



Plum Super

Plum Personal Plan Insurance Guide

(members transferring from an employer plan to the
Plum Personal Plan)

This guide gives you information about the insurance available through your super. A financial adviser can help you decide if this insurance is right for you.



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The information in this document forms part of the Plum Super Product Disclosure Statement (PDS) dated 29 September 2023.

Together with the **Claims Guide**, **Investment Menu and Fee Brochure**, these documents should be considered before making a final decision that suits your circumstances. They're available when you log on to plum.com.au

This document has been prepared on behalf of NULIS Nominees (Australia) Limited, ABN 80 008 515 633, AFSL 236465 (NULIS) as Trustee of the MLC Super Fund, ABN 70 732 426 024 (the Fund). NULIS is part of the group of companies comprising Insignia Financial Ltd ABN 49 100 103 722 and its related bodies corporate (Insignia Financial Group).

The information in this document is general in nature and doesn't take into account your objectives, financial situation or individual needs. Before acting on any of this information you should consider whether it is appropriate for you. You should consider obtaining financial advice before making any decisions based on this information.

References to 'we', 'us' or 'our' are references to the Trustee, unless otherwise stated.

MLC Limited uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the Insignia Financial Group.

This offer is made in Australia in accordance with Australian laws.

Subject to super law, the final authority on any issue relating to your account is the Fund's Trust Deed, and any applicable participation agreement and insurance policy, which govern your rights and obligations as a member.

This **Insurance Guide** provides a summary of the main features of the insurance policy covering the Plan. Other conditions may apply. This **Insurance Guide** should not be relied upon as a full and complete description of the terms and conditions of the insurance cover.

The insurance cover provided is subject to the terms and conditions contained in the insurance policies (policies) issued to the Trustee by the Insurer. The terms and conditions of the policies prevail over any inconsistent information in the **PDS** or this **Insurance Guide**. The insurance information provided in the **PDS** and the **Insurance Guide** is based on the policies issued by the Insurer, and information provided by the Insurer about the operation of the policies. The Insurer has given and not withdrawn its consent for this information to be included in the **PDS** and the **Insurance Guide** in the form and context in which it appears.

Insurance benefits will only become payable if the Insurer accepts the relevant claim. Payment of any approved claim will generally be made by the Insurer to the Trustee and any insured benefit and any account balance can only be paid to you by the Trustee when a condition of release under the Superannuation Industry (Supervision) Act 1993 is met.

The information in this document may change from time to time. Any updates or changes that aren't materially adverse will be available at plum.com.au. You can also obtain a paper copy of these updates at no additional cost by contacting us. An online copy of this Insurance Guide is available at plum.com.au

Your insurance in the Plum Personal Plan (Plan)

We offer flexible insurance in the Plum Personal Plan so you can make sure you have the cover that suits your needs.

MLC Limited (Insurer) is the insurer and when your cover starts we deduct premiums from your super account balance to pay them for your insurance cover.

We can change the insurer at any time if we believe this is in the best financial interests of members and their beneficiaries.

Make sure you're eligible for cover

You're eligible for cover in the Plum Personal Plan if:

- you're under the age of 65
- you're an Australian resident when you become a member of the Plum Personal Plan
- you ceased to be employed with an employer participating in a Plum Super employer plan
- for Salary Continuance Insurance (SCI) cover, you're Employed for at least 15 hours per week, and
- you meet any other criteria set out in the insurance policy.

If you've made or are eligible to make a claim in relation to the cover you had in your Plum Super employer plan, you'll be assessed against the insurance terms and conditions of the employer plan. Your Plum Personal Plan account will remain open while the Insurer considers the claim, and insurance premiums (if any) will continue to be deducted from your Plum Personal Plan account.

If the employer plan's insurer accepts your claim and pays you a benefit, your insurance cover in the Plum Personal Plan will be cancelled, and all insurance premiums that were charged in your Plum Personal Plan account will be refunded.



Insurance Definitions

Some words in insurance have specific meanings such as **Employed**. You can see more about these terms in the *Definitions* section, at the end of this guide.

Types of cover

The following types of cover are offered through the Plum Personal Plan subject to your eligibility:

- Death cover
- Total and Permanent Disablement (TPD) cover, and
- SCI cover to protect your income.

We'll let you know in writing once your insurance has started, including the start date, cover type and amount. These details can then be viewed online by logging in to your super account at plum.com.au

Cover can't be provided if your super account hasn't received a contribution or rollover into it for a continuous period of 16 months unless you've elected for your insurance to continue by completing the *Choose to Keep My Insurance Cover* form available at plum.com.au or by contacting us on 1300 55 7586.

Insurance in super

Insurance in super may be tax effective for you and may be a more affordable way for you to take care of your beneficiaries.

Having both insurance cover and super savings can be important but the cost of any insurance cover deducted from your super account will reduce your super balance.

Things you need to consider are:

- insurance can help provide a more secure future and support you when things don't go to plan
- having the right type and level of insurance cover for your needs and knowing how much it costs, and
- making sure that you're not paying for multiple policies that you may not need.

To find out more

If you'd like to find out more about insurance, whether you require cover, what expenses you want your policy to cover after you die, and how much cover you may need, the Australian Securities and Investments Commission (ASIC) website www.moneysmart.gov.au has information about life insurance, including a Life Insurance Calculator, to help you estimate this.

You might like to check out our insurance calculator at plum.com.au/insurance-calculator which may help you determine the most appropriate insurance cover for you.

Information about insurance claims

Claims philosophy

Our claims philosophy is to:

- make prompt payments
- communicate the process clearly
- at all times treat our claimants, members and their beneficiaries with the utmost respect and empathy, and
- do everything reasonable to pursue claims with the Insurer on the member's behalf that we consider have reasonable prospects of success.

We adopt a professional, compassionate and positive approach to claim management and actively seek to keep members at the heart of everything we do. We acknowledge that each claim is unique and must be dealt with on its own merits and we're committed to being easy to deal with and providing outcomes to our members in a timely manner.

How to make a claim

If you'd like more information on how to lodge an insurance claim, start by calling us on **1300 55 7586** and we'll help you choose the best way to make a claim that suits your needs; online, over the phone or traditional post or email. Find out more at plum.com.au/insurance/making-a-claim

Declined claims

If your claim is declined and you don't agree with the decision, please call us on **1300 55 7586**.

If you're still not satisfied with the outcome, you can lodge your complaint with the **Australian Financial Complaints Authority (AFCA)** at any time by calling **1800 931 678** (free call) or emailing info@afca.org.au

AFCA provides a fair and independent financial services complaint resolution that is free to consumers.

When we refund premiums as part of the claims process

If you make a claim on your insurance and we identify that you weren't eligible for cover for any reason, we'll refund the premiums for automatic cover paid from your super account for the period you were ineligible.

If you make a claim that's accepted, and your cover ceases under the terms of the policy on the date you became eligible to claim, we'll refund the premiums paid from your super account back to the date you became eligible to claim.

If you have other super SCI policies, and you make a claim on another policy, then it may be that no benefit is payable under this policy. If that's the case, we'll give you the option of a refund of the SCI premiums paid from your super account, calculated over the period your insurance covers overlapped, to a maximum of six years. If you take this option, we'll also cancel your SCI insurance cover with us.

All refunds are made directly to your super account.



Overriding insurance policy and super law

Eligibility for and payment of an insured benefit is subject to the terms and conditions of the applicable insurance policy and super law.

Your benefit may be reduced if the Insurer refuses or restricts your cover or doesn't pay out all or part of the insured benefit when a claim is made.

Changing or cancelling your cover

You can apply to change or cancel your insurance cover at any time, simply complete the *Plum Personal Plan Insurance form* available at plum.com.au or by contacting us on **1300 55 7586**.

If you decrease or cancel your insurance cover and later change your mind, you can increase or reinstate your insurance, but you'll need to provide satisfactory Health Evidence.

You can apply to increase your cover up to the maximum cover limit as follows, with any request to increase your cover being subject to Health Evidence being provided to and accepted by the Insurer.

Insurance type	You can apply for up to
Death-only	Unlimited
Death and TPD	Unlimited (Death) \$5 million (TPD)
SCI	\$30,000 per month for a benefit payment period of 5 years or 'to age 65' The lower of \$50,000 per month and 75% of salary at the Date of Claim for a benefit payment period of 2 years

To provide Health Evidence, you'll need to complete the personal statement available by logging in to your super account at plum.com.au or by contacting us on **1300 55 7586**.

