smartMonday Group Insurance

Product Disclosure Statement

Preparation date: 1 November 2025

About this Product Disclosure Statement (PDS)

This PDS is for eligible employees of IBM Australia Limited (IBM) and associated companies (see Part C). The PDS is structured as follows:

- **Part A** provides a summary of smartMonday Group Insurance as an insurance-only superannuation product.
- **Part B** describes the insurance arrangements of the product, including standard insurance policy terms and conditions, and details of the insurer.
- **Part C** sets out specific information about the cost of cover and any special (or non-standard) insurance policy terms and conditions that apply to you as agreed by your employer, the insurer and the Trustee.

This PDS sets out the benefits, features, options, risks, fees and costs of the smartMonday Group Insurance product (**USI: 68964712340016**). The product is part of the Smart Future Trust ABN 68 964 712 340 superannuation fund (the fund). Please read this PDS carefully before making any decision about whether to acquire, vary or continue to hold the product.

The Trustee of the fund and issuer of this PDS is Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE Licence L0001458. References to 'we', 'us', and 'our' are references to the Trustee. The owner of the insurance policy (or policies) is the Trustee, and references to 'you' includes the member, as the life insured.

smartMonday is a registered trading name of smartMonday Solutions Pty Ltd, ABN 48 002 288 646; AFS Representative No. 001312487, the sponsor of the fund, which is a Corporate Authorised Representative of Future Group Financial Services Pty Ltd, ABN 90 167 800 580; AFSL 482684.

The information in this PDS is general in nature and should not be relied upon as personal advice as your personal needs, objectives and financial situation have not been considered. Before making a decision based on any information in this PDS you should consider whether it is appropriate for your personal circumstances. You should speak with a financial adviser to help you assess your insurance needs.

Changes to information in this PDS

The information in this PDS is current as at the date of preparation. Information in the PDS that is not materially adverse information is subject to change from time to time and the Trustee may update such information by providing a notice of any such changes. If you'd like a free printed or electronic copy of the updated information, please call **1800 861 856** or email **smartmonday@iasas.com.au**.

Information about law in this PDS is based on the law as at the preparation date of this PDS and our interpretation of those laws at that date.

Keeping you informed

We may send or make certain information about your membership available to you electronically rather than sending it via the post. If we have your email address, we will either email you the information or send you a notification via email or SMS that the information is either available on our website or can be accessed by logging into your online personal homepage.
The information we can send or make available includes:

- Annual benefit statement
- Significant event notices
- Product Disclosure Statement (PDS).

Contents

Part A **2**
About smartMonday Group Insurance 2
Taxation 3
Risks of insurance-only super 4
Fees and costs 4
Nominating beneficiaries 5
Your right to privacy 6
Member communications 6
Customer identification 6
Access to advice 7
Cooling-off Period 7
Making a claim on your insurance 7
When does your membership end? 7
Complaints 7
Part B **8-18**
Part C **19-25**

Part A

About smartMonday Group Insurance

smartMonday Group Insurance is an insurance-only superannuation product which, subject to meeting eligibility criteria, can be used to obtain insurance cover inside super. There is no account balance or investment component in relation to smartMonday Group Insurance.

An employer contributing to this product agrees to participate in the superannuation fund, and will enrol eligible employees as members into the fund via *SuperStream*. The employer pays for the fees and costs of insurance cover by making monthly concessional contributions into the fund on behalf of members.

Subject to eligibility, members obtain insurance benefits for:

- **Life cover**
- **Total and permanent disablement (TPD) cover**

The Trustee is the owner of the insurance policy. All insurance premiums and benefit payments will be made through the fund within certain restrictions under superannuation law.

The superannuation fund

The smartMonday Group Insurance (**USI: 68964712340016**) product is part of a superannuation fund regulated under the Superannuation Industry (Supervision) Act 1993 (Cth) (SIS). The Trustee is licensed by the Australian Prudential Regulation Authority (APRA) to act as Trustee of the fund.

More information about the Trustee, including board and executive remuneration, and other governance disclosure is available at **eqt.com.au/superannuation/board-and-governance.**

The superannuation fund is governed by a Trust Deed that includes rules for the operation of and the benefits payable from the smartMonday Group Insurance product. The Trust Deed will prevail if there is any inconsistency with the PDS, to the extent of the inconsistency. A copy of the Trust Deed may be obtained free of charge by calling **1800 861 856** or email **smartmonday@iasas.com.au**.

The product is administered by smartMonday Solutions Limited who has in turn appointed Insurance & Superannuation Administration Services Pty Ltd (ABN 31 058 682 876, IASAS) to provide certain administration services on behalf of smartMonday.

Each employer who participates in the fund is set up as a sub-plan of the fund (referred to in this PDS as the 'plan' or 'employer plan').

Insurance benefits

Insurance is automatically provided to eligible members for Life and TPD cover ('**standard cover**').

Insurance cover commences when an eligible member is enrolled into the fund by their participating employer. In order for the Trustee to issue you with membership in this product and accept contributions on your behalf, your employer must provide the Trustee with your tax file number (TFN). If they do not provide your TFN, you cannot become a member of the plan and any contributions received will be refunded to your employer. Refer to 'Taxation' for more information about how the Trustee will use your TFN.

The payment of insured benefits for death, a terminal medical condition, or TPD are subject to the relevant policy terms and applicable definitions, which are summarised in Part B of this PDS. Any special (or non-standard) policy terms and definitions specific to the employer plan are referenced in Part C of this PDS.

Eligibility for any insured benefit is governed by the terms and conditions of the policy of insurance held by the Trustee on behalf of members of the plan. The policy will prevail if there is any inconsistency with the PDS, to the extent of the inconsistency.

The Trustee will only make a payment to a member (or the member's beneficiaries) if the claim is accepted by the insurer. Additionally, the Trustee can only release an insurance benefit if it is permitted to do so under the Trust Deed and you satisfy a condition of release under superannuation law.

In practice, the Trustee is required to only provide an insured benefit in relation to a member where the insured event is consistent with a condition of release. Therefore, it is highly unlikely that a claim would be accepted by the insurer in circumstances where a condition of release is not satisfied.

Eligibility for insurance cover

To be eligible for cover, generally you must be:

- a permanent or fixed term employee of the participating employer (full-time or part-time); and
- an Australian Resident (or holder of a temporary work visa approved by the insurer).

Eligibility requirements specific to the design of your employer's plan are set out in Part C.

No 'accumulation' account balance

Unlike most superannuation products, smartMonday Group Insurance is not an investment product and members will not have an account balance. Employers contribute monthly to cover the fees and costs associated with providing insurance cover for each employee in smartMonday Group Insurance. No other contributions (including member personal contributions) are allowed.

Your employer's contributions, treated as concessional contributions, will not be invested and will not earn investment returns or interest; and the benefit can't be transferred by you to another super fund.

Taxation

This section contains general information based on tax laws in force at the time of preparation of this PDS. Taxation will depend on your individual circumstances. We recommend you consider speaking to a registered tax adviser about your tax affairs. Further information is available at **ato.gov.au**.

Contributions caps

Contributions to super funds are generally classified as either concessional or non-concessional. As your employer is making contributions on your behalf to cover the fees and costs of your insurance cover, all of the contributions are classified as concessional contributions. Contributions from all superannuation funds you belong to count towards the caps, and the ATO will assess whether you have exceeded the caps on a financial year basis.

