Mercer

Individual Section

Insurance booklet

1 January 2026

The information in this document forms part of the Product Disclosure Statement for the Individual Section of the Mercer SmartSuper Plan in the Corporate Superannuation Division of the Mercer Super Trust dated 1 January 2026.

Contents

About this booklet

This Insurance booklet is a summary of the key terms, conditions and exclusions of the insurance arrangements that may be available to you in the Individual Section (your Plan) and forms part of your Plan's Product Disclosure Statement (PDS).

You should consider the information in this Booklet, the PDS and any other important information booklets referred to in this Booklet and the PDS before making a decision about your super. You can get a copy of the PDS and the booklets that are part of the PDS at **mercersuper.com.au/pds** or by calling the Helpline.

It is important that you understand the information in this Booklet. Ask us or a person you trust, such as your adviser, for help if you have difficulty understanding any information about your super or the options available to you.

If you are having difficulty due to a disability, understanding English or for any other reason, we have accessibility support. Please contact our Helpline. See the 'How to contact us' page for our Helpline details.

General advice warning

This Booklet contains general information only and does not take into account your individual objectives, personal financial situation or needs. Before acting on this information, you should consider whether it is appropriate to your individual objectives, personal financial situation and needs. You should get financial advice tailored to your personal circumstances.

Important information

The product's Target Market Determination setting out the class of people for whom the product may be suitable for, can be found at **mercersuper.com.au/TMD**.

References to 'your Plan' and 'Individual Section' throughout the PDS and this Booklet mean the Individual Section of the Mercer SmartSuper Plan in the Corporate Superannuation Division (CSD) of the Mercer Super Trust.

This Booklet is issued by Mercer Superannuation (Australia) Limited (MSAL) ABN 79 004 717 533 Australian Financial Services Licence (AFSL) #235906 as the trustee of the Mercer Super Trust ABN 19 905 422 981. In this Booklet, MSAL is referred to as 'trustee', 'we' or 'us'.

MSAL is a wholly owned subsidiary of Mercer (Australia) Pty Ltd (MAPL) ABN 32 005 315 917, which is part of the Mercer global group of companies (Mercer).

Mercer Outsourcing (Australia) Pty Ltd (MOAPL) ABN 83 068 908 912 AFSL #411980 is named in this Booklet and has consented to being so named.

MSAL is responsible for the contents of this Booklet and is the issuer of this Booklet. MAPL, MOAPL, your employer and the Insurer (AIA Australia Limited ABN 79 004 837 861 AFSL #230043) are not responsible for the issue of, or any statements in this Booklet, the PDS or any of the other important information booklets referred to in this Booklet or the PDS. They do not make any recommendation or provide any opinion regarding your Plan in the Mercer Super Trust or an investment in it.

'MERCER' is an Australian registered trademark of MAPL.

Any insured benefit is subject to the terms, conditions and exclusions of the applicable insurance policy. Other conditions and restrictions may apply. Any benefit payable may be reduced if the Insurer does not pay out any or all of the insured benefit if a claim is made.

You should not rely on this Booklet as a full and complete description of the terms, conditions and exclusions of the insurance policy. All terms, conditions and exclusions of the insurance policy prevail over any inconsistency in this Booklet.

We aim to make information about insurance in this Booklet as straightforward as possible. Some terminology has a specific meaning to the insurance policy and for clarification, those terms are capitalised in this Booklet. Please see section 10 'Insurance definitions' for the meaning of the terms and conditions used throughout this Booklet.

Your Plan's Insurer

Your Plan's insurance is provided through a group insurance policy (Policy) with AIA Australia Limited ABN 79 004 837 861 AFSL #230043 (referred to as the Insurer throughout this Booklet) who has consented to being so named.

The trustee has the right to change the Insurer for your Plan.

Updated information

The information in this Booklet, the PDS and the other information booklets that are part of the PDS are current as at the date of publication. Information in this Booklet may change from time to time and, if it is not materially adverse, will be made available online at **mercersuper.com.au/pds**

A paper or electronic copy of any updated information will be provided on request at no charge by calling the Helpline.

We will advise you directly of any material changes as required by law.

1. About the insurance cover in the Individual Section

The Individual Section offers insurance cover that can help provide financial support to you and your beneficiaries in the event of your death or disablement.

It allows you to focus on what's most important if the unexpected occurs, such as stopping work due to injury or illness. The cost of your insurance cover is deducted from your super account and may reduce your retirement savings over time.

1.1 Types of insurance cover available

Type of cover...	This type of cover pays...
Death cover (including Terminal Illness)	Death cover pays a lump sum benefit if you die. Death cover can also be paid before you die if you are diagnosed with a Terminal Illness.
Total and Permanent Disablement (TPD) cover	TPD cover pays a lump sum benefit if you are unlikely to ever work again due to an illness or injury.

To be paid an insurance benefit you must meet the Insurer's definition of Terminal Illness, or TPD, and satisfy any other applicable conditions found throughout this Booklet, and any other information booklets that form part of the PDS. You must also meet any condition of release required under superannuation law.

1.2 How this Booklet applies to you

When we are told you have left your employer, your Death only or Death and TPD cover that you had in the Employer Plan in the CSD (including the Employer Section of the Mercer SmartSuper Plan) (Employer Plan), will automatically transfer to the Individual Section, when you meet the eligibility criteria of the Plan. See section 2.2 for information on the eligibility requirements.

Your Death only or Death and TPD cover will be subject to any exclusion, restriction or premium loadings that applied to your transferred cover. Any Income Protection (IP) cover, which includes Total but Temporary Disablement (TTD) cover or Salary Continuance Insurance (SCI) cover, you had in your Employer Plan will not continue in the Individual Section. See section 2 'Cover for members' for more information.

You can apply to opt-out, cancel or adjust your cover at any time. See section 3 'Applying for or changing your cover' for more information.

Financial Advice

Considering getting financial advice tailored to your personal circumstances? If you don't have a financial adviser, as a member of Mercer Super, you can access a range of limited financial advice and support tools.

2. Cover for members

Your Death only or Death and TPD cover will automatically be transferred from an Employer Plan to the Individual Section, when we are advised you have left your employer.

Insurance design prior to transferring to the Individual Section	If you have been transferred from an Employer Plan in the CSD*	If you have been transferred from the Employer Section of the Mercer SmartSuper Plan
Whole of life units of cover	Your cover will automatically continue as fixed cover.	Your cover will automatically continue as your existing cover design.
Percentage of your Income by years and months to your 65th birthday	Your cover will automatically continue as fixed cover.	Your cover will automatically continue as your existing cover design.
Units of cover	Your cover will automatically continue as fixed cover.	Your cover will automatically continue as your existing cover design.
Multiple of your Income	Your cover will automatically continue as fixed cover.	Not applicable.

*Does not include Employer Section of the Mercer SmartSuper Plan.

Any IP cover you had in your Plan will not continue in the Individual Section, irrespective of which Employer Plan you transferred from.

2.1 Types of cover designs explained

The amount of cover provided to you is subject to minimum and maximum limits (see section 2.3 below).

