



Insurance and your PSSap super

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Things to remember when reading this document

This ‘Insurance and your PSSap super’ document forms part of the PSSap Product Disclosure Statement (PDS) available at csc.gov.au/pds or you can obtain a paper copy free of charge by calling **1300 725 171**.

This information describes the main features of the insurance offerings to PSSap customers and is intended as a general guide only. The information in this booklet is based on the terms and conditions of the insurance policies which Commonwealth Superannuation Corporation (CSC) (ABN 48 882 817 243, AFSL 238069 and RSE Licence No. L0001397) currently holds on behalf of customers of PSSap as at this Product Disclosure Statement (PDS) publication date.

The insurance policies which CSC currently holds on behalf of PSSap customers as at this PDS publication date are issued by AIA Australia Limited ('AIA Australia' or 'the Insurer') (ABN 79 004 837 861, AFSL 230043). AIA Australia has consented to the statements referable to it in this booklet in the form and context in which they are included. It is possible that the terms and conditions of the insurance policies held by CSC (including the premiums charged to customers) may change from time to time due to AIA Australia changing these terms and conditions or if AIA Australia ceases to be the insurer. If this happens, the information in this booklet may become outdated. We will let you know about any significant changes to the terms and conditions of the insurance cover. The full terms and conditions relating to insurance are set out in the insurance policies and in the event of any dispute about insurance, the policies will take priority over the information in this booklet.

If you’d like to read the insurance policies, you can find them in the Insurance section when you log in to the CSC Navigator. Look for:

- *lifePLUS Group Life (Death & TPD) Insurance Policy No. MP 9889, dated 1 March 2023*
- *lifePLUS Group Supplementary Income Protection Policy attached to Group Life Insurance Policy No. MP 9889, dated 1 March 2023 and endorsement to lifePLUS Group Supplementary Income Protection Policy attached to Group Life Insurance Policy No. MP 9889, dated 1 March 2024.*

Any financial product advice in this document is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial adviser. You should obtain a copy of the PSSap Product Disclosure Statement and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 Trustee of the Public Sector Superannuation accumulation plan (PSSap) ABN: 65 127 917 725 RSE: R1004601

Information in this document is up to date at the time of preparation, but we may make changes from time to time. Any changes that are not materially adverse will be updated on our website at csc.gov.au/pds

lifePLUS, your PSSap insurance cover

lifePLUS
cover



The short story

Get more from super by understanding your options

Most new PSSap customers (and *Uninsured Eligible Members*) are eligible for lifePLUS auto insurance cover when they join. But not everyone gets auto cover, some people don't want cover and others will want to change how much cover they have.

We believe it's important that you really 'get' what you're covered for, so you can make informed decisions about your cover.

With this in mind, we've unpacked the insurance policies and repacked them into this booklet, which we hope you'll find a little less 'insurancey' and easier to follow. If you have questions along the way or if something's unclear, please let us know—our contact details are on page 47.

We're glad to partner with our insurance provider, AIA Australia Limited, to bring you lifePLUS cover

Why insure through super?

Getting insurance through super is a major benefit we offer our customers.

It's your best contingency plan

There are two types of lifePLUS cover available to *Eligible PSSap Members*—lifePLUS auto and lifePLUS choice—and both include:

- Income Protection cover, supporting you financially if you can't work due to sickness or injury.
- Total and Permanent Disablement (TPD) cover, covering you if you're sick or injured and can't return to work.
- Death cover, financially protecting your dependants if you die.

It's easy to take up and rates are competitive

Not only are most customers eligible for automatic cover when they join, without having to take medical tests or complete insurance forms, but CSC's buying power lets you access cover at rates that are generally lower than what you could get outside super.

We have a strong history of claims and rehabilitation

Of course, ease of access and low rates are only a part of the picture. Our insurer's values, value-for-money products and their reputation for supporting customers who need to claim are all factors in who we partner with.

If you have Income Protection cover, then you become sick or injured and you have to take time off work the insurer may cover the cost of rehabilitation programs that will help you return to work.



The *Putting Members Interests First (PMIF)* Act is in place to protect low account balances, and means that **some customers will have to opt in for cover when they join**. If that's you and you don't opt in, we'll automatically activate your cover down the track when you meet *PMIF* requirements—that is, you turn 25 and your account balance reaches \$6,000 (we'll let you know if that happens).



Did you know?

When you take up insurance through super, the cost of insurance fees and premiums come out of your super account and not your take-home pay. This means you don't have to add it to your living expenses budget, and you'll still have insurance cover when you need it.

Eligibility rules



If you're eligible for auto cover, it's generally available without having to complete any application forms or medical tests. And if you're not eligible, you can apply for cover through lifePLUS choice.



Please read the following information carefully before deciding if lifePLUS is appropriate for you.

Who's eligible for auto cover?

The great news is that most customers are eligible for lifePLUS auto cover when they join PSSap. When you join an Australian Government employer (known as a designated employer), you have 180 days to decide if you'd like to have PSSap as your super fund. If you do, you'll have access to lifePLUS cover. Here's how it works.



Terms in *italics* come from insurance policies and have specific meanings. To know more about a term in italics see [Definitions](#) on page 42.

New customers

Generally, when you join PSSap as a new customer and you are:

- A new *Permanent Employee*, or a *Non-Ongoing Employee* with a contract of more than 3 months and your designated employer pays your first super guarantee contribution to PSSap within 180 days of the date you started work, you're eligible for lifePLUS auto cover.
- A *Casual Employee* and your designated employer pays your first super guarantee contribution to PSSap within 180 days of the date you started work, you're eligible for lifePLUS auto cover, but you will need to opt in. As a *Casual Employee*, if you want auto cover, you'll need opt in within 60 days of receiving your welcome experience and no later than 180 days after you start work with your designated employer.

Your age, employment status and your account balance determine if you'll need to opt in to get cover or if it's switched on automatically. See 'Who has to opt in?' section below to find out more.

You can opt out of lifePLUS auto cover within 60 days of receiving your insurance activation letter, without paying insurance premiums.

Returning customers

If you're a PSSap customer who was in APS employment before 1 November 2017 and you haven't held lifePLUS choice cover since then, you may be eligible for lifePLUS auto when you start working for an APS employer again.

Who has to opt in?

This table shows you which of our eligible customers need to opt in to get lifePLUS auto.

Opt in within 60 days of joining if you're...	And your age is...	And your account balance is...
A <i>Permanent Employee</i>	under 25	any amount
A <i>Non-Ongoing Employee</i> with a contract of more than 3 months	under 25	any amount
A <i>Permanent Employee</i> or a <i>Non-Ongoing Employee</i> with a contract of more than 3 months	25 or over	under \$6,000
A <i>Casual Employee</i>	any age	any amount



Why some people need to opt in
Opting in is in place to protect low account balances and those who are just starting their super savings. If that's your situation, when you join we'll let you know you need to opt in if you'd like to take up lifePLUS auto cover.

How to opt in

If you see yourself in the table above and you'd like to turn on your lifePLUS auto cover, **let us know within 60 days of receiving your welcome experience, and within 180 days of starting with your designated employer**, in one of the following ways:

- By logging in to your account, then going to the **Insurance** section and clicking **Keep my Insurance**.
- By making a selection through the personalised digital welcome experience you receive when you join PSSap.

Eligibility rules

If you don't opt in when you join

If you could have opted in for lifePLUS auto when you joined but didn't (excluding *Casual Employees*), your cover will switch on automatically when:

- you turn 25, as long as there is at least \$6,000 in your account; or
- your account balance reaches \$6,000 and you're 25 or older.

In both cases, we'll send you an insurance activation letter that explains your cover and how to opt out if you don't want cover.

Unless you opt out of lifePLUS auto cover or cancel your cover, insurance premiums will be deducted from your PSSap account.

Who's not eligible for auto cover?

Casual Employees with an incorrect employment status

If we received incorrect information about your employment status (e.g. Full time, Permanent Part-time or Casual) when you first joined PSSap and this wasn't corrected within 60 days of the date you received your customer details, you may not be eligible for lifePLUS auto.

It's important to check your details carefully and let us know right away if anything's not right.

Employees who missed the opt-in cut-off date

If you had to opt in to get cover and you didn't do this within 60 days of receiving your welcome experience, cover will activate when you turn 25 and your account balance reaches \$6,000. If you would like cover before this occurs, you can apply for lifePLUS choice.

Some returning customers

If you left the APS before 1 November 2017 and you've received some contributions into your super since then from a non-APS employer, you're not eligible for lifePLUS auto cover. If this is your situation, you can still apply for lifePLUS choice.

Customers whose cover has been cancelled

If at any time you've received lifePLUS auto cover and then you cancelled it, or your cover has been cancelled due to other reasons—refer to [When lifePLUS auto cover stops](#), you're not eligible for lifePLUS auto even when you rejoin the APS and your new APS employer makes contributions into your PSSap account (unless you are an [Uninsured Eligible PSSap Member](#)). If you'd like cover, you can apply for lifePLUS choice.

Who can apply for lifePLUS choice?

All [Eligible PSSap Members](#) can apply for lifePLUS choice cover using our easy online application process. Just log in to the CSC Navigator at csc.gov.au/log-in and click the **Insurance** tab.

A full insurance application process applies if you're increasing your cover or applying for an extra benefit like a shorter [Waiting Period](#), or a longer benefit period. But if you're reducing or opting out of your cover, then it's a simple online transaction or phone call.

Customers who have opted out of auto cover

If you opted out of lifePLUS auto cover when you first joined PSSap, you're not eligible for lifePLUS auto again, you can apply for lifePLUS choice. If you apply for lifePLUS choice, the application and assessment process may result in you being declined or being offered insurance on modified terms and conditions.

Auto versus choice



What's in the mix



The type and amount of cover you get depends on whether you receive lifePLUS auto or apply for lifePLUS choice:

- lifePLUS auto gives you a default level of Income Protection and aged-based Death and TPD cover.
- lifePLUS choice lets you choose your personal cover combination.

Benefit payment period explained:

If you make a successful Income Protection claim, the benefit payment period is the maximum length of time you will receive monthly Income Protection payments and contributions to your super account from the insurer.

Income Protection cover

Offers financial support...

No one would trade a healthy life for being seriously sick or injured. But if it happens to you and you're covered by Income Protection insurance, you may be eligible to claim monthly Income Protection benefit payments, including super contribution payments.

	Auto			Choice
	14y 9m–34	35–54	55+	
Benefit payment period	2 years	5 years	2 years	Your choice of 2 years or 5 years
Maximum monthly benefit	\$15,000	\$15,000	\$15,000	\$35,000
Waiting Period	90 days	90 days	90 days	Your choice of 30, 60, 90 or 180 days
Super contributions	15.4%	15.4%	15.4%	15.4%
Benefit payment (based on base salary)	75%	First 2 years—75% Remaining 3 years—50%	75%	First 2 years—75% Remaining 3 years—50% (if you choose a 5 year benefit payment period)
Total benefit	90.4%	First 2 years—90.4% Remaining 3 years—65.4%	90.4%	90.4% for 2 years 65.4% for remaining 3 years (if you chose a 5 year benefit payment period)

...and rehab and retraining

If you have an Income Protection claim, you may be offered rehab and training to help with your recovery. See [Access rehab and retraining](#) on page 8.

Death and TPD cover

No matter what happens, you want to be sure you're financially secure. Our Death and TPD cover helps by protecting you and your family if you become permanently injured or ill, or if you die.

lifePLUS auto	lifePLUS choice
<p>Offers automatic Death and TPD cover that changes with your age. Your cover amount is:</p> <ul style="list-style-type: none"> • Higher when you need it most—during life stages where you might face bigger costs or more expenses, like when you buy a home or start a family. • Lower when you're likely to rely on insurance the least—like during life stages when your income is highest, when you're contributing more to your super and when your mortgage decreases. <p>See page 33 for the cover amount you'll receive based on your age.</p>	<ul style="list-style-type: none"> • Offers age-based cover or cover that you can fix so that the amount of cover you get doesn't change automatically each birthday (up to age 61). • Cover that's up to a maximum: <ul style="list-style-type: none"> ◦ Death benefit of \$50 million ◦ TPD benefit of \$3 million.

Auto versus choice

Receive a lump sum benefit payment...

If you're permanently ill or injured and you have Death and TPD cover, you may be eligible to claim a lump sum benefit through your insurance. Use the benefit to help pay for additional costs such as:

- living expenses and any debts you may have, or
- customising your home and/or car if you're with permanent disability.

If you die and you have Death cover, we pay the lump sum to your beneficiaries—that is, the person or people who are legally dependent on you.

...or convert it to an income stream

You can convert a TPD lump sum benefit into an income stream through a product like our Commonwealth Superannuation Corporation retirement income (CSCri). An income stream allows you to keep some or all of your super invested, while also receiving regular income payments. For more information visit csc.gov.au/cscri.

Includes Terminal Illness benefits

If you have a Terminal Illness, you might be eligible to claim a Terminal Illness benefit that's equal to the amount of your Death cover.

Other features

Transfer existing insurance cover

If you're under 55 and have Income Protection cover and/or Death only or Death and TPD cover with another super fund, you may be able to transfer that cover to lifePLUS choice. Maximum limits and insurance terms and conditions apply. See [Transferring cover from another super fund](#) on page 15.

Get interim cover

When you apply for lifePLUS choice Income Protection and/or Death and TPD cover, you'll get interim accident cover for up to 90 days from the date the insurer receives your application. See [Like interim accident cover while you wait?](#) on page 23.

Take approved leave with partial or no pay

If you take approved leave without pay or leave with partial pay you must let us know the dates of your approved leave before your leave commences. As long as there's enough in your PSSap account to cover monthly insurance premium deductions and your insurance doesn't stop because of 'inactivity', your cover will continue for up to 24 months. See [Inactivity explained](#), below.

