transfer must not exceed $15,000 per month, and
- you must satisfactorily complete a Transfer Application Form and provide satisfactory evidence of existing cover, and
- any exclusions, premium loadings applied to the external insurance cover will continue to apply to this cover once transferred, and
- upon acceptance of the transfer application, your total accumulate income protection benefit must not exceed 75% of your salary (excluding superannuation), and
- you confirm that you will cancel your existing transferred insurance within sixty (60) days of Insurer's acceptance.

Where all of the above requirements have been met, cover will commence from the date the Insurer accepts your transfer application as long as your Account balance is sufficient to pay the monthly Premium.

Before deciding to transfer any insurance cover you have, please ensure you have considered any potential loss of existing cover or other benefits you may have with your existing insurer.

Where any of the requirements are not met, no transfer of cover can occur and the cover will then be subject to underwriting and acceptance by the Insurer.

How to apply to transfer cover

The transfer of your existing insurance is subject to review by the Insurer. Superhero will write to you to confirm whether your application to transfer cover has been accepted by the Insurer.

If your application to transfer cover is accepted by the Insurer:

- the same insurance type and level of cover being transferred will be applied,
- premiums for transferred cover will be deducted from your Superhero Account and based on premium rates detailed in Table 6, 7 or 8 (income Protection Rates) and Part 4 Group Income Protection of this Guide, and
- the same Waiting Period and Benefit Period that applied to your transferred cover will apply to your insured cover under this Policy. If the same Waiting Period is not available, then the next longer Waiting Period will apply. If the same Benefit Period is not available, then the next shorter Benefit Period will apply.

Interim accident cover

Interim Accident Cover is provided when you apply for voluntary cover and while the Insurer is considering your application.

The interim Accident Benefit will be paid for injury only. Interim Accident cover will commence on receipt of a fully completed request for insurance form and declaration of health in the form that we require. The interim Accident Benefit will be the lesser of the Monthly Benefit being applied for, the Monthly Benefit the Insurer would allow under its normal assessment guidelines and $15,000 per month.

The Insurer will pay you the Monthly Benefit or $15,000 per month, whichever is the lesser, if you are applying to increase your cover and suffer a Total Disability as a result of an injury while you are covered by this interim Accident cover.

The amount payable will be subject to:

- the terms and conditions of the Policy,
- the level of your cover you are applying for, and
- a maximum amount up to $15,000 per month.

Interim Accident cover will expire on the earliest of the following:

- 90 days after the commencement of the interim Accident cover,
- the date on which the Insurer gave notice that the request for insurance is accepted or declined,
- the date you cancel or withdraws the request for insurance, or
- the date you cease to be eligible for cover or no longer satisfies the eligibility criteria (refer to page 18).

No interim Accident Benefit will be payable if:

- an injury occurring prior to the date of you becoming eligible for cover,
- the cover applied for would have been declined under the Insurer's normal assessment guidelines, or
- you lodge a claim for an event or condition that would have been excluded under the Insurer's normal underwriting process.

Only one benefit under interim Accident cover for any one Accident is payable.

Interim Accident cover will expire on the earliest of the following:

- 90 days after the commencement of the interim Accident cover,
- the date on which the Insurer gave notice that the request for insurance is accepted or declined,
- the date you cancel or withdraws the request for insurance, or
- the date you cease to be eligible for cover or no longer satisfies the eligibility criteria.

Calculating your Income Protection premiums

Example: 30 year old female, 30 day waiting period, Benefit Period of 2 years with a white collar occupation earning a gross income of $80,000 per annum

Table 5: Income Protection premium example

How to calculate		Example
1.	Note your gross salary	$80,000
2.	Note your age at your next birthday when you joined the Fund or at the annual review date, and your gender.	31, female
3.	Note your Benefit Period	2 years
4.	Note your waiting period	30 days
5.	Calculate your cover amount = 75% of salary	$60,000

6.	Decide the premium table by using the Benefit Period (3)	Table 6
7.	Use your age next birthday and gender (2), your waiting period (3) move down the column until you find the annual premium rate per $1,000 sum insured in Table 6	$3.06
8.	Multiply the cover amount (5) by the annual premium rate (7), and divide by 1,000.	(60,000 × 3.06) ÷ 1,000 = $183.60
9.	Note your occupation factor	White Collar = 100%
10.	Multiply the premium by your occupational factor (9). This is your annual premium	$183.60 x 100% = $183.60
11.	To work out your monthly premium divide #10 by 12	$183.60/ 12 = $15.30

Income Protection premium tables

Table 6: Income Protection Rates – 2 years

Annual White Collar premium rates per $1,000 sum insured, Benefit Period of 2 years (rates exclude stamp duty & include GST).

Age Next Birthday	Male			Female		
	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days
16	1.94	1.46	0.69	2.89	2.19	1.05
17	1.94	1.46	0.69	2.89	2.19	1.05
18	1.94	1.46	0.69	2.89	2.19	1.05
19	1.94	1.46	0.69	2.89	2.19	1.05
20	1.94	1.46	0.69	2.89	2.19	1.05
21	1.96	1.49	0.70	2.94	2.23	1.05
22	1.98	1.51	0.71	2.97	2.27	1.05
23	2.00	1.54	0.71	3.02	2.31	1.05
24	2.04	1.56	0.71	3.05	2.36	1.06
25	2.07	1.60	0.72	3.11	2.40	1.07
26	2.01	1.56	0.68	3.03	2.35	1.02
27	1.98	1.54	0.65	2.97	2.31	0.97
28	1.97	1.54	0.63	2.96	2.31	0.93
29	1.98	1.55	0.61	2.97	2.32	0.92
30	2.00	1.58	0.61	2.99	2.36	0.91
31	2.05	1.62	0.61	3.06	2.42	0.91
32	2.10	1.67	0.61	3.15	2.50	0.92

Table 6: Income Protection Rates – 2 years continued

33	2.18	1.72	0.63	3.26	2.60	0.95
34	2.26	1.80	0.66	3.40	2.70	0.98
35	2.37	1.90	0.69	3.56	2.84	1.05
36	2.49	2.00	0.74	3.74	2.98	1.10
37	2.62	2.10	0.79	3.94	3.16	1.17
38	2.77	2.23	0.84	4.15	3.35	1.26
39	2.95	2.37	0.91	4.41	3.57	1.37
40	3.12	2.53	1.00	4.67	3.80	1.50
41	3.32	2.70	1.09	4.97	4.06	1.63
42	3.54	2.89	1.20	5.30	4.33	1.80
43	3.77	3.11	1.34	5.65	4.65	2.00

44	4.02	3.32	1.49	6.03	4.97	2.22
45	4.30	3.57	1.63	6.45	5.34	2.45
46	4.60	3.83	1.83	6.90	5.74	2.75
47	4.93	4.12	2.05	7.39	6.17	3.06
48	5.28	4.43	2.28	7.92	6.64	3.42
49	5.68	4.77	2.57	8.52	7.16	3.85
50	6.10	5.15	2.87	9.15	7.73	4.30
51	6.56	5.56	3.22	9.84	8.35	4.83
52	7.07	6.02	3.61	10.60	9.03	5.41
53	7.95	6.82	4.23	11.94	10.22	6.33

Table 6: Income Protection Rates – 2 years continued

54	8.96	7.70	4.94	13.42	11.53	7.40
55	10.07	8.67	5.75	15.10	13.03	8.63
56	11.32	9.80	6.69	16.97	14.69	10.04
57	12.72	11.05	7.77	19.08	16.58	11.66
58	14.30	12.48	9.01	21.45	18.71	13.51
59	16.08	14.07	10.43	24.11	21.12	15.64
60	18.07	15.87	12.04	27.10	23.81	18.07
61	20.31	17.91	13.89	30.45	26.85	20.84
62	22.83	20.19	15.99	34.23	30.30	23.97
63	19.42	16.16	12.08	29.12	24.22	18.12
64	11.39	9.24	6.73	17.08	13.86	10.08
65	3.35	2.32	1.36	5.04	3.49	2.05

Notes:

- age next birthday is determined at the date you join the Fund and annually on the 1st day of July in each subsequent year.
- rates shown do not include stamp duty. Stamp duty is payable based on your state of residence.
- rates shown include up to 11% insurance administration fee which covers the cost of administering the insurance arrangements.
- premiums are payable monthly in arrears and deducted monthly from your Account and charged at the end of the month.
- rates shown are for White Collar. Factors apply for other occupations as below

Table 7: Income Protection Rates – 5 years

Annual White Collar premium rates per $1,000 sum insured, Benefit Period of 5 years (rates exclude stamp duty & include GST).

