Colonial First State

FirstChoice

Employer Super

Insurance

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ⓘ Throughout this booklet, important insurance terms are introduced in **bold** in each section. Please see the **Definitions** section starting on page 37, where these terms are explained in detail.

About this document

This document forms part of the Product Disclosure Statement (PDS) for FirstChoice Employer Super and contains statements and information incorporated by reference and must be read in conjunction with the PDS. A reference to the 'PDS' in this document is a reference to the PDS, the Investment Options Menu and all statements and information incorporated by reference as described and listed in the PDS. You should read all parts of the PDS and assess whether the product is appropriate for you before making a decision to invest in the product.

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About the trustee

Avanteos Investments Limited ABN 20 096 259 979, AFSL 245531 (AIL) is the trustee of the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557 (FirstChoice Trust).

About the insurer

The insurance provider is AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia, the Insurer). The insurance cover is provided under policies issued to the trustee. AIA Australia is not part of the CFS group. None of the companies in the CFS Group guarantee the obligations or performance of AIA Australia.

You can only apply for insurance cover by completing the insurance application form attached to this document.

You can inspect a copy of the Group Life and Salary Continuance Insurance policy documents at our head office, or we will provide you with a copy free of charge.

General advice warning

The information provided in this document is general information only and does not take account of your individual objectives, financial or taxation situation or needs. You should assess whether the product is appropriate for you and consider obtaining financial advice relevant to your personal circumstances before investing.

The Target Market Determinations (TMD) for our financial products can be found at cfs.com.au/tmd and include a description of who the financial product is appropriate for.

Insurance through FirstChoice Employer Super

Insurance provides a convenient way to help protect the financial security of you and your loved ones – no matter what lies ahead.

As a member of FirstChoice Employer Super, you have access to valuable insurance cover that can help provide financial protection if you die, become terminally ill, become totally and permanently disabled or are unable to work due to illness or injury.

FirstChoice Employer Super is available to three groups of members:

- **employee members** – members who are **employees** of a participating employer (i.e. an employer that has set up a plan for its employees in FirstChoice Employer Super) and such other persons as agreed with the trustee
- **retained benefit members** – generally members who were employee members but who are no longer employed by the participating employer (refer to 'retained benefit member' on page 8)
- **spouse members** – members who are the spouse of an employee member.

If you are an employee member, your FirstChoice Employer Super plan generally provides you with a specified level of cover, based on the insurance design set up by your employer (refer to 'When does my cover start' on page 13). You may also be able to apply for extra insurance if you need it, to help ensure that you have the protection you need.

Your insurance cover

When you join FirstChoice Employer Super, you'll receive an insurance pack, which will show any insurance cover you may be eligible for or the cover you have. Your insurance cover amount is calculated monthly and may change due to factors such as your **category** of membership, your age, your occupation, your account balance and your **nominated salary**.

You can cancel or reduce your cover at any time.

Types of cover

There are three types of cover available under FirstChoice Employer Super:

- Death only cover
- Death and Total and Permanent Disablement (TPD) cover
- Salary Continuance Insurance (SCI) cover

Key features

Here's a summary of insurance cover available through FirstChoice Employer Super:

Death cover	Total and Permanent Disablement (TPD) cover	Salary Continuance Insurance (SCI) cover
Covers you if you …		
Die or if you are diagnosed with a **terminal illness** and have less than 24 months to live	Become totally and permanently disabled	Are off work for an extended period because you are **totally** or **partially disabled** from an illness or injury
With a payment of up to …		
$5 million	$3 million	$25,000 a month[1]
Paid to …		
Your beneficiaries or your estate (or you, for terminal illness)	You	You (and your super fund for your super contributions)
To help with things like …		
Your funeral, outstanding debts, your family's living expenses	Your living expenses, additional medical costs, carer fees	Your rent or mortgage, bills, groceries, rehabilitation costs

1 Your maximum salary continuance cover limit is the lesser of $25,000 or 75% of your monthly income and up to 15% for your super contributions.

Insurance through super

Here are some of the benefits of having insurance through your FirstChoice Employer Super plan:

- **Automatic cover.** Most eligible employee members receive automatic cover up to a certain level without having to apply or provide evidence of their health (refer to 'When does my cover start' on page 13).
- **Convenience.** Your premiums are deducted from your super balance, so you can get the cover you need without it affecting your day to day budget.
- **Potential tax advantages.** Since premiums paid from your super balance don't come out of your take-home pay, you can potentially pay less for your cover than if you took out a policy outside super.
- **Flexibility.** If your personal needs change, you can apply to increase or decrease your cover.

Who is the insurer?

The insurance provider is AIA Australia and insurance through FirstChoice Employer Super is provided under insurance policies issued to the trustee. Any benefit paid under the policies will be paid to the trustee. The trustee will only pay a benefit in accordance with superannuation law and the trust deed. The trustee will not make a payment greater than the amount it receives from the insurer.

The insurer and the trustee may agree to vary the insurance arrangements at any time. You will be notified of any change which affects you.

Classes of cover

There are two classes of cover under FirstChoice Employer Super:

- **Employer selected cover** – automatic cover available to most eligible employee members. There are two categories of cover available under employer selected cover:
  - starter cover
  - tailored cover
- **Investor selected cover** – cover available to employee members, spouse members and retained benefit members, which allows you to apply for the type and amount of cover which is right for you.

Employer selected cover

Employer selected cover is automatic cover available to most eligible employee members. Cover for eligible employee members will not start until you reach age 25 and have an account balance of $6,000 or more, unless you instruct us in writing within 120 days of being sent your insurance pack that you want cover in these circumstances. It is not available to **retained benefit members** or spouse members.

Employer selected cover - starter cover

Under employer selected cover - starter cover, you are automatically provided with a default level of death and TPD cover based on the fixed premium insurance design (see page 43). The default amount of cover you receive is based on your age next birthday and default occupation group and changes as you enter a new age bracket or if your occupation group is changed.

Employer selected cover - starter cover doesn't include Salary Continuance Insurance (SCI) cover.

Default occupation group

Different types of occupations have different levels of risk, and your occupation group affects the amount of cover you receive and/or how much you pay. If you have employer selected cover - starter cover, the default occupation group (currently light blue collar) will apply. This is because when your account is opened we won't have enough information about your actual occupation.

You may be eligible to receive more cover if you are in a professional or white collar occupation group. You can apply to change this occupation group at any time, see page 27 for more information.

Employer selected cover - tailored cover

If you have employer selected cover - tailored cover, your cover is based on an insurance design selected by your employer, which may change from time to time (employer selected insurance design). The employer selected insurance design consists of:

- the type(s) of cover that apply to you
- how the amount of cover is calculated, and
- if SCI cover applies, the **waiting period** and **benefit period** that apply.

Your employer plan may have more than one **category**. If so, the employer selected insurance design may be different for each category. If you change categories while you are an employee member, you will automatically receive the employer selected cover that applies to your new category (which replaces the employer selected cover which applies to your old category), except in the following circumstances:

- you will not receive a type of cover in your new category if you have previously reduced or cancelled that type of cover, or you have allowed your previous cover to end, and
- subject to the bullet point above, if you have SCI cover as investor selected cover, you will be given a 30-day opportunity to opt-in to SCI cover as employer selected cover in your new category (and, if you do not opt-in, you will retain any SCI cover you have in the employer plan as investor selected cover).

Your employer may be part of a group of companies, each of which are participating employers in FirstChoice Employer Super. If you change employers in the same group of companies, we will treat your employer selected cover in the same way as if you changed categories.

The amount of your employer selected cover is calculated in accordance with the employer selected insurance design, subject to:

- a minimum amount of death and TPD cover required under superannuation law, subject to certain conditions (see 'MySuper cover' below), and
- a maximum of the greater of the automatic acceptance limit (AAL) and the forward underwriting limit (FUL) (see 'Automatic Acceptance Limit' below).

Your personal details

When we're working out your insurance, we rely on the personal information we have for you in our records. If it is incorrect, it can affect the cover you receive, how much you'll pay and even whether the insurer will pay a claim.

Therefore, it's important to check that the information on your investor certificate is correct, and to let us or your employer know straight away if something changes. That way, you can be sure you are protected if you need to claim.

Minimum cover – MySuper cover

If you are less than 56 years of age, and:

- there is no employer selected insurance design that applies to you, or
- the amount of cover calculated for you under the employer selected insurance design is less than that required under superannuation law,

you will be provided with a minimum level of death and TPD cover (MySuper cover) (see page 13). Please also refer to 'When does my cover start' on page 13.

MySuper cover does not apply to spouse members and other allowable exceptions may also apply.

Maximum cover – Automatic Acceptance Limit (AAL)

If cover calculated under your employer selected insurance design is higher than the AAL, we will limit your cover to the AAL amount.

To apply for additional cover, in accordance with your employer selected insurance design, you will need to complete an insurance application form, which includes details about your health, occupation and pastimes. The insurer will consider your application and may accept or decline your application. If the insurer accepts your application, you may be given a forward underwriting limit (FUL), which is the maximum amount your cover can increase to, in accordance with the employer selected insurance design, before you must apply for any increase in cover.

An AAL will apply if your cover is calculated in line with the employer selected insurance design for your **category**, and more than 75% of your employer plan's members take up insurance (excludes non-employee members, employees who have made a choice of fund nomination, and those who are ineligible for insurance under the plan; e.g. casual employees are not eligible for SCI cover).

The AALs for your plan are determined when your employer sets up the plan. AALs may be reviewed. The maximum AALs for age-based premium rates are shown below.

Number of insured employee members	Death only or death and TPD cover	SCI cover (monthly benefit) Benefit period	
		Two years[1]	Five years/ To age 65[1]
2–4[2]	$50,000	$0	$0
5–9	$300,000	$4,000	$4,000
10–19	$400,000	$5,000	$4,000
20–29	$500,000	$6,000	$5,000
30–49	$600,000	$7,000	$6,000
50–99	$800,000	$8,000	$7,000
100–199	$1,000,000	$9,000	$9,000
200–349	$1,200,000	$12,000	$10,000
350–499	$1,500,000	$12,000	$10,000

Number of insured employee members	Death only or death and TPD cover	SCI cover (monthly benefit) Benefit period
500+	Refer to the insurer	

1 If your employer plan provides a different SCI employer selected insurance design for different categories of members, then the AAL for SCI cover will be based on the number of insured members within the plan with the same insurance design, rather than the number of insured members within your plan.

2 Limited cover applies.

If your employer selects the **fixed premium insurance** design, the number of units will determine how much cover you receive.

The maximum AAL for fixed premium insurance design is determined by the number of insured members in the plan, as shown below:

Number of insured employee members	Number of units
2–4[1]	1
5–9	3
10–19	4
20+	5

1 Limited cover applies.

For example, an employee is a member of a plan with 15 insured employees and therefore able to receive up to four units of cover.

Refer to page 25 for an example of how your premiums are calculated for fixed premium cover and to page 43 for the cover amounts for one unit.

AALs do not apply if you have employer selected cover - starter cover, you are a **retained benefit member** or spouse member. AALs may be reviewed by the trustee or the insurer and may change. We will notify you in writing of any changes, where they impact your cover.

Limited cover

In some cases, employee members will be provided with limited cover. Limited cover generally means that you won't be covered for death, **terminal illness**, or a disability resulting from an illness or injury that relates to a pre-existing medical condition.

When, and how long, limited cover applies is set out below:

When limited cover applies	How long limited cover applies
If you elect to have cover when you are under the age of 25 or have an account balance of less than $6,000.	Until you are in **active employment** for 30 consecutive days.
If you are automatically provided with employer selected cover.	Limited cover won't apply if your account has received superannuation guarantee contributions in respect of the six consecutive months before your cover starts and you are in active employment when your cover starts. Otherwise, you will have limited cover until you have been in active employment for 30 consecutive days.
If your employer plan had less than five insured employee members when your cover starts.	Limited cover applies for at least two years, and ends when you have been in active employment for 30 consecutive days either immediately before, or any time after, the two year period ending.
If a terminal illness or TPD benefit has been paid or is payable on your life under any insurance policy before your cover starts.	For your whole period of cover.
If your cover was cancelled due to inactivity (i.e. your account does not receive a contribution or rollover for 16 consecutive months) and subsequently restarts.	For at least two years and ends when you are in active employment for 30 consecutive days following the end of that two year period.

If you have limited cover as an employee member, this will continue if you become a **retained benefit member**.

You can apply to upgrade from limited cover to full cover so that you get cover for pre-existing medical conditions. To do this, you will need to complete an insurance application form, which includes details about your health, occupation and pastimes. The insurer will consider your application and may accept or decline your application.

Investor selected cover

Investor selected cover is available to employee members, spouse members and **retained benefit members**.

An employee member may have employer selected cover or investor selected cover (or both). Any cover held by a retained benefit member or a spouse member in FirstChoice Employer Super will be classed as investor selected cover.

The circumstances in which investor selected cover may apply to you are set out below.

Employee members

As an employee member with employer selected cover, you can obtain investor selected cover in the following ways:

What you can do	How this affects your cover
Apply for a type of cover that you do not have	If the insurer accepts your application, this cover will be treated as investor selected cover.
Apply for additional death only cover or death and TPD cover	If the insurer accepts your application, this additional cover, to the extent that it exceeds the employer selected insurance design, will be treated as investor selected cover and will apply in addition to your employer selected cover. Note: your TPD cover cannot exceed the death cover amount.
Reduce your death only cover or death and TPD cover	If you do this, your reduced cover will be treated as investor selected cover (which replaces your employer selected cover), and you will no longer be eligible for employer selected cover for the type of cover that was replaced.
Change your SCI cover amount, **waiting period** or **benefit period**	If the insurer accepts your application, or you make a change which does not require an application, your SCI cover will be treated as investor selected cover (which replaces your employer selected cover), and you will no longer be eligible for SCI cover as employer selected cover.
Fix your type and amount of cover so that it doesn't change in accordance with the employer selected insurance design	If you do this, your cover will be treated as investor selected cover (which replaces your employer selected cover), and you will no longer be eligible for employer selected cover for the type of cover that was fixed.
Apply to transfer cover you have in another super fund or **life insurance policy**	If the insurer accepts your application, your transferred cover will be treated as investor selected cover and: • for death only cover or death and TPD cover, will apply in addition to your employer selected cover, and • for SCI cover, will replace your employer selected cover.
Apply to reinstate the cover you had prior to your employer changing your **category** or insurance design	If your cover was reduced or cancelled due to a change in category with your employer or your employer plan's insurance design changed, you can request to reinstate your previous cover within 90 days of the change taking effect.

To apply for cover, you must be less than 75 years of age for death cover, or less than 65 for TPD and SCI cover.

If you cancel your employer selected cover, or your cover otherwise ends, but you remain a member of the fund, you may apply for cover in the future. Refer to 'Changing or applying for cover' on page 25 for information.

Spouse members

As a spouse member, you may:

- apply for cover if you are less than 75 years of age for death cover, or less than 65 for TPD and SCI in the Insurance Portal by logging into FirstNet or the CFS app or by completing the insurance application form at the back of this booklet, and
- apply to transfer cover you have in another super fund or **life insurance policy** (by completing the transfer of insurance cover form).

The insurer will consider your application and may accept or decline your application. If the insurer accepts your application, this cover will be treated as investor selected cover.

Retained benefit members

As a **retained benefit member**, any cover you had as an employee member will be converted to a fixed amount and be treated as investor selected cover (which replaces your employer selected cover).

If you held employer selected SCI cover immediately before becoming a retained benefit member, this cover may end on the premium due date 90 days after you become a retained benefit member, unless you elect to keep this cover (refer to 'When does my cover end?' on page 21 for more information).

As a retained benefit member, you may:

- apply for cover if you are less than 75 years of age for death cover, or less than 65 for TPD and SCI in the Insurance Portal by logging into FirstNet or the CFS app or by completing the insurance application form at the back of this booklet, and
- apply to transfer cover you have in another super fund or **life insurance policy** (by completing the transfer of insurance cover form).

The insurer will consider your application and may accept or decline your application. If the insurer accepts your application, this cover will be treated as investor selected cover.

Restarting cover

If you had MySuper cover and this cover was cancelled due to inactivity (refer to page 14 for information on inactive accounts), and your account receives a contribution or rollover after your insurance has been cancelled, by law you'll again be provided with insurance cover automatically.

If this happens, you'll be provided with a fixed amount of investor selected cover based on the MySuper insurance cover for your age, as long as you are between age 25–55 (inclusive) and have an account balance of $6,000 or more. Refer to MySuper Cover on page 12.

This cover may be limited cover, please refer to page 6.

Reinstating cover due to inactivity

Your insurance cover may be cancelled if your account is inactive for 16 continuous months. If this happens, you can request to have your insurance cover reinstated. This request must be received by us within 90 days of the cancellation date. If your insurance cover is reinstated, your premiums will be deducted to cover the period from the date your cover was cancelled (to ensure there is no gap in cover) and your cover will continue with the same policy terms. You'll need to make sure there is enough money in your account to cover this amount.

Reinstating cover due to change in category or employer plan redesign

If your employer selected cover is reduced or cancelled due to a change in category or employer plan insurance design, and you are not in a 'Heavy blue collar (death only)' occupation group, you will have the option to request either:

Full reinstatement – that your previous employer selected cover be reinstated as investor selected cover; or

Partial reinstatement – that your previous employer selected cover be reinstated as investor selected cover (but only to the extent that it is greater than your new employer selected cover) while retaining your new employer selected cover.

This request must be received by us within 90 days of the change taking effect.

Limited cover will apply to the portion of your reinstated cover which is greater than the cover that would have applied under the new employer selected cover, if you are not in active employment on the day you notify us. Limited cover will continue to apply until you are in active employment for 30 consecutive days.

Premiums will be deducted to cover the period from the date your cover is changed (to ensure there is no gap in cover).

Life insurance: the basics

By taking out life insurance through FirstChoice Employer Super, you can help ensure that your loved ones receive the financial support they need, even if you're no longer around.

At a glance		Find out more
Am I eligible?	You must be a FirstChoice Employer Super member and meet the eligibility requirements, including the relevant age restrictions: • Death cover: at least 14 and less than 75 years of age. • Total and permanent disablement (TPD) cover: at least 14 and less than 65 years of age (more conditions apply).	See below.
What's covered?	• Death cover pays a benefit if you die or become terminally ill and meet all requirements. • TPD cover pays a benefit if you become totally and permanently disabled and meet all requirements.	See below.
What's not covered?	There are circumstances in which we won't pay a death, TPD or **terminal illness** benefit.	See page 11.
How much cover can I have?	• Death cover – up to a maximum of $5 million. • TPD cover – up to a maximum of $3 million.	See page 12.
When does my cover start?	Cover for eligible employee members will start once you reach age 25 and have an account balance of $6,000 or more. If you are under the age of 25 and have a balance of less than $6,000, we will write to you and give you the opportunity to get cover. You can instruct us in writing within 120 days of the date on the insurance pack we send you that you want cover. If you do this, limited cover may apply, please refer to page 6.	See page 13.
When does my cover end?	Your cover will usually continue until you turn 75 for death cover, or 65 for TPD unless another end of cover event applies.	See page 14.
Who receives the benefit?	Your death benefit will be paid into your super account, for your beneficiaries or estate – or, in the case of terminal illness, paid to your super account for you. Your TPD benefit will be paid into your super account, which can be accessed if you meet a **condition of release**.	See page 15.

