

Insurance guide (Corporate Super)

16 October 2026

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Contents

Types of cover we offer 3

Automatic death and TPD cover 4

Automatic income protection cover 6

Changing your cover 7

The cost of cover 10

Important information 13

Making a claim 14

Defined terms 21

About this guide

The information in this guide is about insurance in CBUS Corporate Super.

The information is general in nature and doesn't take into account your specific needs. You should consider your own financial position, objectives and requirements before making any financial decisions.

Read the relevant Product Disclosure Statement (PDS) to decide whether CBUS is right for you. Also read the relevant Target Market Determination at **cbussuper.com.au/tmd**.

Insurance cover is subject to the terms and conditions of the applicable insurance policy. This guide provides a summary of these terms and conditions as at the date of publication, but they may change from time to time. In the event of an inconsistency, the policy terms prevail. Always check our website for the most up to date information.

Issued by United Super Pty Ltd ABN 46 006 261 623 AFSL 233792 as Trustee for the Construction and Building Unions Superannuation Fund ABN 75 493 363 262. Use of 'us', 'we', 'our' or 'the Trustee' is a reference to United Super Pty Ltd. Use of 'CBUS' or 'the Fund' refers to Construction and Building Unions Superannuation Fund.

MySuper authorisation 75 493 363 262 473.

Insurance is provided under a group policy with our insurer, TAL Life Limited ABN 70 050 109 450 AFSL 237848.

Types of cover we offer

Insurance cover can provide financial protection and security to you and your family.

We offer death cover (including terminal illness cover), total and permanent disablement (TPD) cover and income protection (IP) cover.

If you're eligible, you may receive death, TPD and IP cover automatically when you join CBUS Corporate Super.

This insurance guide provides a summary of the terms and conditions of the insurance cover provided to CBUS members as at the date of publication. You should always check our website for the most up to date information, as they may change from time to time.

Some words (such as **active employment** and **new events cover**) have specific meanings. You should read the definitions starting on page 21 to make sure you understand how they're used and what's covered.

Occupation categories

Your occupation category affects how much cover you may receive, and how much you pay for your cover. So it's important you're in the right category for the work you do.

Occupation category	Description	Typical jobs
Light Manual (default category)	• Less than 20% of your job involves manual or physical work • You don't work in an underground mine, underwater, offshore or in an aeroplane or helicopter • You don't qualify for any other category.	– Site supervisor – Project manager
Non-manual	• You do only administrative, managerial or professional work (and no manual work) • At least 80% of your work is in an office • You don't qualify for the Professional category.	– Bookkeeper – Quantity surveyor – Payroll administrator
Professional	• You do only administrative, managerial or professional work (and no manual work) • At least 80% of your work is in an office • Your annual taxable income from your primary occupation is over $100,000 (pro-rated if part time) • You're a senior manager or executive, or have a university degree or higher qualification.	– Accountant – Architect – HR manager – Lawyer

The default occupation category

When you join CBUS Corporate Super, you can let us know your occupation category on your *Set up your CBUS Corporate Super account* form.

The Light Manual category is our default occupation category. This means if you don't choose a different occupation category, you'll be in our Light Manual occupation category.

The cost of cover in the Light Manual occupation category is higher than for other occupation categories.

How to change your occupation category

You can let us know your occupation category on the *Set up your CBUS Corporate Super account* form. You can also change your occupation category at any time:

- by logging into your account at **cbussuper.com.au/login**, navigating to the *Go to Insurance Online* (or *Update your insurance* if you're on mobile) and selecting the *change your occupation category* option, or
- completing and returning a *Change occupation category* form, available at **cbussuper.com.au/forms**. This form must be received by us within 31 days of the date you sign the form or it won't be accepted.

If you change your occupation category

If you change your occupation category it will apply to all cover types you hold.

If your new category gives you more cover than you had before, and you're not in active employment when you apply, the increased portion of your cover will be limited to new events cover until you have been in active employment for 10 consecutive days.

To check which category you're in log into your account at **cbussuper.com.au/login**, or give us a call.

If you're in the wrong occupation category

At claim time our insurer will check if you've changed your occupation category and assess whether, at the time you changed it, that it was correct based on your occupation, duties, income and education. The insurer may reduce the amount of cover you have or require you to pay extra premiums if they believe that you selected the wrong occupation category.

Automatic death and TPD cover

Cover you may receive automatically

Your employer selects the type of and amount of automatic cover you get through CBUS Corporate Super.

The amount of automatic death and TPD cover available is based on your annual before-tax salary from your Corporate Super employer, excluding SG contributions:

15% of your annual salary x years and full months to age 65, up to a maximum of 7 x your annual salary.

Eligibility conditions for automatic cover

To receive automatic death and TPD cover, you must satisfy the eligibility terms of the policy. This includes that you must:

- be aged between 15 and 70 years,
- not already have an account with CBUS or Media Super,
- not be making a claim for, not be entitled to, and haven't been paid a total and permanent disablement or terminal illness benefit from any super fund or life insurer,
- not have been diagnosed with an illness that is likely to result in your death within 24 months,
- receive an on-time employer contribution.

You need to meet these conditions at the date your cover starts to be eligible for automatic cover.

Some of these eligibility conditions can only be checked when you lodge a claim. For example, when you join and we provide you with automatic cover, we won't always know if you've previously made a TPD or terminal illness claim through another super fund, or whether you've been diagnosed with an illness that's likely to result in your death.

If you're not eligible for cover:

- you won't be able to claim on the cover,
- we'll remove the cover from your account, and
- refund any insurance premiums back to you.

If you're unsure whether you meet the eligibility conditions for automatic cover, it's important that you let us know as soon as possible so you're not paying for cover you can't use.

When automatic cover starts

Provided you meet the eligibility conditions described on this page, your automatic cover will start after we've received an on-time employer contribution for you and:

- your account balance reaches $6,000, and
- you turn 25.

Your cover start date will be the later of:

- the first day of the period to which the on-time employer contribution relates, or
- the date that both your account balance reached $6,000 and you turned 25.

Requesting to start automatic cover early

Your automatic cover won't start until you receive an on-time employer contribution after your account balance has reached $6,000 and you've turned 25.

You can tell us that you want your automatic cover to start earlier though. To do this, either let us know on the *Set up my Corporate Super account* form or go to **cbussuper.com.au/want-cover**.

After you've made this election, we'll turn on your automatic cover when we receive your next on-time employer contribution. The start of your automatic cover will be the later of:

- the date of your election, if the start date of the on-time employer contribution is before the date of your election, or
- the start date of the on-time employer contribution.

There are some scenarios where the automatic cover you receive will be limited to new events cover:

- if you are not in active employment for the first 10 days from the date your automatic cover commences, then your automatic cover will be limited to new events cover until you have been in active employment for 10 consecutive days.
- if the on-time employer contribution that starts your automatic cover is received more than 6 months after the date that both your account balance has reached $6,000 and you've turned 25, then your automatic cover will be limited to new events cover for 24 months. If you were in active employment for the last 10 consecutive days of that 24-month period, then your cover will become full cover on the following day. Otherwise, your cover will become full cover once you've been in active employment for 10 consecutive days.

Limitations on automatic cover

There are some scenarios where the automatic cover you receive will be limited to new events cover:

- Your automatic death and TPD cover will be new events cover for 24 months if your automatic cover starts more than six months after you started working with your CBUS employer. As long as you were in active employment for the last 10 consecutive days of that 24-month period, then your cover will become full cover on the following day. Otherwise, your cover will become full cover once you've been in active employment for 10 consecutive days.
- If you weren't in active employment on the date that your automatic TPD cover started, then your TPD cover will be new events cover until you're in active employment.

Automatic cover changes with your salary

Your salary-based cover will go up or down as your salary changes. Your employer needs to tell us if your salary changes, and we'll write to you to confirm any changes to your cover, including the cost.

Your cover can increase in line with your salary up to your automatic cover limit, which is reviewed each year. We'll write to you if your cover reaches the limit. If you'd like more cover you'll need to apply for it and provide health and other information for our insurer to consider.

Fixed death and TPD cover

If you apply for additional cover on top of any automatic cover you receive, it'll be fixed cover so it won't change with your salary. Unlike salary-based cover, with fixed cover you'll generally keep the same cover amount unless you change or cancel it, or it stops for another reason. But the cost of your cover will increase as you get older.