Age Next Birthday	Male			Female		
	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days
16	2.46	1.99	1.00	3.70	2.98	1.50
17	2.46	1.99	1.00	3.70	2.98	1.50
18	2.46	1.99	1.00	3.70	2.98	1.50
19	2.46	1.99	1.00	3.70	2.98	1.50
20	2.46	1.99	1.00	3.70	2.98	1.50
21	2.53	2.05	1.02	3.79	3.06	1.54
22	2.60	2.10	1.05	3.89	3.16	1.56
23	2.67	2.18	1.07	3.98	3.26	1.60
24	2.73	2.24	1.09	4.08	3.36	1.63
25	2.80	2.32	1.11	4.21	3.48	1.67
26	2.76	2.31	1.07	4.14	3.44	1.60

27	2.75	2.31	1.05	4.13	3.44	1.55
28	2.77	2.32	1.01	4.15	3.49	1.52
29	2.81	2.37	1.01	4.22	3.56	1.51
30	2.88	2.44	1.01	4.31	3.66	1.51
31	2.97	2.53	1.02	4.46	3.79	1.54
32	3.09	2.64	1.05	4.64	3.96	1.58
33	3.24	2.78	1.10	4.85	4.16	1.64

Table 7: Income Protection Rates – 5 years continued

34	3.41	2.94	1.16	5.12	4.40	1.73
35	3.61	3.12	1.23	5.41	4.68	1.85
36	3.84	3.33	1.33	5.76	4.98	1.98
37	4.08	3.57	1.43	6.14	5.34	2.15
38	4.38	3.83	1.56	6.56	5.74	2.33
39	4.69	4.12	1.71	7.04	6.17	2.55
40	5.04	4.44	1.89	7.56	6.66	2.82
41	5.41	4.80	2.09	8.13	7.19	3.13
42	5.85	5.19	2.33	8.76	7.77	3.49
43	6.30	5.63	2.60	9.46	8.43	3.90
44	6.82	6.09	2.91	10.22	9.14	4.38
45	7.36	6.60	3.27	11.05	9.91	4.92
46	7.97	7.18	3.70	11.95	10.77	5.55
47	8.64	7.81	4.16	12.95	11.71	6.24
48	9.36	8.49	4.70	14.04	12.75	7.05
49	10.16	9.26	5.32	15.24	13.87	7.98
50	11.05	10.08	6.01	16.56	15.12	9.02
51	12.00	11.00	6.80	18.01	16.50	10.19
52	13.06	12.00	7.67	19.60	18.01	11.51
53	14.85	13.69	9.06	22.28	20.53	13.58
54	16.88	15.58	10.64	25.30	23.38	15.96

Table 7: Income Protection Rates – 5 years continued

55	19.14	17.73	12.49	28.71	26.61	18.73
56	21.71	20.16	14.61	32.56	30.24	21.93
57	24.60	22.89	17.07	36.90	34.36	25.59
58	27.86	26.01	19.87	41.78	38.99	29.80
59	31.53	29.49	23.09	47.28	44.24	34.62
60	29.82	27.41	21.49	44.73	41.11	32.23
61	28.42	25.73	20.30	42.62	38.60	30.43
62	25.47	22.48	17.61	38.19	33.72	26.40
63	20.28	16.98	12.79	30.42	25.47	19.19
64	11.89	9.71	7.12	17.84	14.57	10.68
65	3.51	2.45	1.44	5.27	3.67	2.16

Notes:

- age next birthday is determined at the date you join the Fund and annually on the 1st day of July in each subsequent year.
- rates shown do not include stamp duty. Stamp duty is payable based on your state of residence.
- rates shown include up to 11% insurance administration fee which covers the cost of administering the insurance arrangements.

- premiums are payable monthly in arrears and deducted monthly from your Account and charged at the end of the month.
- rates shown are for White Collar. Factors apply for other occupations as below

Table 8: Income Protection Rates – to age 65 years

Annual White Collar premium rates per $1,000 sum insured, Benefit Period to age 65 years (rates exclude stamp duty & include GST).

Age Next Birthday	Male			Female		
	30 Days	60 Days	90 Days	30 Days	60 Days	90 Days
16	5.00	4.19	2.42	7.49	6.29	3.63
17	5.00	4.19	2.42	7.49	6.29	3.63
18	5.00	4.19	2.42	7.49	6.29	3.63
19	5.00	4.19	2.42	7.49	6.29	3.63
20	5.00	4.19	2.42	7.49	6.29	3.63
21	5.24	4.42	2.52	7.86	6.63	3.78
22	5.50	4.67	2.63	8.25	6.99	3.94
23	5.77	5.50	2.75	8.66	8.26	4.12
24	6.06	5.19	2.86	9.09	7.77	4.30
25	6.36	5.47	2.98	9.54	8.19	4.47
26	6.41	5.52	2.91	9.61	8.29	4.37
27	6.51	5.64	2.87	9.77	8.45	4.30
28	6.66	5.78	2.84	9.98	8.67	4.26
29	6.86	5.97	2.85	10.29	8.97	4.28
30	7.12	6.22	2.89	10.68	9.33	4.32
31	7.44	6.51	2.96	11.15	9.77	4.42
32	7.80	6.84	3.05	11.70	10.26	4.58
33	8.22	7.23	3.20	12.34	10.85	4.78

Table 8: Income Protection Rates – to age 65 years continued

34	8.71	7.67	3.35	13.06	11.50	5.04
35	9.26	8.16	3.57	13.87	12.24	5.36
36	9.86	8.70	3.83	14.77	13.04	5.73
37	10.51	9.29	4.12	15.76	13.93	6.17
38	11.22	9.93	4.46	16.82	14.90	6.68
39	11.98	10.62	4.85	17.97	15.93	7.27
40	12.80	11.36	5.30	19.19	17.04	7.94
41	13.67	12.15	5.81	20.50	18.23	8.71
42	14.59	12.97	6.38	21.88	19.46	9.55
43	15.56	13.85	7.00	23.34	20.77	10.51
44	16.57	14.76	7.71	24.86	22.15	11.55
45	17.64	15.72	8.46	26.45	23.57	12.69
46	18.73	16.70	9.29	28.08	25.04	13.94
47	19.86	17.71	10.20	29.78	26.56	15.29
48	21.00	18.73	11.17	31.49	28.09	16.75
49	22.15	19.77	12.18	33.22	29.64	18.27
50	23.30	20.78	13.25	34.94	31.16	19.86
51	24.42	21.77	14.34	36.63	32.65	21.51
52	25.49	22.71	15.44	38.24	34.07	23.16
53	28.11	25.01	17.53	42.17	37.52	26.29
54	30.72	27.28	19.68	46.08	40.93	29.51

Table 8: Income Protection Rates – to age 65 years continued

55	33.24	29.46	21.83	49.86	44.20	32.74
56	35.56	31.46	23.87	53.35	47.18	35.81
57	37.56	33.10	25.70	56.34	49.65	38.53
58	39.04	34.23	27.09	58.55	51.35	40.62
59	39.74	34.62	27.86	59.60	51.93	41.78
60	39.38	33.96	27.65	59.05	50.95	41.48
61	37.52	31.91	26.10	56.27	47.85	39.16
62	33.63	27.86	22.66	50.43	41.78	33.99
63	26.78	21.05	16.46	40.16	31.57	24.68
64	15.71	12.04	9.16	23.56	18.06	13.74
65	4.64	3.04	1.86	6.95	4.53	2.78