Am I eligible?

To be eligible for life insurance in FirstChoice Employer Super, you must:

- be a FirstChoice Employer Super member
- for death cover, be at least 14 years of age and less than 75 years of age
- for TPD cover, be at least 14 years of age and less than 65 years of age
- for employer selected cover:
  - be an **employee** of the participating employer
  - be receiving or be eligible to receive superannuation contributions from the participating employer into FirstChoice Employer Super.

Please also refer to 'When does my cover start' on page 13.

What's covered?

Depending on your employer plan and occupation, you may be covered for death only cover, or death and TPD cover.

Death only cover

If you die, your beneficiaries or your estate may be entitled to a lump sum benefit payment.

Terminal illness

If you are diagnosed as having less than 24 months to live, you may receive a **terminal illness** benefit.

In order for you to receive a terminal illness benefit, at least two medical practitioners, one of whom specialises in the illness you suffer, must certify that, despite reasonable medical treatment, you will die from the illness within 24 months from the date of certification. Refer to page 40 for further details on terminal illness.

Death and TPD cover

This combined cover offers the same entitlements as death cover, as well as providing a potential payout if you become totally and permanently disabled. The definition of **total and permanent disablement** varies depending on your circumstances. Your TPD cover cannot exceed your death cover amount.

If you receive a TPD benefit, your death and **terminal illness** benefit will be reduced by the amount of the TPD benefit.

What does total and permanent disablement (TPD) mean?

TPD means disablement which satisfies one of the following TPD definitions:

TPD – Unlikely to do any suited occupation ever again	All of the following are satisfied: • you were, on the date of disablement, aged 65 years or less • you have been absent from your usual work due to illness or injury for a continuous period of three months from the date of disablement • in the insurer's opinion, you are so disabled that you are unlikely to ever be able to perform any occupation for which you are reasonably suited by education, training or experience. If you are unemployed at the date of disablement, the reference to 'absent from your usual work' is replaced with 'unable to perform the work that you usually performed before you became unemployed'.
TPD – Suffering a specifically defined medical condition and permanently unlikely to work because of it	All of the following are satisfied: • you were, on the date of disablement, aged 65 years or less • you are not a spouse member • you are absent from all work as a result of suffering cardiomyopathy, primary pulmonary hypertension, major head trauma with permanent neurological deficit, motor neurone disease, multiple sclerosis with impairment, muscular dystrophy, paraplegia, quadriplegia, hemiplegia, diplegia, dementia and Alzheimer's disease, Parkinson's disease with impairment, blindness, loss of speech, loss of hearing in both ears, chronic lung disease or severe rheumatoid arthritis (each as defined in the policy) • the insurer considers, on the basis of medical and other evidence satisfactory to the insurer, you are unlikely ever to be able to engage in any occupation for which you are reasonably suited by education, training or experience.

TPD – Loss of limbs and/or sight	All of the following are satisfied:
	• you were, on the date of disablement, aged 65 years or less, and
	• you suffer:
	  • the total and irrecoverable loss of the use of two limbs
	  • blindness in both eyes, or
	  • blindness in one eye and the total and irrecoverable loss of the use of one limb, and
	• in the insurer's opinion, you are so disabled that you are unlikely to ever be able to perform any occupation for which you are reasonably suited by education, training or experience.
	A limb means the whole hand below the wrist or whole foot below the ankle and blindness means the permanent loss of sight to the extent that visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.

Meaning of words and expressions used in the TPD definition

In the TPD definition:

- **occupation** means an occupation that you can perform, on a full time or part time basis, based on the skills and knowledge you have acquired through previous education, training or experience.
- **date of disablement** is the date on which a medical practitioner examines and certifies in writing that you suffer from an illness or injury that is the principal cause of your disablement or the date you ceased all work, whichever is later. You must be covered for insurance at this date. Your employment status and amount of cover (if any) will be determined at this date.

What's not covered?

We won't pay a benefit in certain circumstances. Here is a list of the exclusions for FirstChoice Employer Super death only or death and TPD cover.

Cover type	Exclusions

Death cover (including terminal illness)	• Suicide, attempted suicide or intentional self-inflicted injury within 12 months after your cover starts, restarts or increases (in the case of an increase, only the increased portion will not be paid).[1]
	• Death which is directly or indirectly caused by:
	  • active service in the armed forces or peacekeeping forces (whether armed or unarmed) of any country or territory or foreign or international organisation – this exclusion will not apply to death while on war service for Australia (where 'war service' has the same meaning the expression has under the Life Insurance Act 1995 (Cth)),
	  • engagement in (including planning or preparing for) any terrorism act in Australia or any foreign country, or
	  • participation in a combat or fighting force of any country or territory or foreign or international organisation.
	• Any other specific exclusions or restrictions applied by the insurer and advised to you by the trustee before your cover commences.

TPD cover	• Attempted suicide or intentional self-inflicted injury within 12 months after your cover starts, restarts or increases (in the case of an increase, only the increased portion will not be paid).[1]
	• Any medical condition, illness or injury which is directly or indirectly caused by:
	  • active service in the armed forces or peacekeeping forces (whether armed or unarmed) of any country or territory or foreign or international organisation,
	  • engagement in (including planning or preparing for) any terrorism act in Australia or any foreign country, or
	  • participation in a combat or fighting force of any country or territory or foreign or international organisation.
	• Any other specific exclusions or restrictions applied by the insurer and advised to you by the trustee before your cover commences.

1 Applies only to investor selected cover and cover above the AAL.

If you have limited cover, you will not be eligible to claim for pre-existing medical conditions (see page 6).

Any additional exclusions required by the insurer due to individual underwriting will be applied to any investor selected cover and employer selected cover greater than the AAL.

No payment will be made if it would cause the insurer to be in breach of the Health Act 1973 (Cth) and/or the Private Health Insurance Act 2007 (Cth).

How much cover can I have?

FirstChoice Employer Super offers death cover to a maximum of $5 million and TPD cover to a maximum of $3 million.

Your employer selected cover is based on the insurance design selected by your employer. Provided you are eligible for insurance, you will receive cover up to the plan's Automatic Acceptance Limit (AAL) without having to provide any evidence of good health. For more information on AALs, refer to page 5. Please also refer to 'When does my cover start' on page 13.

If your employer selected cover is below the minimum cover required by law, the default level of MySuper cover will apply (see below). You can also apply for additional investor selected cover, or reduce or cancel your cover at any time.

How your death and TPD cover amounts are calculated

The cover amounts you receive are calculated as follows:

Cover	How your cover amount is calculated
Employer selected cover - starter cover	You will receive a default level of death and TPD cover under the **fixed premium insurance** design. The amount of cover you'll receive is based on your age and occupation, and automatically changes as you move into each new age next birthday bracket. When you join the FirstChoice Employer Super, you will have the default occupation group of light blue collar apply to your account as we won't have received enough information about your actual occupation. You can update your occupation group at any time. If you're eligible for professional or white collar occupation group, you may receive more cover without it impacting your monthly premium. Please refer to 'Changing or applying for cover' on page 25 for more information. The default level of death and TPD cover under the fixed premium insurance design is shown in the table below. This is based on 2 units of cover and the default occupation group of light blue collar.

Default death and TPD cover	
Age Next Birthday	**Light blue collar**
15 - 35	$111,111
36 - 40	$66,666
41 - 45	$42,221
46 - 50	$25,000
51 - 55	$14,888
56 - 60	$9,221
61 - 65	$5,888
66 - 75[1]	$5,888

Note: The default death and TPD cover amount is inclusive of any small plan loading reduction that is applicable on the sum insured amount. Refer to 'If you are a member of a small plan' on page 23 for more information.

1 Cover is for death only after age 65

Cover	How your cover amount is calculated
Employer selected cover - tailored cover	Depending on your plan's employer selected insurance design and your member **category**, your death only or death and TPD cover may be calculated as: • a percentage of your salary multiplied by the number of years until you turn 65[2,3] • a fixed amount of cover[2,4]. • a level of cover determined by a fixed premium • a multiple of your **nominated salary**[2,4] • MySuper cover (see below). If the employer selected insurance design takes your cover above the AAL, it will be limited to the AAL amount until you provide evidence of your good health. We will get in touch with you if this happens. **Note:** If your employer selected insurance design does not reduce with age, TPD insurance cover will reduce at 20% per year from age 61 to zero by age 65. This may not apply to certain migrated plans, and does not apply to fixed premium cover or investor selected cover. If your employer changes your category within the plan, or you change your occupation or working hours, this may affect the insurance you're eligible for. Your salary may also affect the amount of cover you receive. Please ensure that the details on your statement are correct, and advise your employer if they need to be updated.

Cover	How your cover amount is calculated
MySuper cover	Eligible employee members will be provided with MySuper default death and TPD cover if the employer selected insurance design does not meet the default minimums under law or no death and TPD cover is selected. This default cover is offered to all eligible employee members of the plan. You can cancel or reduce cover at any time. The amount of cover you'll receive depends on your age, and we'll automatically adjust this amount throughout your life. The MySuper default cover amounts are shown in the table below.

Age	MySuper default death and TPD cover
14–34	$50,000
35–39	$35,000
40–44	$20,000
45–49	$14,000
50–55	$7,000
56+	Nil

Note: MySuper default cover is not offered to spouse members and there are trustee-allowable exceptions where default cover will not be provided or is limited to MySuper Death only cover – for instance, members classified as Heavy Blue Collar (Death only) will only receive the minimum level of death only cover.

When does my cover start?

Employer selected cover (including MySuper cover)

If you are an eligible employee member, you will automatically receive employer selected cover when you are at least 25 years old and your account balance reaches $6,000 or more. Limited cover may apply, please refer to page 6.

If you want cover before the age of 25 or before your account balance reaches $6,000, you have the option to opt in to get cover within 120 days of the date on the insurance pack we send you. Limited cover may apply, please refer to page 6.

2 A variation is to use these insurance designs, less account balance.

3 Some plans may cease cover at an age other than 65.

4 Available for existing employer selected insurance design only. Not available for new employer plan's employer selected insurance design.

Change of category

Your employer determines the **category** of membership and insurance design, based on clearly defined criteria.

If your employer changes your category, you will receive the employer selected cover that applies to your new category, which starts on the date you change categories, or such later date we advise you in writing. However, you will not receive a type of cover in your new category if you have previously reduced or cancelled that type of cover, if you have not elected to hold that type of cover and are under the age of 25 or have an account balance of less than $6,000, or you allowed your previous cover to lapse.

If you are not in **active employment** on the date that you change categories due to illness or injury, the portion of your new employer selected cover that exceeds your old employer selected cover will be limited cover. Full cover will automatically start once you have been in active employment for 30 consecutive days (as long as you do not have limited cover for other reasons).

We will notify you of any changes made by your employer and the new employer selected insurance design that will then apply to you.

Investor selected cover

If you choose to take out investor selected cover, this cover will start as soon as the insurer accepts your application. You will be notified in writing of the insurer's assessment of your application and, if it is accepted, the date that your investor selected cover commences.

When does my cover end?

Your cover will continue until one of the following events takes place:

- the day before your next premium is due, after your 75th birthday (for death cover)
- the day before your next premium is due, after your 65th birthday (for TPD cover)
- we do not receive the full premium owing within 90 days after the first missed monthly premium
- you are no longer a member of FirstChoice Employer Super
- you withdraw your whole superannuation account balance
- you ask us to cancel your cover
- you die
- you receive a **terminal illness** benefit
- you receive a TPD benefit that reduces your death benefit to nil
- your insurance cover reaches zero under your plan's employer selected insurance design based on your age
- the policy ends
- the date the law requires your cover to be cancelled.

In some circumstances cover that has been cancelled due to 16 continuous months of inactivity can either be reinstated, or may automatically restart (refer to page 8).

What happens if I leave my employer?

If you stop working for your FirstChoice employer, you will become a **retained benefit member** and your cover continues as a fixed amount of investor selected cover.

Your cover will continue to be subject to any **occupation loading factors**, exclusions or special conditions that previously applied. Refer to 'How much does it cost?' on page 23 for more information on loadings. If you have not previously been eligible for insurance cover, you will be provided with MySuper cover once you reach age 25 and have an account balance of $6,000 or more.

ⓘ Find out more: See **What happens if I can't pay my premiums?** on page 25.

Inactive accounts

If we don't receive a contribution or rollover to your super account for a continuous period of 16 months (inactive account), we are required by law to cancel your insurance cover before your next premium is due, unless you tell us you would like to keep your cover. You can elect to keep your insurance cover by instructing us in writing that you would like to keep your cover in these circumstances.

Who receives the benefit?

Generally, your death benefit will be paid to your beneficiaries or to your estate.

Terminal illness and TPD benefits are paid to you, provided you meet **a condition of release** under superannuation law.

Until they can be released, benefits are added to your account balance and invested in FirstChoice Employer Super's FirstRate Saver investment option.

When is it paid?

Before any benefit is paid, the insurer and the trustee must first accept the claim.

What happens if I go overseas?

If you are claiming a benefit and are travelling or residing outside Australia, the insurer will require you to return to Australia for assessment, at your expense (unless you are unable to return to Australia for reasons that are acceptable to the insurer).

Salary continuance insurance: the basics

Salary continuance insurance (SCI) can provide a regular monthly payment if you're unable to work due to illness or injury, so you can focus on getting better – without worrying about how to make ends meet.

At a glance		Find out more
Am I eligible?	SCI is available to members who are: • at least 14 years of age and less than 65 years of age • **permanent employees** or **fixed term contractors** (on a contract of at least 12 months), and working at least 15 hours per week. Casual employees are not eligible for SCI, regardless of the number of hours worked or their previous period of employment.	See page 17
When is a benefit paid?	SCI pays a monthly benefit if you're **totally or partially disabled** for longer than the **waiting period** that applies.	See page 17
What's not covered?	There are circumstances in which we won't pay a salary continuance benefit.	See page 18.
How much cover can I have?	Up to 75% of your nominated monthly salary – plus up to 15% for super contributions to a maximum benefit of $25,000 a month. Please ensure that the correct nominated salary is recorded on FirstNet or your investor statement. If you believe your nominated salary is incorrect, you should notify us or contact your employer.	See page 18.
What's the waiting period?	The **waiting period** can be 30, 60 or 90 days.	See page 20.
What's the benefit period?	Your **benefit period** can be two years, five years or until you turn 65.	See page 20.
When does my cover start?	Cover for eligible employee members will start once you reach age 25 and have an account balance of $6,000 or more. If you are under the age of 25 and have a balance of less than $6,000, we will write to you and give you the opportunity to get cover. You can instruct us in writing within 120 days of the date on the insurance pack we send you that you want cover. Limited cover may apply, please refer to page 6.	See page 21.
When does my cover end?	Your SCI cover will usually continue until you turn 65 or leave FirstChoice Employer Super unless another end of cover event applies.	See page 21.
How are benefits paid?	Once the waiting period is over, we'll generally pay your benefit to you, monthly in arrears, until either: • you are no longer **disabled** and can return to work • your benefit period ends, or • you die. More conditions apply.	See page 22.

Am I eligible?

To be eligible for SCI cover in FirstChoice Employer Super, you must:

- be a FirstChoice Employer Super member
- be at least 14 years of age and less than 65 years of age
- be either a **permanent employee** working at least 15 hours per week or a **fixed term contractor** on a contract of at least 12 months, working at least 15 hours per week
- for employer selected cover - tailored cover:
  - be an **employee** of the participating employer
  - be receiving or be eligible to receive superannuation contributions from the participating employer into FirstChoice Employer Super.

Please also refer to 'When does my cover start' on page 21.

ⓘ Find out more: See **Definitions** on page 37.

When is a benefit paid?

SCI can pay you a monthly benefit if you are **totally disabled** and unable to work due to illness or injury, for longer than the **waiting period** that applies. See page 20 for information about the waiting period.

If you are **partially disabled** from illness or injury and, on your return to work, you are not earning the same level of income as before your illness or injury, you may also be able to receive a proportion of this monthly benefit payment.

You must be totally disabled for at least 14 days out of the first 19 days of the waiting period to qualify for either total or partial disability benefits.

SCI definitions

Term	Description
Totally disabled	You are **totally disabled** if you suffer from illness or injury, and as a result you: • cease to be employed or self-employed for reward (including where you don't receive any reward from your employer because of the illness or injury, but you remain employed) • are unable to perform at least one income-producing duty of your **own occupation** • are not working in any occupation, whether or not for reward • are under the regular care of a **medical practitioner**. An income producing duty is an activity of your own occupation immediately before you became totally disabled, that generates at least 20% of your **monthly income**.
Partially disabled	You are **partially disabled** if you suffer from illness or injury, and as a result you: • have been totally disabled for at least 14 days • are still unable to work in your own occupation at full capacity immediately after ceasing to be totally disabled due to the same illness or injury that caused your total disability • have returned to your **own occupation** in a reduced capacity, or in another occupation • are earning less than your **pre-disability income**, and • are under the regular care of a medical practitioner and complying with their advice.

What if I become unemployed or go on unpaid leave?

If you suffer a disability while you're on leave without pay, the benefit payment period will start on the later of:

- the end of the **waiting period**
- the return to work date approved by your employer, or
- a date nominated by the insurer (if there is no employer approved return to work date).

If you become unemployed or go on leave without pay while a partial disability benefit is payable, then the insurer must be satisfied that you are not **totally disabled**, but because of illness or injury you meet all of the following conditions:

- you are only capable of working in your own or another occupation in a reduced capacity
- the monthly salary or other **monthly income** you are capable of earning from any occupation for which you are reasonably suited by education, training or experience would be less than your **pre-disability income**
- you are under the regular care of a **medical practitioner** and following their advice.

What happens if I leave my employer?

If you stop working for your FirstChoice employer, you will become a **retained benefit member** and your cover continues as a fixed amount of investor selected cover.

Your cover will continue to be subject to any **occupation loading factors**, exclusions or special conditions that previously applied. Refer to 'How much does it cost?' on page 23 for more information on loadings.

What's not covered?

We won't pay an SCI benefit if your illness or injury is directly or indirectly caused by:

- any intentional self-inflicted injury within 12 months of cover commencing, recommencing or increasing
- **normal and uncomplicated pregnancy or childbirth** unless you are **totally disabled** continuously for 90 days after the end of the pregnancy (the 90 days start on the later of the date the pregnancy ends and the date you become totally disabled)
- active service in the armed forces or peacekeeping forces (whether armed or unarmed) of any country or territory or foreign or international organisation
- engagement in (including planning or preparing for) any terrorism act in Australia or any foreign country
- participation in a combat or fighting force of any country or territory or foreign or international organisation.

Please note: You can only receive SCI benefits for one disability at a time.

If you have limited cover, you will not be eligible to claim for pre-existing conditions (see page 6).

No payment will be made if it would cause the insurer to be in breach of the Health Act 1973 (Cth) and/or the Private Health Insurance Act 2007 (Cth).

How much cover can I have?

FirstChoice Employer Super offers SCI cover up to a maximum of 75% of your monthly salary – plus up to a 15% allowance for super contributions – to a maximum benefit of $25,000 a month.