Fixed TPD cover will decrease from age 61

From age 61, any fixed TPD cover you have will decrease by 10% a year until it stops when you turn 70 (unless you cancel it or it stops for another reason before then). The table below shows how this would work for $100,000 of fixed TPD cover.

Age	Percentage of TPD cover	Amount of TPD cover
60	100%	$100,000
61	90%	$90,000
62	80%	$80,000
63	70%	$70,000
64	60%	$60,000
65	50%	$50,000
66	40%	$40,000
67	30%	$30,000
68	20%	$20,000
69	10%	$10,000
70	0%	$0

Automatic income protection cover

What is IP cover?

Income protection (IP) cover is designed to replace part of your usual income if you temporarily can't work due to sickness or injury. If you need to make a claim, the most you can receive from all income sources combined is 87% of your pre-disability monthly income (see page 19).

Cover you may receive automatically

Your employer selects the type of and amount of automatic cover you get through CBUS Corporate Super.

The automatic IP cover available has a maximum benefit available of 87% of your salary, with a 30 day waiting period and a 2 year benefit period.

Eligibility conditions for IP cover

To be eligible to receive automatic IP cover, you must satisfy the terms of the policy. This includes that you must:

- be aged between 15 and 65 years,
- not already have another open account with CBUS or Media Super,
- not be making a claim for, not entitled to, or been paid a total permanent disablement or terminal illness benefit from any super fund or life insurer,
- not have been diagnosed with an illness that is likely to result in your death within 24 months,
- be an Australian resident,
- be working at least 15 or more hours per week,
- receive an on-time employer contribution, and
- not be working in an excluded occupation.

You need to meet these conditions at the date your cover starts to be eligible. You should regularly review your cover to make sure it still suits your needs, and that you're still eligible to make a claim if you need to.

Some of these eligibility conditions can only be checked if you lodge a claim. If you're not eligible, you won't be able to claim on the cover. We'll also remove the cover from your account and refund any insurance premiums back to you.

When automatic cover starts

Your automatic cover will start when an on-time compulsory super contribution is received into your Corporate Super account, after either:

- your account balance reaches $6,000 and you've turned 25, or
- you tell us you want cover earlier.

You can tell us you want cover on the *Set up your CBUS Corporate Super account* form, or anytime at **cbussuper.com.au/want-cover**. Once your account balance reaches $6,000 (and you've turned 25), your cover will generally start when we receive an on-time compulsory super contribution from your employer.

Requesting to start automatic cover early

Your automatic IP cover won't start until we receive an on-time employer contribution after your account balance has reached $6,000 and you've turned 25. You can tell us if you want it to start earlier though. To do this, either let us know when you join or go to **cbussuper.com.au/want-cover**.

After you've made this election, we'll turn on your automatic cover when we receive your next on-time employer contribution. The start date of your automatic IP cover will be:

- the date of your election, if the start date of the on-time employer contribution is before that, or
- the start date of the on-time employer contribution.

There are some scenarios where the automatic cover you receive will be limited to new events cover:

- if you made your election to receive automatic cover within the first 6 months of the date you commenced employment with your employer and you were not in active employment for the first 10 days from the date your automatic IP cover starts, then your automatic IP cover will be limited to new events cover until you have been in active employment for 10 consecutive days.
- if you made your election to receive automatic cover more than 6 months after you commenced employment with your employer, then your automatic IP cover will be limited to new events cover until it has been in place for 24 months. If you were in active employment for the last 10 consecutive days of that 24-month period, then your cover will become full cover on the following day. Otherwise, your cover will become full cover once you've been in active employment for 10 consecutive days.

Limitations on automatic cover

There are some scenarios where the automatic IP cover you receive will be limited to new events cover:

- if you weren't in active employment for the first 10 days from your automatic cover starting, then your automatic cover will be new events cover until you've been in active employment for 10 consecutive days.
- if you receive an on-time employer contribution more than 6 months after the date that you have both:
  - an account balance of at least $6,000; and
  - are aged 25 or older,

  then your automatic cover will be new events cover until it has been in place for 24 months. If you were in active employment for the last 10 consecutive days of that 24 month period, then your cover will become full cover on the following day. Otherwise, your cover will become full cover once you've been in active employment for 10 consecutive days.

Changing your cover

Once you have insurance cover, it's important to take the time to review it every now and then, especially if something in your life has changed. For example, if you're not actively working IP cover may not provide a benefit, so you might want to consider whether you still need it. Or if you buy a new home or expand your family, you might want to apply to increase the amount of death or TPD cover you have.

This section explains how you can change your insurance cover to make sure it continues to suit your needs.

How you can change your death and TPD cover

You can change your cover to make sure it better suits your particular circumstances, by:

- applying to increase your death and TPD cover
- decreasing or cancelling cover
- changing your occupation category (see page 3).

You can have different levels of death and TPD cover, or if you don't need one type of cover you can cancel it and keep the other.

You can't increase your cover if at the time you apply to change it:

- you've reached age 70
- you've received a total and permanent disablement or terminal illness payment from a super fund or insurance policy, or you're currently making a claim for or entitled to one, or
- you have a terminal illness with a life expectancy of 24 months or less.

How you can change your IP cover

There are a number of ways you can change your IP cover so that it suits your needs. You can:

- reduce or cancel your IP cover at any time
- apply to reduce your waiting period to 30 days
- increase your waiting period to 90 days at any time
- apply to increase your benefit period from 2 years to 5 years
- reduce your benefit period from 5 years to 2 years at any time
- change your occupation category.

You can check your IP cover including the benefit period and waiting period at any time in your online account, by checking your latest annual statement or giving us a call.

Increasing cover

You can apply to increase your cover at any time by completing and returning the *Change my insurance: Corporate Super* form. You can find a copy of the form at **cbussuper.com.au/forms**.

When you apply to increase your cover, you'll need to provide the insurer with personal information including about your health and finances. The insurer may ask you for more information or medical tests to help them assess your application. Once the insurer has considered your application, they will either:

- accept the cover,
- accept the cover with conditions, e.g. exclusions and loadings, or
- decline the cover.

If your application is approved, we'll let you know the details of your new cover.

When your new cover will start

Your new cover will start on the date approved by the insurer provided that we have already received an on-time employer contribution for you.

If we haven't yet received an on-time employer contribution for you, then your cover will start on the date approved by the insurer provided that we receive an on-time employer contribution for you within 90 days of the acceptance date. Otherwise, your new cover won't start.

You can change your mind later and decide to cancel your increased cover. If you ask us to cancel your increased cover within 31 days, then the increased cover will be deemed never to have started. We'll refund all premiums paid in respect of that cover (unless you've made a claim) and you won't be able to make a claim for the increased cover.

Maximum cover

The automatic cover amount you receive depends on your salary, but there is an overall automatic cover limit of $800,000 for death cover and TPD cover, and $10,000 a month for IP cover. If you want you can apply for additional cover up to these limits:

- Death cover: $5 million.
- TPD cover: $3 million.
- IP cover: $30,000 a month.

Our insurer may not approve you for the full amount of cover you apply for; these are just the absolute maximum levels of cover available.

Any death and TPD cover you're approved for that is above your automatic cover will be fixed cover.
Fixed TPD cover will generally stay the same until you reach age 61. From age 61 it will begin gradually decreasing.
Read more on page 5.

Decreasing or cancelling cover

You can easily reduce or cancel some or all of any cover you have whenever you like, in a few different ways:

- complete and return the *Change my insurance: Corporate Super* form available at**cbussuper.com.au**, or
- if you only want to cancel your cover, you can do that by calling us on **1300 361 784**.

We'll decrease or cancel your cover effective from the date that we receive the request from you.

If you cancel your cover:

- within the first 14 days since we told you that your cover has started, then it will be deemed never to have started and we'll refund you all the premiums paid (unless you've made or are making a claim for a benefit already)
- you won't be able to make a claim for events or conditions that happen after your cover was cancelled
- we'll deduct insurance premiums from your account up to the date you cancel your cover and then you'll stop paying insurance premiums
- if you change your mind and want cover later, you'll need to provide detailed health and other information for our insurer to consider, and you may not be approved for cover.

Transferring your cover from another fund

You can apply to transfer existing death or TPD cover that you have with another super fund or life insurer into your CBUS account.

To be able to transfer cover, you must:

- be in active employment when you apply
- not be making a claim for, entitled to, or have been paid a total and permanent disablement or terminal illness benefit from any superannuation fund or life insurer
- not have been diagnosed with a terminal illness
- not have a premium loading on your other cover.

