

INSURANCE COVER IS CHANGING NOTICE

EFFECTIVE 1 JULY 2020

Changes to Death and Total Permanent Disablement (TPD) Insurance

Following a rigorous tender process, Energy Super (the Fund) has appointed the Insurer Life Limited (the Insurer) as its insurer. The insurance held by all members in the Fund will transfer from MLC Limited (MLC) to the OnePath Life Limited on 1 July 2020. This notice provides you with a summary of the key terms of the Death and Total and Permanent Disability insurance that will be provided by the Insurer from 1 July 2020.

Death and Total Permanent Disablement (TPD) Cover

The Fund offers Death and Total and Permanent Disability (TPD) cover that provides a lump sum benefit in the event of death or Total and Permanent Disablement through injury or illness. This document outlines the key change to this insurance that is being made from 1 July 2020.

Changes to benefits and maximum cover for new members

For new Members, the maximum benefit payable in the event of death will be \$5,000,000 and \$3,000,000 in the event of Total and Permanent Disability. The maximum benefit payable under a Terminal Illness Benefit is \$3,000,000.

If you are an existing Member with Cover above this amount as at 30 June 2020 you will retain your existing level of cover, but will not be able to increase cover above this level.

Increasing, reducing or cancelling cover

Voluntary Cover

Voluntary Cover is cover that you apply for above any cover provided to you automatically under the Policy.

For existing Members, applications for additional Voluntary Cover above existing cover, and for new Members, any applications for Voluntary Cover, will be subject to underwriting and acceptance by the Insurer.

If an application for Voluntary Cover is accepted by the Insurer, we will notify you of that acceptance and any special conditions such as exclusions or premium loadings associated with the Voluntary Cover. Where special conditions apply, you will have 28 days to notify the Insurer or the Fund that you accept the special conditions. If you do not accept the special conditions or the Insurer or the Fund do not hear from you within the 28 days from the date you were notified of any special condition, your Voluntary Cover will not take effect.

Reducing or cancelling your cover

You can reduce or cancel your Cover at any time by completing a Change of Insurance Form available on our website at energysuper.com.au. You can also cancel your insurance over the phone by contacting us on **1300 436 374**.

The reduction in or cancellation of your cover will take effect on the later of the date we receive your notification to reduce or cancel your cover or the date you specify it be reduced or cancelled.

Life Events Cover

The Guaranteed Future Insurability Benefit under your existing MLC policy is now called Life Events Cover.

You may apply for an increase in Cover for one Specific Life Event in any 12 month period with a maximum of two accepted Life Event Applications during your membership in the Fund. If we accept your Life Events Application, we will advise you in writing of our acceptance. An application has to be received before the later of:

- 90 days after the occurrence of the Life Event; or
- 90 days after the next Annual Member Statement is received by you immediately following the occurrence of the Life Event (provided the Life Event occurs within 12 months of the date of the Annual Member Statement)

A Specific Life Event is any one of the following:

- You have been a member of the Fund for 10 years continuously.
- You or your spouse gives birth to or adopts a child.
- You take out a new mortgage, or increase an existing mortgage (excluding re-draw and refinancing) by at least \$100,000 on your principle place of residence with an Accredited Mortgage Provider.
- You get married or divorced.
- The death of your spouse.

If you are not in Active Employment on the date you apply, any additional Cover provided to you under Life Events Terms will be Limited Cover until you have been in Active Employment for 30 consecutive days after the date the additional Cover commences.

The amount of increase in Cover available to you on the happening of a Specific Life Event is:

- If you hold fixed-dollar cover, 25% of your fixed-dollar cover up to a limit of \$250,000; or
- If you hold unit cover, two Units.

The terms and conditions of your existing Cover will apply to any additional Cover under Life Events Terms.

Your premium will be recalculated to reflect the increase in Cover according to the premium rates current at the time.

Transfer of Cover

You can apply to transfer Death and TPD Cover held in other superannuation funds (Previous Cover) to your Energy Super account if you:

- have not made, or are not entitled to make, a claim and are not eligible to be paid a benefit in relation to the Previous Cover;
- do not have a premium loading attached to your Previous Cover; and
- do not have your Previous Cover provided through a self-managed superannuation fund or a non-superannuation policy.

You will be able to do this by completing the Insurance Transfer Application e-form that will be available via our website from 1 July 2020.

Your transfer amount is capped at \$1,000,000.

If you do have Cover in the Fund and wish to transfer Previous Cover, your transfer amount is capped at the following maximum benefit levels:

- Death - \$5,000,000
- Terminal Illness Benefit or Total and Permanent Disability Benefit - \$3,000,000

You should not cancel the cover you hold in the other super fund until you receive confirmation from us that your application to transfer your cover has been accepted. If we accept your application and your cover is transferred, you must cancel your Previous Cover.

Interim Accident Cover

Interim Accident Cover will still be provided to you if you apply for additional cover (Voluntary Cover). Under Interim Accident Cover you will receive a benefit if you die or become Totally and Permanently Disabled while your application for Voluntary Cover is being assessed.

If you have Death Cover only, you will be paid an benefit if you die from an accident.

Interim Accident Cover starts from the date the application is received by the Insurer or the Fund and will automatically end upon the earlier of:

- 90 days after the date Interim Accident Cover starts.
- The date your application has been accepted or declined.
- You cease to be a Member of the Fund.
- You die or reach age 70 if you have unit based or fixed Cover otherwise age 65.
- Your cover otherwise ceasing for any reason ,including cancellation of Interim Accident Cover by the Insurer pursuant to their legal rights.
- The date you cancel or withdraw the application.
- If Special Acceptance Terms are required, the date you accept the Special Acceptance Terms or,
- when cover for every member ceases under the group insurance policy because the insurance policy is cancelled.