You can also apply for an extension to the 24-month period as long as you apply before your 24 months is up or before the documented return-to-work date with your employer—whichever comes first.

If you don't apply for an extension, the insurance policy rules change. You'll be classified as having taken leave without approval or unauthorised leave without pay. This means that even though your cover continues, if you suffer an injury or illness during this period:

- you'll have to meet a tougher disability test to access TPD benefits; and/or
- your [Pre-Disability Income](#) will be assessed differently for Income Protection.

If you have Income Protection cover and you've made a successful claim while you are on approved leave, benefits will commence on the later of:

- the date after the expiry of your [Waiting Period](#), and
- your documented return to work date.

Inactivity explained: To protect your super balance, under super law we have to make accounts inactive if we don't receive any contributions for 16 consecutive months. Making an account 'inactive' stops your insurance cover.

If you want to keep your cover, even though your account is inactive, you'll need to write to us within 60 days of your account becoming inactive to let us know. Your insurance cover will continue as long as there's enough in your PSSap account to pay for insurance premium deductions.

Overseas Cover

If you're posted, seconded or you move overseas, as long as there's enough in your PSSap account to pay for insurance premium deductions, your lifePLUS cover will continue.

It's worth noting that even though your cover continues, you can't apply to increase your cover or transfer cover into PSSap during your overseas posting/secondment.

If you're not an Australian resident, but you're employed by an eligible PSSap employer, you may be able to get lifePLUS cover. You'll need to be eligible to work in Australia and be living in Australia.

If you need help deciding if insurance through your super is right for you while you're living or working overseas you might like to speak with one of our specialists. As a PSSap customer, you can get over-the-phone answers to common questions—like understanding how to assess the right level of insurance, or if you would like personalised fee for service financial advice you can call the Financial Advice team on **1300 277 777**, or email financial.advice@csc.gov.au¹

Access rehab and retraining

We have access to one of the largest and most experienced team of rehabilitation professionals in Australia—if you're sick or injured, it's their job to help you get back to yours

If you have an Income Protection claim, our rehabilitation team works with you, your employer and our insurer's network of rehab program providers to work out the best way to support you.

Rehabilitation after injury or illness comes in various designs, depending on your medical and personal circumstances. You may need:

- A tailored work-readiness program (including fitness and coaching) to make sure you're confident and ready to return to work after you've recovered.
- Workplace assessments to find out if there's any equipment or personal support that will help you transition back to work and thrive when you're there.
- Help to improve your skills and capabilities, making your return to work sustainable over the long term.
- Career guidance to explore other options, especially if you can't return to your previous role.

Rehabilitation expense is limited to 6 months benefit payments.

For further information call **1300 725 171**.

Keep lifePLUS if you leave the APS

A significant benefit of your lifePLUS cover is that your cover can continue automatically, even if you leave the APS—or if you stay with the APS but choose another super fund.

Simply let us know and we'll convert your cover to lifePLUS choice (if it's not already).

You'll need to let us know if your Income (salary) changes (insurance claims use this figure to determine payment amounts). If you don't, you may end up paying higher premiums for cover you're no longer eligible for, or receive lower benefits that don't reflect what you're actually earning. You can apply to change your cover at any time, see Choice on page 14 for details.

Note that your insurance will stop if your account becomes inactive. This happens if:

- we don't receive any contributions into your PSSap account for a continuous period of 16 months; and
- you've not let us know that you want to keep your cover.

¹ Our authorised financial planners are authorised to provide advice by Guideway Financial Services (ABN 46 156 498 538, AFSL 420367). Guideway is a licensed financial services business providing CSC financial planners with support to provide customers with specialist advice, education and strategies.

Cover at a glance

lifePLUS is flexible—accept auto cover or choose your own

	Income Protection cover	TPD cover	Death cover	Terminal Illness cover
lifePLUS auto, no application	<ul style="list-style-type: none"> ✓ • Waiting Period: 90 days • Benefit payments: Up to \$15,000 per month • Benefit payment period based on age group: <ul style="list-style-type: none"> ◦ 14y 9m–34: up to 2 years ◦ 35–54: up to 5 years ◦ 55+: up to 2 years • Super contributions: 15.4% contributions to super during the benefit payment period 	✓	✓	✓
lifePLUS auto, <i>Limited Cover?</i>	✓	✓	✓	✓
	Yes, for all new customers for at least 12 consecutive months from the cover start date.			
lifePLUS auto, pre-existing conditions covered?	✓	✓	✓	✓
	Yes, after the period of <i>Limited Cover</i> is over.			
lifePLUS choice, apply for cover	<ul style="list-style-type: none"> ✓ Choose your: • Waiting Period: 30, 60, 90 or 180 days • Benefit payments: Up to \$35,000 per month • Benefit payment period: 2 or 5 years • Super contributions: 15.4% contribution to super during the benefit payment period 	<ul style="list-style-type: none"> ✓ Choose the amount of cover you want, plus fix your cover rather than have it change with your age if that suits you best. Choose cover that's up to a maximum: <ul style="list-style-type: none"> ◦ Death benefit of \$50 million ◦ TPD benefit of \$3 million Note that you can't select only TPD cover. 	<ul style="list-style-type: none"> ✓ 	<ul style="list-style-type: none"> ✓ The amount payable is equal to your Death cover, if you're medically certified as being likely to die within 24 months.
Cover start age	14y 9m to under 67y	14y 9m to under 65y	14y 9m to under 65y	14y 9m to under 65y
Cover stops when you turn	67	70	70	70
	There are other reasons cover may stop. See page 13 for lifePLUS auto and page 17 for lifePLUS choice.			
Covered if on leave without pay or leave with partial pay?	<ul style="list-style-type: none"> ✓ Yes, up to 24 months 	<ul style="list-style-type: none"> ✓ Yes, up to 24 months 	N/A	<ul style="list-style-type: none"> ✓ N/A
	<i>Limited Cover</i> applies if you have lifePLUS auto cover. See also Take approved leave with partial or no pay on page 7 .			
Claim <i>Waiting Period?</i>	<ul style="list-style-type: none"> • lifePLUS auto: 90 days • lifePLUS choice: your choice of <i>Waiting Period</i>. Choose 30, 60, 90 or 180 days 	0–24 months, depending on the nature of the injury, sickness or disease.	None	✗
Super contributions during claim periods?	<ul style="list-style-type: none"> • lifePLUS auto ✓ • lifePLUS choice ✓ <p>If you have Income Protection cover</p>	✗	✗	✗
Covered for rehab programs, services and costs if claiming?	✓	✗	N/A	✗

Eligibility terms and conditions apply. See [Eligibility rules](#) on page 4.



lifePLUS auto gives eligible customers default levels of Income Protection and age-based Death and TPD cover



Who gets Income Protection cover?
Permanent Employees, Non-Ongoing Employees with a contract of more than 3 months and Casual Employees are eligible for Income Protection cover when they join or rejoin PSSap, if they're at least 14 years and 9 months old and under 67.

Income Protection cover

Features

lifePLUS auto cover gives most customers more Income Protection cover when they need it, and less when they don't. It's based on three age groups: 14y 9m–34 | 35–54 | 55+.

With lifePLUS auto, you get:

- A benefit payment period that aligns with your age group (or to the end of a *Non-Ongoing Employee*'s contract period, whichever is earlier):

14y 9m–34	35–54	55+
2 years	5 years	2 years

- A benefit amount of 75% of salary for the first 2 years, and 50% for the remaining 3 years if applicable to your age group (calculated on the lesser of your reported *Income* or *Pre-Disability Income*).
- Benefit payments of up to \$15,000 per month. For *Permanent Employees* this is based on the *Income* reported by your employer (if we didn't get information about your *Income* from your employer when your account was set up, we'll use a default amount of \$47,000) or for *Casual Employees* the *Income* details you provided to us. This *Income* does not include any additional sources of income outside your APS employment.
- A *Waiting Period* of 90 days.
- 15.4% contributions to your super savings during the benefit payment period.

Waiting Periods

If you have Income Protection cover and you've made a successful claim, your *Waiting Period* is the amount of time you have to wait before insurance benefit payments start.

lifePLUS auto has a default *Waiting Period* of 90 days.

Under your policy, the *Waiting Period* starts from the date a *Medical Practitioner* first examines you and certifies that you're *Totally Disabled* because of the condition you're claiming a benefit for. You must have also stopped work for a continuous period due to that condition.

Returning to work during Waiting Periods

When you're ready to go back to work, lifePLUS cover lets you check how fit and ready you are without resetting your *Waiting Period*. Because you have a *Waiting Period* of 90 days, you can go back to work for up to 10 days during your *Waiting Period* without restarting your *Waiting Period*.

The *Waiting Period* is simply extended by the total number of days you returned to work. If you go back to work for longer than 10 days during your *Waiting Period*, your *Waiting Period* restarts.

Tailoring your Income Protection cover

If you'd like to tailor your Income Protection cover to better suit your needs—for example, to shorten your *Waiting Period*, fix the amount of cover you have or include additional sources of income—you can apply to change your cover under lifePLUS choice. For more details see *Choice* on page 14.



If you have super and Income Protection cover with someone else, taking out a second policy means you could be paying for cover you can't use. If this applies to you, call us—we'll check if you can apply to transfer your insurance under lifePLUS choice.

Death and TPD cover

Features

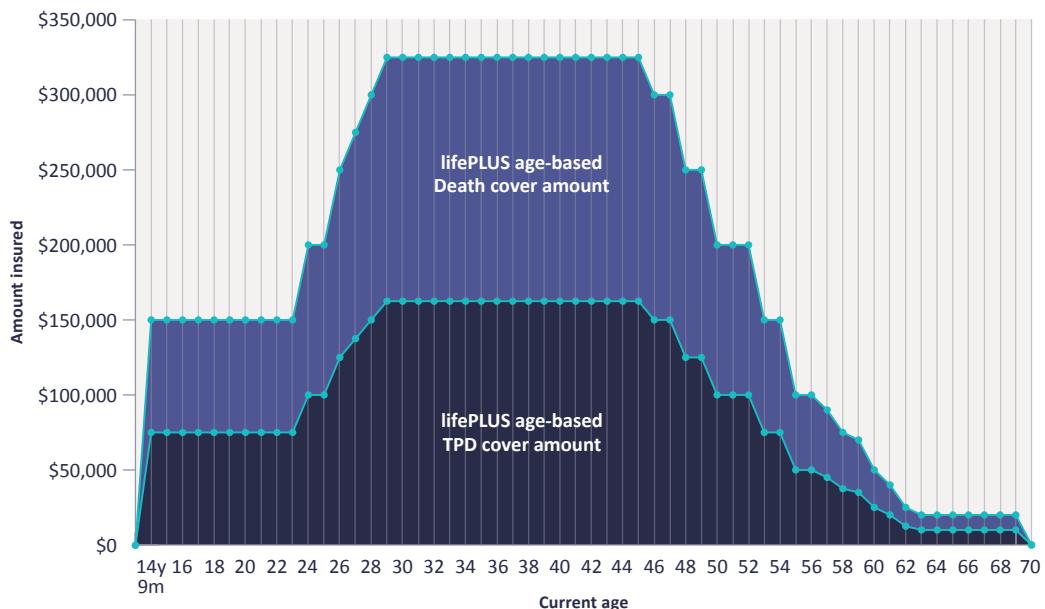
lifePLUS auto gives you levels of Death and TPD cover that change with your age.

You'll get cover that's:

- higher when you're likely to have more expenses, like when you buy your first home or start a family, and
- lower when you're likely to need it least, like when your income is highest, your mortgage is getting lower and you're contributing more to super.

The graph below shows how lifePLUS auto Death and TPD cover changes with your age.

See a more detailed view in our [Death and TPD insured by age](#) on page 33.



Who gets Death and TPD cover?

Permanent Employees, Casual Employees and Non-Ongoing Employees with a contract of more than 3 months are generally eligible for Death and TPD cover when they join or rejoin PSSap, as long as they're at least 14 years and 9 months old and under 70.

Waiting Periods

If you have TPD cover your Waiting Period (also known as the qualifying period) is the amount of time you have to wait before you can make a claim. lifePLUS auto TPD cover has a Waiting Period of 0–24 months depending on the nature of the injury, sickness or disease. For more information see [How we assess TPD](#) on page 36.

A Waiting Period does not apply to Death and Terminal Illness claims.

Tailoring your Death and TPD cover

You can tailor your Death and TPD cover by applying for more or less cover, or changing your age-based cover to fixed cover through lifePLUS choice. Your premium amount may change when you tailor your Death and TPD cover. For more details see [Choice](#) on page 14.

When lifePLUS auto cover starts

If you're a	Your cover starts	Notes
<ul style="list-style-type: none"> • New <u>Permanent Employee</u> • <u>Non-Ongoing Employee</u> with a contract of more than 3 months 	<p>When you start your new job.</p> <p>Technically speaking, your cover starts on the start of the pay period that's covered by the first super guarantee contribution your new employer makes into your account.</p>	This assumes you've opted in within 60 days of your welcome experience. If you did not do this, cover will activate when you turn 25 and your account balance reaches \$6,000.
New <u>Casual Employee</u>	On the day we receive your opt-in confirmation and have details of your <u>Income</u> .	This assumes you've opted in within 60 days of your welcome experience. You will need to provide your salary information as part of opting in.
Ancillary customer	You don't receive lifePLUS auto cover. If you're employed by an eligible employer and you're receiving super guarantee contributions from them, you have the option to change your membership to a PSSap membership. If you make this change, you may be eligible for lifePLUS auto cover, subject to the standard eligibility rules for <i>New Permanent Employees</i> or <i>New Casual Employees</i> .	To change from PSSap Ancillary to PSSap, you can complete a form available at www.csc.gov.au/forms within 180 days of starting employment with an eligible employer, as part of the eligibility requirements for lifePLUS auto cover.

A period of Limited Cover applies to any illness or injury you already have, suffer from or are under treatment for.