How much can you transfer?

You can apply to transfer amounts up to the following limits:

- for death cover (including terminal illness): you can transfer up to $2 million, but your total death cover with CBUS can't be more than $5 million,
- for TPD cover: you can transfer up to $2 million, but your total TPD cover with CBUS can't be more than $3 million.
- for IP cover: you can transfer up to $20,000 a month but your total IP cover can't be more than $30,000 a month.

What cover will you get?

If accepted, your transferred cover will be added to any cover you already have with CBUS, as long as the total amount doesn't exceed the limits outlined in the previous section.

You'll receive the amount of any transferred death and TPD cover as fixed cover (rounded up to the next $1,000). You can read more about fixed cover on page 5.

If we haven't provided you with automatic cover yet, by choosing to proceed with this application, you're also electing to receive any automatic cover you're eligible for based on your current occupation category.

How to transfer your cover

1. Leave your cover in place - don't cancel it yet.
2. Log into your account at **cbussuper.com.au/login**, go to the *Insurance* page and complete your transfer request online. If you prefer, you can complete the *Transfer my other insurance* form.
3. Submit your application to us, along with a copy of your most recent annual statement or other proof from your other super fund or life insurer that shows the type and amount of cover you have, and any exclusions that apply.
4. Our insurer will assess your application and write to you to confirm if the transfer is accepted or not.
5. If it's accepted, you'll have 14 days from the date we notify you to cancel your other insurance policy.

The duty to take reasonable care

When you apply for or change your insurance cover, you need to take care when answering questions.



Not taking appropriate care when answering questions for the insurer may mean that you can't claim on your cover. Your full duty is explained below.

The duty to take reasonable care

When you apply for insurance, you're treated as if you are applying for cover under an individual consumer insurance contract.

A person who applies for cover under a consumer insurance contract has 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
- an answer which does not fairly reflect the truth.

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

If you don't meet your duty

If you don't meet your legal duty, this can have serious impacts on your insurance. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the insurer. They are intended to put the insurer in the position it would have been, if the duty had been met. For example, the insurer may:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover, such as adding an exclusion.

Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation (this depends on all of the relevant circumstances)
- what the insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- and in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering questions in your applications

You're responsible for the information provided to the insurer. When answering questions:

- Think carefully about each question before you answer. If you're unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you're unsure about whether or not you should include information, please include it.
- Review your application carefully before it's 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.

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

Changes before your cover starts

Before your cover starts, the insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes that occur between when you complete your application and when your cover starts might require further assessment or investigation, it could save time if you let us or the insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

The cost of cover

How premiums are calculated

The cost of your insurance cover (also known as premiums) is calculated based on the amount of cover you have, your age and your occupation category. Generally, the cost of cover will increase as you get older.

You can check the cost of your cover any time by logging into your account and navigating to the insurance page. You can also see the transactions on your account, including the cost of insurance cover being deducted.

For example

Adrian is 53 years old, in the Light Manual occupation category and has $500,000 of death cover, $350,000 of TPD cover and $8,358 a month of IP cover (with a 2-year benefit period and 90-day waiting period).

The total weekly cost of Adrian's cover is calculated as:

- Death cover: $500,000 / $1,000 x $0.040 = $20.00 a week
- TPD cover: $350,000 / $1,000 x 0.065 = $22.75 a week
- IP cover: $8,358 / $1,000 x $2.35 = $19.64 a week
- Total weekly cost = **$62.39**

When we deduct the cost of cover from your account

We deduct the cost of your cover from your super account monthly, generally on the last Friday of each month. If you close your account during the month, we'll calculate and deduct the cost of your cover when we close your account.

You can see the cost of insurance cover deducted from your account online or on your annual statement.

Insurance loyalty rebate

You're entitled to a rebate on your future insurance premiums if you held insurance cover for any period of time, and you first activated the insurance cover more than 10 years ago.

The rebate is:

- 2% of insurance premiums if your cover was first activated 10 to 19 years ago, or
- 4% of insurance premiums if your cover was first activated 20 or more years ago.

If you were formerly a member of Media Super and became a member of CBUS on 9 April 2022, we'll determine your eligibility using the date you originally joined Media Super. If you were an accumulation member of the former EISS fund and became a member of CBUS on 12 May 2023, we'll determine your eligibility using the date you originally joined EISS.

If you're eligible for the rebate, we'll automatically credit it to your account when we deduct your insurance premiums. You'll be able to see the rebate reflected in your account online and on your annual statement.

Ways you can manage the cost of your cover

There are a few things you can do if you want to reduce how much your cover costs:

1. If you have IP cover, consider reducing the benefit period or increasing the waiting period.
2. Cancel cover you don't need. If you don't have dependants, you may not need death cover. Similarly, if you have a larger account balance or other assets outside super, you may not need TPD cover. Our insurance needs calculator can help you figure out how much cover you actually need, so you're not paying for cover you don't. Go to **cbussuper.com.au/calculators**.
3. Check your occupation category. For example, if you've changed from a Light Manual occupation category job to a Professional occupation category job, you may be eligible for lower premiums.

Cost per $1,000 of death and TPD cover

The rates below show the weekly cost per $1,000 of cover.

	Light Manual		Non-manual		Professional	
Age	Death	TPD	Death	TPD	Death	TPD
15	$0.009	$0.002	$0.007	$0.001	$0.006	$0.001
16	$0.010	$0.002	$0.008	$0.001	$0.007	$0.001
17	$0.010	$0.002	$0.008	$0.001	$0.007	$0.001
18	$0.011	$0.002	$0.009	$0.001	$0.008	$0.001
19	$0.011	$0.002	$0.009	$0.001	$0.008	$0.001
20	$0.011	$0.002	$0.009	$0.001	$0.008	$0.001
21	$0.011	$0.002	$0.008	$0.001	$0.008	$0.001
22	$0.010	$0.002	$0.008	$0.001	$0.007	$0.001
23	$0.010	$0.002	$0.008	$0.001	$0.007	$0.001
24	$0.009	$0.002	$0.007	$0.001	$0.007	$0.001
25	$0.009	$0.002	$0.007	$0.001	$0.006	$0.001
26	$0.008	$0.002	$0.006	$0.001	$0.006	$0.001
27	$0.008	$0.002	$0.006	$0.002	$0.005	$0.001
28	$0.007	$0.003	$0.006	$0.002	$0.005	$0.002
29	$0.007	$0.004	$0.005	$0.002	$0.005	$0.002
30	$0.007	$0.004	$0.005	$0.003	$0.005	$0.002
31	$0.007	$0.005	$0.005	$0.003	$0.005	$0.003
32	$0.007	$0.006	$0.006	$0.004	$0.005	$0.003
33	$0.007	$0.007	$0.006	$0.004	$0.005	$0.004
34	$0.008	$0.008	$0.006	$0.005	$0.006	$0.004
35	$0.009	$0.009	$0.007	$0.006	$0.006	$0.005
36	$0.009	$0.010	$0.008	$0.006	$0.007	$0.006
37	$0.010	$0.011	$0.008	$0.007	$0.007	$0.006
38	$0.011	$0.012	$0.009	$0.008	$0.008	$0.007
39	$0.013	$0.013	$0.010	$0.009	$0.009	$0.008
40	$0.014	$0.015	$0.011	$0.009	$0.010	$0.009
41	$0.015	$0.016	$0.012	$0.010	$0.011	$0.009
42	$0.017	$0.018	$0.013	$0.012	$0.012	$0.010
43	$0.018	$0.020	$0.014	$0.013	$0.013	$0.012
44	$0.020	$0.022	$0.016	$0.014	$0.014	$0.013
45	$0.021	$0.024	$0.017	$0.016	$0.015	$0.014
46	$0.023	$0.027	$0.018	$0.018	$0.017	$0.016
47	$0.025	$0.031	$0.020	$0.020	$0.018	$0.018
48	$0.027	$0.034	$0.021	$0.022	$0.019	$0.020
49	$0.029	$0.039	$0.023	$0.025	$0.021	$0.023
50	$0.031	$0.044	$0.025	$0.028	$0.022	$0.026
51	$0.034	$0.050	$0.027	$0.032	$0.024	$0.029
52	$0.037	$0.057	$0.029	$0.037	$0.026	$0.033
53	$0.040	$0.065	$0.032	$0.042	$0.029	$0.038
54	$0.044	$0.075	$0.035	$0.048	$0.031	$0.044
55	$0.048	$0.086	$0.038	$0.056	$0.034	$0.050
56	$0.053	$0.099	$0.042	$0.064	$0.038	$0.057
57	$0.058	$0.113	$0.046	$0.073	$0.042	$0.066
58	$0.064	$0.130	$0.052	$0.084	$0.046	$0.076
59	$0.072	$0.149	$0.058	$0.096	$0.052	$0.087
60	$0.080	$0.171	$0.064	$0.110	$0.058	$0.099
61	$0.090	$0.196	$0.072	$0.126	$0.065	$0.114
62	$0.102	$0.223	$0.081	$0.144	$0.073	$0.130
63	$0.115	$0.255	$0.092	$0.164	$0.083	$0.148
64	$0.130	$0.290	$0.104	$0.187	$0.094	$0.168
65	$0.147	$0.328	$0.117	$0.211	$0.106	$0.190
66	$0.166	$0.370	$0.133	$0.239	$0.119	$0.215
67	$0.187	$0.418	$0.150	$0.270	$0.135	$0.243
68	$0.212	$0.473	$0.169	$0.305	$0.152	$0.274
69	$0.239	$0.534	$0.191	$0.345	$0.172	$0.310