Concessional contributions caps

Contributions tax at a rate of 15% usually applies to concessional contributions and is payable by the fund. Generally this tax will not be payable by the fund on concessional contributions because the tax deduction received by the Trustee for the insurance premiums it pays to the insurer and for any applicable insurance administration fees offsets any contributions tax payable (this is subject to change if tax deductions are not obtained by the Trustee).

If the concessional contributions made to superannuation for you (or by you) exceed the concessional contributions cap of $30,000 for the financial year (subject to future indexation) across all superannuation products you participate in, you will be liable to be taxed at your marginal tax rate on the excess (less a 15% offset). Your concessional contributions cap may be higher, depending on your personal circumstances. Please see your tax adviser for more information.

If you are considered a high income earner, you may be liable for additional tax on concessional contributions under Division 293 of the *Income Tax Assessment Act 1997* (Cth). An additional tax of 15% on concessional contributions may apply where your income and concessional contributions exceed the high income earner threshold as defined under the law. The high income earner threshold is currently $250,000.

In certain circumstances, you may be able to withdraw an amount from a super fund to pay additional tax you incur, for example tax on excess concessional contributions. However, as you will not have an account balance you will not be able to withdraw anything from smartMonday Group Insurance. You may be able to withdraw amounts from another super fund you hold subject to that fund's ability to release contributions to you. Any excess concessional contributions not withdrawn would count towards the non-concessional contribution cap (refer to **ato.gov.au** for more information).

Tax deductions for concessional contributions

As your employer makes contributions to cover the fees and costs of your insurance cover related to your membership, you are not entitled to claim a tax deduction for those contributions.

Tax rebates

The Trustee receives tax deductions for fees and costs paid to fund the cost of insurance cover. This offsets the contribution tax payable on contributions received by your employer.

Tax treatment of insurance benefits

Different tax treatments apply depending on the nature of your benefit payments from the fund. These are summarised below:

a. Death benefits

Lump sum death benefits paid to a dependant, or the member's estate (through the legal personal representative) where the beneficiaries are dependants of the member under tax law, are not subject to tax.

For lump sum death benefits paid to non-dependants, or the member's estate to the extent the beneficiaries are not dependants (in both cases under tax law), tax is payable at the following rates:

- No tax payable on any tax-free element.
- Up to 15% plus any applicable levies on any taxed taxable element.
- Up to 30% plus any applicable levies on any untaxed taxable element.

Please note that the tax law definition of 'dependant' differs from the superannuation law definition. For example, a child aged 18 or more of a member is a dependant under superannuation law but is not a dependant of the member under tax law (unless dependency is established on another basis).

b. Terminal illness benefits

Lump sum benefits paid to a person with a terminal medical condition (as defined under superannuation law) are not subject to tax.

c. TPD benefits

- If you are over age 60, there is no tax payable on a lump sum TPD benefit.
- If you are under your preservation age (55-60, depending on your year of birth), the tax-free component is taxed at 0%, and the taxable component is taxed at a maximum of 20% (plus the Medicare levy of 2%).

If you are between your preservation age and age 60, the tax-free component is taxed at 0%, and the taxable component is taxed at 0% (up to a low-rate cap of $260,000 for 2025/26, and up to 15% plus applicable levies over the cap).

Tax File Number (TFN)

The Trustee is authorised under superannuation law to collect, use and disclose your TFN. The Trustee may disclose your TFN to the ATO and as otherwise permitted or required by law.

Declining to quote your TFN to the Trustee is not an offence. However, providing your TFN can mean you won't have to pay more tax than you need to in relation to benefits paid from the fund.

The way in which the Trustee is authorised to use your TFN and the impact of not providing it may change if the tax law changes.

Important information about your TFN

Your TFN is confidential and we will abide by requirements of the tax and privacy laws in protecting it.

If your employer does not supply a valid TFN to us at the time of enrolling you into the fund, you will not be able to become a member of your employer's plan, or have insurance through smartMonday Group Insurance.

Risks of insurance-only super

With any financial product, you should be aware of the risks when considering whether this product is appropriate for your needs.

You should be aware that:

- there is no 'accumulation' balance in relation to your interest in smartMonday Group Insurance and therefore a retirement benefit does not accumulate for you in the fund;
- no investment component will accrue and no interest or investment earnings will be earned or payable on contributions your employer makes on your behalf;
- whilst all contributions are used to cover the fees and costs of your insurance cover, these contributions will count towards your concessional contributions cap (which may have tax implications for you). Further, the fees and costs of your cover can increase over time, which can also have tax implications for you;
- if you exceed any applicable contributions cap as prescribed under tax law, your employer's contributions to the fund can't be refunded after they have been used to fund your insurance premiums and administration fees in your account;
- the benefit you receive from the fund may be less than insured benefit paid by insurer if tax applies on the payments to you, according to super and tax laws;
- tax and superannuation laws may change in the future.

While the Trustee has determined that cover provided by the insurer can be held inside superannuation, this does not mean that the Trustee considers that the insurance cover is suitable for your personal situation, objectives or needs. For example, the insurance may not meet your needs or the cover might not be enough for you, causing you financial hardship after receiving a benefit payment.

You may not be able to obtain an increase in cover because of your health or circumstances, now or in the future. If you allow your existing cover to lapse or to be cancelled before replacement insurance cover is firmly in place, you may not be able to obtain replacement insurance. If your employer fails to fund your premiums, your cover under the insurance policy will be terminated.

The performance of the insurer or the outcomes of the insurance policy are not guaranteed.

Fees and costs

Your employer will fully fund the insurance and administration fees and costs applicable to your insurance cover in smartMonday Group Insurance by making monthly contributions.

You won't be charged any additional fees or costs for the ongoing provision of insurance cover (including any applicable underwritten cover provided through the plan).

If you make a claim you will be responsible for costs associated with obtaining evidence for the claim to be assessed. This includes (but is not limited to) the fees for completion of medical reports by your treating doctors, travelling to attend medical appointments, fees for non-attendance and the cost of returning to Australia for assessment (if applicable). See Part B Section 9.2.

More information about the fees and costs applicable to smartMonday Group Insurance is provided in Part C.

Insurance premiums

Your insurance premium is usually dependent on a number of factors including the type and amount of cover you have, your age, and if you have any additional loadings. Premium rates are shown in Part C.

Administration fees

There are two fees that we charge for administering your account:

- **Member fee**: This is a dollar-based fee that is charged on a monthly basis.
- **Insurance administration fee**: This is a percentage of the gross insurance premiums, including an allowance for Goods and Services Tax (GST) net of Reduced Input Tax Credits (RITC).

See Part C Section 13 for more information including a worked example. Please note these administration fees are fully funded by your employer.

Tax implications of contributions

You should be aware that any concessional contributions paid by the employer to fund the fees and costs applicable to your insurance cover will count towards your concessional contributions cap, which may have tax implications for you.

Changes to fees and costs

We have the right to change the fees and costs described in this PDS without your consent. We will notify your employer in writing of any changes to fees and costs and if there is an increase in any fee (including premium rates) we'll notify your employer at least 30 days before the change.