If we need any further information from you, we'll let you know.

The Insurer may decline or place conditions or restrictions on your insurance cover as a result of its assessment of the Health Evidence you provide.

You may also be entitled to apply for additional Death-only or Death and TPD cover without providing Health Evidence. See the *Life events cover* section in this guide.

If the Insurer accepts your application, you'll be advised when your new level of cover will commence and premiums are payable from that date.

Once your insurance is reduced or cancelled

A reduction or cancellation will be effective from the date your request is received.

If your insurance is cancelled, you can't claim for an Illness or Injury for an event that occurs after the cancellation date. However, you'll still be able to make a claim for an Illness or Injury for an event that has occurred before your cover was cancelled. The Insurer will assess any claim you make, and we'll let you know if it has been accepted or declined.

Before you consider cancelling any existing insurance you have with another provider, you need to make sure your insurance is right for you. Please wait for us to confirm that you're insured before you cancel any existing insurance arrangements.

If you're replacing this cover with alternative cover, you should make sure your replacement cover is in place before you cancel this cover. Before cancelling your cover, consider speaking with

your financial adviser.

The type and amount of insurance cover that's right for you depends on your personal, family and financial circumstances—as well as your income and lifestyle. To decide which options are best for you, your financial adviser can help, or you can call us for more information.



Keeping your details up to date

The information we hold about you helps us determine your insurance cover. If your Occupation, salary, nature of your Employment, or any other personal details change, or are incorrect, it could impact your cover, premiums and your ability to claim.

If your circumstances change, please contact us on **1300 55 7586**.

Transfer of cover from your employer plan when you join the Plum Personal Plan

When you join the Plum Personal Plan, you're eligible to have your cover transferred from your employer plan if:

- you satisfy the eligibility requirements set out in the *Make sure you're eligible for cover* section
- you didn't cease employment with that employer due to Illness or Injury
- immediately before you transferred from the employer plan, you held insurance cover in the employer plan
- if cover in your employer plan was fully paid for by your employer, either:
 - you're age 25 or over and have a super account balance of \$6,000 or greater, or
 - you've completed a *Choose if you want insurance cover in super* form
- you weren't entitled to or claiming a benefit under the insurance cover provided to you in the employer plan
- in relation to SCI cover, you haven't opted out of cover or transferred your cover to a different SCI policy.

Important considerations

- The cost of your insurance in the Plum Personal Plan will generally be different than your employer plan (it's usually higher) and will be deducted from your super account.
- Your transferred cover will commence in the Plum Personal Plan effective the day after your final day of employment and premiums are calculated and charged from that date using the Plum Personal Plan premium rates.
- Before your cover is transferred, we'll refund any premiums charged in your employer plan for the period after you ceased employment and premiums, at the Plum Personal Plan premium rates, will be charged instead to your Plum Personal Plan account.
- Any special terms, conditions, exclusions and limitations applying to your insurance within your employer plan will continue to apply when cover is transferred to the Plum Personal Plan.

If you don't meet all the eligibility criteria, please notify us as you may not be covered in the event of a claim. When we receive your notification, we'll cancel your cover, and refund premiums.

If you don't have insurance when you leave your employer plan

If your employer previously paid for your cover

When your super account is transferred from the employer plan to the Plum Personal Plan, your insurance will be cancelled if:

- all your premiums were paid by your employer, and
- you were under age 25 or had a super balance of less than \$6,000, and
- you've not completed a *Choose if you want insurance cover in super* form.

If your cover is cancelled, you can reinstate your cover by completing a *Reinstate your Salary Continuance Insurance cover in super* form within 60 days of the cover being cancelled.

Applying for cover

If you don't have insurance when you leave your employer plan, you can apply for cover in the Plum Personal Plan subject to Health Evidence being provided to and accepted by the Insurer.

To provide Health Evidence, you'll need to complete the personal statement available at plum.com.au or by contacting us on 1300 55 7586.

If we need any further information from you, we'll let you know.

Death and Total & Permanent Disablement (TPD) cover

Death and TPD cover can help you and your family remain financially secure if the unexpected happens.

Death cover provides a lump sum benefit to your beneficiaries or your legal personal representative if you die, or to you if you're diagnosed with a Terminal Illness.

TPD cover pays you a lump sum if you become Totally and Permanently Disabled and you're unable to ever work again due to Illness or Injury.

Death and TPD cover from your employer plan

If you meet the eligibility requirements outlined in the *Make sure you're eligible for cover* and *Transfer of cover from your employer plan when you join the Plum Personal Plan* sections above, we'll transfer the exact amount of any Death and TPD cover that you held at the time you ceased employment.

If you're 40 or older, any Death and TPD cover transferred to the Plum Personal Plan will reduce each year by 5%, from your next birthday.

Once your Death cover is reduced to \$20,000, we'll keep it at that amount until your cover ceases, but you can always apply to change or cancel your cover, if that's what you'd like to do. If your Death cover is already less than \$20,000 when you transfer to the Plum Personal Plan, it will remain fixed until it ceases, or you apply to change it. There is no minimum TPD cover amount.

Once you reach age 61, any TPD cover you have will reduce each year on your birthday by equal amounts, until it ceases at age 65.

Your Death and TPD cover won't reduce each year if you apply to and the Insurer accepts your application to:

- fix your cover by completing the *Fix your Death and Total and Permanent Disablement cover* form available at plum.com.au/fixyourcover
- change your cover by completing the *Plum Personal Plan Insurance form* available at plum.com.au
- consolidate your insurance from your other providers by completing the *Transfer your insurance* form available at plum.com.au

Voluntary cover

You can apply for voluntary Death-only or Death and TPD cover of a nominated dollar amount provided you meet the eligibility requirements set out in the *Make sure you're eligible for cover* section above.

Voluntary Death-only or Death and TPD cover is subject to the maximum cover limit as outlined in the *Changing or cancelling your cover* section of this guide.

You need to complete the *Plum Personal Plan Insurance form*. You'll need to provide satisfactory Health Evidence before your cover is granted.

Reduction of TPD cover

After the age of 60, any TPD cover you have will reduce each year on your birthday by equal amounts, until it ceases at age 65.



Example of a Death and TPD benefit

John is aged 40, (age 41 next birthday) and his super account balance is \$60,000.

He has Death and TPD cover of \$200,000.

John's Death and TPD benefit would be:

Death and TPD cover	\$200,000
Super account balance	\$60,000
Total Death and TPD benefit	\$260,000

Definition of TPD

If at the Date of Claim you had TPD cover, your claim will be assessed on different TPD definitions depending on whether you worked in paid employment at any time during the 16 months immediately before the Date of Claim. The table below outlines the definition which may apply.

If you...	TPD means...
have worked in any paid employment at any time in the 16-month period immediately preceding the Date of Claim.	<p>(a) Total and permanent disability – unlikely to do a suited occupation ever again (Any Occupation) definition:</p> <p>You:</p> <p>a) have been absent from your Occupation solely through Injury or Illness for a period of three consecutive months, and</p> <p>b) have, with respect to that Injury or Illness:</p> <ol style="list-style-type: none"> undertaken all reasonable treatment (which may include rehabilitation, drug or alcohol programs or detoxification), and attended for that treatment at intervals and frequencies as recommended by a Doctor, and <p>c) are incapacitated to such an extent that, in the Insurer's opinion, based on Medical and Other Relevant Evidence you were, as at the end of the initial period of three consecutive months absence from your Occupation, unlikely to ever engage in or work in any occupation on a full-time or part-time basis, for which you are reasonably suited by education, training or experience.</p>
haven't worked in paid employment in the 16-month period immediately preceding the Date of Claim.	<p>(b) Total and permanent disability – unable to do basic activities associated with work ever again and unlikely to do a suited occupation ever again (Everyday Work Activities) definition:</p> <p>You:</p> <p>(a) have, solely through Injury or Illness, been completely unable to perform at least two <i>Everyday Work Activities</i> by yourself, even if using appropriate aids, for a period of three consecutive months</p> <p>(b) are, solely through Injury or Illness, at the end of the initial period three consecutive months, taking into account Medical and Other Relevant Evidence, unable ever to engage in or work for reward in any occupation for which you are reasonably suited by education, training or experience, and</p> <p>(c) have, with respect to that Injury or Illness:</p> <ol style="list-style-type: none"> undertaken all reasonable treatment (which may include rehabilitation, drug or alcohol programs or detoxification), and attended for that treatment at intervals and frequencies as recommended by a Doctor. <p>For the purposes of this definition, <i>Everyday Work Activities</i> means the following six activities as described below:</p> <ol style="list-style-type: none"> Moving and Travel – the ability to: <ul style="list-style-type: none"> (a) plan and execute travel and be able to move more than 200m without stopping, or (b) bend, kneel or squat to pick something up from the floor and straighten up again, and get in and out of a standard sedan car. Communicating – when engaging with family, friends or other members of the community, the ability to: <ul style="list-style-type: none"> (a) hear and speak with sufficient clarity to be able to hold a conversation in a quiet room in your first language, or (b) understand a simple message given in your first language and relay that message to another person. Vision – the visual acuity to read ordinary newsprint and pass the standard eyesight test for a car license. Lifting – the ability to lift a 5 kilogram weight with either or both hands from bench/table height, carry it over a 5 metre distance and place it back down at bench/table height.