Cost per $1,000 of IP cover

30-day waiting period

Weekly cost per $1,000 of monthly IP cover.

	2-year benefit period			5-year benefit period		
Age	Light Manual	Non-manual	Professional	Light Manual	Non-manual	Professional
15 - 19	$1.14	$0.75	$0.66	$1.42	$0.95	$0.87
20 - 24	$1.14	$0.75	$0.66	$1.47	$0.97	$0.90
25 - 29	$1.14	$0.75	$0.66	$1.51	$1.01	$0.90
30 - 34	$1.42	$0.95	$0.87	$1.93	$1.28	$1.15
35 - 39	$1.84	$1.23	$1.11	$2.60	$1.72	$1.56
40 - 44	$2.46	$1.65	$1.48	$3.61	$2.41	$2.15
45 - 49	$3.32	$2.21	$1.98	$4.98	$3.33	$2.99
50 - 54	$4.65	$3.09	$2.79	$7.16	$4.78	$4.29
55 - 59	$6.70	$4.47	$4.02	$10.60	$7.07	$6.36
60 - 64	$8.42	$5.61	$5.05	$13.61	$9.07	$8.18

90-day waiting period

Weekly cost per $1,000 of monthly IP cover.

	2-year benefit period			5-year benefit period		
Age	Light Manual	Non-manual	Professional	Light Manual	Non-manual	Professional
15 - 19	$0.50	$0.34	$0.30	$0.66	$0.45	$0.39
20 - 24	$0.46	$0.30	$0.28	$0.63	$0.43	$0.39
25 - 29	$0.43	$0.28	$0.26	$0.63	$0.43	$0.39
30 - 34	$0.50	$0.34	$0.30	$0.75	$0.50	$0.45
35 - 39	$0.66	$0.45	$0.39	$1.05	$0.71	$0.64
40 - 44	$0.96	$0.64	$0.59	$1.47	$0.97	$0.90
45 - 49	$1.51	$1.01	$0.90	$2.39	$1.60	$1.42
50 - 54	$2.35	$1.56	$1.39	$3.86	$2.56	$2.32
55 - 59	$3.93	$2.62	$2.37	$6.62	$4.41	$3.96
60 - 64	$4.82	$3.20	$2.90	$8.16	$5.44	$4.91

Important information

When cover stops

Any death, TPD or IP cover you have stops when any of the following happen:

- you stop being a CBUS member
- you cancel your cover
- our insurer approves your claim for a TPD or terminal illness payment (if you're getting IP payments at the time, those payments can continue)
- for TPD cover, you turn 65 and haven't extended it to age 70
- for IP cover, you turn 65
- you turn 70 (all cover)
- you join the armed forces of any country (except the Australian Defence Force Reserves, as long as you're not on active duty outside Australia)
- you don't have enough super in your account to pay your premiums. Cover will stop at the end of the month when you run out of money to pay for it
- for death and TPD cover, your account becomes inactive (it hasn't received any amounts for 16 months) and you haven't elected to keep your cover
- for IP cover, you're no longer residing in Australia and you're not an Australian citizen or permanent resident
- for IP cover, you haven't received an employer contribution for six months (measured from the last day of the month in which you last received an employer contribution)
- for IP cover, you're working less than 15 hours per week
- you die.

Keep your cover even if your account is inactive

Unless you've told us you want to keep it, your death and TPD cover will stop once your account becomes inactive. Your account is inactive when it has received no contributions for 16 months.

We can keep you covered if you tell us you want to keep your insurance by making an election:

- on the *Set up my CBUS Corporate Super* account form,
- anytime at **cbussuper.com.au/opt-in** or on the *Keep my insurance cover* form.

Asking us to keep your insurance doesn't lock you into a specific level of cover. It simply prevents any current and future cover stopping after your account becomes inactive. You should think carefully before you decide whether or not to elect to keep your cover, to make sure it's right for you. You can change your mind and cancel your cover at any time.

If you haven't elected to keep your cover, it will stop at the end of the day once your account becomes inactive, unless it has already stopped for another reason listed on this page.

If you cancel your cover

Cover can't be reinstated once it has ceased. If you want to take out cover again you'll need to apply for it.

When you apply for cover, you'll need to provide the insurer with personal information including about your health and finances. The insurer may ask you for more information or medical tests to help them assess your application. Once the insurer has considered your application, they'll either accept the cover, accept the cover with conditions (such as exclusions) or decline the cover.

If you have more than one account

We have processes in place to try and avoid creating new (duplicate) accounts if you've already got an account with CBUS or Media Super. If we do identify that you have more than one account across either CBUS or Media Super, then we'll:

- review and update your insurance cover based on what you're entitled to (this may include removing cover you've received automatically that you're not eligible for), and
- refund any insurance premiums paid for cover that you're not eligible for.

We may also combine your super accounts, usually into your oldest account, and refund any duplicate administration fees you've paid. Any changes will be shown on your next annual statement.

When a claim won't be paid

If we identify a duplicate account for you when you make a claim, then our insurer will check if you're eligible for any automatic cover you have. If you weren't eligible for automatic cover, then:

- your claim won't be paid
- we'll remove the cover from your account
- we'll refund any insurance premiums back to you.

What happens if you leave your employer?

If you stop working for your Corporate Super employer, your membership will change.

You'll be transferred to CBUSIndustry Super and you'll generally get the same type and amount of cover as you had as a Corporate Super member, rounded up to the next unit of cover under Industry Super.

If you're a Light Manual member, you'll be transferred to the Manual occupation category in Industry Super. The cost of cover in the Manual occupation category is higher than for other occupation categories, so you should check to make sure it's right for you, especially if you've changed jobs.

We'll write to you if this happens to explain the changes to your membership and insurance, including any changes to the cost of your cover.

Making a claim

How to make a claim

To make a claim, call our claims team on **1300 722 152**. We'll be able to help you through the claim process and send you the right forms by post or email.

The insurer will review all relevant information for your claim against the terms and conditions of the policy, including any exclusions that may apply.

We have more information on the steps involved in the claims process available at **cbussuper.com.au/claim**.

Exclusions - when a claim won't be paid

If your cover is limited to new events cover and the illness or injury that led to the claim isn't a new event, your claim won't be paid. If you've applied for cover and had an exclusion applied by the insurer then no claim will be paid for events relating to that particular exclusion.

For IP cover, no benefit will be paid if a claim arises directly or indirectly as a result of:

a. your normal and uncomplicated pregnancy or childbirth. For the purposes of this exclusion multiple pregnancy, threatened or actual miscarriage, participation in an in vitro fertilisation or similar program, discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling and bladder problems are not considered abnormal or complications of pregnancy

b. your active participation in, or contributing to, an act of terrorism, war or warlike operation or civil commotion

c. war, whether declared or not, military activity or insurrection

d. any other individual exclusion imposed as part of the insurer's underwriting process.

Your claim also won't be paid if the payment would cause the insurer to infringe any health insurance legislation.

Claiming a death benefit

How a death benefit is paid

If you die, your dependants or your legal personal representative (see below) can receive your death benefit, which is made up of your super account balance plus any death cover you may have when you die.

