Insurance guide

Preparation date: 1 November 2026

The information in this document forms part of the *smartMonday PRIME Product Disclosure Statement* (PDS) dated 1 November 2026. The *PDS*, *How smartMonday PRIME Works Guide*, and *Target Market Determination* can be found at **smartmonday.com.au** or by contacting us on **1300 614 644**.

If you are a member of an employer-sponsored plan and your employer has nominated non-standard automatic insurance cover for the plan, further details of that cover can be found in your plan specific *Employer Plan Summary* at **smartmonday.com.au**

The information in this document is general information only and does not take account of your personal financial objectives, situation or needs. You should obtain financial advice that is tailored to your personal circumstances before making a decision about this product.

The information in the *PDS*, *How smartMonday PRIME Works Guide* and this document is up-to-date at the date of preparation, however it is subject to change from time to time. If a change is made to information that is not materially adverse, this document may not be updated. Updated information will be published at **smartmonday.com.au** You may request a free paper or electronic copy of any updated information by calling us on **1300 614 644**.

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Insurance cover is available in the Fund through a group insurance policy with MetLife Insurance Limited (ABN 75 004 274 882, AFSL 238096) ('the Insurer' or 'MetLife') and held by the Trustee. Cover is subject to the terms and conditions contained in the applicable insurance policy, the interpretation of which will prevail over any information that may be inconsistent with the PDS, this document, and any other related disclosure or information. The Insurer has consented to the statements referable to them in this *Insurance Guide* in the form and context in which they are included.

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

The Trustee does not in any way endorse, warrant or accept responsibility for any services to members or prospective members provided by or on behalf of the Sponsor in its own right.

Members of the **MinterEllison Partners' Superannuation Fund** should refer to the *Insurance guide* tailored specifically to that plan, available at **smartmonday.com.au**

Contents

Death and Total & Permanent Disablement (TPD) 2
Types of cover 2
Automatic cover 2
Employer-sponsored members 2
Personal members 2
Standard cover 3
Non-standard cover 3
Eligibility 4
Commencement of automatic cover 4
When does insurance cover cease? 5
Exclusions 5
Tailoring cover to suit your needs 6
Additional or 'Voluntary' cover 6
Transferring cover into the Fund 6
Life stages additional cover 7
Loyalty additional cover 7
Insurance fees for Death and TPD 8-10
Occupation categories for Death and TPD 9
Occupations listed as 'Ineligible' 10
Disability definitions for TPD 11-12
Income protection 13
Automatic cover 13
Standard cover *(employer-sponsored members only)* 13
Non-standard cover *(employer-sponsored members only)* 13
Personal members 13
Eligibility 13
Commencement of cover 14
Important information 15
Tailoring cover to suit your needs 16
Transferring cover into the Fund 16
Disability definitions for Income protection 17
How does the Income protection benefit work? 18
Benefit offsets 19
When does insurance cover cease? 19
Exclusions 19
Insurance fees 20-24
Occupation categories for Income protection 23
Occupations listed as 'Ineligible' 24-25
General conditions 26
Reclassifying your occupation status 26
Worldwide cover 26
Duty to take reasonable care 26
Insurance when you cease employment 27
Leave without pay 28
Reinstatement of cover if it is cancelled due to inactivity 28
Making a claim 29
Rehabilitation 29

Death and Total and permanent disablement (TPD)

Important information:

- Please check your *Welcome Pack* for information about insurance cover when you join the Fund.
- For employer-sponsored members, if you want to turn insurance cover on before you have met the minimum age and account balance criteria, follow the instructions in your *Welcome Pack* or contact us as soon as possible.
- Check that your **occupation category** is appropriate for the type of work that you do. For employer-sponsored members, you have been defaulted to a **Blue collar** occupation category if you or your employer have not notified us of your occupation category. For Personal members this is **Heavy Blue collar** if you don't advise us of your occupation. This may result in you paying more for your insurance cover than you need to. Check your *Welcome Pack* and let us know if the category applied does not accurately reflect the type of work you perform, or if your occupation changes. Descriptions of occupation categories are shown on page 9.
- Read the eligibility section of this document carefully and let us know if you are in an occupation which is not eligible for cover (see page 10) or your employment status changes (e.g. from casual to permanent, or from a factory job to an office job) because it could have a big impact on your cover or its cost. See page 25 about reclassifying your occupation.
- You can cancel any cover you have in the Fund (including any automatic cover) at any time by contacting us.
- We must cancel your insurance cover if your account becomes inactive for 16 continuous months. If you wish to keep your cover notwithstanding inactivity in your account, you can make a written election or you can ensure your account doesn't become inactive by making regular contributions. Cover may cease in other circumstances including if there is insufficient money in your account to meet the cost of cover. Where we can, we will contact you before this happens and provide you with the opportunity to keep your cover. **Note**: an election to keep your cover does not mean cover continues indefinitely and cover may cease for some other reason.
- For employer plan members, if your employer ceases to fully fund the insurance fees associated with your automatic cover (including due to you ceasing employment), your cover may be cancelled if you are unable to fund insurance fees via deductions from your account. Where we can, we will contact you before cover is cancelled and let you know what your options are, if any, to maintain your cover.
- Where cover is cancelled (e.g. for any of the above reasons, or otherwise under the policy terms set out in this document), future applications for cover will be subject to acceptance by the Insurer. The Insurer may also decide to apply restrictions or a loading to your cover after assessing your application.

Types of insurance cover

Death (including terminal illness)

Death cover provides for a lump-sum insurance benefit to be paid if you die, usually to your beneficiaries or dependants. It also includes a terminal illness benefit, which is an advance payment of the death benefit if you are diagnosed as suffering from a terminal illness.

Terminal illness

If you suffer from an illness or have incurred an injury that could result in death within a 24-month period and two registered medical practitioners (one must be a specialist in the area of the injury or illness that you suffer from) certify that despite reasonable medical treatment, it is likely that you have less than 24 months to live you may be eligible to receive your insured death benefit. Simply lodge a claim while cover is still effective and the policy is still in force. You may also be eligible to receive your accumulated super savings in your account balance in the Fund (if any).

Total and permanent disablement (TPD)

TPD cover provides for a lump-sum insurance benefit to be paid if you become totally and permanently disabled.

Automatic cover

Employer-sponsored members

Standard cover is provided automatically to employer-sponsored members when you satisfy the eligibility criteria (described on page 4). The level of Death and TPD cover provided is based on the minimum levels of cover according to your age (shown in the table on the next page). The basis of cover may differ if you are a member of an employer plan with a non-standard insurance design*.

Most employer-sponsored members are eligible for standard cover but there may be circumstances where cover won't be provided immediately on joining the Fund, or you won't be eligible for the full level of cover (e.g. if we are notified by your employer that you are a casual employee).

Employer-sponsored members may also be eligible for automatic Income protection cover. See the section on Income protection on page 13.

* If you are a member of an employer plan with a non-standard insurance design, the automatic cover arrangements will be described in a plan specific *Employer Plan Summary* at **smartmonday.com.au**

Personal members

If you join smartMonday PRIME as a personal member by completing the application form (i.e. not joined via your employer), you can 'opt-in' to standard cover on the application form. You can also opt-in within 90 days of receiving your *Welcome Pack.* Applications for standard cover received after 90 days will be subject to approval by the Insurer. Cover is limited to New Events for the first 24 months (see page 4).

Personal members are not eligible for automatic Income protection cover. Personal members can apply for voluntary Income protection cover and will need to provide evidence of health and lifestyle to the Insurer. The application will be subject to acceptance by the Insurer. See page 16 for information on how to apply.

Level of standard cover

We've designed the standard cover to balance what we think is adequate and affordable levels of cover for the membership with the flexibility to let you tailor it to your particular needs. The minimum levels of standard cover applicable to eligible members (other than employer-sponsored members in an employer plan with a non-standard insurance design) are set out below.

Minimum levels of cover (based on your age)

Age	Death cover ($)	TPD cover ($)
Up to 24	384,729	546,841
25 to 42	546,841	546,841
43	512,661	512,661
44	478,484	478,484
45	444,309	444,309
46	410,131	410,131
47	375,952	375,952
48	341,775	341,775
49	307,598	307,598
50	273,422	273,422
51	246,077	246,077
52	218,737	218,737
53	191,394	191,394
54	164,052	164,052
55	123,038	123,038
56	109,369	109,369
57	95,697	95,697
58	82,025	82,025
59	68,355	68,355
60	54,684	54,684
61	41,012	41,012
62 to 69	27,341	27,341
70	0	0

Note:

- The minimum levels of cover increase on 1 July each year by the lower of inflation as measured by the increase in the Consumer Price Index (CPI) or 5%. The minimum levels of cover shown above apply from 1 July 2026.
- Eligible employer-sponsored casual employees receive 25% of the standard Death and TPD cover. Your employer will notify us if you are a casual employee.

Levels of non-standard cover for employer plans with tailored insurance designs
(Employer-sponsored members only)

Where agreed between your employer and the Trustee, there may be a tailored insurance arrangement that sets a particular level or salary-based formula for the automatic Death and TPD cover in your employer plan.

The levels of cover will be the higher of that cover and the minimum levels provided under standard cover shown on this page. Automatic acceptance limits (AAL) may apply to the employer's nominated cover. We review your levels of cover annually on 1 July. We may change your level of cover during the year if there's a change in your occupation classification or your employer advises a new salary (where a salary formula applies), provided you or your employer notify us within 120 days of the change. When you turn age 65, cover will convert to the minimum level of cover for your age under the standard cover shown on this page.

The cover nominated by your employer will be shown in a plan specific *Employer Plan Summary* at **smartmonday.com.au** and is subject to the same eligibility, commencement of cover, the At Work requirement, and New Events limitation rules as the standard cover shown on this page.

Automatic acceptance limit (AAL)

For non-standard insurance under an employer plan, the AAL is the maximum level of automatic cover that you may be eligible for without needing to provide additional health and lifestyle information.

The level is set according to the number of lives insured in your employer plan. If the automatic Death and TPD cover otherwise applicable to you is in excess of the AAL, your automatic cover will be limited to the AAL.

No. of lives insured	AAL
1-4	The minimum level of cover for your age shown on this page
5–9	The greater of $350,000 or the minimum level of cover for your age
10–19	The greater of $400,000 or the minimum level of cover for your age
20–49	$550,000
50–99	$750,000
100–299	$1,000,000
300–499	$1,050,000
500–999	$1,250,000
1,000+	Negotiable with the employer. (Shown in a plan specific *Employer Plan Summary* at **smartmonday.com.au**, if applicable).