Notes:

- age next birthday is determined at the date you join the Fund and annually on the 1st day of July in each subsequent year.
- rates shown do not include stamp duty. Stamp duty is payable based on your state of residence.
- rates shown include up to 11% insurance administration fee which covers the cost of administering the insurance arrangements.
- premiums are payable monthly in arrears and deducted monthly from your Account and charged at the end of the month.
- rates shown are for White Collar. Factors apply for other occupations as below

Premium adjustment factors

Occupation Category	Loading factor for Income Protection
White Collar	100%
Light Blue Collar	190%
Dark Blue Collar	270%

Cessation of Income Protection cover

Income Protection insurance cover will cease on the earliest of the following:

- sixty (60) days after the date your Account balance is insufficient to cover the cost of the insurance premium,
- sixty (60) days after the date you no longer qualify as an insured Member under this Policy,
- the date you effect a continuation option under this Policy,
- the date you reach age 65,
- the day before you commence service in the armed forces of any country (not including service in the Australian Army Reserve),
- the date of your death,
- twenty-four (24) months from the commencement of Employer approved leave of absence, if you have not returned to work or an extension of cover has not been approved by the Insurer in writing at least 60 days prior to the expiry of the twenty-four (24) month period; except where the reason why you have not returned to work is because you have made a claim under this Policy, or is eligible to do so,
- the date the Fund receives a request from you to cancel your cover,
- if you have been an Inactive Member (subject to the reinstatement provision as detailed below), the later of the date that:
  - you became an Inactive Member, and
  - the latest period to which your insurance premiums have been paid
  - Cover will however not cease if the Fund have received or are taken to have received an election from you to continue your cover prior to your cover ceasing.
- the date this Policy terminates, or is cancelled.

The cessation of your cover shall not prejudice any entitlement to make a claim for an event which happened prior to the cessation of cover.

Where cover has ceased due to you effecting a continuation option, any claims arising under this Policy may only be made pursuant to the Policy effected under the continuation option.

Reinstatement of cover

If your cover ceases due to non-payment of premiums, the Insurer may, at its discretion reinstate it on such terms as the Insurer may determine.

If your cover ceases due to being an Inactive Member, you may reinstate your cover subject to the following terms:

- a written request to reinstate cover is received by the Fund within 60 days after your cover ceased.
- you satisfactorily complete the insurer's Short Form Personal Statement with the completed form being received by the Fund within 60 days after your cover ceased.

Reinstatement of your cover under this condition will be taken to be a continuation of your cover as if it did not cease, provided outstanding premiums accrued between the date that your cover was originally cancelled and the date that cover is reinstated are paid.

Reinstatement of an Inactive Member's cover under this condition will be reinstated to the date the cover ceased and at the same level of cover the Insured Member previously held immediately prior to their cover being ceased.

Continuation option for MySuper members

If you are under age 60, cease employment with an Employer and are not entitled to, nor is claiming, a Benefit, then, provided an application for a continuation of cover is made within sixty (60) days after the termination of employment, the Insurer may issue an individual policy that is guaranteed to renew annually, subject to the terms described in the 'Income Protection Insurance Terms and Conditions' section;

5. Legislation impacting your insurance

The PYSP legislation was passed by the Federal Government in March 2019 and came into effect on 1 July 2019, and has been implemented by the Australian Federal Government to protect Australians' super savings from unnecessary erosion by fees and insurance costs.

What it means for your insurance

From 1 July 2019, the Trustee must stop providing insurance in your Superhero Account if you have not received money (any type of contribution) into your Account for the last 16 months.

Unless you have opted in to retain the Insurance cover held within your Account, your insurance cover must be cancelled.

From 1 July 2019, the Fund will communicate with you to inform you if you have not received money into your Account for 9, 12 and 15 months.

To retain insurance cover within your Account, you can:

- make a contribution to your Account, or
- complete and return an opt in to maintain or reinstate your Group Insurance Cover form. The form is located in the Secure Online Portal in the FAQ/Forms tab.

Treasury Laws Amendment (Putting Members' Interests First) Act 2019 ('PMIF') PMIF reform built on the Treasury Laws Amendment (Protecting Your Superannuation) Act 2019 PYSP, was passed by the Federal Government in November 2019, and commenced on 1 April 2020. The purpose of PMIF is to protect Australians' super savings from unnecessary erosion by fees and insurance costs.

What does PMIF mean for your insurance?

We must stop providing insurance in your Account if on 1 April 2020, you have not had an Account balance with the Fund that was equal to or greater than $6,000.

For new Members the Trustee can only provide insurance cover if the person was age 25 years or above and has an Account balance that was equal to $6,000 or greater. These conditions would not apply if the person made an opt in election, either on joining, or as an existing Member.

An opt in election to the Fund is a written election by a person to have default cover taken out even if the person is under age 25 or the person's Account balance in the Fund has not been equal to or greater than $6,000.

In Superhero, Members who opt in to have insurance cover after 60 days of receiving the welcome letter will need this insurance cover to be underwritten.

6. Making a Claim

Initial notice of a potential claim must be provided to the Fund as soon as possible after the incident that has caused the claim. This ensures we can efficiently and effectively manage your claim. The Insurer will only consider a claim where the delay in notification does not prejudice their ability to assess the claim.

Assisting the insurer to prove your claim

You must notify us in writing as soon as reasonably practicable of any event entitling you to a benefit, including:

- the death (by an authorised representative),
- the diagnosis as having a Terminal Illness or being TPD, and
- the diagnosis as having an injury or illness likely to give rise to your Total Disability.

On receipt of notification of a claim you will be provided with claim forms. The claim forms must be fully completed by you (and your treating and the Employer, if applicable) and returned to us as soon as possible. You may be requested to obtain other such information and

documentation that the Insurer requires to consider and process the claim. A claim will not be processed until all the relevant documentation is received by the Insurer.

If the completed claim forms are provided more than one year after the event giving rise to the claim, and the delay results in the Insurer's interests being prejudiced, the Insurer may not accept liability for the claim or, alternatively, may reduce the liability in respect of the claim to the extent of the prejudice the Insurer has suffered.

For the assessment and payment of the claim, the Insurer:

- are provided with satisfactory proof of death for a death claim,
- are provided with satisfactory proof of age,
- for TPD and Terminal Illness claim, are provided with two (2) treating Doctor reports prepared using the forms prescribed by the Insurer at your own expense,
- if required by the Insurer, are provided with reports from a Doctor on the medical condition at such times as the Insurer may reasonably require, at the Insurer's expense,
- in relation to the payment of a TPD or Terminal Illness Benefit, shall have the right to conduct, at our expense, a medical examination with a Doctor of the Insurer's choice including pathology testing such as blood tests, at such times as the Insurer may reasonably require, and
- are provided with any additional information the Insurer needs to assess the claim, at your own expense.

When a claim is ongoing, entitlements will be regularly reviewed and further evidence must be provided on request.

We may also ask for further proof that you are entitled to a Benefit payment. Different types of claims may set out special claim requirements.

The Insurer's liability to the Insured is limited to paying the Benefits as set out in the Plan.

7. Death and TPD Insurance Terms and Conditions

Superhero provides Members with the opportunity to have Death or Death and Total and Permanent Disablement insurance through a Group Life Insurance Policy, issued to us by Acenda Life (the Insurer). The information contained in this section is a summary of the terms and conditions. Full terms and conditions are contained in the Group Life Insurance Policy.

In this section, all references to The Policy are to the Group Life Insurance Policy. Terms not defined within this section are defined in the glossary of the Additional Information Guide.

The Insurer has the right under the Policy to: accept cover for the Member, accept cover for the Member subject to premium loadings, exclusions or restrictions it may consider appropriate, or refuse to provide cover to a Member.

