

INSURANCE GUIDE



Content

1 Section One: Important information

- mobiSuper (the Plan)
- Who provides the insurance?
- Entity details described in this Guide

2 Section Two: Money when it matters

- Insurance at a glance
- Types of Insurance cover available
- Death cover (including terminal illness)
- Total and Permanent Disablement (TPD) cover
- Income Protection cover

3 Section Three: Automatic Cover and applicable exclusions

- Death and TPD insurance
- Income Protection
- Pre-existing Conditions Exclusion
- Pre-existing Condition definition
- Other exclusions and limitations
- Automatic Cover Opt out provisions
- Can I transfer cover from another Fund?

4 Section Four: Death Only and Death & TPD insurance

- What else do you need to know about
- Death and TPD insurance?

5 Section Five: Income Protection

- How does Income Protection work?
- What benefit is payable?
- Benefit offsets for Total Disability and Partial Disability
- What else do you need to know about
- Income Protection insurance?

6 Section Six: Essential Information

- General information
- Your duty of Disclosure
- How do you make a claim?

7 Section Seven: Automatic Cover

Premiums

The information in this document forms part of the **mobiSuper** Product Disclosure Statement (**PDS**) and will remain in force unless withdrawn by the Issuer. This PDS is composed of 3 parts:

Part 1 - **mobiSuper** - PDS; and

Part 2 - **mobiSuper** - Reference Guide; and

Part 3 - **mobiSuper** – Insurance Guide

This Insurance Guide applies to members of mobiSuper only. Its purpose is to give you more information and/or specific terms and conditions referred to in the PDS. You should consider all that information before making a decision about mobiSuper insurance cover.

1 Section One: Important information

mobiSuper

You may become a member of the Plan while your super is in 'accumulation' phase (described in the PDS and this Insurance Guide as **mobiSuper**)

Diversa Trustees Limited (**Diversa**) is the Trustee of the Plan (**Trustee**) and the issuer of this Insurance Guide.

The information provided in this Insurance Guide is of a general nature and has been prepared without taking into account your objectives, financial situation and needs. You should consider the appropriateness of mobiSuper, having regard to your objectives, financial situation and needs. You should obtain a copy of the PDS for mobiSuper before making any decision about whether to acquire, or continue to hold, the product. You can obtain a copy of the PDS including the guides that are incorporated by reference from our website at www.mobisuper.com.au or by contacting Member Services on **1300 222 622**.

The Plan is governed by a Trust Deed. Together with superannuation law, the Trust Deed sets out the rules and procedures under which the Plan operates and the Trustee's duties and obligations. If there is any inconsistency between the Trust Deed and the PDS or this Insurance Guide, the terms of the Trust Deed prevail. A copy of the Trust Deed can be obtained free of charge by contacting Member Services or from our website at www.mobisuper.com.au

The Trustee, Diversa, relies on a number of third parties for the provision of specialist services in respect of the Plan.

Tidswell is responsible for the contents of this Insurance Guide. Information in this Insurance Guide may be updated or replaced without prior notice at any time.

Who provides the insurance?

Insurance is offered through mobiSuper and is provided under insurance policies issued by TAL Life Limited (the **Insurer**). The Insurer has issued insurance policies to the Trustee of **mobiSuper**. The Trustee reserves the right to vary or discontinue death, total and permanent disability, terminal illness and income protection insurance at any time. It also reserves the right to change insurers and policy(s) at any time.

All insurance cover with the Plan is subject to acceptance by the Plan's insurer and the terms and conditions of the applicable insurance policies.

Exclusions may be imposed as a result of the member's health, occupation or other individual circumstances as outlined in this Insurance Guide and the insurance policies. Any exclusions or loadings which may be imposed by the Insurer will be advised to you in writing.

Name of entity	Registered numbers	Abbreviated terms used in this Guide
mobiSuper, a division of The Tidswell Master Superannuation Plan	ABN 34 300 938 877 RSE R1004953	Plan
Diversa Trustees Limited	ABN 49 006 421 638 AFSL 235153 RSE L0000635	Trustee or Diversa
mobiSuper Pty Limited	ABN 64 613 581 981 Authorised representative (No. 001246226) of Zib Financial Pty Ltd ABN 80 609 197 971 AFSL 482464	Promoter
TAL Life Limited	ABN 70 050 109 450 AFSL 237848	Insurer

2 Section Two: Money when it matters

It doesn't matter what stage of life you are at or how careful you are, suffering a serious illness, injury or even death is largely out of your control. While insurance can't prevent these events from occurring, it does provide you and your family with financial protection at a time when you need it most.

Insurance cover is available to mobiSuper members only. mobiSuper recognises the importance of adequate levels of insurance and are committed to providing members with comprehensive, affordable and convenient cover.

Insurance at a glance

Available cover	Overview	Benefit payable	Minimum age to receive cover	Age when cover automatically ceases
Death Only (including terminal illness)	Provides a lump sum benefit in the event of your death or upon diagnosis of a terminal illness. See page 2 for more information.	Agreed cover as described in this Insurance Guide	15	On your 65 th birthday
TPD – must be taken in conjunction with Death cover	Provides a lump sum benefit if an illness or injury prevents you from ever working again as defined in the insurance policy. See page 4 for more information.	Agreed cover as described in this Insurance Guide	15	On your 65 th birthday
Income Protection	Provides a regular monthly benefit for up to 2 years should you become disabled whether totally or partially See page 3 for more information.	Up to 75% of your pre-disability earned income (subject to a maximum of \$3,500 per month), as described in this Insurance Guide.	15	On your 65 th birthday

Types of Insurance cover available

Insurance in the event of:

- Death (and Terminal Illness)
- Total and Permanent Disablement (TPD); and
- Income Protection

is provided through **mobiSuper**. In all cases, insurance cover is subject to the terms and conditions of the Group Insurance Policies issued by the Insurer, including applicable exclusions, acceptance by the Insurer. In the event of any inconsistency between the terms and conditions of the insurance policies and this Insurance Guide, the relevant policy terms will prevail. **mobiSuper** offers Automatic Cover, that is, upon joining **mobiSuper**, if you are eligible, you will automatically be provided with insurance cover up to predetermined levels. We cannot provide insurance cover by default to members with inactive accounts, to new members aged under 25 years, or to members with balances below \$6,000 whose balance has not exceeded \$6,000 since 1 November 2019. If we do not provide you with insurance cover by default and you wish to obtain insurance cover, please contact us to find out how to make an election to do so and consider whether the insurance is right for you..

How much cover should I have?

When making this decision, think about now and into the future as it relates to the following matters you should consider:

- all your debts – this includes such things as mortgage(s), personal loans, credit cards;
- your day to day expenses which are covered by your salary such as utility costs, rates, food, transport plus other bills;
- into the future the costs associated with your children's care and education together with anyone else you may financially support.; and
- the value of your salary. What amount would be lost if your salary were to stop being paid from now through to say your 65th birthday.