Limited Cover applies

Limited Cover means you're covered only for new claims that arise from illnesses or injuries that were not related to a condition that occurred **before** your cover started. Specifically, the new claim must be for:

- an illness that first Manifests itself on or after the date your cover most recently started, or
- an injury that occurred on or after the date your cover most recently started.

For *Permanent Employees*, *Casual Employees* and *Non-Ongoing Employees* with a contract of more than 3 months who join or contribute to PSSap within 180 days of starting employment, Limited Cover applies for at least 12 consecutive months from the date cover started.

When full cover starts

Full cover is available after you've been continuously At Work for the last 30 consecutive days of the Limited Cover period (12 months)—otherwise, Limited Cover continues until you satisfy this milestone.

When lifePLUS auto cover stops

Income Protection cover and Death and TPD cover stop on the date of whichever of the following happens first:

Reason cover stops	Income Protection cover stops?	Death and TPD cover stops?
Age, retirement or death		
You turn 67	Yes	N/A
You turn 70	N/A	Yes
You die	Yes	Yes
You permanently retire from the workforce (you will need to let us know ²)	Yes	No
Leaving PSSap or cancelling your cover		
You stop being a PSSap customer	Yes	Yes
You tell us in writing that you want to cancel your cover	Yes	Yes
Account balance		
Your unpaid insurance premiums are 60 days overdue	Yes	Yes
We don't receive a contribution to your super account for a continuous period of 16 months (your account becomes inactive) and you haven't written to us to let us know you'd like to keep your cover while your account is inactive	Yes	Yes
Claims		
Your claim for Terminal Illness or TPD benefits is accepted	No	Yes Death cover will cease unless Death cover is greater than TPD. ³
Other reasons		
You're not an Australian resident and you permanently leave Australia, or you become ineligible to work in Australia	Yes	Yes
We terminate the policy with the insurer (we'll give you 30 days' notice)	Yes	Yes

When lifePLUS auto cover converts to lifePLUS choice cover

If we are advised you have left APS employment or you have not had a contribution to your PSSap account from an APS employer for 120 days (unless you have advised us of a period of approved Leave without pay), your lifePLUS auto cover will become lifePLUS choice age-based cover.

If you hold Income Protection when your lifePLUS auto cover is converted to lifePLUS choice cover, it is your responsibility to keep your Income (salary) information up to date, so that your premiums and benefit amount in the event of a claim can be calculated appropriately.

You'll need to let us know if your Income (salary) changes (insurance claims use this figure to determine payment amounts). You can apply to change your cover at any time, see Choice on page 14 for details.

If you are still within the *Limited Cover* period when your lifePLUS auto cover converts to lifePLUS choice cover, the *Limited Cover* period will continue. For *Permanent Employees*, *Casual Employees* and *Non-Ongoing Employees* with a contract of more than 3 months who join or contribute to PSSap within 180 days of starting employment, *Limited Cover* applies for at least 12 consecutive months from the date cover started.

² Generally this will be by completing the *PSSap Withdrawing your super form* and checking the 'I have reached age 60, I have retired and to the best of my knowledge I will not resume gainful employment' box or letting us know by email.

³ Remaining Death cover will be reduced by the amount of the TPD Benefit paid and your cover will change to fixed lifePLUS choice cover.

Choice



Everyone's different—from the work they do to the risks they can tolerate—which is why you can apply for insurance or tailor your cover for a better fit through lifePLUS choice.

If you're eligible for cover, here are some of the things you can do:

- Apply for cover if you didn't get lifePLUS auto when you joined or rejoined PSSap, or if you have previously cancelled your insurance but want cover again.
- Increase or reduce your cover—for example, to:
 - Fix your Death and TPD cover at a lower amount to save money.
 - Move from fixed cover to age-based cover so your insurance is in step with your stage of life.
 - Choose an Income Protection benefit payment period that's either 2 or 5 years.
 - Choose a lower monthly Income Protection benefit payment amount to reduce your costs.
- Transfer Income Protection and/or Death and TPD cover from another insurer or super fund to lifePLUS choice (note that your premium may change when you transfer Death and TPD cover from another insurer or super fund).

Who can apply?

If you're an [Eligible PSSap Member](#) and you're at least 14 years and 9 months old and under 67 (for Income Protection) or under 70 (for Death and TPD), you can apply for lifePLUS choice cover.

Public Sector Scheme (PSS) or Commonwealth Superannuation Scheme (CSS) customers who are contributing to super can also apply for lifePLUS choice by joining PSSap as Ancillary customers.

Income Protection cover

Features

lifePLUS choice Income Protection gives you:

- a benefit payment period choice of 2 or 5 years (or to a *Non-Ongoing Employee*'s contract period end date, whichever is earlier)
- benefit payments of up to \$35,000 per month
- a choice of [Waiting Period](#)—apply for 30, 60, 90 or 180 days
- 15.4% contributions to your super account during the benefit payment period.

Note: The benefit payment and 15.4% contributions to your super account during the benefit payment period, won't exceed 90.4% of your [Income](#) or [Pre-Disability Income](#), whichever is less.

Waiting Periods

If you have Income Protection cover and you've made a successful claim, your *Waiting Period* is the amount of time you have to wait before insurance benefit payments start.

If you apply for lifePLUS choice cover, you'll be asked to select a 30, 60, 90 or 180 day *Waiting Period*. Whenever you apply for a shorter *Waiting Period*, this is subject to assessment and approval by the insurer.

Under your policy, the *Waiting Period* starts from the date a [Medical Practitioner](#) first examines you and certifies that you're [Totally Disabled](#) because of the condition you're claiming a benefit for. You must have also stopped work for a continuous period due to that condition.

Note that if you increase your *Waiting Period* within 60 days of the date of receiving your new customer details from us, your new *Waiting Period* and associated premiums will apply from your cover start date.

Choice

Returning to work during *Waiting Periods*

When you're ready to go back to work, lifePLUS cover lets you check if you're really fit and ready without changing your *Waiting Period*.

Here's how it works:

- If you have a ***Waiting Period of 30 days***, you can go back to work for up to 5 days during your *Waiting Period* without restarting your *Waiting Period*.
- If you have a ***Waiting Period of more than 30 days***, you can go back to work for up to 10 days during your *Waiting Period* without restarting your *Waiting Period*.

In both cases, the *Waiting Period* is simply extended by the total number of days you go back to work.

If you go back to work for longer than the periods outlined above, your *Waiting Period* restarts.

Death and TPD cover

Features

With lifePLUS choice, you can apply:

- For age-based cover that keeps up with your stage of life
- To fix any Death and TPD cover you hold, rather than have it change with your age
- For more or less cover
- To transfer cover from another super fund or insurer to lifePLUS choice.

Waiting Periods

If you have TPD cover, your *Waiting Period* (also known as the qualifying period) is the amount of time you have to wait before you can make a claim. lifePLUS auto TPD cover has a *Waiting Period* of 0–24 months depending on the nature of the injury, sickness or disease. Refer to [How we assess TPD](#) on page 36 for more information.

A *Waiting Period* doesn't apply to Death and Terminal Illness claims.



If you have super and Income Protection cover with someone else, taking out a second policy means you could be paying for cover that you can't use. If this applies to you, call us—we'll check if you can apply to transfer your insurance to lifePLUS choice.

Transferring cover from another super fund

If you hold Death only, Death and TPD cover and/or Income Protection cover with another super fund or insurance policy, you may be able to transfer your cover to lifePLUS choice if you meet the eligibility requirements. These include but are not limited to:

- being an Australian resident who's under 55; and
- currently gainfully employed and physically capable of working for at least 30 hours per week; and
- transferring a maximum monthly Income Protection benefit of up to \$20,000; and
- transferring a maximum of \$1 million per transfer for Death only or Death and TPD; and
- holding total transferred cover that does not exceed the maximum of \$2 million for Death only or Death and TPD cover; and
- being an *Insured Member* holding a total amount of Death only or Death and TPD cover **after** the transfer that does not exceed the maximum policy limits (\$50 million for Death and \$3 million for TPD); and
- you have not lodged a claim, been paid or are eligible to be paid, for any sickness or injury through a superannuation fund (including through PSSap) or insurance policy providing Terminal Illness, Total and Permanent Disablement or Income Protection cover, including accident or sickness cover; and
- you have not been diagnosed with a sickness or injury that reduces your life expectancy to less than 24 months; and
- you are not restricted due to injury or sickness from carrying out all your usual duties of your current and normal occupation for at least 30 hours per week; and

Choice

- you have not been absent from work due to injury or sickness for more than ten days in the last 12 months; and
- you can provide a copy of your annual statement issued with the last 12 months or all pages of a certificate of currency issued within the last 60 days; and
- you have not applied for cover through PSSap and been declined; and
- cancelling your cover with other super funds or insurance policies; and
- completing the [Transfer of cover form](#) and the insurer accepts the transfer.

Applications for transfer of cover will be assessed by the insurer, and we will notify you of the outcome. Any limitations, exclusions (subject to one) or loadings (up to 50%), that apply to the cover you are transferring will still apply to your lifePLUS choice transfer cover. Eligibility conditions and insurance exclusions apply when transferring cover. The [Transfer of cover form](#) is available from our website.

If you are a *PMIF Impacted Member* transferring cover

If you are a *PMIF Impacted Member* and opt in for lifePLUS auto within 60 days of receiving your welcome experience, and within 180 days of starting with your designated employer, you will receive lifePLUS auto. If you did not opt in for lifePLUS auto within this timeframe but would like to opt in for lifePLUS auto cover, you will need to let us know when completing the transfer of cover form. If you opt in, the lifePLUS auto cover amounts you are eligible for will immediately become lifePLUS choice fixed cover from the date your application for transfer cover is accepted by the insurer.

If you choose not to opt in when completing the transfer of cover form, you will not be eligible for lifePLUS auto after your transfer cover is accepted by the insurer. If you'd like cover in addition to your transfer cover in the future, you can apply for lifePLUS choice.

Transferring Death and TPD

If you are transferring Death only or Death and TPD cover, the total [Transferred Cover](#) amount of your lifePLUS choice Death only or Death and TPD cover cannot exceed a maximum [Amount Insured](#) of \$2 million. You will also only be able to transfer up to \$1 million of Death only or Death & TPD cover at a time. Your total [Amount Insured](#) after the transfer cannot exceed the Maximum policy limits (\$50 million for Death and \$3 million for TPD) and your TPD [Amount Insured](#) cannot be higher than your Death cover [Amount Insured](#). You cannot transfer TPD only cover to lifePLUS choice.

Your total amount of Death only or Death and TPD cover after your transfer is accepted will:

- Be fixed cover under lifePLUS choice. This means if you hold lifePLUS auto Death and TPD cover, your total amount insured after your transfer is accepted will be fixed cover and convert to lifePLUS choice.
- Be the amount of the lifePLUS choice cover you hold **plus** the amount of your transfer cover.

Transferring Income Protection

If you are transferring Income Protection, your transferred cover will replace any existing Income Protection cover and will be lifePLUS choice.

The benefit period and [Waiting Period](#) with lifePLUS choice will be equivalent to the cover you are transferring from another super fund or insurance policy. If lifePLUS choice does not have an equivalent benefit period or [Waiting Period](#) available, you will receive:

- a benefit period that is closest to and shorter than the benefit period that applied under the cover you are transferring from another super fund or insurance policy; and
- a [Waiting Period](#) that is closest to and longer than the [Waiting Period](#) that applied under the cover you are transferring from another super fund or insurance policy.

When lifePLUS choice cover starts

If you've applied for lifePLUS choice, you'll receive full cover from the date that the insurer accepts your application and informs us.

After the insurer makes a decision about your application, we'll get in touch to let you know how it turned out.

You'll get full cover

Unlike lifePLUS auto cover, there is no Limited Cover period for lifePLUS choice customers who have applied for cover.

This is because the insurance application process you go through to get cover gives the insurer a more accurate view of your health, your health history and your general wellbeing.

Our insurer may apply special conditions to your cover and that could include exclusions or extra costs for insurance premiums, depending on your individual risk profile.

When lifePLUS choice cover stops

Income Protection cover and Death and TPD cover stop on the date of whichever of the following happens first:

Reason cover stops	Income Protection cover stops?	Death and TPD cover stops?
Age, retirement or death		
You turn 67	Yes	No
You turn 70	N/A	Yes
You die	Yes	Yes
You permanently retire from the workforce	Yes	No
Leaving PSSap or cancelling your cover		
You stop being a PSSap customer	Yes	Yes
You tell us in writing that you want to cancel your cover	Yes	Yes
Account balance		
Your unpaid insurance premiums are 60 days overdue	Yes	Yes
We don't receive a contribution to your super account for a continuous period of 16 months (your account becomes inactive) and you haven't written to us to let us know you'd like to keep your cover while your account is inactive	Yes	Yes
Claims		
You make a successful claim for Terminal Illness or TPD benefits	No	Yes Death cover will cease unless Death cover is greater than TPD, in which case the remaining Death cover will continue.
Other reasons		
You're not an Australian resident and you permanently leave Australia, or you become ineligible to work in Australia	Yes	Yes
We terminate the policy with the insurer (we'll give you 30 days' notice)	Yes	Yes



If we are advised you have left APS employment or you have not had a contribution to your PSSap account from an APS employer for 120 days (unless you have advised us of a period of approved leave without pay), your lifePLUS auto cover will become lifePLUS choice cover. Please see [page 13](#) for more information.



If you hold fixed TPD cover, from age 61 the fixed TPD amount reduces at each birthday, reaching zero by age 70.

What's your insurance story?



I've joined the APS for the first time

I'd like to transfer my insurance from another fund to PSSap's lifePLUS.



What do I need to know or do?

If you're an Australian resident who's under 55, you can transfer Death only cover, Death and TPD cover or Income Protection cover from another super fund or insurer. Just complete and return the [Transfer of cover form](#) to apply. The full terms and conditions are on the form.