The benefit payable is the lesser amount of:

- The amount applied for in your Voluntary Cover application;
- \$1,000,000;
- The difference between the amount applied for and any existing Cover which is to be replaced, and
- An amount which the Insurer would potentially accept according to their underwriting rules

and is only payable once.

You will not be paid an benefit if the injury or illness results directly or indirectly from War or War Service or an event that is not an Accident.

Automatic Restricted Cover for Members in the Public Offer Division

If you join the Fund as a Public Offer member you may elect to obtain Automatic Restricted Cover for Death and TPD of the Default Cover Amount if you make a valid application and return it to us within 60 days of the joining the Fund and receiving your Welcome Letter , and your application is accepted by the Insurer.

Exclusions

Benefits will not be payable:

- a. Where your death, Terminal Illness or Total and Permanent Disability is caused directly or indirectly, wholly or partially, from War or War Service; and
- b. with respect to any special conditions or exclusions advised to you.

Exclusions that apply to Limited Cover

Benefits will not be payable under Limited Cover where, directly or indirectly, wholly or partially:

- a. your death is caused by a Deliberate Self-Inflicted Act within 13 months of the Default Cover Commencement Date; or
- b. your Terminal Illness or Total and Permanent Disablement is caused by a Deliberate Self-Inflicted Act; or
- c. your death, Terminal Illness or Total and Permanent Disablement arises from a Pre-Existing Condition (see below).

Exclusions that apply to Automatic Restricted Cover (for Public Offer Members)

Benefits will not be payable for Automatic Restricted Cover where death, Terminal Illness or Total and Permanent Disablement is caused directly or indirectly, wholly or partially, by:

- a. a Deliberate Self-Inflicted Act, and the date of the Deliberate Self-Inflicted Act occurs within 2 years of your Automatic Restricted Cover commencing or increasing; or
- b. a Pre-Existing Condition (see below), and the Incurred Date occurs within 2 years of your Automatic Restricted Cover commencing or increasing.

Pre-Existing Conditions

A Pre-Existing Condition means an injury, illness, condition or related symptom, whether it was diagnosed by a Medical Practitioner or not, which in the Insurer's opinion:

- a. you (or a reasonable person in your position) was aware of, or should have been aware of;
- b. you had, or were intending to have, a Medical Consultation; or
- c. a reasonable person in your circumstances would have had a Medical Consultation,

as at or prior to the date Cover commenced, recommenced or increased (with respect to the increased Insured Amount of Cover only).

When your cover ends

Your Death only or Death and TPD Cover will end on the earliest of:

- the date the Policy terminates;
- unless you are a defined benefit member, the day one month from the date the premium is unable to be deducted from your Energy Super account;
- unless you are a defined benefit member, the day your Energy Super Account has not received a contribution for 16 months and you have not made an election to retain your cover;
- the date you reach age 70 if you have unit based or fixed Cover otherwise age 65;
- the date you die;
- the date you become entitled to a TPD benefit

- the date you become entitled to a Terminal Illness Benefit for an amount equal to the full amount of your Death Cover. If your Terminal Illness Benefit is lower than your Death Benefit payable, the remaining amount of your Death Cover continues;
- the day you commence service in the armed forces (other than the Defence Force Reserve) of any country;
- if you are a member of the Defence Force Reserve, the date you become subject to a call out order under the Defence Act 1903 (Cth);
- the date you cease to be a member of the Fund;
- if you are not a Public Offer member, the date you commence leave that is not approved by your Employer prior to commencing leave.
- the later of the date you cancel your Cover or the date you request your Cover be cancelled;
- the date the Insurer cancels your Cover as permitted under law;
- If you are not an Australian Resident, the date you are no longer eligible to work in Australia, or the date Australia ceases to be your Permanent Place of Residence; or
- when cover for every member ceases under the group insurance policy because the insurance policy is cancelled.

Worldwide Cover

Where you submit a claim whilst you are outside Australia, the Insurer may require you to return to Australia at your own expense for assessment of your claim (including having you assessed by one or more Medical Practitioners) before the Insurer progress the assessment of the claim any further, unless the Insurer is satisfied you are unable to return to Australia for medical reasons.

Tapering of TPD benefit

Where the TPD Cover is fixed-dollar cover, your TPD benefits reduce each year by the amount in the table below:

Age	Age: 65	Age: 70
Up to 60	0%	0%
61	20%	10%
62	40%	20%
63	60%	30%
64	80%	40%
65	100%	50%
66		60%
67		70%
68		80%
69		90%
70		100%

Reinstatement of Cover

If you wish to recommence your Cover after your Cover has ceased for any reason you must submit an application for Cover, in which case your Cover may be subject to underwriting and Special Acceptance Terms.

You will not need to make an application to recommence your Cover if your Cover is automatically reinstated.

Reinstatement of Cover after insufficient balance to pay premiums – Public Offer Division

If your Cover ceased because the premium was unable to be deducted from your account, your Cover may automatically recommence if:

- the first cContribution paid to the same superannuation account after your Cover ended is made no more than 120 days after the end of the month in which your Cover ended;
- at all times, you were a Member;
- you have not previously instructed the Insurer or the Fund to cancel your Cover;
- you are an Eligible Person at the date Cover recommences; and
- on the date on which the Contribution is received by the Fund, you have sufficient monies in your account to pay the premiums, including the first two premiums after reinstatement and any outstanding premium payable.

Your Cover will recommence from the day the first premium payment is received by the Insurer after your Cover ended and be subject to the same conditions which applied to your Cover immediately prior to it ceasing.