When we're notified of your death, we'll lodge the claim for your death cover with our insurer. Any claim for death cover that the insurer pays will be paid as a lump sum directly into your super account and will be distributed as part of your death benefit.

Nominating beneficiaries

Your super doesn't automatically become part of your estate when you die, even if there are instructions in your will. That's why it's important to nominate at least one beneficiary to receive your super.

When you die, your death benefit will be paid in accordance with Fund rules and superannuation law.

Taking steps now to let us know your wishes can make it easier for the loved ones you leave behind.

The simplest way to do this is with a binding death benefit nomination.

Who you can nominate

Not everyone can be nominated as a beneficiary, so it's important to know who is eligible to receive your super. You can nominate:

A dependant	Your legal personal representative (LPR)
– your surviving current spouse (including a de-facto spouse or partner of the same sex), – your surviving child/children (including outside of marriage, adopted or step[1] children), – someone you're in an interdependency relationship with, or – someone who is financially dependent on you.	– the executor of your will, or – the court appointed administrator if you don't have a will.
Any person you nominate must still be a dependant when you die for your nomination to remain valid.	This option may suit you if you want your super to go to someone who doesn't fit within the definition of a dependant, such as a parent, sibling or close friend. You can include them in your will and nominate your LPR as a beneficiary.

[1] A person is no longer your stepchild if their natural parent dies before you, or if their natural parent is divorced or separated from you.

Binding death benefit nominations

A binding death benefit nomination is a written instruction from you on who we should pay your death benefit to.

You can make a non-lapsing binding nomination any time in your online member account. Advantages include:

- **It's legally binding.** If your nomination is valid, we'll pay your death benefit to the person or people you've nominated.
- **Support your loved ones.** Rest assured that your super will go to the people you want to have it.

Or you can download a *Binding death benefit nomination* form at **cbussuper.com.au/binding** or call us on **1300 361 784** and we'll post it to you. You'll need two adults who aren't beneficiaries to witness and sign the paper form with you.

Non-lapsing binding death benefit nominations don't expire after a set period of time so you should remember to keep your nomination up to date, especially if your circumstances change.

You can make, check or cancel a binding nomination online by logging into your member account at **cbussuper.com.au/login**.

If you don't have a valid binding death benefit nomination

If you don't have a valid binding death benefit nomination, we must decide who your death benefit is paid to in accordance with the law and the CBUS trust deed.

In this case, your death benefit will be paid to either your surviving current spouse, your surviving children or your estate.

If you have a surviving current spouse

- We'll pay your entire benefit to your surviving current spouse (including same-sex, married or de-facto).

If you don't have a surviving current spouse

- Your benefit will be divided equally among your surviving children (including adopted and outside of marriage).

If you don't have a surviving current spouse or any surviving children

- Your benefit will be paid to your estate.
- In special circumstances, where we're not able to pay your death benefit to your estate, it may be transferred to the ATO.

When your binding death benefit nomination might not be followed

There are some situations where we won't be required to pay your death benefit according to your binding nomination.

- If, since making your nomination:
  - you got married or divorced,
  - you entered into a de facto relationship,
  - you welcomed a new child.
- If any person you nominated is not a dependant or legal personal representative at the time of your death.
- If more than one person is nominated but it's not clear what proportion of your death benefit you intended be paid to each person.
- If CBUS is subject to a court order that stops us from paying your death benefit as set out in your non-lapsing binding death benefit nomination we will need to follow those orders.

This is why it's important to keep your nomination up-to-date, especially if your circumstances change.

Claiming a terminal illness benefit

If you're diagnosed with a terminal illness, you can apply for a terminal illness (TI) benefit. This would be made up of your super account balance plus an advance of any death cover you have (up to the limits on this insured component).

For the insured component, any amount paid due to a terminal illness is limited to a maximum of $3 million. If you have more than $3 million of death cover, the rest can be paid to your beneficiaries as a residual death payment as long as you're still a member when you die, and premiums are paid until then.

Any claim for an advance on death cover that the insurer accepts will be paid as a lump sum directly into your super account and will form part of your overall TI benefit.

You'll qualify for a TI benefit if:

- two doctors approved by our insurer believe your illness is likely to lead to your death within 24 months,
- one of the doctors is a specialist in your claimed condition, and
- you had death cover when your terminal illness was diagnosed.

All your insurance cover (including any TPD and IP cover you have with us) will stop once you receive a TI benefit, except death cover where a residual death benefit applies (cover above $3 million). See our *Applying for a terminal illness payment* fact sheet at **cbussuper.com.au/forms** or call us for more information.

If your claim for a TI benefit isn't approved, you may still qualify for a different type of insurance benefit if you have cover, or for early access to your super. Call our team on **1300 722 152** if you need help.

Claiming a TPD benefit

You'll need to make a claim and our insurer will assess whether you qualify for a TPD benefit against the definition of total and permanent disablement (TPD) on page 23. If you do qualify, your benefit will be made up of the value of your TPD cover (which will go into your super account), and the value of your super (less any fees and taxes that apply).

We'll get in touch to let you know:

- how you can withdraw some or all of your insurance payment and super
- how withdrawals will be taxed, and
- any ongoing conditions you'll need to meet.

See our *Applying for a TPD payment* fact sheet at **cbussuper.com.au/forms** or call us for more information.

If you die or are diagnosed with a terminal illness within 14 days of the insurer making a TPD payment and you have more death cover than TPD, we'll pay the death cover amount less the TPD amount already paid.

Definition of disablement

To be eligible for a TPD payment, you must be insured under the policy on your date of disablement. The definition of disablement has two parts:

Part 1 - Unlikely to return to work

Part 1 applies if immediately before your date of disablement you were:

- in full-time, part-time or casual work (or on employer-approved leave),
- self-employed and had engaged in some paid work in the past 24 months, or
- unemployed and had been for less than 24 consecutive months.

If you don't meet these criteria, then part 2 applies.

You'll be considered totally and permanently disabled under part 1 if since your date of disablement:

- you haven't been able to do your usual occupation because of injury or illness for three months in a row, and
- in the insurer's opinion (based on medical and other evidence) you're unlikely ever to be able to engage in any regular paid work for which you're reasonably suited, taking into account your education, training or experience when your claim is assessed.

The three-month waiting period doesn't apply if you have a specified medical condition (see page 17).

Part 2 – Everyday work activities and psychiatric impairment

If part 1 doesn't apply to you, you may be covered under part 2 instead.

You'll be considered totally and permanently disabled under part 2 if, due to injury or illness:

- in the insurer's opinion (based on medical and other evidence), you're unlikely ever to be able to do any regular paid work for which you're reasonably suited taking into account your education, training or experience when your claim is assessed, and
- you've been getting regular care from a doctor (or if the illness is a mental disorder, from a psychiatrist) for your injury or illness.

You must also meet one of the criteria below:

- Due to your injury or illness you haven't been able to do at least two of the five everyday work activities listed on page 21 without help from another adult (even if using appropriate aids) for at least 12 months in a row and the insurer believes you're likely to need another adult's help for the rest of your life to do at least two of these activities, or:
- Your illness is a mental disorder, diagnosed by a psychiatrist under the DSM. You must have been assessed by the psychiatrist as having reached maximum medical improvement, with a Psychiatric Impairment Rating Scale of 19% or above.

The 12-month waiting period doesn't apply if you have a specified medical condition (see page 17).

What does date of disablement mean?

- **If you're suffering from a specified medical condition:** The date you were diagnosed with the specified medical condition.
- **If you're being assessed against part 1 of the total and permanent disablement (TPD) definition:** The first day of the 3 month consecutive period that you haven't been able to do your usual occupation.
- **If you're being assessed against part 2 of the total and permanent disablement (TPD) definition:** The first day of the period in which you haven't been able to perform at least two of the everyday working activities for 12 consecutive months or the date you were assessed as having an impairment of at least 19% under the Psychiatric Impairment Rating Scale by a suitably qualified psychiatrist.

Specified medical conditions

The definitions below explain what's considered to be a specified medical condition under your TPD cover:

Advanced heart failure (permanent)

A disease characterised by permanent and irreversible structural, functional and/or electrophysiological dysfunction of the heart muscle, resulting in marked limitation of physical activity. Less than ordinary activity causes fatigue, palpitation, shortness of breath or chest pain. The diagnosis, severity as well as the permanency of impairment must be confirmed by an appropriate specialist doctor.