Eligibility

You will be eligible for Death and TPD cover in the Fund if you are:

- aged 15 years or over;
- under age 65;
- an Australian Resident (meaning an Australian citizen, Australian Permanent Resident visa holder or New Zealand citizen who holds a Special Category visa while residing in Australia indefinitely), or hold a current and valid visa (which allows you to work in Australia) and currently residing in Australia; and
- working in an occupation acceptable to the Insurer at the time of commencement of your cover. See page 10 for the list of occupations which are not eligible for cover under the policy.

If you are member of an employer-sponsored plan, the following additional eligibility requirements apply for automatic cover:

- you are joined to the Fund by a Participating Employer ('employer') in the Fund;
- your account balance has reached $6,000*;
- you are age 25* or older;
- you have not made a claim, been paid, nor eligible to be paid, a TPD or terminal illness benefit with any other super fund or insurance policy;
- you have not been previously declined or restricted Death or TPD cover as a result of being underwritten by the Insurer; and
- you have not reduced or cancelled either component of Death or TPD cover currently held, or previously held, under the Fund.

* Unless you have made an election to 'opt-in' to automatic cover earlier. See below.

Opt-in to automatic cover earlier

For employer-sponsored members, you can opt-in to automatic cover before you have reached the age of 25, or before your account balance has reached $6,000.

Your *Welcome Pack* will have information on how to turn your cover on early.

Personal members may opt-in for standard cover immediately on joining or within 90 days of receiving your *Welcome Pack*.

Commencement of cover is subject to meeting important eligibility criteria (see above).

Commencement of automatic cover

For employer-sponsored members, automatic cover generally commences from the day you meet the eligibility criteria described above and provided contributions are made by the Participating Employer.

Cover will be limited to **New Events** (see next column) until you are At Work for 30 consecutive days, whereupon your cover will convert to **Full Cover**.

Employer-funded arrangements

Some employers may elect to fully pay the costs of automatic insurance cover for their employees joined to the Fund. In this case all members, while employed by the employer, are exempted from the minimum age (25) and balance ($6,000) eligibility rules, which means that cover can commence from the day you are joined to the Fund subject to meeting the other important eligibility criteria.

If you are not At Work on the day you are joined to the Fund, then your cover will generally be restricted to New Events until you are At Work for 30 consecutive days. If you are joined to the Fund more than 120 days after commencing employment, then your cover will be restricted to New Events for 24 continuous months. Full Cover will apply once you are At Work for 30 consecutive days at the end of the 24-month period.

Employer-sponsored plans with less than 5 members

If you are joined to an employer-sponsored plan with less than 5 members, your cover will be restricted to New Events for 24 continuous months (the New Events period) from the time you become eligible for cover to commence. Full Cover will apply once you are At Work for 30 consecutive days at the end of the 24-month period.

Personal members

Standard cover commences from the day your election to opt-in is received and you meet the minimum balance requirement of $6,000. Your standard cover will be limited to New Events for the first 24 months. You'll automatically receive Full Cover once you are At Work for 30 consecutive days after the 24-month period.

The At Work requirement

New Events cover converts to Full Cover when the At Work requirement is satisfied for 30 consecutive days after the end of the New Events period.

Being 'At Work' means you are:

- actively performing all of your normal duties, without limitation or restriction due to injury or illness, and working normal hours on the day cover is to commence; and
- in the Insurer's opinion, not restricted by injury or illness from being capable of actively performing all of your normal duties on a full-time basis for at least 35 hours per week even though actual employment may be on a full-time, part-time, casual, or contract basis; and
- not in receipt of, or entitled to claim, any income support benefits from any source including but not limited to workers' compensation benefits, statutory transport accident benefits and disability income benefits.

You'll be considered to be At Work if, on the applicable date, as the context requires, you are on employer-approved leave for reasons other than injury or illness, and not taking into account the leave, able to meet the At Work requirement.

If you're not working but have been working previously (e.g. you're a qualified builder and currently unemployed but between jobs), the Insurer will assess your At Work status by your capability of performing, for at least 35 hours per week, the duties that you normally complete in your role or previous occupation immediately prior to unemployment.

New Events cover

New Events cover means that you're only covered for an injury or illness that occurs or becomes apparent after your cover commences or most recently recommences, and is not related to an injury or illness that occurred before the applicable date.

Note: You can apply to remove the New Events restriction at any time by completing the *Application for Insurance* form available **smartmonday.com.au** You'll need to provide health information (and such other evidence the Insurer may require) to the Insurer and your application will be subject to the Insurer's approval.

When does insurance cover cease?
(Death and TPD)

Insurance cover ceases on the earliest date that any of the following apply:

- for Death cover, when you turn age 70;
- for TPD cover, when you turn 70 for automatic cover and 65 for any voluntary cover/fixed cover you have;
- you die;
- if we have not received an amount for you (e.g. contribution or rollover) for a continuous period of 16 months (i.e. your account becomes inactive) unless you have provided a written election to maintain your cover;
- the date we receive your written request to cancel your cover;
- 60 days after you cease to be a member of the Fund
- 60 days after insurance fees cease;
- for Personal members, your account balance has fallen below $6,000 and we've given you 60 days written notice and you haven't topped up your account*;
- the date your TPD benefit is paid or becomes payable (except where Death cover is greater than TPD cover in which case the remaining Death cover will continue until the occurrence of any other condition listed here);
- the date your terminal illness benefit is paid or becomes payable (except where TPD cover is greater than Death cover, in which case the remaining TPD cover will continue until the occurrence of any other condition listed here);
- if you are not an Australian Resident and temporarily employed overseas, 3 months after the date you leave and remain outside of Australia;
- if you're a New Zealand citizen who holds a *Special Category* Visa, the date 6 months after you leave and remain outside of Australia; and
- a circumstance resulting in the cessation of cover occurs, as specified in General conditions on pages 26-27.

* Generally, all members (personal or employer-sponsored) should ensure they maintain a sufficient account balance to support the deduction of insurance fees, unless you are an insurance-only member of an employer plan where your employer is fully-funding the cost of your insurance while you remain employed with them.

Exclusions

In addition to any underwriting exclusions imposed by the Insurer, Death and TPD cover excludes:

- death from suicide that occurs within 13 months of effecting any voluntary additional cover (inclusive of cover reinstated due to inactivity after 90 days of it ceasing), life stages cover, or loyalty cover. It is only the increased or reinstated amount that is not payable under these circumstances;
- disablement directly or indirectly, wholly or partly caused by intentional self-inflicted injury or any such attempt by you whether sane or insane;
- active service in the armed forces of any country or international organisation; and
- for Personal members, standard cover (while your cover is limited to New Events cover, see page 4):
  - death or terminal illness which occurs as a result of any hazardous pursuits and/or pastimes, suicide or a self-inflicted act,
  - disablement which occurs as a result of any hazardous pursuits and/or pastimes, suicide or a self-inflicted act.

Other information about TPD cover

- any TPD cover (except automatic minimum level cover shown on page 3) that does not reduce with age will reduce proportionately each year from age 60 to zero at age 65 when cover will cease,
- TPD insurance benefits are paid separate to any claim made under your Income protection insurance cover (if you have any).

Tailoring cover to suit your needs

You can choose the type and level of cover to suit your personal circumstances. To change your cover, you'll usually need to complete one of the insurance forms available at **smartmonday.com.au** or call us on **1300 614 644**.

Additional or 'Voluntary' cover

You can increase, fix your level of cover at a dollar amount, or transfer other cover you may have into the Fund. This cover will be known as 'voluntary' cover and will be in addition to or replace any automatic cover you already have (for example, if you reduce your level of automatic cover then your reduced amount of cover will become voluntary cover. Any reduction in automatic cover, however, means you will no longer be able to obtain automatic cover again under the Fund). Unless otherwise stated, for increases to your cover or fixing your cover, you may need to provide additional information about your health and lifestyle and the cover will only commence on the day your application is accepted.

Note:

- Additional costs will apply to increased amounts of cover.
- If you are an employer-sponsored member, your cover may convert to a fixed dollar amount of voluntary cover on cessation of employment – refer to page 27.

Fast-track your application for voluntary cover

If you're under age 55, you can complete the *Application for insurance cover (short form)* which fast-tracks the approval process. The form is available at **smartmonday.com.au**

Short-form applications are subject to the following limits.

Cover	Limit
Death	$1 million
TPD	$1 million

Insurance limits

The maximum levels of cover you can have in the Fund are:

Cover	Limit	
	Aged 16 to 64	Aged 65 to 69
Death	Unlimited	$2 million
TPD*	$3 million	Automatic minimum level of cover shown on page 3

* Any TPD cover (except automatic minimum level of cover) that does not reduce with age will reduce proportionately each year from age 60 to zero at age 65.

Transferring cover into the Fund

You can transfer any Death and TPD cover that you have in other super funds or policies into the Fund. Transferred cover will be classified as 'voluntary' cover and be in addition to any automatic cover you have in the Fund.

Some additional conditions (including eligibility criteria, conditions for the commencement of cover, exclusions) and transfer limits will apply, so please see the *Application to Transfer Cover* form available at **smartmonday.com.au**

Your total cover in the Fund following the transfer of cover can't exceed the limits for each type of insurance benefit.

Transferred cover will only commence in the Fund once the Insurer accepts your application.

Interim cover (accidental injury cover)

You'll be provided with interim cover (for the same amount as your application, subject to the maximum cover levels described under 'Insurance limits') for accidental injury while your application for cover or increased cover is being assessed. (Interim cover applies to any cover that is subject to underwriting by the Insurer.) Accidental injury means a physical injury that is caused solely and directly by violent, visible, external, and unexpected means that is not traceable, even indirectly, to any pre-existing mental or physical condition.

You'll be covered until:

- your application is either accepted or rejected by the Insurer, or
- you cancel or withdraw your application, or
- 90 days from the date the Insurer receives your completed application, or
- your cover would have otherwise ceased.

Exclusions

The following exclusions apply to interim cover:

- no accidental injury benefit will be payable if death or disability is caused directly or indirectly by you engaging in any sport or pastime where the Insurer would not normally cover you on standard rates or terms, and
- any other exclusions set out in this document.

Life stages additional cover

Big things happen in life and you might want to consider looking at your level of insurance cover when they happen to you. Personal events like starting a family or buying your first home, or business events like starting your own business may alter your insurance needs. Life stages cover gives you the opportunity to increase your cover (up to 3 times during your membership) without the need to provide additional health information.

Applying for life stages cover

You'll need to complete a *Life stages additional cover application* form within **60 days** of the personal or business event occurring. The form is available at **smartmonday.com.au** and we will require evidence of the event, usually in the form of certified copies of important documents (e.g. a marriage or birth certificate). See the form for requirements.