If you are not At Work on the date Cover recommences, the recommenced Cover will be Limited Cover until you have been At Work for 30 consecutive days after the date Cover recommences.

Continuation option no longer available

Insured Members will no longer be able to elect to continue their insurance under an individual policy if they leave the Fund.

Definitions

Some of the definitions that are used in relation to your insurance have been updated. The important updates are listed below.

Active Employment means you are Gainfully Working and are:

- actively performing all the duties of your occupation, free from any limitation due to illness or injury and not on leave; or
- on leave approved by your Employer prior to commencing that leave, or self-employed and on leave, taken for reasons unrelated to injury or illness, and in the Insurer's opinion, capable of actively performing all the duties of your occupation (being the occupation performed by you when you last worked), free from any limitation due to illness or injury, and
- capable of performing all the duties of your occupation on a Full-time basis (even if not working Full-time).

At Work means you are Gainfully Working and:

- are:
 - in the Insurer's opinion, actively performing all the duties of your occupation, free from any limitation due to illness or injury and not on leave; or
 - on Employer Approved Leave, or self-employed and on leave, taken for reasons unrelated to injury or illness, and in the Insurer's opinion, capable of actively performing all the duties of your occupation (being the occupation performed by you when you last worked), free from any limitation due to illness or injury, and
- capable of performing all the duties of your occupation on a Full-time basis (even if not working Full-time); and

- c. not in receipt of, or entitled to claim, income support benefits from any source including but not limited to workers' compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits of any kind).

Australian Resident means an Australian citizen, a New Zealand citizen or an 'Australian Permanent Resident' within the meaning of the Migration Act 1958 (Cth) and Migration Regulations 1994 (Cth).

Cover: means the amount of cover which provides insurance for Death cover only or Deathband Total Permanent Disability cover.

Deliberate Self Inflicted Act: means a deliberate self-inflicted act made by you, including but not limited to attempted suicide or suicide, whether or not you are sane at the time.

Event Date is the date your TPD benefit becomes payable to you.

Gainfully Working means you are:

- a. employed or self-employed for reward or financial benefit, or the hope of reward or financial benefit, in any business, trade, profession, vocation, calling, occupation or employment; or
- b. on leave approved by your Employer prior to commencing that leave.

Incurred Date means, in respect of a claim for the:

- a. Death benefit, your date of death;
- b. Terminal Illness Benefit, the date of the latest Written Certification by a Medical Practitioner which we accept as evidence of Terminal Illness; or
- c. TPD benefit, the Event Date.

Limited Cover: means you will only be covered for death, Terminal Illness and Total and Permanent Disablement (as applicable) which does not arise either directly or indirectly, wholly or partially, from a Pre-Existing Condition.

Medical Practitioner: means a medical practitioner who is medically qualified and properly registered in Australia, and not related, or connected by personal relationship, to you. If practising overseas, and not registered as a medical practitioner in Australia, it means the person is approved by the Insurer and has qualifications equivalent to Australian standards. Chiropractors, physiotherapists, psychologists, optometrists and alternative therapy providers are not regarded as Medical Practitioners.

Previous education, training or experience: means any education, training or experience you have undertaken prior to the Event Date.

Reasonable Retraining or Rehabilitation: means any further education, training, experience or rehabilitation you have undertaken since the Event Date; or which in the Insurer's opinion you have capacity to undertake and be reasonably expect to do so based on your previous education, training or experience.

Terminal Illness: means an illness or injury where:

- a. two Medical Practitioners, including one Specialist Medical Practitioner that may be appointed by the Insurer, certify in writing ("Written Certification") that you suffer from an illness or incurred an injury that, despite reasonable medical treatment, is likely to result in your death within 24 months from the date of certification; and
- b. the Insurer is satisfied from medical or other evidence that the you will, despite reasonable medical treatment, die from the illness or injury within 24 months.

New Premium Rates from 1 July 2020 for Unit Based Cover

Weekly rate per unit.

White Collar/ Professionals		General	
Death Only	Death & TPD	Death Only	Death & TPD
\$0.740	\$1.179	\$0.925	\$1.459

If you are a CS Energy Member the following weekly rate per units apply:

White Collar/ Professionals		General	
Death Only	Death & TPD	Death Only	Death & TPD
\$1.153	\$1.798	\$1.252	\$2.212

Fixed Cover Premiums from 1 July 2020

For all members with fixed cover, other than defined benefit members, the following premium rates apply:

Annual Premium Rates per \$1,000 sum insured					
Age Next Birthday	White Collar/ Professionals		Age Next Birthday	General	
	Dth & TPD (\$)	Dth Only (\$)		Dth & TPD (\$)	Dth Only (\$)
16-30	0.560	0.413	16-30	0.707	0.469
31	0.590	0.441	31	0.738	0.498
32	0.619	0.456	32	0.781	0.526
33	0.634	0.469	33	0.781	0.526
34	0.634	0.469	34	0.781	0.526
35	0.738	0.541	35	0.929	0.612
36	0.796	0.584	36	0.988	0.669
37	0.855	0.626	37	1.062	0.712
38	0.929	0.682	38	1.150	0.769
39	1.002	0.740	39	1.267	0.839
40	1.105	0.825	40	1.386	0.925
41	1.238	0.910	41	1.548	1.039
42	1.400	1.025	42	1.740	1.167
43	1.562	1.153	43	1.960	1.310
44	1.769	1.310	44	2.196	1.480
45	1.976	1.466	45	2.476	1.664
46	2.241	1.664	46	2.801	1.879
47	2.550	1.892	47	3.198	2.135
48	2.889	2.135	48	3.612	2.419
49	3.302	2.448	49	4.143	2.774
50	3.774	2.789	50	4.717	3.159
51	4.334	3.215	51	5.424	3.628
52	4.997	3.699	52	6.250	4.184
53	5.750	4.254	53	7.193	4.809
54	6.574	4.866	54	8.210	5.492
55	7.665	5.677	55	9.582	6.417
56	8.682	6.417	56	10.850	7.257
57	9.788	7.242	57	12.236	8.181
58	11.218	8.296	58	14.019	9.391
59	12.781	9.448	59	15.965	10.686
60	14.372	10.643	60	17.969	12.024
61	15.331	11.340	61	19.163	12.821
62	17.689	13.090	62	22.111	14.798
63	19.163	14.186	63	23.954	16.036
64	20.903	15.467	64	26.135	17.487
65	22.996	17.018	65	28.745	19.238
66	25.296	18.725	66	31.620	21.158
67	27.830	20.589	67	34.789	23.278
68	30.616	22.653	68	38.268	25.612
69	33.683	24.914	69	42.100	28.158
70	37.059	27.404	70	46.316	30.975