If you...	TPD means...
	<p>5. Using the hands – the ability to use the hands or fingers to handle small objects with precision and success.</p> <p>6. Comprehension and concentration – the ability to understand, follow, and carry out instructions, or effectively maintain concentration and routinely complete tasks without excessive rest breaks.</p> <p>OR</p> <p>(c) Total and permanent disability – unable to do domestic activities ever again and unlikely to do a suited occupation ever again (Domestic Activities) definition:</p> <p>You:</p> <p>(a) have been incapacitated from performing any <i>Normal Physical Domestic Household Activities</i> solely through Injury or Illness for a period of three consecutive months, and</p> <p>(b) have with respect to that Injury or Illness:</p> <ul style="list-style-type: none"> i. undertaken all reasonable treatment (which may include rehabilitation, drug or alcohol programs or detoxification) ii. attended for that treatment at intervals and frequencies as recommended by a Doctor, and <p>(c) are incapacitated to such an extent that, in the Insurer’s opinion, based on Medical and Other Relevant Evidence, you are, at the end of the three-month period:</p> <ul style="list-style-type: none"> i. completely unable to perform any <i>Normal Physical Domestic Household Activities</i>, and ii. unlikely to ever engage in or work for reward in any occupation for which you are reasonably suited by education, training or experience. <p>For the purposes of this definition, <i>Normal Physical Domestic Household Activities</i> means:</p> <ul style="list-style-type: none"> (a) cleaning the family home (b) shopping for food or household items (c) meal preparation and laundry services (d) looking after dependent children under the age of 16 years or in full time secondary education, where applicable, and (e) leaving the house without the assistance of another person.

Additional features of Death and TPD insurance

Cover while overseas	<p>Your insurance cover will continue while you're overseas provided you're still eligible for that cover, premiums continue to be paid and cover hasn't ceased.</p> <p>You may be required by the Insurer to return to Australia at your own expense where necessary for medical treatment or assessment for TPD. Worldwide Cover is provided to members 24 hours a day.</p>																
Transfer your insurance	<p>You can apply to add Death-only or Death and TPD insurance from your other super/insurance providers to the insurance you have with us. To do this, go to plum.com.au to access the <i>Transfer your insurance</i> form (conditions apply).</p>																
Interim accident cover	<p>If you've applied for Death cover and you die as a result of an Accident while the Insurer is assessing your application for cover, the Insurer may pay a lump sum benefit equal to the amount of Death cover you've applied for.</p> <p>If you have applied for TPD cover and you suffer from any of the following conditions as a result of an Accident:</p> <ul style="list-style-type: none"> • quadriplegia • major brain Injury, or • the inability to perform Normal Physical Domestic Household Activities, <p>while the Insurer is assessing your application for cover, the Insurer may pay a lump sum benefit equal to the lesser of the amount of TPD cover you've applied for and \$2 million.</p> <p>Interim accident cover will commence from the date the Insurer receives a fully completed personal statement and a declaration of health.</p> <p>Interim accident cover will cease on the earliest of:</p> <ul style="list-style-type: none"> • 90 days from the date the Insurer receives your fully completed application • the day your request for cover is withdrawn or cancelled • the date the Insurer provides notice that they have approved or declined your request for cover • the date you cease to meet the eligibility requirements. <p>An interim accident benefit will not be payable if:</p> <ul style="list-style-type: none"> • the Accident occurred prior to the date you became eligible for cover • the Accident is caused by your participation in hazardous pastimes or sports that would not be covered under the Insurer's normal assessment guidelines, or • the cover applied for would have been declined or you claim for an event/condition excluded under the Insurer's normal assessment guidelines. 																
Life events cover	<p>You may be able to increase your Death-only or Death and TPD cover without providing Health Evidence, if the Insurer receives your completed application within 90 days of one of the following Life events occurring:</p> <table> <tr> <th>Life event</th><th>Document required</th></tr> <tr> <td>you have, or legally adopt, a child</td><td>a certified copy of the birth certificate or adoption papers</td></tr> <tr> <td>you get married or divorced</td><td>a certified copy of your marriage certificate or divorce order</td></tr> <tr> <td>you complete your first undergraduate degree at an Australian university</td><td>a certified copy of the degree qualification</td></tr> <tr> <td>you have dependent children starting secondary school</td><td>a certified copy of the enrolment confirmation from the secondary school</td></tr> <tr> <td>you take out a home loan on the initial purchase for your principal place of residence</td><td>a certified copy of the loan documents from the mortgage lender, including the amount of the loan drawdown (not just the approved amount)</td></tr> <tr> <td>you renovate your principal place of residence</td><td>a certified copy of a letter from the lender confirming the amount of the loan drawdown to cover the cost of the renovation</td></tr> <tr> <td>you commence a de facto relationship</td><td> <p>a certified copy of registration of the de facto relationship with a relevant state body, and evidence of joint bank accounts, or joint property ownership, or joint household bills, or</p> <p>a statutory declaration made by you declaring a de facto relationship and a statutory declaration made by your de facto spouse declaring a de facto relationship</p> </td></tr> </table>	Life event	Document required	you have, or legally adopt, a child	a certified copy of the birth certificate or adoption papers	you get married or divorced	a certified copy of your marriage certificate or divorce order	you complete your first undergraduate degree at an Australian university	a certified copy of the degree qualification	you have dependent children starting secondary school	a certified copy of the enrolment confirmation from the secondary school	you take out a home loan on the initial purchase for your principal place of residence	a certified copy of the loan documents from the mortgage lender, including the amount of the loan drawdown (not just the approved amount)	you renovate your principal place of residence	a certified copy of a letter from the lender confirming the amount of the loan drawdown to cover the cost of the renovation	you commence a de facto relationship	<p>a certified copy of registration of the de facto relationship with a relevant state body, and evidence of joint bank accounts, or joint property ownership, or joint household bills, or</p> <p>a statutory declaration made by you declaring a de facto relationship and a statutory declaration made by your de facto spouse declaring a de facto relationship</p>
Life event	Document required																
you have, or legally adopt, a child	a certified copy of the birth certificate or adoption papers																
you get married or divorced	a certified copy of your marriage certificate or divorce order																
you complete your first undergraduate degree at an Australian university	a certified copy of the degree qualification																
you have dependent children starting secondary school	a certified copy of the enrolment confirmation from the secondary school																
you take out a home loan on the initial purchase for your principal place of residence	a certified copy of the loan documents from the mortgage lender, including the amount of the loan drawdown (not just the approved amount)																
you renovate your principal place of residence	a certified copy of a letter from the lender confirming the amount of the loan drawdown to cover the cost of the renovation																
you commence a de facto relationship	<p>a certified copy of registration of the de facto relationship with a relevant state body, and evidence of joint bank accounts, or joint property ownership, or joint household bills, or</p> <p>a statutory declaration made by you declaring a de facto relationship and a statutory declaration made by your de facto spouse declaring a de facto relationship</p>																

	Life event	Document required
	you end a de facto relationship other than as a result of the death of your de facto spouse	a statutory declaration made by you declaring your de facto relationship has ended
	<p>You can increase your cover by the greater of 25% of your current Death or TPD cover (as relevant) and \$200,000. The total amount of all Life events increases is limited to \$1 million.</p> <p>Cover is subject to proof of the event taking place being provided to and accepted by the Insurer. An increase in cover under this feature will commence from the date of written acceptance from us.</p> <p>You're able to apply for Life events cover once in any 12-month period, and up to three times in total while you remain a member of the Plum Personal Plan.</p> <p>To apply for Life events cover, you'll need to complete the <i>Increase your insurance without medical evidence</i> form available at plum.com.au or contact us on 1300 55 7586.</p>	
Terminal illness benefit	<p>The Insurer may pay your insured Death cover if you're diagnosed with a Terminal Illness, subject to a maximum of \$5 million.</p> <p>Where the Terminal Illness benefit paid to you is less than your Death-only or Death and TPD cover, the difference will become your new Death-only or Death and TPD cover. Following payment of the Terminal Illness benefit, premiums will be reduced in line with any reduced level of insurance cover.</p> <p>You must remain a member of the Plum Personal Plan to maintain the new Death-only insurance cover.</p>	
Exclusions	<p>Benefits aren't payable in respect of all cover or increases to cover for Death, TPD or Terminal Illness arising directly or indirectly from any intentional self-inflicted Injury, suicide or attempted suicide within 13 months of starting, restarting or increasing your insurance regardless of whether you're sane or insane. This exclusion won't apply to:</p> <ul style="list-style-type: none"> • Assisted Dying Programs, and • any amount of insurance transferred from your employer plan. 	