Insurance design	What it is	Options available	Examples
Whole of life units of cover **(For members transferred from the Employer Section of the Mercer SmartSuper Plan only)**	Death only or Death and TPD cover which increases or decreases based on your age. Cover is provided as units. The amount of cover for 1 unit at each age is shown in the 'How Your Super Works' booklet.	Units only Your employer would have chosen the number of units available in the Employer Plan prior to your transfer to the Individual Section.	Sophie is 42 years old. She has 3 units of Death and TPD default cover. As each unit provides $97,500 of Death and TPD cover, Sophie's total amount insured would be $292,500 (3 x $97,500) of Death and TPD cover.

Insurance design	What it is	Options available	Examples
Percentage of your Income by years and complete months to your 65th birthday or the Cover Expiry Age (as applicable) **(For members transferred from the Employer Section of the Mercer SmartSuper Plan only)**	Death only or Death and TPD cover which is calculated based on a percentage of your Income for each year and complete month (each complete month counts as 1/12th of a year) to age 65 or the Cover Expiry Age (as applicable). If your Income is adjusted due to working reduced hours, we will calculate your cover based on your actual annual Income, not the annualised equivalent Income. Where your cover is calculated based on a percentage of your Income by years and complete months to your 65th birthday, the amount of your Death and TPD cover will be fixed and remain the same from age 64 to your Cover Expiry Age.	The percentage of your Income is available in increments of 5%, chosen by your employer prior to your transfer to the Individual Section.	On 1 July, Jack is aged exactly 45 years and 6 months old with an Income of $100,000. If Jack's employer chose the option of 15%, his amount insured would be calculated as: $100,000 x 15% x 19.5 (the number of years and complete months from age 45.5 to age 65). Jack's total amount insured would be $292,500 of Death and TPD cover.
Units of cover **(For members transferred from the Employer Section of the Mercer SmartSuper Plan only)**	Death only or Death and TPD cover based on the number of units you hold. The amount of cover for 1 unit depends on your Plan.	Units only Your employer would have chosen the number of units available in the Employer Plan prior to your transfer to the Individual Section.	Amy's employer has chosen a units of cover design with $100,000 amount insured per unit. She has 3 units of Death and TPD default cover. As each unit provides $100,000 of Death and TPD cover, Amy's total amount insured would be $300,000 (3 x $100,000 of Death and TPD cover.
IP cover	Not available. Any IP you had in your Plan will not continue in the Individual Section.		

2.2 Your existing insurance cover will automatically continue

Any Death only or Death and TPD cover that you hold may continue in the Individual Section (subject to meeting eligibility requirements).

To be eligible for your cover to continue:

- You must be aged 14 years old or more on the date of transfer; and
- If you have been transferred from an **Employer Plan in the CSD** (excluding the Employer Section of the Mercer SmartSuper Plan), you must be younger than age 80 for Death cover and age 75 for TPD cover on the date of transfer, and
- If you have been transferred from the **Employer Section of the Mercer SmartSuper Plan** with fixed cover, you must be younger than age 80 for Death cover and age 75 for TPD cover on the date of transfer, and
- If you have been transferred from the **Employer Section of the Mercer SmartSuper Plan** with a benefit design other than fixed cover, you must be younger than age 67 for Death and TPD cover, and
- You must meet the legislative provisions that require you to be 25 years old or over and have a super account balance of at least $6,000 to be eligible to receive default cover*, and
- You must be an Australian Resident on the date you become eligible for cover.

If your cover had any specific exclusions, restrictions or premium loadings before it was transferred, these will continue to apply in the Individual Section.

The cost of your cover will still be based on your age, gender and the amount of cover you hold but the amount you pay may change. If your employer used to make an additional contribution to your account to meet the full cost of your insurance cover before your transfer to the Individual Section, you will now need to pay for your insurance cover. The cost of your insurance cover is deducted monthly from your super account.

2.2.1 Cover Expiry Age

Your insurance cover stops when you reach the Cover Expiry Age shown in the table below.

	Death cover (including Terminal Illness)	TPD cover
For members transferred from an Employer Plan in the CSD (other than the Employer Section of the Mercer SmartSuper Plan)	11.59 pm on the day before your 80th birthday	11.59 pm on the day before your 75th birthday
For members transferred from the Employer Section of the Mercer SmartSuper Plan with a benefit design other than fixed cover	11.59 pm on the day before your 67th birthday	11.59 pm on the day before your 67th birthday
For members transferred from the Employer Section of the Mercer SmartSuper Plan with fixed cover	11.59 pm on the day before your 80th birthday	11.59 pm on the day before your 75th birthday

2.3 Cover limits

The amount of cover provided to you is subject to minimum and maximum limits and may be subject to approval by the Insurer.

Cover type	Death cover (including Terminal Illness)	TPD cover
Minimum cover amount	Minimum amount of Death cover is determined by your age, as described below: 20–34 = $50,000 35–39 = $35,000 40–44 = $20,000 45–49 = $14,000 50–55 = $7,000	Minimum amount of TPD cover is determined by your age, as described below: 20–34 = $50,000 35–39 = $35,000 40–44 = $20,000 45–49 = $14,000 50–55 = $7,000
Maximum cover amount	Unlimited Terminal Illness: equal to 100% of Death cover	Up to the day immediately before your 65th birthday: $5,000,000. On and from your 65th birthday until the day before your 70th birthday: $3,000,000. On and from your 70th birthday until Cover Expiry Age: $250,000.

2.4 What happens if your insurance was previously paid for by your employer?

If your employer made additional contributions to your super account to meet the cost of your insurance cover, and you have not met the age and account balance eligibility requirements, you will need to:

- Opt-in to keep your insurance cover after you leave your employer within 60 days of ceasing employment. To Opt-in, complete the relevant form available online using your personal login at **mercersuper.com.au** or call the Helpline.
- Pay for any insurance cover you now have in the Individual Section.

2.5 What happens if I have no insurance?

If you did not meet the eligibility criteria to obtain default cover before you were moved to the Individual Section, even if you subsequently meet the eligibility criteria, including meeting the minimum age and minimum account balance requirements, in the Individual Section, you will not be provided with insurance cover automatically.

To obtain insurance cover you will need to apply for Underwritten cover (see section 3.1) which will require you to provide health and lifestyle information.

2.6 Other important information

Cost of cover may change

Under the Employer Section your insurance the premiums were based on 'unisex' rates. However, when moving to the Individual Section, your premium will now also be based your gender. This may result in a change to the cost of your cover.

Claim conditions

If you leave employment because of an injury or illness and are in the process of lodging a TPD, Terminal Illness or IP claim the entitlement to claim will be assessed against your benefits as recorded in your Plan prior to leaving employment.

While you can still claim IP benefits, against the cover you held in your Plan prior to leaving employment, your IP cover will not continue in the Individual Section.

Special Terms

- Any AALs and/or further underwriting limits that applied to you in your Employer Plan end when you move to the Individual Section.
- If your cover was subject to New Events cover, before it was transferred to the Individual Section, this will continue under the equivalent conditions, until such time as those conditions expire.
- Any loadings, restrictions or exclusions applied to your cover before it was transferred to the Individual Section will continue to apply to you.