ⓘ Find out more: See **nominated salary** on page 39.

Generally, your cover is based on the employer selected insurance design that applies to you under your plan. Provided you are eligible for insurance, you will receive cover up to the plan's Automatic Acceptance Limit (AAL) without having to provide any evidence of good health. For more information on AALs, refer to page 5. The design will determine the features of your cover, including:

- the monthly benefit amount
- the **waiting period** – how long you will wait before you qualify for your first payment, see page 20
- the **benefit period** – how long we'll keep paying the monthly benefit, see page 20.

You can choose a different monthly benefit amount, waiting period or benefit period by applying for investor selected cover. To do this, you may need to provide additional information about your finances and health. You can also reduce or cancel your cover at any time.

How much will I receive?

The monthly benefit which the insurer will pay if you are **totally disabled** is the lesser of:

- $25,000 per month
- the level of cover the insurer has agreed to and for which premiums are being deducted
- the insured percentage of your **pre-disability income**.

Employment status	Pre-disability income definition
Permanent employee (including fixed term contractors of 12 months or more)	If you are a permanent employee immediately before you become **disabled**, your pre-disability income is your average **monthly income** paid by your employer during the 12 months immediately before your most recent period of disability. If you are on employer-approved leave without pay when you become disabled or you become disabled within 12 months of commencing unpaid employer-approved leave, your pre-disability income is your average monthly income earned from your employer during the 12 months immediately before the unpaid leave commenced but excluding any income earned earlier than 24 months before your most recent period of disability.
Self-employed	If you are in self-employment immediately before you become disabled, your pre-disability income is your average monthly income during the 12 months before you most recently became disabled or, if you have not been in business for at least 12 months, during the period for which you have been in business, subject to a minimum averaging period of one month.
Non-permanent employees (including a person who is not a fixed term contractor)	If you are not a permanent employee or self-employed immediately before you become disabled, your pre-disability income is your average monthly income during the 12 months before you most recently became disabled or, if you have not been in a regular occupation for at least 12 months, during the period for which you have been in a regular occupation, subject to a minimum averaging period of one month. A regular occupation means any form of personal exertion you perform on a regular and recurring basis during the relevant period for the purpose of producing financial gain or reward. This does not include producing financial gain or reward through investments or other forms of passive income generation.

If you are **partially disabled**, the insurer will pay a proportion of this benefit based on the reduced income you actually earn.

Please note: If you are unemployed, you are unable to receive a monthly benefit payment.

For SCI cover with a **benefit period** of five years or to age 65, monthly benefit payments will be indexed to the Consumer Price Index every 12 months from when we start paying the benefit (subject to a maximum of 5% annually) and up to the product maximum cover limit of $25,000 per month.

Do you already have SCI cover?

You may only be covered for SCI cover in one account within the fund (this includes accounts you may hold in FirstChoice Employer Super and FirstChoice Wholesale Personal Super).

If you have SCI cover in another account we will contact you to let you know. We will request that you choose which SCI cover you would like to retain. We will give you 60-days to make this decision.

If we do not hear from you, the SCI cover that we will retain and the SCI cover that we will cancel will be advised to you in the letter we sent to you at the time. We will refund you the premiums on any SCI cover that we will cancel for the period of overlapping SCI cover.

What can reduce my benefit?

If you are **totally** or **partially disabled**, your monthly benefit payment may be reduced if you receive income from your employer or you receive other payments such as:

- a payment or benefits payable under workers' or statutory compensation schemes, or work injury damages or under government paid parental leave schemes but not including any Centrelink Disability Support Pension payments
- any employer payments including sick leave, annual leave and long service leave
- payments from any insurance that provides income benefits for illness or injury (this includes insurance cover provided under any other account

within the fund, including multiple accounts within FirstChoice Employer Super)
- temporary incapacity benefits under a superannuation trust.

We may reduce your monthly benefit by the income or payments you receive from other sources as listed above. We will only do this if the sum of your monthly benefit and income or payments you receive from the other sources exceeds your insured percentage of your **pre-disability income**.

If the payment is a lump sum or is exchanged for a lump sum, its value will be calculated as 1/60th of the lump sum a month, over a period of 60 months.

Can I claim on both TPD and SCI?

The insurer will only pay a benefit for one illness or injury at a time. However, if you have both TPD and SCI cover, you may be entitled to both benefits if you meet all the conditions.

What's the waiting period?

The **waiting period** is 30, 60 or 90 days from the date a **medical practitioner** certifies that you are **disabled**. No benefits are payable during the waiting period.

The waiting period is determined by your employer selected insurance design, but can be changed if you apply for investor selected cover.

If the waiting period applicable to your cover is less than 90 days, and you have been totally disabled for 90 days as a result of **normal and uncomplicated pregnancy or childbirth**, benefits paid will be back-dated from the end of your waiting period (e.g. for a 30-day waiting period, after day 30).

If the waiting period starts during your period of cover but ends after your cover ends (or less than one month before), and you are eligible to receive a benefit, the insurer will pay one monthly benefit.

The length of your waiting period affects the cost of your insurance premiums.

Returning to work during the waiting period

If you return to work at full capacity during the **waiting period**, the waiting period will start again unless the return to work happens once and it is for no more than five consecutive days. The number of days you worked will be added to the waiting period.

Recurrent disability

If you become **totally disabled** again, from the same or a related illness or injury, within six months of the end of a payment of a disability benefit, an additional **waiting period** will not apply and the disability will be treated as a continuation of the original disability claim.

If the recurrent disability is a partial disability, this only applies if you were totally disabled immediately before you became **partially disabled**.

Your benefit will continue until you are no longer **disabled** or your original **benefit period** ends. Once your original benefit period ends, you are unable to claim again for the same or a related illness or injury.

What's the benefit period?

The **benefit period** is the maximum period you'll receive benefit payments for if you have to make a claim – two years, five years[1], or until age 65.[1]

For employer selected cover, this is set up as part of your plan's insurance design. If the **benefit period** for your employer selected cover is five years or until age 65, and your employer advises that your employment status has changed to a casual employee, fixed term contractor (regardless of the length of your contract or hours worked) or a permanent employee who is employed for less than 15 hours per week, the **benefit period** will be changed to two years. For investor selected cover, you can apply for the benefit period that suits your needs.

The length of your benefit period affects the cost of your insurance premiums.

If your claim is accepted the insurer will pay the monthly benefit until the first of the following occurs:

- you are no longer **totally** or **partially disabled** (as applicable)
- the benefit period ends
- your 65th birthday
- your death.

1 Available for existing employer selected insurance design and investor selected cover only. Not available for new employer plan's employer selected insurance design.

When the benefit period will be limited to two years

If, when you become **disabled**, you are not in **regular remunerative employment**, your benefit period will be limited to two years even if you have been paying premiums for a benefit period longer than two years.

Regular remunerative employment means, in the six months prior to the date you became **disabled**, you have worked on average at least 15 hours per week over a three month period in any employment, business, profession or occupation, for reward or hope of reward. A person who is on employer approved leave (including leave without pay) for reasons other than illness or injury will be considered to be in regular remunerative employment for a maximum period of 24 months from the day on which their employer approved leave commenced.

Leave without pay

If, while you are receiving a monthly benefit payment, you go on leave without pay that was approved by your employer before your disablement, we will continue to pay the benefit as long as you continue to be **disabled** and are not working because of the illness or injury.

What happens if I go overseas?

Your SCI cover provides you with worldwide cover. However, a maximum of six months' benefits will be paid for any one claim while you are outside Australia. To continue receiving a benefit under SCI cover after this period, you must return to Australia, at your expense (unless you are unable to return to Australia for reasons that are acceptable to the insurer).

When does my cover start?

The same start dates apply as for death and TPD cover. See page 13.

Change of category

Your employer determines the **category** of membership and insurance design, based on clearly defined criteria.

If your employer changes your category, you will receive the employer selected cover that applies to your new category, which starts on the date you change categories, or such later date we advise you in writing. However, you will not receive SCI cover in your new category if you have not reached age 25 or have an account balance of less than $6,000 and have not elected to hold SCI cover, if you have previously reduced or cancelled SCI cover, or you allowed your previous cover to lapse.

If you are not in **active employment** on the date that you change categories, the portion of your new employer selected SCI cover that exceeds your old employer selected SCI cover will be limited cover. Full cover will automatically start once you have been in active employment for 30 consecutive days (as long as you do not have limited cover for other reasons).

We will notify you of any changes made by your employer and the new employer selected insurance design that will then apply to you.

If you have SCI cover as investor selected cover (and never had SCI cover as employer selected cover) and you change to a category that provides SCI cover, you will be given a 30-day opportunity to opt into SCI cover as employer selected cover in your new category. If you do not opt in, you will retain your existing SCI cover as investor selected cover.

When does my cover end?

Your cover will continue until one of the following events takes place:

- the day before your next premium is due, after your 65th birthday
- we do not receive the full premium owing within 90 days after the first missed monthly premium
- you are no longer a member of FirstChoice Employer Super
- you withdraw your whole superannuation account balance
- you ask us to cancel your cover
- the policy ends
- you die
- the date the law requires your cover to be cancelled.

In some circumstances cover that has been cancelled due to 16 continuous months of inactivity can be reinstated.

If you first become a retained benefit member on or after 1 February 2025, generally any SCI cover that was employer selected cover immediately before you became a retained benefit member (and was converted to investor selected cover on becoming a retained benefit member) will end on the premium due date 90 days after you become a retained benefit member.

Within 90 days of becoming a retained benefit member, you can elect to keep your SCI cover.

However, any SCI cover that was employer selected cover immediately before you became a retained benefit member (and was converted to investor selected cover on becoming a retained benefit member) will not end if:

- you applied (and were accepted) for employer selected cover above the automatic acceptance limit;
- you also had SCI cover that was investor selected cover immediately before becoming a retained benefit member;
- you have lodged a claim for SCI cover (and are receiving a benefit) under your FirstChoice Employer Super account; or
- you have lodged a claim for any type of cover under your FirstChoice Employer Super account (and the claim is still being assessed).

Inactive accounts

If we don't receive a contribution or rollover to your super account for a continuous period of 16 months (inactive account), we are required by law to cancel your insurance cover before your next premium is due, unless you tell us you would like to keep your cover. You can elect to keep your insurance cover by instructing us in writing that you would like to keep your cover in these circumstances.

How are benefits paid?

Once your claim is approved and we receive your monthly claim form, we will start paying your benefits into your nominated bank account monthly in arrears.

SCI benefits and tax

Salary continuance benefits are treated as income, and tax is deducted before the monthly benefit is paid to you. This includes the portion paid for your superannuation contributions, which is paid by the insurer to your superannuation fund as a personal (non-concessional) contribution. Refer to the ATO website for details on non-concessional contribution caps or speak to your financial adviser.

Do I keep paying premiums if I make a claim?

We'll stop deducting SCI premiums from your super account while you're receiving SCI benefit payments, starting from the end of your **waiting period**.

What happens after my benefit payments stop?

After your benefit payments come to an end, your SCI cover will continue and we'll start deducting your premiums again, provided you are less than 65 years of age.

Additional claims

If you have reached your maximum **benefit period**, you won't be able to make another claim for the same illness or injury. Also, if you have not returned to work, you can't receive a monthly benefit payment under this policy for any other condition.

What happens to my benefit if I die?

If you should die while you are being paid a monthly benefit, you will be entitled to a one off amount equal to three times the monthly benefit.

ⓘ Find out more: See **Making a claim** on page 35.

How much does it cost?

Insurance in your FirstChoice Employer Super is designed to give you the protection you deserve, without costing the earth; and, with your insurance premiums paid straight from your super account, you can relax, knowing you're covered.

At a glance		Find out more
How are my premiums calculated?	Your premiums depend on the type of cover, your age, gender, occupation, amount of cover and any loadings that apply. Other factors such as your health and activities may also be considered. A 20% loading will apply to your premiums (or your cover amount is reduced if you have a fixed premium insurance design) if you are a member of a small plan or 10% if you are a **retained benefit member**. You can only be charged one of these loadings at a point in time.	See below.
Estimating my premium	Use our handy guide to work out how much you might pay, or use the premium rate tables starting on page 41.	See page 24.
How are my premiums paid?	Your premiums are paid each month straight from your FirstChoice Employer Super account.	See page 25.
Will my premiums change?	Your premiums will generally rise each year as you age and may also change if you change occupations, make changes to your level of insurance, or your state, territory or country. However, if you have a **fixed premium insurance** design as your employer selected cover, your premium will not change unless the number of units in cover increases. Generally, only your amount of cover will change as you move into each new age bracket or you change your occupation group.	See page 25.
What happens if I can't pay my premiums?	If we do not receive the full premium owing within 90 days after the first missed monthly premium, your cover will cease.	See page 25.

How are my premiums calculated?

Your insurance premiums usually depend on your age, gender, occupation and the amount of cover. They may also be affected by:

- whether you are a member of a small plan or whether you are a **retained benefit member**
- your **waiting period** and **benefit period**
- your health
- any sports you play or recreational activities you're involved in.

Premiums are calculated based on your age next birthday, the type of insurance cover you hold and the applicable premium rate at the time the premium is deducted.

How does my occupation affect my cover and premiums?

Different types of occupations have different levels of risks, and your occupation group and **occupation loading factor** may affect the cost of your insurance premium. The following table shows how we categorise different occupations, so you can get an idea of where yours might fit. This table is a guide only, and the criteria may change at any time.

If your employer selected cover is based on a **fixed premium insurance** design, your occupation group will affect how much cover you receive. Please refer to the fixed premium insurance tables starting on page 41.

Occupation group	Description
Professional	Occupations of a professional nature. To qualify in this category, you must: • earn a salary of $80,000 p.a. or more, and • only work in an office environment in an occupation that requires no manual work.
White collar	Occupations that require little or no manual work but do not otherwise meet the professional definition, for example: • clerical or administrative roles

Occupation group	Description
	• managerial roles • sales roles that don't involve travelling or making deliveries.
Light blue collar	Occupations that involve up to 20% manual activity. Examples include: • retail sales representatives • supervisors of manual workers who do not perform any manual work themselves.
Medium blue collar	Skilled occupations with a moderate amount of manual work. Workers must possess a trade certificate or appropriate licence and have no unusual accident hazard (such as working at heights above 15 metres, underground or underwater). Examples include: • electricians • mechanics • plumbers.
Heavy blue collar	Skilled occupations with a heavy amount of manual work, or where the potential for disability is high. Examples include: • bricklayers • couriers.
Heavy blue collar (death only)	Skilled occupations with a heavy amount of manual work, where the potential for disability is high, or the potential for rehabilitation into other forms of employment is low. The insurer will restrict the cover to death only. Examples include: • concretors • plant operators • tree surgeons.

ⓘ Find out more: See **Premium rate tables** starting on page 41.

If you are a member of a small plan

The size of your employer plan will affect the cost of your insurance premium. Smaller employer plans are those with fewer than 25 employees in FirstChoice Employer Super.

These plans have a different level of risk than larger employer plans. Therefore, members of small plans are charged a small plan loading of 20%. We will regularly review small plans to determine whether the small plan loading still applies.

If you're a member of a small plan and you leave your employer, the small plan loading will no longer apply to you. The small plan loading does not apply to spouse members.

If your employer has selected the **fixed premium insurance** design and you are in a small plan (or your plan becomes a small plan), the amount of cover you receive will be approximately 17% lower than the amount shown in the premium tables starting on page 43.

If you are a retained benefit member

Retained benefit members have a different level of risk than employee members. For this reason, retained benefit members are charged a retained benefit loading of 10%.

The retained benefit loading does not apply to employee members or spouse members.

Estimating my premium

Use the following calculations with the premium rate tables starting on page 41 to estimate your insurance premiums.

The following examples should be used as a guide only – your actual premium may vary depending on other factors such as special tailored premium rates, any loadings that may apply or stamp duty.

Death and TPD premium calculation

$$\text{Annual premium} = \frac{\text{sum insured}}{\$1{,}000} \times \text{annual premium rate} \times \text{occupation loading factor}$$

Example: Calculating Death and TPD insurance premiums

A female, light blue collar member of a large employer plan is turning 30 next birthday. Her annual premium for $250,000 insurance cover for death and TPD would be:

$$\text{Annual premium} = \frac{\$250{,}000}{\$1{,}000} \times 0.36 \times 1.50 = \$135.00$$

Fixed premium insurance calculation

Annual premium = Number of units × $1.49 per week × 52 (weeks per year)

Example: Calculating death and TPD fixed premium insurance for employer selected cover - starter cover

An employee is a member of a plan with employer selected cover - starter cover and therefore receives a default level of 2 units of death and TPD cover, has a default occupation group of light blue collar and is turning 30 next birthday. Their annual premium would be:

Annual premium = 2 × $1.49 × 52 = $154.96

Example: Calculating death and TPD fixed premium insurance for employer selected cover - tailored cover

An employee is a member of a plan with 15 insured employees and therefore able to receive up to four units of cover. They are a light blue collar member and turning 37 next birthday. Their annual premium would be:

Annual premium = 4 × $1.49 × 52 = $309.92

SCI premium calculation

$$\text{Annual premium} = \frac{\text{75\% of annual nominated salary}}{\$100 \times 12} \times \text{annual premium rate} \times \text{occupation loading factor}$$

Example: Calculating SCI premiums

A male, medium blue collar member of a large employer plan, with an estimated annual **nominated salary** of $50,000 is turning 40 next birthday. His annual premium for insuring 75% of his salary, with a 90-day **waiting period** and a two-year **benefit period** would be:

$$\text{Annual premium} = \frac{75\% \times \$50{,}000}{\$100 \times 12} \times 0.89 \times 2.00 = 55.63$$

How are my premiums paid?

We deduct your monthly insurance premiums directly from your FirstChoice Employer Super account at the beginning of each month, in advance. If the monthly insurance premiums aren't regularly offset by regular super contributions or rollovers, it will reduce your account balance.

What is a default order?

Insurance premiums are deducted from your account based on a default order we determine – drawing firstly from Lifestage, then from your most conservative Select options.

ⓘ Find out more: Call **Employer Services** on **1300 654 666**.

Will my premiums change?

Your premiums will generally increase each year in line with your age. They will also change if you change your occupation or your member **category**, or if your **nominated salary** changes.

Once you're covered, the insurer won't increase your premiums because of any changes to your health or lifestyle. However, if you apply to increase your cover, the insurer will take these kinds of changes into account. If your application is accepted, the insurer may apply a premium loading, exclusion or special condition to the increased portion of your cover.

If the insurer increases its standard premium rates for any reason, we'll notify you in advance.

What happens if I can't pay my premiums?

You must always make sure you have enough money in your account to cover your monthly premiums.

If we do not receive the full premium owing within 90 days after the first missed monthly premium, your cover will end. You can prevent that happening by keeping track of your super and contributing extra to your super account.

Please note, minimum account balances may apply and we may transfer your account to the ATO. If your account is closed, you will no longer have insurance cover in FirstChoice Employer Super.

ⓘ Find out more: You can track your super online using FirstNet. To find out more about tracking your super and making extra contributions, call **Employer Services** on **1300 654 666**.

Managing your insurance

Here's some additional information on how you can manage your insurance inside FirstChoice Employer Super.