Personal events	Cover may be increased by the lesser of:
Marriage Divorce Turning 30 Birth or adoption of a child Child turning 12, or enrolling in private education	25% of your current death/TPD insured amount, and $200,000
Commencing a first mortgage or increasing an existing first mortgage for the purpose of building or renovating which is the principal place of residence	50% of your current death/TPD insured amount the amount of the primary mortgage the amount of the increase of the primary mortgage, and $200,000
Business events	
You are a key person* in a business and your financial interest in the business or value to the business, averaged over the last 3 years has increased	25% of your current death/TPD insured amount the increase in the value of your financial interest in the business or value to the business, averaged over the last 3 years, and $200,000

*A key person is a working partner, director or significant shareholder.

Loyalty additional cover

It can be difficult to increase your level of insurance cover especially as you get older and start to have a few health issues. That's why after 5 consecutive years of holding Death and/or TPD cover in the Fund and every 5th anniversary after that, you'll have the opportunity to increase your cover without needing to provide additional health information. You'll be able to increase your cover by the lesser of:

- 25% of your current insured amount, and
- $100,000.

If you're eligible, just contact us within 60 days of your 5th anniversary date and we'll send you the details and application form.

Eligibility for life stages and loyalty cover

To apply you must:

- be under age 55
- be At Work on the date of your application
- not have been off work or restricted from carrying out your current and normal occupation for more than 10 days in the last 12 months for the same medical conditions
- hold Death or TPD cover on standard terms with no loadings, restrictions or exclusions, and
- not have made, lodged, or be eligible to lodge a claim, or been previously declined cover, with any fund or insurer.

Any increase to your cover will commence on the day the Insurer accepts your application.

Exclusions for life stages and loyalty cover

The following exclusions or restrictions apply to the amount of additional cover:

- suicide or attempted suicide within the first 13 months from the date of the increase; and
- any other exclusions set out in this document.

Insurance fees for Death and TPD

The total cost of your insurance is referred to as 'Insurance fees' and includes the insurance premium and an insurance administration fee. Insurance fees are deducted monthly in arrears from your account. Insurance fees are based on the type and amount of cover you have, the annual premium rate for your age, and your occupation category.

If you apply for voluntary cover, the Insurer may decide to apply a **loading**, which will make your insurance fee higher.

For all cover other than any automatic cover, if you choose to have TPD which is above your level of Death cover, you will pay an additional 20% on the insurance fees applying to the amount of TPD cover over Death cover.

The annual insurance fee rates shown here:

- represent the cost per $1,000 of cover;
- are inclusive of stamp duty and an insurance administration fee of 10% (plus Goods and Services Tax (GST) and net of Reduced Input Tax Credits (RITC)) of the insurance premium, which is payable by you to smartMonday. The insurance administration fee does not form part of the insurance premium payable to the Insurer.
- reflect a White-collar occupation category. See page 9 for occupation categories.

Different insurance fees may apply for non-standard cover under an employer sponsored plan. Please refer to your plan specific *Employer Plan Summary* for details on applicable insurance fees.

Age next birthday	Death ($)	TPD ($)
16	0.23	0.14
17	0.32	0.18
18	0.40	0.23
19	0.49	0.28
20	0.52	0.36
21	0.57	0.33
22	0.53	0.31
23	0.49	0.29
24	0.43	0.26
25	0.40	0.23
26	0.37	0.23
27	0.39	0.21
28	0.40	0.21
29	0.40	0.23
30	0.40	0.26
31	0.45	0.23
32	0.46	0.26
33	0.48	0.28
34	0.49	0.29
35	0.56	0.28
36	0.57	0.29
37	0.58	0.36
38	0.65	0.36
39	0.69	0.38
40	0.74	0.45
41	0.80	0.49
42	0.90	0.55
43	0.97	0.60
44	1.09	0.69
45	1.20	0.80
46	1.33	0.96
47	1.46	1.15
48	1.66	1.37
49	1.83	1.60
50	2.07	1.89
51	2.31	2.19
52	2.55	2.64
53	2.84	3.20
54	3.16	3.79
55	3.54	4.49
56	3.80	5.36
57	4.20	6.32
58	4.68	7.33
59	5.20	8.46
60	5.75	9.65
61	6.37	10.92
62	7.03	12.39
63	7.71	13.87
64	8.49	15.48
65	9.30	17.26
66	11.12	19.24
67	12.46	22.24
68	13.95	25.65
69	15.63	29.54
70	17.50	33.94

Occupation categories for Death and TPD

Occupations are allocated a risk-based category according to the type of work performed. Where the work involves a higher risk of death or injury, a higher occupation category will apply, which increases the insurance fees. The table on this page lists the different occupation categories and applicable factors.

Important: **Members working in some very high-risk occupations are not eligible for any insurance cover under the terms of the insurance policy. These ineligible occupations are listed in the table on page 10.**

You should let us know if you are working in an occupation which is not eligible for cover under this policy, so that we can ensure you are not charged insurance fees.

Default occupation category: Blue collar (Employer-sponsored members only)

If we're not notified of your occupation by you or your employer when you join the Fund, we will use a default Blue collar category for the calculation of your insurance fees until you notify us of your correct occupation.

A Blue-collar occupation is one which requires a moderate degree of manual work, or a recognised qualified trade. You can refer to the *Occupation ratings guide* at **smartmonday.com.au** for a full list of occupations and the categories that apply. If you need help to determine which occupation category should apply to your occupation or you want to check whether the correct occupation category is recorded for you, please contact us.

For more information on updating your occupation category see page 26. You'll need to complete and return the *Insurance changes* form at **smartmonday.com.au**

Default occupation category: 'Heavy Blue collar' (Personal members only)

If you don't notify us of your occupation on your application form, we are required to apply a default category of '**Heavy Blue collar**' to the calculation of your insurance fees until you notify us of your correct occupation.

For more information on updating your occupation category see page 26. You'll need to complete and return the *Insurance changes* form at **smartmonday.com.au**

Your occupation at the time of claim

If you make a claim and the Insurer assesses that you've been working in an '**ineligible**' occupation (see page 10) when cover commenced, and the cover was provided in error, your insurance fees will be refunded.

If you make a claim and the Insurer assesses that you are working in an occupation to which a higher risk category should have been applied, then additional insurance fees may be deducted from your account or your claim.

Alternatively, if you've been working in a lower risk occupation than that which your insurance fees were calculated on, any overpaid insurance fees may be added to your benefit payment.

Occupation category	Description	Factor	
		Death	TPD
Class 1 Professional	Professionals (e.g. CPA/CA accountant, lawyer, doctor, pharmacist), executives and senior management (e.g. CEO, CFO) with tertiary qualifications and high incomes.	0.90	0.85
Class 2 White collar	Office-based with no manual work, e.g. clerical or administrative roles such as accountant, social worker, administrator, etc.	1.00	1.00
Class 3 Grey collar	Primarily non-manual work but may involve light manual duties only, such as hairdresser, shop assistant, florist, cashier, tailor.	1.25	1.50
Class 4 Blue collar	Moderate degree of manual work or recognised qualified trades such as baker, gasfitter, electrician, mechanic, signwriter, printer, greengrocer.	1.50	2.00
Class 5 Heavy blue collar	Heavy manual work or those with a degree of additional risk of disability, such as boilermaker, gardener, tyre fitter, welder.	2.00	3.00
Collective	A collective rating applied to all members in a particular employer plan based on the overall risk rating of the members in the plan.	Negotiated with the employer. If applicable, this will be shown in your plan specific *Employer Plan Summary* at **smartmonday.com.au**	

Calculating the cost of your insurance

Your insurance fees are calculated as:

Amount of cover **x** annual insurance fees rate **x** occupation factor

$1,000

Example: You're 41 and working in an occupation rated as Blue Collar. Your level of Death and TPD automatic cover will be $546,841 according to the table on page 3.

Your insurance fees for the one year before turning 42 would be calculated as:

Death cover:	$546,841 / $1,000 x $0.90 x 1.50 =	$738.24
TPD cover:	$546,841 / $1,000 x $0.55 x 2.00 =	$601.53

Total insurance fees for the year are $1,339.77 (assuming no changes to your cover)

Insurance fees will be deducted from your account monthly in arrears.

'Ineligible' occupations

Members working in some very high-risk occupations are not eligible for any insurance cover under the terms of the insurance policy. These occupations are listed below.

Occupations listed with an asterisk (*) may be eligible for cover subject to underwriting and approval by the Insurer, but are not eligible for automatic cover.

Important: You should let us know if you are working in an occupation which is not eligible for cover under this policy, so that we can ensure you are not charged insurance fees.

The list is current as at the date of preparation of this document.

Death cover

Occupation
Aviation Instructor *
Bomb Disposal Experts *
Diver/Underwater worker *
Explosives Handler *
Mining [Underground worker] *
Mining [Working with explosives] *
Oil and Gas Industry Worker [Offshore] *

TPD cover

Occupation
Aviation Instructor *
Bomb Disposal Experts
Diver/Underwater worker
Explosives Handler
Mining [Underground worker] *
Mining [Working with explosives]
Oil and Gas Industry Worker [Offshore] *
Sports Instructor [Unspecified - Not coaching] *

Disability definitions for TPD

If you lodge a TPD claim with a **Date of disablement** on or after 30 September 2022, you will be assessed by the Insurer as follows:

- If you have been **Gainfully employed** in the last 16 months immediately prior to the **Date of disablement**, you will be assessed against Part A or Part B.
- If you have not been **Gainfully employed** in the last 16 months immediately prior to the **Date of disablement**, you will be assessed against Part B or Part C.
- Where you've applied and been accepted for the **Home Duties definition (only available for Personal members)**, you will be assessed against Part B, C or D.

Part A – Standard definition

As a result of injury or illness, you:

- have not performed any work for an uninterrupted period of at least 6 consecutive months since the **Date of disablement** solely due to the same injury or illness; and
- are under the regular care of, and following the advice and treatment of a medical practitioner and have undergone all reasonable and usual treatment including rehabilitation for the injury or illness; and
- after consideration of all the medical evidence and such other evidence as the Insurer may require, have become in the opinion of the Insurer, incapacitated to such an extent as to render you unable ever again to be **Gainfully employed** in your usual occupation and any other occupation for which you are reasonably suited by education, training or experience.

For the purposes of the Standard definition, **Date of disablement** means the first day which you are certified by a medical practitioner as unfit for work due to injury or illness.

In determining whether an occupation is reasonably suitable for you, the Insurer will consider the skills you may acquire through reasonable retraining taking into account your education, training or experience.

Part B – Irrecoverable loss

You have suffered the permanent loss of:

- the use of two limbs; or
- the sight in both eyes; or
- the use of one limb and sight in one eye.

Where 'limb' means the whole hand or whole foot;

and, after consideration of all of the medical evidence and such other evidence as the Insurer may require, you have become, in the opinion of the Insurer, incapacitated to such an extent as to render you unable ever again to be **Gainfully employed** in your usual occupation and any other occupation for which you are reasonably suited by education, training or experience.