2.7 When individual restrictions apply to your cover

Where you have ceased employment with your employer due to injury or illness, a TPD benefit will not be payable in the Individual Section for any injury or illness that led to you ceasing employment (Note: you may still be able to claim for this injury or illness in your Employer Plan).

If any specific exclusions, restrictions or premium loadings applied to you in your Employer Plan before it was transferred, these will continue to apply in the Individual Section until such time as they expire.

2.8 When New Events cover applies to your cover

In the circumstances set out below, your cover will be limited to New Events cover. This means while New Events cover applies, you are only covered for claims arising from an illness which first became apparent, or an injury which first occurred, on or after the date your insurance cover started and that existing illnesses or injuries may not be covered (you may still be able to claim for that existing illnesses or injuries in the Employer Plan).

When New Events cover applies	When New Events cover ends
If New Events cover applied to you in your Employer Plan.	New Events cover will continue in the Individual Section until such time as it expires.
If your cover was transferred to the Individual section because you ceased work with your employer due to injury or illness.	When you have been At Work for 30 consecutive days.

2.9 Automatic changes to your cover

If you have been transferred from the Employer Section of the Mercer SmartSuper Plan with a benefit design other than fixed cover, adjustments are made to your cover amount automatically each year on 1 July.

Cover designs and these adjustments help manage the amount and cost of your cover as you age without any action required from you.

2.10 Definitional tapering for TPD cover

Definitional tapering of TPD cover will apply if you are age 60 or above and your amount of cover does not automatically reduce with age (e.g. a fixed benefit amount). This means your TPD amount insured which will be assessed on Part A of the TPD definition will be reduced by:

1/120 x T x C (the "assessment amount")

Where

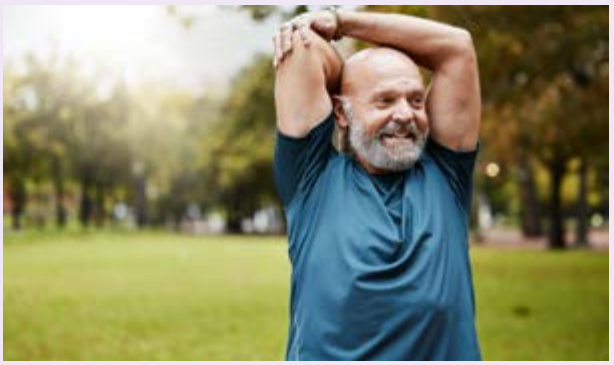
T = the number of completed months since your 60th birthday.

C = TPD amount insured (up to $3,000,000).

The assessment amount will be assessed on Parts B, C or D of the TPD definition only.

If your TPD cover commences after your 60th birthday, the assessment amount will be calculated as if your cover had commenced at your 60th birthday.

If you are age 70 or above, your entire amount insured will be assessed on Parts B, C or D of the TPD definition only (see section 10).



Example

Eddie (Born on 15 June 1962) suffers from an injury on 1 December 2025, at which time his amount insured is $300,000 and he is 63 years and 5 months old. That equals to 41 completed months since Eddie's 60th birthday and as such, his TPD amount insured that will be assessed on Parts B, C or D of the TPD definition (the assessment amount) is $102,500 (1/120 x 41 x $300,000). The remaining TPD amount insured of $197,500 ($300,000 - $102,500) will be assessed on Part A of the TPD definition.

3. Applying for or changing your cover

You can tailor the type and amount of cover by applying to increase or adjust your insurance to better meet your needs.

Collectively, Life Events, Underwritten cover and the transfer of existing insurance from another super fund or insurance policy are referred to as Voluntary cover.

Ways cover can be increased or changed	Death and TPD cover
Opt-up **(Note: this option is only available within 60 days of your default cover starting under your Employer Plan – please refer to the Employer Super insurance booklet for more details.)**	Yes
Apply for a nominated amount and type of cover (Underwritten cover)	Yes
Transfer insurance from another super fund or insurance policy	Yes
Apply for a Life Events increase	Yes
Reduce your cover	Yes
Cancel your cover	Yes

Got a question or want to apply for or change your cover?

To help you identify how to access key information explained in this section or perform common transactions with us, refer to the table below. **For any other enquiries call the Helpline.**

Transactions	Use your personal login at mercersuper.com.au	Paper form / written request
Applying for, increasing or decreasing your cover	Download the form	✓
Applying for Life Events cover	Download the form	✓
Transferring cover from another super fund or insurance policy	Download the form	✓
Cancelling cover	✓	✓

Important

Consider getting financial advice tailored to your personal circumstances

3.1 Underwritten cover

Underwritten cover is where the insurer assesses your personal circumstances to determine your eligibility for cover. You can apply for a nominated amount of fixed cover that can continue until the Cover Expiry Age, subject to tapering of TPD cover see section 2.9 above).

You can apply for:

- Death only cover, or
- Death and TPD cover

The Insurer will consider your application for cover by taking into account your occupation, life-style, current health, Income details, past medical history and your family medical history. This process is referred to as underwriting.

To start the underwriting process, you will generally be required to complete a personal state-ment. The Insurer may ask you for further information or require you to attend health examina-tions based on their assessment. The Insurer may either accept your application, decline it or accept it with special conditions such as an exclusion, restriction or premium loading (Underwriting Terms).

If your application is accepted, we'll let you know the date your cover starts and if the Insurer accepted your application with special conditions.

You can apply for any lump sum amount, as long as the total amount of your cover will not ex-ceed the maximum amount of insurance cover available as set out in the table below:

Cover type	Maximum amount
Death cover (including Terminal Illness)	Unlimited
TPD cover	Before your 65th birthday: $5,000,000 On and from your 65th birthday until the Cover Expiry Age: $3,000,000

To apply for Underwritten cover, complete the relevant form which is available to you via your personal login at **mercersuper.com.au/login** or call the Helpline.

3.2 Interim cover

If you apply for Underwritten cover (for example, by applying for new cover or by increasing existing cover), the Insurer will provide Interim cover once they've received a fully completed application and while they're assessing your application.

The Insurer will, if applicable, provide cover for:

- Accidental Death when you apply for Death cover.
- Accidental TPD when you apply for TPD cover.

Interim cover starts from the date we receive your insurance application. It ends on the earlier of any of the following events occurring:

- 120 days after you signed the application for Underwritten cover.
- The date your application is accepted or declined by the Insurer.
- The date you withdraw your application for Underwritten cover.
- The date the Interim cover benefit becomes payable.

A benefit will not be payable if during the Interim cover period your Accidental Death or Accidental TPD is caused directly or indirectly by you engaging in any sport or pastime for which, at the time of application the Insurer would not normally provide cover for at standard rates or terms.

Sport or pastime includes but is not limited to abseiling, aviation (other than a passenger on a recognised airline), football (all codes), long-distance sailing, scuba diving, motor racing, parachuting, powerboat racing, mountaineering or martial arts. Other exclusions may also apply as outlined in section 6 'What's not covered'.