Brain tumour

A non-cancerous tumour in the brain, meninges, pituitary gland, or spinal cord, resulting in an irreversible neurological deficit which has caused:

- permanent Whole Person Impairment[2] of at least 25%; or
- the insured person being totally and permanently unable to perform any one of the activities of daily living (see page 21).

Chronic lung failure (requiring permanent oxygen therapy)

A disease characterised by irreversible failure of respiratory function, resulting in marked limitation of physical activity and dependence on permanent oxygen therapy. The diagnosis, severity as well as the permanency of impairment must be confirmed by an appropriate specialist doctor.

Dementia including Alzheimer's disease (permanent)

The unequivocal diagnosis of dementia by a consultant neurologist or geriatrician. The diagnosis must confirm dementia or Alzheimer's disease due to permanent failure of brain function with associated cognitive impairment. A Mini-Mental State Examination score of 24 or less out of 30 or evidence from another neuropsychometric test that's acceptable to us is required.

Idiopathic pulmonary arterial hypertension (of specified severity)

Idiopathic pulmonary arterial hypertension confirmed by investigations including cardiac right heart catheterisation, resulting in physical permanent impairment to the degree of at least Class 3 of World Health Organisation (WHO) functional class for pulmonary hypertension. The condition must be diagnosed by an appropriate specialist doctor. The severity as well as the permanency of impairment must also be confirmed by an appropriate specialist doctor.

Loss of sight (permanent)

The permanent and irreversible loss of sight in both eyes to the extent that:

a. visual acuity in both eyes, on a Snellen Scale after correction by suitable lens is less than 6/60,
b. the visual field is reduced to 20 degrees or less of arc, or
c. a combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.

The condition must not be correctable by surgical procedures, implants, or any other means as confirmed by an appropriate specialist doctor.

Loss of speech (permanent)

The total and irrecoverable loss of the ability to produce intelligible speech, because of permanent damage to the larynx or its nerve supply or to the speech centres of the brain. The diagnosis, severity as well as the permanency of impairment must be confirmed by an appropriate specialist doctor.

Major head trauma (with permanent neurological deficit)

Accidental head injury resulting in an irreversible neurological deficit causing:

- permanent Whole Person Impairment[2] of at least 25%; or
- the insured person being totally and permanently unable to perform any one of the activities of daily living (see page 21).

Motor neurone disease

The unequivocal diagnosis of a progressive form of debilitating motor neurone disease. The diagnosis must be confirmed by an appropriate specialist doctor and supported by clinical neurophysiology and other ancillary testing.

Multiple sclerosis (with persisting neurological abnormalities)

The unequivocal diagnosis of multiple sclerosis confirmed by an appropriate specialist doctor, resulting in persisting neurological abnormalities. There must be more than one episode of well-defined neurological deficit, unless there's an unequivocal diagnosis of primary progressive multiple sclerosis.

Neurological investigations such as lumbar puncture, MRI (Magnetic Resonance Imaging) evidence of lesions in the central nervous system, evoked visual responses, and evoked auditory responses are required to confirm diagnosis.

[2] Whole Person Impairment (WPI) means where a payment depends on the person meeting criteria based on the Whole Person Impairment, the calculation is to be based on the 5th edition of the American Medical Association publication entitled *Guides to the Evaluation of Permanent Impairment*. This is until an equivalent Australian guide, sanctioned by the Australian Medical Association, has been produced, at which time the calculation in the relevant Australian guide will apply.

Muscular dystrophy

The unequivocal diagnosis of muscular dystrophy by an appropriate specialist doctor. The diagnosis must be supported by appropriate clinical investigations.

Paralysis (permanent loss of use of two or more limbs)

The total and permanent loss of function of two or more limbs through illness or injury causing permanent damage to the nervous system. This includes, but isn't limited to quadriplegia, paraplegia, diplegia, hemiplegia, and tetraplegia.

Parkinson's disease (permanent)

The unequivocal diagnosis of degenerative idiopathic Parkinson's disease by an appropriate specialist doctor, and characterised by chronic progressive manifestation of bradykinesia with at least one of the following:

a. rigidity, or
b. rest tremor.

All other types of Parkinsonism are excluded (e.g. secondary to medication).

Severe burns

Tissue injury caused by thermal, electrical or chemical agents causing partial or full thickness burns to at least:

a. 20% of the body surface area as measured by the Lund and Browder Body Surface Chart,
b. 50% of both hands, requiring surgical debridement and/or grafting, or
c. 50% of the face, requiring surgical debridement and/or grafting.

First degree burns, also termed superficial burns, are excluded and won't be considered as part of the required percentage.

Spinal cord injury

Accidental spinal cord injury resulting in irreversible neurological deficit causing:

- permanent Whole Person Impairment[1] of at least 25%; or
- the insured person being totally and permanently unable to perform any one of the activities of daily living (see page 21).

These terms may be reviewed and updated from time to time by the insurer. You should always check **cbussuper.com.au** for the most up to date information.

How a TPD claim is paid

Any claim for TPD that the insurer accepts will be paid as a lump sum directly into your super account and will form part of your overall super benefit. We'll also review your claim and let you know how you can access it. You may be able to:

- take some or all of the benefit as a lump sum,
- start a super income stream,
- leave the money in your super account and make regular withdrawals as you need, or
- do a combination of these options.

If you're under age 60, amounts withdrawn from super, including as income streams, are taxed. You can find more information on the tax that applies in our *How super works* guide at **cbussuper.com.au/superworks** or on the *Tax on super benefits* page of the ATO website **ato.gov.au**.

Waiting period

There are minimum waiting periods in order to qualify for a TPD benefit. The waiting period starts from your date of disablement and will depend on which definition of disability applies:

- for claims assessed against Part 1 (unlikely to ever work in a suitable occupation again), it's a 3-month waiting period,
- for claims assessed against Part 2 (everyday work activities), it's a 12-month waiting period.

These waiting periods don't apply if you're suffering from one or more of the specified medical conditions.

Permanent incapacity

If you don't have cover or your claim isn't approved, you may be able to access your super if you're permanently incapacitated and can no longer work. You'll need to provide evidence that you have a physical or mental condition that is likely to stop you from ever being able to work again in a job you were qualified to do by education, training or experience. Contact us on **1300 722 152** and we can help you make a claim.

Claiming an IP benefit

You can make an IP claim if you had IP cover in place when you became disabled due to sickness or injury and stop working. If your IP claim is approved, you'll be paid an IP benefit. Your IP benefit will be paid after the waiting period and will only be paid until the benefit period ends.

Disability definitions

To be eligible to claim an IP benefit, you'll need to have either a total disability or partial disability.

Total disability means that you have a disability caused by an accident or illness and as a result of that disability you:

a. are unable to perform your occupation
b. are not otherwise employed or engaged in any business activity
c. are under the continuous and regular care of a doctor and undergoing appropriate treatment
d. satisfy all of the insurer's claims requirements.

Partial disability means that you're no longer suffering a total disability and that you:

- have ceased to suffer total disability and have resumed employment or, in the insurer's opinion, are capable of returning to partial employment duties
- as a result of the accident or illness that caused your total disability, you receive a post-disability income that is less than your monthly income
- are under the continuous and regular care of a doctor undergoing appropriate treatment
- satisfy all claim requirements.

How an IP benefit is calculated

When you're approved for an IP benefit, the amount you may receive is based on your situation at the time your disability occurs. For example, if you're not working for a reason other than sickness or injury at that time, this may affect your monthly benefit amount, or even reduce it to nothing. Your monthly IP benefit will be calculated as the lower of:

- 87% of your pre-disability monthly income
- the amount of IP cover you have
- $30,000.

Your monthly IP benefit will then be reduced by any other disability income or post-disability income you receive (or are due to receive) that month. Your benefit will only be reduced when the sum of the benefit and other disability income or post-disability income exceeds 87% of your pre-disability monthly income.

How an IP benefit is paid

Any IP benefit you receive will be paid directly to you by the insurer, with any super contribution benefit directed to your CBUS account. This means that if you're receiving 87% of your pre-disability monthly income:

- 75% goes to you
- 12% goes to your super.

IP benefits are paid monthly, in arrears, starting from the end of your waiting period. The insurer will deduct tax from the IP benefits it pays to you and pay those amounts to the ATO. You'll receive a payment summary for tax purposes. IP benefits will be paid for the duration of your benefit period, as long as you continue to be either totally disabled or partially disabled.