If your insurance is accepted, you'll be covered under lifePLUS choice.

More information

- [Transferring cover from another super fund on page 15](#)
- [Fees and premiums on page 27.](#)

I'm under 25 but have more than \$6,000 in my super account



Do I have to opt in?

Yes. And here's why.

The *Putting Members Interests First (PMIF)* Act aims to protect super account balances of customers who are under 25 and/or have an account balance of under \$6,000 from being reduced by insurance fees and premium deductions.

You'll need to opt in within 60 days of receiving your welcome experience, and within 180 days of starting work with your designated employer, if:

- you're under 25 and/or have an account balance that's less than \$6,000; or
- you're under 25—even when there's \$6,000 or more in your account.

More information

- [Why insure through super? on page 3](#)
- [Who has to opt in? on page 4](#)
- [How to opt in on page 4](#)
- [Limited Cover applies on page 12.](#)

Tools

- [LIFEapp calculator](#)
- [Insurance in Superannuation Key Facts Sheet](#)

My super balance has reached \$6,000



What happens now?

lifePLUS auto switches on if you're eligible for auto cover when you turn 25 and your account has at least \$6,000 in it.

And if you're already 25 and eligible for auto cover, but didn't have insurance before because your account balance was under this amount, when your balance reaches \$6,000 or more your insurance switches on automatically too.

In both cases, we'll send you an insurance activation letter that explains your cover and how to opt out if you don't need it. You can also change your auto cover, up or down, to better suit your needs.

More information

- [Auto versus choice on page 6](#)
- [Fees and premiums on page 27](#)
- [Apply for or change cover on page 23.](#)

Tools

- [LIFEapp calculator](#)
- [Insurance in Superannuation Key Facts Sheet](#)

What's your insurance story?

I've rejoined the APS

I worked for the APS, left employment before 1 November 2017, and have now joined again as a casual. I live with disability.



What type of cover do I get?

You're eligible for lifePLUS auto Income Protection and Death and TPD cover, as long as you didn't opt out of it at any time previously and have not had another employer contributing to your account.

You'll need to opt in to get auto cover within 60 days of receiving your welcome experience, and within 180 days of starting work with your designated employer.

A period of [Limited Cover](#) applies to customers who join or rejoin.

More information

- [Who's eligible for auto cover?](#) on page 4
- [Who's not eligible for auto cover?](#) on page 5
- [Who has to opt in?](#) on page 4
- [Limited Cover applies](#) on page 12.

Tools

- [LIFEapp calculator](#)
- [Insurance in Superannuation Key Facts Sheet](#)

I'm on leave without pay, but I want to keep my cover

I'm taking a year off on approved leave without pay while I explore startup ideas. I'd like to keep my insurance cover going.



Can I do this?

Yes, you can—for up to 24 months (and longer if you pre-arrange that with us).

All you need to do is:

- tell us your plans, including your return-to-work date—we'll record this to make sure we keep your account 'active' for your term of approved leave; and
- keep enough in your PSSap account to cover monthly insurance premium and fee deductions.

If you don't return to work on your documented return-to-work date or apply for an extension, the Insurance Policy rules change. You'll be classified as having taken leave without approval or unauthorised leave without pay. This means that even though your cover continues, if you suffer an injury or illness during this period:

- you'll have to meet a tougher disability test to access TPD benefits; and/or
- your [Pre-Disability Income](#) will be assessed differently for Income Protection.

If you have Income Protection cover and you've made a successful claim while you are on approved leave, benefits will commence on the later of:

- the date after the expiry of your [Waiting Period](#), and
- your documented return to work date.

More information

- [Take approved leave with partial or no pay](#) on page 7
- [When lifePLUS auto cover stops](#) on page 13
- [When lifePLUS choice cover stops](#) on page 17
- [Pre-Disability Income](#) on page 45
- [Total and Permanent Disablement or TPD](#) on page 46.

What's your insurance story?

Our family is about to expand—and fast!

We're in our early 40s, the house is not paid off yet and are expecting twins. We're going from two incomes to one for a year, while I am on approved leave without pay. I have lifePLUS auto cover. My partner is uninsured.



What can we do that backs us up financially when there's only one income?

You can apply for lifePLUS choice, and design your cover to suit your circumstances. For example, you may want to take a shorter [Waiting Period](#) for Income Protection cover, or increase your Death and TPD cover while one of you isn't working.

You also might benefit from getting some simple advice from a financial planner to help you think through the big change that's coming up.

More information

- [Auto versus choice](#) on page 6
- [Choice](#) on page 14
- [Take approved leave with partial or no pay](#) on page 7
- [Fees and premiums](#) on page 27
- [Advice and tools](#) on page 41.

Tools

- [LIFEapp calculator](#)

I'm looking at ways to reduce my insurance premiums



What are some things I can do?

Because insurance covers you against an unknown future, first up, it's good to review your financial position. Ask yourself these questions to help decide how much cover you need.

- If you had to be off work for six months or more, do you have enough sick leave credits to keep your income flowing?
- Are your savings healthy enough to cover medical bills, rehab or even a home refurbishment if you become seriously injured or ill?

Though cancelling cover may save you money in the short term, here are a couple of other ways to keep some cover and lower your costs.

- Consider applying for a longer Income Protection [Waiting Period](#)—if a longer [Waiting Period](#) is appropriate for you, it could reduce your cover costs.
- Or choose a fixed amount of Death and TPD cover, rather than age-based cover. If your savings are healthy, you could insure yourself for less, which will reduce your cover costs.

More info

- [Fees and premiums](#) on page 27
- [Apply for or change cover](#) on page 23
- [Claims—we're on your side](#) on page 34
- [Advice and tools](#) on page 41.

Tools

- [LIFEapp calculator](#)

What's your insurance story?

I've had an injury and I'm really hoping to get back to work



What help can I get through my insurance?

If you have lifePLUS Income Protection cover, you'll be paired up with a dedicated case manager who will help you make a claim.

During the benefit payment period that applies, you'll get Income Protection payments, super contributions and access to a wide network of rehabilitation experts.

We work with you to agree on the outcomes you expect and how to achieve them, and we'll coordinate your return to work with your employer and rehabilitation service providers.

More information

- [Auto versus choice](#) on page 6
- [Auto](#) on page 10
- [Choice](#) on page 14
- [Access rehab and retraining](#) on page 8
- [Claims—we're on your side](#) on page 34.

My partner died—he had insurance through his PSSap super



Where do I start and what do I need to know?

The easiest way to start the process is to call **1300 725 171**.

We'll verify you over the phone and send you some paperwork to complete.

A Case Manager will explain the steps involved in making a claim.

More information

- [Death claims](#) on page 37
- [Insurance claims vs super benefits](#) on page 37
- [Steps: Death benefit claims](#) on page 40.

I haven't been working for an extended period of time and now need to make a TPD claim.

I have not been working for the last two years and have not been contributing to my PSSap account. I elected to keep my insurance and now need to make a TPD claim.



Will not working affect the way my TPD claim is assessed?

If you weren't employed at the time your sickness or injury occurred, you are still eligible to make a TPD claim. However, your age and employment status at the date your sickness or injury occurred may change the way your TPD claim will be assessed. This means you may need to meet a stricter TPD definition if you haven't been employed in the last 24 months or you are aged over 65.

More information

- [Inactivity explained](#) on page 7
- [How we assess TPD](#) on page 36
- [Claims—we're on your side](#) on page 34
- [Total and Permanent Disablement \(TPD\) benefit definitions](#) on page 46.

What's your insurance story?

Can I make an Income Protection claim when I am receiving Workers Compensation payments?

I am currently receiving workers compensation payments, I am eligible to also make a claim on my Income Protection.



How much will I receive?

We encourage you to let us know about your claim as soon as possible. It's important to know that the Income Protection benefit payments you receive may be reduced by amount of any income you receive. This may include income such as:

- Workers' compensation or motor accident compensation payments
- Sick leave entitlements
- Any other disability insurance from another insurance company

If your Income Protection benefits are reduced by any income you receive you will still receive 15.4% superannuation contribution paid into your superannuation account.

More information

- [How much you'll receive and for how long on page 34](#)
- [If you're getting income from other sources on page 35](#)
- [If your Income Protection claim is accepted on page 36.](#)

I work full time in civilian employment but am also a part-time reservist in the Australian Defence Force (ADF).

I am a permanent employee with an APS department, and I am also a part-time reservist in the ADF. Am I covered if I sustain an injury whilst participating in activities as a reservist?



What do I need to know?

If you are engaging in civil community activities in your reserve capacity, such as helping rebuild communities affected by natural disasters (bushfires, floods etc), you can do so knowing you are covered if you get sick or injured.

If you are engaged in a military deployment as a reserve, depending on the situation, this may change your eligibility to make a claim as certain risks are excluded.

More information

- [When we can't pay a benefit on page 38](#)
- [Apply for or change cover on page 23.](#)

Tools

- [LIFEapp calculator](#)
- [Insurance in Superannuation Key Facts Sheet](#)

Apply for or change cover



Opt in or out | Get new cover | Change or cancel cover

If you need cover that's outside lifePLUS auto, want new cover or more cover than you currently have, you'll need to apply for lifePLUS choice—and the insurer will assess your application.

Here are some examples of the changes you can make to your cover.

- **Opt in or out.** Some new customers who are eligible for cover may have to opt in. Your welcome experience will provide more information, including information about opting out of cover.
- **Get new cover.** If you're not eligible for auto cover, you can apply for cover under lifePLUS choice.
- **Change cover.** You can increase how much you're insured for, your *Waiting Period* and your benefit payment period. You can also alter your insurance so that it's fixed, which means it doesn't change each birthday.
- **Cancel cover.** You cancel some or all of your current cover types. For example, you might want to cancel all of your Income Protection cover, or all of your Death and TPD cover.

For instructions see [How to apply](#) on page 24.

About the application process

In many cases, the insurer won't ask for medical exams as part of your lifePLUS choice application—but sometimes they do. For example, if you have a previous medical history, they'll need to check whether you're eligible for cover under the insurance policy. When applying for cover, you will need to answer questions about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance.

The insurer doesn't charge for the application and assessment process, and if you're asked to take medical tests to confirm your eligibility for cover, then the insurer will pay for those.

If your cover stopped for any reason or you've opted out and would like to get it back, you'll need to apply for the cover to reinstate it. In this case, the application and assessment process may result in you being declined or being offered insurance on modified terms and conditions.

Like interim accident cover while you wait?

When you apply for lifePLUS choice cover, you'll get interim accident cover for up to 90 days from the date the insurer receives your application.

As with any cover, there are some conditions and exclusions:

- TPD and Income Protection benefits won't be payable under interim accident cover if disability resulted from an excluded activity, for example a pursuit or pastime that the insurer nominates as hazardous—like base jumping, free diving or skydiving.
- Interim accident cover ends on the earliest of the following:
 - the insurer decides to accept or reject your application for cover;
 - you withdraw your application;
 - you're no longer eligible for cover under PSSap lifePLUS cover; or
 - the 90 days expires.

If something goes wrong while you have interim cover

If you're applying for lifePLUS choice Income Protection cover, and you suffer disability as a result of an accident during this time, you'll be covered for the lower of:

- the monthly benefit you've applied for; or
- \$15,000 per month.

If you're applying for lifePLUS choice Death and/or TPD cover, and you die or become totally and permanently disabled during this time, you'll be covered for the lower of:

- the cover amount you applied for; or
- \$1 million.

Apply for or change cover

How to apply

What do you want to do today?

I want to	Big picture view	Points to think about	Steps/Tools
Opt in to my auto cover	<p>Why opt in? Because:</p> <ul style="list-style-type: none"> Getting auto cover at competitive rates without having to complete forms and take tests is one of life's easy choices. Insurance fees and costs come out of your super account and not your take-home pay, so your cash flow is unaffected. 	<ul style="list-style-type: none"> Have you got enough in your account to cover monthly insurance fee and premium deductions? If you're a casual, are your hours fairly stable? 	You'll need to opt in to your cover within 60 days of receiving your welcome experience. Just click the link in your welcome experience or log in to the CSC Navigator and click the Insurance tab.
Opt out of my auto cover	<p>Opting out changes future auto eligibility. If you opt out of lifePLUS auto, you won't be eligible for it again—even if you work for another eligible employer or rejoin the APS down the track.</p>	<ul style="list-style-type: none"> Cover you get automatically when you join comes with no application process. If you want cover in the future, you'll need to apply through lifePLUS choice. We're a profit-for-customers fund, and we keep costs low so your super can grow. 	To opt out of your cover, simply log in to the CSC Navigator and click the Insurance tab, complete the Cancellation of cover form available at csc.gov.au/forms , email members@pssap.com.au or call 1300 725 121 .
Get new cover	<p>What's your insurance goal? Do you want to save money now or have the right level of cover in case you can't work, or if you die?</p>	<ul style="list-style-type: none"> How much would you need to receive each month if you're sick or injured? And for how long? How much would you like your legal dependants to receive if you die? How much would it cost to retro-fit your house if you had to live with permanent disability? Do you have cover you'd like to transfer to PSSap? 	<ul style="list-style-type: none"> Work out how much cover you need using our LIFEapp calculator. Crunch the numbers. See Fees and premiums on page 27. Get 'simple advice'. Call for an appointment. See Advice and tools on page 41. When you're ready, log in to the CSC Navigator and use our LIFEapp tool to change your cover. Or complete an insurance Application and variation form and return it to us.

Apply for or change cover

How to apply (continued)

What do you want to do today?