Nominating beneficiaries

You can supply details of, cancel or change your nominated beneficiaries by completing the relevant nomination of beneficiaries form available at **smartmonday.com.au** or by contacting smartMonday.

If you die, any insurance benefits payable under smartMonday Group Insurance are paid to the Trustee. You can nominate who you would like the Trustee to pay the benefits to in the event of your death while a member of the fund. You can choose whether your nomination is binding on the Trustee or non-binding – see below for further details.

All nominated beneficiaries must be one of the following at the time of your death:

- your spouse (including de facto);
- a child of any age (including an adopted child and step child) of you or your spouse;
- any other dependant as permitted under superannuation law; or
- your personal legal representative (executor of the will or administrator of the estate).

For this purpose, 'spouse' means:

- a person to whom you are legally married;
- a person who, although not legally married to you, lives with you on a genuine domestic basis in a relationship as a couple (such as de facto spouse); or
- a person with whom you are in a relationship that is registered under a relevant law of a state or territory.

A 'dependant' includes someone who is financially dependent on you at the time of your death. It also includes someone in an interdependency relationship with you at the time of your death.

An interdependency relationship will exist if you and the other person:

- have a close personal relationship (and if either of you suffer from a physical, intellectual or psychiatric disability, the following requirements for an interdependent relationship do not apply);
- live together; and
- either of you provides the other with financial support, domestic support and personal care.

It is important that you keep your nomination up to date in line with your personal circumstances.

1. Non-binding nomination

If you give the Trustee a non-binding nomination (or your binding nomination is treated as a non-binding nomination – see next section), the Trustee will take your wishes into account but has complete discretion in deciding which of your beneficiaries (nominated or otherwise) will receive your death benefit. The Trustee may pay your death benefit to the beneficiaries you have nominated in the proportions you chose. But the Trustee will first consider other matters such as whether your circumstances have changed since you made the nomination and if there are other dependants. A change in your circumstances can impact on whether the Trustee will follow a non-binding nomination so you should ensure you review it if your circumstances change.

2. Binding nomination – non-lapsing

If you gave the Trustee a binding nomination that is valid and effective (that is, it meets the Trustee's requirements for the making of a binding nomination), the Trustee will pay your death benefit to the beneficiaries you nominated in the proportions you chose. To be effective, you must sign a binding nomination and have it witnessed by two adults over the age of 18 who are not your nominated beneficiaries. If you have not completed this form correctly and provided it to the Trustee, your nomination will be treated as non-binding.

You should revise your nomination if your personal circumstances change.

3. No nomination

If you don't make any nomination (non-binding or binding), or if you make an invalid nomination, or your nomination is ineffective at the time of your death (for example, you have nominated a person who is not your dependant), or your nomination has been revoked at the time of your death, the Trustee will have complete discretion in deciding which of your dependants and/or legal personal representative it will pay your death benefit to (and the proportions payable).

Your right to privacy

When you provide instructions to us, we will be collecting personal information about you. This information is needed to admit you as a member of the fund, administer your superannuation benefits, identify when you may become entitled to your benefits and to comply with Australian taxation laws and other applicable laws and regulations. If the information requested is not provided, we may be unable to administer your benefits, or your benefits may be restricted.

The Trustee's privacy statement

A copy of the Trustee's privacy statement is available at **eqt.com.au/global/privacystatement**. Alternatively, you can contact the Trustee's Privacy Officer on **(03) 8623 5000** or via email at **privacyqueries@eqt.com.au**. You should refer to the Privacy Statement for more detail about the personal information that we collect and how personal information is collected, used and disclosed. Some general information is set out below.

Use and disclosure

The information that you provide may be disclosed to certain organisations to which we have outsourced functions, or which provide advice to us and/or to Government bodies, including but not limited to:

- Organisations involved in providing administration services for the fund, the fund's insurers, accountants, auditors, legal advisers, and/or those that provide mailing and/or printing services.
- In the event that you make a claim for a disablement benefit, the insurer may be required to disclose information about you to doctors and other experts for the purposes of assessing your claim.
- The ATO, APRA, ASIC, AUSTRAC, Centrelink and/or other government or regulatory bodies.
- Those where you have consented to the disclosure and/or as required by law.

In some cases, these organisations may be situated in Australia and/or offshore.

Direct marketing

We may from time to time provide you with direct marketing and/or educational material about products and services we believe may be of interest to you. Should you not wish to receive this information, you have the right to 'opt out' by contacting us.

Access and correction

Subject to some exceptions allowed by law, you can ask for access to your personal information. You will be given reasons if you are denied access to this information. Our Privacy Statement outlines how you can request to access and seek the correction of your personal information.

Privacy complaints

Our Privacy Statement contains information about how you can make a complaint if you think we have breached your privacy and about how we will deal with your complaint.

Member communications

The Trustee produces an annual report for members each year giving important information about the fund and any relevant changes inside superannuation legislation. You can get a copy of the annual report from **smartmonday.com.au** and it will be available after the end of each financial year.

The fund's website contains other important information from the Trustee, including this PDS, the Trust Deed and the names of each outsourced service provider (e.g. insurer), to the fund.

More information on the Trustee and executive remuneration and other information required to be disclosed on the Trustee's website are available at **eqt.com.au/superannuation/board-and-governance**.

Customer identification

The AML/CTF Act requires the providers of financial products and services to conduct customer identification. This may occur on account opening, during the course of the customer relationship and/or upon withdrawal of funds. You or your estate will be asked to provide copies of appropriate documentation to verify your identity. This may affect processing times for certain transactions, for example, benefit payments may be delayed if suitable identification is not provided when requested. We will not be liable to you if any transactions or requests are delayed or refused due to any AML/CTF Act requirement.

Access to advice

smartCoach

As a member of the fund, you have access to smartCoaches who can provide you with intra-fund advice about your insurance within the fund.

Intra-fund advice is provided by or on behalf of Future Group Financial Services Pty Ltd. The cost of this advice is included in the administration fee (member fee) that is paid for by your employer.

Get in touch with a smartCoach on **1300 262 241** or email **smartcoach@smartmonday.com.au**.

Cooling-off period

Cooling-off rights do not apply to members in this product.

New employers have a cooling-off period of 30 days after commencing their participation in the fund (by enrolling their first employee into the fund). During this period, an employer can cancel their participation and any contributions made by them will be dealt with in accordance with the law.

Contact smartMonday on **1800 861 856** if you wish to exercise this right.

Making a claim on your insurance

We're here to help, so call smartMonday on **1800 861 856**.

We'll do our best to ensure you've got the support you need and your claim is processed as quickly and efficiently as possible. For more information about the insurer's claims process, refer to Part B.

The Trustee will only make a payment to a member (or the member's beneficiaries) if their claim is accepted by the insurer. Additionally, the Trustee can only release an insurance benefit if it is permitted to do so under the Trust Deed and you satisfy a condition of release under the superannuation law. The Trustee does not guarantee any payment of an insurance benefit.

When does your membership end?

Your membership of the plan usually ends with effect from the day that your insurance in the smartMonday Group Insurance product ends. Therefore, if you cancel all your insurance, or all the insurance cover ceases (for example, because you reach the policy expiry age), your membership in the plan also ceases at that time.

Your membership and insurance cover will also end when you cease employment with the Employer.