If you are a defined benefit Member the following premium rates apply:

Annual Premium Rates per \$1,000 sum insured					
Age Next Birthday	Dth & TPD (\$)	Dth Only (\$)	Age Next Birthday	Dth & TPD (\$)	Dth Only (\$)
17	0.591	0.524	40	1.612	0.878
18	0.719	0.632	41	1.740	0.940
19	0.814	0.708	42	1.882	1.016
20	0.878	0.770	43	2.059	1.094
21	0.942	0.817	44	2.297	1.217
22	0.974	0.832	45	2.584	1.355
23	0.989	0.848	46	2.904	1.494
24	1.006	0.848	47	3.254	1.663
25	0.957	0.786	48	3.654	1.848
26	0.910	0.739	49	4.069	2.002
27	0.878	0.678	50	4.531	2.172
28	0.830	0.632	51	5.041	2.341
29	0.782	0.585	52	5.632	2.541
30	0.734	0.540	53	6.286	2.757
31	0.861	0.601	54	6.972	2.973
32	0.974	0.663	55	7.753	3.203
33	1.053	0.708	56	9.078	3.650
34	1.117	0.708	57	10.083	3.927
35	1.165	0.724	58	11.231	4.250
36	1.229	0.739	59	12.252	4.681
37	1.293	0.755	60	13.369	5.159
38	1.372	0.755			

If you are a NRG Gladstone Member the following premium rates apply:

Annual Premium Rates per			\$1,000 sum insured		
Age Next Birthday	Dth&TPD (\$)	Dth Only (\$)	Age Next Birthday	Dth&TPD (\$)	Dth Only (\$)
16	0.800	0.540	55	7.980	3.660
17	0.930	0.670	56	9.020	3.980
18	1.080	0.830	57	10.180	4.340
19	1.210	0.960	58	11.560	4.710
20	1.230	0.970	59	13.180	5.170
21	1.190	0.990	60	15.070	5.680
22	1.160	0.960	61	17.520	6.590
23	1.100	0.940	62	20.310	7.600
24	1.060	0.910	63	23.370	8.700
25	1.020	0.890	64	26.780	9.870
26	0.980	0.850	65	30.570	11.160
27	0.970	0.840			
28	0.930	0.790			
29	0.960	0.790			
30	0.980	0.790			
31	1.010	0.790			
32	1.010	0.790			
33	1.030	0.790			
34	1.080	0.810			
35	1.160	0.850			
36	1.210	0.860			
37	1.290	0.910			
38	1.380	0.950			
39	1.510	1.020			
40	1.680	1.120			
41	1.840	1.190			
42	2.030	1.280			
43	2.230	1.380			
44	2.480	1.480			
45	2.760	1.610			
46	3.100	1.760			
47	3.410	1.880			
48	3.800	2.040			
49	4.240	2.220			
50	4.720	2.400			
51	5.280	2.640			
52	5.790	2.850			
53	6.480	3.120			
54	7.170	3.380			

Changes to Income Protection Cover

Following a rigorous tender process, Energy Super (the Fund) appointed OnePath Life Limited (the Insurer) as its income protection insurer on 6 September 2019, transferring the policy terms and conditions of the Fund's previous insurer, MLC to OnePath. The terms of this insurance policy are due to expire on 30 June 2020 and a new income protection policy has been agreed with OnePath (the Policy).

This notice provides you with a summary of the key terms of the income protection insurance that will be provided by OnePath from 1 July 2020 under the new Policy.

Short Term and Long Term Cover

The Fund offers Members both short term and long term income protection cover. Short term provides income protection cover for up to a 104 week period (Short Term Cover). Long term provides cover for up to age 65 (Long Term Cover).

Changes to benefits and maximum cover

The benefit payable in the event you make a claim will be 80% of your Pre-Disability Salary plus an additional 10% Superannuation Contribution Benefit paid to your Energy Super account, subject to a maximum benefit of \$30,000 per month.

If your current cover is greater than \$30,000 per month as at 30 June 2020 you will retain your existing amount of cover, but you will not be able to increase this level of cover.

Waiting period

You have the choice of a 14, 30, 60 and 90 day Waiting Period.

For Long Term Cover the Waiting Period is the number of days in the Short Term Cover Waiting Period plus 104 weeks.

How your cover will change from 1 July 2020

Unit Based Cover

From 1 July 2020 all your income protection cover will be based on units of cover. Each unit is equal to \$115.40 per week of cover. For example if you have 10 units of income protection cover, this will equate to \$1,154 per week of cover.

- Members employed with Employer paid premium arrangements

If your employer notifies us that they are covering the cost of your income protection insurance, you will maintain your current level of cover and waiting period and your existing cover amount will be converted to an equivalent number of units.