I want to	Big picture view	Points to think about	Steps/Tools
Change my cover, up or down	<p>Want more cover? Getting more insurance or changing a condition in your favour increases the insurer's risk—so this generally costs you a little more and you'll need to apply. But if you have a successful claim, you'll get the benefit (e.g. a shorter <i>Waiting Period</i>, a longer benefit payment period, a larger monthly benefit payment amount, etc.)</p> <p>Or want less cover? Reducing your cover may save you money in the short term but if you get sick or become injured, do you have enough sick leave pay or savings to pay for your mortgage, living expenses and hospital/rehab bills while you're recovering?</p>	<ul style="list-style-type: none"> Taking insurance through super gives you competitive rates that are generally lower than what's available commercially. Death and TPD cover are tightly linked. If you change Death cover to fixed cover, then TPD changes to fixed cover too. 	<ul style="list-style-type: none"> Work out how much cover you need using our LIFEapp calculator. Crunch the numbers. See Fees and premiums on page 27. Get 'simple advice'. Call for an appointment. See Advice and tools on page 41. When you're ready, log in to the CSC Navigator and use our LIFEapp tool to change your cover. Or complete an insurance Application and variation form and return it to us.
Cancel some or all of my cover	<p>If you want it later, you'll need to apply. You can cancel all of your cover types or cancel some of them.</p>	<ul style="list-style-type: none"> You can't hold TPD only cover. If you want TPD cover, you'll need to keep your Death cover. If you cancel lifePLUS cover, but decide to take it up again in the future, you'll need to apply for it again—including any transferred cover you might have arranged previously. If you reapply for cover and then claim, you may have to meet stricter tests to access benefits. 	<p>When you're ready, log in to the CSC Navigator and use our LIFEapp tool to cancel some or all of your cover, contact us or complete the Cancellation of cover form at csc.gov.au/forms, email members@pssap.com.au or call 1300 725 121.</p>

The duty to take reasonable care

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

Apply for or change cover

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984 (Cth)*. These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

Fees and premiums



When you have lifePLUS, monthly deductions come out of your PSSap account to cover the cost of insurance fees and premiums. Here we describe the fees and premiums and show you how to work out how much your cover costs.

Insurance fees

Our insurance fee is \$1.50 per month (or \$18 a year). This covers the cost of providing insurance to you.

We calculate the insurance fee on a pro rata basis at the end of each calendar month, and the amount is deducted from your PSSap account at the beginning of the following month.

Premiums

Unless you opt out of cover or cancel your cover, or your cover stops for another reason—for example, if your account has become inactive—insurance premiums for cover you hold are deducted, in arrears, from your PSSap account.

The cost of your cover is based on your age at your most recent birthday, and how much you're insured for under lifePLUS auto or lifePLUS choice.

We calculate Income Protection and Death and TPD premiums at the end of each calendar month. Premium amounts vary slightly month-to-month, depending on the date you joined and the number of days in each month.

Calculate your Income Protection cover

When calculating your cover, refer to [Income Protection premiums](#) on page 31.

Start with the formula...

We use this formula to calculate your monthly premium deduction.

(number of days in the month)	X	(monthly amount insured)	X	annual Income Protection premium rate for age (page 31)	=	Monthly Income Protection cover cost
(365.25 days in the year*)		(\$100)				

* Averaged to include leap years

...then plug in your insurance specifics and costs from the tables

Income Protection premiums are expressed as annual rates for every \$100 insured (see [page 31](#)).

Fees and premiums

Some worked examples

Using examples, here's how to work out your amount insured per year, the monthly amount insured, and how much it costs you for that insurance type per month. These examples are illustrative only.

Jessica's Income Protection premium



Jessica's 26 and she joined the APS on a salary of \$60,000 as a permanent part-time employee. As a new PSSap customer she has lifePLUS auto cover, and she's not changing it. She is aware that her lifePLUS auto [Waiting Period](#) is 90 days and she has a 2 year benefit payment period.

Step 1: Work out the annual amount insured: For the entire 2 year benefit payment period, the Income Protection component of her cover is 90.4% of her [Income](#). This means, Jessica's annual amount insured is $90.4\% \times \$60,000 = \$54,240$.

If Jessica has a successful Income Protection claim, her benefit payments will be split into monthly income payments (75%) and monthly contributions to her PSSap account (15.4%).

Step 2: Work out the monthly amount insured: Jessica is insured for up to \$54,240 over 12 months, making it a monthly amount insured of **\$4,520**.

Step 3: Look up the annual cost per \$100 insured, then run the numbers: For a 26 year old, you can see that the annual cost of insurance cover per \$100 insured is \$1.74.

So, for June, the monthly premium Jessica pays for Income Protection cover based on her current age is:

(30)	X	(\$4,520)	X	\$1.74	=	\$6.46
(365.25 days in the year)		(\$100)				(for 30 days in June)

Vishal's Income Protection Premium



Like Jessica, Vishal has lifePLUS auto with a 90 day [Waiting Period](#) and a 5 year benefit payment period. He turned 45 last birthday, and his reported salary is \$90,000.

Step 1: Work out the annual amount insured: For the first 2 years of the 5 year benefit payment period, the Income Protection component of Vishal's cover is 90.4% of his [Income](#). This means, Vishal's annual amount insured is $90.4\% \times \$90,000 = \$81,360$.

If Vishal has a successful Income Protection claim, his benefit payments will be split into monthly income payments (75%) and monthly contributions to his PSSap account (15.4%).

Step 2: Work out the monthly amount insured: Vishal's insured for up to \$81,360 over 12 months, making it a monthly amount insured of **\$6,780 per month**.

Step 3: Look up the annual cost per \$100 insured, then run the numbers: For a 45 year old, you can see that the annual cost of insurance cover per \$100 insured is \$9.96.

So, for June, the monthly premium Vishal pays for Income Protection cover based on his current age is:

(30)	X	(\$6,780)	X	\$9.96	=	\$55.47
(365.25 days in the year)		(\$100)				(for 30 days in June)



Remember, premiums vary slightly month to month, according to your start date and how many days in the month.

Fees and premiums

Calculate your Death and TPD premiums

When calculating your cover, refer to the following tables:

- [Death and TPD insured by age](#) on page 33
- [Death and TPD premiums](#) on page 33.

Start with the formula...

We use this formula to calculate your monthly premium deduction.

(number of days in the month)	X	(amount insured)	X	annual Death and TPD premium rate for age (see page 33)	=	Monthly Death/TPD cover cost
(365.25 days in the year*)		(\$1 000)				

* Averaged to include leap years

...then plug in your insurance specifics and costs from the tables

For Death and TPD, you'll need two figures—the amount insured (see [page 33](#)) and the cost of the premiums, expressed as annual rates for every \$1,000 insured (see [page 33](#)).

Some worked examples

Using examples, here's how to work out your amount insured and how much it costs you for that insurance type per month. These examples are illustrative only.

Jessica's Death and TPD premium

Step 1: For Death and TPD cover, work out the amount insured: Under lifePLUS auto, a 26 year old is covered for \$250,000 (Death) and \$125,000 (TPD).

Step 2: Look up the annual cost per \$1,000 insured for Death, then run the numbers: For a 26 year old, you can see that the annual cost of Death insurance cover per \$1,000 insured is \$0.46.

So, for June, the monthly premium Jessica pays based on her current age for her Death cover is:

(30)	X	(\$250,000)	X	\$0.46	=	\$9.45
(365.25 days in the year)		(\$1,000)				(for 30 days in June)

Step 3: Now do the same for TPD: For a 26 year old, you can see that the annual cost of TPD insurance cover per \$1,000 insured is \$0.22.

So, for June, the monthly premium Jessica pays based on her current age for her TPD cover is:

(30)	X	(\$125,000)	X	\$0.20	=	\$2.05
(365.25 days in the year)		(\$1,000)				(for 30 days in June)

Step 4: Add the Death and TPD premiums together to get the total monthly Death and TPD premium:

\$9.54 + \$2.05 = \$11.50 is the Total Death and TPD premium for 30 days in June.

Fees and premiums

Vishal's Death and TPD premium

Step 1: For Death and TPD cover, work out the amount insured: Under lifePLUS auto, a 45 year old is covered for \$325,000 (Death) and \$162,500 (TPD).

Step 2: Look up the annual cost per \$1,000 insured for Death, then run the numbers: For a 45 year old, you can see that the annual cost of Death insurance cover per \$1,000 insured is \$0.97.

So, for June, the monthly premium Vishal pays for Death cover based on his current age is:

<hr/> (30) <hr/>	\times	<hr/> $(\$325,000)$ <hr/>	\times	$\$0.97$	$=$	$\$25.89$ (for 30 days in June)
(365.25 days in the year)		(\$1,000)				

Step 3: Now do the same for TPD: For a 45 year old, you can see that the annual cost of TPD insurance cover per \$1,000 insured is \$1.81.

So, for June, the monthly premium Vishal pays for TPD cover based on his current age is:

<hr/> (30) <hr/>	\times	<hr/> $(\$162,500)$ <hr/>	\times	$\$1.81$	$=$	$\$24.16$ (for 30 days in June)
(365.25 days in the year)		(\$1,000)				

Step 4: Add the Death and TPD premiums together to get the total monthly Death and TPD premium:

$\$25.89 + \$24.16 = \$50.05$ is the Total Death and TPD premium for 30 days in June.

Income Protection premiums

Income Protection premiums shown below are the annual rates charged for each \$100 of insurance cover you have.

By age, Waiting Period and benefit payment period

Age last birthday	lifePLUS auto (your default cover)				lifePLUS choice (if you change your cover)							
	Benefit period 2 years	Benefit period 5 years	Benefit period 2 years				Benefit period 5 years				Waiting period	
			Waiting period		Waiting period		Waiting period		Waiting period		30 days	60 days
	Waiting period 90 days	Waiting period 90 days	30 days	60 days	90 days	180 days	30 days	60 days	90 days	180 days	90 days	180 days
14	1.80		4.01	2.09	1.80	1.61	6.88	3.40	3.06	2.71		
15	1.80		4.01	2.09	1.80	1.61	6.88	3.40	3.06	2.71		
16	1.80		4.01	2.09	1.80	1.61	6.88	3.40	3.06	2.71		
17	1.80		4.01	2.09	1.80	1.61	6.88	3.40	3.06	2.71		
18	1.80		4.01	2.09	1.80	1.61	6.88	3.40	3.06	2.71		
19	1.80		4.01	2.09	1.80	1.61	6.88	3.40	3.06	2.71		
20	1.80		4.01	2.09	1.80	1.61	6.88	3.40	3.06	2.71		
21	1.80		4.01	2.09	1.80	1.61	6.88	3.40	3.06	2.71		
22	1.80		4.01	2.09	1.80	1.61	6.88	3.40	3.06	2.71		
23	1.80		4.01	2.09	1.80	1.61	6.88	3.40	3.06	2.71		
24	1.80		4.01	2.09	1.80	1.61	6.88	3.40	3.06	2.71		
25	1.76		3.91	2.03	1.76	1.57	6.72	3.31	2.98	2.66		
26	1.74		3.93	1.99	1.74	1.54	6.72	3.24	2.92	2.61		
27	1.74		3.94	1.99	1.74	1.54	6.76	3.24	2.92	2.61		
28	1.74		3.98	1.99	1.74	1.54	6.80	3.24	2.92	2.61		
29	1.78		4.10	2.05	1.78	1.59	7.04	3.35	3.01	2.67		
30	1.80		4.22	2.09	1.80	1.61	7.22	3.40	3.06	2.71		
31	1.90		4.41	2.18	1.90	1.67	7.54	3.55	3.20	2.84		
32	1.97		4.62	2.25	1.97	1.75	7.88	3.69	3.32	2.95		
33	2.07		4.84	2.38	2.07	1.84	8.29	3.89	3.51	3.12		
34	2.18		5.11	2.51	2.18	1.93	8.73	4.08	3.69	3.27		
35		3.93	5.45	2.69	2.32	2.07	9.33	4.36	3.93	3.51		
36		4.24	5.81	2.88	2.49	2.23	9.95	4.70	4.24	3.77		
37		4.57	6.26	3.11	2.71	2.42	10.71	5.08	4.57	4.07		
38		4.94	6.74	3.37	2.93	2.61	11.53	5.50	4.94	4.40		
39		5.39	7.28	3.68	3.19	2.84	12.48	5.98	5.39	4.81		
40		5.94	7.92	4.05	3.52	3.14	13.57	6.59	5.94	5.30		
41		6.57	8.64	4.47	3.88	3.45	14.80	7.28	6.57	5.85		
42		7.23	9.42	4.94	4.30	3.82	16.12	8.05	7.23	6.44		
43		8.05	10.33	5.48	4.76	4.23	17.67	8.92	8.05	7.15		
44		8.92	11.32	6.08	5.29	4.70	19.36	9.92	8.92	7.96		
45		9.96	12.40	6.78	5.89	5.27	21.23	11.06	9.96	8.89		
46		11.21	13.67	7.62	6.63	5.89	23.40	12.43	11.21	9.96		
47		12.54	15.04	8.53	7.43	6.60	25.76	13.92	12.54	11.14		

Fees and premiums

Income Protection premiums (continued)

Income Protection premiums shown below are the annual rates charged for each \$100 of insurance cover you have.