Death and TPD Insurance Terms and Conditions	
Accident	means an event where bodily injury is caused directly and solely by external and visible means, independent of all other causes.
Accrued Default Amount	Has the same meaning as is given to the term under the SIS Act.
Active Employment	means the Member is • actively performing or is capable of actively performing, all of the duties of their normal occupation without modification for at least 35 hours per week and is performing, or capable of performing, their duties free from any limitation due to illness or injury; and • is not in receipt of, or entitled to claim, income support benefits from any source.
Application	means an application for insurance cover under this Policy completed by you, via a proposal form to commence cover, or in the case of an Eligible Person or Insured Member, any information and any Evidence of Insurability required by the Insurer.

At Work	means the person is at work for the normal daily hours of work and is actively performing the full, unrestricted or unmodified duties of their normal Occupation for which they were Employed or would have been had the day not been a day of leave (other than due to Illness or injury), public holiday or weekend day.
Australian Resident	means a person who has always lived in Australia or has come to Australia to live; and is eligible to work in Australia. If the person goes overseas temporarily and does not set up a permanent home in another country, the person may continue to be treated as an Australian resident.
Automatic Acceptance	means the acceptance for cover by us for certain Members of a group without the need to provide medical evidence.
Automatic Acceptance Level (AAL)	means the dollar limit of cover for Automatic Acceptance specified in each employer plan.
Benefit	means the death, Terminal Illness, total and permanent disablement and interim death & TPD Benefits described in this Insurance Guide.
Casual Employment	means a person engaged in employment of a temporary nature where continuity of employment is not guaranteed by the Employer, regardless of hours worked or the period of employment.
Ceasing Age	means the age at which cover under the Policy ceases for an Insured Member. The Death cover ceasing age is 70, the TPD cover ceasing age is 65.
Commencement Criteria	Your Default Cover will automatically commence once you are 25 years old or older, and your Account balance has reached $6,000. You may elect to commence default cover before meeting these automatic commencement conditions by contacting us.
Continuation Option Terms	The following terms will apply to the Insured Member's option to continue cover under an individual Acenda Life death and disability insurance policy: • the Insured Member's cover must have ceased as a consequence of the Insured Member ceasing Employment with the Employer or Membership of the superannuation fund, and not for reasons of ill health, • for TPD insurance the Insured Member must commence Full Time Employment within 90 days of ceasing employment, • the Benefit will be no more than the entitlement under this Policy, • any special terms and conditions applying to the Insured Member under this Policy, including loadings or exclusions, will also apply under the individual policy, • the cover will be provided on the terms, conditions and rates that are current for this type of insurance at the time, and must satisfy the Insurer's underwriting criteria in relation to occupation, pastimes, smoking status and residency status, • the individual policy premium will be subject to the Insurer's normal minimum premium, • the Insured Member must not have received, nor be eligible to receive, any TPD payments (under a group life policy) or similar payments under any other policy, • the Insured Member must be a permanent resident of Australia, • you have not ceased employment because of duty in the armed forces, and • for Insured Members who leave the Personal Choice, the continuation option available will be for Death Only. If the Insured Member exercises a continuation option, all cover under this Policy and/or extended cover

	ceases on commencement of cover under the individual life insurance policy. The Insurer retains the discretion to refuse to provide cover under the continuation option where the Insurer does not have a retail product which covers the occupational risk of the individual applying for the continuation option. The premium payable for the individual policy will be based on the Insurer's standard premium for similar policies taking into account, but not limited to, the Insured Member's Benefit, age, sex, occupation, pastimes and smoking status, residency status and any special terms that apply to the person under this Policy.
Death Benefit	If an Insured Member dies while this Policy is in force in respect of that Insured Member, the Insurer will, subject to the terms of this Policy, pay the death Benefit for that person as shown in this Insurance Guide.
Doctor	means a registered medical practitioner who is acceptable to us and who is not the Insured Member or spouse, family Member, business partner, employee or Employer of the Insured Member.
Election	means an applicable instruction provided to the Fund by a Member, in writing or such other means as are acceptable to you, electing to continue insurance cover or to be provided with insurance cover in circumstances where you would otherwise not be permitted to under the Superannuation Industry (Supervision) Act 1993 (Cth).
Employed	means engaged in Regular employment.
Employer	means a participating or contributing Employer in the Fund and/or any associated entity of the Employer agreed to by the Insurer.
Limited Cover	Limited Cover means the person is covered only for claims arising from: • an illness that first became apparent to the Insured Member; • an injury which first occurred; on or after the date the cover commenced, recommenced, reinstated or increased.
Eligibility Terms	To be eligible for MySuper Default Death and TPD insurance cover, you must be: • an Eligible Person must be 'At Work' and performing the normal duties of their Occupation on the date they are eligible for cover. If the Eligible Person is not 'At Work' on this date, you must provide us with written notification advising the dates and reason they were not 'At Work', • an Eligible Person must be under the Ceasing Age and have satisfied the Commencement Criteria, • an Eligible Person must be Employed by the Employer or a Member of the Fund, • an Eligible Person must be nominated to join within 120 days of first becoming eligible for cover, and • an Eligible Person must be an Australian resident unless otherwise agreed with us.
Evidence of Insurability	means a completed personal statement and any other evidence of health or insurability that the Insurer may require such as medical examinations and reports, medical tests and health and activity statements.
Fixed Term Employment	means the Insured Member is Employed for a fixed period of employment determined at the commencement of their employment and where they are in receipt of leave, sick leave, superannuation and other entitlements normally associated with Full Time Employment.
Full Time Employment	means engaged in permanent employment for the standard number of work hours (usually a minimum of 20 hours per week) where the Employer guarantees continuity of employment and the person receives entitlements normally associated with permanent employment.

Inactive Member	means an Insured Member whose Account within the Fund has not received an amount in respect of the Insured Member for a continuous period of 16 months.
Illness	means a sickness, disease or medical disorder.
Insured Member	means an Eligible Person who has been accepted by the Insurer for inclusion under and, in accordance with, the provisions of the Policy.
Limited Cover	means the person is covered only for claims arising from: • an illness that first became apparent to the Insured Member, or • an injury which first occurred; on or after the date the cover commenced, recommenced, reinstated or increased.
Occupation	means the employment or activity in which the Insured Member is Employed.
Parental Leave / Leave of Absence	Insurance cover under this Policy may be continued for up to twenty-four (24) months while an Insured Member is At Work but on Employer approved leave of absence or parental leave, providing: • immediately prior to commencing the period of leave, the Insured Member was 'At Work', • the Insured Member does not join the armed forces, (not including service in the Australian Army Reserve), • premiums continue to be paid in respect of that Insured Member, and • the Insured Member remains Employed by the Employer or remains a Member of the Fund. Any Benefit payable will be based on the cover notified by the Fund and accepted by the Insurer before commencement of such leave by the Insured Member. If an Insured Member applies for additional cover while on parental leave or during leave of absence, Underwriting Terms will apply and the increased cover will not commence until the Insurer provides a notice of acceptance and the Insured Member returns to work. The Insured Members' Employer must approve the period of leave in writing prior to the period of leave commencing. The written approval must be provided to us on request. If any of the events described under 'cessation of Death and TPD Cover', occur in respect of the Insured Member before the end of the proposed period of parental leave or leave of absence, cover will cease in respect of that Insured Member and the Insurer will refund any portion of the Premium overpaid.
PMIF Thresholds	means that a person: • is age 25 or over, and • has an Account balance with the Fund of at least $6,000.
Policy	means this contract of insurance between you and the Insurer which includes the policy document and Schedule and any other documentation, including policy annexures, that the Insurer advises form part of the policy.
Premium	means the amounts required to be paid by you under this Policy, as calculated in accordance with the rates set out in the schedule or as advised by the Insurer from time to time.
Regular	means the period of continuous work history as measured over a three (3) month period immediately prior to the Insured Members death or 'date of disability'.
Superhero MySuper	Means a class of beneficial interest in the Plan which the Trustee is authorised by APRA under the SIS Act to offer to Members.
Terminal	means the Insured Member suffers an Illness which in our opinion, after consideration of medical