Please refer to your *Important Changes to Your Insurance* notice for a comparison between your current cover amount and new unitised amount of cover.

- Members with Additional or Voluntary cover

If you have previously increased your cover, purchased extended income protection cover (Long Term Cover) or do not have default cover, you will maintain your current level of cover and waiting period and your existing cover amount will be converted to an equivalent number of units.

Please refer to your *Important Changes to Your Insurance* for a comparison between your current cover and new cover.

- All other members

If you are not employed under an employer paid premium arrangement or do not have Additional or Voluntary cover, from 1 July 2020 you will be transferred to Life-stage Income Protection Cover (Life-stage Cover). Life-stage Cover provides you with a set number of units of cover per week based on your age as per the table below.

Each unit is \$115.40 per week of cover.		
Age Next Birthday	Number of units	Amount of cover per week
Age 21 and under	5	\$577
22-31	10	\$1,154
32-61	15	\$1,731
62-70	10	\$1,154

Increasing, reducing or cancelling cover

Voluntary Cover - underwriting

Voluntary Cover is Short Term Cover or Long Term Cover that you apply for above any cover provided to you automatically under the Policy.

For existing members, applications for additional Voluntary Cover above existing cover, and for new Members, any applications for Voluntary Cover will be subject to Underwriting and acceptance by the insurer.

If an application for Voluntary Cover is accepted by the Insurer, we will notify you of acceptance and any special conditions such as exclusions or premium loadings associated with the Voluntary Cover. Where special conditions apply, you will have 28 days to accept the special conditions. If you do not accept the special conditions or we do not hear from you within the 28 days of the date you were notified of any special condition, your Voluntary Cover will not take effect.

Voluntary Cover - without underwriting

If you are not a Public Offer member, you can apply for Voluntary Cover without underwriting up to a total of 30 units of Short Term Cover. Voluntary Cover will be provided without underwriting will be classified as Limited Cover and subject to Pre-Existing Condition exclusions.

Automatic Restricted Cover for Members in the Public Offer Division

If you join the Fund as a Public Offer member, you may elect to obtain Automatic Restricted Cover of the Default Cover Amount if you make a valid application and return it to us within 60 days of the issue date of joining the Fund and receiving your welcome letter and the application is accepted by the insurer.

Reduce or Cancel Your Cover

You can reduce or cancel your Cover at any time by completing a *Change of Insurance* Form available on our website under Forms at energysuper.com.au/insurance2020

The reduction in or cancellation of your cover will take effect the date we receive your notification to reduce or cancel your cover or the date you specify it be reduced or cancelled, whichever is the later in time.

Transfer cover

From 1 July 2020, you can apply to transfer your income protection cover held in other superannuation funds (Previous Cover) to your Energy Super account if you:

- have not made, or are not entitled to make, a claim and are not eligible to be paid a benefit in relation to the Previous Cover;
- do not have a premium loading attached to your Previous Cover; and
- do not have your Previous Cover provided through a self-managed superannuation fund or a non-superannuation policy.

You will be able to do this by completing the Insurance Transfer Application e-form that will be available via our website from 1 July 2020.

We will confirm with you in writing if your application is successful or not and any special terms that may apply to your transferred cover.

You should not cancel the cover you hold in the other super fund until you receive confirmation from us that your application to transfer your cover has been accepted.

If we accept your application and your cover is transferred, you must cancel your Previous Cover.

Interim Accident Cover

Interim Accident Cover is provided for all or that part of the cover for which an application for Voluntary Cover is received. Interim Accident Cover starts from the date the application is received by OnePath and will end upon the earlier of:

- 90 days after the date Interim Accident Cover starts.
- The date that your application has been accepted or declined.
- Your cover otherwise ceasing for any reason under the terms of the Policy.
- The date you cancel or withdraw the application, or
- If Special Acceptance Terms are required, the date you accept the Special Acceptance Terms

You will be paid an benefit for up to 2 years in the event you suffer Total or Partial Disability as a result of an Accident during the period in which Interim Accident Cover applies.

Removal of annual indexation of cover

Annual indexation of 5% for Members with current Income Protection Category A to G has been removed.

Removal of Insurance Administration Fee

From 1 April 2020, the 5% insurance administration fee will no longer be charged.

Income protection payments

In the event that you make a claim and your claim is successful, income protection benefit payments will be made every two weeks in arrears.

Qualifying for an income protection benefit

A benefit will become payable if:

- your cover has not ended as at the Date of Disablement;
- as at the day immediately before the Date of Disablement you were Gainfully Working or you had been Gainfully Working within the prior 6 months; and
- The Waiting Period has expired.

Partial Disability Benefit Calculation

In the event you make a claim and are determined to be Partially Disabled a Partial Disability benefit is calculated as follows:

$$\frac{[A - B] \times C}{A}$$

Where, with respect to the month that the Partial Disability benefit is payable:

- A is your Pre-Disability Salary;
- B is the greater of:
 - the weekly value of the Salary that you are earning (we may request further evidence to verify this amount); and
 - the weekly income which in the Insurer's opinion, you are capable of earning (this amount is calculated based on (d) below).

during the week that the you become entitled to a Partial Disability benefit;

- C means the Weekly Benefit which would be payable if you suffer Total Disability;
- with respect to (b)(ii), the amount of weekly income will be calculated by the Insurer based on:
 - medical evidence, which will include the opinion of a Medical Practitioner, including your treating Medical Practitioner, who may certify you as fit to return to work at some capacity;
 - a weekly amount which in OnePath's opinion, you, or a reasonable person in your position, could reasonably be expected to earn;
 - any other information which the Insurer reasonably consider relevant; and
- B must be less than the amount of A. If B is negative in a week, we will treat "B" as zero.