Salary Continuance Insurance (SCI)

SCI cover is to provide you with ongoing income and financial support, should you become temporarily unable to work due to an Injury or Illness. It can give you the peace of mind that you have income that can help pay your expenses while you focus on your health and recovery.

SCI cover from your employer plan

Provided you meet the eligibility requirements outlined in the *Make sure you're eligible for cover* and *Transfer of cover from your employer plan when you join the Plum Personal Plan* sections, the amount of any SCI cover you had in your employer plan will stay the same if you apply to reinstate that cover.

The Plum Personal Plan SCI cover has a 90-day Waiting Period and a maximum 2-year benefit payment period. This may be different to the waiting period and benefit payment period that applied to SCI cover in your employer plan.

When you join the Plum Personal Plan, this employer plan SCI cover is cancelled.

- You can apply to reinstate the SCI cover that was cancelled, by completing the form at plum.com.au/reinstatesci within 60 days of joining the Plum Personal Plan.
- If you previously applied and were accepted for a different waiting period and/or benefit payment period in your employer plan, your SCI cover will be reinstated with the same waiting period and/or benefit payment period you had in your employer plan.
- If your SCI reinstatement request is received after the 60-day reinstatement period, your request will be subject to Health Evidence being provided to and accepted by the Insurer.

Your SCI cover amount won't change according to your salary as it did in your employer plan. It's important that you regularly review your SCI cover to ensure it is aligned with your salary. You may be paying premiums for higher cover than you are eligible to claim.

If your salary decreases or you cease to be eligible for SCI insurance, you should let us know as soon as possible so we can reduce or cancel your cover and premiums. Premium refunds won't be payable if you haven't advised us of information that will reduce your SCI entitlements.

Amount of benefit payable

If you have SCI cover and you have been Totally Disabled for the Waiting Period, your Monthly Benefit payable will be the lesser of:

- your SCI cover amount, and
- 75% of your Monthly Income at the Date of Claim up to \$30,000 per month.

No benefit is payable during the Waiting Period. If eligible, a benefit is paid monthly in arrears while you're Totally Disabled for up to the applicable benefit payment period following the end of your applicable Waiting Period.

Any Monthly Benefit payable in excess of \$30,000 per month will be 50% of your remaining Monthly Income up to a maximum benefit payment of \$50,000 per month, and is limited to a maximum benefit payment period of 2 years.

If your benefit payment period continues beyond 2 years, the maximum benefit payment is \$30,000 per month for the remaining benefit payment period.

Financial evidence will be required to confirm your Monthly Income and other benefit entitlements at the time of a claim and on an ongoing basis where necessary.

See the *Definitions* section for the meaning of Monthly Income.

Applying for or changing SCI cover

If you satisfy the eligibility criteria, you can apply for SCI cover or change your SCI cover. The SCI Waiting Period and benefit payment period options are shown below:

Waiting period	Benefit payment period
30, 60 or 90 days	2 years
30, 60, 90 or 180 days	5 years
30, 60, 90 or 180 days	To age 65

Any increase in SCI cover amount or benefit payment period and any decrease in Waiting Period will be subject to Health Evidence being provided to and accepted by the Insurer, including if you reduced your cover and subsequently apply to reinstate it.

Example of an SCI benefit

From our earlier example, John has a Salary of \$54,000 pa. His Monthly Income is \$4,500.

John is eligible and has applied for SCI cover which was accepted by the Insurer.

If John were to become Totally Disabled, his insured benefit (after a 90-day Waiting Period) would be:

$$75\% \times \$4,500 = \$3,375$$

less John's applicable pay as you go (PAYG) tax.

Definition of Totally Disabled/Total Disability

You're considered to be Totally Disabled if:

- you have a disability caused by Injury or Illness
- you're unable to perform your Occupation, and
- you're not otherwise gainfully employed or engaged in gainful business activity.

Will my SCI benefit payment be reduced?

The SCI benefit payable may be reduced if you receive (or are entitled to receive) other income while you're unable to work due to Illness or Injury.

The SCI benefit will be reduced so that the SCI benefits paid to you, together with the other income, won't exceed your Monthly Benefit entitlement.

Other income **includes** but is not limited to:

- any payment from your employer including wages, salary, sick leave, annual leave accrued after the Date of Claim, commission, bonuses, overtime and allowances, provided that the payment was not included in the calculation of a benefit for Partial Disability
- any payment under any other income protection, salary continuance or similar insurance policy providing cover for loss of earnings or earning capacity due to disability.

The SCI benefit payable may also be reduced if you're entitled to (whether or not you receive) or receive any payment under any workers' compensation or similar compensation legislation or scheme relating to loss of earnings or earning capacity.

Other income **does not include**:

- any payment from your employer for annual leave accrued before the Date of Claim, long service leave and redundancy entitlements
- any lump sum total and permanent disablement benefit payment or payments under any credit or loan protection policies
- Centrelink payments, payments in respect of medical treatment, rehabilitation, permanent impairment, or permanent loss of use of a body part or for past and future economic loss arising from any common law damages.

If you've any other SCI policies, you'll generally only be able to claim on one of the policies.

When won't an SCI benefit be paid?

An SCI benefit won't be paid if you're unemployed at the Date of Claim.

Benefits aren't payable if your disability or loss arises directly or indirectly from:

- any intentional self-inflicted Injury or any attempted suicide, whether you were sane or insane
- normal and uncomplicated pregnancy or childbirth
- war or warlike operations
- service in the armed forces of any country (not including the Australian Army Reserve), or
- any other event or matter referred to in the insurance policy.

When do SCI payments cease?

If payable, your benefit will continue until the earliest of the following:

- the date your Total Disability or Partial Disability ceases
- the date you turn 65
- you're no longer under the regular and continuous care of a Doctor
- benefit payments have been made for your nominated benefit payment period
- the date of your death (subject to the bereavement benefit)
- you fail to provide the Insurer with all requested information reasonably required to assess your claim
- you make a fraudulent claim.

Additional Features of SCI

Bereavement benefit	Payable if you die while in receipt of a Total Disability or Partial Disability benefit. The Insurer will pay a further two months of disability benefits from the date of your death, subject to the expiry of your nominated benefit payment period.
Cover while overseas	<p>Your insurance cover will continue while you're overseas provided you're still eligible for that cover and premiums continue to be paid and cover hasn't ceased.</p> <p>Your benefit will only be provided in full while you're in an Approved Country. For other countries, SCI benefits will be paid for up to 12 months only, unless or until you return to Australia or an Approved Country.</p> <p>You may be required to return to Australia at your own expense where necessary for medical treatment or assessment.</p>
Transfer your insurance	You can apply to add SCI insurance from your other super/insurance providers to the insurance you have with us. To do this, go to plum.com.au to access the <i>Transfer your insurance</i> form (conditions apply).
Interim accident cover	<p>If you apply for SCI cover and you become Totally Disabled as a result of and within 30 days of an Accident while the Insurer is assessing your application, the Insurer will pay you the lowest of:</p> <ul style="list-style-type: none"> • the Monthly Benefit being applied for • the Monthly Benefit the Insurer would allow under its normal assessment guidelines, and • \$15,000 per month. <p>Interim accident cover will commence from the date the Insurer receives a fully completed personal statement and declaration of health.</p> <p>Interim accident cover will cease on the earliest of:</p> <ul style="list-style-type: none"> • 90 days from the date the Insurer receives your fully completed application • the day your request for cover is withdrawn • the date the Insurer provides notice that they have approved or declined your request for cover • the date on one of the events set out in the <i>Cessation of insurance cover</i> section below. <p>An interim accident benefit won't be payable if:</p> <ul style="list-style-type: none"> • the Accident occurred prior to the date you became eligible for cover • the Accident is caused by your participation in hazardous pastimes or sports that would not be covered under the Insurer's normal assessment guidelines, or • the cover applied for would have been declined or if you claim for an event/condition excluded under the Insurer's normal assessment guidelines.
Leave of absence	<p>If you commence Leave of absence, you may continue to hold SCI cover for up to 12 months, provided your premiums continue to be paid.</p> <p>For these purposes, Leave of absence means employer-approved parental leave and other extended leave, but doesn't include leave to join the armed forces or leave leading to engagement in other gainful employment or business activity, unless agreed by the Insurer.</p> <p>If any of the events set out in the <i>Cessation of insurance cover</i> section below occur before the end of the period of Leave of absence, cover will cease at that time and the Insurer will refund premiums back to that date.</p>