By age, Waiting Period and benefit payment period

Age last birthday	lifePLUS auto (your default cover)		lifePLUS choice (if you change your cover)									
	Benefit period 2 years	Benefit period 5 years	Benefit period 2 years				Benefit period 5 years					
			Waiting period	30 days	60 days	90 days	180 days	Waiting period	30 days	60 days		
48		14.10		16.60	9.58	8.35	7.43		28.38	15.64	14.10	12.54
49		15.82		18.26	10.78	9.37	8.35		31.25	17.57	15.82	14.10
50		17.81		20.14	12.12	10.54	9.38		34.47	19.74	17.81	15.86
51		20.01		22.28	13.63	11.84	10.55		38.12	22.22	20.01	17.82
52		22.55		24.58	15.35	13.35	11.87		42.08	25.02	22.55	20.06
53		25.38		27.12	17.27	15.02	13.39		46.42	28.17	25.38	22.61
54		28.40		29.86	19.33	16.80	14.97		51.11	31.52	28.40	25.29
55	18.91			33.02	21.74	18.91	16.80		56.55	35.44	31.94	28.40
56	21.23			36.49	24.42	21.23	18.88		62.47	39.81	35.88	31.91
57	23.80			40.38	27.37	23.80	21.19		69.15	44.63	40.21	35.79
58	26.70			44.72	30.71	26.70	23.77		76.56	50.08	45.11	40.16
59	29.93			49.57	34.42	29.93	26.63		84.86	56.11	50.56	44.99
60	33.48			54.96	38.50	33.48	29.79		94.10	62.79	56.57	50.34
61	37.39			60.98	43.00	37.39	33.29		104.39	70.11	63.17	56.22
62	41.43			82.44	47.64	41.43	36.89		141.13	77.69	69.99	62.31
63	46.28			89.69	53.22	46.28	41.21		159.08	86.08	77.55	69.04
64	51.70			97.56	59.46	51.70	46.03		176.28	95.37	85.92	76.51
65	41.79			85.74	48.06	41.79	37.20		101.42	56.83	49.43	43.99
66	13.58			37.77	15.62	13.58	12.08		44.68	18.47	16.05	14.30

Fees and premiums

Death and TPD insured by age

If eligible for lifePLUS auto cover, this table shows the amount of Death and TPD cover you'll receive based on your age.

Your current age	lifePLUS auto aged-based Death cover	lifePLUS auto aged-based TPD cover
14–23	\$150,000	\$75,000
24–25	\$200,000	\$100,000
26	\$250,000	\$125,000
27	\$275,000	\$137,500
28	\$300,000	\$150,000
29–45	\$325,000	\$162,500
46–47	\$300,000	\$150,000
48–49	\$250,000	\$125,000
50–52	\$200,000	\$100,000

Your current age	lifePLUS auto aged-based Death cover	lifePLUS auto aged-based TPD cover
53–54	\$150,000	\$75,000
55–56	\$100,000	\$50,000
57	\$90,000	\$45,000
58	\$75,000	\$37,500
59	\$70,000	\$35,000
60	\$50,000	\$25,000
61	\$40,000	\$20,000
62	\$25,000	\$12,500
63–69	\$20,000	\$10,000

Death and TPD premiums

By age and insurance type

Age last birthday	Rates per \$1,000 of cover	
	Death	TPD
14	0.52	0.07
15	0.52	0.07
16	0.54	0.04
17	0.54	0.04
18	0.56	0.01
19	0.54	0.04
20	0.54	0.04
21	0.54	0.05
22	0.54	0.05
23	0.50	0.12
24	0.49	0.13
25	0.48	0.15
26	0.46	0.20
27	0.44	0.22
28	0.44	0.22
29	0.44	0.30
30	0.44	0.32
31	0.44	0.35
32	0.44	0.41
33	0.44	0.48
34	0.47	0.52
35	0.48	0.56
36	0.50	0.65
37	0.54	0.72
38	0.57	0.82
39	0.61	0.90
40	0.65	0.98
41	0.71	1.08

Age last birthday	Rates per \$1,000 of cover	
	Death	TPD
42	0.74	1.23
43	0.81	1.42
44	0.90	1.58
45	0.97	1.81
46	1.06	2.08
47	1.16	2.41
48	1.25	2.74
49	1.35	3.09
50	1.46	3.51
51	1.57	3.99
52	1.70	4.52
53	1.81	5.06
54	1.94	5.68
55	2.08	6.34
56	2.24	7.09
57	2.38	7.96
58	2.61	8.56
59	2.85	9.21
60	3.10	9.94
61	3.40	10.67
62	3.69	11.53
63	4.01	12.68
64	5.01	12.85
65	7.88	8.97
66	7.96	11.13
67	8.25	13.09
68	8.40	15.55
69	8.65	18.10

Claims—we're on your side



We independently review all claims decisions and work with the insurer if we think a claim has a reasonable chance of success. We put your best interests first.

In this section, we provide more information about the following claim types:

- Income Protection
- TPD, including Terminal Illness
- Death.

We also talk about super benefits that may sit alongside insurance claims, when we can't pay claims and how to claim.

Income Protection

If you're seriously ill or injured and you make a successful Income Protection claim, here's how lifePLUS supports you financially.

How we calculate your benefits

Your salary is key

Income Protection benefit payments are calculated on the lower of:

- your actual *Income* at the time of your *Total Disability*; or
- the *Income* advised to PSSap.

It's important that your details are correct because if the amount in our records is:

- higher than your actual salary, you'll pay more for a benefit that you can't claim; or
- lower than what you actually earn, the benefit you're able to claim may be much less than you'd expect and less than what you'd need to meet your financial obligations.

If you're employed full or part time, and we didn't get information about your *Income* from your employer when your account was set up, we'll use a default amount of \$47,000. The default *Income* may change from time to time.

Who has to give us salary information?

If you have lifePLUS auto and you're employed full or part time, your employer must provide salary updates for you. If your salary changes, check in with your employer to see if they've given the information to us. The benefit you receive if you can't work due to sickness or injury is based on the salary your Australian Government employer (known as a designated employer) has given us. The salary you're receiving from any additional employment you may have is not included in this amount.

If you have lifePLUS auto and you're employed casually, you must let us know your salary when you opt in to lifePLUS auto cover—and you're also responsible for keeping us in the know about any changes.

If you have lifePLUS choice, you must let us know your salary and you must tell us when it changes.

How much you'll receive and for how long

The Income Protection benefit amount you're paid and how long you'll receive benefit payments depends on your employment status, your salary and the level of cover you have under lifePLUS auto or lifePLUS choice. Here's a snapshot if you have a 5 year benefit (if you have a 2 year benefit payment period, ignore the second row).

You'll get	For this long	Plus your super component is
75% of your reported <i>Base Annual Salary</i> or <i>Pre-Disability Income</i> , whichever is less, paid directly to you	The first 2 years (or until the end of your contract if that's earlier)	15.4% paid into your PSSap account
50% of your reported <i>Income</i> or <i>Pre-Disability Income</i> , whichever is less, paid directly to you	The remaining 3 years (or until the end of your contract if that's earlier)	15.4% paid into your PSSap account
lifePLUS auto: up to a maximum \$15,000 per month		
lifePLUS choice: up to a maximum \$35,000 per month		

Claims—we're on your side

Note: If you have more than one injury or sickness at the same time, whether related or not, benefits are only payable for one injury or sickness.

If you're still able to work some of the time, you may receive partial benefits only. Your case manager will work closely with you during the claims process and will explain how much you'll get for how long, depending on your illness and injury and your ability to work some of the time. Note that:

- You can change your Income Protection benefit payment period to 2 years or 5 years by applying through lifePLUS choice.
- Amounts paid during 2 year benefit payment periods aren't indexed (i.e. they're not adjusted to match the cost of living).
- For 5 year benefit payment periods, so that payments match the cost of living, we index payment amounts after you've received 12 continuous months of Income Protection benefit payments. In this case, 5% indexing or indexing to CPI will occur, whichever is less.
- For 5 year benefit payment periods, after the first 2 years of receiving your benefit, the definition you're assessed against changes.

See [Definitions](#) on page 42, which explains the disability definitions the insurer uses to determine if you're eligible to receive an Income Protection benefit.

If you're getting income from other sources

Sometimes when you have an Income Protection claim you also may have a TPD claim. And you may be getting payments from other sources.

First up, if you do get a TPD benefit, you'll keep getting Income Protection benefit payments.

It's worth noting that PSSap Income Protection benefit payments will be reduced by any amount that's paid or must be paid:

- By workers' compensation, transport accident compensation or similar legislation that applies to your illness or injury.
- By your employer while you're receiving your Income Protection benefit payments.
- By another insurance company (including through another super arrangement) for Income Protection benefit payments.
- By any entity that owes you sick leave entitlements.

Subsequent claims

If you've made a claim but you still have the original injury or an injury related to your claim, it's good to get in touch to find out if you can make a subsequent claim.

Depending on your situation, a subsequent claim that comes about from the same injury or a cause that's related to your earlier claim may be treated as a separate claim or a continuation of your original claim.

Separate claim

If the [Date of Disability](#) of your subsequent claim occurs after you returned to work and you undertook all the usual, important duties and hours that made up your role (as assessed under the earlier claim), and you did this for at least six continuous months after your benefit payments for the earlier claim stopped and before you raised a subsequent claim, then the insurer will treat this as a separate claim.

For separate claims, your [Waiting Period](#) will restart and the benefit period will be treated as though there was no previous claim.

Continuation of your original claim

If the [Date of Disability](#) of your subsequent claim occurs up to six months after your benefit payments for the earlier claim stopped, the insurer will treat this as a continuation of your original claim.

In this case, a further [Waiting Period](#) won't apply, but the insurer will adjust the benefit period to take into account the benefit payments you've already received.



Did you know?

The insurer will support and monitor your progress while you're recovering, and may ask you to provide ongoing information as part of this process.

Claims—we're on your side

If your Income Protection claim is accepted

Unlike many policies, lifePLUS Income Protection also pays a super benefit—giving you one less worry while you recover.

Your monthly Income Protection and super payments

If the insurer approves an Income Protection claim, we'll pay your monthly benefit payments directly to you and pay 15.4% contributions into your PSSap account. We'll let you know how much you'll receive and when, plus how much your PSSap super contributions will be and when we'll make them. If you withdraw all of your PSSap benefit resulting in your account being closed, and you are within the period of receiving Income Protection payments, you will need to let the insurer know your new superannuation fund and account number to ensure you continue to receive the superannuation contribution component.

How tax is handled on payments and super contributions

Any amounts paid to you are generally taxed as normal income. The insurer withholds the relevant PAYG tax before they pay your benefit to you. At the end of the financial year, you'll receive a payment summary that you'll need to submit with your tax return.

As part of your claim, we'll ask you to complete a tax file number declaration. We'll provide your tax file number to the insurer and the ATO to make sure that a higher rate of PAYG tax is not deducted from your monthly benefit.

The super contribution payment of 15.4% is treated as a concessional contribution for tax purposes and is taxed at 15% (which is the same as your employer-related contributions).

Even though the 15.4% super contribution payment we make is not classed as a super guarantee payment (like your regular employer contributions are), the amount still counts towards your concessional (before tax) contributions cap for super.

If you're salary sacrificing super contributions, you'll need to keep this in mind because exceeding the cap may affect how much tax you pay. For more information see our [Tax and your PSSap super](#) booklet available from our website.

Total and Permanent Disablement

How we assess TPD

Determining whether you'll be ever able to work again is a serious matter—and it can take some time for the full extent of a condition to become clear.

Qualifying periods support fair and accurate assessments

For this reason, we have qualifying periods in place so we can make the fairest and most accurate assessment possible. The definitions we use to determine *Total and Permanent Disablement* (or TPD) are in the [Definitions](#) on page 42.

Depending on your circumstances, we may use a different definition of TPD (Part C of the TPD definition) to assess whether you're eligible to receive a TPD benefit. Some definitions require a customer's disability to be of a particular kind, meaning you'll only be eligible to receive a TPD benefit in a narrower range of circumstances.

Depending on the definition of TPD that's used to assess your claim, lifePLUS cover has these qualifying periods:

- **Part A of the TPD definition**—no qualifying period.
- **Part B of the TPD definition**—has a 24-month qualifying period.
- **Part C of the TPD definition**—6-month qualifying period.

When qualifying periods start

The qualifying period starts from the *Incident Date* and it varies depending on the TPD definition you're being assessed against. See *Incident Date* in the [Definitions](#) section for information about when qualifying periods start.

What circumstances may narrow the TPD definition?

There are different circumstances where you may be subject to a narrower definition of TPD—for example, if you're 65 or over. For details of the different TPD definitions that may apply see [Total and Permanent Disablement \(TPD\) benefit definitions](#) on page 46.

Claims—we're on your side

Terminal Illness

If you have lifePLUS Death and TPD cover, you may be able to apply for a Terminal Illness benefit. To apply, you must suffer a Terminal Illness, which means:

- you suffer from an illness or have an injury that two *Medical Practitioners* have certified, jointly or separately, and which in the opinion of the insurer is likely to result in your death within 24 months from the date of the certification (the ‘certification period’) regardless of any reasonable treatment undertaken;
- at least one of the *Medical Practitioners* is a specialist practicing in an area related to the illness or injury you suffer from; and
- for each of the certificates, the certification period has not ended.

Death claims

When we’re notified that a PSSap customer has died, we’ll provide Death benefit forms to interested parties.

When we’ve received the relevant documents—for example, the death certificate—if the late customer held lifePLUS cover on the day they died, a case manager will lodge an insurance claim.

For more information see [Steps: Death benefit claims](#) on page 40.

Insurance claims vs super benefits

For Death, Terminal Illness and TPD claims, the insurance claim is only part of your overall benefit. Your total benefit may also include the early release of your super account balance.

If you’re eligible for an insurance benefit and a super account balance payment, we’ll make a combined payment to you for both (excluding Income Protection benefit payments).

After we receive the insurer’s decision, we’ll need to approve the application for an early release of super, which may take another two to four weeks. Death claims may take a little longer if we’re still determining who the beneficiaries are.

Your dedicated case manager will keep you informed as each decision progresses.

Have you nominated your beneficiaries?

If you let us know who you’d prefer your super and any insurance benefit to go to by completing a binding beneficiary nomination, we’ll do our very best to carry out your wishes.

You don’t have to nominate a beneficiary, but if you do here’s what you need to know.

To be valid, your binding nomination must be:

- for an eligible dependant under super law, or a legal personal representative;
- recorded on a binding beneficiary nomination form;
- signed and witnessed in a specific way; and
- renewed every three years, or earlier if you reconfirm, change or revoke your nomination before the three-year period is up.