Exclusions

Benefits will not be payable where the Disability wholly or partially, directly or indirectly arises from:

- War or war service.
- Pregnancy or childbirth. However benefits will be payable if you continue to be Totally or Partially Disabled after 90 days from the date the pregnancy ended and your Waiting Period has expired.
- Intentional self-inflicted acts.

Benefits will also not be paid:

- With respect to any special conditions or exclusions advised to you as a result of an application of insurance.
- During a period where you are the subject of a custodial sentence or for any Disability that first occurs when you are the subject of a custodial sentence

Exclusions that apply to Automatic Restricted Cover (for Public Offer Members):

Benefits will not be payable for Automatic Restricted Cover where the Total or Partial Disability is caused wholly or partly, directly or indirectly, by a Pre-Existing Condition that occurred within 2 years of the Automatic Restricted Cover commencing.

Pre-Existing Conditions

Means an injury, illness, condition or related symptom, whether it was diagnosed by a Medical Practitioner or not, which in the Insurer's opinion:

- a. you (or a reasonable person in your position) were aware of, or should have been aware of;
- b. you had, or were intending to have, a medical consultation for; or
- c. a reasonable person in your circumstances would have had a medical consultation for,

as at or prior to the date Cover commenced, recommenced or increased (with respect to the increased Insured Amount of Cover only).

However, if you are not a Public Offer Member, a Pre-Existing Condition does not include any injury, illness, condition or related symptom for which you have, on advice from a Medical Practitioner, reasonably ceased all treatment or medical advice for at least six consecutive months prior to becoming Totally or Partially Disabled.

Recurrent Claims

If you have been on claim (original claim) and you return to work (or are capable of returning to work), and you make another claim in respect of the same or related Disability within 6 months of the original claim ending and the Cover is still in force, this will be treated as a Recurrent Claim and a continuation of your original claim. This means that no Waiting Period will apply for the Recurrent Claim and the Benefit Period will continue and include the Benefit Period already paid under the original claim.

Returning to work during the waiting period

If you return to work during the Waiting Period for more than 7 consecutive days, or on more than 1 occasion, the Waiting Period will recommence.

If you are on unpaid leave

If you are not a Public Offer Member, your cover will continue for up to 24 months if you are on leave approved by your Employer and approved prior to you commencing that leave. If your Employer has not approved your Unpaid Leave, your Cover will cease the date you commence that leave.

When your cover ends

Your cover will end on the earliest of:

- the date the Policy terminates
- the date you reach age 70 for Short Term Cover for members in the Industry and Public Offer Divisions, and age 65 for Short Term Cover for members in the Defined Benefit Division and Long Term Cover.
- 1 month from the date we are unable to deduct the insurance premium from your account due to insufficient balance.
- the date you cease to be a Member.
- if you enter Active Service with armed forces of any country, the date you entered Active Service.
- if you die.
- if you are a member of the Defence Force Reserve and you are subject to a call out order under Defence Act 1903 (Cth).
- For non Public Offer members, after you have been on Unpaid Leave for 24 months and that leave was approved by your Employer prior to commencing that leave.
- For non Public Offer members, the date you commence unpaid leave that has not been approved by your Employer.
- the date on which you have been unemployed for a continuous period of 6 months.
- if we have not received a contribution or rollover for you for 16 months. and you have not opted in to retain your cover.
- the date OnePath cancels the Cover as permitted by law.
- the later of the date we receive your request to cancel your cover and the date specified in a request to cancel your cover; and
- If you are not an Australian Resident, the date you cease to be eligible to work in Australia or Australia ceases to be your primary place of residence.

When your income protection benefit will be reduced

Your benefit will be reduced if:

- payments you receive from any other disability income, illness or injury policies, including group insurance policies or an income protection or salary continuance benefit paid from a superannuation fund.
- payments from an employer whilst on claim including sick leave but excluding annual leave, long service leave, termination payments and paid parental leave
- payments from any compulsory insurance schemes such as Workers' Compensation or Accident Compensation or similar legislation or common law for loss of income but not including Centrelink or its successors.

Indexation of benefits while On Claim

If you make a claim, and your benefit has been continually paid for 12 months, your benefit will increase by the lesser of, the annual Consumer Price Index increase and 5% per annum each year while you are on claim.

Worldwide cover

If you reside or travel outside Australia whilst on claim, your Total Disability benefit or Partial Disability benefit will stop at the expiry of 6 consecutive months after you depart Australia where you have remained outside Australia for the entire 6 consecutive months and a Disability benefit has been paid or is payable for those 6 months. You may request recommencement of your benefits if you return to Australia after the 6 consecutive months, provided that your cover had not ceased on the date you departed Australia and you have provided satisfactory evidence for assessment of any further payment. Any recommencement will be at the insurer's discretion.

Where you submit a claim whilst you are outside Australia, OnePath may require you to return to Australia at your own expense for assessment of your claim (including having you assessed by one or more Medical Practitioners) before the insurer progress the assessment of the Claim any further, unless the insurer is satisfied you are unable to return to Australia for medical reasons.

Death payment while in receipt of benefits

If you die while you are receiving a Disability benefit, you will be paid a benefit equal to thirteen times the Disability benefit amount paid to you in the week immediately preceding the week of your death.

If you die after the end of your Waiting Period and before benefit payments commence; and you have notified OnePath of your intention to claim a Disability benefit, you will be paid thirteen times the Weekly Benefit that would have been paid to you if you had not died.