Partial Disability benefit	<p>You'll be considered to be Partially Disabled if:</p> <ul style="list-style-type: none"> • you resume Employment after 14 consecutive days of Total Disability • you continue to receive a reduced Monthly Income, and • the reduction in Monthly Income is a result of your Injury or Illness requiring you to resume employment either on a restricted basis in your usual Occupation or in a different occupation, irrespective of whether or not you resume employment in the reduced capacity before the expiration of the Waiting Period. <p>Your Partial Disability benefit is calculated as follows:</p> $\frac{A - B \times C}{A}$ <p>up to the maximum benefit limit where:</p> <p>A is your Monthly Income immediately prior to becoming Totally Disabled</p> <p>B is the actual income earned by you during the month in which you became Partially Disabled, and</p> <p>C is the amount which would have otherwise been payable on Total Disability, as varied in any way.</p> <p>No Partial Disability benefit is payable during the Waiting Period.</p> <p>This benefit will be payable for the maximum benefit payment period while you remain Partially Disabled, or until the date your Monthly Income earned equals or exceeds your Monthly Income immediately prior to Total Disability commencing or you die or reach age 65.</p>
Recurrent disability benefit	<p>If you were paid an SCI benefit and your disability from the same or a related Illness or Injury recurs within six months of your return to full time work, the Insurer will waive your Waiting Period and treat your disability as a continuation of the original disability.</p> <p>Benefits will be payable for up to the remainder of your nominated benefit payment period while you remain disabled.</p>
Rehabilitation expenses benefit	<p>While you're suffering a disability, the Insurer will reimburse you for rehabilitation expenses, such as the cost of a rehabilitation course or special equipment to help you return to work.</p> <p>The maximum amount reimbursed is equal to six times your Monthly Benefit. The Insurer must approve these rehabilitation expenses in writing.</p>
Waiver of premiums	<p>Your SCI premiums will be waived while you're in receipt of an SCI benefit.</p>

When might you need to provide Health Evidence?

You may, in certain circumstances, be required to provide Health Evidence to the Insurer, including:

- if you apply for cover or apply to increase your cover
- if your insured amount is reduced to nil for a period of time, and later reinstated
- where an increase in the cover is other than as a result of the agreed formula
- if you change your SCI Waiting Period and/or benefit payment period, or
- any other circumstances outlined in the policy.

We'll advise you if Health Evidence is required.

This may be in the form of a personal medical statement and/or various medical examinations as required. The Insurer may decline or place conditions or restrictions on your insurance cover as a result of this Health Evidence.

Your sum insured could be reduced, or a benefit declined by the Insurer if you provide inadequate Health Evidence or false or misleading information to the Insurer.



Important

When you apply for any insurance cover, you should take reasonable care not to make any misrepresentations. Failure to do so may significantly impact your ability to claim on any cover granted. For example, the Insurer may be able to cancel the cover and treat it as if it never existed, or vary the amount of the cover, premium payable, expiry date, or other terms of the cover.

A misrepresentation can be a false answer, an answer that is only partially true, or an answer which doesn't fairly reflect the truth. Further details are set out in the paperwork that is provided as part of the application process.

Cessation of insurance cover

All insurance cover under the insurance policy will cease on the earliest of the following:

- you reach age 65
- the day you cease to be a member of the Plum Personal Plan
- the date of your death
- for Death and TPD cover, the Date of Claim where:
 - a Death or TPD benefit is paid, or
 - a Terminal Illness benefit is paid which isn't less than your Death cover
- the first day of the month that premiums were first not able to be deducted from your super account
- the day before you commence duty with the armed forces of any country (excluding the Australian Army Reserve)
- for SCI cover with either a two-year or five-year benefit payment period, the date the Insurer pays a lump sum TPD or Terminal Illness benefit. Any existing SCI claim will continue to be paid if you continue to be disabled due to the same Illness or Injury but after the end of your current claim, no further claim will be paid
- for SCI cover, you're on Leave of absence for longer than 12 months unless the reason you haven't returned to work is because you've made an SCI claim or you're eligible to do so
- for SCI cover, the date you permanently retire from the workforce
- you make a fraudulent claim
- you request to cancel your cover
- at the end of the period for which your premiums have been paid if your super account hasn't received a contribution or rollover for a continuous period of 16 months (your account is an Inactive Account), unless you've told us you want to keep your insurance by completing and sending us the *Choose to Keep My Insurance Cover* form
- any other terms under the group insurance policy.

If you wish to keep your insurance cover regardless of whether your super account is an Inactive Account or should your super account ever become an Inactive Account, the form to retain insurance cover is available at plum.com.au/insurance

Reinstating your cover

If your insurance has ceased because your super account is an Inactive Account, and you haven't provided us with your written election to retain your cover, you can reinstate your cover by applying in writing within 60 days of cover ceasing (*reinstatement period*).

Where a request for reinstatement is received within the 60-day reinstatement period and cover is reinstated:

- the same exclusions, premium loading, and/or special conditions that applied to you prior to your cover ceasing (if any) will continue to apply, and
- premiums are payable from the date cover originally ceased.

Any request to reinstate cover received after the 60-day reinstatement period will be subject to satisfactory Health Evidence being provided to and cover being accepted by the Insurer.

Reinstatement of cover may require you to pay unpaid premiums from your super account. Should your super account balance be insufficient to cover any unpaid premiums, we'll provide you an opportunity to make contributions to your super account to top up the balance.

If your insurance has ceased for any other reason, you can apply for insurance cover, subject to satisfactory Health Evidence being provided to and cover being accepted by the Insurer.

Cost of insurance

The premiums associated with your insurance cover are deducted monthly from your super account balance.

Premiums are calculated based on the type and amount of insurance you have, using age and gender-based premium rates.

If we ask you to provide Health Evidence, your premium can also be influenced by factors such as your:

- medical history, and
- lifestyle and leisure activities.

We'll start deducting premiums for your cover based on the details we have for you. Please let us know if any of the details shown in your **Welcome Kit** or **Your Insurance Summary** are incorrect or need updating, as this could impact the type and cost of your insurance—you could be paying a higher premium than necessary.

The actual premium calculated for you may vary slightly due to rounding and is inclusive of any statutory charges including stamp duty.

Insurance fee

An insurance fee applies to your super account. This fee is charged by us for the cost of administering insurance. The insurance fee is collected when your insurance premiums are deducted, so you won't see it as a separate transaction. The fee is calculated at a rate of 6% of your premium. The insurance premiums shown are inclusive of the insurance fee charged by us.

Will premiums change?

Your premiums may be adjusted for:

- your age
- changes to your insurance, or
- changes in your circumstances, such as changes to your Occupation or Employment.

The Insurer may also make changes to premium rates, which could increase or decrease your premiums. We'll tell you about any material increases to premium rates at least 30 days before they take effect. Notification of any non-material changes may be made available online at plum.com.au but you may not be directly notified of these updates. You may, however, obtain a paper copy of these change communications on request.

Example of Premiums



Death and TPD cover

In our earlier example John, aged 40 (age 41 next birthday) had Death and TPD insurance cover of \$200,000. John's Death and TPD premium would be calculated as follows:

$$(\$200,000 \div \$1,000) \times \$1.27 = \$254 \text{ pa}$$

(approximately \$21.17 per month)

SCI cover

In our earlier example John, aged 40 (age 41 next birthday) had SCI cover of \$3,375 per month (\$40,500 pa).