At a glance		Find out more
Can I cancel or change my cover?	Yes, you can make changes or cancel your cover in the Insurance Portal by logging into FirstNet or the CFS app. You can also reduce or cancel your cover by contacting us (see below).	See below.
How do I apply for additional cover?	You can apply in the Insurance Portal by logging into FirstNet or the CFS app or by completing the insurance application form at the back of this booklet. Cover is subject to the insurer's acceptance.	See page 27.
How do I update my occupation group?	Your occupation group will affect how much cover you receive and/or how much you pay. If you have employer selected cover - starter cover, you can apply to change your default occupation group in the Insurance Portal by logging into FirstNet or the CFS app. If you have employer selected cover - tailored cover, only your employer will be able to make changes to your occupation. If you are a retained benefit member or a spouse member, you can apply to change your occupation group by completing the Occupation Classification Form which is available at cfs.com.au/forms	See page 27.
Interim cover for accidents	When you apply for insurance, you may receive interim accident cover while your application is being assessed.	See page 27.
What is the 'life events' and 'salary increase life events' option?	You can apply to increase your existing life insurance cover if your life changes – for example, if you get married or have a child. If you are a retained benefit member, you can also apply to increase your existing SCI cover if your salary increases.	See page 28.
Transferring cover	You can transfer your cover from another super fund or **life insurance policy** to FirstChoice Employer Super, but the details of the cover may change.	See page 31.

Can I cancel or change my cover?

You can reduce or cancel your cover:

- in the Insurance Portal by logging into FirstNet or the CFS app,
- by calling Employer Services 1300 654 666,
- by emailing us at employer@cfs.com.au, or
- by writing to us at:
  Colonial First State
  GPO Box 3956, Sydney NSW 2001.

If we cancel your insurance cover, you'll no longer have insurance premiums deducted from your super. You'll only be able to make an insurance claim for events that occurred before your cover was cancelled.

If you wish to apply for additional cover or reapply for cover after cancelling or reducing cover, you will need to apply in the Insurance Portal by logging into FirstNet or the CFS app or by completing the insurance application form at the back of this booklet.

We recommend that you review your insurance arrangements regularly, and speak to your financial adviser before you apply to change your cover. For more information on cancelling your cover, please see cfs.com.au/cancelinsurance or call 1300 654 666.

How do I apply for additional cover?

As an employee member of FirstChoice Employer Super, you are already covered by any employer selected or MySuper default cover, provided that you meet the eligibility criteria.

If you would like additional investor selected cover, you can apply in the Insurance Portal by logging into FirstNet or the CFS app or by completing the insurance application form at the back of this booklet.

Depending on your age, occupation, health, medical history and the level of cover you apply for, you may also have to provide further medical or financial evidence or meet other requirements.

Once your application is approved, we'll write to you confirming the amount of cover the insurer has agreed to give you. The insurer may accept your application for new cover or a change in your cover subject to premium loadings, exclusions or non-standard terms. If this is the case, we'll notify you in writing.

How do I update my occupation group?

If you have employer selected cover - starter cover, you can apply to change your default occupation group in the Insurance Portal by logging into FirstNet or the CFS app, or you can complete the Occupation Classification Form which is available at cfs.com.au/forms. The insurer will confirm which occupation group applies to you.

If you have employer selected cover - tailored cover, you will need to contact your employer as only they can update your occupation group.

If you are a retained benefit or spouse member, you can complete the Occupation Classification Form which is available at cfs.com.au/forms

Interim cover for accidents

When you apply for new cover or apply for an increase in your cover, the insurer may provide interim accident cover while your application is being processed. Interim accident cover is not available for cover you are applying to have transferred into FirstChoice Employer Super.

Life insurance cover (death and TPD cover)

Accidental death or accidental total and permanent disablement must arise as a result of bodily injury caused solely and directly by an unforeseen violent, external and visible event. This interim cover is provided from the date the insurer receives your application until:

- your application is accepted or declined
- you withdraw your application
- 120 days have passed from the date your application is received by the insurer
- the insurer cancels the cover
- a benefit becomes payable,

whichever happens first.

If you make a claim, the value of the benefit will depend on the level of cover you've applied for, up to a maximum of $1 million.

The benefit is payable only once, for either accidental death or accidental TPD, but not both. In the case of accidental TPD, we will use the same TPD definition as if you'd already been approved for TPD cover.

The exclusions that apply to standard death and TPD cover will also apply to this interim accident cover.

Salary continuance cover

You will be eligible for an **interim accident** benefit if you become **totally disabled** as a result of a bodily injury which is caused solely and directly by accidental, external and visible means and which you first suffer during the period of accidental disability cover. This interim cover is provided from the date the insurer receives your application until:

- your application is accepted or declined
- your application is withdrawn
- 120 days have passed from the date your application is received by the insurer
- the insurer cancels the cover
- an **interim accident** benefit becomes payable
- you die
- you turn 65
- the policy terminates
- you stop being a member of FirstChoice Employer Super,

whichever happens first.

Your monthly benefit entitlement will be based on the level of new or increased cover you've applied for, up to a maximum of $15,000 per month. Your monthly benefit cannot exceed 75% of your salary with an allowance of up to 15% for super. This benefit is payable if you suffer an accidental total disability that continues beyond the length of the **waiting period** you have nominated in your application.

The benefit will be paid until one of the following occurs:

- you are no longer totally disabled
- the end of the applicable **benefit period**
- you die
- you turn 65,

whichever happens first.

If you are eligible for an interim accident benefit under this interim cover, your application for standard cover may still be accepted. However, your change in health may be taken into account. As a result, the insurer may decline your application or otherwise accept it with a premium loading or non-standard terms.

The exclusions and benefit offsets that apply to standard SCI cover will also apply to this interim accident cover.

What is the 'life events' option?

If you undergo one of the life events listed below, you can apply to increase your existing life insurance cover (death and TPD cover). You won't need to send us any extra medical evidence, although we will need to see certified copies of the following documents:

Event	What documents do I need to provide?
Marriage	• Marriage certificate.
Birth or legal adoption of a child[1]	• Birth certificate or adoption documentation.
Mortgage of your primary residence in order to purchase the residence	• Stamped page of the contract of sale showing buyer's (your) details, and • A letter on your bank's letterhead detailing the loan arrangement.

Child's first day at primary or secondary school	• A copy of a letter on school letterhead confirming:
	  • the name of the student
	  • the school start date, and
	  • whether your child is starting primary school or secondary school.

Divorce	• **Decree nisi/decree absolute** or Certificate of Divorce.
Death of a spouse	• Death certificate.

1 Excludes assuming parental responsibilities for a stepchild or becoming a legal guardian.

For you to be eligible for an increase in your existing life insurance cover under the life events option, we must receive your application and supporting documentation within 120 days of the event.

You will not be eligible for the life events option if:

- your FirstChoice Employer Super cover ends
- you die, become terminally ill or totally and permanently disabled
- you do not live and are not in **active employment** in Australia
- you have previously had life cover declined under this policy or any other life insurance policy
- you are eligible to make a claim under this policy.

ⓘ **Find out more:** Download the *Life events cover* form from the Colonial First State forms library at cfs.com.au/forms

By how much can I increase my cover under the life events option?

Under the life events option, you can apply to increase your existing life insurance cover by the lesser of:

- $250,000,
- 100% of your existing cover, and
- If you have employer selected cover - starter cover, the equivalent of 1 unit of cover based on your age next birthday and occupation group (see page 43).

If you have combined death and TPD cover, you must apply to increase both components of the cover in the same proportion. Your approved cover increase will be provided as a fixed dollar amount, on top of your existing level of cover as investor selected cover. The increase will come into effect from the date we receive your written notification and supporting documentation, provided it is subsequently accepted by the insurer.

Any exclusions, loadings or other restrictions that apply to any part of your existing cover will also apply to the increased portion of cover. Your monthly premium will change based on your new level of cover, once the insurer accepts the cover.

How often can I increase my cover under the life events option?

You can apply for multiple increases under the life events option, provided there is at least a 12-month gap between your applications. The only exclusion is the mortgage option, which you can only use once as the basis for a cover increase.

What is the 'Salary increase life events' option?

If you are a retained benefit member and have Salary Continuance Insurance cover, you can request that your monthly benefit be increased if your **monthly income** increases. For the purposes of this option, **monthly income** excludes super, bonuses, allowances, regular overtime and shift allowances.

You won't need to send us any extra medical evidence, although we will need to see certified copies of the following documents:

Event	What documents do I need to provide?

Salary increase life event	• Two consecutive payslips, one showing your pay on the previous salary and the subsequent payslip showing your pay on the new salary; or
	• A letter from your employer confirming:
	  • the new salary
	  • the previous salary, and
	  • the date the new salary took effect.

For you to be eligible for an increase in your existing salary continuance insurance cover under the salary increase life events option, we must receive your application and supporting documentation within 120 days of the event.

You will not be eligible for the salary increase life events option if:

- you are aged 60 or over at the time of application
- your FirstChoice Employer Super cover ends
- you die, become terminally ill or totally and permanently disabled
- you do not live and are not in active employment in Australia
- you have previously had insurance cover declined under this policy or any other life insurance policy
- you are claiming a benefit or are eligible to make a claim under this policy.

ⓘ **Find out more:** Download the *Salary increase SCI life event option for retained benefit member* form from the Colonial First State forms library at cfs.com.au/forms

By how much can I increase my cover under the salary increase life events option?

Under the salary increase life events option, you can apply to increase your monthly benefit by the lesser of:

- the increase in your monthly income multiplied by your insured percentage;
- 15% of your monthly benefit; and
- $2,000,

up to a maximum of $25,000.

The increase will come into effect from the date we receive your written notification and supporting documentation, provided it is subsequently accepted by the insurer.

Any exclusions, loadings or other restrictions that apply to any part of your existing cover will also apply to the increased portion of cover. Your monthly premium will change based on your new level of cover, once the insurer accepts the cover.

How often can I increase my cover under the salary increase life events option?

You can only make one request in any 12 month period (and any subsequent request under the salary increase life events option must be at least 12 months after any previous request) under the salary increase life events option.

Transferring cover

We've made transferring your cover from your previous fund or life insurance policy simple and straightforward, so you can make sure you're covered, no matter what happens.

At a glance		Find out more
Cover transfers	You may be able to transfer death, TPD and SCI cover you have in another super fund or under a **life insurance policy** as investor selected cover in your FirstChoice Employer Super plan. If your employer has transferred their existing group policy into FirstChoice Employer Super, you may not need to provide evidence of health for your old cover to continue. However, some conditions apply. Takeover and transfers of cover are subject to acceptance by the insurer.	See below.
Am I eligible to transfer my cover?	Insurance cover held in super (including self-managed super) or a life insurance policy can be transferred. You must be less than 55. Other conditions apply.	See page 32.
Is there a limit to the amount of cover that can be transferred?	Death cover only or death and TPD cover: your existing cover and transferred cover cannot exceed $1.5 million. SCI cover: the cover you transfer cannot exceed a $10,000 monthly benefit. These limits do not apply when transferring cover from other FirstChoice super products or Essential Super.	See page 32.
What will change and what will stay the same?	The type of cover and amount of cover that you had previously, subject to the transfer of cover maximums set out on page 32 and any individual exclusions that applied under the previous fund or life insurance policy will be transferred across to FirstChoice Employer Super. Any formulas used to calculate your insurance (which will convert to a fixed dollar amount), your premium rates, the terms and conditions of your policy and the occupation group will change.	See page 33.
How do I transfer my cover?	Complete the transfer of insurance cover form and attach a statement of existing cover.	See page 34.

Cover transfers

There are two main methods of transferring cover:

- through a takeover of cover initiated by your employer
- by transferring insurance cover you have with another super fund (including self-managed super) or cover held under a **life insurance policy**.

Takeover of cover

FirstChoice Employer Super enables your employer to conveniently transfer their existing group insurance cover under **takeover terms** for all employees without requiring further evidence of health from their employees.

You will be advised if takeover of cover terms apply to you.

About cover transfers

You can apply to transfer your existing death, death and TPD and/or SCI cover (income protection) from another super fund (including self-managed super) or cover held under a **life insurance policy** to FirstChoice Employer Super.

To do this, you will need to complete the transfer of insurance cover form. Transfer of cover is subject to the insurer's acceptance, and the insurer may accept only one or all of death, TPD and/or SCI cover.

Transferring cover gives you the ability to consolidate your super without losing the type of cover and amount of cover that you had in your previous super fund, subject to the transfer of cover maximums set out on page 32.

Transferring cover: how it works

Death and TPD cover

If you have FirstChoice Employer Super cover of $150,000 death only, and your former fund cover is $100,000 death and TPD, your new FirstChoice Employer Super cover will provide $250,000 death and $100,000 TPD cover.

SCI cover

If your FirstChoice Employer Super cover is $4,000 per month (30-day **waiting period** and to age 65 **benefit period**) and your former fund cover is $7,500 per month (60-day waiting period and two-year benefit period), your new FirstChoice Employer Super cover will be $7,500 per month (60-day waiting period and two-year benefit period).

If the insurer accepts your application for the transfer of cover, the insurance terms and premium rates applying to FirstChoice Employer Super will apply to your transferred cover. Therefore, you should compare the terms of your existing cover with the terms of insurance available through FirstChoice Employer Super before deciding whether transferring your existing cover is right for you.

Am I eligible to transfer my cover?

To be eligible to apply for the transfer of cover, the following conditions apply up until the transfer date:

- You must be less than 55 years of age. This age restriction does not apply when transferring cover between FirstChoice products.
- Insurance cover is held within super (including self-managed super) or under a **life insurance policy**.
- Insurance cover held within super (including self-managed super) can only be transferred if:
  - you transfer the entire account balance from your previous super fund to FirstChoice Employer Super
  - the cover is not from a defined benefit arrangement.
- Insurance cover can only be transferred if:
  - the cover to be transferred has been in place for at least 12 months
  - for TPD cover you are working at least 15 hours per week, and
  - for SCI cover you are employed under a contract of permanent employment or a fixed term contractor.
- The cover to be transferred must not have an individual premium loading.
- For SCI cover, the cover to be transferred cannot have a waiting period greater than 90 days.
- You cannot have previously had an application for death, TPD or income protection/SCI cover declined.
- You must not have been diagnosed with an illness that reduces your life expectancy to less than 24 months.
- No amount can have been paid or be payable by, and no claim can have been lodged with, an insurer, super fund or government body because you have suffered a disability.
- In the last 12 months, you must not have been advised to undergo treatment or to take medication prescribed by a **medical practitioner** that was intended to last for three months or longer (excluding the contraceptive pill, hormone replacements, inhaled asthma medication or cold, flu or hayfever medication).
- You can't transfer cover if, due to injury, illness or impairment:
  - you are unable to work 35 hours per week
  - you have had your duties or workplace modified in the last two years and you have not resumed your pre-modified duties, or
  - you are working in a role or occupation that has been designed or chosen to suit your needs.

If you are in a high-risk occupation, you may not be eligible to transfer TPD and SCI cover.

Is there a limit to the amount of cover that can be transferred?

For death only cover or death and TPD cover – your existing cover in FirstChoice Employer Super plus the amount of cover you transfer to FirstChoice Employer Super cannot exceed $1.5 million.

For SCI cover – the cover you transfer to FirstChoice Employer Super cannot exceed a $10,000 monthly benefit. The transferred cover will replace any existing SCI cover that is employer selected cover.

This means that the **waiting period** and **benefit period** attached to your existing SCI cover in FirstChoice Employer Super will no longer apply to your SCI cover after the transfer.

These limits do not apply when transferring cover from other FirstChoice super products or Essential Super.

Please refer to 'How much cover can I have?' on page 12 and 18.

What will change and what will stay the same?

When you transfer your death, death and TPD and/or SCI cover to FirstChoice Employer Super, some things about your old cover will change, while some will stay the same.

What stays the same?

Things that won't change about the cover you are transferring to FirstChoice Employer Super are:

- the type of cover (e.g. death cover)
- your sum insured/monthly benefit (as applicable), subject to the maximum transfer cover amounts (although you can select a lesser amount)
- any individual exclusions (as opposed to standard policy exclusions), but the exclusion wording will be on FirstChoice Employer Super insurance terms
- for SCI cover:
  - the **benefit period** (if available)
  - the **waiting period** (if available).

What changes?

Here's a summary of the changes to your transferred cover:

What changes	How
Formulas used to calculate insurance	Any formula to calculate your cover in your previous super fund or **life insurance policy** no longer applies – instead, your cover will convert to a fixed dollar amount of investor selected cover.
Premium rates	Your premiums will be calculated based on FirstChoice Employer Super's rates – see page 41.
Terms and conditions	The FirstChoice Employer Super insurance terms and conditions will now apply to your transferred cover. This includes FirstChoice Employer Super exclusions and disability definitions, so carefully check both policies to make sure you understand the differences and how they may affect you.
The occupation classification and loading factor	Your occupation classification and loading factor will change to the applicable FirstChoice Employer Super occupation classification and loading factor – see page 23.
SCI cover	Any SCI cover you have in FirstChoice Employer Super will be replaced with the transferred cover (subject to the above changes) and will be investor selected cover.

SCI cover

The new **waiting period** for your SCI cover will be:

Waiting period in former fund or previous life insurance policy	New waiting period
30 days or less	30 days
31–60 days	60 days
61–90 days	90 days

ⓘ Find out more: See **What's the waiting period?** on page 20.

SCI benefit period

The new **benefit period** applying to your SCI cover is:

Benefit period in former fund or previous life insurance policy	New benefit period
2 years	2 years
5 years and up to age 65	5 years
To age 65 or more	To age 65

ⓘ Find out more: See **What's the benefit period?** on page 20.

Other things you should know

You can transfer like-for-like cover, depending on the product restrictions and eligibility rules. For example, if you have death and TPD cover with your former fund, you must transfer both types of cover into FirstChoice Employer Super. However, if we decline the TPD cover, the transfer of cover for death only cover may still be accepted.

You can also transfer partial cover, as long as the cover is like-for-like.

How do I transfer my cover?

To transfer cover you already have with another super fund (including self-managed super) or under a **life insurance policy**, you will need to complete the transfer of insurance cover form.

Cancelling your previous cover

It is important that you receive an acceptance confirmation from FirstChoice Employer Super before you cancel your previous cover or transfer your superannuation account balance. This will allow for the transferred cover to commence in FirstChoice Employer Super. Otherwise, you may be left without any insurance cover. Once you have received an acceptance confirmation, if you do not cancel your transferred cover, you will not be entitled to claim on the portion of cover transferred to FirstChoice Employer Super.

Providing proof of cover

You will need to provide proof of existing cover by providing **ONE** of the following:

- a valid statement from your former super fund or life insurance company (issued within the last 12 months)
- a Certificate of Currency on company letterhead (issued within the last 60 days)
- an adviser-generated portfolio report (issued within the last 60 days)
- an email directly from your former super fund or life insurance company (issued within the last 60 days).

The proof of cover must state your name and needs to clearly outline the existing insurance cover held and the acceptance terms of the cover including any loadings, exclusions or special conditions.

When does my transferred cover start?

Your transferred cover starts on the transfer date, which is the later of:

- the date the insurer accepts the transfer, and
- the date that your cover ends in the previous super fund or **life insurance policy**.