Reinstatement of Cover

If you wish to recommence your Cover after your Cover has ceased for any reason you must submit an application for Cover, in which case your Cover may be subject to Underwriting and Special Acceptance Terms.

You will not need to make an application to recommence your Cover if your Cover is automatically reinstated.

Automatic reinstatement of Cover

Recommencement of Cover after insufficient balance to pay Premiums – Public Offer Division

If your Cover ceased because the Premium was unable to be deducted from your account, your Cover can automatically recommence if:

- a. you are in the Public Office Division, and the first contribution paid to the same Account after your Cover ended is made no more than 120 days after the date on which your Cover ended;
- b. at all times, you were a Member;
- c. you have not previously instructed OnePath or the Fund to cancel your Cover;
- d. you are an Eligible Person at the date Cover recommences; and
- e. on the date on which the contribution is received by the Fund, you have sufficient monies in your account to pay the Premiums, including the first two Premiums after reinstatement and any outstanding Premium payable.

Your Cover can recommence from the date the contribution is received by the Fund, and be subject to the same conditions which applied to your Cover immediately prior to it ceasing.

If you are not At Work on the date Cover recommences, the recommenced Cover will be Limited Cover until you have been At Work for 30 consecutive days after the date Cover recommences.

Reinstatement of cover – non Public Offer members

If your cover ceases because the Premium was unable to be deducted from your account, and you commence or re-commence Employment with an Employer, you may receive Default Cover in your new account in the Fund if:

- a. you are not a Public Offer member;
- b. you are not a Claiming Member;
- c. you have not previously opted out of Default Cover; and
- d. you have not previously instructed OnePath to cancel your cover.

Definitions

Some of the definitions that are used in relation to your insurance have changed. A summary of the key definitions in the new Policy include*:

Accident: Accident means an external event which was unexpected and unintended causing your injury or death. The following situations are not accidents and any claims arising from these situations are excluded:

- a. one of the contributing causes of injury and death was any of the following conditions:
 - i. illness;
 - ii. disease;
 - iii. allergy;
 - iv. any gradual onset of a physical or mental infirmity;
- b. the injury or death, which was unintended and unexpected, was the result of an intentional act or omission;
- c. you are injured or die as a result of an activity in respect of which you assumed the risk or courted disaster, irrespective of whether you intended injury or death.

Active Service refers to an occupation as part of a military force (including without limitation the Defence Force Reserve, the army, the navy, the air force or the like). Reserve duty is excluded.

At Work: means you are Gainfully Working and:

- a. are:
 - (i) in OnePath's opinion actively performing all the duties of your occupation, free from any limitation due to illness or injury and not on leave; or
 - (ii) on leave approved by your employer prior to commencing that leave, or self-employed and on leave, taken for reasons unrelated to injury or illness, and in OnePath's opinion capable of actively performing all the duties of your occupation (being the occupation performed by you when you last worked), free from any limitation due to illness or injury, and
- b. in OnePath's opinion capable of performing all the duties of their occupation on a Full-time basis (even if not working Full-time); and
- c. not in receipt of, or entitled to claim, income support benefits from any source including but not limited to workers' compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits of any kind).

Claiming Member: means if you had a claim admitted or are eligible to make a claim for terminal illness, total permanent disablement or total or partial disablement under any superannuation or life insurance policy.

Contractor: means a person providing services to an Employer under a contract for services, having superannuation contributions paid in respect of them.

Cover: means the amount of income protection cover which provides insurance for Disability.

Date of Disablement: means the later of:

- a. the date a Medical Practitioner certified, as the date that you have no capacity to perform one or more duties of your Usual Occupation necessary to produce income, which cannot be before the date the Medical Practitioner is consulted; and
- b. the date you cease working in your Usual Occupation.

Eligible Person:

- a. is a Member;
- b. is either:
 - (i) an Australian Resident residing in or outside Australia; or
 - (ii) a holder of a Visa residing in Australia;
- c. is aged at least 15 years and not older than the Maximum Benefit Entry Age, on the date their Cover is due to commence or recommence.

Employee: means a natural person engaged under a contract of employment or as a Contractor.

Employer: means a person or entity who is making employer contributions to the Fund for the Employer.

Employment: means Gainful Employment with an Employer.

Gainful Employment: means any occupation or work for reward or financial benefit, or the hope of reward or financial benefit, whether Full-time or Part-time.

Gainfully working: means a person:

- a. is an Employee engaged in Gainful Employment; or
- b. is self-employed in an occupation or work for reward or financial benefit, or the hope of reward or financial benefit, whether Full-time or Part-time.

Limited cover: means you will only be covered for Total Disability and Partial Disability which does not arise either directly or indirectly, wholly or partially, from a Pre-Existing Condition.

Medical Practitioner: means a medical practitioner who is medically qualified and properly registered in Australia, and not related, or connected by personal relationship, to you. If practising overseas, and not registered as a medical practitioner in Australia, it means the person is approved by us and has qualifications equivalent to Australian standards. Chiropractors, physiotherapists, psychologists, Optometrists and alternative therapy providers are not regarded as Medical Practitioners.

On claim: means the dates for which you are eligible to receive a Disability Benefit.

Partial Disability /Partially Disabled/Partial Disablement: means solely as a result of injury or illness, you are:

- a. unable to perform one or more of the duties necessary to produce income from your Usual Occupation,
- b. working in your Usual Occupation or another occupation, and your weekly Salary is less than your Pre-Disability Salary; and
- c. you are following the advice of a Medical Practitioner in the relation to your illness or injury.