Illness	evidence, would reasonably be expected to reduce the life expectancy of the Insured Member to less than 12 months. The reduced life expectancy must occur while the Insured Member is covered by the Policy.
Terminal Illness Benefit	If an Insured Member suffers a Terminal Illness while the Policy is in force in respect of that Insured Member, the Insurer will, subject to the terms of the Policy, pay an advance Death Benefit up to a maximum amount of $3 million. The Insurer will pay the lesser of: ● the Death cover Benefit, or ● $3 million Where the Terminal Illness Benefit is less than the Death Benefit and the TPD Benefit if applicable, the Death or TPD Benefit otherwise payable to the Insured Member will be reduced by the amount of the Terminal Illness Benefit paid. Reduced Premiums in line with the reduced level of cover will apply.
TPD Categories	Insured Members Employed on a permanent full-time basis, a permanent part-time basis or for a fixed term contract of employment for a term of twelve (12) months or more and work for at least fifteen (15) hours in a Normal Week, will be eligible for assessment under the TPD Definitions of (a) Own/Similar and (b) Specific Loss.
Total and Permanent Disability	means Total and Permanent Disablement as defined below. TPD definitions vary depending on the number of hours a Member works and their occupation. In general terms if an Insured Member is employed: ● on a permanent full-time basis, a permanent part-time basis or for a fixed term contract of employment for a term of twelve (12) months or more and work for at least fifteen (15) hours in a Normal Week, will be eligible for assessment under the TPD Definitions of (a) Own/Similar and (b) Specific Loss, ● on a casual basis or a fixed term contract of employment of less than twelve (12) months, then the definitions that will apply will be (b) Specific Loss and (c) Activities of Daily Living, and ● if an Insured Member's occupation is classified as 'home duties' then the definition that will apply will be (b) Specific Loss and (d) Home Duties. (a) Own/Similar An Insured Member having been absent from his or her Occupation solely through injury or Illness for a period of six (6) consecutive months and is incapacitated to such an extent that, in the Insurer's opinion, after consideration of medical and other relevant evidence, the Insured Member was, at the end of the period of six (6) consecutive months absence from employment, unlikely to ever engage in or work for reward in his or her own Occupation and any similar occupation for which he or she is reasonably suited by education, training or experience. (b) Specific Loss An Insured Member suffers the permanent loss of use of two (2) limbs or the sight of both eyes; or the permanent loss of use of one (1) limb and the sight of one (1) eye (where limb is defined as whole hand or the whole foot) in circumstances where the loss will never be regained and the Member is incapacitated to such an extent that, in the Insurer's opinion, after consideration of medical and other relevant evidence, the Insured Member was, at the end of the period of six (6) consecutive months absence from employment, unlikely to ever engage in or work for reward in any occupation for which he or she is reasonably suited by education, training or experience. (c) Activities of Daily Living An Insured Member who has been absent from his or her Occupation solely through injury or Illness for a period of six (6) consecutive months and is incapacitated to such an extent that, in the Insurer's opinion, after consideration of medical and other relevant evidence, the Insured Member was, at the end of the period of six (6) consecutive months absence from employment, unlikely to ever be able to perform at

	least two (2) Activities of Daily Living without the physical help of someone else. For the purposes of this definition, Activities of Daily Living means: 1. bathing and/or showering; or 2. dressing; or 3. moving from place to place including in and out of bed and in and out of a chair; or 4. eating or drinking; or 5. using the toilet. (d) Home Duties Where an Insured Member's Occupation is classified as 'Home Duties', an Insured Member having been absent from his or her Occupation solely through injury or Illness for a period of six (6) consecutive months and is incapacitated to such an extent that, in the Insurer's opinion, after consideration of medical and other relevant evidence, the Insured Member was, at the end of the period of six (6) consecutive months absence from employment, unlikely to ever again attend to at least two (2) normal physical domestic household duties. For the purposes of this definition, 'normal physical domestic household duties' means: ● cleaning the family home, or ● shopping for food and household items, or ● meal preparation and laundry services, or ● leaving the house without the assistance of another person, or ● looking after dependent child/children under 16 years of age or in full time secondary education, where applicable, or ● providing full time care for a disabled person(s) who is a Member of their immediate family, where applicable. If the Insured Member is able to perform the normal physical domestic household duties with the assistance of another person or with the use of assistive devices, they are deemed to be able to perform these duties. The Insured Member must be under the regular care and attention and following the advice of a Doctor for that injury or Illness. Evidence that the Insured Member carried out the duties on a daily basis prior to their period of disability will be required. e) Any Occupation An Insured Member having been absent from his or her Occupation solely through injury or Illness for a period of six (6) consecutive months and is incapacitated to such an extent that, in the Insurer's opinion, after consideration of medical and other relevant evidence, the Insured Member was, at the end of the period of six (6) consecutive months absence from employment, unlikely to ever engage in or work for reward in any occupation for which he or she is reasonably suited by education, training or experience.
Total and Permanent Disablement ('TPD') Benefit	If an Insured Member suffers TPD while this Policy is in force in respect of that Insured Member, the Insurer will, subject to the terms of this Policy, pay the TPD Benefit for that person. TPD cover is only available in conjunction with death cover. The amount of TPD cover must be equal to or less than the amount of death cover under the Policy.
Underwriting	Where an Eligible Person is not eligible for Automatic Acceptance or an Insured Member's cover exceeds the Automatic Acceptance Level (AAL) and they apply for cover or an increase in cover above the AAL, the Insurer will only agree to accept the Eligible Person or Insured Member on certain conditions.
Worldwide Cover	The cover described in this Policy is provided to Insured Members, 24 hours a day on a worldwide basis.

8. Income Protection Insurance Terms and Conditions

Superhero provides Members with the opportunity to have Income Protection insurance through a Group Income Protection Policy, issued to us by Acenda Life (the Insurer). The information contained in this section is a summary of the terms and conditions. Full terms and conditions are contained in the Group Income Protection Policy.

In this section, all references to the Policy are to the Group Income Protection Policy. Terms not defined within this section are defined in the glossary in the Additional Information Guide.

The Insurer has the right under the Policy to: accept cover for the Member, accept cover for the Member subject to premium loadings, exclusions or restrictions it may consider appropriate, or refuse to provide cover to a Member.

Income Protection Insurance Terms and Conditions	
Accident	means an event where bodily injury is caused directly and solely by external and visible means, independently of all other causes.
Active Employment	means the Member is • actively performing or is capable of actively performing, all of the duties of their normal occupation without modification for at least 35 hours per week and is performing, or capable of performing , their duties free from any limitation due to illness or injury; and • not in receipt of, or entitled to claim, income support benefits from any source.
Application	means an application for insurance cover under this Policy completed by you, via a proposal form to commence cover, or in the case of an Eligible Person or Insured Member, any information and any Evidence of Insurability required by us.
At Work	means the person is at work for the normal daily hours of work and are actively performing the full, unrestricted or unmodified duties of their normal Occupation for which they were Employed or would have been had the day not been a day of leave (other than due to Illness or injury), public holiday or weekend day.
Australian Resident	means a person who has always lived in Australia or has come to Australia to live; and is eligible to work in Australia. If the person goes overseas temporarily and does not set up a permanent home in another country, the person may continue to be treated as an Australian resident.
Automatic Acceptance	means the acceptance for cover by the Insurer for certain Members of a group without the need to provide medical evidence.
Automatic Acceptance Level (AAL)	means the dollar limit of cover for Automatic Acceptance specified in each employer plan.
Benefit	means the Total Disability, Partial Disability, interim Accident insurance, recurrent disability, rehabilitation expense, employer superannuation contribution, family carer, workplace modification, emergency transport and bereavement benefit described in this Insurance Guide.
Benefit Period	means the maximum period for which Total and/or Partial Disability Benefits may be payable in accordance with the Policy. The maximum period is stated in this Insurance Guide.
Benefit Payments	The Insurer will pay a claim for a Total or Partial Disability Benefit and any other Benefits (if any) under this Policy, as applicable, in respect of an Insured Member once the Insurer has received satisfactory proof of an entitlement to such a Benefit. Satisfactory proof may include additional information as