Part C – Alternative definition

You are assessed as **Totally and permanently disabled** (TPD) if, in the reasonable opinion of the Insurer, you are attending and following the advice of a medical practitioner and have undergone all reasonable and usual treatment including rehabilitation for the injury or illness, and you satisfy the following criteria **(1)** or **(2)**:

***Part 1**. For a period of 6 consecutive months since the **Date of disablement**, you have been continuously unable to perform (with or without **Aids and adaptations**) at least 2 of the following activities of daily working, as certified by a medical practitioner:*

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
- 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,

Vision: 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. Legal blindness is as certified by an ophthalmologist,

Lifting: the ability to lift with your hands (from bench height) and carry a 5 kg weight a distance of 10 metres and place the item back down at bench height,

Communicating: the ability to 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,

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,

and, after consideration of all the medical evidence and such other evidence as the Insurer may require, you have become, in the opinion of the Insurer, incapacitated to such an extent as to render you unlikely ever to be able to perform any 2 of the above activities; and you are **Permanently incapacitated**.

Where you are unable to perform one or more of the above activities at the date your cover commenced that activity shall not be taken into consideration during the TPD assessment,

Or,

Part 2. You suffer a **Mental illness** that:

- your treating psychiatrist, psychologist or medical practitioner believes won't improve, and
- has been assessed by a psychiatrist 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
- you are **Permanently incapacitated**.

For the purposes of the Alternative Definition, **Date of disablement** means:

- the first day of the six consecutive month period you are unable to perform at least 2 of the listed activities due to injury or illness referred to in the definition below without assistance from another adult (with **Aids and adaptations**); or
- the date you are unable to work as a result of having a **Mental illness**.

Disability definitions for TPD (*continued*)

Part D – Home duties definition (*optional and applies to Personal members only*)

You are wholly engaged in full-time unpaid home duties in your residence and:

- have been unable to perform normal home duties, leave home unaided and engage in any employment for an uninterrupted period of at least 6 consecutive months solely due to the same injury or illness; and
- are under the regular care of, and following the advice and treatment of a medical practitioner and have undergone all reasonable and usual treatment including rehabilitation for the injury or illness; and
- at the end of the period of 6 consecutive months, after consideration of all the medical evidence and such other evidence as the Insurer may require, have become, in the opinion of the Insurer, as a result of the same injury or illness incapacitated to such an extent as to render you likely to require ongoing medical care and unable ever to perform normal home duties, leave home unaided and engage in any form of employment.

Home duties means that you have chosen to remain at home and perform unpaid home duties as your primary occupation. The choice to remain at home should not be due to unemployment, full-time study or as a result of an injury or illness.

Terms used in the disability definitions

Gainfully employed or **Gainful employment** means:

- you are employed (including self-employed unless specifically excluded), and
- you have worked and are expected to receive an income or received an income from paid work,

in any business, trade, profession, vocation, calling, occupation or employment.

You are not considered to be **Gainfully employed** if you are available to work or look for work and have not worked.

Permanently incapacitated means the Insurer is reasonably satisfied that your ill-health (whether physical or mental) makes it unlikely that you will engage in gainful employment for which you are reasonably qualified by education, training or experience.

Mental illness means one that has been diagnosed by a psychiatrist 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).

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

Income protection

If you're temporarily unable to work because of an injury or illness, Income protection insurance cover (if you are eligible for it) is there to help you cope financially and support you in your return to work.

Income protection cover provides a monthly insurance benefit of up to 75% of your pre-disability income or the amount insured (whichever is the lesser) if you meet the definition of totally disabled (or partially disabled, after a period of total disability). The benefit is subject to the maximum monthly benefit, any benefit offsets that may apply (see page 19), and the applicable waiting period and benefit period.

Automatic cover

Standard cover

(Employer-sponsored members only)^

Cover is automatically provided when you satisfy the eligibility criteria. This is also referred to as standard cover, as follows:

- up to 75% of pre-disability income (or $4,000 per month where your employer hasn't provided us with your salary information)
- waiting period – 90 days (unless a tailored insurance arrangement applies – see below)
- benefit period – 2 years (unless a tailored insurance arrangement applies – see below).

Your insurance benefit is also subject to the maximum of $30,000 per month, or $10,000 per month if you're age 65 or older, and is subject to any offsets that may apply (see page 19).

^ Some employer-sponsored plans may not provide automatic Income protection cover to eligible members. If you are a new member to one of these plans, your *Welcome Pack* will show this cover as nil. You can apply for voluntary cover. The application will be subject to acceptance by the Insurer. See page 16 for information on how to apply.

Non-standard cover

(Employer-sponsored members only)

Where agreed between your employer and the Trustee, there may be a tailored insurance arrangement that sets a different waiting period and/or benefit period for the automatic Income protection insurance. If this applies to you, details of your automatic cover in the Fund can be found in your plan specific *Employer Plan Summary* at **smartmonday.com.au**

Unless specified otherwise below or in your *Employer Plan Summary (if applicable)*, automatic cover is subject to the same terms and conditions, including eligibility, commencement of cover, At Work requirement, New Events limitation and Automatic acceptance limits (see next page) applicable to standard cover.

Alternatively, your employer may nominate not to provide automatic cover within your employer plan.

If your employer elects to arrange Income protection cover outside of the Fund for their employees via an external insurance policy you will be notified by your employer.

Personal members

Personal members are not eligible for automatic Income protection cover. Personal members can apply for voluntary Income protection cover and will need to provide evidence of health and lifestyle to the Insurer. (You must be under age 65 to apply for voluntary Income protection cover). The application will be subject to acceptance by the Insurer. See page 16 for information on how to apply.

Eligibility for automatic cover

Employer-sponsored members in an employer plan may be eligible for automatic Income protection cover^ if you:

- are aged 15 years or older;
- are under age 50 (for standard cover) or under age 65 (for non-standard cover);
- are an Australian Resident (meaning an Australian citizen, Australian Permanent Resident visa holder or New Zealand citizen who holds a Special Category visa while residing in Australia indefinitely), or hold a current and valid visa (which allows you to work in Australia) and currently residing in Australia;
- are permanently and gainfully employed for at least 15 hours per week (excluding casual employees) in each and every normal working week at the commencement date of your insurance cover;
- are working in an eligible occupation under the terms of policy at the time of commencement of your cover. See page 24 for the list of ineligible occupations;
- are joined to the Fund by a Participating Employer (that has at least 5 eligible employees in the employer plan);
- have not made an Income protection claim with the Fund;
- have not made a claim, been paid, nor are eligible to be paid, a TPD or terminal illness benefit with any super fund or insurance policy;
- have not been declined or restricted Income protection cover as a result of being underwritten by the Insurer; and
- have not cancelled Income protection cover previously held under the Fund.

Automatic cover will generally commence when you meet the following additional eligibility requirements:

- your account balance has reached $6,000; and
- you are age 25 or older.

^ Some employer-sponsored plans may not offer automatic Income protection cover to members. If you are a new member to one of these plans, your *Welcome Pack* will show this cover as nil.

Even if you're not eligible for automatic cover, you may still be able to apply for Income protection as 'voluntary' cover. See page 16 for information on how to apply.

Commencement of cover

For employer-sponsored members (where automatic Income protection cover is available), automatic cover generally commences from the day you meet the eligibility criteria described on the previous page and provided contributions are made by the Participating Employer.

Cover will be limited to New Events until you are At Work for 30 consecutive days, whereupon your cover will convert to Full Cover. The At Work requirement is described on page 4.

Employer-funded arrangements

Some employers may elect to fully pay the costs of automatic insurance cover for their employees joined to the Fund. In this case all members, while employed by the employer, are exempted from the minimum age (25) and balance ($6,000) rules, which means that cover can commence from the day the member is joined to the Fund, subject to meeting the other important eligibility criteria.

If you are not At Work on the day you are joined to the Fund, then your cover will be restricted to New Events until you are At Work for 30 consecutive days. If you are joined to the Fund more than 120 days after commencing employment, then your cover will be restricted to New Events for 24 continuous months. Full Cover will apply once you are At Work for 30 consecutive days at the end of the 24-month period.

Employer-sponsored plans with less than 5 members

If you are joined to the Fund in an employer-sponsored plan with less than 5 members, you will not be eligible for automatic Income protection cover.

New Events cover

(Employer-sponsored members only)

This means you're only covered for an injury or illness that occurs or becomes apparent after your cover commences or most recently recommences (whichever is the later), and is not related to an injury or illness that occurred before the applicable date.

Note: You can apply to remove the New Events restriction at any time by completing the *Application for Insurance* form available at **smartmonday.com.au** You'll need to provide health information (and such other evidence the Insurer may require) to the Insurer and your application will be subject to the Insurer's approval.

Automatic acceptance limit (AAL)

For employer-sponsored plans, the AAL is the maximum level of automatic Income protection cover that you may be eligible for without needing to provide additional health information.

The level is set according to the number of lives insured in your employer plan. To be eligible for the AAL your employer needs to let us know that you have joined the employer plan and you must be under age 65. If the automatic cover otherwise applicable to you is in excess of the AAL, your automatic cover will be limited to the AAL.

No. of lives insured	AAL (per month)
5–9	$5,000
10–19	$6,000
20–49	$8,000
50–99	$10,000
100–199	$11,000
200–299	$12,000
300–499	$13,000
500–999	$15,000
1,000+	Negotiable with the employer. If applicable, this can be found in your plan specific *Employer Plan Summary* at **smartmonday.com.au**

Important information:

Please check your *Welcome Pack* for information about insurance cover when you join the Fund.

If you are an eligible employer-sponsored member and you want to turn Income protection insurance cover on before you have met the minimum age and account balance criteria, follow the instructions in your *Welcome Pack* or contact us as soon as possible.

Check that the **occupation category** is appropriate for the type of work that you do. You will be defaulted to a **Blue collar** occupation category if you or your employer have not notified us of your occupation category. This may result in you paying more for your insurance cover than you need to. Check your *Welcome Pack* and let us know if the category applied does not accurately reflect the type of work you perform, or if your occupation changes. Descriptions of occupation categories are shown on page 22.

Read the eligibility section of this document carefully and let us know if you are in an '**Ineligible**' occupation (see page 23) or your employment status changes because it could have a big impact on your cover or its cost. See page 25 on reclassifying your occupation.