As a starting point these basic areas will highlight the need for insurance cover and help you to determine what level of cover best suits your particular circumstances. You may wish to obtain independent financial advice regarding the level of cover that is right for you.

Death cover (including terminal illness)

Death cover means that your dependant(s) and/or your legal personal representative could receive a lump sum insurance payment, paid in addition to the balance of your super account in the event of your death.

Should you be diagnosed with a terminal illness, you can apply to be paid a terminal illness benefit. You don't have to stop working to qualify for this benefit. This benefit represents the early payment of your death benefit. For information about a Terminal illness benefit and the release of your super benefit (as a result of being diagnosed with terminal illness), please refer to page 6.

Total and Permanent Disablement (TPD) cover

TPD cover means that you could receive a lump sum insurance benefit, paid in addition to the balance of your super account in the event of you becoming Totally and Permanently Disabled, as defined in the insurance policy. If you are deemed to work in a hazardous occupation a restricted definition of TPD will apply.

Income Protection cover

Income Protection insurance provides you with a replacement income for up to 2 years while you are temporarily unable to continue to perform the regular duties of your occupation should you become temporarily disabled, whether totally or partially. The replacement income is up to 75% of your income to a maximum of \$3,500 per month or \$42,000 per annum. If you are deemed to work in a hazardous occupation you do not qualify for automatic Income Protection cover.

3 Automatic Cover and applicable exclusions

mobiSuper delivers hassle-free insurance through cover offered automatically to eligible members (see below) when you join the Plan. If you're thinking about taking out insurance, especially if you are either under 25 years of age, or have an account balance below \$6,000, you should carefully read the Insurance Guide and consider whether the insurance is right for you. The offering of uniform cover for all members delivers cost advantages that are passed onto you, particularly as you do not need to provide any medical evidence to receive this valuable insurance protection.

Death and TPD insurance

Automatic Death and TPD cover will be provided to eligible members when first joining **mobiSuper**. All members between 15-60 years of age who are Australian residents and whose **mobiSuper** account receives sufficient funds within 60 days of joining **mobiSuper** to cover the payment of premiums, will receive automatic Death and Total and Permanent Disablement cover from the date they join **mobiSuper**, subject to the Pre-existing Condition Exclusion, and any other applicable exclusions on cover, such as the age and balance restrictions mentioned above. The automatic cover provided is set out below based on your age at the date of joining the Plan or the Annual Review Date:

Age	Cover Amount
15 - 45	\$ 300,000
46 - 50	\$ 200,000
51 - 54	\$ 100,000
55 - 59	\$ 20,000
60 - 64	\$ 10,000

As a member goes through the age ranges as detailed above, on the 1st of July in each year, their cover will automatically reduce to the cover applicable for their age. Insurance will cease on your 65th birthday. The Death and TPD premium or Death only premium payable is set out on page 15.

Income Protection

You will be eligible to also receive automatic Income Protection cover, provided that you are between 15-60 years of age, are an Australian Resident, do not work in a Hazardous Occupation, as determined by the Insurer, and are Gainfully Employed (see page 11) at least 15 hours per week, based on the average per week for each week in the three months prior to joining the Plan, provided your **mobiSuper** account receives sufficient funds within 60 days of joining **mobiSuper** to cover the payment of premiums. We cannot provide insurance cover by default to members with inactive accounts, to new members aged under 25 years, or to members with balances below \$6,000 whose balance has not exceeded \$6,000 since 1 November 2019. If we do not provide you with insurance cover by default and you wish to obtain insurance cover, please contact us to find out how to make an election to do so and consider whether the insurance is right for you. The Income Protection cover provides a default cover of 75% of your Earned Income (see page 7) for up to 2 years subject to the maximum of \$3,500 per month or \$42,000 per annum (see page 7) following a 30 day Waiting Period in the event of a claim. You may reduce the default cover on joining to a minimum sum insured of \$1,500 per month. If you elect to do so, you cannot later increase your cover without the agreement of the Insurer. Please note that once the Income Protection sum insured has been agreed on joining **mobiSuper**, you cannot change the level of cover without the agreement of the Insurer, but you are able to cancel your cover at any time. The Income Protection premium payable is set out on page 15. We cannot continue to provide insurance cover to members whose accounts have not received a contribution or rollover for 16 or more months. If you wish to maintain insurance benefits regardless if a contribution has not been received within a 16 month period, please contact us to find out how to how to make an election to maintain coverage.

Pre-existing Conditions Exclusion

A five year pre-existing condition exclusion applies to all cover under the Plan. This means that a benefit will not be payable for any claim which is directly or indirectly related to a Pre-existing Condition (see below) you may have that existed in the five years prior to, or at the time, cover commenced. The five year pre-existing injury and illness exclusion:

- will not expire if you are currently, or have previously been in receipt of, entitled to receive or entitled to claim, a lump sum benefit, in relation to an illness or injury, from any of the following sources:
 - permanent impairment style benefits from Workers' Compensation;
 - benefits payable under a superannuation fund in respect of your permanent incapacity or terminal medical condition; and
 - benefits payable under a life or general insurance company due to trauma, critical illness, total and permanent disablement, terminal illness or similar type benefits; or

- may expire after five years of the insurance cover having been continuously in force if the member is At Work (see page 10) for the last 60 consecutive days of the five year period, otherwise on the first occasion after the end of the five years when you first meets the At Work definition for 60 consecutive days.

For the definitions of 'At Work' and 'Full-time Basis', see page 10.

Pre-existing Condition definition

Pre-existing Condition means an illness or injury, the side-effect, sign or symptoms

- of which in the five years prior to the application, commencement or reinstatement of cover you:
 - were aware, or a reasonable person in your position should have been aware (whether diagnosed or not);
 - should have sought advice or treatment (conventional or alternative) from a Medical Practitioner or other allied health professional (in circumstances where a reasonable person in your position would have sought such advice or treatment); or
 - have had a medical consultation or been prescribed medication or therapy; and
- which existed at any time in the five years immediately prior to the date the relevant cover commenced under the Policy.

Note: Any medical condition that you have suffered from or been treated for irrespective of whether a complete recovery has occurred is still treated as a Pre-Existing Condition.

The exclusion applies in relation to any directly or indirectly related illness or injury as well. Note Medical Practitioner is defined under the insurance policies.