All other terms and conditions of the Policy apply to Interim cover including 'What's not covered' refer to section 6. There are no premiums to be paid for the Interim cover during the period of interim cover.

Interim cover will be for the same amount of insurance cover you applied for, subject to a maximum of:

- $2 million for Death cover
- $2 million for TPD cover

3.3 Transferred cover

You may be able to transfer any existing cover that you hold with another super fund(s) or any insurance company to your existing account.

The maximum amount that can be transferred is:

- $1 million for Death only or Death and TPD cover.

Your total amount insured after the transfer is subject to the maximum cover limits (see table in section 3.1).

3.3.1 Applying for Transfer cover

To apply for Transfer cover, you need to meet all of the following:

- Be under the age of 60 at the date of your application,
- You haven't been paid, aren't eligible to be paid, and have not made a claim for a Terminal Illness, TPD or IP benefit with us, another insurance company or superannuation fund as at the date of transfer,
- You haven't been diagnosed with a Terminal Illness with a life expectancy of less than 24 months as at the date of transfer,
- You are not restricted, because of an illness or injury, from carrying out the usual duties of your current and normal occupation for at least 30 hours per week as at the date of transfer,
- You are in Gainful Employment and physically capable of undertaking Gainful Employment for at least 30 hours per week as at the date of transfer,
- You haven't been absent from work, because of an illness or injury, for more than 10 days in the last 12 months as at the date of transfer, and
- You haven't had an application for death, TPD or IP cover declined by any insurer.

You cannot transfer TPD cover only.

If your other cover is subject to a premium loading(s) and/or exclusion(s), you can only transfer cover where the premium loading is no more than 100% and/or there are no more than 2 cover exclusions. Any loadings, restrictions or exclusions that apply to your cover before it is transferred will also continue to apply after it is transferred.

It is a condition of the transfer cover process that you cancel your other cover once your transferred cover starts.

This means your cover will not start until the later of the date:

- We accept your application to transfer cover, or
- The cover you are applying to transfer has been cancelled with the other superannuation fund or insurance company.

Important

You should not cancel your other insurance until we've confirmed with you that your transfer cover application has been accepted.

3.3.2 How to Apply for Transfer cover

To apply to transfer cover, complete the relevant form available online using your personal login at **mercersuper.com.au** or call the Helpline for a copy of the form.

You will need to provide evidence to support your request, and this evidence needs to have been issued within 6 months of your application date. If you are transferring cover from another super fund, you'll need to send us a copy of an annual statement or a certificate of currency. If you are transferring cover from an insurance policy, you'll need to send us a copy of a certificate of currency.

Transfer cover applications are subject to approval by the Insurer.

3.4 Life Events cover

Life Events cover provides you the opportunity to increase your Death only or Death and TPD cover without the need for Underwriting when certain 'life events' occur.

The life events are:

- Marriage or commencement of a De facto relationship; or
- Divorce or ending a De facto relationship in accordance with the applicable state or territory law; or
- Reaching the age of 30 or 40; or
- Changing employment; or
- The birth or adoption of a child by either you or your Spouse; or
- Taking out a mortgage on the initial purchase of your primary residence; or
- Taking out a new mortgage or an increase to an existing mortgage on your primary residence for the purpose of a renovation/extension (minimum $50,000).

You can increase cover by electing a fixed amount up to the lesser of:

- A fixed amount you elect up to 25% of your total amount insured, and
- $200,000.

3.4.1 How and when to apply for Life Events cover

To apply for Life Events cover you must meet ALL of the following conditions:

- Have existing Death only or Death and TPD cover which was accepted/provided on standard terms (for example, your existing cover cannot have any premium loadings); and
- The date of the life event needs to be on or after the date you were first covered in this Plan; and
- Submit your application within 60 days of the life event occurring; and
- Be under aged 65 on the date of completing the Life Events application; and
- Have not made, and are not eligible to make, a claim for Terminal Illness, TPD or IP under any Policy; and
- Have not previously been restricted for cover as a result of Underwriting.

If you do not complete the application correctly or the evidence submitted is unsatisfactory, the Insurer may not accept your application.

There is a limit to the number of times you can apply.

You can only be accepted for Life Events cover once in any 12 month period, or up to 3 times while you have cover in your Plan (excluding age events). If you exceed these limits, then in the event of a claim, the Insurer will decline to pay the amount of cover obtained through Life Events cover outside these terms and premiums will be refunded.

For changes to your relationship status, you are only allowed one life event per relationship.

You can apply to increase your cover due to a life event by completing the relevant form, available online using your personal login at **mercersuper.com.au** or call the Helpline for a copy of the form.

The maximum cover amount (see section 2.3) also apply where cover is being increased by Life Events.

Example

Luna has just turned 30 years old and recently got married to Henry.

- As part of her insurance Luna can apply for Life Events cover.
- For her first life event, turning 30 years old, Luna is eligible to increase her cover by a fixed amount up to 25% of her current amount insured of $100,000 (capped at $200,000), which is $25,000.
- Luna can also apply to increase her cover by another 25% (capped at $200,000) to $156,250 based on her recent marriage to Henry.

That means she can increase her cover for the two life events, as the age event is excluded from the number of events she can apply for in a 12 month period.

3.4.2 When does Life Events cover start?

Life Events cover will start on the date your application is accepted. We'll let you know this date.

3.4.3 Exclusions and restrictions

Life Events cover is subject to the standard Death and TPD conditions and exclusions outlined throughout this Booklet.

If you have been accepted for Life Events cover, New Events cover will apply until you are At Work for 30 consecutive days from when this cover starts.

Life Events cover will also not be paid if:

- Within 13 months from the date the Life Events cover commenced:
  - Your death or Accidental Death was caused by suicide; or
  - Your Terminal Illness, TPD or Accidental TPD was caused by attempted suicide or any deliberate self-inflicted injury or illness.
- The evidence you submitted in your application for Life Events cover is unsatisfactory or incorrect.

3.5 When your cover starts

If you apply for:

- Underwritten cover,
- Life Events cover,
- Transfer of cover from another super fund or insurance policy,

cover will only commence on the date the Insurer approves your application provided you sat-isfy the eligibility requirements.

3.6 Cancelling or reducing your cover

You can cancel or reduce your Death only or Death and TPD cover at any time.

Your request to cancel or reduce cover will be processed effective the date we receive your request. Any associated premiums will no longer be deducted from your super account.

If you choose to cancel your cover it is important to note that you will not be able to make a claim for insurance benefits for illnesses or injuries that arise after your cover has been cancelled. Also, if you want cover in the future, you may need to apply for cover and your application may be subject to acceptance by the Insurer and require Underwriting.

You can cancel your TPD cover only and retain your Death cover. However, you cannot cancel your Death cover and retain your TPD cover. Your TPD amount insured cannot exceed your Death amount insured.

If you want to cancel or reduce your cover or need more information about the cancellation pro-cess, use your personal login at **mercersuper.com.au** or call the Helpline to discuss your options.

Check if you already have cover

It's important to check if you have other insurance cover.