If you are not in **active employment** on the last working day immediately before the transfer date, your transferred cover will exclude cover for any disability arising from an illness or injury which prevented you from being in active employment. This exclusion will apply until you are in active employment again.

Making a claim

If you ever need to make a claim, we're here to help. Here's what you need to do and what we'll do to support you at a difficult time.

We understand that a life or salary continuance claim always comes at a difficult time, so we'll do everything we can to make the process easy and stress free. You can help us by getting in touch with us as soon as possible and providing all the information we need.

When should I make a claim?

You must let us know as soon as you need to make a claim. And remember that a **waiting period** may apply. If you delay in notifying us, the insurer may reduce any benefits if your delay has affected its ability to assess your claim.

How will I be paid?

If your claim for a death, **terminal illness** or TPD benefit is accepted, the trustee will pay the amount to the FirstRate Saver option within FirstChoice Employer Super. This will also cancel any auto-rebalancing you may have requested on your account. You can only be paid a TPD or terminal illness benefit if you meet a **condition of release** as set out under superannuation law.

The insurer will only pay you a death, terminal illness or TPD benefit once. This also applies to interim **accident** cover. If you are paid a TPD benefit, your death cover will be reduced by this amount.

For SCI claims that are accepted by the insurer, your benefit will be paid directly to your nominated bank account monthly, in arrears, once the **waiting period** has elapsed. SCI benefits will be treated as income, and tax and superannuation contributions will be deducted before the monthly amount is paid to you.

Do I keep paying premiums if I make a claim?

If your claim for death, terminal illness or TPD is accepted, we'll refund premiums that are charged for that cover type from the date of the event. If your SCI claim is accepted, we'll refund premiums charged from the end of your waiting period, or from the date you first become eligible to receive benefits.

What information do I need to provide?

You must provide the insurer with any documents or information it needs to properly assess your claim. This may mean that you will need to undertake a medical or other examination. For SCI claims, you will need to provide progress certificates and other medical documents on request to continue to be eligible to receive the benefit.

Are there any other conditions for terminal illness, TPD and SCI claims?

If you make a claim, you will need to provide evidence of your medical condition. You will be responsible for the costs of the initial medical test and reports.

If the insurer needs further medical tests or reports to support your claim, the insurer will usually cover these costs. However, you will need to cover any extra costs such as:

- travel costs to and from appointments, including the cost to return to Australia if you are overseas
- cancellation fees for any appointments you miss.

You must also comply with any reasonable medical treatment or rehabilitation program recommended by a **medical practitioner**.

What happens if I go overseas and I am receiving an SCI benefit?

Your SCI cover provides you with worldwide cover. However, a maximum of six months' benefits will be paid for any one claim while you are outside Australia. To continue receiving a benefit under SCI cover after this period, you must return to Australia, at your expense (unless you are unable to return to Australia for reasons that are acceptable to the insurer).

If you meet the conditions for both a TPD and an SCI benefit, you may be entitled to receive both.

Other important information

Your cooling-off rights, reapplying if your policy lapses, and other important information.

Cooling-off period

You have a 28-day cooling-off period to review your cover, where you can choose to cancel your cover in writing, and any premiums paid will be refunded.

The 28 calendar days start on the earlier of:

- the day you receive our written confirmation of cover, or
- the end of the fifth day after the day on which our confirmation is issued.

If your application was for additional cover, the cooling-off period applies to the increased portion of insurance cover only. There is no cooling-off period for cover transferred from another super fund or **life insurance policy**.

Preserved or **restricted non-preserved** amounts cannot be refunded directly to you if you take advantage of the 28-day cooling-off period (unless you satisfy a **condition of release**).

What happens if my cover lapses?

If your cover lapses because you haven't paid your premiums, you'll need to complete a new insurance application form and provide health evidence to the insurer.

The insurer will either accept, with or without special terms, or decline your application and if accepted, your cover will start the date it is approved by the insurer in writing.

Special offers

Occasionally, we may agree with the insurer to make special offers available for existing or prospective members. These could include reduced premium rates or changes to the underwriting rules, and may apply only to a limited range of members.

Worldwide cover

Cover applies outside Australia subject to the other conditions of your policy. The insurer may, however, require you to return to Australia at your own expense for assessment in the case of a **terminal illness** or TPD claim, or in relation to an assessment of a claim for SCI.

Contributions received after a full withdrawal

If your cover has ended because you withdrew the full balance of your account and we subsequently receive a contribution, your cover will not be automatically reinstated.

Definitions

Use these definitions to understand key terms used throughout this booklet.

The following terms are in **bold** text where they first occur in each section of this booklet.

Term	Definition
accident	An unforeseen, violent, external and visible event.
active employment	This is where, on the applicable date, the person is: a engaged in his or her usual occupation, without limitation or restriction due to illness or injury; and b not restricted by illness or injury from being capable of performing their usual occupation on a full-time basis (even if the person is not working or is not working on a full-time basis); and c not accruing or entitled to accrue any income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits. The person will be considered to be in active employment if, on the applicable date, the person is on employer approved leave or reduced hours for reasons other than illness or injury and, not taking into account the leave or reduced hours, is able to meet the active employment definition. 'Full-time basis' means at least 35 hours per week.
benefit period	The maximum period for which you'll receive benefit payments under SCI cover if you have to make a claim.
category	Your employment category, as defined by your employer. This determines the employer selected insurance design you are eligible for, based on clearly defined criteria; for example, **permanent employees**, casuals, managers etc.
condition of release	A circumstance in which you may access your super; for example, you reach a certain age or you become terminally ill.
contract of permanent employment	A single contract of employment, not being self-employment, the terms of which specify that: a the contract is of indefinite duration or is for a fixed term of no less than 12 months b the person is required to perform identifiable duties c the person is required to work a regular number of hours each week and for at least 15 hours per week, and d the person is entitled to be paid annual leave and sick leave.
decree absolute	The final court decree in divorce proceedings.
decree nisi	A court order stating the date when a marriage will be legally terminated.
disabled	Means you are **partially disabled** or **totally disabled**.
employee	An employee includes a person who satisfies both of the following paragraphs: • the person is an employee under the expanded meaning of that term in the Superannuation Guarantee (Administration) Act 1992 (SG Act), and • the person is a person for whom the employer is required to pay superannuation contributions to avoid or reduce the superannuation charge payable pursuant to the SG Act.
fixed premium insurance	Employer selected cover where the amount of insurance provided is based on a fixed premium, your occupation group and age next birthday, rather than a **category** formula.

Term	Definition
fixed term contractor	An employee engaged under a written contract for personal services, the terms of which clearly specify that: • the person engaged under the contract is contracted for a fixed term of 12 months or more; • the person is required to perform identifiable duties, and the person is required to work a regular number of hours each week and for at least 15 hours per week.
insured percentage	Means the percentage of your **monthly income** which the insurer agrees to insure, subject to a maximum of 90% (which includes an allowance of up to 15% for super contributions).
interim accident benefit	Means a benefit payable if you become totally disabled during the interim accident period.
life insurance policy	Means an insurance policy: • issued by a life company registered under the Life Insurance Act 1995 (Cth), • under which you are both the policy owner and life insured, • which was arranged through a licensed or authorised financial adviser, and • which you were required to apply for and provide the insurer with information about your health.
medical practitioner	A person, acceptable to the insurer, who is registered and practising as a medical practitioner in Australia other than: • the insured member • the insured member's direct family member, including a spouse or partner, parent, sibling or child (including adult, step or adopted) • the insured member's business partner, associate, employer or employee, or • a person who practises in the same medical centre or clinic as the insured member.
monthly income	The amount (excluding super) that you earn each month from your employer before deduction of income tax. If you're self-employed, your income is limited to the earnings generated by your business as a direct result of your personal exertion (i.e. the reduction in business earnings if you could not work due to illness or injury) less the share of business expenses incurred in generating the earnings, before deduction of income tax of the business for the relevant period. If you work for an employer, your monthly income is your salary including any bonuses, allowances, regular overtime and shift allowance. If you're neither self-employed nor a **permanent employee**, your monthly income is limited to salary earned from your regular occupation. Where bonuses and allowances count towards your income, these are averaged over the lesser of: • three years, or • the number of complete years for which you have been employed by your employer. If you have been employed for less than one full year, bonuses and allowances will be pro-rated based on the number of months out of 12 you were employed by the employer. **Please note:** Monthly income excludes compulsory employer super contributions, investment income, profit distribution and any packaged entitlements not received directly as taxable earnings. For the purposes of the salary increase life event option, 'monthly income' means the amount that you earn each month from your employer before deduction of income tax (excluding super, bonuses, allowances, regular overtime and shift allowance). If you're not a permanent employee, your monthly income is limited to salary earned from your regular occupation.

Term	Definition
nominated salary	When you become a member of FirstChoice Employer Super, your employer tells us your nominated salary amount. We then use this figure to work out how much insurance cover you will receive. Your nominated salary generally includes: • your wages and salary • commissions and bonus payments • other regular payments or benefits paid by your employer. It excludes: • super guarantee (SG) contributions • investment income • profit distribution • bonuses and allowances (not included above) • any packaged elements not received directly by you as taxable earnings. Your employer may also choose to nominate an amount less than this for insurance purposes only. If your insurance cover is calculated based on your nominated salary, please ensure that the correct amount is recorded on FirstNet or your investor statement. If you believe your nominated salary is incorrect, contact your employer.
normal and uncomplicated pregnancy or childbirth	Normal and uncomplicated pregnancy or childbirth, including multiple pregnancy, caesarean birth, threatened miscarriage, post-natal depression, participation in in-vitro fertilisation or other medically assisted fertilisation techniques and normal discomforts of pregnancy, such as morning sickness, backache, varicose veins, ankle swelling and bladder problems.
occupation loading factor	A number that is attributed to a group of occupations, which is used to calculate a person's insurance premium based on the level of risk they are likely to be exposed to in their work.
own occupation	For SCI cover, the normal occupation or work carried out by the insured member before becoming **disabled**.
partially disabled	Refer to page 17 for further details.
permanent employee	An employee employed under a single contract of employment, the terms of which specify that: • the contract is of indefinite duration or is a fixed term of no less than 12 months • the person is required to perform identifiable duties • the person is required to work a regular number of hours each week • for SCI cover, the person is required to work for at least 15 hours per week, and • the person is entitled to paid annual leave and sick leave.
pre-disability income	Refer to 'How much will I receive?' on page 19.
preserved	Super contributions that you can only access once you meet a **condition of release**.
regular occupation	Any form of personal exertion performed by the person on a regular and recurring basis during the relevant period for the purpose of producing financial gain or reward. This does not include producing financial gain or reward through investments or other forms of passive income generation.
restricted non-preserved	Super contributions that you can only access once you meet a **condition of release** that is specific to those contributions, such as the termination of your employment with a particular employer.

Term	Definition
retained benefit member	A person who was an employee member and has subsequently been notified by us that they are a retained benefit member because one of the following events has happened: • the person's employer has told us that they are no longer an employee • the person's employer has not made a super contribution to their FirstChoice Employer Super account for at least two years • the person's employer plan was terminated.
self-employment	Performing a regular occupation in a business of which the person is, in whole or part, the direct or indirect owner.
takeover terms	Takeover terms may be offered at the discretion of the insurer (where agreed by the trustee) for groups transferring from other insurers, providing the previous group insurance policy is similar in scope of cover. The acceptance of takeover terms will be subject to the receipt and acceptance of all required takeover information by the insurer within such timeframe as required by the insurer. The insurer will generally follow Financial Services Council Guidance Note No. 11 'Group Insurance Takeover Terms' unless otherwise agreed. Cover provided under takeover terms will commence on the date your FirstChoice Employer Super account commences unless the insurer advises otherwise. You will not be covered for disability which arises from an illness or injury which causes you to not be in **active employment** on the last working day immediately before the takeover of cover date. Full cover in the plan will commence once you are in active employment.
terminal illness	Terminal illness means all of the following happens: a two medical practitioners each certify in writing that the insured member has an illness or injury that, despite reasonable medical treatment, is likely to result in their death within a period (the certification period) that ends not more than 24 months after the date of the certification; b at least one of the medical practitioners is a specialist practising in an area related to the insured member's illness or injury; c based on such medical or other evidence the insurer reasonably requires to be provided, the insurer is satisfied with the prognosis reached in each of the certifications; d the date of certification occurs while the insured member is covered under this policy; and e for each of the certificates, the certification period has not ended.
total and permanent disablement	Refer to page 10 for further details.
totally disabled	Refer to page 17 for further details.
waiting period	The continuous period for which you must be disabled before your salary continuance benefit starts to accrue.

Premium rate tables

Please note: Some employer plans have tailored premium rates. Actual premiums may vary due to rounding. Please call us on 1300 654 666 to confirm which premium rates apply to you.

Premium rates – age-based

Death and TPD – Annual premium per $1,000 sum insured[1]

	Male		Female	
Age next birthday	Death only	Death and TPD	Death only	Death and TPD
15	0.61	0.78	0.26	0.33
16	0.61	0.78	0.26	0.33
17	0.61	0.78	0.26	0.33
18	0.74	0.95	0.28	0.37
19	0.83	1.11	0.31	0.43
20	0.83	1.12	0.31	0.43
21	0.80	1.10	0.28	0.40
22	0.74	1.04	0.28	0.41
23	0.71	1.00	0.26	0.39
24	0.67	0.96	0.23	0.36
25	0.61	0.92	0.21	0.34
26	0.59	0.88	0.20	0.32
27	0.53	0.81	0.20	0.32
28	0.51	0.80	0.20	0.32
29	0.50	0.80	0.20	0.36
30	0.49	0.80	0.20	0.36
31	0.49	0.81	0.20	0.39
32	0.47	0.79	0.21	0.41
33	0.47	0.81	0.21	0.44
34	0.49	0.86	0.26	0.54
35	0.50	0.90	0.27	0.57
36	0.51	0.93	0.28	0.62
37	0.51	0.99	0.31	0.71
38	0.53	1.03	0.37	0.84
39	0.58	1.14	0.41	0.97
40	0.61	1.27	0.42	1.08
41	0.67	1.38	0.46	1.20
42	0.71	1.52	0.51	1.35
43	0.77	1.64	0.56	1.52
44	0.82	1.82	0.58	1.64
45	0.90	2.04	0.59	1.79
46	0.96	2.24	0.60	1.90
47	1.04	2.50	0.62	2.02
48	1.12	2.79	0.67	2.25
49	1.24	3.13	0.71	2.51
50	1.33	3.45	0.77	2.83

Age next birthday	Male		Female	
	Death only	Death and TPD	Death only	Death and TPD
51	1.42	3.83	0.82	3.16
52	1.56	4.25	0.90	3.57
53	1.68	4.69	1.00	4.02
54	1.80	5.19	1.09	4.46
55	1.92	5.73	1.20	4.94
56	2.08	6.37	1.30	5.46
57	2.26	6.88	1.40	5.83
58	2.46	7.55	1.50	6.30
59	2.61	8.30	1.63	6.82
60	2.88	9.20	1.77	7.33
61	3.13	10.19	1.90	7.87
62	3.41	11.30	2.04	8.53
63	3.68	12.44	2.24	9.32
64	3.97	13.67	2.48	10.34
65	4.27	14.98	2.77	11.50
66	4.60	N/A	3.08	N/A
67	4.93	N/A	3.44	N/A
68	5.28	N/A	3.87	N/A
69	5.63	N/A	4.38	N/A
70	5.98	N/A	4.97	N/A
71	6.57	N/A	5.38	N/A
72	7.22	N/A	5.92	N/A
73	8.02	N/A	6.50	N/A
74	8.91	N/A	7.22	N/A
75	9.98	N/A	8.01	N/A

Please note: The following **occupation loading factors** apply to the above rates:

Death and TPD occupation loading factors	Death only	Death and TPD
Professionals	0.90	0.90
White collar	1.00	1.00
Light blue collar	1.00	1.50
Medium blue collar	1.50	2.00
Heavy blue collar/Heavy blue collar (death only)	1.50	2.50

Please note: If you are a member of a small plan, a loading of 20% will apply. If you are a **retained benefit member**, a loading of 10% will apply. See page 24 for more information.

1 Premiums shown allow for a AIL insurance administration fee of 10% (including the net effect of GST). Unless otherwise advised, these rates will apply to all insured plan members. Since 1 February 2018, smoker status will no longer impact premium rates. For all new members and existing members (excluding those on non-smoker insurance arrangements) generic premium rates will apply. Existing members on non-smoker insurance arrangements prior to 1 February 2018, will continue to be charged the lower non-smoker rates. Some plans may have tailored rates. Premium rates include stamp duty.

Fixed premium insurance

Employer selected cover - starter cover

Death and TPD - Age-based sum insured per $1.49 per week premium[1]

Age next birthday	Professional	White collar	Light blue collar	Medium blue collar	Heavy blue collar
	Sum insured $	Sum insured $	Sum insured $	Sum insured $	Sum insured $
15-35	$92,593	$83,333	$55,556	$41,667	$33,333
36-40	$55,556	$50,000	$33,333	$25,000	$20,000
41-45	$35,185	$31,667	$21,111	$15,833	$12,667
46-50	$20,833	$18,750	$12,500	$9,375	$7,500
51-55	$12,408	$11,167	$7,444	$5,583	$4,467
56-60	$7,685	$6,917	$4,611	$3,458	$2,767
61-65	$4,908	$4,417	$2,944	$2,208	$1,767
66-75[2]	$4,908	$4,417	$2,944	$2,208	$1,767

Please note:

- The sum insured amount above is 1 unit of cover. Eligible members will automatically receive 2 units of employer selected cover - starter cover. See page 12.
- The sum insured amount, shown above, is inclusive of a small plan loading which means the sum insured amount is reduced by approximately 17%. If you are not a member of a small plan, your sum insured will be increased by approximately 17%.
- If you have joined the plan as part of your employer's default fund and the amount of your death and TPD cover under the age-based sum insured table (shown above) is less than the MySuper default death and TPD amounts, you will receive the higher MySuper default level of cover.
- If you have employer selected cover - starter cover, a default occupation group of light blue collar is currently applied because when your account is opened we we don't have enough information about your actual occupation. You can update your occupation group at any time. See 'How do I update my occupation group' on page 27 for more information.