Other exclusions and limitations

Benefits will not be payable in respect of any automatic cover if the death, Terminal Illness, Total and Permanent Disablement, or Total Disablement or Partial Disablement in the case of Income Protection, is caused directly or indirectly by:

- an intentional self-inflicted act or injury, suicide or attempted suicide (whether you are sane or not at the time);
- uncomplicated pregnancy, childbirth or miscarriage in the case of Income Protection benefits;
- an Illness or Injury resulting from an Insured Member's illegal or criminal act;
- War and Other Conflicts as defined in the Policy;
- service in the armed forces of any national or international organisation including active service and training exercises within national or international armed reserve units;

- any additional exclusion the insurer may apply to you in relation to your cover; or
- a Pre-existing Condition exclusion where applicable (see page 4 for the definition of a pre-existing condition)

Automatic Cover Opt out provisions

Whilst cover will be automatically granted to eligible members, members will have 60 days from the commencement of cover to opt out of the cover without any premiums being charged. We cannot provide insurance cover by default to members with inactive accounts, to new members aged under 25 years, or to members with balances below \$6,000 whose balance has not exceeded \$6,000 since 1 November 2019. If we do not provide you with insurance cover by default and you wish to obtain insurance cover, please contact us to find out how to make an election to do so and consider whether the insurance is right for you. If you choose to opt out of the automatic cover offered in respect of:

- Income Protection or elect reduced cover, you will not be able to add Income Protection cover at a later date on an automatic basis;
- TPD cover and retain Death cover, you will not be able to add automatic TPD cover later; and
- all cover, you will not be able to apply for any automatic cover again under the Plan.

Can I transfer cover from another fund?

No. Transfer of insurance from other arrangements will not be allowed. The automatic cover provided by mobiSuper is separate new cover.

4 Section Four: Death Only and Death & TPD insurance

The Plan offers a high level of flexibility in respect of the level of Death and TPD insurance available. Provided that you are an eligible member (see page 3), upon joining you automatically receive both Death & TPD insurance based on your age at joining and then as at 1 July in each year, subject to the terms and conditions and exclusions under the Policy, refer to page 4 for details of the cover. TPD insurance may only be taken in conjunction with Death insurance. The level of insurance cover available is detailed in the table on page 3 of this Insurance Guide.

What else do you need to know about Death and TPD insurance?

What is the definition for Total and Permanent Disablement?

Total and Permanent Disablement means that you meet the relevant definition (Definition 1 or Definition 2 below) which applies to you, and that:

- the Trustee and you have supplied the Insurer with all relevant information the Insurer reasonably require;
- you comply with reasonable medical advice and treatment the Insurer requires; and

- you satisfactorily undertake such activities reasonably required by the Insurer.

Definition 1 applies to a member:

- who at the Date of Disablement was below the age of 60 years; and
- who was working 15 or more hours per week immediately prior to the Date of Disablement averaged over the three consecutive months prior to the Date of Disablement (or shorter period if you have been employed for less than three consecutive months);
- whose occupation is not considered to be a Hazardous Occupation by the Insurer at the Date of Disablement; and
- whose claim has been notified to the Insurer in writing within five years immediately following the Date of Disablement.

Definition 2 applies to any other Insured Member.

Definition 1: Any Occupation suited by education, training or experience

means in the Insurer's opinion, solely and directly as a result of an illness or injury, that you:

- have been continuously absent from engaging in your Usual Occupation and any Gainful Employment for an uninterrupted period of six consecutive months immediately following the Date of Disablement and continuing up to the date the Insurer forms its opinion;
- are regularly attending and under the ongoing and appropriate care and treatment of a Medical Practitioner, including compliance with regular advice and treatment given by that Medical Practitioner, continuing up to the date the Insurer forms its opinion;
- have exhausted all reasonable treatment options (medical or otherwise) which the Insurer requires and is not expected to attain any further improvement or recovery from the illness or injury;
- have exhausted all reasonable rehabilitation, training, retraining or re-skilling options that the Insurer requires which will not exceed a period of 12 months from the later of the date that the Insurer notifies you of the rehabilitation, training, retraining or re-skilling that the Insurer requires you to undergo or the commencement of the rehabilitation, training, retraining or re-skilling that the Insurer requires; and
- are disabled to such an extent as to render you incapable of ever engaging in any occupation for which you are:
 - at the end of the six consecutive month period immediately following the Date of Disablement; and
 - by the time the Insurer forms its opinion, or can be expected following the time the Insurer forms its opinion, to become, reasonably suited by education, training or experience.

The Insurer, in forming its opinion, will have regard to factors including but not limited to:

- any treatment, rehabilitation, training, retraining, re-skilling, work or voluntary work that has been undertaken by the time the Insurer forms its opinion, or could reasonably be expected to be undertaken by you following the time the Insurer forms its opinion;
- your personal attributes and transferrable skills (vocational and personal) available by the time the Insurer forms its opinion; and
- all evidence available to the Insurer (medical or otherwise) for the period up to the time the Insurer forms its opinion.

Definition 2: Everyday Working Activities

means in the Insurer's opinion, solely and directly as a result of an illness or injury, that you:

- are regularly attending and under the ongoing and appropriate care and treatment of a Medical Practitioner, including compliance with regular advice and treatment given by that Medical Practitioner, continuing up to the date the Insurer forms its opinion;
- have exhausted all reasonable treatment options (medical or otherwise) which the Insurer requires and is not expected to attain any further improvement or recovery from the illness or injury;
- have exhausted all reasonable rehabilitation, training, retraining or re-skilling options that the Insurer requires which will not exceed a period of 12 months from the later of the date that the Insurer notifies you of the rehabilitation, training, retraining or re-skilling that the Insurer requires you to undergo or the commencement of the rehabilitation, training, retraining or re-skilling that the Insurer requires; and
- are permanently and irreversibly unable to perform at least three of six Everyday Working Activities without the constant physical assistance of another person, despite the use of appropriate assistive aids and appropriate prescribed medication and that permanent inability has lasted for at least an uninterrupted period of six consecutive months or more immediately following the Date of Disablement;

where Everyday Working Activities means Mobility, Rising/Sitting, Communicating, Vision, Lifting and Carrying, and Manual Dexterity and:

- Mobility means the ability to walk more than 200m on a level surface;
- Rising/Sitting means the ability to rise and sit using a chair with arms;
- Communicating means the ability to hear and speak with sufficient clarity to be able to hold a conversation in a quiet room in your first language;
- Vision means visual ability such that when tested, vision is measured at greater than 6/60 in the better eye using a Snellen eye chart;

- Lifting and Carrying means the ability to lift (from bench height) and carry a 2 kg weight, 10m and place back down at bench height; and
- Manual Dexterity means you can use either or both hands or fingers to manipulate small objects with precision (such as picking up a coin or fastening shoelaces or buttons, using cutlery, or using a pen or keyboard); and

are Permanently Incapacitated, which means the Insurer is reasonably satisfied 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. See page 10 for definition of 'Gainfully Employed'.

What happens in the case of terminal illness?