Consider getting independent financial advice tailored to your personal circumstances.

4. Cost of Cover

4.1 Estimating the cost of cover

The rate tables in the 'How Your Super Works" booklet give an indication of the cost of insurance cover (premiums) that may be payable in respect of each type of cover.

These premium rates are indicative only. The actual premium rates charged may differ slightly to the premium rates shown which have been rounded to two decimal places.

The premium payable will depend on some or all of the following:

- Your age on the date premiums are calculated,
- The amount and type of cover you have,
- The number of days in the month,
- Any Underwriting requirements (which may take into account the state of your present health, and any other relevant factors).

For further information about how to estimate the cost of your insurance, please refer to the 'How Your Super Works' booklet.

4.2 When premiums are calculated and charged

We review your insurance on 1 July each year (as applicable). If you adjust your cover at any other time, recalculated premiums will apply from the date the change is processed.

Insurance premiums are payable monthly in arrears and inclusive of stamp duty. MOAPL receives up to 10.5% (exclusive of GST) of the premiums payable by you as a fee for administering insurance arrangements including Underwriting and claims processing.

The cost of your insurance cover is deducted monthly from your super account.

The trustee will let you know of any change in the cost of cover. You'll receive at least 30 days' notice of any increase in the cost of the premium rates.

5. What are the benefits

When you need to make a claim, a benefit is payable subject to you meeting the insurance Policy terms and conditions (summarised in this section).

5.1 Paying your benefits

5.1.1 Death (Terminal Illness) or TPD benefit

You'll need to meet the Insurer's definition of Terminal Illness or TPD before being eligible for a Terminal Illness or TPD benefit.

The trustee can only pay an insured benefit if:

- The Insurer has accepted the claim, and
- The insurance proceeds have been received from the Insurer, and
- You satisfy a relevant condition of release under superannuation law.

Refer to the Accessing Your Super Early Fact Sheet on **mercersuper.com.au/pds** for details about the conditions of release under superannuation law. We will deduct any applicable tax from your benefit payment.

Each type of claim has a different process. For more details about what's involved, the process and timeframes, please select the relevant guide and/or frequently asked questions (FAQs) on our website at **mercersuper.com.au/insurance-with-your-super/making-an-insurance-claim/**

5.2 How your insured benefit payment is calculated

Insured benefit	How insured benefit payments are calculated
Death (including Terminal Illness)	If you die, a lump sum will be paid equal to the amount of your Death cover calculated as at your date of death. If you are diagnosed with a Terminal Illness, a lump sum will be paid equal to the amount of your Death cover calculated on the date the last Doctor certifies you as having a Terminal Illness (2 Doctors need to certify that you meet the definition of Terminal Illness). Your Death benefit will be reduced by: • Any TPD benefit paid or payable under your Death and TPD cover, and • Any Terminal Illness benefit paid or payable under your Death only or, Death and TPD cover.
TPD	If you are TPD, a lump sum will be paid equal to the amount of your TPD cover calculated as at the Date of Disablement (subject to the maximum amount insured).

6. What's not covered

As with every insurance policy, there are certain exclusions you need to be aware of.

In addition to the exclusions in this section, the Insurer will not make any benefit payment if the payment would cause the Insurer to infringe any Health Insurance Legislation OR where the Insurer has imposed a specific exclusion(s) that applies to you as a result of Underwriting.

The table below shows situations on when a benefit will not be payable (i.e. when you are not covered):

Type of benefits	Exclusions
Death OR Accidental Death	An insurance benefit won't be paid if 1. Your death is caused wholly or partly, directly or indirectly by your active service in the armed forces of any country or territory or foreign or international organisation after your cover started* unless you are on war service for Australia only. 2. Your death is caused by suicide within 13 months of your: a. Underwritten cover commencing or increasing; or b. Life Events cover commencing; or c. Cover starting, where you Opted-in to default cover more than 120 days after commencing work with your employer.
Terminal Illness, TPD OR Accidental TPD	An insurance benefit won't be paid if 1. Your injury or illness is caused wholly or partly, directly or indirectly by your active service in the armed forces of any country or territory or foreign or international organisation after your cover started* unless you are on war service for Australia only. 2. Your injury or illness is caused by attempted suicide or a deliberate self-inflicted act within 13 months of your: a. Underwritten cover commencing or increasing; or b. Life Events cover commencing; or c. Cover starting, where you Opted-in to default cover more than 120 days after commencing work with your employer.

* If you are enrolled in the Australian Defence Forces Reserve, the active service exclusion only applies where you have been called up for active service.

If you've transferred cover to us, and your previous cover had specific exclusions, these exclusions continue to apply unless we've told you otherwise.

7. Other important information

7.1 When your cover ends

Your Death and TPD cover stops if any of the following events occur:

- You reach your Cover Expiry Age.
- You no longer meet the eligibility criteria.
- You die.
- When your amount insured reduces to nil under your cover design.
- If you do not return to work from your employer approved leave without pay on the specified return to work date, your cover will automatically stop 30 days after the specified return to work date
- If you make a fraudulent claim.
- The insurance Policy terminates.
- For TPD cover when a Terminal Illness or TPD benefit becomes payable.
- For Death cover, when a Terminal Illness or TPD benefit becomes payable. Where your Death cover is greater than TPD cover, your Death cover will reduce by the amount of TPD benefit paid and Death cover will continue until another condition under this section is met.
- Premiums are not paid.
- The date we receive your request to cancel cover.
- Your account has become Inactive (see section 7.2 'Account inactivity' for more information, including how you may be able to reinstate cover). This does not apply if you've provided a written election to keep cover before your account becomes Inactive, where your employer is paying the full cost of your default cover, if you are a defined benefit member, or if you are an Australian Defence Force (ADF) Super member or you would have been an ADF member if you didn't choose your own superannuation fund.
- You close your account in the SmartSuper Individual Section.

Important

If you leave the Individual Section your Death and TPD cover will cease immediately and you will no longer be covered.

7.2 Account inactivity

If we have not received any contributions or rollovers into your account for a continuous period of 16 months, and you have not elected to have or keep your cover, we are required by law to cancel your cover due to inactivity (also referred to as 'Inactive' throughout this Booklet). The cancellation of insurance cover is aimed at reducing the erosion of super account balances by insurance premiums for cover that you may not require.

This does not apply where you are an ADF Super member, or if you are a person who would be an ADF Super member if you had not chosen a fund in which case you must tell us.

We'll contact you before we cancel your cover, and you'll have an opportunity to ask us to keep your cover even if your account becomes or is Inactive. If you want to elect to maintain your insurance cover, even if your account becomes Inactive, please complete the relevant form or contact the Helpline to request the relevant form.

If your cover is cancelled, the cost of all insurance cover will stop being deducted from your super account. You may be able to reinstate cover subject to certain conditions. See 'Reinstatement of cover' below for more information.

7.3 Reinstatement of cover

You may be able to reinstate cover subject to certain conditions, if your cover has been cancelled due to account inactivity or the non-payment of premiums. You have 60 days from when your cover ended to provide a written election to request the reinstatement of cover.