	required by the Insurer. The Insurer will pay you the relevant Benefit in respect of an Insured Member monthly in arrears. When only part of a month is being paid, the Insurer will calculate this as one thirtieth (1/30th) of the Monthly Benefit for each day the Insured Member is entitled to be paid under the Policy. Where the Insurer is required by law to deduct any tax, duty, impost or the like in connection with the payment of a Benefit, the Insurer will deduct the required amount from the payment and forward it to the relevant authority.
Bereavement Benefit	If an Insured Member dies while either Total or Partial Disability Benefits are being paid, then the Insurer will pay you a lump sum amount equivalent to three (3) times the Insured Members Monthly Benefit from the date of the Insured Member's death.
Ceasing Age	means the age at which cover under the Policy ceases for an Insured Member. The Income Protection cover ceasing age is 65.
Cessation of Payments	The Insurer will stop paying benefits in respect of an Insured Member at the earliest of one of the following events: • the Insured Member is no longer Totally or Partially Disabled, • the Insured Member dies, subject to payment of the bereavement benefit, • the maximum Benefit Period expires, • the Insured Member attains the maximum insurable age, • the Insured Member is no longer under the regular and continuous care of a Doctor, and • the Insured Member fails to provide the Insurer with all requested information and other evidence reasonably required to assess the Insured Member's claim.
Commencement Criteria	Your Default Cover will automatically commence once you are 25 years old or older, and your Account balance has reached $6,000. You may elect to commence default cover before meeting these automatic commencement conditions.
Continuation Option Terms	The following terms will apply to the Insured Member's option to continue cover under an individual Acenda Life income protection insurance policy: • the Insured Member's cover must have ceased as a consequence of the Insured Member ceasing employment with the Employer, and not for reasons of ill health. Continuation of cover is not available where the Insured Member leaves a superannuation fund and there is no change in employment, • the Insured Member must be commencing full time employment within 90 days of terminating employment, • the Insured Member has not ceased to be an Insured Member because of duty in the armed forces, • the Benefit will be no more than the entitlement under this Policy and with the same Benefit Periods and Waiting Periods (if available) for individual income protection cover. Any special terms and conditions applying to the Insured Member under the Policy, including loadings or exclusions, will also apply under the individual policy, • the Insured Member must be a permanent resident of Australia, • the cover will be provided on the terms, conditions and rates that are current for this type of insurance at the time, and must satisfy the Insurer's underwriting criteria in relation to occupation, pastimes, smoking status and residency status, • the individual policy premium will be subject to the Insurer's normal minimum premium, and • the Insured Member must not have received, nor be eligible to receive, any disability benefits (under a group disability policy) or similar payments under any other policy.

	If the Insured Member exercises a continuation option, all cover under this Policy and/or extended cover ceases on commencement of cover under the individual income protection insurance policy. However, income protection insurance will only be available where the Insured Member has ceased employment to follow employment in a similar occupation in a capacity that would have entitled the insured Member to an Acenda Life income protection insurance policy. We retain the discretion to refuse to provide cover under the continuation option where we do not have a retail product which covers the occupational risk of the individual applying for the continuation option. The premium payable for the individual policy will be based on the Insurer's standard premium for similar policies taking into account, but not limited to, the Insured Member's Benefit, age, sex, occupation, pastimes and smoking status, residency status and any special terms that apply to the person under this Policy.
CPI	means the Consumer Price Index (All Groups Index Weighted Average for Eight Capital Cities, published by the Australian Bureau of Statistics). However, if this index is not available, the Insurer may use another price index that the Insurer considers appropriate. In determining the percentage increase of Benefits the Insurer uses the CPI in respect of the twelve (12) months concluding at the end of the last quarter prior to the anniversary of the commencement of Total Disability Benefit payments.
Doctor	means a registered medical practitioner who is acceptable to us and who is not the Insured Member or spouse, family Member, business partner, employee or Employer of an Insured Member.
Election	means an applicable instruction provided to the Fund by a Member, in writing or such other means as are acceptable to you, electing to continue insurance cover or to be provided with insurance cover in circumstances where you would otherwise not be permitted to under the Superannuation Industry (Supervision) Act 1993 (Cth).
Eligibility for cover	Default MySuper Cover: For Default MySuper members, joining Superhero MySuper on or after 1 April 2020, the earlier of: ● the date the eligible employee satisfies the criteria outlined in the Note 1 below; or ● the date the Fund receives an Election from the eligible employee opting-in for cover, subject to the Election being received by you within 60 days the date of issue of the welcome letter. For clarity, if an employee does not satisfy the criteria outlined in Note 1 and the Fund does not receive an Election within 60 days the date of issue of the welcome letter, the employee may obtain cover subject to providing Evidence of Insurability and acceptance by us. Cover would only take effect when we notify you that the request for insurance in respect of that Eligible Person has been accepted from the date of that notice. Notes: 1. From 1 April 2020, to be considered as eligible for cover under this Policy, the additional criteria must be met: ○ the Eligible Person must be at least 25 years of age; and ○ the Eligible Person must have an Account balance with the Plan of at least $6,000. 2. Insured Members who opt out of insurance cover and subsequently requests to be covered will be subject to providing Evidence of Insurability and acceptance by us. 3. If the Eligible Person was not At Work on the day they become eligible for cover, their cover will be Limited Cover until they have been in Active Employment for 60 consecutive days.
Eligibility Terms	To be eligible for MySuper Default Income Protection insurance cover, there must be an employer arrangement in place between your employer and the Fund's insurer and you must be:

	• a Member of Superhero MySuper, • 'At Work' and performing the normal duties of your Occupation on the date you are eligible for cover. If you are not 'At Work' on this date, you must provide us with written notification advising the dates and reason you are not 'At Work', • under the Ceasing Age and having satisfied the Commencement Criteria, • employed by the Employer or a Member of the Fund, • nominated to join within 60 days of first becoming eligible for cover, joining and receiving your welcome letter, • engaged in permanent Employment or Fixed Term Employment and working 15 hours or more per week, and • an Australian resident unless otherwise agreed with the Insurer.
Eligible Person	means a person who has been nominated by the Fund for cover under the Policy and who meets the Eligibility Terms as set out in this Insurance Guide.
Emergency Transport Benefit	If an Insured Member has an Illness or injury which results in Total or Partial Disability the Insurer will reimburse the emergency transportation costs incurred up to a maximum amount of $500. This Benefit will not be payable if the emergency transport costs are payable from any other source.
Employed	means engaged in Regular permanent employment for at least fifteen (15) hours per week.
Employer	means a participating or contributing Employer in the Fund and/or any associated entity of the Employer agreed to by the Insurer.
Employer Superannuation Contribution Benefit	Under this Policy, an employer superannuation contribution Benefit is applicable and equal to 9.5% of the Insurer Member's Monthly Income, unless the employer has negotiated an alternative benefit level. This additional payment is to cover the cost of any employer superannuation contributions payable by the Fund or the Employer to the superannuation fund in respect of the Insured Member. This Benefit is payable in addition to the Monthly Benefit provided under this Policy, subject to our maximum Benefit limits and may also be proportionally reduced where Partial Disability Benefits apply. The employer superannuation contribution Benefit will cease from the earlier of the time the Insured Member's employment ceases and/or you would otherwise cease to make contributions to the superannuation fund in accordance with the terms of the superannuation fund trust deed or by law and when Total or Partial Disability Benefit payments cease for the Insured Member. The terms that apply to the payment of Total and Partial Disability Benefits in this Policy also apply to the payment of this Benefit.
Evidence of Insurability	means a completed personal statement or request for insurance form and any other evidence of health or insurability that the Insurer may require, such as medical examinations and reports, medical tests and health and activity statements.
Exclusions	Benefits are not payable under this Policy in respect of an Insured Member for disability or loss arising directly or indirectly from: • any intentional self-inflicted injury or attempted suicide, whether the Insured Member was sane or insane, • normal and uncomplicated pregnancy or childbirth, and • war or warlike operations;
Family Carer Benefit	The family carer Benefit will be paid if a Member of the Insured Member's family leaves permanent employment to care for an Insured Member who is suffering a Total Disability, for which Benefits are being paid. This additional Benefit may be payable for a maximum period of six (6) Months. The Benefit