The Insurer has a specific definition you must meet to qualify for a Terminal illness benefit. You will be considered to be terminally ill (for purposes of your eligibility to be paid an insured terminal illness benefit) if you suffer from an illness which:

- two Medical Practitioners have, separately or jointly, certified in writing that you suffer from an illness, or have incurred an injury, that is highly likely to result in your death despite reasonable medical treatment within a period ('the certification period') that ends not more than 24 months after the date of the certification;
- at least one of the registered Medical Practitioners is a Specialist Medical Practitioner practicing in an area related to the illness or injury suffered by you;
- each of the certificates referred to in paragraph (a) are completed while you have death cover in force under the Policy;
- the certification period for each of the certificates has not expired at the time the claim is lodged; and
- the Insurer is satisfied, on medical or other evidence, that despite reasonable medical treatment, the illness or injury is likely to result in your death within 12 months of the date of the certifications.

It is important to note that there are circumstances where you may be eligible to access your superannuation account balance because you have a 'terminal medical condition', even though you may not be eligible for an insured 'terminal illness' benefit. Please refer to the Reference Guide of the **mobiSuper** PDS for details.

When will Death and TPD and Death Only insurance cease?

Insurance will cease from the earliest date of any of the following:

- the date you cease to be a Member of the Plan;
- on your 65th birthday;
- the date of your death;

- the date the Insurer is liable to pay a Terminal Illness or Total and Permanent Disablement benefit for you;
- the date before you commence service in the armed forces of any national or international organisation including active service and training exercises within national or international armed reserve units;
- the date you no longer meet the Eligibility Criteria, being aged between 15 and 60 years of age and an Australian Resident;
- the date you or the Trustee notifies the Insurer to cancel your insurance cover;
- 60 days after the full amount of premium due in respect of you still remains unpaid; and
- the date the Policy terminates.

5 Section Five: Income Protection

The ability to generate an income is one of your most important assets. If you are unable to work due to illness or injury you still need to pay your bills, mortgage payments, credit card and other loan repayments, as well as your everyday living expenses.

This is where Income Protection insurance can support you and your family.

Income Protection insurance pays a regular monthly benefit for up to 2 years (and is generally calculated as a percentage of your income) when you're absent from work due to illness or injury.

How does Income Protection work?

Generally, before a benefit is paid, a person needs to be 'Totally Disabled' or 'Partially Disabled' (see definitions on page 8) for the duration of the Waiting Period (see definition on page 7). The Waiting Period, as defined below, is 30 days. After the expiry of the Waiting Period, benefits begin to accrue and are paid monthly in arrears for up to 2 years in accordance with the Policy.

The Date of Disablement is the date the Waiting Period commences.

No benefit accrues during the Waiting Period. The Waiting Period commences on the later of the date you first receive medical advice from a Medical Practitioner, as defined under the insurance policy, about your condition and the date the Medical Practitioner certifies that you, solely and directly as a result of illness or injury are:

- totally unable to perform all of the Material and Substantial Duties of your Usual Occupation; and
- regularly attending and under the ongoing and appropriate care of a Medical Practitioner, including compliance with regular advice and treatment given by that Medical Practitioner.

If:

- you are not Totally Disabled for the first 14 consecutive days following the Waiting Period;

- during the Waiting Period, after the first 14 consecutive days of being Totally Disabled, you return to perform the Material and Substantial Duties of any occupation for more than 5 consecutive days,

then a new Waiting Period will commence from when you next satisfy the Waiting Period requirements.

If during the Waiting Period and after the first 14 consecutive days of being Totally Disabled, you return, or in the Insurer's opinion are capable of returning, to work in your Usual Occupation to some extent, you will only be considered Partially Disabled at the end of the Waiting Period with respect to that illness or injury.

The Benefit Period commences immediately after the Waiting Period has ended.

A benefit for the same or related illness or injury is only payable once for the maximum benefit period.

What benefit is payable?

The Total Disability Benefit payable will be the amount calculated by the Insurer which is the lesser of:

- 75% of your monthly 'Earned Income' (see definition on page 7);
- the insured percentage of monthly Earned Income the Insurer has agreed to provide in respect of you if less than 75%;
- the Sum Insured the Insurer has agreed to provide in respect of you; and
- \$3,500 per month or \$42,000 per annum or \$1,500 if you elect to reduce your cover,

as reduced by any offsets (see below).

The Partial Disability Benefit is calculated as

$$\frac{(A - B)}{A} \times \text{total disability benefit}$$

where A = Monthly Earned Income (see definition on page 7) and B = Return to Employment Income (see definition on page 7).

Benefit offsets for Total Disability and Partial Disability

Your Total Disability and Partial Disability benefit is reduced by all amounts paid or payable to you from:

- any court or out of court settlement (including common law settlement) with respect to a direct or indirectly related illness or injury that forms the basis of the Benefit being payable;
- Workers' Compensation schemes;
- motor accident compensation schemes;
- statutory compensation, pension, social security or similar schemes (but not including Centrelink);
- benefits paid under state or federal legislation, such as the Department of Veterans' Affairs;

- income replacement benefits from other insurance policies or superannuation funds;
- employer funded sick leave payments; and
- other payments by the employer (excluding termination payments and paid parental leave).

The reduction will be in accordance with the Insurance Policy to ensure the total you receive from all sources will not exceed the agreed insured percentage of your 'Earned Income' (see page 7). Any overpayment by the Insurer in respect of certain payments received by you within 12 months after your insured benefit has ceased being paid can be recovered by the Insurer.

The benefit period includes any period in which an applicable benefit is or was payable but is calculated to zero due to benefit offsets.

What else do you need to know about Income Protection insurance?

What definition of 'Earned Income' is used for Income Protection insurance?

Earned Income means one of the following definitions that has been notified to the Insurer and agreed by the Insurer:

- **Definition One - Members employed on a Permanent Basis**

The total package from employment last agreed between the employer and you immediately prior to the Date of Disablement, and includes:

- any salary packaged items taken in lieu of cash;
- overtime payments and shift allowances (as determined by the average over the previous twelve months or the period since you started your current occupation if you have worked for less than 12 months); and
- commissions, performance related bonuses, fringe benefits and other monetary benefits related to employment (as determined by the average over the previous three years or the period since you started your current occupation if you have worked for less than 12 months).

For the avoidance of doubt, Earned Income does not include:

- superannuation guarantee obligations;
- award or industrial agreement obligations;
- additional voluntary contributions,

but includes employer superannuation contributions made under an effective salary sacrifice arrangement in accordance with Superannuation Guarantee Legislation.

- **Definition Two – Members not employed on a Permanent Basis**

The total earnings from employment averaged over the 12 months immediately prior to the Date of Disablement, or the period of time since you joined the Plan, whichever is the lesser.