When your IP benefits will stop

Any IP benefits you're receiving will stop if:

- you're no longer totally disabled or partially disabled
- you die
- you're no longer under the care of a doctor
- you reach age 65
- you fail to provide the insurer with any of the information required to assess your claim
- you make a fraudulent claim
- you reach the end of your benefit period.

IP benefits while you're overseas

If you're overseas when your claim is accepted by the insurer, you may be able to receive IP benefit payments for up to three months. To continue receiving IP benefit payments after that, you must:

- return to Australia (at your own expense), or
- provide evidence that your condition is preventing you from returning.

Calculating monthly income

What the insurer considers to be your monthly income will depend on whether you're self-employed or not.

a. **If you're self-employed:** this is 1/12th of the annual share of the income of that business or practice generated by your personal work, after the deduction of your share of expenses in generating that income, and before the deduction of tax, or any other income the insurer has expressly approved. This annual amount is averaged over the 12 months immediately before the start of the waiting period applicable to your cover (or, the period that you have been continuously self-employed if it's less than 12 months).
b. **If you're not self-employed:** generally this is 1/12th of your current annual pre-tax salary from your employer, not including any director's fees, commissions, overtime payments, bonuses, penalty or shift allowances. This annual amount is averaged over the 12 months immediately before the start of the waiting period applicable to your cover (or, the period that you have been continuously employed if it's less than 12 months).

Monthly income doesn't include investment income, income received from deferred compensation plans, disability income policies or retirement plans or income not derived from vocational activities, unless the insurer has expressly agreed otherwise.

Indexation of benefits

If you have a 5-year benefit period, your IP benefit payments will increase at the end of each 12-month period for which benefits are payable. The increase is the lower of:

- the percentage increase in the Consumer Price Index (CPI) for the most recently published period, or
- 5%.

This increase won't apply if you have a 2-year benefit period.

Benefit period

Your IP cover will have a benefit period of either 2 years or 5 years. The benefit period is the maximum amount of time that our insurer will pay you an IP benefit if you have a claim accepted.

Your benefit period starts immediately after your waiting period has ended and includes all periods you were receiving any benefit payments for the same accident or illness.

You won't receive any further benefit payments after the end of the benefit period.

Waiting period

A waiting period of either 30 or 90 days will apply. This is how long you'll need to wait from the date of disablement (the day your doctor certifies that you cannot work due to your accident or illness) before any payments start.

If your IP claim is accepted, your benefit period will start once your waiting period ends and you'll receive monthly IP benefit payments as long as:

- you were totally disabled for the first 14 days of your waiting period
- you were still totally disabled or were partially disabled for the rest of your waiting period, and
- you continue to be totally or partially disabled after your waiting period.

If you return to your pre-disability duties and hours during your waiting period:

- for five days or less, and become totally disabled or partially disabled as a result of the same condition, those days will be added to your waiting period, or
- for more than five days, a new waiting period will start if you become totally disabled again.

A new waiting period won't apply if you become totally disabled or partially disabled again within six months of your IP benefit payments stopping if your disability is caused by the same medical condition as for your previous claim. Otherwise, a new waiting period will apply.

Deferring IP benefits

If you have IP cover elsewhere, you can choose a flexible waiting period and delay your IP benefit payments through CBUS for up to two years. This means you could get paid through your other policy first and start your CBUS IP benefit payments once the payments through your other policy have stopped, if you continue to be totally or partially disabled. To take up this option you must:

- have a two-year benefit period
- tell us you'd like to defer your IP benefits before the end of your waiting period.

Your IP premiums while you're claiming

IP cover premiums will stop being deducted from your super account while you're receiving IP benefit payments. Premiums will start being deducted again once your IP benefit payments end, unless you no longer have IP cover.

Offsets for other disability income

The insurer will reduce your monthly IP benefit by any other disability income or post-disability income you receive (or are due to receive) that month. Your benefit will only be reduced when the sum of your monthly benefit and other disability income or post-disability income exceeds 87% of your pre-disability monthly income.

Other disability income

Other disability income includes any amount paid or payable, such as income from:

- any other IP or salary continuance policy, loan protection insurance policy or similar policy in any jurisdiction
- Worker's Compensation, motor vehicle accident compensation, statutory compensation or similar scheme, however named, in any jurisdiction, or other similar, federal, territory or extraterritorial legislation
- any common law or under state, federal, territory or extraterritorial legislation unless excluded (see below).

Other disability income doesn't include any amount paid or payable:

- by Centrelink, Department of Veterans Affairs
- as TPD, terminal illness, critical illness types of lump sum payments
- as annual leave or long service leave
- a pension or annuity paid from a super fund other than a disability pension
- as a form of compensation for or payments in respect of pain and suffering, medical expenses, reasonable legal expenses.

Post-disability income

Post-disability income is any income you're making from partial employment after the commencement of your waiting period. If you're suffering from a partial disability, then this can also include amounts that the insurer considers you would be capable of earning, even if you're not working.

Approved rehabilitation benefits

The insurer may pay for your rehabilitation if they think it could help you get back to work. This may include the cost of a program, device or course of treatment that your doctor or other health professional believes to be necessary for your rehabilitation. The insurer can't pay for hospital treatment or other medical treatment.

The insurer will pay any approved rehabilitation expenses directly to the provider, not to you. The maximum the insurer will pay is the lower of six times your monthly income protection benefit or $60,000. You need to get the insurer's written agreement before the expense is incurred. If the insurer doesn't agree to pay, you'll need to cover the cost if you decide to participate in the rehabilitation.

Defined terms

Accident: Means an event leading to bodily injury which is caused solely and directly by violent, accidental, external and visible means and independent of any other cause.

Active employment: Means you're gainfully employed and:

- at work and doing your normal duties without being restricted by illness or injury, or
- on employer-approved leave but could do your normal duties without being restricted by illness or injury.

If you don't meet this definition but you've returned to work and have been doing the same modified duties for 12 months in a row, then these modified duties become your new normal duties. You're considered to be in active employment at the end of that 12-month period.

Activities of daily living: Means the following activities:

a. Bathing – the ability for the insured person to shower and bathe.
b. Dressing – the ability for the insured person to put on and take off clothing.
c. Toileting – the ability for the insured person to get on and off and use the toilet.
d. Mobility – the ability for the insured person to get in and out of bed and a chair.
e. Feeding – the ability for the insured person to get food from a plate into the mouth.

Annual taxable income: Means your gross annual salary for the last financial year, as shown on your PAYG payment summary.

CBUS employer: Means an employer who pays or agrees to pay super for you into your CBUS account (called your participating employer in the insurance policy).

Date of disablement: Means:

a. If you're suffering from a specified medical condition: The date you were diagnosed with the specified medical condition.
b. If you're being assessed against part 1 of the total and permanent disablement (TPD) definition: The first day of the 3 month consecutive period that you haven't been able to do your usual occupation.
c. If you're being assessed against part 2 of the total and permanent disablement (TPD) definition: The first day of the period in which you haven't been able to perform at least two of the everyday working activities for 12 consecutive months or the date you were assessed as having an impairment of at least 19% under the Psychiatric Impairment Rating Scale by a suitably qualified psychiatrist.

DSM: Means the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) issued by American Psychiatric Association.

If the DSM is no longer used or published, the insurer will use another diagnostic tool similar to it for the determination of the psychiatric illness, as determined by the Royal Australian and New Zealand College of Psychiatrists Board.

Everyday working activities: Means the following activities:

a. mobility – you can't:
   i. walk more than 200m on a level surface without stopping due to breathlessness, or
   ii. bend, kneel or squat to pick something up from the floor and straighten up again, or get in and out of a standard sedan car.
b. communicating – you can't:
   i. speak in your first language so that you're understood in a quiet room and hear an instruction in your first language said in a normal voice in a quiet room (even with a hearing aid), or
   ii. understand a simple message in your first language, and relay that message to another person.
c. vision – you can't read ordinary newsprint and pass the standard eye test for a car licence (even with glasses or contact lenses).
d. lifting – you can't lift, carry or move a 5kg object with your hands.
e. manual dexterity – you can't manipulate small objects precisely with your hands or fingers (such as pick up a coin, tie shoelaces, button a shirt, use cutlery or write a short note with a pen or keyboard).