	amount will be the lesser of: • the amount the Insurer estimates the carer would have earned if the Insured Member had not been disabled, or • a maximum Benefit amount of $2,000 per month. This Benefit accrues and payment will commence from the later of the end of the Waiting Period and the date the family Member terminates employment to care for the Insured Member. This Benefit is only payable while the Insured Member continues to receive Total Disability Benefits. The family Member must not have been employed by the Insured Member or be an employee of an entity under the control of the Insured Member or of which the Insured Member is a Principal or Director.
Fixed Term Employment	means the Insured Member is Employed for a fixed period of employment determined at the commencement of their employment and where they are in receipt of leave, sick leave, superannuation and other entitlements normally associated with full time employment.
Illness	means a sickness, disease or medical disorder.
Important Duties	means the duties of the Insured Member's Occupation which are essential in producing a salary.
Inactive Member	means an Insured Member whose Account within the Fund has not received an amount in respect of the Insured Member for a continuous period of 16 months.
Insured Member	means an Eligible Person who has been accepted by the Insurer for inclusion under and, in accordance with, the provisions of the Policy.
Increasing Benefits/ Indexation	The indexation of Benefits (not applicable for 2 year benefit period) will apply if the Insurer has been continuously paying you a Monthly Benefit for an Insured Member for 12 months. After 12 consecutive months, the Insurer will then increase the Monthly Benefit payable by the lower of the annual percentage increase in the Consumer Price Index (CPI) and 7.5 per cent. The Insurer will increase the amount by the same method again after each 12 month period as long as the Insurer is continuously paying a Monthly Benefit because the Insured Member is suffering a disability. When the Insurer stops Benefit payments for that Insured Member, the Monthly Benefit will revert to the Monthly Benefit determined in accordance with the Policy, or as otherwise varied from time to time.
Limitation of Benefits	The Total Disability and Partial Disability benefits payable under this Policy will be reduced by any other income which the Insured Member may be entitled to from other sources, whether that income was actually received or not. Income from other sources includes: • any other income derived as a result of disability from employment under any other insurance policy, and • any Benefit under any workers' compensation or other similar compensation under state or federal legislation or common law, but not including payments in respect of medical treatment, rehabilitation and permanent impairment or permanent loss of use of a body part, and • monies paid in respect of any claim for past or future economic loss arising from any claim by the Insured Member for personal injury. Any income from other sources which is in the form of a lump sum or is commuted for a lump sum, will be treated as a monthly equivalent of one sixtieth (1/60) of the lump sum over a period of sixty (60) months, to calculate the reduction in Monthly Benefits under this Policy. Income from other sources does not include: • income earned from investments, and • any lump sum total and permanent disablement benefit.

	A reduction made in respect of Total or Partial Disability Benefits for an Insured Member, will only be to the extent necessary to ensure that the amount payable under the Policy, together with the aggregate of other payments or entitlements, does not exceed 75% of the Insured Member's Pre-disability Income. Benefits payable under the specified illness Benefit under this Policy are not affected by this clause. When an Insured Member's entitlement to workers' compensation payments is in dispute, the Insurer will pay the full amount of the Benefits due under this Policy on a conditional basis until the dispute is resolved. If the Insured Member is declared entitled to workers' compensation payments it is a condition of this Policy that you will repay to the Insurer that part of any Benefit payment representing the proceeds received by way of compensation which would otherwise not have been paid, if not for the conditional payment. The Insurer may at its discretion obtain payment of this amount by offsetting it against any amounts that may subsequently become due to you.
Limited Cover	means the person is covered only for claims arising from: ● an illness that first became apparent to the Insured Member, or ● an injury which first occurred; on or after the date the cover commenced, recommenced, reinstated or increased.
Monthly Benefit	means the insured amount calculated as a percentage of the Insured Member's Monthly Income. At the time of establishing the Policy, the Employer decides on the percentage of income that will be used by the Insurer to calculate the Insured Member's monthly benefit; however, the Insurer must first agree in writing. The total amount of the Monthly Benefit cannot exceed the Automatic Acceptance Level or maximum benefit amount specified in the specific employer plan, as applicable.
Monthly Income	means one-twelfth of the Eligible Person's or Insured Member's annual pre-tax income derived from their Occupation, where; a. the Insured Member is an employee, who does not directly or indirectly own part or all of a business or practice - the salary from their occupation which may include the value of all non-cash remuneration approved by the Insurer. Monthly income under this definition does not include any director's fees, overtime payments, a penalty, shift or other allowances, investment income, income received from deferred compensation plans, disability income policies or retirement plans or income not derived from vocational activities, unless agreed by the Insurer. Monthly income under this definition will be determined on the date cover commences under the Policy for the Insured Member or where there has been a subsequently agreed alteration to the level of Monthly Benefit, then at the date of the most recent alteration. b. the Insured Member is a business owner, either directly or indirectly owning part of all of a business or practice - the income of the business or practice generated by the personal efforts of the Insured Member after the deduction of their appropriate share of business or practice expenses in generating that income, or any other income as approved by the Insurer. c. the Insured Member's income includes bonuses, these bonuses will; i. be averaged over the lesser of; ○ three (3) years, and ○ the number of complete years which the Insured Member has been Employed with the Employer as at the date of Total Disability. ii. where the Insured Member has been Employed by the Employer for less than one complete year as at the date of Total or Partial Disability, be included on a pro-rata basis based on the number of months out of twelve (12) for which they have been Employed by the Employer. iii. only be included in the Monthly Income to the extent that the average bonuses calculated in accordance with paragraph (i) or the pro-rata bonus calculated in accordance with paragraph

	(ii), does not exceed 20% of the amount which would be calculated as the Insured Member's Monthly Income if bonuses were excluded from salary. Monthly Income under definitions (a), (b) and (c) are limited to the lesser of the definition wording and the Monthly Income that was used to calculate premiums, averaged over the six (6) months prior to the date of disability. In the case whereby the calculated Monthly Income exceeds the Monthly Income that sufficient premiums have been paid for; the lower Monthly Income Benefit will be paid.
Parental Leave/ Leave of Absence	Insurance cover under this Policy may be continued for up to twenty-four (24) months while an Insured Member is At Work but on Employer approved leave of absence or parental leave, providing: • the Insured Member does not join the armed forces (not including service in the Australian Army Reserve), • premiums continue to be paid in respect of that Insured Member, and • the Insured Member remains Employed by the Employer or remains a Member of the superannuation fund. Any Benefit payable will be based on the Monthly Income notified by the Fund and accepted by the Insurer before commencement of such leave by the Insured Member. If an Insured Member applies for additional cover while on leave, Underwriting Terms apply and the increased cover does not commence until the Insurer provides written acceptance and the Insured Member returns to work. The Insured Member's Employer must approve the period of leave in writing prior to the period of leave commencing. The written approval must be provided to us on request. If any of the events detailed in the 'Cessation of Income Protection Cover' occur in respect of the Insured Member before the end of the initial proposed 24 month period of Parental Leave or Leave of Absence, cover will cease in respect of that Insured Member and the Insurer will refund any portion of the overpaid Premium. If an Insured Member suffers a Total Disability while on such leave the Benefit will become payable from the later of: a) the end of the Waiting Period, or b) the nominated date of return to work of the Insured Member.
Partial Disability or Partially Disabled	means that immediately following a period of at least fourteen (14) consecutive days of Total Disability and as a direct result of injury or Illness which caused the Total Disability, the Insured Member has returned to work in his or her own or another occupation and is: • continuously unable to perform the Important Duties of his or her own occupation; and • earning less than his or her Monthly Income prior to Total Disability; and • under the continuous care and following the advice for treatment of a Doctor in relation to that Illness or injury.
Partial Disability Benefit	If an Insured Member becomes Partially Disabled while this Policy is in force in respect of that Insured Member, the Insurer will, subject to the terms of this Policy, pay a Partial Disability Benefit. The Partial Disability Benefit will accrue at the end of the Waiting Period and is payable monthly in arrears or as otherwise agreed by the Insurer. The Partial Disability Benefit will be calculated according to the formula; ((A – B)/A) X C where: A: is the Insured Member's Monthly Income, or Restricted Monthly Income, immediately prior to Total Disability commencing. B: is the actual Monthly Income earned by the Insured Member during the month in which he or she is Partially Disabled. C: is the Insured Member's Monthly Benefit.