- **Definition Three – Self-employed Members**

The annual income generated by you from your personal exertion, calculated by averaging your net income per year for the two years immediately preceding the Date of Disablement, or the period of time since you commenced to be self-employed if self-employed for less than a period of two years.

For the purposes of Definition Three, net income means your gross income received as remuneration or recompense for services rendered, less all expenses incurred by you in earning that income but does not include investment income, profit distributions or similar payments.

What definition of 'Totally Disabled' and 'Partially Disabled' is used for Income Protection insurance?

Total Disability Benefit

A Total Disability Benefit may be payable, if you:

- at the Date of Disablement, have been in Gainful Employment at some time in the 90 consecutive days prior to the Date of Disablement (if you have been unemployed for the 90 consecutive days prior then no benefit is payable);
- have been Totally Disabled for the first 14 consecutive days after the Waiting Period;
- are Totally Disabled immediately after the Waiting Period has ended or when ceasing to be Partially Disabled where a Partial Disability Benefit was payable due to the same or related illness or injury.

Totally Disabled / Total Disability means either A or B as applicable.

A. Where you were employed or Self-employed for 15 hours or more per week immediately prior to the Date of Disablement,

means, in the Insurer's opinion, solely and directly as a result of an Illness or Injury, you:

- for the Waiting Period and the Benefit Period, are totally unable to perform each and every Material and Substantial Duty of your Usual Occupation. Education, training or experience will include (but is not limited to) your employment history, knowledge, personal attributes, transferrable skills (vocational and personal), training, education and experience undertaken by the time the Insurer forms its opinion.

- are regularly attending and under the ongoing and appropriate care of a Medical Practitioner, including compliance with regular advice and treatment given by that Medical Practitioner; and
- are not working in any occupation, Gainful Employment or otherwise.

You will not be considered to be totally unable to perform any of the Material and Substantial Duties of your Usual Occupation or Gainful Employment, as applicable, if you refuse to accept:

- any reasonable omission, modification or substitution of duties; and/or
- the use of any appropriate assistive aids (including those available to you through the Insurer's Rehabilitation Service) that would allow you to carry out those duties.

B. Where you were employed or Self-employed for less than 15 hours per week immediately prior to the Date of Disablement,

means, in the Insurer's opinion, solely and directly as a result of an Illness or Injury, you:

- are totally unable to perform each and every Material and Substantial Duty of any Gainful Employment reasonably suited to your education, training or experience taking into consideration, where relevant, rehabilitation, retraining, re-skilling that has been or could be undertaken by you.

Education, training or experience will include (but is not limited to) your employment history, knowledge, personal attributes, transferrable skills (vocational and personal), training, education and experience undertaken by the time the Insurer forms its opinion

- are regularly attending and under the ongoing and appropriate care of a Medical Practitioner, including compliance with regular advice and treatment given by that Medical Practitioner; and
- are not working in any occupation, Gainful Employment or otherwise.

You will not be considered to be totally unable to perform any of the Material and Substantial Duties of your Usual Occupation or Gainful Employment, as applicable, if you refuse to accept:

- any reasonable omission, modification or substitution of duties; and/or
- the use of any appropriate assistive aids (including those available to you through the Insurer's Rehabilitation Service) that would allow you to carry out those duties.

The Total Disability Benefit will continue to be payable until the earliest of:

- the first day on which you are not Totally Disabled;
- when you start to earn 80% or more of their Pre-disability Earnings;
- the date you attain age 65;
- the date of your death; or
- the end of the 2 year benefit period.

Partial Disability Benefit

A Partial Disability Benefit may be payable, if the you:

- at the Date of Disablement have been in Gainful Employment at some time in the 90 consecutive days prior to the Date of Disablement (if you have been unemployed for the 90 consecutive days prior then no benefit is payable);
- have been Totally Disabled for the first 14 consecutive days of the Waiting Period;
- are Partially Disabled immediately after the Waiting Period has ended or ceasing to be Totally Disabled where a Total Disability Benefit was payable due to the same or related illness or injury.

Partial Disability and Partially Disabled means either/or:

- **Where you were employed or Self-employed for 15 hours or more per week at the Date of Disablement:**

means, in the Insurer's opinion, solely and directly as a result of an Illness or Injury, you:

- for the Waiting Period and the Benefit Period, are unable to return to performing each and every Material and Substantial Duty of your Usual Occupation, but you are capable of working in that occupation to some extent or is working in another occupation; In forming the Insurer's opinion with respect to this, education, training or experience will include (but is not limited to) your employment history, knowledge, personal attributes, transferrable skills (vocational and personal) training, education and experience undertaken by the time the Insurer forms its opinion;
- are regularly attending and under the ongoing and appropriate care of a Medical Practitioner, including compliance with regular advice and treatment given by that Medical Practitioner; and
- are only earning or are only capable of earning a Return to Employment Income that is less than 80% of your Earned Income.

You will not be considered unable to return to performing all of the Material and Substantial Duties of your Usual Occupation or Gainful Employment, as applicable, if you refuse to accept:

- any reasonable omission, modification or substitution of duties; and/or
- the use of any appropriate assistive aids (including those available to you through the Insurer's Rehabilitation Service as defined in the Policy) that would allow you to carry out those duties.

- **Where you were employed or self-employed for less than 15 hours per week immediately prior to the Date of Disablement:**

means, in the Insurer's opinion, solely and directly as a result of an illness or injury, you:

- are unable to return to performing each and every Material and Substantial Duty of Gainful Employment reasonably suited to your education, training or experience but you are working in, or are capable of working in, Gainful Employment suited to your education, training or experience to some extent, or are working in another occupation.

In forming the Insurer's opinion with respect to this, education, training or experience will include (but is not limited to) your employment history, knowledge, personal attributes, transferrable skills (vocational and personal) training, education and experience undertaken by the time the Insurer forms its opinion;

- are regularly attending and under the ongoing and appropriate care of a Medical Practitioner, including compliance with regular advice and treatment given by that Medical Practitioner; and
- are only earning or are only capable of only earning a Return To Employment Income that is less than 80% of your Earned Income.

You will not be considered unable to return to performing all of the Material and Substantial Duties of Gainful Employment, as applicable, if you refuse to accept:

- any reasonable omission, modification or substitution of duties; and/or
- the use of any appropriate assistive aids (including those available to them through the Insurer's Rehabilitation Service) that would allow you to carry out those duties.

The Partial Disability Benefit is payable until the earliest of:

- the first day on which you are not Partially Disabled;
- when you start to earn 80% or more of their Pre-disability Earnings;
- the date you attain age 65;
- the date of your death; or
- the end of the 2 year benefit period.

When will Income Protection cover cease?