Subject to eligibility, you may be able to apply for membership and/or continue your insurance in another product offered under the fund, but you would be responsible for all insurance premiums and product fees and costs. See Part B for more information on options to continue cover after you cease employment.

Complaints

We take complaints very seriously and will do our best to make things right, and we learn from your feedback so we can improve our processes for next time.

To help us achieve that goal we've set up a formal procedure to ensure your matter is handled fairly and also as quickly as possible.

Call us

As a first step we always recommend calling smartMonday on **1800 861 856**.

Write to us

You may also choose to put your complaint in writing to the 'Enquiries Officer' at:

- **Email**: smartmonday@iasas.com.au
- **Post**: PO Box 1305, South Melbourne VIC 3205

A written complaint helps us with confirming your concerns and ensuring that we can resolve them to your satisfaction.

Alternatively, you can contact the Australian Financial Complaints Authority (AFCA) at any time (details below), although they are likely to refer you back to us if you don't contact us about your complaint before you raise the matter with AFCA.

Let us put it right

The length of time required to resolve your enquiry or complaint depends on the nature and complexity of the matter. By law, we're required to deal with your complaint within 45 days unless an alternate timeframe applies (for example a complaint about a death benefit distribution must be resolved within 90 days of the end of the 28-day objection period).

We'll certainly attempt to do so as quickly as possible and we'll keep you informed of progress along the way.

Still not happy?

You may also refer the matter to AFCA:

- **Post**: GPO Box 3, Melbourne VIC 3001
- **Phone**: 1800 931 678
- **Email**: info@afca.org.au
- **Online**: www.afca.org.au

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

Time limits may apply to make a complaint with AFCA so you should act promptly or otherwise consult the AFCA website to find out if or when the time limit relevant to your circumstances expires.

Part B

Contents

1. Insurance benefits **9**
1.1 Types of benefits 9
2. Getting insurance cover **9**
2.1 Eligibility 9
2.2 Automatic acceptance 9
2.3 Underwritten cover 9
3. When insurance cover starts and its conditions **11**
3.1 When cover starts 11
3.2 Limited cover 11
4. Insurance cover amounts **11**
4.1 Amount of cover 11
4.2 Automatic changes to cover 11
4.3 Reducing or cancelling cover 11
5. Extent of cover **12**
5.1 TPD definition 12
5.2 Cessation of cover 12
5.3 Worldwide cover 12
5.4 Leave without pay 12
6. Continuation option **12**
7. Interim accident cover **13**
7.1 What is interim accident cover 13
7.2 When interim accident cover starts ends stops 13
7.3 What the insurer will pay 13
7.4 What happens if the insurer pays an interim accident benefit 13
8. Ending and reinstating insurance cover **14**
8.1 When cover will cease 14
8.2 What happens if the policy ends? 15
8.3 Reinstating cover 15
8.4 Extended cover 15
9. Claims **15**
9.1 When to tell us about a claim 15
9.2 What information we need from you 15
9.3 Illegible and foreign language evidence 15
10. Insurance premiums **15**
10.1 Amount and calculation of premiums 15
10.2 What happens if contributions are not paid 15
11. Exclusions **16**
11.1 Acts of war 16
11.2 Suicide or self-inflicted injury 16
11.3 Sanctions 16
12. Definitions **17-18**

About Part B

The payment of insured benefits for death, a terminal medical condition, or TPD are subject to the relevant policy terms and applicable definitions, which are summarised in **Part B** of this PDS. Any special (or non-standard) policy terms and definitions specific to the employer plan are referenced in **Part C** of this PDS.

1 Insurance benefits

1.1 Types of benefits

There are three types of insurance cover benefits available under this PDS.

Life cover	Terminal illness cover*	Total and Permanent Disablement (TPD) cover
We'll pay a benefit if you die.	We'll pay a benefit if you become terminally ill.	We'll pay a benefit if you become totally and permanently disabled.

* The terminal illness benefit is provided as part of the Life cover. Hence unless indicated otherwise, any reference to Life cover also applies to Terminal illness cover.

Some expressions that are used in this booklet have a special meaning. Please see Section 12 – Definitions for more information about defined terms in this PDS document.

One person, one benefit

If you claim more than one benefit (for example, claim both terminal illness and TPD), the insurer will only consider the claim that occurs first, which based on the example, would be the earlier of your date of certification for terminal illness or your date of disablement for TPD.

2 Getting insurance cover

2.1 Eligibility

To be eligible for cover, you must satisfy the eligibility conditions in Part A and Part C of this PDS. Once you receive cover, you will continue to hold that cover until it ends under the terms described in Section 8.

2.2 Automatic acceptance

Automatic acceptance means that you will be accepted for standard cover up to the automatic acceptance limit (AAL) without the need for underwriting. The current AAL for your employer's plan is shown in Part C Section 6.

Where an AAL applies, an eligible person will have standard cover apply to them, subject to the terms described in this PDS. There are circumstances where your standard cover may be subject to limited cover conditions (see Section 3.2 for more information).

2.3 Underwritten cover

If you are an eligible person who:

- is not permitted to obtain standard cover under automatic acceptance, or
- seeks additional cover above the standard cover you obtained under automatic acceptance,

then you must obtain cover through underwriting.

In order to consider your application, the insurer may require additional information about you, including medical and lifestyle information. The insurer will only ask for personal information that they are permitted to ask for by law and under the relevant industry Code of Practice which the insurer believes is necessary for underwriting purposes.

Your duty to take reasonable care

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 that is not provided under automatic acceptance, your application is subject to underwriting to determine whether the insurer will provide you with cover, and if so, on what terms and at what cost. The insurer will ask questions about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give in response to these questions is vital to the insurer's decision.

If you do not meet this legal duty it can have a serious impact on your insurance cover. There are various remedies available to the insurer under the *Insurance Contracts Act 1984* (Cth) which are intended to put the insurer in the position they would have been in if the legal duty had been met. Your insurance 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 an insurance cover benefit being reduced. Please note that there may be circumstances where the insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made. Before the insurer exercises any of these remedies, it will explain its reasons and what you can do if you disagree.

Answering the insurer's questions

You are responsible for the personal information provided to the insurer, so:

- consider each question before you answer and ask the insurer for clarification if you do not fully understand any question;
- answer every question truthfully, accurately and completely – include information if you are not sure whether to include it; and
- review your application carefully before you submit it, including checking every answer.

Before your cover starts, the insurer may ask about any changes that mean you would now answer the questions differently.
Once your cover starts and if you think that you may not have met your legal duty, please contact the insurer immediately and let us know. The insurer will advise whether there is any impact on your cover.

Ask the insurer or your trusted adviser for help if you have difficulty understanding the process of applying for insurance cover or answering the insurer's questions. After considering an application for cover, where all the information required has been received, the insurer will make one of the following decisions:

Accept cover	Accept with conditions	Refuse cover
Accept you for cover.	Accept you for cover on the conditions the insurer considers appropriate. For example, placing an exclusion on the cover, or applying an additional premium (loading) for the cover. In the event of a loading the employer will continue to fund the costs of your insurance.	Refuse to provide underwritten cover to you.

Where the insurer accepts the application with conditions, or refuses the application, this will not affect any existing cover you may have. So, if you already have standard cover under automatic acceptance, the amount and conditions of that standard cover will not be changed by the insurer's underwriting decision.