	The Partial Disability Benefit will cease on the earliest of the following: • the date the Insured Member ceases to be Partially Disabled, • the Insured Member reaches age 65, • the date of death of the Insured Member, • the end of the Benefit Period, and • the date the Monthly Income earned by the Insured Member equals or exceeds their Monthly Income, or Restricted Monthly Income, immediately prior to Total Disability commencing.
PMIF Thresholds	Means that a person: • is age 25 or over, and • has an Account balance with the Fund of at least $6,000.
Pre-disability Income	means the Insured Member's average earnings in the twelve (12) months prior to the commencement of the Waiting Period, where earnings are defined as follows: • where the Eligible Person or Insured Member is an employee, who does not directly or indirectly own part or all of a business or practice - the salary from their occupation which may include the value of all non-cash remuneration approved by us. Earnings does not include any director's fees, overtime payments, a penalty, shift or other allowances, investment income, income received from deferred compensation plans, disability income policies or retirement plans or income not derived from vocational activities, unless agreed by the Insurer. • where the Eligible Person or Insured Member directly or indirectly owns part or all of a business or practice - the income of the business or practice generated by the personal efforts of the Eligible Person or Insured Member after the deduction of their appropriate share of business or practice expenses in generating that income, or any other income as approved by the Insurer.
Premiums waived during Total or Partial Disability	While Benefits are being paid in respect of an Insured Member's Total or Partial Disability, the Insurer will not charge any Premium for cover under this Policy for that Insured Member.
Recurrent Disability	If a Total or Partial Disability claim recurs within six (6) months of the Insured Member returning to full time work, the Insurer will treat the claim as a continuation of the original claim. There is no new Waiting Period so you can claim as soon as the disability recurs. The cause of the disability must be the same or related to the cause of the original disability. This Policy must be in force when the disability recurs. The maximum Benefit Period will apply to the original disability including continuation of that disability.
Rehabilitation Expense Benefit	If Total or Partial Disability Benefits are being paid for an Insured Member, the Insurer may meet any expense incurred on behalf of the Insured Member as a result of their participation in a rehabilitation program. The conditions of payment of this Benefit are: • the rehabilitation program must be approved by the Insurer in writing before the program expenses are incurred, • the rehabilitation program must be approved by the Insured Member's Doctor, and • the maximum amount that may be payable shall not exceed twenty-four (24) times the Monthly Benefit, less any amount that can be claimed from any other source for those expenses. The expenses must be incurred to directly assist the Insured Member in returning to work in a gainful occupation or in undertaking a vocational retraining program because of their disability. Any payment of this expense will be made at the Insurer's discretion.

Total Disability or Totally Disabled	means Total Disability' or 'Totally Disabled' means that solely as a result of injury or Illness, the Insured Member is continuously: • unable to perform at least one of the Important Duties of his or her own Occupation; and • under the care of and following the regular and continuous advice for treatment from a Doctor in relation to that Illness or injury; and • not engaged in any occupation, paid or unpaid.
Total Disability Benefit	If an Insured Member becomes Totally Disabled while this Policy is in force in respect of that Insured Member, the Insurer will, subject to the terms of this Policy, pay the Insured Member's Monthly Benefit. The Total Disability Benefit will accrue from the end of the Waiting Period and be paid monthly in arrears or as otherwise agreed by the Insurer, until the earliest of the following: • the date Total Disability ceases, • the date the Insured Member reaches age 65, • the date of death of the Insured Member, and • the end of the Benefit Period. If the Insured Member attempts to return to work during the Waiting Period and; • the return to work proves unsuccessful due to the injury or Illness causing Total Disability, and • the period of return to work is less than five (5) days in total within the Waiting Period, then the original Waiting Period will continue and will be extended by the number of days the Insured Member returned to work within the Waiting Period.
Waiting Period	Means the period of continuous disability commencing from the first day of Total Disability of the Insured Member during which no Total or Partial Disability Benefits are payable. The Waiting Period is stated in the Policy Schedule and starts on the date that the Insured Member first gets medical advice and is confirmed to have a Total Disability by a Doctor.
Workplace Modification Benefit	If Total or Partial Disability Benefits are being paid for an Insured Member the Insurer may pay an additional Benefit up to a maximum amount of two and a half (2.5) times the Insured Member's Monthly Benefit for the purpose of modifying the Insured Member's workplace to facilitate their return to work. Any payment of this Benefit will be made at the Insurer's discretion and the expense must be approved by the Insurer in writing before the expense has been incurred.
Worldwide Cover	The cover described in this Policy is provided to Insured Members 24 hours a day on a worldwide basis. However, unless the Insured Member is continuously residing in Australia or one of the following approved countries; Belgium, Canada, Denmark, France, Germany, Hong Kong, Italy, Japan, the Netherlands, New Zealand, Singapore, Sweden, Switzerland, the United Kingdom, the United States of America or any other country the Insurer may agree to in writing, the payment of Benefits to the Insured Member will be subject to the following conditions: • payment of continuous benefits will be limited to 12 months from the date of the Insured Member's disability, and • after expiration of the 12 month period, no additional Benefits will be payable unless and until the Insured Member returns to Australia or one of the approved countries. If the Insured Member returns to Australia or an approved country and they are still Totally or Partially Disabled in accordance with the terms of the Policy, Benefits may be reinstated effective from the date they return to Australia or one of the approved countries.

9. Other Information

Cooling-off period

After an application for insurance has been made, Members have a 30 day cooling-off period during which time you can cancel your insurance cover and obtain a refund of the insurance premium (other than any Government taxes or charges that we have been required to deduct).

The 30 day period commences after a Membership application form for the Insured Person has been accepted by the Insurer.

You cannot exercise the right to cancel your insurance cover if you have made a claim for a benefit under the Fund.

After the 30 day cooling-off period, your option to cancel the insurance cover and receive a refund will be forfeited.

How can you obtain up-to-date information?

The information contained in this document is up to date at the time of its preparation. However, some of the information

can change from time to time. We will post updated information on the website.

If there is a material change to the document information we may issue a supplementary or replacement document.

Privacy

We protect the personal information we collect about you by maintaining physical, electronic, and procedural safeguards that meet or exceed applicable law.

We only permit personnel associated with the Fund and its service providers to have access to your personal information.

We require third parties that process personal information on our behalf to follow stringent standards of security and Confidentiality.

We will not disclose your personal information for marketing purposes to other entities unless you agree.

You can find out more about our Privacy Policy at www.superhero.com.au.

Change of circumstance

- If you change your occupation, location, income and amount of hours you are working, or
- if you cease working altogether,

then these changes in your circumstances may have an impact on your eligibility to claim for benefits under your insurance policy, should you become temporarily or permanently disabled.

Please contact us to determine the impact of any changes to your circumstances.