Cover for Income Protection insurance will cease from the earliest of the following:

- the day you cease to be a member of the Plan;
- your 65th birthday;
- your death;
- the day a written request that cover be cancelled is made;
- the date before you commence service in the armed forces of any national or international organisation, including active service and training exercises within national or international armed reserve units;
- the policy is cancelled or terminated for any reason; or
- if the premiums due are not paid and a period of 60 days has elapsed.

When is an Income Protection benefit paid?

Generally, a person must be disabled for the duration of the Waiting Period before a benefit becomes payable.

Benefits will be paid monthly in arrears for the benefit period. If the benefit is payable for a period of less than one month, the amount payable shall be calculated as 1/30th of the monthly amount of the Benefit for every day it is payable. The benefit period commences after the Waiting Period has ended.

Benefits may be reduced by any payment made under a similar policy and by any Workers Compensation payment or any other statutory compensation. Social security payments may also be offset in some circumstances.

A proportional benefit is paid if a person resumes employment at a reduced rate of income while still partially disabled, provided the waiting period has ended.

A benefit for the same or related illness or injury is only payable once for the maximum benefit period.

Only one Benefit at a time may be paid in respect of you.

Exceptions apply to recurrent and concurrent disablement.

If a disability from which you have recovered from re-occurs within 6 months of your recovery, it will be treated as a continuation of the original claim. This means no waiting period before your benefits recommence but the Insurer will otherwise treat this as a continuation of your previous claim, including for assessing the Benefit Period.

If your benefits cease and after 6 months you become Totally Disabled due to the same or a related illness or injury, the Insurer will require you to satisfy a new Waiting Period, treat any subsequent period of Total Disability or Partial Disability as a continuation of the previous claim and add together all periods of benefit payment with respect to the same or related illness or injury in assessing the Benefit Period.

Where a secondary unrelated illness or injury arises while you are on claim, the amount of benefit payable with respect to the second unrelated illness or injury will be calculated as zero during this period and be considered part of the existing claim.

Are benefits paid for a partial disability?

A person may be eligible to receive a monthly partial disability benefit if they are Partially Disabled (see definition on page 9) and the Waiting Period has ended. The benefit will be paid monthly in arrears and the amount of your benefit accrues daily on a pro-rata basis.

The amount of any partial disability benefit depends on how many hours a person is able to continue in paid work. (See page 9)

Will the benefit increase to keep up with inflation?

Bearing in mind the benefit period is for a maximum of two years and in order to minimise the cost of Income Protection benefits, no indexation is provided.

General definitions

At Work means you:

- are fully performing or, in the Insurer's opinion, capable of fully performing, on a Full-time Basis free from any limitation or restriction due to illness or injury, the following duties:
 - if you are employed with an employer or self-employed – all of the duties of your usual occupation;
 - if you are unemployed and:
 - engaged exclusively in Domestic Duties – your Domestic Duties; or
 - not engaged exclusively in Domestic Duties – the duties of the most recent usual occupation for which you were last employed or self-employed; and
- are not, or have not been in receipt of, and are not entitled to receive or claim, in relation to an illness or injury from any source including but not limited to:
 - workers' compensation benefits;
 - statutory transport accident benefits
 - total and permanent disablement, permanent incapacity, terminal medical condition, terminal illness, trauma or critical illness type benefits from any superannuation fund or insurance company;
 - benefits payable under an insurance policy to replace loss of income due to disability, whether or not these benefits are payable directly to you; and
 - benefits payable under a superannuation fund in respect of your temporary incapacity.

Date of Disablement, in relation to Income Protection

means the date the Waiting Period commences.

Domestic Duties are as defined in the Policy.

Full-time Basis means at least 35 hours per week.

Gainfully Employed / Gainful Employment

means employed or Self-employed for gain or reward, or in the expectation of gain or reward, where gain or reward envisages the receipt of remuneration such as salary, wages, business income, bonus, commissions, fees or gratuities, in return for personal exertion.

Material and Substantial Duty/Duties

means a material and substantial duty which:

- is normally required for the purposes of an occupation, trade or profession;
- is not an exceptional duty which is not normally required to perform that occupation, trade or profession;
- cannot be reasonably omitted, modified or substituted by you or, where applicable, your employer; and
- is essential to producing an income.

Medical Practitioner is as defined in the Policy.

Date of Disablement, in relation to TPD,

means the date you, solely or directly because of the illness or injury that is the dominant and effective cause of the TPD claim:

- being employed or Self-employed, cease all work; or
- being unemployed and not engaged exclusively in unpaid Domestic Duties, cease to be able to perform any work; or
- being unemployed and engaged exclusively in unpaid Domestic Duties, cease to be able to perform your unpaid Domestic Duties.

Permanently Incapacitated

means the Insurer is reasonably satisfied 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.

Reasonably Suited

means by way of education, training, experience, transferrable skills (personal and vocational) or attributes.

Rehabilitation Service, Rehabilitation Program and Return to Employment Income

are as defined in the Policy.

Self-employed

means you are performing activities for remuneration, gain, reward or expectation of gain or reward in a business of which they directly or indirectly own all or part.

Usual Occupation(s) means:

- where you are employed by an employer, the role you are performing for the employer immediately prior to the Date of Disablement. If, however, there has been a change to that role due to Illness or Injury within the 12 months before the Date of Disablement on which this definition is being applied, with the result that your role changed or your duties and/or hours were reduced in that period, the Usual Occupation is the role you were performing for the employer before such Illness or Injury occurred;
- where you are Self-employed, the role which you are engaged in for the purposes of your business immediately prior to the Date of Disablement; and
- where you do not fall under either paragraph (a) or (b), the role that the Member was engaged in for the longest period in the 12 months immediately prior to the Date of Disablement on which this definition is being applied.

6 Section Six: Essential Information

General information

Premiums

Insurance premiums are dependent on the level and type of cover, a person's age, gender and occupation. Premiums are adjusted on the Annual Review Date of the Plan, 1 July each year, based on your age and the Sum Insured as at the Annual Review Date, and are paid monthly in arrears on the fourteenth day of the next month.

These premium rates are subject to change. 30 days written notice of any increase in premiums will be provided in accordance with the law.

Your insurance premiums are automatically deducted from your mobiSuper account. In the event there is insufficient money in your account for 60 days, your insurance cover will lapse and all insurance benefits cease, with effect on the day immediately after the end of the period for which all premiums have been paid. The Insurer reserves the right to charge interest on outstanding premiums and offset any unpaid premiums against benefits payable.

The Trustee receives 22% of the Death Only, Death and TPD and Income Protection premiums to cover the cost of insurance administration.

To obtain a detailed illustration of the premiums and charges that will apply to your particular circumstances, please contact Member Services on **1300 222 622**.