3 When insurance cover starts and its conditions

3.1 When cover starts

The date cover starts will depend on the type of cover.

Cover type	Cover starts…
Standard cover	If you obtain standard cover by way of automatic acceptance, cover starts from the date you first meet the eligibility conditions set out in Part C Section 2.
Underwritten cover	For a person who obtains underwritten cover, cover starts when the insurer accepts the eligible person for the underwritten cover.

3.2 Limited cover

What's limited cover?

If limited cover conditions apply to your standard cover, the insurer will only pay a benefit for an illness or injury if it first becomes apparent or first occurs on or after the date your cover started or increased.

An illness or injury is considered to have first become apparent on the earlier of the day the insured person:

- is first given advice, care or treatment or recommended that they seek advice, care or treatment for the illness or injury, by a medical practitioner, or
- first had any symptom of the illness or injury for which a reasonable person in the same circumstances would have sought advice, care or treatment from a medical practitioner.

When limited cover applies

Limited cover conditions apply as follows:

Cover type	Scenario	Limited cover conditions
Standard cover	You are not in active employment on the date standard cover commences or the date your standard cover increases due to a change in the benefit design (including an increase to the AAL).	Limited cover conditions apply until you have returned to active employment for 30 consecutive days.

4 Insurance cover amounts

4.1 Amount of cover

The amount of Life cover and TPD cover that applies to you will be determined as follows:

Cover type	Cover amount
Standard cover	The lesser of the insured cover and the AAL.
Underwritten cover	The amount of cover that has been accepted.

4.2 Automatic changes to cover

Where Part C shows that your insured standard cover is calculated using a formula, the amount of standard cover will automatically change in line with the formula, up to the AAL.

4.3 Reducing or cancelling cover

You can apply to reduce or cancel your cover at any time by contacting the fund administrator on **1800 861 856** or email **smartmonday@iasas.com.au**. Please be aware that if you cancel your cover, any reinstatement of your cover will be subject to acceptance by the insurer and your cover may not be reinstated. The reduction or cancellation will take effect from the date you notify the fund administrator in writing.

5 Extent of cover

5.1 TPD definition

The TPD Definition is shown in Section 12 Definitions, and applies when the member is age 64 or younger on their date of disablement.

5.2 Cessation of cover

Refer to Part C for details of the cover cessation age that applies to the plan and to the category of membership that you belong to.

5.3 Worldwide cover

Your cover applies worldwide. However, if you:

- are not an Australian Resident (including a holder of a temporary work visa approved by the insurer), and
- are temporarily employed overseas,

you only have cover for 90 days from the date you leave Australia.

If you are an insured person who is an Australian Resident and you are temporarily employed overseas, cover will continue, provided that premiums continue to be paid by your employer.

The insurer may require you to return to Australia at your expense for assessment in the case of a TPD or terminal illness claim. If you do not return to Australia within 6 months of the date of any reasonable request, you may not be entitled to claim, or continue any claim, unless the insurer otherwise agrees.

5.4 Leave without pay

If, as an insured person, you are given unpaid leave, the insurer will continue to cover you for a period up to 24 months after the commencement of the leave if:

- your employer approves the period of unpaid leave in writing before you go on leave, and
- premiums continue to be paid by your employer during your unpaid leave.

If you are on unpaid leave beyond the initial 24-month period, you may extend cover beyond the 24-month period by sending your written application to the fund administrator (please refer to the 'Contact details' section on page 21) before the 24-month period ends. Any extension will be at the insurer's discretion and subject to your employer continuing to pay premiums.

Your cover as an insured person who is on unpaid leave will cease at the earliest of when your:

- unpaid leave ceases and you do not return to your employment,
- unpaid leave exceeds 24 months, or any extended period the insurer has agreed to in writing, or
- cover otherwise ceases under the terms set out in the policy.

6 Continuation option

If you are classed as a Permanent or Fixed Term Employee and your cover ceases because you cease to be employed by your employer, you may apply to continue your cover with the insurer through a separate individual insurance policy issued by the insurer in respect of you without having to provide medical evidence. Any fees and premiums for this cover will be payable by you and not by your employer. To do so all the following requirements must be met. You must:

- be under age 60 when you apply for the continuation option,
- be an Australian Resident with a residential address in Australia,
- no longer be employed or engaged by the employer,
- not be leaving employment either directly or indirectly due to illness or injury,
- have been employed in your usual occupation, and at work on the last day before your cover ends,
- not be joining any military forces (other than the Australian Armed Forces Reserve and not on active duty outside Australia),
- not be entitled to any benefit under the policy or another life insurance policy issued by the insurer,
- meet the insurer's standard minimum requirements for a new individual policy at that time, including the occupation, travel and pastimes underwriting requirements, and
- provide the insurer, within 60 days of cover ending, with the application for the continuation option and the correct premium for the cover being applied for.

In addition, the policy under which this insurance cover is provided must still be in force and all premiums due for your cover under the plan must be up to date. Where the above conditions are met, the insurer will issue an individual insurance policy to you, subject to:

- the amount of cover under the individual insurance policy being no more than the cover that applies when your cover ceases under the plan, and
- the individual insurance policy having the same exclusions and loadings that applied when your cover ceases under the plan.

Your cover will then be subject to the terms and conditions (including premium rates) applicable to your individual insurance policy which is a separate insurance policy with its own PDS that is issued by the insurer.

7 Interim accident cover

7.1 What is interim accident cover?

If you apply for underwritten cover, you will be insured for the types of cover that you have applied for (other than terminal illness) while your application is considered. This interim cover is only applicable where your death or TPD occurs as a direct result of an accident. The exclusions, limitations, restrictions and claim procedures under the policy also apply to interim accident cover.

Accidental death cover	Accidental TPD cover
A benefit is payable if you have applied for Life cover and die as a direct result of an accident that occurs during the interim accident cover period defined in Section 7.2. The death as a result of the accident must occur during the interim accident cover period for this benefit to be paid.	A benefit is payable if you have applied for TPD cover and become totally and permanently disabled as a direct result of an accident that occurs during the interim accident cover period defined in Section 7.2. The accident and resulting date of disablement must occur during the interim accident cover period for this benefit to be paid.

7.2 When interim accident cover starts and stops

Interim accident cover starts on the date the fund administrator receives your application for underwritten cover and ends on the earliest of the date:

- the application is withdrawn,
- the application is accepted,
- the application is rejected,
- an interim accident benefit becomes payable,
- 90 days from the date the application is received, and
- your cover would otherwise cease.

7.3 What the insurer will pay

The benefit the insurer will pay for accidental death cover or accidental TPD cover will be the lesser of:

- the amount of cover or additional cover applied for, or
- $2,000,000.

The insurer will pay this interim accident cover benefit in addition to any amount paid from other cover that applies to you, subject to maximum benefits allowed for each type of cover.

7.4 What happens if the insurer pays an interim accident benefit?

If the insurer pays an interim accident benefit, the application for underwritten cover will be cancelled. You will be unable to apply for any further cover under the plan. Any existing cover for you under the policy will also be cancelled.