The cost of insurance and cancelling your cover

- The cost of your cover depends on the premium rates for your age and gender, the amount of cover, your waiting period and benefit period, and your occupation category. Insurance fees for automatic cover will usually be deducted from your account from the time cover commences.
- You can cancel any cover you have in the Fund (including any automatic cover) by contacting us.
- We must cancel your insurance cover if your account becomes inactive for 16 continuous months. If you wish to keep your cover notwithstanding inactivity in your account, you can make a written election or you can ensure your account doesn't become inactive by making regular contributions. Cover may cease in other circumstances including if there is insufficient money in your account to meet the cost of cover. Where we can, we will contact you before this happens and provide you with the opportunity to keep your cover.
  Note: an election to keep your cover does not mean cover continues indefinitely and cover may cease for some other reason.
- For employer-sponsored members, if your employer ceases to fully fund the costs of your automatic cover (including due to you ceasing employment), it may be cancelled if you are unable to fund the cost of cover via deductions from your account. Where we can, we will contact you before cover is cancelled and let you know what your options are, if any, to maintain your cover.
- Where cover is cancelled (e.g. for any of the above reasons, or otherwise under the policy terms set out in this document), future applications for cover will be subject to acceptance by the insurer. The Insurer may also decide to apply restrictions or a loading to your cover after assessing your application.

Tailoring cover to suit your needs

If you want to apply for Income protection cover or make changes you'll usually need to complete one of the forms available at **smartmonday.com.au**, or call us.

Depending on the nature of the change, you may need to provide additional information about your health and lifestyle and cover (or changed cover) will only commence on the day your application is accepted by the Insurer.

In choosing your waiting period, you may want to consider your paid leave entitlements with your employer (e.g. sick leave, annual leave, long service leave). You may wish to seek advice or call us on **1300 614 644**. Choosing a longer waiting period can lower the cost of your cover, but may leave you short on income during this period if you don't have any other income to support you.

You can choose from the following waiting periods:

- 30 days
- 60 days
- 90 days

You can choose from the following maximum benefit periods:

- 2 years
- 5 years
- to age 65

Choosing a shorter benefit period can lower the cost of your cover but, may leave you short on income once the benefit period runs out.

See page 18 for more information on the waiting period and benefit period. Additional insurance fees may apply.

Applying for cover

You may want to apply for Income protection cover if you're not eligible for automatic Income protection cover in the Fund. You can apply for cover if you're under the age of 65. Your cover will be classified as 'voluntary' cover to distinguish it from automatic cover.

If you're under 55, you can complete a *Short-form application* form which will fast-track the process. The form is available at **smartmonday.com.au** The maximum monthly income protection benefit that can be applied for with a short-form application is $8,000. Cover will only commence on the day your application is accepted.

Transferring cover into the Fund

You can apply to transfer Income protection cover that you have with other super funds or insurers into the fund.

Transfer of cover is subject to acceptance by the Insurer. Some conditions and transfer limits may apply so please see the latest *Application to Transfer Cover* form available at **smartmonday.com.au**

Your total cover in the Fund following the transfer of cover can't exceed the maximum monthly benefit payable.

Interim cover (accidental injury cover)

While your application for cover is being assessed you'll be provided with accidental injury cover of up to $15,000 per month. Accidental injury means a physical injury (which occurs while your policy is in force) that is caused solely and directly by violent, visible, external, and unexpected means that is not traceable, even indirectly, to any pre-existing mental or physical condition.

You'll be covered until:

- your application is either accepted or rejected by the Insurer, or
- you cancel or withdraw your application, or
- 90 days from the date the Insurer receives your completed application, or
- your cover would have otherwise ceased.

The waiting period and maximum benefit period and for accidental injury cover will be the same as those being applied for.

Exclusions

The following exclusions apply to interim cover:

- no accidental injury benefit will be payable if disability is caused directly or indirectly by you engaging in any sport or pastime where the Insurer would not normally cover you, and
- any other exclusions set out in this document.

Disability definitions for Income protection

If you lodge a claim for Income protection where your **Waiting Period** commences on or after 30 September 2022, you will be assessed by the Insurer as follows:

- If you have been working on average 15 hours or more per week in the 3 months immediately prior to disablement, you will be assessed against the **Standard definition**;
- If you have been working on average less than 15 hours in the 3 months immediately prior to disablement, you will be assessed against the **Alternative definition**.

Total disability - Standard Definition

You are **Totally disabled** if you've been off work due to injury or illness for at least 7 out of 12 consecutive days during the **Waiting period** and that, solely due to the injury or illness, you are:

- unable to perform at least one **Important duty** of your usual occupation,
- not engaged in any occupation (whether paid or unpaid),
- under the regular care of, and following the advice and treatment of, a medical practitioner in relation to that injury or illness.

Total disability - Alternative Definition

You are **Totally disabled** if you've been off work due to injury or illness for at least 7 out of 12 consecutive days during the **Waiting period** and that, solely due to the injury or illness, you are:

- unable to perform any occupation for which you are reasonably qualified by education, training or experience,
- not engaged in any occupation (whether paid or unpaid), and,
- under the regular care of, and following the advice and treatment of, a medical practitioner in relation to that injury or illness.

Partial disability

The insurance benefit will be paid if immediately following a period of **Total disability** of at least 7 out of 12 consecutive days during the **Waiting period**, and solely because of the injury or illness which directly caused the **Total Disability**, you are:

- unable to perform at least one **Important duty** of your usual occupation, but have returned to work in your usual occupation or another occupation;
- earning an income from your usual occupation or another occupation which is less than 75% of your monthly pre-disability income; and
- under the regular care of, and following the advice and treatment of, a medical practitioner in relation to that injury or illness.

Important duty means a duty involving at least 20% of overall occupational tasks responsible for generating at least 20% of your pre-disability income.

Waiting period is the number of days which must elapse before your Income protection benefit starts to accrue. It commences when you're first examined and certified by a medical practitioner as **Totally disabled** in relation to a condition that gave rise to your claim and you've ceased work due to that condition. The **Waiting period** is either 30, 60 or 90 days depending upon your (or your employer's) selection.

How does the Income protection benefit work?

If your claim is approved, Income protection benefits will be paid monthly in arrears, after the waiting period ends. Your benefit payments cease on the earliest date that you:

- reach age 65 (or 70, where approved – see the next page)
- die
- no longer satisfy the definitions of total disability or partial disability, or
- reach your maximum benefit period.

Calculating your monthly benefit

You'll receive up to 75% of your pre-disability income or the amount insured, whichever is the lesser. Your benefit is also subject to the maximum of $30,000 per month, or $10,000 per month if you're age 65 or older and is subject to any offsets that may apply (see page 19).

Pre-disability income is defined as the annual salary or wage paid by your employer, and reported to us, immediately before the disability (total or partial). In certain circumstances any regular fees, regular commission, regular bonuses, regular overtime and fringe benefits averaged over the last 12 months immediately before the disability may be included in your income, but only if you or your employer has elected to report these components to us.

If you are self-employed, a working director, or a partner in a partnership, income is defined as the income generated by the business or practice due to your personal exertion or activities, less your share of necessarily incurred business expenses (before tax) for the 12 months immediately before the disability (total or partial).

Check your salary

- If you have Income protection cover, your sum insured and therefore the insurance fees we deduct from your account will usually be based on whatever salary amount is reported to us by you or your employer.
- You should check the salary we have recorded for you in your smartMonday online account under *Member details* or checking your *Welcome pack* or *Annual benefit statement*.

Waiting period

The waiting period is the number of days which must elapse before your Income protection benefit starts to accrue.
It commences when you're first examined and certified by a medical practitioner as totally disabled in relation to a condition that gave rise to your claim and you've ceased work due to that condition.

Returning to work during the waiting period

You can return to work performing your usual duties during the waiting period for up to:

- 10 days where the waiting period is 60 or 90 days
- 5 days where the waiting period is 30 days

without recommencing the waiting period. Where this happens, the waiting period will be extended by the number of days you're at work.

Benefit period

The benefit period is the maximum period during which your Income protection benefits will be paid. Your benefits for partial disability during the period will generally be proportionately less than your benefits for total disability.

See page 19 for information on offsets that may apply which would reduce your insured benefit.

Claims escalation benefit

Where you have a maximum benefit period of 5 years or to age 65, your benefit will increase annually with inflation by the lower of 5% or the increase in the CPI subject to the maximum monthly benefit payable. This will occur one year after your benefit payments commence and annually thereafter while you remain on claim. Additional insurance fees may apply.

Rehabilitation expense benefit

If during your benefit period you attend a rehabilitation program which includes a 'return to work' plan approved by the Insurer, the cost of that program will be paid by the Insurer to the program provider.

Expenses will relate to rehabilitation programs with the aim of rehabilitating you to return to your pre-disability occupation or to retrain you into another occupation.

Recurrent disability benefit

If, within the first 12 months of returning to work in your normal pre-disability capacity following a claim, you suffer a recurrence of the same or related disability which caused the claim, it will be treated as the same claim. This means that no further waiting period will apply, and the benefit period will be reduced by however long the first claim period was. For example, if you received benefits for 6 months (on a 2-year benefit period) and then you have a recurrence of the same injury 3 months after returning to work, then your remaining benefit period on that claim will be 18 months.

If, after 12 months of returning to work you suffer a recurrence of the same or related disability that caused a previous claim, then that claim will be treated as a new and separate claim, and a new waiting period and benefit period will apply.

Where a claim has been paid for the maximum 2-year or 5-year benefit period, no further payments will be made and no further claims will be accepted for the same or related disability unless you return to full-time work and have been fully undertaking all of the important income producing duties of your occupation for at least 12 months following the previous claim.

Death while on claim

If you die while you're receiving a monthly benefit, an additional lump sum equal to 3 total disability monthly benefit payments will be paid.

Benefit offsets

If any other benefits are payable to you for loss of income, your Income protection benefit payments may be reduced so that the total of benefits paid from all sources does not exceed 75% of your pre-disability income. Income from other sources includes:

- workers' compensation
- motor accident compensation
- social security benefits
- any payments received in respect of any other legislation relating to loss of income due to injury or illness
- income protection insurance benefits from other policies
- any paid sick leave entitlements
- other ongoing income generated from ownership in a business or practice, and
- ongoing payments from an employer (e.g. annual leave, long service leave).

Cover to age 70

(Only available to White collar and Professional occupation categories)

You can apply to extend your cover to age 70 without needing to provide additional health information if you're 63 and still gainfully employed for at least 15 hours per week in each and every normal working week.

Your benefit period will be a maximum of 2 years, provided you are gainfully employed for at least 15 hours per week at the incident date giving rise to the claim, and payments will cease on the earlier of 2 years or age 70. The maximum monthly benefit from age 65 is $10,000.

The insurance fees for your cover will be based on the rates shown in the supplementary insurance fee rates table on the next page.

You won't be eligible for this continuation of cover if you're:

- self-employed, a contractor, or a casual worker, or
- entitled to receive or have previously received Income protection benefits through the Fund.