Occupation categories

The following four occupation categories that apply when considering Death or Death and TPD and Income Protection insurance, they are:

1. Professional – White Collar Professionals performing no manual duties (eg. Lawyer, accountant) with a tertiary qualification or registration by a professional body (they must be using these qualifications in their occupation). Senior executives with university qualifications earning \$100,000 or more also are in this category.

2. White Collar – Clerical, administration and managerial occupations involving office and travel duties. No manual work (eg. Administrator, book-keeper, IT systems operator). Includes occupations with tertiary qualifications that involve very light physical work (eg. osteopath, physiotherapist).

3. Standard – This covers any occupation that does not fall into Professional or White Collar and is the default occupation rating for the Plan if no occupation is provided by the member or the occupation cannot be rated and is not considered hazardous.

4. Hazardous – Any occupation the Insurer considers hazardous as it involves an inherent degree of danger or increased risk and includes those involved in hazardous or very heavy manual work and/or presenting particular underwriting difficulties as determined by the Insurer, including but not limited to the following work and activities:

- air traffic controller;
- miner
- professional entertainer such as actor, dancer, musician and stage performer;
- fireman, police, ambulance officer and paramedic;
- fisherman;
- forestry worker;
- sex worker;
- workers in horse racing industry such as a trainer, jockey and strapper;
- offshore worker;
- commercial pilot;
- professional and semi-professional sport person;
- security guard, doorman, bouncer, and person employed in crowd control;
- sheltered workshop employee;
- underground or underwater worker;
- abattoir workers;
- work involving the performance of stunts, or handling of weapons, explosives, hazardous materials, chemicals or substances;
- Interstate (long distance) truck drivers; and
- working at heights above 10 metres.

Members of **mobiSuper** with hazardous occupations will:

- not qualify for automatic Income Protection cover; and
- be subject to definition 2 of the TPD cover definition.

Occupational charges

Depending upon your occupation category, see previous point, premiums will be charged as set out on page 15, SUBJECT TO the following occupational charge factors being applied:

Occupation Category	Death only	Death & TPD*	Income Protection**
Professional	0.90	0.90	0.90
White Collar	1.00	1.00	1.00
Standard	1.60	2.20	2.60

* Members in hazardous occupations pay premiums based on the standard occupation charge factor but definition 2 of the TPD applies to members in hazardous occupations.

** Note income protection cover does not apply to members in hazardous occupations.

24 hour worldwide cover

Insurance cover is provided worldwide, 24 hours a day, subject to any terms and conditions noted on the policy. The Insurer may require you to return to Australia at your expense in order to assess in the case of a disability or terminal illness claim.

Increasing, reducing or cancelling insurance cover

You may request in writing for your Automatic Cover to be terminated or decreased (for income protection).

If you reduce or cancel the cover that was:

- automatically provided to you when you joined **mobiSuper** - you will not be able gain access to this automatic cover again

Any such cancellation will be effective from the date the cancellation is received by Diversa or a later date nominated in the cancellation. The unused part of the premium will be refunded.

Maintaining insurance cover

We cannot continue to provide insurance cover to members whose accounts have not received a contribution or rollover for 16 or more months. If you wish to maintain insurance benefits regardless if a contribution has not been received within a 16 month period, please contact us to find out how to make an election to maintain coverage.

Claims while overseas

If you are outside Australia when you submit a claim for the Insurer's consideration, the Insurer may require you to return to Australia at your own expense to allow them to access your claim.

If you leave Australia whilst the Insurer is assessing a claim without the Insurer's prior written approval, assessment of your claim will cease and any benefits payable will cease.

If you are outside Australia when you submit a claim for Income Protection, any benefit payable will only be paid up to the first 6 months of the claim unless you permanently return to Australia or another country acceptable to the Insurer at your expense.

Protecting your privacy

The Trustee complies with the Australian Privacy Principles (APPs) outlined in the Privacy Act 1998.

The Privacy Act requires us to tell you that the purpose of the collection, use and storage of your personal and sensitive information is to:

- issue you a superannuation interest (i.e. membership)
- maintain your super account
- provide insurance cover
- pay any benefits, or
- handle inquiries, complaints or claims.

The Trustee may in certain circumstances disclose personal information to third parties such as insurers, doctors, lawyers, your spouse (intended, current or former), your adviser or anyone else as required by law. We will not disclose your sensitive information without your consent, however. The Trustee will also disclose certain details to its mailing house for mail outs or to the regulators, such as the Australian Prudential Regulation Authority (APRA), the Australian Securities and Investment Commission (ASIC), AUSTRAC and the ATO.

The Trustee will not trade, rent or sell your personal information to any third parties, but we or other related entities and business partners, may use your personal information to tell you about other products and services or offerings the Trustee, or its related entities or business partners may provide.

You can access your information at any time and it is asked that you notify Member Services of any change in your personal information to ensure records are up to date and for direct marketing purposes. If you don't want to receive marketing materials, please call Member Services on **1300 222 622**.

You can read the Privacy Policy Statement on our website, www.mobisuper.com.au

Likewise, the Privacy of its customers is important to the insurer TAL Life Limited and is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at www.tal.com.au/Privacy-Policy or free of charge on request to TAL by telephoning 1800 666 136.

Your duty of Disclosure

Duty of Disclosure

Before you enter into an insurance contract with the Insurer, you are required under the Insurance Contracts Act 1984 to provide the Insurer with the information the Insurer needs to decide whether the Insurer will accept your application for insurance, what terms will apply and what your premium will be. For the purposes of this Duty of Disclosure section, 'You' includes both the Policy Owner and the Life Insured.

You have this duty until the Insurer agrees to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for; or
- is common knowledge; or
- the Insurer knows or should know as an insurer; or
- the Insurer waives your duty to tell it about.

If the insurance is for the life of another person and that person does not tell the Insurer everything he or she should have, this may be treated as a failure by you to tell the Insurer something that you must tell it.

If you do not tell the Insurer something

In exercising the following rights, the Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If the Insurer does, it may apply the following rights separately to each type of cover.

If you do not tell the Insurer anything you are required to, and the Insurer would not have insured you if you had told it, the Insurer may avoid the contract within 3 years of entering into it.

If the Insurer chooses not to avoid the contract, the Insurer may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told the Insurer everything you should have. However, if the contract has a surrender value, or provides

cover on death, the Insurer may only exercise this right within 3 years of entering into the contract.

If the Insurer chooses not to avoid the contract or reduce the amount you have been insured for, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position the Insurer would have been in if you had told the Insurer everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

How do you make a claim?

You should notify us as soon as reasonably possible after an event that is likely to give rise to a Death (including a terminal illness), TPD or Income Protection claim. We will then send you the claim forms which should be completed and returned to us. Additional information may be required, including financial statements and records, income tax returns and assessments and other relevant information. The claim forms will generally require information and evidence such as medical practitioner reports, employer reports and health certificates.