8 Ending and reinstating insurance cover

8.1 When cover will cease

Cover under the Plan will end on the earliest of the following:

When the insured person…	Cover ends on…
is paid under the policy: • a terminal illness benefit, • a TPD benefit, • a death benefit, or • an interim accident benefit.	the date the benefit becomes payable.
reaches the cover cessation age.	the date they reach the cover cessation age.
commences duty with the military services (other than the Australian Armed Forces Reserve and not on active duty outside Australia) of any country.	the date they commence duty with the military services.
dies.	the date of death.
has their cover cancelled by the Trustee.	the date advised by the Trustee after giving members at least 30 days written notice.
decides to cancel cover.	the date the advice to cancel cover is received by the Trustee in writing.
is no longer an Australian Resident and does not hold a temporary work visa approved by the insurer, is no longer permanently in Australia or is not eligible to work in Australia.	the date the person is no longer an Australian Resident or no longer permanently in Australia or eligible to work in Australia.
ceases to be engaged by the employer.	• for an employee, the date they cease to be employed by the employer. • for anyone else, the date they cease to be engaged by the employer. The insurer will however extend cover from this date for up to 60 days (see Section 8.3 Extended cover).
ceases to meet the eligibility conditions (excludes ceasing to meet the maximum entry age if lower than the cover cessation age).	the date they cease to meet the eligibility conditions.
no longer meets the conditions under Section 5.3 Worldwide cover for cover while temporarily employed overseas.	the date the person no longer meets the conditions for cover to continue while employed overseas under Section 5.3.
no longer meets the conditions under Section 5.4 Leave without pay for cover during unpaid leave.	the date the person no longer meets the conditions for cover to continue when on unpaid leave under Section 5.4.
has not had the outstanding premium owing for their cover paid to the insurer within 60 days of becoming due.	the date premiums have been paid up to for the insured person's cover.
ceases to hold a temporary work visa issued by the Australian Government.	the date the visa expires.
is accepted or rejected for a continuation option (for Extended cover only).	the date the application for a continuation option is either accepted or rejected.

8.2 What happens if the policy ends?

Your cover will end on the date the policy ends.
If the Trustee takes out a policy with another insurer when the policy ends, the insurer will use FSC Guidance Note 11 to transfer the cover of all insured persons to the new policy. Where there are inconsistencies between FSC Guidance Note 11 and the policy, the policy will prevail to the extent of the inconsistency.

8.3 Reinstating cover

Cover which has ceased can only be reinstated if the insurer agrees to reinstate the cover in writing.

8.4 Extended cover

If cover ends because you cease to be engaged by the employer, the insurer will extend cover for up to 60 days from the date your employment ceased. Premiums and fees are not payable for this extended cover.

The extended cover period ceases on the earlier of the following:

- 60 consecutive days have elapsed since your employment ceased,
- the date that an application for a continuation option has been accepted or declined by the insurer,
- the date you obtain insurance for the same or similar benefit with any other insurer as determined by the insurer, or
- the date that cover would otherwise cease as described on the previous page (excluding when you cease to meet the eligibility conditions).

9 Claims

9.1 When to tell us about a claim

You must tell us as soon as possible if you become aware of a claim or potential claim. Call the fund administrator on **1800 861 856** or email **smartmonday@iasas.com.au**. In order for a claim to be paid, it needs to be accepted by the insurer and the Trustee needs to be satisfied that it meets a condition of release under the superannuation law. In practice, the Trustee is required to only provide an insured benefit in respect of a member where the insured event is consistent with a condition of release. Therefore, it is highly unlikely that a claim would be accepted by the insurer in circumstances where a condition of release is not satisfied.

If you delay telling us if you become aware of a claim or potential claim and that affects the insurer's capacity to consider your claim, the insurer may reduce the benefit or not pay the claim. The insurer's capacity can include the ability to obtain the evidence the insurer requires or would have obtained for the period of the illness or injury.

9.2 What information we need from you

Before the insurer will pay a claim, you or your estate will need to provide any evidence necessary for the insurer to make a decision about the claim. Where the insurer arranges for you to undergo medical examinations or non-invasive tests that it believes are necessary, the insurer:

- has the discretion to appoint a medical practitioner or other health professional of its choosing, and
- will pay the fees and the costs of those examinations and tests. However, unless the insurer agrees otherwise in writing, it will not pay any other costs related to your attendance for these investigations, including costs of travelling to an appointment or for non-attendance at an appointed examination. These costs will need to be met by you.

9.3 Illegible and foreign language evidence

The insurer requires all evidence to be legible and in English. Therefore, the insurer may require you to have evidence:

- transcribed into a form in which can be comprehended in English, and
- appropriately certified to be a true copy of the original.

10 Insurance premiums

10.1 Amount and calculation of premiums

The amount of the premium is the total cost of insurance cover during the relevant period. The premium amount also includes any government levies, taxes or charges. Premiums are calculated by applying the relevant premium rate (plus an insurance administration fee) as stated in Part C Appendix A to the amount of cover, and will include any loadings that apply to you.

10.2 What happens if contributions are not paid?

If the insurer does not receive the full premium from your employer, including any premium adjustments, within 60 days of the premium being due, the insurer can give you and your employer written notice to terminate cover.

11 Exclusions

11.1 Acts of war

The insurer will not pay a benefit if your death, terminal illness or TPD is caused directly or indirectly by an act of war. While acts of war are excluded, if you die while on service with the Australian Armed Forces Reserve you will still be covered.

11.2 Suicide or self-inflicted injury

Where cover is:

- not standard cover,
- increased cover that is not increased as a result of a standard formula under the insured cover, or
- reinstated cover,

the insurer will not pay a benefit if:

- your death, terminal illness or TPD is directly or indirectly caused by or attributed to:
  - suicide or attempted suicide, or
  - an intentional self-inflicted injury or infection, and
- this takes place within the first 13 months of the relevant cover starting, increasing or recommencing.

Where your cover is for interim accident cover, the insurer will not pay a benefit if your death, terminal illness or TPD is directly or indirectly caused by or attributed to:

- suicide or attempted suicide, or
- intentional self-inflicted injury or infection.

11.3 Sanctions

No benefit will be payable where the payment would expose the insurer or the Trustee (or an entity related to the insurer or the Trustee) to any sanction, prohibition or restriction under the United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, Australia or United States of America.