When does insurance cover cease?

Your Income protection cover will cease on the earliest date that any of the following apply:

- you turn age 65 (age 70, where approved)
- you die
- if we have not received an amount for you (e.g. contribution or rollover) for a continuous period of 16 months (i.e. your account becomes inactive) unless you have provided a written election to maintain your cover, even if your account becomes inactive for 16 continuous months
- the date we receive your written request to cancel your cover
- you cease to be a member of the Fund
- 60 days after insurance fees cease
- for Personal members, your account balance has fallen below $6,000 and we've given you 60-days written notice and you haven't topped up your account*
- For employer-sponsored members eligible for automatic cover, the date you cease employment with your employer unless you successfully apply for the continuation of the cover (see page 27)
- if you are not an Australian Resident and temporarily employed overseas, 3 months after the date you leave and remain outside of Australia
- if you're a New Zealand citizen who holds a *Special Category* Visa, the date 6 months after you leave and remain outside of Australia
- you retire from the workforce, and
- any other circumstance resulting in the cessation of cover, as specified in *General conditions* on pages 26-27, occurs.

* Generally, all members (personal or employer-sponsored) should ensure they maintain a sufficient account balance to support the deduction of insurance fees, unless you are an insurance-only member of an employer plan where your employer is fully-funding the cost of your insurance while you remain employed with them.

Exclusions

Income protection insurance does not cover any injury or illness arising from:

- intentionally self-inflicted injury, illness, or attempted suicide or self-destruction whether sane or insane
- uncomplicated or normal pregnancy, childbirth or miscarriage
- declared or undeclared act of war or military action
- active service in the armed forces of any country or international organisation
- any underwriting exclusions imposed by the Insurer.

Insurance fees (Benefit period - 2 years)

The total cost of your insurance is referred to as 'Insurance fees' and includes the insurance premium and an insurance administration fee. Insurance fees are deducted monthly in arrears from your account. Insurance fees are based on the type and amount of cover you have, the annual premium rate for your age and gender, the benefit and waiting period applicable to you, and your occupation category.

If you apply for voluntary cover, the Insurer may decide to apply a **loading**, which will make your insurance fee higher.

The annual insurance fee rates shown here:

- represent the cost of your insurance per $100 of monthly benefit;
- are inclusive of stamp duty and an insurance administration fee of 10% (plus GST & net of RITC) of the insurance premium which is payable by you to smartMonday. The insurance administration fee does not form part of the insurance premium payable to the Insurer;
- reflect a White-collar occupation category. See page 23 for occupation categories.

Different insurance fees may apply for non-standard cover under an employer-sponsored plan. Please refer to your plan specific *Employer Plan Summary* for details on applicable insurance fees.

Insurance fee rates ($)—benefit period — 2 years

Age next birthday	Waiting period					
	30 days	60 days	90 days	30 days	60 days	90 days
	Male ($)			Female ($)		
16	3.04	2.04	1.09	4.55	3.06	1.62
17	3.04	2.04	1.09	4.55	3.06	1.62
18	3.04	2.04	1.09	4.55	3.06	1.62
19	3.04	2.04	1.09	4.55	3.06	1.62
20	3.04	2.04	1.09	4.55	3.06	1.62
21	3.04	2.04	1.09	4.55	3.06	1.62
22	3.08	2.05	1.09	4.61	3.08	1.62
23	3.12	2.08	1.10	4.68	3.13	1.65
24	3.16	2.11	1.11	4.75	3.19	1.67
25	3.21	2.15	1.11	4.81	3.21	1.67
26	3.23	2.15	1.10	4.86	3.22	1.65
27	3.19	2.16	1.06	4.79	3.26	1.59
28	3.19	2.08	1.04	4.79	3.13	1.54
29	3.20	2.07	0.99	4.80	3.10	1.48
30	3.22	2.08	0.97	4.82	3.13	1.47
31	3.29	2.09	0.97	4.92	3.14	1.47
32	3.35	2.14	0.97	5.03	3.22	1.47
33	3.47	2.22	1.00	5.17	3.32	1.52
34	3.60	2.30	1.04	5.38	3.43	1.55
35	3.75	2.38	1.09	5.63	3.60	1.63
36	3.93	2.52	1.16	5.92	3.77	1.73
37	4.09	2.63	1.21	6.14	3.93	1.82
38	4.32	2.79	1.30	6.48	4.18	1.95
39	4.56	2.94	1.40	6.84	4.43	2.12
40	4.81	3.13	1.52	7.20	4.68	2.27
41	5.09	3.34	1.66	7.62	4.99	2.46
42	5.43	3.58	1.82	8.14	5.38	2.72
43	5.78	3.84	2.01	8.67	5.78	3.00
44	6.16	4.13	2.23	9.25	6.22	3.34
45	6.60	4.47	2.46	9.88	6.70	3.70
46	7.06	4.86	2.76	10.61	7.28	4.12
47	7.55	5.25	3.08	11.32	7.88	4.61
48	8.10	5.69	3.43	12.14	8.53	5.15
49	8.70	6.19	3.84	13.04	9.29	5.78
50	9.35	6.74	4.31	14.03	10.09	6.47
51	9.93	7.26	4.79	14.91	10.89	7.19
52	10.72	7.92	5.37	16.09	11.87	8.07
53	11.55	8.65	6.05	17.34	12.97	9.05
54	12.47	9.46	6.75	18.70	14.17	10.12
55	13.46	10.36	7.59	20.21	15.54	11.36
56	14.72	11.45	8.58	22.08	17.17	12.86
57	15.78	12.56	9.63	23.67	18.85	14.44
58	17.29	13.79	10.76	25.94	20.69	16.16
59	18.79	15.15	12.04	28.18	22.74	18.07
60	20.42	16.67	13.47	30.64	24.99	20.20
61	21.95	18.07	14.86	32.90	27.11	22.30
62	23.91	19.89	16.59	35.84	29.83	24.87
63	23.91	19.31	15.64	35.84	28.96	23.45
64*	15.04	12.80	9.07	22.54	19.18	13.62
65*	5.88	3.99	2.21	8.84	5.99	3.30

* See page 19 '*Cover to age 70*'.

Supplementary insurance fee rates ($)—Professional and White collar only — benefit period — 2 years

64	26.01	21.34	17.46	38.26	30.92	25.08
65	28.30	23.58	19.52	40.81	33.05	26.82
66	30.83	26.07	21.78	43.60	35.26	28.58
67	33.64	28.81	24.27	46.67	37.57	30.40
68	36.79	31.72	26.82	50.06	39.84	31.97
69	32.33	26.50	21.68	43.50	32.49	24.89
70	14.24	9.84	7.04	19.22	12.08	7.92

Insurance fees

(Benefit period — 5 years)

The total cost of your insurance is referred to as 'Insurance fees' and includes the insurance premium and an insurance administration fee. Insurance fees are deducted monthly in arrears from your account. Insurance fees are based on the type and amount of cover you have, the annual premium rate for your age and gender, the benefit and waiting period applicable to you, and your occupation category.

If you apply for voluntary cover, the Insurer may decide to apply a **loading**, which will make your insurance fee higher.

The annual insurance fee rates shown here:

- represent the cost of your insurance per $100 of monthly benefit;
- are inclusive of stamp duty and an insurance administration fee of 10% (plus GST & net of RITC) of the insurance premium which is payable by you to smartMonday. The insurance administration fee does not form part of the insurance premium payable to the Insurer;
- reflect a White-collar occupation category. See page 23 for occupation categories.

Different insurance fees may apply for non-standard cover under an employer-sponsored plan. Please refer to your plan specific *Employer Plan Summary* for details on applicable insurance fees.

Insurance fee rates ($)—benefit period — 5 years

Age next birthday	Waiting period					
	30 days	60 days	90 days	30 days	60 days	90 days
	Male ($)			Female ($)		
16	5.62	3.87	2.52	8.42	5.79	3.79
17	5.62	3.87	2.52	8.42	5.79	3.79
18	5.62	3.87	2.52	8.42	5.79	3.79
19	5.62	3.87	2.52	8.42	5.79	3.79
20	5.62	3.87	2.52	8.42	5.79	3.79
21	5.62	3.87	2.52	8.42	5.79	3.79
22	5.53	3.74	2.56	8.27	5.62	3.82
23	5.45	3.63	2.57	8.14	5.45	3.87
24	5.37	3.55	2.60	8.04	5.31	3.89
25	5.34	3.47	2.64	7.97	5.19	3.97
26	5.29	3.39	2.60	7.93	5.09	3.89
27	5.34	3.39	2.56	7.97	5.08	3.84
28	5.44	3.39	2.54	8.11	5.11	3.81
29	5.55	3.45	2.56	8.32	5.17	3.82
30	5.73	3.51	2.57	8.60	5.29	3.87
31	5.97	3.63	2.62	8.94	5.44	3.92
32	6.25	3.74	2.67	9.34	5.62	4.02
33	6.56	3.91	2.77	9.84	5.85	4.14
34	6.92	4.09	2.87	10.38	6.13	4.30
35	7.33	4.30	3.01	11.01	6.46	4.48
36	7.81	4.53	3.15	11.70	6.82	4.71
37	8.32	4.84	3.33	12.49	7.25	5.01
38	8.90	5.16	3.55	13.35	7.75	5.34
39	9.54	5.53	3.81	14.30	8.29	5.70
40	10.25	5.95	4.12	15.34	8.92	6.16
41	11.01	6.43	4.46	16.51	9.64	6.70
42	11.83	6.94	4.86	17.76	10.43	7.30
43	12.77	7.55	5.35	19.13	11.34	7.99
44	13.76	8.25	5.88	20.64	12.37	8.82
45	14.85	9.03	6.52	22.28	13.53	9.77
46	16.06	9.89	7.25	24.07	14.83	10.86
47	17.37	10.86	8.09	26.03	16.30	12.13
48	18.80	11.96	9.08	28.17	17.94	13.60
49	20.35	13.20	10.17	30.51	19.81	15.26
50	22.05	14.60	11.45	33.09	21.91	17.17
51	23.93	16.18	12.89	35.90	24.25	19.33
52	25.99	17.93	14.52	38.97	26.89	21.77
53	28.26	19.90	16.41	42.37	29.84	24.60
54	30.75	22.11	18.50	46.12	33.15	27.73
55	33.50	24.57	20.86	50.26	36.84	31.29
56	36.56	27.32	24.68	54.84	40.98	37.04
57	39.94	30.37	27.93	59.93	45.58	41.93
58	43.73	33.81	31.32	65.63	50.72	47.01
59	48.00	37.63	35.19	71.99	56.47	52.81
60	52.78	41.92	38.44	79.16	62.89	57.65
61	54.92	43.40	37.67	82.37	65.09	56.52
62	53.60	42.19	34.67	80.41	63.26	52.00
63	49.91	38.70	29.84	74.89	58.07	44.77
64*	35.90	25.95	22.74	53.85	38.90	34.12
65*	18.93	11.12	8.09	28.37	16.67	12.16

* See page 19 *'Cover to age 70'*.