You are responsible for meeting any costs incurred in completing the claim forms and any medical or other evidence the Insurer requires. For TPD, a terminal illness or Income Protection claims, the Insurer may request additional information or require you to be examined by a medical practitioner or professional of the Insurer's choice or attend a meeting with the Insurer's representative to obtain relevant information or supply written authorities. Following provision by the member of the initial medical evidence to support their claim, generally, the Insurer will generally pay the costs associated with any additional medical information it may require to assess your claim. It's important that all requested information is provided; otherwise the claims process may be delayed. In the event that a claim is made, the Insurer reserves the right to investigate the claim including but not limited to conducting surveillance and requesting information and medical examinations. If you fail to attend a pre-arranged medical examination or refuses or delays examination, you may be liable for the applicable costs.

Note payment of a Total and Permanent Disablement Benefit or an Income Protection Benefit is conditional upon an Insured Member undertaking such rehabilitation, training, retraining, reskilling or treatment as reasonably required by the Insurer. The Insurer may pay for some rehabilitation services.

The Insurer will only pay benefits in relation to the same member once to a maximum of the benefit design even if you hold more than one account.

It is important that, in the event of your death, a relative or legal personal representative notifies Diversa as soon as possible so that the claims process can begin. Once we receive formal written notification of death, we will contact the relatives or legal personal representative to obtain further documentation and finalise the claim.

7 Automatic Cover Premiums

Annual premium per \$1,000 of Sum Insured Refer Table on page 3 for details of the sum insured that will apply for each age.

Annual premium per \$1,000 annual benefit with a 30 day wait, 2 Year benefit period

Age Next Birthday	Death & TPD Insurance		Death Only Insurance		Income Protection Insurance	
	Male	Female	Male	Female	Male	Female
16	\$0.90	\$0.60	\$0.67	\$0.37	\$5.10	\$5.54
17	\$0.90	\$0.60	\$0.67	\$0.37	\$5.10	\$5.54
18	\$0.90	\$0.60	\$0.67	\$0.37	\$5.10	\$5.54
19	\$0.90	\$0.60	\$0.67	\$0.37	\$5.10	\$5.54
20	\$0.90	\$0.60	\$0.65	\$0.37	\$5.09	\$5.54
21	\$0.90	\$0.60	\$0.65	\$0.37	\$5.09	\$5.54
22	\$0.90	\$0.60	\$0.65	\$0.37	\$5.14	\$5.56
23	\$0.90	\$0.60	\$0.67	\$0.37	\$5.19	\$5.60
24	\$0.90	\$0.60	\$0.67	\$0.40	\$5.24	\$5.64
25	\$0.90	\$0.60	\$0.67	\$0.40	\$5.29	\$5.68
26	\$0.90	\$0.60	\$0.68	\$0.40	\$5.42	\$5.68
27	\$0.90	\$0.60	\$0.67	\$0.40	\$5.40	\$5.76
28	\$0.90	\$0.60	\$0.64	\$0.38	\$5.37	\$5.87
29	\$0.90	\$0.60	\$0.63	\$0.37	\$5.38	\$6.01
30	\$0.90	\$0.60	\$0.60	\$0.37	\$5.41	\$6.19
31	\$0.90	\$0.62	\$0.59	\$0.36	\$5.45	\$6.41
32	\$0.92	\$0.64	\$0.59	\$0.35	\$5.51	\$6.65
33	\$0.94	\$0.68	\$0.58	\$0.35	\$5.59	\$6.94
34	\$0.95	\$0.73	\$0.59	\$0.36	\$5.71	\$7.27
35	\$0.97	\$0.79	\$0.59	\$0.37	\$5.83	\$7.62
36	\$1.01	\$0.86	\$0.62	\$0.38	\$6.00	\$8.01
37	\$1.06	\$0.92	\$0.63	\$0.40	\$6.18	\$8.44
38	\$1.13	\$1.01	\$0.65	\$0.42	\$6.41	\$8.90
39	\$1.21	\$1.12	\$0.68	\$0.45	\$6.65	\$9.38
40	\$1.31	\$1.23	\$0.71	\$0.49	\$6.95	\$9.92
41	\$1.42	\$1.36	\$0.74	\$0.55	\$7.28	\$10.50
42	\$1.56	\$1.49	\$0.81	\$0.60	\$7.64	\$11.13
43	\$1.73	\$1.64	\$0.87	\$0.65	\$8.05	\$11.79
44	\$1.90	\$1.81	\$0.96	\$0.72	\$8.51	\$12.53
45	\$2.09	\$2.04	\$1.06	\$0.81	\$9.01	\$13.31
46	\$2.40	\$2.35	\$1.23	\$0.91	\$9.58	\$14.14
47	\$2.81	\$2.69	\$1.45	\$1.04	\$10.22	\$15.05
48	\$3.37	\$3.18	\$1.73	\$1.23	\$10.92	\$16.01
49	\$4.04	\$3.76	\$2.05	\$1.45	\$11.73	\$17.05
50	\$4.59	\$4.40	\$2.29	\$1.69	\$12.63	\$18.15
51	\$5.28	\$5.05	\$2.59	\$1.96	\$13.62	\$19.33
52	\$6.09	\$5.82	\$2.94	\$2.24	\$14.71	\$20.62
53	\$7.01	\$6.69	\$3.35	\$2.58	\$15.90	\$21.97
54	\$8.08	\$7.71	\$3.79	\$2.99	\$17.21	\$23.45
55	\$9.31	\$8.87	\$4.36	\$3.42	\$18.65	\$25.01
56	\$10.73	\$10.21	\$4.96	\$3.90	\$20.24	\$26.69
57	\$12.36	\$11.74	\$5.63	\$4.45	\$22.03	\$28.50
58	\$14.24	\$13.51	\$6.41	\$5.06	\$23.99	\$30.42
59	\$16.41	\$15.55	\$7.27	\$5.73	\$25.99	\$32.23
60	\$18.91	\$17.90	\$8.24	\$6.47	\$28.18	\$34.15
61	\$21.79	\$20.59	\$9.32	\$7.26	\$30.59	\$36.21
62	\$25.12	\$23.69	\$10.51	\$8.09	\$33.23	\$38.42
63	\$28.94	\$27.27	\$11.86	\$8.99	\$36.10	\$40.79
64	\$33.33	\$31.38	\$13.44	\$10.00	\$38.06	\$41.96
65	\$38.41	\$36.12	\$15.29	\$11.17	\$24.92	\$25.32

Insurance premiums have been calculated to cover insurance administration costs and include GST. Please note that Stamp Duty has been incorporated into the Income Protection rates.

Premiums are based on white collar occupation rating. See occupation rating factors on page 13 in order to calculate your applicable premium.



mobiSuper

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