Where a reinstatement request is received within the 60 days of your cover being cancelled, cover will be reinstated back to the date cover stopped. Your cover will continue as long as premiums are paid from this date. Any premium loadings, exclusions, or restrictions that applied to the cover before it ended will also continue to apply.

Where a reinstatement request is received outside of the 60 days of cover ending, you will need to go through Underwriting to obtain cover again. You will not be covered until the date that your application is accepted by the Insurer.

To apply to reinstate your cover, please complete the relevant form or call the Helpline to obtain a copy of the form.

7.4 Cover during Approved Leave

Where your employer approves a period of leave without pay (including parental leave) and you have agreed and documented a return to work date before you start that leave without pay, your cover will continue as long as premiums continue to be paid.

You will also need to elect to keep your cover in the event your account becomes Inactive, so we do not have to cancel your cover (see section 7.2 'Account Inactivity').

If you die, are diagnosed with a Terminal Illness or become Totally and Permanently Disabled when you are on leave without pay, then to calculate your benefit amount we will use your amount insured at the date immediately before the Benefit Calculation Date.

The TPD definition used to assess your claim will be the definition that applied to you immediately prior to commencing your leave. If applicable, the three consecutive month period from the Date of Disablement will start from the date a Medical Practitioner confirms you are unable to work due to injury or illness.

7.5 Cover while travelling or working overseas

Your insurance cover will continue if you are travelling or holidaying outside of Australia.

Working overseas

Your insurance cover may continue provided:

- You provide details of your overseas arrangements to the Insurer when requested.
- Premiums for your cover continue to be paid.
- Your super account does not become Inactive (unless you make an election to keep cover regardless of your account inactivity).

TPD claims while overseas

If you make a TPD claim, you may have to return to Australia at your own expense for medical treatment or assessment, or the Insurer may require your medical treatment and/or assessment to be equivalent to Australian standards, which may be at your cost. A benefit may not be paid if you do not comply with these requirements.

Other important details while overseas

You need to let us know if you are working overseas permanently or if you no longer intend to work in Australia whilst being a member of your Plan. Keep your contact details up to date by contacting the Helpline so we can provide you with more information about what will happen to your insurance arrangements and other benefits under your Plan.

Your benefits are provided based on the information we hold on file. If your personal details are not up to date this may result in your insurance cover being cancelled or you incurring premiums for cover you are ineligible to claim on.

Got a question or want to keep, reinstate or cancel your cover?

To help you identify how to access key information or perform common transactions with us, refer to the table below. For any other enquiries call the Helpline.

Transactions	Use your personal login at mercersuper.com.au	Paper form/written request
Electing to have or keep cover due to inactivity	×	✓
Reinstating cover	×	✓
Cancelling cover	✓	✓

Important

To keep up-to-date with your insurance arrangements, you can login to your personal account at **mercersuper.com.au/login** to view your insurance cover. You'll also receive regular newsletters, an annual member statement and the *Mercer Super Trust Annual Report (Fund Information Statement).*

8. How to make a claim

A claim for Death, Terminal Illness or TPD may be made if you die or have an injury or illness.

How to make a claim

If you find yourself in a situation where you need to make an insurance claim, we understand you are already going through a challenging time. Our goal is to make the claims process as easy as possible and to provide support every step of the way.

Getting started

These are typically the key steps involved in making a claim.

1. Contact us

Please contact us at the earliest possible time to let us know you need to make a claim. You'll be given a representative to guide you through the claims process and they'll stay with you right up until the end of the process.

Call our claims consultants on **1300 008 605 Monday to Friday, 9am-5pm (AEST/AEDT)**

or visit **mercersuper.com** for more information.

2. Confirm eligibility

We will ask you to provide us with information about your claim so that we can identify if you are eligible to make an insurance claim.

If we determine that you are not eligible to make an insurance claim, we'll explain this in writing and give you the opportunity to provide more information.

3. Claims pack

A claims pack will be emailed or posted to you within five business days of you notifying us you would like to make a claim. You will need to meet the costs associated with completing the claims pack (including the completion of any forms).

4. Claims assessment

You and your Medical Practitioner(s) must provide the necessary documents and complete all requirements to make a claim.

Once we have received all required documents and claim information, the Insurer will commence their assessment. Where the Insurer needs further information to assess your claim, the Insurer may pay the cost to obtain this information.

4a. Timing

Each type of claim has a different process. For more details about what's involved, the process and timeframes, please select the relevant guide and/or frequently asked questions (FAQs) on our website at **www.mercersuper.com.au/insurance-with-your-super/making-an-insurance-claim/**

4b. Costs

If you are overseas, you may have to return to Australia at your own expense for medical treatment or assessment, or the Insurer may require your medical treatment and assessment to be equivalent to Australian standards. If you are living or travelling overseas you will need to pay the cost of returning to Australia.

The Insurer may, subject to law, consider your claim withdrawn or refuse to pay your claim if you do not meet the Insurer's requirements.

4c. Refunds

We may refund the premiums to your super account either:

- For the period the Insurer identifies you are not eligible to claim for any automatic (default) cover
- If you make a claim that is accepted, and your cover ceases under the terms of the Policy, on the date you became eligible to claim.

5. Trustee review

The trustee is committed to ensuring that the Insurer's assessment of your claim is fair and transparent, and that all final claim decisions are fair and reasonable.

We have an independent team who review your claim and, in some cases, may challenge the decision on your behalf with the Insurer.

6. Confirmation

We'll contact you with the outcome of your claim and discuss the next steps with you.

8.1 Key claim conditions for all claims

If you were ineligible when cover commenced and cover was provided in error, no benefits will be payable and any overpaid premiums will be refunded to your super account, unless otherwise agreed between us and the Insurer.

The Insurer reserves the right to require that you return to Australia (at your expense) for claim assessment and examination prior to payment of any Terminal Illness benefit or TPD benefit.

The Insurer also reserves the right to arrange for you to be examined by a Medical Practitioner, at the Insurer's expense, to determine your insurance entitlement.

8.2 What happens if you have multiple insurance policies

If you have cover outside your Plan, you should consider the impacts of having multiple insurance policies (of the same or similar cover) because you may not be able to claim on multiple policies. If you are unsure about what to do about any duplicate cover you may hold, call the Helpline.

Duplicate claims will not be paid where the cause of the duplicated cover is due to administration errors by your Employer or us, whether fraudulent or not. Where an error is identified, the duplicate cover will be cancelled from inception and any insurance premiums paid for the duplicated cover, will be refunded to your super account. Your original claim will still be considered and paid when accepted by the Insurer.

Got a question about claims?

To help you identify how to access key information or perform common transactions with us, refer to the table below. For any other enquiries call the Helpline.

Transactions	Use your personal login at mercersuper.com.au	Paper form/written request
Making a claim, claim assessment and claim payment	Refer to our claims guide on **mercersuper.com.au**	✓

9. Insurance definitions

This section explains capitalised terms used throughout this Booklet.

Accident

Means bodily injury caused directly and solely by a violent, accidental, external and visible event.