His SCI cover has a 2-year benefit payment period and 90-day Waiting Period.

John's premium that would be deducted from his super account balance is calculated as follows:

$$(\$40,500 \div \$1,000) \times \$1.30 = \$52.65 \text{ pa}$$

(approximately \$4.39 per month)

Cost of Death and TPD Cover

Male members

Annual cost per \$1,000 sum insured (\$)					
Age next birthday	Death-only	Death & TPD	Age next birthday	Death-only	Death & TPD
15	0.35	0.45	41	0.75	1.27
16	0.35	0.45	42	0.82	1.43
17	0.42	0.54	43	0.89	1.59
18	0.51	0.65	44	0.96	1.77
19	0.54	0.76	45	1.06	1.98
20	0.57	0.77	46	1.18	2.24
21	0.57	0.77	47	1.27	2.52
22	0.57	0.77	48	1.40	2.83
23	0.53	0.72	49	1.52	3.17
24	0.51	0.69	50	1.66	3.57
25	0.48	0.65	51	1.83	4.04
26	0.47	0.64	52	2.00	4.53
27	0.46	0.63	53	2.22	5.10
28	0.46	0.64	54	2.44	5.77
29	0.46	0.65	55	2.69	6.53
30	0.47	0.68	56	2.98	7.46
31	0.48	0.69	57	3.32	8.58
32	0.50	0.72	58	3.71	9.87
33	0.51	0.75	59	4.13	11.34
34	0.52	0.76	60	4.63	13.08
35	0.53	0.80	61	5.19	15.07
36	0.54	0.85	62	5.85	17.43
37	0.57	0.91	63	6.57	20.12
38	0.60	0.98	64	7.41	23.21
39	0.64	1.05	65	8.34	26.81
40	0.70	1.18			

Female

Annual cost per \$1,000 sum insured (\$)					
Age next birthday	Death-only	Death & TPD	Age next birthday	Death-only	Death & TPD
15	0.20	0.24	41	0.61	1.26
16	0.20	0.24	42	0.66	1.39
17	0.20	0.27	43	0.70	1.52
18	0.23	0.29	44	0.73	1.67
19	0.27	0.31	45	0.77	1.87
20	0.29	0.34	46	0.83	2.08
21	0.30	0.35	47	0.86	2.32
22	0.29	0.34	48	0.93	2.58
23	0.28	0.32	49	1.00	2.85
24	0.27	0.32	50	1.05	3.13
25	0.24	0.31	51	1.13	3.45
26	0.24	0.34	52	1.24	3.79
27	0.27	0.37	53	1.33	4.19
28	0.28	0.39	54	1.43	4.56
29	0.28	0.41	55	1.52	4.96
30	0.29	0.45	56	1.62	5.40
31	0.29	0.48	57	1.74	5.85
32	0.29	0.51	58	1.86	6.38
33	0.30	0.57	59	1.97	6.74
34	0.34	0.63	60	2.12	7.20
35	0.37	0.70	61	2.24	7.62
36	0.39	0.77	62	2.37	8.07
37	0.43	0.86	63	2.52	8.56
38	0.48	0.94	64	2.68	9.21
39	0.52	1.04	65	2.85	9.91
40	0.55	1.13			

Cost of SCI Cover

Annual cost per \$1,000 sum insured (\$) 2-year benefit payment period (default)					
Age next birthday	90 day Waiting Period		Age next birthday	90 day Waiting Period	
	Male	Female		Male	Female
16	0.76	1.14	41	1.30	2.25
17	0.76	1.14	42	1.43	2.35
18	0.76	1.14	43	1.57	2.50
19	0.76	1.14	44	1.73	2.69
20	0.76	1.14	45	1.92	2.92
21	0.77	1.17	46	2.13	3.23
22	0.78	1.18	47	2.37	3.59
23	0.80	1.18	48	2.67	4.01
24	0.81	1.21	49	2.99	4.49
25	0.81	1.23	50	3.37	5.05
26	0.81	1.27	51	3.81	5.69
27	0.81	1.33	52	4.32	6.46
28	0.81	1.39	53	4.93	7.36
29	0.81	1.47	54	5.63	8.41
30	0.82	1.54	55	6.44	9.66
31	0.82	1.62	56	7.41	11.12
32	0.82	1.70	57	8.55	12.86
33	0.82	1.77	58	9.90	14.89
34	0.83	1.83	59	11.50	17.28
35	0.84	1.90	60	13.40	20.10
36	0.87	1.96	61	15.66	23.39
37	0.93	2.01	62	18.16	27.24
38	1.02	2.06	63	13.62	20.44
39	1.09	2.10	64	7.61	11.42
40	1.20	2.16	65	1.54	2.32

Annual cost per \$1,000 sum insured (\$) 2-year benefit payment period					
Age next birthday	30 day Waiting Period		Age next birthday	30 day Waiting Period	
	Male	Female		Male	Female
16	1.70	2.54	41	3.22	6.02
17	1.70	2.54	42	3.43	6.12
18	1.70	2.54	43	3.68	6.24
19	1.70	2.54	44	3.93	6.43
20	1.70	2.54	45	4.23	6.71
21	1.73	2.57	46	4.56	7.06
22	1.75	2.60	47	4.93	7.49
23	1.79	2.66	48	5.33	8.03
24	1.83	2.75	49	5.79	8.68
25	1.86	2.85	50	6.33	9.43
26	1.88	2.97	51	6.91	10.32
27	1.88	3.10	52	7.61	11.34
28	1.88	3.22	53	8.40	12.55
29	1.89	3.38	54	9.31	13.93
30	1.90	3.57	55	10.36	15.54
31	1.92	3.79	56	11.58	17.42
32	1.97	4.07	57	13.03	19.60
33	2.04	4.40	58	14.72	22.14
34	2.14	4.74	59	16.73	25.12
35	2.25	5.07	60	19.11	28.62
36	2.39	5.42	61	21.89	32.72
37	2.52	5.67	62	24.97	37.49
38	2.68	5.82	63	20.98	31.46
39	2.85	5.90	64	12.34	18.53
40	3.03	5.97	65	3.66	5.48

Annual cost per \$1,000 sum insured (\$) 2-year benefit payment period					
Age next birthday	60 day Waiting Period		Age next birthday	60 day Waiting Period	
	Male	Female		Male	Female
16	1.35	2.00	41	2.49	4.59
17	1.35	2.00	42	2.68	4.69
18	1.35	2.00	43	2.88	4.82
19	1.35	2.00	44	3.10	5.01
20	1.35	2.00	45	3.35	5.26
21	1.36	2.02	46	3.64	5.60
22	1.38	2.06	47	3.95	6.01
23	1.41	2.09	48	4.31	6.51
24	1.44	2.16	49	4.74	7.09
25	1.45	2.25	50	5.20	7.76
26	1.46	2.33	51	5.73	8.55
27	1.48	2.43	52	6.36	9.49
28	1.48	2.52	53	7.08	10.58
29	1.48	2.65	54	7.92	11.83
30	1.48	2.80	55	8.86	13.29
31	1.49	2.98	56	10.01	15.02
32	1.53	3.17	57	11.33	17.03
33	1.57	3.39	58	12.89	19.39
34	1.63	3.64	59	14.74	22.14
35	1.72	3.87	60	16.94	25.39
36	1.80	4.10	61	19.50	29.17
37	1.92	4.28	62	22.38	33.59
38	2.06	4.40	63	18.18	27.26
39	2.18	4.46	64	10.55	15.83
40	2.33	4.52	65	2.85	4.28

Annual cost per \$1,000 sum insured (\$) 5-year benefit payment period					
Age next birthday	30 day Waiting Period		Age next birthday	30 day Waiting Period	
	Male	Female		Male	Female
16	2.11	3.16	41	5.06	9.46
17	2.11	3.16	42	5.45	9.69
18	2.11	3.16	43	5.90	10.02
19	2.11	3.16	44	6.39	10.45
20	2.11	3.16	45	6.94	11.01
21	2.17	3.22	46	7.56	11.70
22	2.25	3.33	47	8.25	12.56
23	2.30	3.42	48	9.04	13.62
24	2.39	3.57	49	9.92	14.85
25	2.44	3.74	50	10.94	16.33
26	2.49	3.94	51	12.09	18.03
27	2.52	4.16	52	13.42	20.02
28	2.54	4.38	53	14.97	22.34
29	2.60	4.65	54	16.73	25.03
30	2.63	4.96	55	18.77	28.16
31	2.68	5.35	56	21.18	31.82
32	2.79	5.79	57	23.99	36.08
33	2.93	6.30	58	27.28	41.04
34	3.10	6.88	59	31.21	46.89
35	3.31	7.45	60	30.18	45.20
36	3.52	8.03	61	29.57	44.23
37	3.79	8.52	62	27.18	40.79
38	4.07	8.83	63	21.58	32.38
39	4.37	9.05	64	12.71	19.07
40	4.70	9.25	65	3.76	5.64