1 Cover shown allows for a AIL insurance administration fee of 10% (including the net effect of GST).
2. Cover is for death only after age 65

Fixed premium insurance

Employer selected cover - tailored cover

Death only – Age-based sum insured per $1.49 per week premium[1]

Age next birthday	Professional	White collar	Light blue collar	Medium blue collar	Heavy blue collar
	Sum insured $	Sum insured $	Sum insured $	Sum insured $	Sum insured $
15-35	146,111	131,500	131,500	87,667	87,667
36-40	127,778	115,000	115,000	76,667	76,667
41-45	83,333	75,000	75,000	50,000	50,000
46-50	55,556	50,000	50,000	33,333	33,333
51-55	36,667	33,000	33,000	22,000	22,000
56-60	23,333	21,000	21,000	14,000	14,000
61-65	15,278	13,750	13,750	9,167	9,167
66-75	7,833	7,050	7,050	4,700	4,700

Death and TPD – Age-based sum insured per $1.49 per week premium[1]

Age next birthday	Professional	White collar	Light blue collar	Medium blue collar	Heavy blue collar
	Sum insured $	Sum insured $	Sum insured $	Sum insured $	Sum insured $
15-35	111,111	100,000	66,667	50,000	40,000
36-40	66,667	60,000	40,000	30,000	24,000
41-45	42,222	38,000	25,333	19,000	15,200
46-50	25,000	22,500	15,000	11,250	9,000
51-55	14,889	13,400	8,933	6,700	5,360
56-60	9,222	8,300	5,533	4,150	3,320
61-65	5,889	5,300	3,533	2,650	2,120
66-75[2] (death only)	7,833	7,050	7,050	4,700	4,700

Please note:

- The sum insured amount above is 1 unit of cover.
- If you have joined the plan as part of your employer's default fund and the amount of your death and TPD cover under the age-based sum insured table (shown above) is less than the MySuper default death and TPD amounts, you will receive the higher MySuper default level of cover.
- If you are a member of a small plan, your sum insured will be reduced by approximately 17%. See page 24 for more information.

1. Cover shown allows for a AIL insurance administration fee of 10% (including the net effect of GST). Unless otherwise advised, these rates will apply to all insured plan members. Any reduction in the insurance administration fee, adviser commission or premium discounts provided by the insurer for the plan will increase the sum insured. The premium amount will remain unchanged.
2. Cover is for death only after age 65.

Premium rates

SCI – Two-year benefit period
Annual premium per $100 of monthly benefit[1]

Age next birthday	Male			Female		
	30-day wait	60-day wait	90-day wait	30-day wait	60-day wait	90-day wait
15	1.91	1.53	0.70	2.51	2.02	0.73
16	1.91	1.53	0.70	2.51	2.02	0.73
17	1.91	1.53	0.70	2.51	2.02	0.73
18	1.98	1.58	0.72	2.60	2.09	0.76
19	2.01	1.61	0.72	2.62	2.10	0.78
20	2.03	1.63	0.72	2.66	2.13	0.78
21	2.08	1.66	0.73	2.68	2.16	0.79
22	2.02	1.61	0.70	2.73	2.18	0.81
23	1.97	1.58	0.66	2.77	2.21	0.81
24	1.93	1.54	0.60	2.78	2.23	0.81
25	1.89	1.50	0.57	2.83	2.27	0.82
26	1.88	1.50	0.54	2.86	2.29	0.83
27	1.89	1.50	0.53	2.93	2.34	0.89
28	1.91	1.51	0.51	3.04	2.43	0.91
29	1.94	1.56	0.51	3.17	2.51	0.97
30	2.01	1.61	0.51	3.32	2.66	0.98
31	2.08	1.66	0.53	3.50	2.79	1.04
32	2.18	1.72	0.54	3.69	2.94	1.07
33	2.27	1.81	0.57	3.91	3.12	1.09
34	2.38	1.89	0.58	4.17	3.33	1.16
35	2.50	2.00	0.63	4.43	3.52	1.20
36	2.64	2.11	0.64	4.71	3.78	1.26
37	2.79	2.24	0.70	5.02	4.02	1.37
38	2.96	2.37	0.76	5.34	4.29	1.46
39	3.14	2.51	0.81	5.68	4.54	1.57
40	3.34	2.68	0.89	6.06	4.83	1.70
41	3.57	2.86	0.97	6.44	5.16	1.87
42	3.79	3.04	1.04	6.84	5.48	2.04
43	4.04	3.26	1.16	7.30	5.82	2.27
44	4.32	3.46	1.29	7.74	6.20	2.50
45	4.63	3.70	1.42	8.22	6.59	2.77
46	4.94	3.93	1.58	8.71	6.99	3.06
47	5.29	4.23	1.76	9.26	7.40	3.38
48	5.67	4.52	1.97	9.80	7.84	3.72
49	6.08	4.87	2.21	10.41	8.33	4.13
50	6.52	5.23	2.47	11.02	8.82	4.54
51	7.02	5.61	2.77	11.71	9.37	5.00
52	7.57	6.04	3.11	12.42	9.93	5.48
53	8.17	6.52	3.50	13.19	10.56	5.99
54	8.82	7.07	3.93	14.00	11.21	6.53

Age next birthday	Male			Female		
	30-day wait	60-day wait	90-day wait	30-day wait	60-day wait	90-day wait
55	9.56	7.63	4.44	14.89	11.92	7.11
56	10.36	8.29	4.98	15.87	12.71	7.71
57	11.24	8.99	5.60	16.91	13.51	8.37
58	12.24	9.79	6.28	18.07	14.44	9.02
59	13.36	10.68	7.03	19.32	15.47	9.71
60	14.58	11.67	7.89	20.70	16.56	10.42
61	15.97	12.78	8.82	22.24	17.79	11.16
62	17.52	14.02	9.89	23.94	19.17	11.89
63	19.30	15.43	11.03	25.86	20.69	12.64
64	17.48	13.99	9.18	23.22	18.57	10.17
65	8.54	6.83	2.92	11.49	9.19	3.20

Please note: The following **occupation loading factors** apply to the above rates:

SCI occupation loading factors	
Professionals	0.90
White collar	1.00
Light blue collar	1.75
Medium blue collar	2.00
Heavy blue collar/Heavy blue collar (death only)	2.50

Please note: If you are a member of a small plan, a loading of 20% will apply. If you are a **retained benefit member**, a loading of 10% will apply. See page 24 for more information.

1 Premiums shown allow for a AIL insurance administration fee of 10% (including the net effect of GST). Unless otherwise advised, these rates will apply to all insured plan members. Since 1 February 2018, smoker status will no longer impact premium rates. For all new members and existing members (excluding those on non-smoker insurance arrangements) generic premium rates will apply. Existing members on non-smoker insurance arrangements prior to 1 February 2018, will continue to be charged the lower non-smoker rates. Some plans may have tailored rates. Premium rates exclude stamp duty, which is dependent on your state, territory or country, and will be added to any premiums. The insurer reserves the right to increase premium rates in the event of a hostile act of foreign enemies within the Commonwealth of Australia, the invasion of the Commonwealth of Australia or the declaration of war involving the Commonwealth of Australia.

Premium rates

SCI – Five-year benefit period
Annual premium per $100 of monthly benefit[1]

	Male			Female		
Age next birthday	30-day wait	60-day wait	90-day wait	30-day wait	60-day wait	90-day wait
15	3.14	2.36	1.06	3.89	2.93	1.11
16	3.14	2.36	1.06	3.89	2.93	1.11
17	3.22	2.4	1.08	4.01	2.98	1.16
18	3.39	2.51	1.17	4.26	3.16	1.22
19	3.56	2.67	1.20	4.50	3.37	1.31
20	3.74	2.79	1.26	4.74	3.56	1.38
21	3.94	2.93	1.31	5.09	3.79	1.51
22	3.98	2.98	1.32	5.29	3.94	1.63
23	4.10	3.06	1.34	5.56	4.13	1.73
24	4.19	3.14	1.36	5.76	4.32	1.94
25	4.27	3.22	1.36	6.03	4.51	2.14
26	4.22	3.14	1.27	6.17	4.61	2.22
27	4.21	3.14	1.24	6.33	4.73	2.33
28	4.22	3.14	1.22	6.51	4.87	2.41
29	4.29	3.20	1.20	6.67	4.96	2.46
30	4.41	3.30	1.20	6.90	5.17	2.50
31	4.56	3.41	1.20	7.27	5.43	2.50
32	4.73	3.52	1.27	7.64	5.73	2.58
33	4.94	3.69	1.28	7.99	5.97	2.66
34	5.18	3.88	1.37	8.53	6.38	2.78
35	5.43	4.07	1.46	8.96	6.69	2.93
36	5.72	4.26	1.54	9.42	7.06	3.09
37	6.02	4.50	1.67	10.04	7.49	3.30
38	6.36	4.74	1.83	10.43	7.81	3.56
39	6.68	5.00	1.99	10.98	8.19	3.78
40	7.06	5.27	2.18	11.62	8.67	4.10
41	7.43	5.56	2.39	12.21	9.13	4.51
42	7.86	5.86	2.63	12.81	9.58	4.97
43	8.31	6.19	2.93	13.34	9.97	5.53
44	8.78	6.56	3.23	14.06	10.49	6.03
45	9.31	6.93	3.61	14.87	11.09	6.60
46	10.08	7.53	4.02	15.96	11.93	7.17
47	10.93	8.16	4.51	17.10	12.77	7.86
48	11.86	8.87	5.07	18.24	13.61	8.57
49	12.96	9.66	5.67	19.57	14.62	9.42
50	14.17	10.57	6.40	21.16	15.79	10.31
51	15.51	11.58	7.21	23.26	17.33	11.60
52	17.07	12.72	8.14	25.71	19.20	12.97
53	18.81	14.06	9.26	28.31	21.13	14.50
54	20.73	15.49	10.54	31.23	23.31	16.33
55	22.90	17.09	12.04	34.63	25.84	18.28
56	25.34	18.90	13.77	37.60	28.04	20.83

Age next birthday	Male			Female		
	30-day wait	60-day wait	90-day wait	30-day wait	60-day wait	90-day wait
57	28.09	20.94	15.69	40.97	30.54	23.86
58	31.23	23.31	17.94	44.90	33.51	27.29
59	34.88	26.02	20.59	49.31	36.78	31.12
60	42.48	32.92	25.61	62.87	48.80	36.81
61	50.07	39.82	30.64	76.41	60.82	42.52
62	51.22	40.74	31.23	76.29	60.70	41.01
63	29.91	22.50	21.09	38.96	27.92	24.91
64	19.24	15.40	10.10	25.56	20.44	11.19
65	9.41	7.52	3.22	12.64	10.11	3.52

Please note: The following **occupation loading factors** apply to the above rates:

SCI occupation loading factors	
Professionals	0.90
White collar	1.00
Light blue collar	1.75
Medium blue collar	2.00
Heavy blue collar/Heavy blue collar (death only)	2.50

Please note: If you are a member of a small plan, a loading of 20% will apply. If you are a **retained benefit member**, a loading of 10% will apply. See page 24 for more information.

1 Premiums shown allow for a AIL insurance administration fee of 10% (including the net effect of GST). Unless otherwise advised, these rates will apply to all insured plan members. Since 1 February 2018, smoker status will no longer impact premium rates. For all new members and existing members (excluding those on non-smoker insurance arrangements) generic premium rates will apply. Existing members on non-smoker insurance arrangements prior to 1 February 2018, will continue to be charged the lower non-smoker rates. Some plans may have tailored rates. Premium rates exclude stamp duty, which is dependent on your state, territory or country, and will be added to any premiums. The insurer reserves the right to increase premium rates in the event of a hostile act of foreign enemies within the Commonwealth of Australia, the invasion of the Commonwealth of Australia or the declaration of war involving the Commonwealth of Australia.

Premium rates

SCI – Benefit period to age 65
Annual premium per $100 of monthly benefit[1]

	Male			Female		
Age next birthday	30-day wait	60-day wait	90-day wait	30-day wait	60-day wait	90-day wait
15	7.58	6.03	3.21	12.00	9.58	4.26
16	7.58	6.03	3.21	12.00	9.58	4.26
17	7.58	6.03	3.21	12.00	9.58	4.26
18	7.81	6.21	3.37	12.40	9.88	4.40
19	8.02	6.40	3.42	12.71	10.12	4.52
20	8.27	6.57	3.51	13.06	10.39	4.63
21	8.52	6.78	3.61	13.41	10.67	4.77
22	8.40	6.69	3.42	13.77	10.93	4.92
23	8.40	6.69	3.28	14.12	11.24	5.03
24	8.36	6.62	3.16	14.52	11.56	5.18
25	8.36	6.69	3.00	14.92	11.87	5.34
26	8.40	6.69	2.96	15.31	12.21	5.44
27	8.58	6.82	2.91	15.98	12.69	5.90
28	8.83	7.01	2.91	16.77	13.36	6.28
29	9.17	7.30	2.96	17.77	14.12	6.61
30	9.58	7.63	3.00	18.89	15.03	6.96
31	10.07	8.01	3.11	20.17	16.06	7.29
32	10.67	8.47	3.28	21.66	17.22	7.64
33	11.33	8.99	3.40	23.24	18.51	8.04
34	12.04	9.59	3.61	25.02	19.93	8.49
35	12.87	10.22	3.83	26.97	21.47	9.02
36	13.77	10.93	4.14	29.04	23.14	9.64
37	14.73	11.74	4.42	31.30	24.91	10.39
38	15.80	12.59	4.83	33.67	26.80	11.26
39	16.99	13.53	5.23	36.21	28.79	12.24
40	18.26	14.51	5.76	38.88	30.96	13.43
41	19.60	15.60	6.33	41.68	33.20	14.88
42	21.07	16.76	7.00	44.67	35.51	16.39
43	22.64	18.02	7.79	47.73	37.97	18.17
44	24.34	19.37	8.64	50.94	40.50	20.20
45	26.14	20.82	9.64	54.28	43.21	22.40
46	28.09	22.39	10.78	57.70	45.92	24.78
47	30.17	24.03	12.03	61.27	48.76	27.44
48	32.41	25.81	13.49	64.92	51.68	30.23
49	34.80	27.69	15.09	68.70	54.67	33.29
50	37.33	29.70	16.89	72.54	57.73	36.42
51	40.03	31.88	18.87	76.48	60.86	39.71
52	42.91	34.16	21.06	80.42	64.00	43.03
53	45.96	36.56	23.42	84.44	67.20	46.39
54	49.11	39.09	25.93	88.46	70.42	49.71
55	52.43	41.73	28.68	92.44	73.56	52.78
56	55.89	44.49	31.48	96.28	76.61	55.70

Age next birthday	Male			Female		
	30-day wait	60-day wait	90-day wait	30-day wait	60-day wait	90-day wait
57	59.38	47.26	34.34	99.96	79.54	58.19
58	62.87	50.01	37.17	103.31	82.22	60.13
59	66.22	52.69	39.84	106.18	84.52	61.39
60	69.24	55.11	42.14	108.41	86.22	61.74
61	57.42	45.69	35.13	87.66	69.77	48.77
62	58.76	46.74	35.82	87.51	69.63	47.04
63	34.31	25.81	24.19	44.68	32.02	28.58
64	22.09	17.67	11.59	29.32	23.44	12.81
65	10.80	8.63	3.70	14.51	11.60	4.04

Please note: The following **occupation loading factors** apply to the above rates:

SCI occupation loading factors	
Professionals	0.90
White collar	1.00
Light blue collar	1.75
Medium blue collar	2.00
Heavy blue collar/Heavy blue collar (death only)	2.50

Please note: If you are a member of a small plan, a loading of 20% will apply. If you are a **retained benefit member**, a loading of 10% will apply. See page 24 for more information.

1 Premiums shown allow for a AIL insurance administration fee of 10% (including the net effect of GST). Unless otherwise advised, these rates will apply to all insured plan members. Since 1 February 2018, smoker status will no longer impact premium rates. For all new members and existing members (excluding those on non-smoker insurance arrangements) generic premium rates will apply. Existing members on non-smoker insurance arrangements prior to 1 February 2018, will continue to be charged the lower non-smoker rates. Some plans may have tailored rates. Premium rates exclude stamp duty, which is dependent on your state, territory or country, and will be added to any premiums. The insurer reserves the right to increase premium rates in the event of a hostile act of foreign enemies within the Commonwealth of Australia, the invasion of the Commonwealth of Australia or the declaration of war involving the Commonwealth of Australia.

Colonial First State

FirstChoice Employer Super Transfer of Insurance Cover Form

Save

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23 February 2026

This form is to be completed for applications to transfer insurance from an external superannuation fund or life insurance policy.

Do not cancel your existing insurance cover or transfer any funds until you have received confirmation in writing that your request has been accepted by FirstChoice Employer Super.

The following documentation must be supplied:

1 the existing currency of the policy (issued within the last 60 days); or

2 the most recent statement (issued within the last 12 months) from your former fund or renewal notice from your insurer.

You can apply to transfer insurance cover that you have outside of FirstChoice Employer Super if:

- you are joining FirstChoice Employer Super for the first time or are an existing member of FirstChoice Employer Super, and
- you have insurance cover under a life insurance policy ('previous policy') or an existing superannuation fund ('former fund') and are transferring the account balance of that former fund to FirstChoice Employer Super, by

1 completing PARTS A, B and D of this form, providing all the required details and signing and dating the Duty to take reasonable care section of this application form, and

2 attaching the most recent statement (issued within the last 12 months) from your former fund or previous policy confirming the type and level of cover you have with the former fund or previous policy and any exclusions, premium loadings or restrictions on that cover (if your cover has changed since your most recent statement was issued, you will need to provide an up-to-date statement).

If FirstChoice Employer Super's insurer, AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia) accepts your application, you will receive an amount of cover equivalent to the level of cover you currently have with your former fund or previous policy, subject to product maximums (see below).

Refer to important information about transfer of insurance on pages 29 to 32 of the PDS.

Note that acceptance of your request is subject to the insurer's acceptance, and some limitations apply.

Prior to submitting this form, please ensure you have filled out all the necessary sections and signed and dated the declaration. All fields marked with an asterisk (*) are mandatory for the completion of this request.

PART A – PERSONAL DETAILS (ALL FIELDS ARE MANDATORY)

1 INSURED DETAILS

Existing account number (if known)

0 6 5 | | | | | | | | | |

Date of birth (Maximum entry age is 54)

(dd/mm/yyyy)

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Gender: Male ☐ Female ☐

Given name(s)

Surname

Postal address

Unit number | Street number | PO Box | Street name

Suburb | State | Postcode

Country

Name of former fund or life insurance company

Former fund member number or policy number

Former fund USI (if known)

Note: If you are transferring insurance cover from more than one fund, you need to complete a separate 'Transfer of insurance cover' form for each policy.

Note: Total cover that may be transferred is limited to $1.5 million for Death and TPD (includes existing cover) and $10,000 per month for SCI.

Avanteos Investments Limited ABN 20 096 259 979 is the trustee of the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557.
Insurance cover is provided by AIA Australia Limited ABN 79 004 837 861 under policies issued to the trustee.

PERSONAL STATEMENT – MEMBER'S DECLARATION

About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the *Insurance Contracts Act 1984 (Cth)*. When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

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

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

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

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

If you do not meet your duty

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

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

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

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

Guidance for answering our questions

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

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

Changes before your cover starts

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

If you need help

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

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

Notifying the insurer

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

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PART A – PERSONAL DETAILS (CONTINUED) (ALL QUESTIONS ARE MANDATORY)

1 INSURED DETAILS (CONTINUED)

1 a What is your usual occupation?

Main occupation	Industry	Self-employed?
		No ☐ Yes ☐
		No ☐ Yes ☐

Permanent full-time ☐ Permanent part-time ☐ Casual[1] ☐ Unemployed[1] ☐ Contractor ☐ Contract end date (dd/mm/yyyy)

b Do you perform any manual work?

No ☐ Yes ☐ If **'Yes'**, please describe duties and percentage of time spent in each.