Accidental Death

Means death which is a result of an Accident.

Accidental Total and Permanent Disablement (TPD)

Means TPD which is a result of an Accident.

At Work

Means that you are actively performing all the duties of your usual occupation with your employer free from any limitation due to injury or illness and you are not receiving and/or are not entitled to claim income support payments from any source including workers' compensation payments, statutory transport accident payments or disability income payments. If you are absent from work for reasons other than injury or illness, you will be considered to be At Work as long as you are At Work on the day before the first day of your employer approved leave. If you do not meet any of these conditions, you will be considered to be not At Work.

Australian Defence Force (ADF) Super member

Means a member of the Permanent Forces or a continuous full-time Reservist, defined in the *Australian Defence Force Superannuation Trust Deed 2015* as a 'serving ADF Super member'.

Australian Resident

For insurance purposes, means you are legally permitted to reside and work for reward in Australia.

Benefit Calculation Date

Means for:

a. Death cover, the date of death.

b. Terminal illness the date on which the last Medical Practitioner certifies you as terminally ill.

c. TPD cover the Date of Disablement.

Refer to 'section 7.4 Cover during approved leave' as the Benefit Calculation date may be different based on your leave.

Cognitive Impairment

Means:

a. You have suffered a total and permanent deterioration or loss of intellectual capacity that requires you to be under the continuous care and supervision by another adult person for at least 6 consecutive months; and

b. It has been clinically observed and evidenced by accepted standardised testing relevant to your condition; and

c. At the end of the 6 consecutive month period, you are likely to require permanent ongoing continuous care and supervision by another adult person as certified by a Medical Practitioner which the Insurer requires to be a specialist practicing in the area related to the injury or illness suffered by you.

Consumer Price Index (CPI)

Means the Australian National All Groups Consumer Price Index rated average of 8 capital cities combined.

Cover Expiry Age

Means 11.59pm on the day immediately prior to the age cover ceases as specified in Section 2.1.

Date of Disablement

Means:

i. Where Part A of the TPD definition applies, the date that is the first day of the three consecutive month period you have been absent from employment solely due to injury or illness. Where you first become unable to work due to injury or illness while not working or on employer approved unpaid leave, the date you are first unable to work solely due to injury or illness as certified by a Medical Practitioner;

ii. Where Part B of the TPD definition applies, the date you were first certified by a Medical Practitioner as unable to perform at least 2 out of 5 of the everyday working activities without assistance from another adult (with aids or adaptations) due to injury or illness;

iii. Where Part C of the TPD definition applies, the date you are unable to work as a result of having a Mental Illness; or

iv. Where Part D of the TPD definition applies, the date 6 months after you suffer a total and permanent deterioration or loss of intellectual capacity for Cognitive Impairment.

De facto or de facto Relationship

For insurance purposes means a relationship between you and another person (whether of the same sex or different sexes) where you and the other person:

- Are not legally married to each other; and
- Having regard to all the circumstances of your relationship, you and the other person have a relationship as a couple living together on a genuine domestic basis

or such other meaning as set out in the Family Law Act 1975 (Cth).

Gainful Employment

Means employment or self-employment for gain or reward in any business, trade, profession, vocation, calling, occupation, or employment.

Inactive

Means your account has not received a contribution or rollover in a continuous period of 16 months.

Income

Income for the purposes of **Death and TPD cover** means your regular remuneration under the terms of your employment.

This includes fringe benefits and may include superannuation contributions, but excludes any commissions, bonuses, investment and interest income unless otherwise agreed to by us.

Medical Practitioner or Doctor

Means a person who is registered as such and who is appropriately qualified to treat your injury or illness. The Medical Practitioner cannot be you or a family member, business partner, employee or the employer of yours.

The Insurer may, in their absolute discretion, accept a similarly qualified person who is registered and practicing as a medical practitioner in another country with a similar standard of medical care as that in Australia. The Insurer may, in their absolute discretion, seek an independent opinion from a medical practitioner in Australia to review such overseas medical evidence.

For Terminal Illness and TPD claims, where reasonable, the Insurer may require the Medical Practitioner to be a specialist practising in the area related to the injury or illness suffered by you, specifically if the condition is more commonly diagnosed and treated by a specialist.

Mental Illness

means one that has been diagnosed by a psychiatrist under the lates 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).

New Events cover

Means you are only covered for claims arising from an illness which became apparent or an injury which occurred on or after the date your insurance cover started or most recently started under your Plan.

Spouse

Spouse means:

a. a party to a marriage; or

b. a party to a de facto relationship.

Terminal Illness

Means:

a. Two Medical Practitioners have certified, jointly or separately, that an illness has caused a reduction in your life expectancy to 24 months or less and the Insurer agrees (based on medical evidence provided by your Medical Practitioners), that you suffer from an illness that is likely to result in your death within a period (the certification period) that ends not more than 24 months after the date of the certification, regardless of any treatment that might be undertaken, and

b. At least one of the Medical Practitioners is a specialist practicing in an area related to the illness suffered by you, and

c. For each of the certifications, the certification period has not ended.

The illness resulting in the Terminal Illness must occur, and the date any Medical Practitioner certifies you as being terminally ill, must take place while you are covered under your Plan.

Terminally ill has a corresponding meaning to Terminal Illness.

Total and Permanent Disablement (TPD)

Means you:

a. Are under the care and following the advice of a Medical Practitioner; and

b. In the opinion of the Insurer, have become incapacitated due to ill-health (whether physical or mental) to such an extent that makes it unlikely that you will ever engage in or work for reward in any occupation or work for which you are reasonably qualified by education, training or experience; and

c. Satisfy the definition that applies to you as outlined in the table below:

At the Date of Disablement, you are	Definition
Aged less than 70 years unless definitional tapering applies – see section 2.9)	Part A of the definition will apply
Aged 70 and over or where definitional tapering applies – see section 2.9	Part B, C or D of the definition will apply

Part A

You have not worked in any capacity for at least three consecutive months since the Date of Disablement solely due to injury or illness or you have suffered a Specified Medical Condition.

Part B

You are unable to do Everyday Working Activities (see below), which means solely because of illness or injury, you have been continuously absent from employment and unable for at least three consecutive months since the Date of Disablement, after being diagnosed as Totally and Permanently Disabled, to perform at least 2 out of the 5 Everyday Working Activities as certified by a Medical Practitioner, and in the opinion of the Insurer on the basis of the medical evidence, are permanently unable to perform the same Everyday Working Activities without assistance from another adult person (even if using aids and adaptations*).

*Aids and adaptations refer to equipment or fixtures which assists you in carrying out the Everyday Working Activities.

Everyday Working Activities

Means:

Mobility: 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; 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.

Seeing: 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: 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: 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:

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 their first language.

Where you are unable to perform one or more of the above Everyday Working Activities from the later of 1 December 2021 or when your TPD cover commenced, that Everyday Working Activity will not be taken into consideration by the Insurer as part of the assessment of your TPD claim.

Part C

You have a Mental Illness and since the Date of Disablement:

a. Your treating psychiatrist, psychologist or Medical Practitioner believes won't improve; and

b. You have 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.