Excluded occupations: Means the following:

- miner (working with explosives),
- fireman, police, ambulance officer, and paramedic,
- fisherman,
- forestry worker,
- sex worker,
- workers in the horse racing industry such as trainer, jockey, and strapper,
- offshore oil rig worker,
- commercial pilot,
- professional and semi-professional sport person,
- security guard (if armed),
- doormen, bouncer, or crowd control (if armed),
- Australian Disability Enterprises employees, or
- underwater worker.

Illness: Means a sickness, disease or disorder.

Injury: Means injury to your body caused by violent, external and visible means.

Monthly income: Means:

a. **If you're self-employed:** this is 1/12th of the annual share of the income of that business or practice generated by your personal work, after the deduction of your share of expenses in generating that income, and before the deduction of tax, or any other income the insurer has expressly approved. This annual amount is averaged over the 12 months immediately before the start of the waiting period applicable to your cover (or, the period that you have been continuously self-employed if it's less than 12 months).

b. **If you're not self-employed:** generally this is 1/12th of your current annual pre-tax salary from your employer, not including any director's fees, commissions, overtime payments, bonuses, penalty or shift allowances. This annual amount is averaged over the 12 months immediately before the start of the waiting period applicable to your cover (or, the period that you have been continuously employed if it's less than 12 months).

Monthly income doesn't include investment income, income received from deferred compensation plans, disability income policies or retirement plans or income not derived from vocational activities, unless the insurer has expressly agreed otherwise.

New events cover: Means that you're not covered for pre-existing injuries or illnesses. You're only covered for injuries or illnesses that first occur after your cover starts.

On-time employer contribution: Means a superannuation guarantee (SG) contribution that we receive within six months of the end of the month that the contribution is for.

Other disability income: Means, subject to paragraphs (d) and (e) of this definition, any amount paid or payable for a month in connection with, or arising out of, the accident or illness causing your total disability or partial disability which you may receive or be entitled to receive, during a month an IP benefit is payable (whether by lump sum, period payment or otherwise) including but not limited to:

a. any amount paid or payable:
   i. under another income protection insurance policy, salary continuance policy, loan protection insurance policy, or similar policy, in any jurisdiction;
   ii. under any Workers' Compensation, motor vehicle accident compensation, statutory compensation or similar scheme, however named, in any jurisdiction or other similar state, federal, territory or extraterritorial legislation;
   iii. under common law or under state, federal, territory or extraterritorial legislation unless excluded under (d) or (e) below;
   iv. as employer-funded sick leave, personal leave or any other employer-paid leave in any jurisdiction (except if the sick leave entitlements must be requested by the insured person to be paid and they have not requested the payment for the relevant period);

b. any out of court settlement sum, or any award of money sum by a court, tribunal, arbitrator or government body in any jurisdiction;

c. whether an amount under paragraph (a) of this definition is:
   i. a lump sum, a periodic payment, a combination of a lump sum and a period payment or otherwise; or
   ii. in the nature of a capital payment or income payment (as those terms are understood having regard to normal accounting standards and practice), has no bearing on whether that amount is an Other Disability Income or otherwise.

d. other disability income does not include:
   i. an amount paid or payable under this Policy;
   ii. Centrelink, Department of Veterans Affairs, or any equivalent or replacement agencies;
   iii. total and permanent disability, terminal illness, critical illness types of lump sum benefits;
   iv. annual leave or long service leave; or
   v. a pension or annuity paid from a superannuation fund other than a disability pension,

   whether a lump sum, a periodic payment, a combination of a lump sum and a periodic payment, or otherwise.

e. in addition to the amounts, benefits and payments excluded under paragraph (d), we will not consider any portion of an amount paid or payable to the insured person to be other disability income if the insured person establishes to our reasonable satisfaction, that it represents or covers compensation for or payment in respect of:
   i. pain and suffering;
   ii. the loss of a part or the use of a part of the body to the extent that such compensation is not income or capital (as those terms are understood having regard to normal accounting standards and practice);
   iii. medical expenses; or
   iv. reasonable legal expenses, and, for clarity, to the extent that the insured person cannot establish to our reasonable satisfaction that any portion of an amount paid or payable to them represents compensation for or payment in respect of those items set out in (i) to (iv) above, the entirety will be considered other disability income.

Where other disability income is in the form of a lump sum or is commuted to a lump sum, unless the insurer agrees otherwise, your monthly benefit will be reduced by an amount equal to one sixtieth (1/60th) of the lump sum over a period of sixty months or the remainder of the benefit period, whichever is less.

Partial disability / Partially disabled: Means you:

- have ceased to suffer total disability and have resumed employment or, in the insurer's opinion, are capable of returning to partial employment duties
- as a result of the accident or illness that caused your total disability, you receive a post-disability income that is less than your monthly income
- are under the continuous and regular care of a doctor undergoing appropriate treatment
- satisfy all claim requirements.

Post-disability income: Means any income that you make from work after the commencement of the waiting period.

However, if you are, in the insurer's opinion, suffering partial disability but have not received such income, your post disability income will be the amount they consider you're capable of earning from work having regard to the extent of your partial disability.

Psychiatrist: Means a medical practitioner legally qualified and registered with AHPRA to practise in Australia. This does not include psychologists or other health providers. The psychiatrist cannot be you, your spouse or partner, parent, child, sibling or close family relative, business partner, employer or employee.

Senior manager or executive: Means you're a senior manager or executive if at least three of the following apply in your main job:

- you're responsible for the work of other supervisory, managerial or professional employees, or you manage a key business function in your organisation,
- you make decisions or recommendations about staff employment, such as hiring, firing, promotions and authorising leave,
- you manage a profit centre or budget and are authorised to approve significant expenses,
- you're a senior specialist and give expert advice to other professional employees or executives in your organisation.

Specified medical conditions: Means the medical conditions listed and defined on page 17

The insurer may review and change these conditions from time to time, but you won't be disadvantaged by this.

Different definitions may apply depending on your date of disablement. To find out more see our *Applying for a TPD payment* fact sheet, or to read about our claims philosophy, visit **cbussuper.com.au/claim**.

Terminal illness: You meet the definition of terminal illness if:

- two doctors approved by our insurer believe you have a condition that's likely to lead to your death within 24 months from when it was diagnosed, and
- one of the doctors specialises in your condition.

Total and permanent disablement (TPD): Means:

To be eligible for a TPD payment, you must be insured under the policy on your date of disablement. The definition of disablement has two parts:

Part 1 - Unlikely to return to work

Part 1 applies if immediately before your date of disablement you were:

- in full-time, part-time or casual work (or on employer-approved leave),
- self-employed and had engaged in some paid work in the past 24 months, or
- unemployed and had been for less than 24 consecutive months.

If you don't meet these criteria, then part 2 applies.

You'll be considered totally and permanently disabled under part 1 if since your date of disablement:

- you haven't been able to do your usual occupation because of injury or illness for three months in a row, and
- in the insurer's opinion (based on medical and other evidence) you're unlikely ever to be able to engage in any regular paid work for which you're reasonably suited, taking into account your education, training or experience when your claim is assessed.

The three-month waiting period doesn't apply if you have a specified medical condition (see page 17).

Part 2 – Everyday work activities and psychiatric impairment

If part 1 doesn't apply to you, you may be covered under part 2 instead.

You'll be considered totally and permanently disabled under part 2 if, due to injury or illness:

- in the insurer's opinion (based on medical and other evidence), you're unlikely ever to be able to do any regular paid work for which you're reasonably suited taking into account your education, training or experience when your claim is assessed, and
- you've been getting regular care from a doctor (or if the illness is a mental disorder, from a psychiatrist) for your injury or illness.

You must also meet one of the criteria below:

- Due to your injury or illness you haven't been able to do at least two of the five everyday work activities listed on page 21 without help from another adult (even if using appropriate aids) for at least 12 months in a row and the insurer believes you're likely to need another adult's help for the rest of your life to do at least two of these activities, or:
- Your illness is a mental disorder, diagnosed by a psychiatrist under the DSM. You must have been assessed by the psychiatrist as having reached maximum medical improvement, with a Psychiatric Impairment Rating Scale of 19% or above.

The 12-month waiting period doesn't apply if you have a specified medical condition (see page 17).

Total disability / Totally disabled: Means you have a disability caused by an accident or illness, and as a result of the disability:

a. are unable to perform your occupation
b. are not otherwise employed or engaged in any business activity
c. are under the continuous and regular care of a doctor and undergoing appropriate treatment
d. satisfy all of the insurer's claims requirements.

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