It’s a good idea to review your beneficiary nominations any time there’s a change in your personal circumstances—like when you get married, remarried or divorced, or you have child or a beneficiary of yours has died.

If nothing’s changed, you can log in to the [CSC Navigator](#) and let us know there’s no change.

If something changes, you’ll need to complete and submit the Beneficiary nomination form again.

Download the [Beneficiary Nomination Form](#) from our website.



Let us know your preference:

Nominating your beneficiaries can go a long way to deciding who will receive your super and insurance benefits if you die.

Claims—we're on your side

Tax on lump sum benefit payments

Determining how to handle a lump sum super payment is a first-time decision for most and there may be tax obligations to meet depending on the claim type and your circumstances.

We recommend: you read the [Tax and your PSSap super](#) booklet, available from our website; and seek financial advice to map the best way forward. See [Advice and tools](#) on page 41.

When we can't pay a benefit

There are some situations where we can't pay Income Protection or Death and TPD benefits because certain events are excluded from cover.

Income Protection exclusions and restrictions

Under the Income Protection cover policy, benefits are not payable if disability is caused wholly or partly, or directly or indirectly by:

- any intentional self-inflicted injury or attempted suicide or self-destruction while sane or insane;
- uncomplicated pregnancy, childbirth or miscarriage;
- war or act of war, whether declared or not;
- active service in the armed forces or peacekeeping forces (whether armed or unarmed) of any country or territory or foreign or international organisation; or
- participation in a combat or fighting force of any country or territory or foreign or international organisation.

Death or TPD exclusions and restrictions

Under the Death and TPD cover policy, a benefit is not payable for Death or TPD that is caused wholly or partly, or directly or indirectly by:

- active service in the armed forces or peacekeeping forces (whether armed or unarmed) of any country or territory or foreign or international organisation; or
- participation in a combat or fighting force of any country or territory or foreign or international organisation; or
- any self-inflicted injury or suicide, whether sane or insane while [Limited Cover](#) applies.

If death or TPD is caused by any intentional, self-inflicted act, whether while sane or insane, and it is within 13 calendar months of the date a customer has applied and been accepted for an increase in cover, the benefit payable under the policy is the [Amount Insured](#) before the increase.

How to claim

It's easier than you might think

When you let us know you'd like to consider claiming, we'll pair you up with a dedicated case manager who personally oversees the process.

Your case manager will work closely with you, your employer, our insurer and rehabilitation providers (where applicable) to coordinate an approach to get you back on your feet.

Specifically, they'll:

- help you lodge your claim and answer your queries
- be a direct contact for you, all the way through your claim
- monitor progress and talk to the insurer on your behalf
- keep you up-to-date with how your claim's going
- make sure your claim is being assessed efficiently.

So get in touch if you think you might claim—the sooner we know your situation, the sooner we can help.



We're here for you

Did you know we expect you to reach out to your case manager whenever you need to? If you're worried, have queries or concerns, just give them a call.

They use their skills to do the heavy lifting to make sure the claims process is straightforward for you.

Claims—we're on your side

Steps: Income Protection, TPD and Terminal Illness benefit claims

1. Call 1300 725 171 and we'll help you get your claim started

Call us right way. Even if you have a process underway for the injury or sickness—for example with your employer—or if you're on leave, just let us know.

We'll talk you through what's involved and start the claims process with you.

2. Complete and lodge your claim

Work with your dedicated case manager to complete and submit your claim documents through the Insurance Portal in the CSC Navigator. You will be able to view the progress of your claim and action any outstanding requirements.

3. Sit tight as the insurer assesses your claim and makes a decision

The insurer uses the information you've given us to assess your claim to decide whether, in its opinion, you've met the requirements under the policy to access your benefit.

To help their assessment along, they may also ask you to:

- give them more information about you or your work, like what your work-related duties are (all claims) or whether a rehab program might suit you (for Income Protection claims); and
- provide reports from your doctors, or make an appointment for a medical exam with one or more independent specialists.

Usually, your case manager will be the go-between, between you and the insurer—but sometimes the insurer may contact you directly if they think it'll help speed up the assessment.

The insurer will decide if they are going to accept or decline your claim. They'll let us know how they reached their decision, then it's over to us.

4. We'll review the decision independently

We're legally obliged to (and of course we want to) act in your best interest, so we'll always review the insurer's claim decision

During this review, we'll assess whether we agree with the insurer's decision.

5a. Claim accepted?

Income Protection

If your Income Protection claim is accepted, we'll write to let you know:

- how we'll pay your benefit (see [How much you'll receive and for how long](#) on page 34);



Know your tax obligations

If you receive insurance benefits, it's worth knowing if there are any tax obligations you need to meet. See:

- [Advice and tools](#) on page 41
- [Tax and your PSSap super](#) booklet available from our website
- the Australian Tax Office website.

- whether you'll be able to access a rehab program designed to help you get back to where you'd like to be; and
- what to expect while you're receiving a benefit, for example, any ongoing assessment and monitoring that's necessary.

Note that if you withdraw all of your PSSap benefit resulting in your account being closed, and you are within the period of receiving Income Protection payments, you will need to let the insurer know your new superannuation fund and account number to ensure you continue to receive the superannuation contribution component

TPD or Terminal Illness

If your TPD or Terminal Illness claim is accepted, we'll write to let you know:

- that your benefit will be paid into your super account and when this will happen;
- if your benefit payment will be a lump sum or if it will be set up as an income stream; and
- if we can release your super account balance under super law.

Note that while we can use a lot of the information you've given us for an insurance claim to make a decision about your super balance, we may be in touch if we need more information.

5b. Claim declined?

If your claim is declined and:

- We don't agree with insurer's decision, we'll ask them to reconsider your claim or to arrange more medical evidence. The claim will go back through the assessment process (step 3) and your case manager will keep you up to speed with what's going on.
- We agree with the decision, we'll write to let you know why it was declined and why we agree.

If we agree with the insurer, your case manager will also let you know how to request a review and how to lodge a formal complaint. If you do this, and you're not satisfied with how we manage your formal complaint (or you don't get our response within 90 days of submitting your complaint), you may contact the Australian Financial Complaints Authority on **1800 931 678** or via info@afca.org.au or at afca.org.au

Claims—we're on your side

Steps: Death benefit claims

1. Call 1300 725 171

After we verify you, we'll talk you through what's involved.

2. We'll give you a form to complete

As a potential beneficiary, a case manager will give you a form to complete. If there's a valid binding beneficiary nomination in place, we'll make payments to that beneficiary. If there's no binding nomination, we'll work out who the customer's dependants are or who the executor is.

3. We'll decide the claim and let potential beneficiaries know

Everyone has 28 days to object to the decision

If potential beneficiaries or other interested parties object to our decision, we'll request evidence from them to support the objection. The evidence goes to the Reconsiderations Committee that decides if the objection changes the original decision.

If anyone has complaints about decisions made by CSC or the Reconsiderations Committee, they can complain to the Australian Financial Complaints Authority within 28 days at afca.org.au

4. We'll pay beneficiaries

We'll distribute the super balance and any insurance benefit (if applicable and approved) to the beneficiaries. Beneficiaries should seek advice about whether there are any tax obligations they need to meet. See your financial advisor or visit the [Australian Tax Office](#) website.

We protect your privacy

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you (this includes the management of your insurance cover), improving our products and to keep you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, our insurer AIA Australia, our service providers or government or regulatory bodies. Your personal information may be accessed overseas by our service providers. Please see our privacy policy for full details. Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at csc.gov.au/Privacy-policy

Your privacy is important to AIA Australia. By becoming a customer, or otherwise interacting or continuing your relationship with AIA Australia directly or via a representative or intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of personal and sensitive information in the manner described in the AIA Australia Group Privacy Policy on AIA Australia's website as updated from time to time (AIA Australia Privacy Policy).

AIA Australia's current Privacy Policy is available at aia.com.au/en/privacy-policy or by calling 1800 333 613.

In summary, for the purposes set out in AIA Australia's Privacy Policy (including for the purposes of administering, assessing or processing your insurance or any claim) AIA Australia may:

- collect Personal Information from you, including from application forms or other information submitted in respect of your insurance, or when interacting with you (including online);

- collect your Personal Information from, and provide to, third parties in Australia and overseas, such as your representatives (including your financial adviser), the trustee and administrator of a superannuation fund, employers, health professionals, reinsurers, government agencies, service providers and affiliates;
- be required or authorised to collect your Personal Information under various laws including insurance, taxation, financial services and other laws set out in AIA Australia's Privacy Policy; and
- disclose Personal Information to third parties which may be located in Australia, South Africa, the US, the United Kingdom, Europe, Asia and other countries including those set out in AIA Australia's Privacy Policy.

If you do not provide the required Personal Information, AIA Australia may not be able to provide insurance or other services to you. Information about how to access or correct your Personal Information held by AIA Australia or lodge a privacy-related complaint is set out in AIA Australia's Privacy Policy.

If the Financial Services Council Life Code of Practice ('Code') applies to the insurance cover AIA Australia provides you, AIA Australia will comply with the Code when AIA Australia collects, uses and discloses your Personal Information. Where AIA Australia provides your Personal Information to a third party, the third party may collect, use and disclose your Personal Information in accordance with their own privacy policy and procedures. These may be different to those of AIA Australia.

The most recent version of the AIA Australia Privacy Policy at aia.com.au/en/privacy-policy applies to and supersedes all previous Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access.

Advice and tools



We're committed to unpacking the complexity of insurance and super so you can make informed choices with your super savings.

Free seminars | Simple advice and information | Fee for service advice | Super tools

Join in our free super seminars

To help you make great decisions about your super and insurance, we hold free, public and in-house seminars around the country—and you can join us online too.

To stay up to date with what's coming up and to register for a topic of your choice, head to csc.gov.au/seminars

Get simple advice at no extra cost, or fee for service advice

Get simple, over-the-phone advice⁴ to sort out any common questions about insurance cover or your super. To book your consultation at no extra cost call **1300 277 777**.

If you're an *Eligible PSSap Member*, you can receive valuable information on one of the following issues per consultation:

- insurance within your PSSap account.
- investment choice for your PSSap account.

This is called 'simple advice'.

Unfortunately, we can't provide simple advice for CSS or PSS schemes or for PSSap Ancillary accounts because of the complexity of these products.

For these products, and to get more detailed personal advice, we can provide fee-for-service consultations. More information is at csc.gov.au/financial-planning

Access some super tools

We've put together loads of tools that cover all range of super, investment and insurance topics at csc.gov.au/advice-and-resources

Here you'll find:

- CSC's Super Learning Hub—short videos about key topics
- more information about financial planning
- links to our webinars and information about seminars
- our factsheets and publications library
- any forms you might need.

Contact us

We're here to support you. See the last page of this booklet for our contact details.

⁴ Our authorised financial planners are authorised to provide advice by Guideway Financial Services (ABN 46 156 498 538, AFSL 420367). Guideway is a licensed financial services business providing CSC financial planners with support to provide customers with specialist advice, education and strategies.

Definitions

These definitions come directly from lifePLUS insurance policies and guide the terms and conditions of the Income Protection and Death and TPD policies

General definitions

Amount Insured for,

Death and TPD means in relation to an Insured Member, the amount of Death cover only or Death & TPD cover that applies to the Insured Member in accordance with the Eligibility Conditions of the Policy and the Policy Schedule.

Income Protection means in relation to an Insured Member, the amount of income protection (IP) cover that applies to the Insured Member in accordance with the Eligibility Conditions of the Policy.

Where an Insured Member had an increase in Income and this occurred within thirty-two (32) days prior to the Date of Disability, and the reported Amount Insured accurately reflected the Insured Member's Income prior to such increase, the Amount Insured will be 90.4% of the Insured Member's Pre-Disability Income.

Where an Insured Member's Income details have not been provided to CSC by the Designated Employer, the Insured Member's Amount Insured will be based on the Default Income.

For lifePLUS choice Insured Members, the Amount Insured is determined in accordance with Policy conditions 2.4, 2.8, or 2.10 (as applicable).

At Work means you are:

- A. engaged in your normal duties, without limitation or restriction due to sickness or injury, and are working normal hours; and
- B. not in receipt of and/or entitled to claim income support benefits due to sickness or injury from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.

You will be considered *At Work* if, you are on approved leave for reasons other than sickness or injury, and not taking into account the leave, you are capable of performing all the duties of your usual occupation without restriction or limitation due to sickness or injury.

If you do not meet these requirements, you are correspondingly described as being 'not At Work'.

Casual Employee means any person who is employed by a Designated Employer on a casual, temporary or ad hoc basis and satisfies at least one of the following:

- A. is paid at an hourly rate, or a fixed dollar amount for each day or part day of work; or
- B. is not entitled to be paid annual leave and sick leave from the Designated Employer; or

- C. is not defined as a *Permanent Employee* or *Non-Ongoing Employee*.

Date of Disability means the day the *Waiting Period* commences.

Eligible Member(s) means a Member of the Plan who is eligible for cover under the Policy and:

- A. is aged at least fourteen (14) years and nine (9) months and less than the Cover Expiry Age; and
- B. is a:
 - i. Permanent Employee;
 - ii. Non-Ongoing Employee;
 - iii. Casual Employee;
 - iv. Eligible PSSap Member; or
 - v. Ineligible PSSap Member; and
- C. is aged 25 or over unless they are a PMIF Exempt Member; and
- D. has an account balance with the Plan that was equal to or greater than \$6,000 on or after 1 November 2019 unless they are a PMIF Exempt Member.

Eligible PSSap Member(s) means a Member of the Plan who was employed by a Designated Employer for a continuous period of 12 months or more as required under the Superannuation Act and:

- A. is an Eligible Member who joined the Plan more than 180 days after commencing employment with a Designated Employer; or
- B. is not employed by a Designated Employer; and/or
- C. has elected Choice Of Fund; and/or
- D. is an Ancillary Member.