Insurance fees

(Benefit period — to age 65)

The total cost of your insurance is referred to as 'Insurance fees' and includes the insurance premium and an insurance administration fee. Insurance fees are deducted monthly in arrears from your account. Insurance fees are based on the type and amount of cover you have, the annual premium rate for your age and gender, the benefit and waiting period applicable to you, and your occupation category.

If you apply for voluntary cover, the Insurer may decide to apply a **loading**, which will make your insurance fee higher.

The annual insurance fee rates shown here:

- represent the cost of your insurance per $100 of monthly benefit;
- are inclusive of stamp duty and an insurance administration fee of 10% (plus GST & net of RITC) of the insurance premium which is payable by you to smartMonday. The insurance administration fee does not form part of the insurance premium payable to the Insurer;
- reflect a White-collar occupation category. See page 23 for occupation categories.

Different insurance fees may apply for non-standard cover under an employer sponsored plan. Please refer to your plan specific *Employer Plan Summary* for details on applicable insurance fees.

Insurance fee rates ($)—benefit period —to age 65

Age next birthday	Waiting period					
	30 days	60 days	90 days	30 days	60 days	90 days
	Male ($)			Female ($)		
16	8.86	6.90	5.52	13.30	10.38	8.27
17	8.86	6.90	5.52	13.30	10.38	8.27
18	8.86	6.90	5.52	13.30	10.38	8.27
19	8.86	6.90	5.52	13.30	10.38	8.27
20	8.86	6.90	5.52	13.30	10.38	8.27
21	8.86	6.90	5.52	13.30	10.38	8.27
22	8.80	6.74	5.31	13.18	10.13	7.97
23	8.75	6.61	5.14	13.10	9.92	7.69
24	8.72	6.48	4.98	13.07	9.74	7.45
25	8.72	6.41	4.84	13.07	9.59	7.25
26	8.75	6.34	4.74	13.10	9.49	7.10
27	8.90	6.36	4.70	13.36	9.56	7.05
28	9.18	6.48	4.71	13.74	9.69	7.08
29	9.52	6.64	4.78	14.25	9.95	7.18
30	9.97	6.86	4.90	14.95	10.31	7.33
31	10.51	7.15	5.06	15.77	10.73	7.58
32	11.40	8.27	5.77	17.09	12.41	8.67
33	12.18	8.76	6.05	18.24	13.13	9.08
34	13.05	9.31	6.38	19.59	13.99	9.57
35	14.07	9.99	6.79	21.11	14.99	10.19
36	15.23	10.74	7.28	22.82	16.12	10.91
37	16.49	11.62	7.86	24.72	17.43	11.73
38	18.06	12.03	8.11	27.10	18.04	12.16
39	19.63	13.08	8.85	29.46	19.64	13.26
40	21.16	14.30	9.69	31.72	21.45	14.53
41	23.22	15.62	10.56	34.83	23.45	15.86
42	25.00	16.97	11.68	37.49	25.46	17.53
43	27.42	18.64	12.97	41.11	27.93	19.45
44	29.16	20.09	14.14	43.75	30.09	21.24
45	31.01	21.19	15.44	46.50	31.78	23.20
46	33.20	23.30	17.25	49.78	34.95	25.89
47	35.87	25.59	19.25	53.78	38.38	28.89
48	38.66	28.09	21.29	57.99	42.15	31.94
49	41.59	30.79	23.75	62.37	46.19	35.61
50	44.65	33.73	26.41	66.95	50.57	39.63
51	47.31	36.81	29.03	70.95	55.23	43.58
52	50.54	39.71	32.13	75.81	59.55	48.21
53	53.85	43.14	35.45	80.79	64.71	53.17
54	57.24	46.73	38.92	85.86	70.08	58.38
55	60.70	50.42	41.24	91.04	75.63	61.89
56	64.18	54.21	43.90	96.26	81.28	65.84
57	66.08	56.35	46.83	99.13	84.51	70.24
58	67.57	58.01	49.92	101.35	87.02	74.90
59	69.17	59.96	52.50	103.74	89.95	78.76
60	67.18	56.55	48.57	100.78	84.81	72.88
61	54.92	49.86	44.19	82.37	74.81	66.27
62	52.20	47.98	42.71	78.32	71.94	64.06
63	49.91	43.26	38.84	74.89	64.87	58.27
64*	35.87	29.84	24.96	53.78	44.77	37.43
65*	18.82	12.43	8.98	28.19	18.65	13.46

* See page 19 *'Cover to age 70'*.

Occupation categories for Income protection

Occupations are allocated a risk-based factor according to the type of work performed. Where the work involves a higher risk of injury, a higher occupation category will apply, which increases the insurance fees. The table opposite lists the different occupation categories for Income protection.

Important: Members working in some high-risk occupations are not eligible for any insurance cover under the terms of the insurance policy. These are listed in the table on page 24.

You should let us know if you are working in an occupation which is not eligible for cover under this policy, so that we can ensure you are not charged insurance fees.

Default occupation category: 'Blue collar' (Employer-sponsored members only)

If we're not notified of your occupation category by you or your employer when you join the Fund, we will use a default 'Blue collar' category for the calculation of your insurance fees until you notify us of your correct occupation.

A Blue-collar occupation is one which requires a moderate degree of manual work, or a recognised qualified trade.
You can refer to the *Occupation ratings guide* at **smartmonday.com.au** for a full list of occupations and the categories that apply. If you need help to determine which occupation category should apply to your occupation or you want to check whether the correct occupation category is recorded for you, please contact us.

For more information on updating your occupation category see page 26. You'll need to complete and return the *Insurance changes* form at **smartmonday.com.au**

Your occupation at the time of claim

If you make a claim and the Insurer assesses that you've been working in an '**ineligible** occupation' (see page 24) when cover commenced, and the cover was provided in error, your insurance fees will be refunded.

If you make a claim and the Insurer assesses that you are working in an occupation to which a higher risk factor should have been applied, then additional insurance fees may be deducted from your account or your claim.

Alternatively, if you've been working in a lower risk occupation than that which your insurance fees were calculated on, any overpaid insurance fees may be added to your benefit payment.

Occupation category	Description	Factor
Class 1 Professional	Professionals (e.g. CPA/CA accountant, lawyer, doctor, pharmacist), executives and senior management (e.g. CEO, CFO) with tertiary qualifications and high incomes.	0.90
Class 2 White collar	Office-based with no manual work, e.g. clerical or administrative roles such as accountant, social worker, administrator, etc.	1.00
Class 3 Grey collar	Primarily non-manual but may involve light manual duties only, such as hairdresser, shop assistant, florist, cashier, tailor	1.35
Class 4 Blue collar	Moderate degree of manual work, or recognised qualified trades, such as baker, gasfitter, electrician, mechanic, printer, signwriter, greengrocer	1.75
Class 5 Heavy blue collar	Heavy manual work or those with a degree of additional risk of disability, such as boilermaker, gardener, tyre fitter, welder.	3.00
Collective	A collective rating applied to all members in a particular employer plan based on the overall risk rating of the members in the plan.	Negotiated with the employer. If applicable, this can be found in your plan specific *Employer Plan Summary* at **smartmonday.com.au**

Calculating the cost of your insurance

Your insurance fees are calculated as:

$$\frac{\text{Monthly benefit}}{\$100} \times \text{annual insurance fee rate} \times \text{occupation factor}$$

Example: You're a female turning 40 next birthday and working in an occupation rated as 'Grey Collar'. You have chosen Income protection cover with a waiting period of 30 days and a benefit period of 5 years. If you're injured and unable to work, you want to receive a monthly benefit payment of $1,800 (which is 75% of your normal monthly income).

Your insurance fees would be calculated:

$$\frac{\$1,800}{\$100} \times \$15.34 \times 1.35 = \mathbf{\$372.76}$$

Insurance fees will be deducted monthly in arrears from your account. The actual monthly benefit payable to you in the event of total disability will be the lesser of 75% of your pre-disability income or the amount insured. Benefit offsets and other limits may apply.

Table of 'Ineligible' occupations for Income Protection cover

Some occupations may not be eligible for any insurance cover in the Fund because the Insurer considers them too hazardous. These occupations are considered '**Ineligible**' and are listed in the tables below. Occupations listed with an asterisk (*) may be eligible for cover subject to underwriting and approval by the Insurer, but are not eligible for automatic cover. The lists are current as at the date of preparation of this document.

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Occupation
Abattoir Worker
Actor
Air Traffic Controller
Airline Industry [Pilots/Crew]
Airline Industry [Porters/Baggage handlers]
Ambulance Officer
Antenna Erector [up to 10 m]
Armed Services/Forces [not Pilots & Special Forces]
Asphalt Layer
Assembly Line Worker
Author*
Aviation Instructor
Backhoe Operator
Barman
Beach Patrol Lifeguard
Blacksmith
Bob Cat Operator
Bomb Disposal Expert
Bookmaker
Brewery Worker
Brick Cleaner
Builder's Labourer
Car Park Attendant
Caretaker*
Carpet/Floor Covering Layer
Cement renderer
Cleaner [Factory/Defence Base]
Clothing Machinist*
Concrete Layer/Labourer
Courier [Bicycle]
Courier [Motorcycle]
Crane Driver
Cray Fisherman
Deckhand
Detention Centre Worker [includes manager/officer]
Disc Jockey
Diver/Underwater worker
Docker/Stevedore/Waterside worker
Drillers [Water/Oil/Mineral]
Driver [Armoured car]
Driver [Coach/Truck-long distance > 500km radius]
Driver [Construction equipment]
Driver [Crane]
Driver [Earthmoving equipment]
Driver [Tow truck]
Driver [Train]
Electrical Linesman/Power Lines [up to 10m]
Entertainer
Explosives Handler
Factory Hand/Worker
Farm [Farmhand/Worker]
Farmer [Owner/Proprietor]
Farrier
Fireman
Fisherman [not offshore]
Floor Sander
Foundry Worker
Fruit Picker
Garbage Collector
Golf Instructor [not playing Professional]
Golf Professional
Grave Digger
Gym [Instructor]
Handyman
Home Duties [full time]
Horse Breeder
Horse Riding Instructor
Horse Trainer
Hotel [Bottleshop/Driveway attendant]
Insulation Contractor/Installer [not asbestos]
Jackeroo
Jockey [Horse Racing/Trotting]
Journalist [Freelance]