Pre-Disability salary: means:

- a. With respect to a Benefit payable the greater of:
 - (i) the annual base salary last agreed between you and your Employer at the time of Total Disablement divided by 52; or
 - (ii) the average weekly value of salary you received from your Usual Occupation over the 52 week period preceding the Date of Disablement or the actual period of time you worked if less than 52 weeks.
- b. If as at the day immediately before the Date of Disablement you have been on unpaid leave, approved by your Employer prior to taking that leave, for a period of 13 months or less, Pre-Disability Salary means the average weekly value of Salary the Insured Member received from his or her Usual Occupation over the 52 week period immediately prior to the commencement of the Employer Approved Unpaid Leave.
- c. If you are unemployed at the Date of Disablement, but have been unemployed for less than 6 months, Pre-Disability Salary means the average weekly value of Salary you received from your Usual Occupation over the 52 week period preceding the Date of Disablement as calculated by OnePath. To avoid doubt, for the purposes of applying the minimum averaging period of 52 weeks, where you have worked less than 52 weeks prior to the Date of Disablement, the Salary received by you for any full-week not worked will be zero.

Salary: means:

Excluding Defined Benefit members

1. If you are employed on a casual basis, or a Contractor or earn income from a business you directly own part wholly or partly, the annual remuneration earned by you from all Usual Occupations.

Where you directly own all or part of the business in which you perform your Usual Occupation, your Salary is the total amount earned by that business for the relevant period as a direct result of your personal exertion, less your share of business expenses, but before the deduction of income tax, for that business for the same period.
2. Where you do not fall within paragraph 1 above, the greater of:
 - a. the annual remuneration earned from working for your Employer and includes:
 - (i) the monetary value of non-cash benefits or fringe benefits provided by your Employer in direct substitution of salary (as long as you are no longer entitled to the fringe benefit or non-cash benefit after disability benefit payments have commenced);
 - (ii) overtime and allowances; and
 - (iii) performance related commission (averaged over the previous three years or since you commenced employment with your Employer if you have been Employed by the Employer for less than three years); and
 - (iv) performance related bonuses (averaged over the previous three years or since you commenced employment with your Employer if you have been Employed by the Employer for less than three years)

but excludes any director's fees, compulsory employer superannuation entitlements, investment income and profit distribution; and

- b. the annual base salary last agreed between you and your Employer at the time of Total Disablement.

Total disability /Totally Disabled/Total Disablement: means solely as a result of injury or illness, you are:

- medically certified as being incapable of performing one or more duties of your Usual Occupation necessary to produce Salary;
- not engaged in any occupation and;
- following the advice of a Medical Practitioner in relation to the injury or illness.

You will not be considered unable to perform a duty of your Usual Occupation if you refuse to accept:

- any reasonable omission, modification or substitution of that duty; or
- the use of appropriate assistive aids that would enable you to perform that duty.

Usual Occupation: means the occupation(s) in which you is regularly engaged at the time you suffer an injury or illness which leads to your Disability. For periods of Disability which occur while you:

- are an Employee and was leave approved by your employer prior to commencing that leave; or
- are self-employed and on leave,

it means the last occupation(s) you performed immediately before the leave or commenced.

Waiting Period: is the number of consecutive days you must be Totally or Partially Disabled before your benefit can begin.

Premium Rates from 1 July 2020

The rates provided below are inclusive of stamp duty.

Short term cover

Waiting period	Total cost \$ (per unit, per week)
14 day	1.682
30 day	1.688
60 day	1.273
90 day	1.009

Long term cover

		Total cost (per unit, per week)	
	Age	White Collar / Professionals	All other Members
2 years and 14 days	Up to 35	0.69	0.98
	36 to 45	1.06	1.53
	46 to 55	2.42	3.44
	56 to 64	3.95	5.66
2 years and 30 days	Up to 35	0.69	0.98
	36 to 45	1.06	1.53
	46 to 55	2.42	3.44
	56 to 64	3.95	5.66
2 years and 60 days	Up to 35	0.66	0.93
	36 to 45	1.02	1.45
	46 to 55	2.30	3.29
	56 to 64	3.77	5.41
2 years and 90 days	Up to 35	0.63	0.89
	36 to 45	0.96	1.38
	46 to 55	2.18	3.13
	56 to 64	3.60	5.14

STAY CONNECTED AND MAKE THE MOST OF YOUR ENERGY SUPER ACCOUNT

Login or register for the *Member Portal* at energysuper.com.au/login

WE'RE HERE TO HELP

W energysuper.com.au E info@energysuper.com.au T 1300 436 374 8.00am to 5.00pm, Monday to Friday

*The policy provisions and definitions referred to in this notice represent a key summary of the changes to insurance relating to OnePath's new Income Protection (IP) and Death & Total Permanent Disablement (TPD) Insurance Policies effective 1 July 2020 (the Policies). There may be minor differences between this notice and the Policy terms and definitions. If there are any inconsistencies between the terms of this notice and the terms of the Energy Super Trust Deed or the Policies, then the terms of the Trust Deed and the Policies shall prevail. A copy of the Energy Super Trust Deed is available on our website at energysuper.com.au. The relevant Product Disclosure Statement (PDS) and Insurance Guides for the new Policies will also be updated and available on our website from 1 July 2020 or by calling 1300 436 374.

Electricity Supply Industry Superannuation (Qld) Ltd (ABN 30 069 634 439) (AFSL 336567) is the Trustee and issuer of Energy Super (ABN 33 761 363 685). Advice contained in this document is general in nature and not specific to your particular circumstances. You should consider your financial situation before acting on the advice. Energy Super's advice is provided by ESI Financial Services Pty Ltd (ABN 93 101 428 782) (AFSL 224952), a wholly owned entity of Energy Super. You should also obtain and consider the Product Disclosure Statement (PDS) and Insurance Guide relevant to you before making a decision.