An *Eligible PSSap Member* is not an Uninsured Eligible PSSap Member or an *Ineligible PSSap Member* and, in accordance with the Superannuation Act, the Policy Owner is permitted to receive contributions from a Choice Employer in respect of the Member.

Former Insured PSSap Member means a Member who previously held cover that ceased under the Policy and was not reinstated.

Incident Date means for,

- A. Death Benefits: the date you die.
- B. Terminal Illness Benefits: the later of the dates that 2 Medical Practitioners certify in writing that you are Terminally Ill (as described in section **4. lifePLUS Death and TPD Cover**).
- C. TPD Benefits:
 - i. in respect of Part A of the TPD definition—the date you suffer the total and irrecoverable loss of the

Definitions

- sight of both eyes, use of 2 limbs or sight of 1 eye and use of 1 limb (where ‘limb’ is defined as the whole hand or the whole foot); or
- ii. in respect of Part B of the TPD definition—the first day of the twenty-four (24) consecutive month qualifying period being the day immediately after you have not performed any work solely due to injury, sickness or disease; or
 - iii. in respect of Part C of the TPD definition either:
 - the first day of the six (6) consecutive month qualifying period on which you are continuously, totally and permanently unable to perform at least two (2) of the activities of daily work solely as a result of an injury, sickness or disease and medical certification has been provided with respect to that date; or
 - the date you are unable to work as a result of having a Mental Illness
 (as applicable).

Income means the basic wage, income or self-employed income earned by you. It does not include bonuses, overtime earnings, mandated superannuation contributions, additional commissions and unearned income such as investment or interest income. If you are a permanent or non-ongoing contract employee, this is the salary upon which your pay is based on when on full time, sick leave and is given to us by your employer.

- Ineligible PSSap Member(s)** means a Member of the Plan who was not employed by one or more Designated Employer for a continuous period 12 months and:
- A. is an Eligible Member who joined the Plan more than 180 days of commencing employment with a Designated Employer;
 - B. has elected Choice Of Fund;
 - C. is not employed by a Designated Employer; or
 - D. is an Ancillary Member.

An *Ineligible PSSap Member* is not an *Eligible PSSap Member* and, in accordance with the *Superannuation Act*, the Policy Owner is not permitted to receive a contribution from a Choice Employer in respect of the Member.

Limited Cover means you are only covered for claims arising from a sickness which first *Manifests* itself, or an injury which occurred on or after, the date your cover commenced or most recently commenced under this Policy and was not related to a condition that occurred before the date your cover commenced or most recently commenced under this Policy.

Manifest means that symptoms exist which would cause a reasonable person to seek diagnosis, care or treatment, or that medical advice or treatment has been recommended by or received from a Medical Practitioner.

Medical Practitioner means a *Medical Practitioner* legally qualified and formally registered to practise in Australia (not including you, your employer or another of their employees, a member of your immediate family, or your business partner).

Mental Illness means you have been diagnosed by a Psychiatrist who is a Medical Practitioner under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association (or a similar diagnostic tool determined by the Royal Australian and New Zealand College of Psychiatrists Board).

Non-Ongoing Employee means any person employed:

- (a) employed by a Designated Employer on a written contract of employment for at least three (3) months;
- (b) on a contract with a specified end date; and
- (c) who is not a Permanent Employee or Casual Employee.

Permanent Employee means any person employed by a Designated Employer on a permanent basis and is entitled to be paid annual leave and sick leave from the Designated Employer.

PMIF Impacted Member means a Member to whom default cover cannot be provided because they are under 25 years of age or they have an account balance below \$6,000 and, in either case, are not a PMIF Exempt Member.

Transferred Cover means a Member’s Death only or Death & Total and Permanent Disablement cover held with an Other Fund or Other Policy.

Uninsured Eligible Members means a person who was a member of PSSap immediately prior to 1 November 2017, in relation to whom cover previously ceased as a result of the Member:

- (a) ceasing employment with a Designated Employer; or
 - (b) previously opting-out of cover,
- however, the member has continued to maintain their PSSap account balance.

Waiting Period means the number of continuous days you are *Partially Disabled* or *Totally Disabled*, which must elapse before benefits begin to accrue. The *Waiting Period* commences from the date you are first examined and certified by a *Medical Practitioner* as being *Totally Disabled* in relation to the condition which has caused you to claim (provided you have stopped work due to that condition).

Definitions

Disability definitions

The disability definitions that apply to Income Protection benefits are different to the definitions that apply to Total and Permanent Disablement benefits.

Income Protection Disability benefit definitions

Partial Disability or Partially Disabled means:

- A. You have satisfied the definition of *Total Disability* for at least 10 out of 14 consecutive days within your *Waiting Period*; and
- B. following the end of your *Waiting Period*, and solely due to injury or sickness, which directly caused the *Total Disability*;

For the first 2 years of the benefit period	After the expiry of the first 2 years and for the balance of the benefit period (if applicable)
A. are unable to perform one or more important duty ⁵ of your occupation; and	A. are unable to perform one or more important duty ⁵ of your occupation and are unable to perform one or more important duty ⁴ of all other occupations for which you are reasonably suited by education, training or experience. The skills, education, training or experience you acquire through rehabilitation or re-skilling will be considered in determining any reasonably suited occupation; and
B. remain under the regular care, attendance and following the advice of a Medical Practitioner in relation to that sickness or injury; and	B. remain under the regular care, attendance and following the advice of a Medical Practitioner in relation to that sickness or injury; and
C. are capable of working (whether or not for reward); and	C. are capable of working (whether or not for reward); and
D. are earning an income from your occupation or another occupation at a monthly rate of less than your <i>Pre-Disability Income</i> .	D. are earning an income from your occupation or another occupation at a monthly rate of less than your <i>Pre-Disability Income</i> .

and,

- C. You have satisfied the definition of 'temporary incapacity' in the *Superannuation Industry (Supervision) Regulations 1994 (Cth)*.

⁵ An important duty is one that involves at least 20% of the overall tasks you would have in your relevant occupation.

Definitions

Pre-Disability Income has the meaning outlined in Column B of the table below in relation to the circumstance relating to you (described in Column A of the below table):

1	<ul style="list-style-type: none"> A. you are a Casual Employee and employed for at least 12 months immediately prior to the Date of Disability with an employer; or B. you are an <i>Eligible PSSap Member</i>; or C. you are an <i>Ineligible PSSap Member</i>; or D. you have not returned to work after a period of approved leave from employment with partial pay or without pay of up to 24 months (or such longer period of leave approved by the Insurer) and the Date of Disability occurs after that period of approved leave; or E. you have not returned to work after a period of unauthorised leave from employment, and the Date of Disability occurs more than 30 days after the commencement date of the period of unauthorised leave. 	Your average monthly Income earned in the 12 months immediately prior to your Date of Disability
2	You are a Casual Employee and employed by an employer for less than 12 months immediately prior to the Date of Disability.	Your average monthly Income earned over your period of employment immediately prior to your Date of Disability.
3	Circumstances where the above options in this table do not apply.	Your monthly Income earned immediately prior to your Date of Disability.

Where your *Date of Disability* is within:

- i. your approved period of leave from employment with partial pay or without pay of up to 24 months (or such longer period of leave approved by the Insurer); or
- ii. 30 days of the commencement date of your unauthorised leave from employment,

your *Pre-disability income* will be that which would have applied if your *Date of Disability* has occurred immediately prior to the commencement of the approved leave.

Total Disability or **Totally Disabled** means:

- A. solely due to sickness or injury, you

For the first 2 years of the benefit period	After the expiry of the first 2 years and for the balance of the benefit period (if applicable)
<ul style="list-style-type: none"> A. are unable to perform one or more important duty⁶ of your own occupation; and B. remain under the regular care, attendance and following the advice of a Medical Practitioner in relation to that sickness or injury; and C. are not engaged in any occupation (whether or not for reward). 	<ul style="list-style-type: none"> A. are unable to perform one or more important duty⁶ of your own occupation and are unable to perform one or more important duty⁵ of all other occupations for which you are reasonably suited by education, training or experience. The skills, education, training or experience you acquire through rehabilitation or re-skilling will be considered in determining any reasonably suited occupation; and B. remain under the regular care, attendance and following the advice of a Medical Practitioner in relation to that sickness or injury; and C. are not engaged in any occupation (whether or not for reward).

and,

- B. You have satisfied the definition of 'temporary incapacity' in the *Superannuation Industry (Supervision) Regulations 1994 (Cth)*.

⁶ An important duty is one that involves at least 20% of the overall tasks you would have in your relevant occupation.

Definitions

Total and Permanent Disablement (TPD) benefit definitions

The disability definitions that apply to Total and Permanent Disablement benefits are different to the definitions that apply to Income Protection benefits.

Total and Permanent Disablement or **TPD** means:

The following table outlines the different customer scenarios and applicable part of the TPD definition that you will need to satisfy as at the Incident Date:

Customer scenario	Total and Permanent Disablement definition
1 You are aged less than 65	Either of Parts A or B of this TPD definition (unless row 2 or 3 of this table applies).
2 A. you are under 65 years of age who has not returned from approved leave with partial pay or without pay of up to 24 months or longer if approved by the Insurer (and the <i>Incident Date</i> occurs after that period of approved leave); or B. you are aged 65 or over; or C. you have not returned to work after being on unauthorised leave (and the <i>Incident Date</i> occurs more than 30 days after commencing that unauthorised leave); or D. you have not been in <i>Gainful Employment</i> at any time during the 24 months prior to the <i>Incident Date</i> .	Either of Parts A or C of this TPD definition.
3 Any TPD cover you transferred into PSSap from another superannuation fund or insurer.	Either of Parts A, B or C of this TPD definition in respect of the transferred TPD cover amount.

Part A

While you are insured under the insurance policy, you have suffered the total and irrecoverable loss of the:

- A. sight of both eyes; or
- B. use of 2 limbs; or
- C. sight of 1 eye and use of 1 limb; (where 'limb' is defined as the whole hand or the whole foot),

and, in all cases, after consideration of all medical and other evidence as the Insurer may require, you have become incapacitated to such an extent as to render you unlikely ever to have the capacity to engage in the *Gainful Employment* for which you are reasonably suited by education, training or experience.

Part B

While you are insured under the insurance policy, as a result of injury, sickness or disease:

- A. you have not performed any work for an uninterrupted period of at least 24 consecutive months⁷ solely due to the same injury, sickness or disease; and
- B. you are attending a *Medical Practitioner* and have undergone all reasonable and usual treatment including rehabilitation for the injury, sickness or disease; and
- C. at the end of the 24 consecutive month period, solely as a result of the same injury, sickness or disease (or any injury, sickness or disease directly caused by the same injury, sickness or disease), after consideration of all medical and such other evidence as the Insurer may require, you have become incapacitated to such an extent as to render you unlikely ever to have the capacity to engage in *Gainful Employment* for which you are reasonably suited by education, training or experience.

⁷ You are permitted to return to work during the 24 consecutive month period as part of any rehabilitation program as agreed by the Insurer, without recommencing the 24 consecutive month period, but only if the return to work is unsuccessful solely as a result of the same injury, sickness or disease (or any injury, sickness or disease directly caused by the same injury, sickness or disease).

Definitions

Part C

While you are insured under the insurance policy, you are either:

- A. continuously, totally and permanently unable to perform (with aids and adaptations⁸, if necessary) at least two (2) of the activities of daily work listed below ('Activities') as certified by a *Medical Practitioner* and approved by the Insurer, for a period of 6 consecutive months solely as a result of the injury, sickness or disease, and provided such continued inability is irreversible as certified by that *Medical Practitioner*:
 1. **Mobility:** the ability to:
 - bend, kneel or squat to pick something up from the floor and straighten up again, and get into and out of a standard sedan car; or
 - the ability to walk more than 200 metres at a normal pace on a level surface without stopping due to breathlessness as a result of a medical condition or angina,
 2. **Seeing:** the ability to read ordinary newsprint and pass the standard eye test for a car licence (even with glasses or contact lenses) and your vision is better than legal blindness as certified by an ophthalmologist,
 3. **Lifting:** the ability to lift with either one or both hands (from bench height) and carry a 5 kg weight a distance of ten (10) metres and place the item back down at bench height,
 4. **Communicating:** the ability to hear and/or speak in your first language with sufficient clarity such that you can hold a conversation in a quiet room by understanding a simple message and relaying that message to another person; or
 5. **Manual dexterity:** the ability to use:
 - at least one hand to pick up or manipulate small objects precisely with your hand or fingers (such as picking up a coin from desk height, using cutlery, tying shoelaces or fastening buttons); or
 - a pen, pencil or keyboard to write a short note that can be understood by another person in your first language,

Where you are unable to perform one or more of the above Activities upon the date cover commenced, that Activity shall not be taken into consideration during the TPD assessment.

OR

- B. deemed to be totally and permanently unable to perform activities of daily work if, in the reasonable opinion of the insurer, you have a *Mental Illness* that:
 1. your treating psychologist or *Medical Practitioner* believes won't improve, and
 2. has been assessed by a psychiatrist who is a *Medical Practitioner* appointed by the insurer as having an impairment of 19% or more on the Psychiatric Impairment Rating Scale and in their opinion the condition is permanent.

and, solely as a result of the same injury, sickness, *Mental Illness* or disease (or any injury, sickness, *Mental Illness* or disease directly caused by the same injury, sickness or disease), after consideration of all medical and other evidence as the insurer may require, you have become incapacitated to such an extent as to render you unable ever to have the capacity to engage in Gainful Employment for which you are reasonably suited by education, training or experience.

⁸ Aids and adaptations refers to equipment or fixtures to assist you without the assistance of another person to carry out the Activities.



Email
members@pssap.com.au



Phone
1300 725 171



Financial Advice
1300 277 777



Post
PSSap
Locked Bag 20117
Melbourne
VIC 3001



Web
csc.gov.au



Overseas Callers
+61 2 4209 5403