12 Definitions

Accident	Bodily injury caused solely and directly by accidental, external and visible means, independent of any other cause.
Active employment	A person who in the insurer's opinion is capable of performing their identifiable duties, without restriction by any illness or injury, for at least 35 hours per week (whether or not they are actually working those hours).
Annual review date	The Annual Review Date is 1 July.
At work	Actively performing all the duties of their occupation, working their usual hours free from any limitation due to illness or injury and not entitled to or receiving income support benefits of any kind.
Australian Resident	A person who: ● Resides in Australia and is either an Australian citizen or the holder of a permanent visa as identified by the Australian Government, or ● Is a citizen of New Zealand and the holder of a Special Category Visa while residing in Australia indefinitely.
Automatic acceptance limit (AAL)	The maximum amount determined by the insurer as stated in Part C or as otherwise notified to you from time to time for which the insurer may accept a person for insured cover without application.
Commencement date	The commencement date of the Plan as stated in Part C of the PDS.
Contractor	A person who is contracted for a fixed period of employment determined at the commencement of their employment and where that person is entitled to have benefits such as superannuation contributions and sick leave.
Cover cessation age	The age at which a person's insured cover will cease, and they are no longer eligible for cover under the plan. The cover cessation age is shown in Part C.
Date of certification	The most recent date that two medical practitioners, one of whom is a medical specialist in the insured person's illness, certify that the illness will lead to the insured person's death within 12 months.
Date of disablement	The later of, the date: ● on which a medical practitioner examines and certifies in writing that the insured person is disabled, and ● the insured person ceases all work.
Eligibility conditions	Eligibility conditions stated in Part C that detail how a person can become eligible for insured cover.
Eligible person	A person who meets the Eligibility conditions stated in Part C.
Employed or Employment	A person being engaged by the employer under a contract of employment and includes a: ● Permanent employee ● Contractor
Employer	The employer named in Part C including associated entities.
Forward underwriting limits	The amount, determined by the insurer, which an insured person's insured cover may increase to, in line with the calculation for insured cover, without the need for additional underwriting. This is only available where the policy has a standard formula for calculating the insured cover.
Income	(a) Dependent on the insured person's employment status and is stated in Part C, and (b) any other component agreed to by the insurer that would not otherwise be considered as income as stated in the definition in Part C. Where the person is on unpaid leave and the insurer continues to provide cover in respect of that insured person pursuant to Section 5.4 Leave without pay, income is the amount defined in (a) and (b), immediately before the start of the unpaid leave.
Insured cover	The cover stated in Part C which details the calculation of your insurance cover.
Insured person	A person who has cover in force under the policy, other than interim accident cover.
Insurer	MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096
Interim accident benefit	The benefit payable for interim accident cover as described in Section 7.
Interim accident cover	The cover provided under Section 7 while a person is being assessed by the insurer for additional cover that is not accepted under automatic acceptance.

Limited cover conditions	The limitations on an insured person's cover as described in Section 3.2.
Maximum entry age	The maximum age (as stated in Part C) a person can be at commencement of membership to be eligible for standard cover.
Medical practitioner	A person, accepted by the insurer, who is registered and practising as a medical practitioner in Australia other than the: ● insured person, or ● insured person's spouse or partner, parent, child or sibling. The insurer may accept a similarly qualified person who is registered and practising as a medical practitioner in another country, on the basis their credentials are recognised by the Australian Medical Board.
Medical specialist	A medical practitioner who is registered as a Specialist with the Australian Health Practitioner Regulation Agency (or any other body which replaces it).
Permanent employee	Employment under an agreement or award in which a person works a minimum number of hours and is entitled to conditions and benefits normally associated with permanent employment such as annual leave and sick leave.
Policy owner	The Trustee is the Policy Owner.
Premium rates	The rates stated in Part C.
Special category visa	Has the meaning given to it in Section 32 of the *Migration Act 1958* (Cth)
Standard cover	The acceptance of insured cover by the insurer without the need for underwriting for an amount up to the automatic acceptance limit.
Terminal illness / Terminally ill	(a) an insured person suffering from an illness that despite reasonable medical treatment will lead to the insured person's death within 12 months of the date of certification, and (b) the insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment the illness will lead to the insured person's death within 12 months of the date of certification referred to in paragraph (a). The date of certification must be made while the insured person is covered under the policy.
Total and permanent disablement (TPD)/ Totally and permanently disabled	Has the meaning set out below: **Definition 1** Total and Permanent Disablement (TPD) means: **Part 1A:** *For an insured person who is **under the age of 65** immediately prior to their date of disablement:* The insured person has been absent from their occupation with the employer through injury or illness for at least 3 consecutive months and has provided proof to the insurer's satisfaction that the insured person has become incapacitated to such an extent as to render the insured person unlikely ever to engage in or work for reward in any occupation or work for which he or she is reasonably qualified by reason of education, training or experience.
Unpaid leave	Any period of absence by the insured person from their occupation, unpaid by the employer, that has been approved by the employer in writing prior to such absence.
War	Any act of war (whether declared or not), revolution, invasion, rebellion or civil unrest.
You/your	The insured member.

Part C

About Part C

Part C sets out information about how your insurance cover is determined, the cost of that cover and any special (or non-standard) policy terms and definitions that apply to you as agreed by your employer, the insurer and the Trustee. This **Part C** should be read in conjunction with **Part A** and **Part B** of this PDS.

1. General plan information	19	8. Continuation option	21
2. Eligibility conditions	20	9. Premium rate guarantee period	21
3. Maximum entry age	20	10. Contact details	21
4. Cover cessation age	20	11. Special conditions	22
5. Insured Cover	20	12. Fees and costs	23
6. Automatic acceptance limit	21	*Appendix A* – Premium rates	24-25
7. Maximum benefit	21		

1. General plan information

Policy Owner	Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE Licence L0001458
Insurer	MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096
Employer	IBM Australia Limited (ABN 79 000 024 733) IBM Global Financing Australia Limited (ABN 27 002 955 571)
Commencement Date	27 May 2023

2. Eligibility Conditions

To be eligible for cover, a person must:

- be at least 15 years of age and under the cover cessation age,
- be an Australian Resident or holder of a temporary work visa type issued by the Australian Government and is approved by the insurer,
- be employed by IBM as a Permanent employee (referred to as 'Regular hire' in the table below) or as a Contractor (referred to as 'Fixed-term hire' in the table below), and
- satisfy the additional eligibility conditions in the table below,

Category no.	Employment status	Additional eligibility conditions	Income definition
1	Regular and Fixed-term hires	Excludes persons eligible under Category 2 or 3.	See Special Condition 1 in Section 11
2	Regular and Fixed-term hires	Existing employees designated by IBM as Category 2 members on the date immediately prior to the commencement date. **Closed to new entrants**	
3	Regular and Fixed-term hires	Existing employees designated by IBM as Category 3 members on the date immediately prior to the commencement date. **Closed to new entrants**	

3. Maximum entry age

64 years

4. Cover cessation age

65 years

5. Insured cover

For the categories below, the calculations of cover will be carried out for each eligible employee upon commencement of cover, with effect on 1 July each year, and when an update to the amount of Income is provided by the employer, and as needed at the date of death, disability or certification in the event of a claim.

Category 1

Life cover (including Terminal illness cover): 15% x Income x years to age 65*

Total and permanent disablement cover (TPD): 15% x Income x years to age 65*

* Where years to age 65 is based on complete years and complete months to age 65.

Category 2

For Life cover (including Terminal illness cover), the higher of:

Fixed Life Amount (see below), or

Fixed Life Amount + **6 x** (Income at Calculation Date – Income at Commencement Date)

For Total and permanent disablement cover, the higher of:

Fixed TPD Amount (see below), or

Fixed TPD Amount + **5 x** (Income at Calculation Date – Income at Commencement Date)

where the following applies:

'Fixed Life Amount' – this is the fixed amount of cover that applied on 26 May 2023 for Life cover for IBM employees.

'Fixed TPD Amount' – this is the fixed amount of cover that applied on 26 May 2023 for TPD cover for IBM employees.

Category 3

Life cover (including Terminal illness cover): **6 x** Income

TPD cover: **5 x** Income

6. Automatic Acceptance Limit

$1,700,000

7. Maximum benefit

Life cover (including Terminal illness cover):	Unlimited
TPD cover:	$5 million

8. Continuation option

This option applies for Life and TPD cover. Refer to Part B Section 6 for more information.