Annual cost per \$1,000 sum insured (\$) 5-year benefit payment period					
Age next birthday	60 day Waiting Period		Age next birthday	60 day Waiting Period	
	Male	Female		Male	Female
16	1.76	2.65	41	4.23	7.77
17	1.76	2.65	42	4.59	8.01
18	1.76	2.65	43	4.97	8.34
19	1.76	2.65	44	5.44	8.78
20	1.76	2.65	45	5.94	9.32
21	1.81	2.71	46	6.50	10.02
22	1.87	2.79	47	7.16	10.84
23	1.92	2.87	48	7.89	11.87
24	1.98	2.98	49	8.71	13.05
25	2.04	3.13	50	9.67	14.44
26	2.08	3.29	51	10.77	16.06
27	2.12	3.47	52	12.03	17.96
28	2.14	3.67	53	13.49	20.17
29	2.17	3.91	54	15.20	22.75
30	2.22	4.18	55	17.19	25.76
31	2.26	4.48	56	19.50	29.30
32	2.33	4.83	57	22.23	33.43
33	2.43	5.24	58	25.44	38.26
34	2.57	5.67	59	29.25	43.95
35	2.70	6.10	60	27.88	41.76
36	2.88	6.57	61	27.00	40.36
37	3.11	6.93	62	24.21	36.37
38	3.34	7.19	63	18.79	28.21
39	3.61	7.37	64	10.91	16.37
40	3.89	7.55	65	2.96	4.43

Annual cost per \$1,000 sum insured (\$) 5-year benefit payment period					
Age next birthday	90 day Waiting Period		Age next birthday	90 day Waiting Period	
	Male	Female		Male	Female
16	1.07	1.60	41	2.37	4.10
17	1.07	1.60	42	2.62	4.31
18	1.07	1.60	43	2.92	4.64
19	1.07	1.60	44	3.24	5.05
20	1.07	1.60	45	3.64	5.53
21	1.08	1.63	46	4.07	6.18
22	1.12	1.67	47	4.60	6.94
23	1.16	1.73	48	5.19	7.82
24	1.18	1.77	49	5.87	8.81
25	1.21	1.83	50	6.68	9.99
26	1.22	1.92	51	7.61	11.36
27	1.24	2.02	52	8.69	12.97
28	1.26	2.16	53	9.97	14.89
29	1.27	2.30	54	11.45	17.13
30	1.29	2.46	55	13.22	19.80
31	1.31	2.61	56	15.26	22.93
32	1.35	2.79	57	17.71	26.61
33	1.38	2.94	58	20.59	30.96
34	1.39	3.10	59	23.99	36.07
35	1.41	3.22	60	22.71	34.06
36	1.48	3.34	61	21.95	32.81
37	1.63	3.49	62	19.39	29.11
38	1.77	3.60	63	14.14	21.22
39	1.94	3.72	64	7.90	11.85
40	2.14	3.89	65	1.60	2.41

Annual cost per \$1,000 sum insured (\$) 5-year benefit payment period					
Age next birthday	180 day Waiting Period		Age next birthday	180 day Waiting Period	
	Male	Female		Male	Female
16	0.81	1.22	41	2.07	3.56
17	0.81	1.22	42	2.29	3.76
18	0.81	1.22	43	2.54	4.07
19	0.81	1.22	44	2.85	4.43
20	0.81	1.22	45	3.22	4.90
21	0.84	1.26	46	3.61	5.50
22	0.87	1.29	47	4.10	6.20
23	0.90	1.35	48	4.65	7.01
24	0.92	1.38	49	5.29	7.95
25	0.94	1.45	50	6.02	9.02
26	0.96	1.53	51	6.91	10.32
27	1.00	1.63	52	7.93	11.82
28	1.02	1.75	53	9.11	13.60
29	1.03	1.86	54	10.49	15.70
30	1.05	2.00	55	12.14	18.19
31	1.08	2.14	56	14.08	21.10
32	1.11	2.30	57	16.36	24.59
33	1.12	2.43	58	19.07	28.68
34	1.17	2.58	59	22.26	33.46
35	1.18	2.70	60	20.00	30.01
36	1.26	2.83	61	18.80	28.11
37	1.38	2.97	62	15.77	23.67
38	1.53	3.10	63	10.07	15.09
39	1.66	3.20	64	5.07	7.61
40	1.83	3.34	65	0.04	0.04

Annual cost per \$1,000 sum insured (\$) To age 65 benefit payment period					
Age next birthday	30 day Waiting Period		Age next birthday	30 day Waiting Period	
	Male	Female		Male	Female
16	3.56	5.35	41	10.15	19.08
17	3.56	5.35	42	10.95	19.56
18	3.56	5.35	43	11.80	20.24
19	3.56	5.35	44	12.73	21.04
20	3.56	5.35	45	13.73	21.94
21	3.71	5.54	46	14.81	23.13
22	3.89	5.78	47	15.97	24.49
23	4.06	6.05	48	17.25	26.01
24	4.20	6.33	49	18.61	27.77
25	4.31	6.60	50	20.11	29.79
26	4.40	6.93	51	21.71	32.04
27	4.47	7.31	52	23.43	34.61
28	4.56	7.78	53	25.19	37.42
29	4.65	8.37	54	27.01	40.41
30	4.80	9.11	55	28.85	43.48
31	5.02	10.00	56	30.59	46.50
32	5.32	11.03	57	32.35	49.22
33	5.67	12.21	58	33.95	51.33
34	6.05	13.46	59	34.94	52.48
35	6.51	14.72	60	34.95	52.19
36	7.00	15.85	61	33.66	49.90
37	7.54	16.76	62	30.57	44.97
38	8.12	17.52	63	24.65	36.56
39	8.75	18.10	64	14.49	21.73
40	9.42	18.66	65	4.28	6.42

Annual cost per \$1,000 sum insured (\$) To age 65 benefit payment period					
Age next birthday	60 day Waiting Period		Age next birthday	60 day Waiting Period	
	Male	Female		Male	Female
16	3.41	5.11	41	8.98	16.88
17	3.41	5.11	42	9.73	17.37
18	3.41	5.11	43	10.56	18.08
19	3.41	5.11	44	11.47	18.93
20	3.41	5.11	45	12.49	19.97
21	3.52	5.26	46	13.58	21.25
22	3.65	5.44	47	14.78	22.68
23	3.76	5.63	48	16.08	24.32
24	3.89	5.85	49	17.49	26.12
25	3.99	6.12	50	19.02	28.16
26	4.06	6.40	51	20.65	30.44
27	4.12	6.75	52	22.37	32.98
28	4.20	7.20	53	24.12	35.73
29	4.29	7.72	54	25.90	38.64
30	4.42	8.35	55	27.64	41.62
31	4.59	9.11	56	29.29	44.49
32	4.80	9.97	57	30.87	47.07
33	5.07	10.94	58	32.25	49.06
34	5.40	11.96	59	33.11	50.17
35	5.76	13.00	60	33.23	49.86
36	6.17	13.96	61	32.39	48.22
37	6.64	14.74	62	29.54	43.78
38	7.12	15.39	63	22.47	33.44
39	7.67	15.90	64	12.92	19.39
40	8.30	16.43	65	3.43	5.16