Occupation
Machine Operator [factory]
Manicurist [not a home]
Marine/shipping - Crew
Marine/shipping - Dockworkers
Massage Therapist / Masseur
Meat Packer
Merchant Seamen
Military Personnel [All ranks - not Pilots & Special Forces]
Mining [Surface worker - no explosives]
Mining [Underground worker]
Mining [Working with explosives]
Model
Musician
Nurse [Psychiatric/Mental care]
Nurse [Royal Flying Doctor Service]
Oil and Gas Industry Worker [Offshore]
Oil and Gas Industry Worker [Onshore - not office]*
Orchardist
Painter [Over 10m]
Parking Attendant
Paver
Photographer [Hazardous e.g. Aerial, War, News, etc.]
Pilot [Commercial]
Plant Operator
Police
Porter
Powder Controller
Presenter [Television & Radio]
Prison Officer/Warden
Process Worker/Operator
Property Developer [no manual work]
Publican [bar work]
Quarry Worker
Radio Announcer/Disc Jockey
Railway Maintenance/Track laying worker
Removalist
Re-stumper
Rigger
Roadie/Stage Hand [bands]
Roof Plumber/Tiler/Worker
Sandblaster
Sawmill Worker
Scaffolder [up to 10m]
Scrap Metal Dealer
Seasonal Worker
Security Guard
Shearer/Shearing Contractor
Shunters [Railway]
Slaughterman
Sports Coach [Professional]
Sports Instructor [Unspecified - not coaching]*
Sports Person [Professional]
Stable Hand
Station Hand
Steel Erector/Fixer
Stockman
Stone Mason
Storeman
Strapper [Horse Racing/Trotting]
Street Cleaner
Student
Swimming Instructor
Swimming Pool Builder
Tanner
Teacher [Dance]
Tennis Coach
Tiler/Slater [Roof]
Traffic Controller
Tree Feller/Surgeon
Window Cleaner [up to 10m]
Wrecker [Building]

General conditions

Reclassifying your occupation status

A default occupation status may have been applied to you because we have not been provided with information about your occupation. Also, your employment circumstances may change over time. For example, you could change from casual to permanent work. Or you might change from a labour-intensive factory role to an office-based management role. Or you might work in an occupation which is not eligible for cover under the policy. It's important that you or your employer notify us of any change within 120 days so that we can update your cover. The change in cover will take effect from the effective date advised by you or your employer. If the change from casual to permanent happens outside of 120 days, any increase or other change in cover will not apply until the following 1 July.

For employer-sponsored members, please speak to your employer's HR department in the first instance or call us if you need help.

Any increase in cover (if applicable) will be subject to being At Work on the date of reclassification. If you're not At Work, New Events cover will apply until such time as you are At Work for 30 consecutive days, from which time the New Events restriction will no longer apply. If we're not notified of your change within 120 days, any increase or other change in cover will not apply until the following 1 July.

Worldwide cover

Australian Residents are covered 24 hours a day and may work and travel in any part of the world without restriction to the insurance benefits payable, provided cover doesn't cease for some other reason as described in this document (pages 5 and 19).

If you're not an Australian Resident (i.e. an Australian citizen or Australian Permanent Resident visa holder) then you're only covered for a maximum of 3 months while overseas.

If you're a New Zealand citizen who holds a *Special Category* Visa while residing in Australia, then you're only covered for a maximum of 6 months while overseas.

The Insurer may require you to return to Australia (at your own expense) for the assessment of a claim.

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, the Insurer conducts a process called underwriting. It's how the Insurer decides whether it can cover you, 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 the Insurer's questions is vital to its decision.

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 the Insurer. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put the Insurer in the position it 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 the Insurer later investigates whether the information given was true. For example, the Insurer 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.

Guidance for answering the Insurer's questions

You are responsible for the information provided to the Insurer. When answering the Insurer's questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us or the Insurer 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, the Insurer may ask about any changes that mean you would now answer its questions differently. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

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

Help is available if you're having difficulty due to a disability, understanding English or for any other reason. 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 or the Insurer immediately and we'll let you know whether it has any impact on the cover.

Economic or trade sanctions

If you have a sanction placed against you then you will not be eligible for cover and would not be paid on any claim received on or after that date. The Insurer could be exposed to penalties or restrictions if cover was provided to a sanctioned person.

Privacy

Your privacy is important. By becoming a member, or otherwise interacting directly or indirectly with the Insurer, 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 MetLife's Privacy Policy on MetLife's website (**metlife.com.au/privacy**) as updated from time to time.

The Trustee's privacy statement is available at **stewarda.com.au/privacy-policy**

Insurance when you cease employment (Employer-sponsored members only)

Retaining your account in the Fund

We will attempt to write to you (if we hold current contact details) as soon as we've been informed that your employment has terminated and provide you with information about the changes to your account and anything further that you need to do if you want to change, cancel or establish your insurance cover.

Unless you are an insurance-only member (see below), your account will be transferred to the retained category of the Fund.

You can continue your insurance cover in the retained category depending on whether:

- you have turned age 25 and you have a minimum account balance of $6,000 at the time of ceasing employment, and
- your account balance remains sufficient to support the monthly deduction of insurance fees, and your account doesn't become inactive; and
- cover hasn't ceased for some other reason (as set out below and in this document).

Your cover will only continue if you remain an Australian Resident or are staying or working in Australia on a valid visa.

You will be responsible for meeting the costs of your cover. If your former employer was making additional contributions to cover some or all of the insurance fees deducted from your account while you were employed by that employer, this will cease. Insurance fees will be deducted from your account in the retained category on a monthly basis.

Applicable insurance fees will be calculated using the same occupation category that applied when you were employed with your former employer. You must advise us if your occupation category changes as a result of any new job you perform in the future. If the Insurer determines that a higher-risk occupation should have been applicable when they assess a claim they may deduct additional insurance fees from any benefit paid.

We will make the following changes to your insurance:

- Any automatic Death cover will be fixed at the level of cover on the day you ceased employment;
- any automatic TPD cover will be fixed at the level of cover on the day you ceased employment, and will reduce proportionately to zero between the ages of 60 and 65, when it will cease;
- any automatic Income protection cover will cease effective the date you cease employment. You can apply to continue your cover if you notify us within 60 days of leaving your employer, and the Insurer approves your request.

Note: There is no change to any existing 'voluntary' cover you have in your smartMonday account at the time of leaving your employer. In the event of a claim for Income protection cover, your income will be based on your income immediately before the date of disability (as defined on page 17).

You can cancel your insurance cover in the retained category at any time by contacting us if you no longer require this cover.

If you don't have automatic insurance cover because you haven't turned age 25 and your account balance hasn't reached $6,000

When we transfer your account balance to the retained category of the Fund, you can still be eligible to receive automatic cover once you've turned 25 and your balance has reached $6,000.

When you satisfy the eligibility criteria, we will turn your automatic Death and TPD insurance cover on according to the minimum level of cover for your age as set out on page 3. We will let you know in writing when this occurs. You can cancel your insurance cover at any time if you feel this cover is not required.

If your employer was fully funding the cost of your automatic insurance cover while you were employed (*'PMIF-exempt member'*)

If your employer was fully funding the cost of insurance by making additional contributions to your account and you haven't turned 25 and your account balance hasn't reached $6,000, your automatic Death and TPD cover will cease. We will write to you and let you know you have **90 days** to provide us with an election to reinstate your automatic Death and TPD cover. Cover will be fixed at whatever level it was on the date it was cancelled. Any request to reinstate cover received after 90 days will be subject to a health assessment and approval by the Insurer.

Insurance-only members

Please note, if you are an insurance-only member, any cover you have will cease upon leaving your employer and your account will be closed.

Duplicated cover

If you do happen to commence employment with another Participating Employer in smartMonday PRIME, you'll only be eligible for a single amount of automatic cover. We'll contact you if this situation occurs.

Leave without pay

Death and TPD cover

Cover continues while you're on approved leave without pay as long as insurance fees continue to be paid and the cover does not cease for some reason (for example, where your account becomes inactive for 16 continuous months and you have not made a written election to keep cover notwithstanding this inactivity). Where the disability occurs after 24 months of approved leave without pay, your TPD claim will be assessed against the 'Alternative' definition of TPD.

Income protection

If you have Income protection, you're covered during periods of leave without pay (including maternity/paternity leave) for periods of up to 24 months, as long as insurance fees continue to be paid and the cover does not cease for some reason. There must be documented evidence of an agreed return to work date and you must return to work within 30 days of the agreed date, or cover will cease. You can apply to extend cover beyond 24 months subject to approval by the Insurer.

If you become totally disabled or partially disabled during a period of leave without pay, your monthly benefit will be based on your pre-disability income at the date immediately prior to your commencement of leave. A total disability or partial disability benefit will commence on the later of the date after the expiry of the waiting period and your documented return to work date.

Reinstatement of insurance cover if it is cancelled due to inactivity

Your cover will cease if your account has not received an amount (e.g. a contribution or rollover) for a continuous period of 16 months (i.e. your account becomes inactive) unless you have provided a written election to maintain your insurance. Where we can, we will contact you before this happens and provide you with the opportunity to keep your cover. **Note**: an election to keep your cover does not mean cover continues indefinitely and cover may cease for some other reason.

Where your insurance cover has been cancelled due to your account becoming inactive, and you notify us that you want to continue your cover **within 90 days** of cancellation, then your cover will be automatically reinstated back to the date it was cancelled. However, this is subject to backdated insurance fees also being paid.

If you notify us that you want to continue your cover **after 90 days** of cancellation, you must apply for cover, subject to approval by the Insurer. Any cover and payment of insurance fees will restart on the date the Insurer accepts your application.

Call us on **1300 614 644** for more information about reinstating your cover.

Making a claim

Our claims process

If you need to make a claim, it's likely to be a difficult and emotional time for you. We're there to help you through this period, so the best thing to do is call us on **1300 614 644** and we'll get the ball rolling. 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.

MetLife assesses each case individually and looks for ways to pay the claim promptly, not avoid it. They understand that when it comes to claims processing, timeliness and accuracy are critical to getting the experience right for you.

If you are overseas, the Insurer may require you to return to Australia (at your own expense) for the assessment of a claim.

Rehabilitation

A safe and speedy return to work is usually the best outcome for your physical and mental wellbeing.

During the early stages of your Income protection claim, we'll work with the Insurer to assess your suitability for their range of rehabilitation options which includes things like physical conditioning or workplace retraining programs, counselling, and short courses to develop new skills.

It's completely up to you if you want to participate in rehabilitation. MetLife's rehabilitation program is provided in addition to any monthly Income protection benefit you receive.

If you want to make your own arrangements (subject to approval by the Insurer), the costs will be paid by the Insurer to the provider of the program. See the rehabilitation expense benefit on page 18.

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