9. Premium rate guarantee period

1 November 2025 to 31 December 2026

10. Contact details

Contact the fund for information about your membership in smartMonday Group Insurance.

Phone: 1800 861 856

Email: smartmonday@iasas.com.au

Post: PO Box 1305, South Melbourne VIC 3205

For enquiries about your employer's superannuation arrangements, or other employee benefits, speak to your employer's HR representative.

11. Special conditions

Special Condition 1:

The following definition of 'Income' applies:

Income

For non-commission employees:

The annual base salary the insured person receives from the employer for personal exertion for their occupation including salary sacrifice amounts, but excluding overtime payments, profit distributions, director's fees and any other non-regular payments.

Where the person is on unpaid leave and we continue to provide cover in respect of that insured person pursuant to Part B Section 5.4 Leave without pay, income is the amount defined above before the start of the unpaid leave.

For commission employees:

The highest of:

(a) The average of the insured person's annual base salary plus commission over the last three years*, and (b) The insured person's annual base salary (not on a sales plan), excluding other cash bonuses.

Overtime payments, profit distributions, director's fees and any other non-regular payments are excluded.

*Where the insured person has been employed for less than three years, an average will be taken over completed years of service.

Where the person is on unpaid leave and we continue to provide cover in respect of that insured person pursuant to

Part B Section 5.4 Leave without pay, income is the amount defined above before the start of the unpaid leave.

Special Condition 2:

The definitions of date of certification and terminal illness under Part B Section 12 Definitions will not apply, and the following definitions of date of certification and terminal illness will apply instead:

Date of certification The most recent date that two medical practitioners, one of whom is a medical specialist in the insured person's illness, certify that the illness will lead to the insured person's death within 24 months.

Terminal illness (a) an insured person suffering from an illness that despite reasonable medical treatment will lead to the insured person's death within 24 months of the date of certification, and

(b) we are satisfied, on medical or other evidence, that despite reasonable medical treatment the illness will lead to the insured person's death within 24 months of the date of certification referred to in paragraph (a).

The date of certification must be made while the insured person is covered under the policy.

Special Condition 3:

IBM may receive payments directly from **MAXIS Global Benefits Network**, who are providing reinsurance services for the underlying group insurance policy supporting the benefits provided under this Plan.

MAXIS Global Benefits Network: MAXIS GBN S.A.S, 313 Terrasses de l'Arche 92727 Nanterre Cedex, France. Registered in France with ORIAS (a French insurance brokers registry) is as an insurance and reinsurance intermediary under No. 16000513, acting through its branch in the United Kingdom, at 1st Floor, The Monument Building, 11 Monument Street, London EC3R 8AF.

12. Fees and costs

Fees and costs in this plan consist of:

Insurance premiums

- Insurance premiums paid to the insurer — see **Appendix A**

Administration fees

- Insurance administration fee: 3% of gross premium (PLUS allowance for GST net of RITC)
- Member fee: $72 per member p.a. ($6 per month)

Your employer makes monthly contributions on your behalf to fully cover these fees and costs. For members that join or exit during the month, the fees and costs are applied pro rata for the partial month of membership.

Worked example of fees and costs (*using a Category 1 member*)

Consider a Category 1 member, age next birthday 41, with a salary of $100,000, with insurance cover benefit for Life and TPD calculated using the formula *15% x Income x years (including portions of a year in completed months) to age 65*.

Assuming the member has 25 whole years to reach age 65, the calculation using the formula results in levels of Life and TPD cover of $375,000 (i.e. 15% x $100,000 x 25). The total fees and costs associated with providing this cover (for one year) are **$358.30**, calculated as follows:

Insurance premium (base):

Life: $0.386 x $375,000 / $1,000 = $144.75

+

TPD: $0.354 x $375,000 / $1,000 = $132.75

Total base insurance premium = **$277.50**

Insurance administration fee

The insurer calculates a gross premium, which is the 'base' insurance premium calculated above 'grossed up' to include the insurance administration fee and the applicable treatment of GST on that fee. The insurance administration fee is the gross premium minus the base premium.

Gross premium = Base premium / [1 – IAF% x {1 + GST x (1 – RITC)}]

where:

Insurance administration fee (IAF) = 3%

Goods and services tax (GST) = 10%

Reduced input tax credit (RITC) = 75% (of the GST component)

The Gross insurance premium is calculated as:

$277.50 / [1 – 3% x {1 + 10% x (1 –75%)}] = $286.30

Insurance administration fee = Gross premium – Base premium = $286.30 - $277.50 = **$8.80**

Member fee

$72 per member p.a.

Total fees and costs (for one year) = $277.50 + $8.80 + $72 = **$358.30**

Appendix A

Premium rates – Categories 1, 2 and 3

Annual premium rates per $1,000 of an insured person's cover. Rates are inclusive of Stamp Duty but do not include the Insurance administration fee. **Please note**: Rates for Life-only cover are only used where the member elects to cancel TPD cover and hold only Life cover in the plan.

Age Next Birthday	Life-only cover ($)	Life cover ($)	TPD cover ($)
16	$0.266	$0.242	$0.042
17	$0.269	$0.242	$0.042
18	$0.299	$0.270	$0.044
19	$0.309	$0.285	$0.045
20	$0.319	$0.288	$0.045
21	$0.309	$0.285	$0.044
22	$0.299	$0.276	$0.042
23	$0.289	$0.264	$0.041
24	$0.279	$0.251	$0.039
25	$0.259	$0.240	$0.040
26	$0.249	$0.229	$0.041
27	$0.239	$0.217	$0.050
28	$0.229	$0.205	$0.061
29	$0.219	$0.197	$0.075
30	$0.209	$0.192	$0.090
31	$0.209	$0.191	$0.105
32	$0.209	$0.194	$0.121
33	$0.219	$0.200	$0.141
34	$0.229	$0.211	$0.161
35	$0.249	$0.226	$0.182
36	$0.269	$0.244	$0.206
37	$0.289	$0.267	$0.230
38	$0.319	$0.292	$0.258
39	$0.348	$0.321	$0.287
40	$0.388	$0.352	$0.319

Premium rates – Categories 1, 2 and 3 (*continued*)

Age Next Birthday	Life-only cover ($)	Life cover ($)	TPD cover ($)
41	$0.428	$0.386	$0.354
42	$0.468	$0.424	$0.395
43	$0.508	$0.463	$0.441
44	$0.558	$0.505	$0.493
45	$0.607	$0.550	$0.551
46	$0.657	$0.597	$0.617
47	$0.717	$0.648	$0.693
48	$0.777	$0.703	$0.780
49	$0.836	$0.761	$0.880
50	$0.906	$0.824	$0.995
51	$0.986	$0.893	$1.126
52	$1.065	$0.970	$1.277
53	$1.165	$1.054	$1.448
54	$1.264	$1.149	$1.643
55	$1.384	$1.255	$1.865
56	$1.513	$1.376	$2.119
57	$1.663	$1.512	$2.402
58	$1.832	$1.669	$2.725
59	$2.031	$1.847	$3.086
60	$2.260	$2.050	$3.495
61	$2.509	$2.283	$3.952
62	$2.808	$2.549	$4.460
63	$3.136	$2.852	$5.028
64	$3.515	$3.199	$5.660
65	$3.953	$3.592	$6.361