Annual cost per \$1,000 sum insured (\$) To age 65 benefit payment period					
Age next birthday	90 day Waiting Period		Age next birthday	90 day Waiting Period	
	Male	Female		Male	Female
16	3.15	4.72	41	7.05	13.26
17	3.15	4.72	42	7.74	13.79
18	3.15	4.72	43	8.53	14.58
19	3.15	4.72	44	9.43	15.51
20	3.15	4.72	45	10.44	16.74
21	3.20	4.78	46	11.56	18.19
22	3.24	4.83	47	12.82	19.78
23	3.31	4.94	48	14.18	21.52
24	3.37	5.08	49	15.67	23.43
25	3.43	5.28	50	17.25	25.51
26	3.50	5.53	51	18.90	27.81
27	3.56	5.85	52	20.62	30.31
28	3.64	6.21	53	22.34	32.98
29	3.71	6.66	54	24.05	35.74
30	3.78	7.13	55	25.67	38.54
31	3.88	7.67	56	27.17	41.22
32	3.98	8.25	57	28.45	43.58
33	4.09	8.86	58	29.46	45.34
34	4.29	9.52	59	30.15	46.40
35	4.53	10.20	60	30.43	46.05
36	4.80	10.89	61	30.31	45.46
37	5.15	11.45	62	27.90	41.84
38	5.51	11.91	63	18.90	28.36
39	5.95	12.31	64	10.38	15.57
40	6.46	12.76	65	2.07	3.11

Annual cost per \$1,000 sum insured (\$) To age 65 benefit payment period					
Age next birthday	180 day Waiting Period		Age next birthday	180 day Waiting Period	
	Male	Female		Male	Female
16	2.70	4.06	41	6.54	12.31
17	2.70	4.06	42	7.20	12.80
18	2.70	4.06	43	7.93	13.56
19	2.70	4.06	44	8.78	14.42
20	2.70	4.06	45	9.73	15.60
21	2.79	4.16	46	10.78	16.95
22	2.84	4.23	47	11.94	18.44
23	2.90	4.32	48	13.23	20.08
24	2.98	4.48	49	14.60	21.85
25	3.05	4.69	50	16.06	23.78
26	3.13	4.94	51	17.60	25.90
27	3.19	5.24	52	19.18	28.17
28	3.28	5.60	53	20.73	30.59
29	3.34	6.00	54	22.26	33.09
30	3.43	6.47	55	23.69	35.57
31	3.52	6.96	56	24.96	37.87
32	3.61	7.52	57	26.00	39.82
33	3.74	8.09	58	26.71	41.09
34	3.92	8.71	59	27.01	41.56
35	4.17	9.36	60	26.82	40.57
36	4.42	10.03	61	25.97	38.94
37	4.75	10.55	62	22.68	34.04
38	5.09	10.99	63	13.44	20.17
39	5.50	11.40	64	6.66	10.00
40	5.98	11.83	65	0.04	0.07

Definitions

You can find the specific details about the terms and conditions of your insurance in the Plan's insurance policy.

Contact us on **1300 55 7586** for a copy.

Accident

Means an event where Injury is caused directly and solely as a result of an external event which is not related to any loss from, or connected with, war or warlike operations.

Approved Country

Means for payment of an SCI benefit: 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 agreed to with the Insurer.

Assisted Dying Program

Means a program where a person is enabled to legally and voluntarily end their life by the self-administration or administration by a health practitioner or other person, of a substance or medication.

Australian resident

Means you:

- have always lived in Australia or have come to Australia to live, and
- are eligible to work in Australia.

At Work

Means you're actively performing or capable of actively performing the full duties of the normal occupation for which you were employed.

Date of Claim

Means:

- for a Death benefit, the date you die,
- for a Terminal Illness benefit, the date (if two dates, the later date) on which two Doctors, at least one of whom is a Specialist Medical Practitioner certify that your life expectancy is reduced to 24 months or less,
- for a TPD benefit:
 - the first day of the three-consecutive month period where you were absent from your Occupation solely through Injury or Illness, or
 - the first day of the three-consecutive month period that you are completely unable to perform at least two Everyday Work Activities solely through Injury or Illness, or
 - the first day of the three-consecutive month period that you have been incapacitated from performing any Normal Physical Domestic Household Activities solely through Injury or Illness, and
- for an SCI benefit, the later of:
 - the date you cease all work as a result of Illness or Injury

- the date on which you first consult a Doctor after ceasing all work and the Doctor certifies that you suffer from an Illness or Injury that is the cause of the Total Disability.

Doctor (for Death and TPD cover)

Means:

- (i) if the claimed condition is a psychological condition, a person who is legally qualified and registered as a practising psychiatrist by the relevant medical registration boards, or
- (ii) otherwise, a medical practitioner(s) legally qualified and registered to practice in Australia with specialisation in the relevant medical condition(s)

but shall not include:

- (i) chiropractors, physiotherapists, psychologists or alternative health providers
- (ii) you
- (iii) your spouse or partner in a de facto relationship, parent, child, sibling or close family relative
- (iv) your business partner, associate, employer or employee, or
- (v) a fellow shareholder or unit holder of yours, in a company or trust that is not a publicly listed company or trust.

Doctor (for SCI cover)

Means a registered medical practitioner who's qualified in an appropriate specialty, and who is not you, your spouse, family member, business partner, employee or employer.

Employed/Employment (SCI cover)

Means engaged in Regular permanent employment for at least 15 hours per week, or employed on a fixed term basis working for at least 15 hours per week for a period of at least 3 months, but doesn't include any person engaged on a temporary or seasonal basis.

Health Evidence

Means a completed *insurance form* or *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.

Illness

Means a sickness, disease or medical disorder.

Inactive Account

Means your super account hasn't received a contribution or a rollover into it for a continuous period of 16 months.

Injury

Means bodily injury.

Medical and Other Relevant Evidence

Means, but is not limited to, medical vocational or other expert evidence regarding:

- (a) any treatment, detoxification or drug or alcohol program, rehabilitation, retraining, re-skilling or voluntary work you have undertaken, or which it would be reasonable for you to undertake, taking into account the medical condition, and skills and knowledge you have acquired by education, training and experience, and
- (b) the likelihood you would be able to engage in or work on a full-time or part-time basis if you undertook such reasonable treatment, detoxification or drug or alcohol program, rehabilitation, retraining, re-skilling or voluntary work.

Monthly Benefit

Means the lesser of:

- your SCI cover amount in your employer plan at the date you cease to be employed, and
- 75% of your Monthly Income at the Date of Claim up to \$30,000 per month.

Monthly Income

Means one-twelfth of your annual income derived from your Occupation, where:

- if you're self-employed, the income of the business or practice generated by your personal efforts after the deduction of your appropriate share of business or practice expenses in generating that income, or any other income as approved by us, or
- if you're an employee, the salary from your Occupation which may include the value of all non-cash remuneration approved by the Insurer. Monthly income does not include any director's fees, commissions, overtime payments, bonuses, penalty or shift allowances, investment income, income received from deferred compensation plans, disability income policies or retirement plans or income not derived from vocational activities.

Monthly Income is to be determined at the commencement of risk or, where there's been a subsequently agreed alteration to the level of Monthly Benefit, then at the date of the most recent alteration.

Monthly Income doesn't include investment income and is calculated before tax.

Occupation (for Death and TPD cover)

Means the employment or activity in which you're employed or last employed.

Occupation (for SCI cover)

Means the Employment in which you're principally Employed.

Partially Disabled/Partial Disability

Means:

- you resume Employment after 14 consecutive days of Total Disability
- you continue to receive a reduced Monthly Income, and
- the reduction in Monthly Income is a result of your Injury or Illness requiring you to resume employment either on a restricted basis in your usual Occupation or in a different occupation,

irrespective of whether or not you resume employment in the reduced capacity before the expiration of the Waiting Period.

Regular

Means a period of continuous work history as measured over a three-month period.

Specialist Medical Practitioner

Means a Doctor who is currently practising in a specialist area related to the Illness or Injury that the claim is for.

Terminal Illness

Means an Illness or Injury that two Doctors (at least one of which is a Specialist Medical Practitioner), have certified either jointly or separately, is likely to result in your death within a period (certification period) that ends not more than 24 months after the date of certification. Your reduced life expectancy must occur while you're covered by the insurance policy and for each of the certificates, the certification period in each of the certificates hasn't ended.

Totally Disabled/Total Disability

Means:

- you have a disability caused by Injury or Illness
- you're unable to perform your Occupation, and
- you're not otherwise gainfully employed or engaged in gainful business activity.

Waiting Period

Means the period of continuous Total Disability or Partial Disability commencing from the first day of Total Disability during which no Total Disability or Partial Disability benefits are payable.

Worldwide Cover

Means you're covered 24 hours a day, wherever you travel. However, for SCI insurance cover you must be residing in Australia or one of the Approved Countries to receive your full benefits.

Your notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



Contact us

For more information visit plum.com.au or call us on **1300 55 7586** between 8am and 7pm AEST (8pm daylight savings times), Monday to Friday

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