Type of work	% of time	Please describe your specific duties and where they are performed
Sedentary		
Light manual		
Heavy manual		

2 What is your annual income? (gross taxable income) $

3 Hours currently working per week

Zero ☐ 1–14 hours ☐ 15–60 hours ☐ >60 hours ☐ Please provide number of hours if >60

PART B – PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS (ALL QUESTIONS ARE MANDATORY)

In order to apply for a transfer of insurance cover, you must be able to answer 'Yes' to question 1.

1 Do you confirm that the following statements are true and correct and agree to abide by these requirements?

a I confirm that my existing cover is not arranged through a defined benefit fund.

b I will cancel my existing insurance cover under my former fund or previous policy when I receive confirmation from FirstChoice Employer Super of my successful application.

c I will not be transferring the cover under my former fund to any other division or section of the former fund, or to any other fund or insurance policy.

d I will not effect a continuation option, or subsequently reinstate cover within the former fund, previous policy or any other division, section or category of the former fund or previous life insurance company, or within any fund or insurance policy where such reinstatement of cover is available to me. No ☐ Yes ☐

If you answered 'No' to question 1, you will not be eligible for a transfer of insurance in FirstChoice Employer Super and will not be eligible to make a claim for this portion of cover.

The following question only needs to be answered if you're applying to transfer cover from a different superannuation fund.

2 If you are transferring insurance cover from an existing superannuation fund ('former fund'), do you have an account balance in the superannuation fund providing the cover to be transferred? No ☐ Yes ☐

If you answered 'Yes' to question 2, you need to transfer your entire balance; otherwise, you will not be eligible for a transfer of insurance in FirstChoice Employer Super and will not be eligible to make a claim for this portion of cover.

1 You will not be eligible to transfer TPD or SCI cover to FirstChoice Employer Super if you do not meet the eligibility and the employment requirements outlined in the FirstChoice Employer Super Insurance booklet.

PART B – PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS (CONTINUED)

3 I confirm that my current level and type of cover under the former fund or previous policy which I wish to transfer is as follows:

Type of cover		Has this cover been in place for at least 12 months?[1]	Date cover started (dd/mm/yyyy)
a Death cover[2]	$	No ☐ Yes ☐	
b TPD cover[2, 3]	$	No ☐ Yes ☐	
c SCI cover[2, 3]	$	No ☐ Yes ☐	
SCI waiting period, e.g. 30 days, 60 days, 90 days			
SCI benefit period, e.g. 2 years, 5 years, to age 60, to age 65			

Note: TPD cover amount cannot exceed the death cover amount and SCI cover cannot be greater than 90% (inclusive of up to 15% allowance for super contributions) of your total income.

I understand that my cover, once accepted, will be subject to the terms and conditions of FirstChoice Employer Super insurance arrangements.

4 Due to injury, illness or impairment:

a Are you unable to work 35 hours per week? No ☐ Yes ☐

b Have you had your duties or workplace modified in the last two years and have you not resumed your pre-modified duties? No ☐ Yes ☐

c Are you working in a role or occupation that has been designed or chosen to suit your needs? No ☐ Yes ☐

5 Have you been paid, or are you eligible to be paid, or have you lodged or are you going to lodge a claim for terminal illness or disability from a superannuation fund, life insurance company or any State or Federal Government body, such as Workers' Compensation, Social Security, Veterans' Affairs or a motor accident scheme? No ☐ Yes ☐

6 In the last 12 months, have you been advised to undergo treatment or to take medication prescribed by a medical practitioner that was intended to last for three months or longer (excluding the contraceptive pill, hormone replacements, inhaled asthma medication or cold, flu or hayfever medication)? No ☐ Yes ☐

7 Have you had any application for death, TPD or SCI cover declined? No ☐ Yes ☐

If you answered 'Yes' to any of the questions 4 through to 7, you will not be eligible for a transfer of insurance in FirstChoice Employer Super.

8 Is your cover under the former fund or previous policy subject to any premium loadings and/or exclusions, including but not limited to pre-existing condition exclusions, or restrictions in regard to medical or other conditions? No ☐ Yes ☐

If **'Yes'**, please provide details of the premium loadings, exclusions or restrictions, including a copy of the advice you received from the insurer, former fund or previous policy advising you of the acceptance of your cover subject to these additional terms.

9 We may need to contact you to clarify information you have provided in the application. If so we will contact you during business hours**.**

Please nominate a preferred local contact time: 8am – 11am ☐ 11am – 2pm ☐ 2pm – 5pm ☐

Contact details[4]

Mobile phone number | Work phone number | Home phone number

Email address

1 If your current cover has not been in place for at least 12 months, you will not be eligible to transfer insurance cover into FirstChoice Employer Super.

2 You will not be eligible to transfer TPD or SCI cover to FirstChoice Employer Super if you do not meet the eligibility and the employment requirements outlined in the FirstChoice Employer Super Insurance booklet.

3 Total cover that may be transferred is limited to $1.5 million for death and TPD (includes existing cover) and $10,000 per month for SCI.

4 The contact details you have provided will only be used to contact you regarding your insurance application. To update your account details, please log into FirstNet, call us or complete a Change of Details form, available at cfs.com.au/forms

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Insurance cover is provided by AIA Australia Limited ABN 79 004 837 861 under policies issued to the trustee.

PART C – PRIVACY

In completing this form you may be providing AIA Australia Limited with personal and sensitive information. The AIA Australia Privacy Policy sets out how your personal information (including sensitive information) is collected, used, handled and disclosed by us, and other important information. AIA Australia's current Privacy Policy is available at www.aia.com.au or by calling 1800 333 613. In summary, for the purposes set out in AIA Australia's Privacy Policy (including for the purposes of administering, assessing or processing your insurance or any claim) AIA Australia may:

- collect personal and sensitive information from you, including from application forms or other information submitted in respect of your insurance, or when interacting with you (including online),
- collect your personal and sensitive information from, and provide to, third parties in Australia and overseas, such as your financial adviser, employers, health professionals, reinsurers, government agencies, service providers and affiliates,
- be required or authorised to collect your personal and sensitive information under various laws including insurance, taxation, financial services and other laws set out in the AIA Australia Privacy Policy, and
- disclose personal and sensitive information to third parties which may be located in Australia, South Africa, the US, Europe, Asia and other countries including those set out in our Privacy Policy and you acknowledge that by providing your consent as set out in this form, Australian Privacy Principle 8.1 will not apply to the disclosure, we will not be accountable for those overseas parties under the Privacy Act and you may not be able to seek redress under the Privacy Act for breaches of the Privacy Act by those overseas parties.

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

PART D – DECLARATION

ACKNOWLEDGEMENT

I acknowledge that:

- if I do not fully complete, sign and date this application, I will not be eligible to transfer my existing cover to FirstChoice Employer Super, and
- if the insurer accepts my application, my existing amount of cover as at the transfer date under my former fund or previous policy will be replaced by the equivalent amount of agreed fixed cover, and
- if the insurer has accepted my application, my cover will generally commence in FirstChoice Employer Super on the date my transfer of superannuation benefits is completed by the former fund or cover under my previous policy is cancelled, subject to cancellation of my existing cover as outlined in Part B, and
- FirstChoice Employer Super and the insurer may undertake appropriate enquiry and investigation to verify the answers I have provided, and
- FirstChoice Employer Super and the insurer may investigate whether any restrictions that may have applied within the terms of the policy document were applicable to the type and/or level of cover stated on the up-to-date statement from the former fund or previous policy, and
- I agree to provide FirstChoice Employer Super or the insurer with access to the health evidence I provided to my previous insurer in my application for cover, and any non-disclosure to the previous insurer may be acted upon by FirstChoice Employer Super or the insurer, and
- should it become apparent to FirstChoice Employer Super or the insurer that I have not undertaken the requirements that I confirmed in Part B above, then any insured benefit that may be payable to me or my estate or my beneficiaries from FirstChoice Employer Super may be reduced by the insured amount paid or payable from my former fund or previous policy, an associated section or division of the former fund, or other fund, or any policy issued under any option I exercised, as a consequence of my failure to abide by these conditions; this reduction in benefit will, however, be limited to the extent that my benefit from FirstChoice Employer Super is no less than I would have been eligible to receive under the terms of the policy between FirstChoice Employer Super and the insurer had I not applied for a transfer of cover, and
- I understand that my cover, if accepted, will be subject to the terms and conditions and premiums of FirstChoice Employer Super insurance arrangements, as described in the current PDS, and
- I have received and read the current PDS explaining the terms and conditions and premiums that will apply to me under the FirstChoice Employer Super insurance arrangements, and
- I acknowledge Part C and that AIA will handle, collect, use and disclose my personal and sensitive information provided in this form in accordance with the privacy law, and
- I elect to hold insurance cover (as specified in this form) through my superannuation account even if I am under the age of 25 or my account balance is less than $6,000.

Original signature of the person to be insured

Print name

Date signed

(dd/mm/yyyy)

Submit this form via our secure online system by logging in to FirstNet at cfs.com.au.
Once logged in, select **e-Post** or **My Account**, and select **e-post a request or upload scanned form.**

Please ensure that you attach a copy of the most recent statement from your former fund or life insurance company (as outlined on page 32 of the PDS). Do not cancel your existing insurance cover or transfer any funds until you have received confirmation in writing that your request has been accepted by FirstChoice Employer Super.

ADVISER USE ONLY

Adviser name

Contact number

Dealer ID

Adviser ID

Dealer/Adviser stamp (please use black ink only)

An address listed here may be used for adviser correspondence relating to the assessment of this application.

Avanteos Investments Limited ABN 20 096 259 979 is the trustee of the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557.
Insurance cover is provided by AIA Australia Limited ABN 79 004 837 861 under policies issued to the trustee.

Colonial First State

FirstChoice Employer Super Insurance Application Form

Save

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23 February 2026

Complete this application form if you are applying for insurance. Ensure that all relevant sections of the form are completed. Prior to submitting this form, please ensure you have filled out all the necessary sections and signed and dated the declaration. All fields marked with an asterisk (*) are mandatory for the completion of this request.

SECTION A – YOUR DETAILS

1 INSURED DETAILS

Existing account number (if known)

0 6 5 ☐☐☐☐☐☐☐☐☐☐

Date of birth ☐☐/☐☐/☐☐☐☐ (dd/mm/yyyy)

Title

Mr ☐ Mrs ☐ Miss ☐ M ☐ Other ☐

Gender

Male ☐ Female ☐

Given name(s)

Surname

Postal address

Unit number | Street number | PO Box | Street name

Suburb | State | Postcode

Country

Residential address (if different from above)

Unit number | Street number | Street name

Suburb | State | Postcode

Country

We may need to contact you to clarify information you have provided in the application. If so we will contact you during business hours.

Please nominate a preferred local contact time: 8am – 11am ☐ 11am – 2pm ☐ 2pm – 5pm ☐

Contact details[1]

Mobile phone number | Work phone number | Home phone number

Email address

Are you an Australian citizen or permanent resident of Australia (as approved by the Department of Home Affairs) or are you a New Zealand citizen living permanently in Australia?

Yes ☐ No ☐

If '**No**', are you applying for, or intending to apply for, Permanent Residency in Australia? Yes ☐ No ☐

Please advise what type of visa you hold and expiry date.

31273/FS1999_form/0226

1 The contact details you have provided will only be used to contact you regarding your insurance application. To update your account details, please log into FirstNet, call us or complete a Change of Details form, available at cfs.com.au/forms

PERSONAL STATEMENT – MEMBER'S DECLARATION

About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the *Insurance Contracts Act 1984* (Cth). When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

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

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

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

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

If you do not meet your duty

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

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

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

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

Guidance for answering our questions

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

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

Changes before your cover starts

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

If you need help

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

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

Notifying the insurer

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

SECTION B – TYPE OF INSURANCE

New ☐ Increase ☐

Death ☐ Amount $ _____ (The amount nominated will be **added** to any existing cover)

Total and Permanent Disablement (TPD) ☐ Amount $ _____ (The amount nominated will be **added** to any existing cover)

OR

☐ **Full employer selected death and TPD cover**
(where your current employer selected cover is restricted to the AAL)

Salary Continuance ☐ Percentage of your income ☐☐ % (max 75%)

Super contribution component ☐☐ % (max 15%)

(The total of these two figures cannot be greater than 90% of your income)
(The percentage nominated will **replace** any existing cover)

Benefit period 2 years ☐ 5 years ☐ to age 65 ☐

Waiting period 30 days ☐ 60 days ☐ 90 days ☐

OR

☐ **Full employer selected salary continuance cover**
(where your current employer selected cover is restricted to the AAL)

Note: TPD cover amount cannot exceed the death cover amount and SCI cover cannot be greater than 90% (15% allowance for super) of your total income.

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SECTION C – PERSONAL HISTORY

Life insured to complete this section in full.

1 a Do you have, or are you applying for life, disability (including Total & Permanent Disablement or Salary Continuance cover) or trauma insurance on your life (including any pending applications held with any other insurer)?

No ☐ Yes ☐ If **'Yes'**, please complete policy details below.

Policy Number			
Commencing Date			
Policy Owner			
Insurer			
Type of Cover			
Amount of Cover			
Existing Income Protection: Waiting Period/Benefit Period			
To Be Replaced 'Y' or 'N'			

If you are intending to replace any existing cover that you hold as part of making this application, you should not cancel your existing cover until we have confirmed that we have accepted your application. If we don't accept this application, it could mean you have no cover.

The general risks of replacing life insurance cover may include but are not limited to:

- implications of any errors or omissions in your new application
- your existing policy containing differing terms, conditions, features and/or benefits to a new policy (e.g. waiting periods and qualifying periods restarting).

This information is general only and you should seek financial advice about the risks of replacing your policy to receive information that is specific to your circumstances.

b Have you **ever** been declined, deferred or accepted on special terms for life, disability or trauma insurance?

No ☐ Yes ☐ If **'Yes'**, please provide details below.

c Have you **ever** claimed benefits from any source (excluding unemployment), e.g. Accident, Sickness, Workers Compensation, Social Security, Disability Income Insurance or Pension?

No ☐ Yes ☐ If **'Yes'**, please give the name of the company, date, amount and reason for each claim below.

If you answered 'Yes' to 1(b) or 1(c) please provide details.

SECTION C – PERSONAL HISTORY (CONTINUED)

2 a In the last 12 months, have you smoked tobacco or any other substance such as cigarettes, cigars, pipes or used e-cigarettes or other nicotine products?

No ☐ Yes ☐ If **'Yes'**, please state substance and daily quantity below. (Please note 'packet' is not sufficient detail.)

b Do you drink alcohol?

No ☐ Yes ☐ If **'Yes'**, please state how many standard drinks you consume per week on average (one standard drink = 30 ml spirits (one nip), 100 ml wine, 10 oz/285 ml beer):

c Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs?

No ☐ Yes ☐ If **'Yes'**, please provide details.

3 a What is your height? cm

b What is your weight? kg

4 Do you have definite plans to travel or reside overseas?

No ☐ Yes ☐ If **'Yes'**, please state:

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure

5 Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes including touch football and oztag), long-distance sailing, hang gliding, scuba diving, motor racing, non-competitive off-road motorcycle sport (trail bike riding/dirt bike riding/motocross), parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity?

No ☐ Yes ☐ If **'Yes'**, please fill in **Section G – Aviation or Activities/Pursuits Questionnaire**.

Family History

6 Have any of your immediate family (father, mother, brother, sister), prior to the age of 60 (living or dead), ever experienced heart disease, stroke, breast cancer, ovarian cancer, prostate cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, Huntington's chorea, Alzheimer's disease, Dementia, Motor neurone disease, Multiple sclerosis, Muscular dystrophy, Parkinson's disease or any other hereditary disease?

No ☐ Yes ☐ If **'Yes'**, please provide details in the table below.

	Condition/Illness (for heart disease or cancer please specify the type)	Age at onset (approx.)	Age at death (if applicable)
Father			
Mother			
Brothers			
Sisters			

Sexual Health

7 In the last 5 years, have you been diagnosed with or experienced symptoms of Sexually Transmitted Infection/s (STIs) (examples, chlamydia, gonorrhoea, syphilis)? No ☐ Yes ☐

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SECTION D – MEDICAL AND HEALTH HISTORY

Life insured to complete this section in full and complete relevant questionnaire.

1 Have you **ever** experienced symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following?

a High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke

No ☐ Yes ☐ ▶ If **'Yes'**, please complete **Section H – High Blood Pressure/High Cholesterol Questionnaire** OR **Section J – Multi-Purpose Questionnaire**.

b Asthma, chronic lung disease, sleep apnoea, COVID-19 (do not include a negative test result, or if never diagnosed) or other respiratory disorder

No ☐ Yes ☐ ▶ If **'Yes'**, please complete **Section I – Asthma Questionnaire** OR **Section J – Multi-purpose Questionnaire**.

c Indigestion, gastric or duodenal ulcer or any bowel disorder

No ☐ Yes ☐ ▶ If **'Yes'**, please complete **Section J – Multi-Purpose Questionnaire**.

d Depression, anxiety/stress state, fatigue (including chronic fatigue syndrome), panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder

No ☐ Yes ☐ ▶ If **'Yes'**, please complete **Section K – Mental Health Questionnaire**.

e Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness or recurrent headaches or any neurological disorder including multiple sclerosis

No ☐ Yes ☐ ▶ If **'Yes'**, please complete **Section J – Multi-Purpose Questionnaire**.

f Arthritis, repetitive strain injury (RSI), fibromyalgia

No ☐ Yes ☐ ▶ If **'Yes'**, please complete **Section J – Multi-Purpose Questionnaire**.

g Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles.

No ☐ Yes ☐ ▶ If **'Yes'**, please complete **Section L – Spinal/Joints Disorder Questionnaire**.

h Psoriasis or eczema, skin disorder, defect in hearing or sight

No ☐ Yes ☐ ▶ If **'Yes'**, please complete **Section J – Multi-Purpose Questionnaire**.

i Diabetes, abnormal blood sugar, gout or thyroid disorder.

No ☐ Yes ☐ ▶ If **'Yes'**, please complete **Section J – Multi-Purpose Questionnaire**.

If you have answered 'Yes' to any of the above questions, please also complete a questionnaire for each condition (see Sections H to L).

j Cancer, cyst, lump, tumour or growth of any kind including skin cancer such as melanoma, BCC, SCC (basal cell or squamous cell carcinoma) or skin lesions/moles that have changed in shape, colour or size.

No ☐ Yes ☐

k Liver disorder (including fatty liver), pancreas, prostate, kidney or bladder disorder, renal colic or stone.

No ☐ Yes ☐

l Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia.

No ☐ Yes ☐

m Hepatitis B or C (including carrier), Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS).

No ☐ Yes ☐

Females only

n Are you pregnant?

No ☐ Yes ☐ ▶ If **'Yes'**, please provide estimated date child is due. ☐ (dd/mm/yyyy)

Have you ever had or been advised to have treatment for:

o Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound?

No ☐ Yes ☐

p An abnormal cervical smear (pap smear) test including the detection of Human Papilloma Virus (HPV) or any abnormality of the ovaries?

No ☐ Yes ☐

q Abnormal vaginal bleeding within the last 12 months or endometriosis?

No ☐ Yes ☐

SECTION D – MEDICAL AND HEALTH HISTORY (CONTINUED)

2 Have you ever experienced symptoms of or had any other illness, disease or disorder?

No ☐ Yes ☐

3 In the last 5 years have you:

a Had any medical examinations, consultations, X-rays, pathology tests or procedures?