Part D

You have a *Cognitive Impairment.*

Totally and Permanently Disabled

Has a corresponding meaning to Total and Permanent Disablement (TPD).

Underwriting terms

Means any special conditions (such as an exclusion, restriction or premium loading) where the Insurer has agreed to provide you, or increase your, cover after completion of the underwriting process as set out in section 3.1 above.

Voluntary cover

For Death and TPD cover includes:

- Life Events cover,
- Opt-Up cover,
- Transferred cover,
- Any amount insured you elect that requires Underwriting (Underwritten cover), or
- Any amount insured that is agreed to be Voluntary cover between the Insurer and us.

Specified Medical Conditions

Alzheimer's disease or other dementias means the diagnosis of dementia (including Alzheimer's disease) as confirmed by a consultant neurologist or geriatrician resulting in significant Cognitive Impairment. Significant Cognitive Impairment means deterioration in your mini-mental state examination scores, or equivalent thereof, scores to 20 or less.

Blindness means that as a result of disease or accident and certified by an ophthalmologist, the:

a. visual acuity on the Snellen Scale after correction by suitable lenses is less than 6/60 in both eyes; or the

b. field of vision is constricted to 20 degrees or less of arc around central fixation in the better eye irrespective of corrected visual activity (equivalent to 1/100 white test object); or the

c. combination of visual defects results in the same degree of vision impairment as that occurring in (a) or (b) above.

Cardiomyopathy means impairment of the ventricular function of variable aetiology resulting in significant and irreversible physical impairment to the degree of at least Class III of the New York Heart Association classification of cardiac impairment.

The New York Heart Association classifications are:

Class I – no limitation of physical activity, no symptoms with ordinary physical activity.

Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.

Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.

Class IV - symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Chronic lung disease means end stage respiratory failure requiring continuous and permanent oxygen therapy and is confirmed by a specialist Medical Practitioner, excluding Intermittent Oxygen Therapy.

Diplegia means the total and permanent loss of the use of both sides of the body due to injury or sickness.

Hemiplegia means the total and permanent loss of the use of one side of the body due to injury or sickness.

Loss of hearing means complete and irrecoverable loss of hearing, both natural and assisted, from both ears as a result of injury or illness, as certified by an appropriate specialist Medical Practitioner.

Loss of limb and/or sight means you have suffered an injury or illness which first became apparent while you were insured in this Plan the Policy and as a result of the injury or illness has suffered the total and irrecoverable loss of (or total loss of the use of):

a. both hands; or

b. both feet; or

c. one hand and one foot; or

d. the sight of both eyes; or

e. one hand and the sight in one eye; or

f. one foot and the sight in one eye.

where the loss of sight means to the extent that the visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Loss of speech means the complete and irrecoverable loss of the ability to speak as a result of injury or illness which must be established and the diagnosis reaffirmed after a continuous period of three months of such loss by an appropriate specialist Medical Practitioner.

Major head injury means an accidental head injury resulting in permanent neurological deficit, resulting in you either:

a. being totally and permanently unable to perform any one of the 'Activities of Daily Living' listed below, without assistance from another person:
   - bathing/showering;
   - dressing/undressing;
   - eating/drinking;
   - using the toilet to maintain personal hygiene; or
   - getting in and out of bed, a chair, a wheelchair or moving from place to place by walking, a wheelchair or with a walking aid; or

b. suffering at least a 25% impairment of whole person function as defined in Guides to the Evaluation of Permanent Impairment 5th edition, American Medical Association.

Diagnosis must be confirmed by a consultant neurologist.

Motor neurone disease means unequivocal diagnosis of motor neurone disease by a consultant neurologist and confirmed by neurological investigations.

Multiple sclerosis means the unequivocal diagnosis of multiple sclerosis confirmed by a consultant neurologist.

Muscular dystrophy means the unequivocal diagnosis of muscular dystrophy, confirmed by a consultant neurologist.

Paraplegia means the total and permanent loss of function of the lower limbs due to spinal cord injury or disease, or brain injury or disease.

Parkinson's disease means an unequivocal diagnosis of idiopathic Parkinson's disease as confirmed by a consultant neurologist. All other types of Parkinsonism are excluded (for example, secondary to medication).

Pulmonary arterial hypertension (primary) means primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation, resulting in significant irreversible physical impairment of at least Class III of the New York Heart Association classification of cardiac impairment. Pulmonary Hypertension in association with chronic lung disease is specifically excluded.

Other forms of hypertension (involving increased blood pressure) are specifically excluded.

The New York Heart Association classifications are:

Class I – no limitation of physical activity, no symptoms with ordinary physical activity.

Class II – slight limitation of physical activity, symptoms occur with ordinary physical activity.

Class III – marked limitation of physical activity and comfortable at rest, symptoms occur with less than ordinary physical activity.

Class IV - symptoms with any physical activity and may occur at rest, symptoms increased in severity with any physical activity.

Quadriplegia means the total and permanent loss of use of the upper and lower limbs due to spinal cord injury or disease.

Tetraplegia means the total and permanent loss of use of the upper and lower limbs due to spinal cord injury or disease.

How to contact us

Phone

Call the Helpline on **1800 682 525** or if calling from outside Australia on **+61 3 8306 0900** from 8am to 7pm (AEST/AEDT) Monday to Friday.

We can help you in a number of languages, simply ask for a translator when you call.

Online

mercersuper.com.au

Our website is available 24 hours per day, seven days per week. However, the website may not be available when we need to carry out scheduled updates or maintenance. If, for any reason, our online services are not available, you may call the Helpline for assistance. If our online services are not available, we are not responsible for any loss because you were unable to perform transactions during that time.

Call the Helpline if you need more information about accessing the website.

Mail

Mercer Super Trust
GPO Box 4303
Melbourne VIC 3001

Please include your Plan name and your member number when writing to us.

Privacy

MSAL and MOAPL collect, use and disclose personal information about you in order to manage your super benefits and give you information about your super. Our Privacy Policy outlines the type of information we keep about you and how we, and any organisations we appoint to provide services on our behalf, will use this information. If you do not provide the personal information requested, we may not be able to manage your super. You can read our Privacy Policy online at **mercersuper.com.au/privacy** or you can obtain a copy by calling the Helpline.

The Privacy Policy also includes details about how you may lodge a complaint about the way we have dealt with your information and how we will handle that complaint.

AIA Privacy

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

Keep your contact details up to date

We can only send you information if we have your current contact details. You can update your details at **mercersuper.com.au** (sign in using your personal login) or call the Helpline.

If the law permits, we may send member communications to you electronically (including member statements and significant event notices) by:

Email

SMS

A link to a website so you can download them.

We can also post any documents to you. When you receive your personal login details, simply update your communication preferences online under ‘Personal Details’ or call the Helpline.

If you have any questions contact us at:
Mercer Super Trust
GPO Box 4303
Melbourne VIC 3001
Helpline **1800 671 369**

Or visit **mercersuper.com.au**

A business of Marsh McLennan

256061 - 27082025