No ☐ Yes ☐

b Occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs?

No ☐ Yes ☐

4 Are you currently under ongoing monitoring, consultation or review for any condition, complaint or finding?

No ☐ Yes ☐

5 Are you currently considering or have you been advised/referred to undergo further treatment, investigation or procedure?

No ☐ Yes ☐

For each 'Yes' answer in questions 1j–1q, 2, 3, 4 and 5 above, please provide full details in the table below.

Question Reference	Illness, Injury or Tests	Date of Illness/Injury	Time off Work	Degree of Recovery %	Results of Tests	Reason and type of treatment including date of last symptoms	Full name and address of doctor or hospital (if any)

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SECTION E – DOCTOR'S DETAILS

Life insured to complete this section in full.

1 a Details of your personal doctor.

If no personal doctor, please state name/address of last doctor or medical centre you attended.

Name

Address Postcode

Phone Fax

Email address

b What was the date of your last consultation?
(Give approximate date if exact date unknown.) (dd/mm/yyyy)

c How long have you been attending the surgery/practice?

d If less than 12 months, please provide the name and address of your previous personal doctor or medical centre.

Name

Address Postcode

Phone Fax

Email address

SECTION F – PRESENT OCCUPATION

Life insured to complete this section in full

1 a What is your usual occupation?

b Do you perform any manual work?

No ☐ Yes ☐ If **'Yes'**, please describe duties and percentage of time spent in each.

Type of work	% of time	Please describe your specific duties and where they are performed
Sendentary		
Light manual		
Heavy manual		

2 What is your annual income? (gross taxable income) **$**

3 Hours currently working per week

Zero ☐ 1–14 hours ☐ 15–60 hours ☐ >60 hours ☐ Please provide number of hours if >60

QUESTIONNAIRES

Life insured to complete – may be photocopied for additional activities/pursuits or conditions.

SECTION G – AVIATION QUESTIONNAIRE

1 Please state the number of hours flown where applicable:

a Private flying

Type of Aircraft	Previous 12 months Pilot	Previous 12 months Passenger	Next 12 months Pilot	Next 12 months Passenger
Fixed Wing				
Rotary				
Other (e.g. Ultralight, Microlight)				

b Commercial flying (excluding large mainstream carriers, e.g. Qantas)

Type of Aircraft	Previous 12 months Pilot	Previous 12 months Passenger	Next 12 months Pilot	Next 12 months Passenger
Fixed Wing				
Rotary				
Other (e.g. Ultralight, Microlight)				

c Agricultural flying

Type of Aircraft	Previous 12 months Pilot	Previous 12 months Passenger	Next 12 months Pilot	Next 12 months Passenger
Fixed Wing				
Rotary				
Other (e.g. Ultralight, Microlight)				

2 Are your flying activities:

Recreational ☐ Required for your occupation ☐

Please provide details.

3 a Name of aircrafts flown.

b Make and model of the aircrafts.

c If pilot only.

i Age of the aircrafts flown.

ii Is the aircraft serviced and maintained in Australia?

Yes ☐ No ☐ If **'No'**, where is the aircraft serviced?

4 Do you fly or intend to fly outside Australia?

No ☐ Yes ☐ If **'Yes'**, please provide details.

5 Do you participate in or intend to participate in any flying activities such as aerobatics, stunt flying or exhibitions?

No ☐ Yes ☐ If **'Yes'**, please provide details.

6 Have you ever been involved in any aviation accidents?

No ☐ Yes ☐ If **'Yes'**, please provide details.

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SECTION G – ACTIVITIES/PURSUITS QUESTIONNAIRE

1 Please describe the activity or pursuit.

2 Please advise the number of times you engage in the activity per year.

3 How many actual events/hours/trips/flights/dives/climbs/jumps/others, did you participate in over the last 12 months approximately?

4 What qualifications, certificates, licences, associations and club memberships do you hold?

5 How long have you been involved in this activity?

6 Where do you engage in this activity and in what locations?

7 Do you ever engage in this activity alone, or are you always with a group?

8 Do you compete in this activity?

No ☐ Yes ☐ If **'Yes'**, please provide details. Please advise the level of competition and names of events.

9 Do you receive any payments for your involvement in this activity?

No ☐ Yes ☐ If **'Yes'**, please provide details.

10 Please advise the maximum heights, speeds, depths the activity includes.

11 Are any of the above likely to change over the next 2 years?

No ☐ Yes ☐ If **'Yes'**, please provide details.

12 Are you involved in any record attempts?

No ☐ Yes ☐ If **'Yes'**, please provide details.

13 Are all recognised/standard safety measures and precautions followed? Please provide any additional details.

14 Please provide details including engine size and model for any cars, boats, planes (state fixed wing or rotary) or other equipment used. For martial arts state whether contact or non-contact.

15 Have you ever been involved in any accident/mishap whilst participating in this activity?

No ☐ Yes ☐ If **'Yes'**, please provide details.

SECTION H – HIGH BLOOD PRESSURE/HIGH CHOLESTEROL QUESTIONNAIRE

1 When was high blood pressure/high cholesterol first diagnosed?

2 What were the blood pressure/cholesterol readings (including total cholesterol, HDL, LDL and Triglyceride) at time of diagnosis?

Readings	Results	Date diagnosed
Blood Pressure		
Total Cholesterol		
HDL		
LDL		
Triglycerides		

3 Please provide details of your past and current treatment. Include names of medication and dosage.

Date	Medication	Dosage

4 Are you still on treatment?

Yes ☐ No ☐ If **'No'**, when was treatment discontinued and why?

5 Please give date(s) and result(s) of any electrocardiography (ECG), echocardiogram, x-ray, urine test or other investigations which may have been carried out.

Date	Procedure	Results

6 Regarding the monitoring of your condition:

a Name of medical attendant:

b How often do you attend for follow-up?

c When was your last consultation? Please provide details of your blood pressure reading and/or cholesterol (including total cholesterol, HDL, LDL and Triglyceride) reading at that time.

d Have you experienced any of the following conditions:

i Eye disorder (other than short/long sightedness) No ☐ Yes ☐

ii Symptoms or disorder relating to heart or circulatory system No ☐ Yes ☐

iii Kidney disorder or protein in urine No ☐ Yes ☐

iv Dizziness, fainting episodes or stroke No ☐ Yes ☐

If you answered '**Yes**' to any of the above, please provide details:

Date	Symptoms	Investigations	Results

e How long has your blood pressure/cholesterol been well controlled?

< 6 months ☐ 6 months to 12 months ☐ > 12 months ☐

7 Please provide any additional information on your condition which you feel will be helpful in processing your application.

8 Please attach copies of any reports or results (e.g. x-ray, pathology, ultrasound, etc) you may have.

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SECTION I – ASTHMA QUESTIONNAIRE

1 Date asthma first diagnosed. ☐ (dd/mm/yyyy)

2 How often do you experience symptoms? e.g. wheezing, breathlessness, chest tightness.

Daily ☐ Weekly ☐ Monthly ☐ Other ☐

3 When was your most recent episode of asthma? ☐ (dd/mm/yyyy)

4 Are you aware of any causes that trigger your symptoms? e.g. allergy, exercise.

5 Have you ever been off work due to asthma?

No ☐ Yes ☐ If '**Yes**', please advise when, and for how long.

6 Name of medications.

a Dosage

b Frequency

c When was the last time you received medication?

d What additional treatment do you use to control an attack?

7 Have you ever required steroid therapy (by tablet or syrup)?

No ☐ Yes ☐ If **'Yes'**, please provide details.

8 Have you ever been in hospital or received emergency treatment for asthma?

No ☐ Yes ☐ If '**Yes**', please state when, for how long and where?

9 Have you ever undergone a lung function test?

No ☐ Yes ☐ If '**Yes**', please advise dates and highest and lowest readings, if known.

10 Have you ever consulted a specialist for this condition?

No ☐ Yes ☐ If '**Yes**', please advise name and address of doctor of last consultation.

11 Please provide details of your most recent visit to any other doctor for this condition. Include date, name and address of doctor consulted.

SECTION J – MULTI-PURPOSE QUESTIONNAIRE

1 Name of condition (exact diagnosis).

2 **a** What part of the body was affected?

b Please state which side. ☐ Left ☐ Right ☐ Not applicable

3 The cause.

4 **a** Date symptoms commenced. (dd/mm/yyyy)

b How long have you been free of symptoms?

c How often do/did you have symptoms?

5 Have you ever been off work or your normal daily activities restricted in any way related to this condition?

No ☐ Yes ☐ If '**Yes**', please state when, duration and reason/restriction.

6 Have you any residual, on-going effects or restriction in your daily activities?

No ☐ Yes ☐ If '**Yes**', please give details.

7 Have you taken regular or occasional medication for this condition?

No ☐ Yes ☐ If '**Yes**', advise names of medication(s), dosage(s) and frequency.

Are you still taking this medication?

No ☐ Yes ☐

8 Have you had any other treatment for this condition (e.g. physiotherapy, operation, alternative remedies)?

No ☐ Yes ☐ If **'Yes'**, please provide details below.

9 Have you had any diagnostic investigations (e.g. scope, scan, x-rays, EEG, ECG etc)?

No ☐ Yes ☐ If **'Yes'**, please provide details below.

10 Have you ever been in hospital or received emergency treatment for anything related to this condition?

No ☐ Yes ☐ If **'Yes'**, please provide details below.

11 Have you seen a doctor or other therapist for anything related to this condition.

No ☐ Yes ☐ If '**Yes**' please provide details below. Include reason for consultation, investigation, findings and advice, and the name and specialty of the doctor/therapist.

If you answered 'Yes' to questions 8–11 please advise details including date, type of treatment and tests.

12 Has further treatment been recommended for this condition?

No ☐ Yes ☐ If '**Yes**', please provide details.

13 Does your usual doctor have details of this condition?

No ☐ Yes ☐ If '**No**', provide name and address of doctor who has full details.

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SECTION J – MULTI-PURPOSE QUESTIONNAIRE

1 Name of condition (exact diagnosis).

2 **a** What part of the body was affected?

b Please state which side. ☐ Left ☐ Right ☐ Not applicable

3 The cause.

4 **a** Date symptoms commenced. (dd/mm/yyyy)

b How long have you been free of symptoms?

c How often do/did you have symptoms?

5 Have you ever been off work or your normal daily activities restricted in any way related to this condition?

No ☐ Yes ☐ If '**Yes**', please state when, duration and reason/restriction.

6 Have you any residual, on-going effects or restriction in your daily activities?

No ☐ Yes ☐ If '**Yes**', please give details.

7 Have you taken regular or occasional medication for this condition?

No ☐ Yes ☐ If '**Yes**', advise names of medication(s), dosage(s) and frequency.

Are you still taking this medication?

No ☐ Yes ☐

8 Have you had any other treatment for this condition (e.g. physiotherapy, operation, alternative remedies)?

No ☐ Yes ☐ If **'Yes'**, please provide details below.

9 Have you had any diagnostic investigations (e.g. scope, scan, x-rays, EEG, ECG etc)?

No ☐ Yes ☐ If **'Yes'**, please provide details below.

10 Have you ever been in hospital or received emergency treatment for anything related to this condition?

No ☐ Yes ☐ If **'Yes'**, please provide details below.

11 Have you seen a doctor or other therapist for anything related to this condition.

No ☐ Yes ☐ If '**Yes**' please provide details below. Include reason for consultation, investigation, findings and advice, and the name and specialty of the doctor/therapist.

If you answered 'Yes' to questions 8–11 please advise details including date, type of treatment and tests.

12 Has further treatment been recommended for this condition?

No ☐ Yes ☐ If '**Yes**', please provide details.

13 Does your usual doctor have details of this condition?

No ☐ Yes ☐ If '**No**', provide name and address of doctor who has full details.

SECTION K – MENTAL HEALTH QUESTIONNAIRE

1 Please indicate the condition(s) you have had or received treatment for.

- ☐ Anxiety including generalised anxiety, panic or phobic disorder
- ☐ Eating disorder including anorexia nervosa, bulimia
- ☐ Depression including major depression or mild depression
- ☐ Manic depressive illness, bi-polar disorder
- ☐ Alcohol or other substance abuse or addiction
- ☐ Post traumatic stress
- ☐ Schizophrenic or any other psychotic disorder
- ☐ Stress, sleeplessness, chronic fatigue
- ☐ Other (please specify)

2 Describe your symptoms including the date they first started and how long they lasted.

Symptoms	Date from	Date to

3 Have you had any recurrences?

No ☐ Yes ☐ If **'Yes'**, please provide details.

Symptoms	Date from	Date to

4 **a** Has any reason for your condition been identified or are there any factors which trigger your condition?

b Have you ever had any suicidal thoughts, attempted suicide, threatened to self-harm or engaged in self-harm?

No ☐ Yes ☐ If **'Yes'**, please provide details.

5 **a** Please advise all treatments you have received and/or are receiving, including counselling, name(s) of medications, hospitalisation etc.

Type of treatment	Date commenced	Date ceased

b Are you currently receiving treatment?

No ☐ Yes ☐ If **'Yes'**, please provide details.

6 Please provide details of doctors or health professionals, including psychiatrists and psychologists, consulted for your condition.

Name and address	Date first consulted	Date last consulted

7 Have you ever been off work or your normal daily activities restricted in any way due to your condition?

No ☐ Yes ☐ If **'Yes'**, when and how long?

8 Have you any ongoing effects or restriction to your activities of any kind due to your condition?

No ☐ Yes ☐ If **'Yes'**, please provide details.

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SECTION L – SPINAL/JOINTS DISORDER QUESTIONNAIRE

1 Area of spine (e.g. neck, upper or lower back) and/or joints affected (e.g. left knee, right hip, shoulders, elbows etc).

2 Please state the precise diagnosis.

3 When did symptoms first occur?

4 **a** What was the cause?

b Please describe your symptoms.

c Do you have or have you ever had pain, numbness or 'pins and needles' in your arms, shoulders, buttocks or legs?

No ☐ Yes ☐

d State frequency and severity of attacks/symptoms prior to treatment.

5 Are you still experiencing symptoms?

No ☐ Yes ☐

a If '**No**', date of last experienced symptoms. (dd/mm/yyyy)

b If '**Yes**', how frequently have symptoms occurred since commencing treatment?

Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐

6 **a** What is the nature of the treatment (e.g. medication, physiotherapy, exercise, etc)?

b Are you still receiving treatment?

No ☐ Yes ☐

i If '**No**', when did you cease treatment? (dd/mm/yyyy)

ii If '**Yes**', how often do you attend for follow-up and date of last consultation?

c Name and address of doctor or therapist consulted.

7 Have you had any x-rays or other investigations or have you ever consulted a specialist for this condition?

No ☐ Yes ☐ If **'Yes'**, please provide date(s) and full details including type of investigations, results and name of doctor.

8 Have you had an operation for this condition or is an operation being considered?

No ☐ Yes ☐ If **'Yes'**, please provide date(s) and full details including names of hospital and consultant/surgeon.

9 **a** Have you ever been off work due to your symptoms?

No ☐ Yes ☐ If **'Yes'**, when and for how long?

b Are your occupation duties restricted in any way?

No ☐ Yes ☐ If **'Yes'**, please provide details.

c Is it necessary to avoid lifting or to restrict your daily activities in any way?

No ☐ Yes ☐ If **'Yes'**, please provide details.

SECTION M – DECLARATION

- I declare that the information I provided in this Personal Statement (whether written in my hand or not) is true and correct and that no information material to the insurance has been withheld.
- I agree that any personal statements made (including this one) together with any relevant supporting documents shall form the basis of the proposed contract of insurance with AIA Australia Limited.
- I also understand that my duty to take reasonable care continues after I have completed the insurance application until AIA Australia has accepted the risk. I understand AIA Australia may cancel the cover from inception or provide cover on amended terms if I do not comply with my duty to take reasonable care.
- I consent to AIA Australia collecting sensitive information, i.e. health information about me, for the purpose of the performance of this contract.
- I agree that cover will not commence until the premium is paid and AIA Australia has accepted the risk.
- I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the Privacy section of this form and the AIA Australia Privacy Policy available at www.aia.com.au as updated from time to time, including the exchange with third parties located in Australia and overseas. I agree that any personal and sensitive information AIA Australia holds will be governed by the most current Privacy Policy on AIA Australia's website.
- I elect to hold insurance cover (as specified in this form) through my superannuation account even if I am under the age of 25 or my account balance is less than $6,000.

I confirm the Declarations are true and accurate.

Signature

Print name

Date signed

(dd/mm/yyyy)

SECTION N – PRIVACY

The AIA Australia Privacy Policy sets out how your personal information (including sensitive information) is collected, used, handled and disclosed by us, and other important information. AIA Australia's current Privacy Policy is available at www.aia.com.au or by calling 1800 333 613. In summary, for the purposes set out in AIA Australia's Privacy Policy (including for the purposes of administering, assessing or processing your insurance or any claim) AIA Australia may:

- collect personal and sensitive information from you, including from application forms or other information submitted in respect of your insurance or when interacting with you (including online);
- collect your personal and sensitive information from, and provide to, third parties in Australia and overseas, such as your financial adviser employers, health professionals, reinsurers, government agencies, service providers and affiliates;
- be required or authorised to collect your personal and sensitive information under various laws including insurance, taxation, financial services and other laws set out in the AIA Australia Privacy Policy; and
- disclose personal and sensitive information to third parties which may be located in Australia, South Africa, the US, Europe, Asia and other countries including those set out in our Privacy Policy and you acknowledge that by providing your consent as set out in this form, Australian Privacy Principle 8.1 will not apply to the disclosure, we will not be accountable for those overseas parties under the Privacy Act and you may not be able to seek redress under the Privacy Act for breaches of the Privacy Act by those overseas parties.

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

Avanteos Investments Limited ABN 20 096 259 979 is the trustee of the Colonial First State FirstChoice Superannuation Trust ABN 26 458 298 557.
Insurance cover is provided by AIA Australia Limited ABN 79 004 837 861 under policies issued to the trustee.

SECTION O – AUTHORITY TO RELEASE HEALTH INFORMATION

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, (**AIA Australia**), collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Please read each Authority carefully and the explanatory notes below.

AUTHORITY 1

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/ Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to **AIA Australia**, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form **AIA Australia** asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- **AIA Australia** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **AIA Australia** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature

Date

(dd/mm/yyyy)

AUTHORITY 2

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to **AIA Australia**, or to third parties they engage, only if **AIA Australia** has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- **AIA Australia** can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while **AIA Australia** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature

Date

(dd/mm/yyyy)

☐ I/We authorise and consent to any life insurance company disclosing to AIA Australia personal and sensitive information about me/us with regard to previous or current applications for insurance cover or claims made under other insurance cover which may include details of my/our health and medical history.

Submit this form via our secure online system by logging in to FirstNet at cfs.com.au.
Once logged in, select e-Post or My Account, and select e-post a request or upload scanned form.

ADVISER USE ONLY

Adviser name

Contact number

Dealer ID

Adviser ID

Dealer/Adviser stamp (please use black ink only)

An address listed here may be used for adviser correspondence relating to the assessment of this application.

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