

AMP Super Insurance Guide

Signature Protection - TAL Corporate

Issued 19 May 2025 by N.M. Superannuation Proprietary Limited,
the Trustee of the AMP Super Fund.

AMP Super refers to SignatureSuper®.

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ABN 49 079 354 519.



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Acknowledgement of Country

AMP acknowledges the Traditional Custodians of the Lands where this document was produced and we recognise the strong connection to Country, waterways and sky. We pay our respects to the Burramattagal Peoples of the Dharug Nation and the Gadigal Peoples of the Eora Nation; and extend that same respect to all Elders, both past and present.

Artwork: Celebrating Sydney by Chloe Little, Yorta Yorta / Yuin.

AMP Super refers to SignatureSuper®.

The information in this document forms part of the **AMP Super** product disclosure statement (PDS) dated 19 May 2025. To understand how **AMP Super** works, read the PDS, Member guide, Investment guides, relevant Insurance guide and your **welcome letter**.

Your **welcome letter** describes the benefits and features of your **AMP Super** membership. Some employers may have tailored MySuper arrangements, which will be in your **welcome letter** if applicable. Some benefits and features in the **guide** may not apply to you. You or your family member may also request a copy by contacting **us** on 131 267.

Information in this document may change from time to time. **We** may update information which isn't materially adverse to you and make it available at amp.com.au/pdsupdates. You can request a paper copy of the update free of charge by calling **us** on 131 267 or from your financial adviser.

SignatureSuper is in the AMP Super Fund ABN 78 421 957 449 (**the fund**). N.M. Superannuation Proprietary Limited (NM Super) ABN 31 008 428 322, AFSL No. 234654, RSE Licence No. L0002523 is the **trustee** and is referred to as **NM Super, trustee, we** or **us** in this document.

Defined terms are found at the back of this **guide** and will be **bolded** throughout.

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What you need to know

This is an **insurance guide** for **AMP Super**. The **guides** and **welcome letter** are important documents. You should read them with the **PDS** to understand how **AMP Super** works.

The information in this document is general information only and doesn't take into account your personal objectives, financial situation or needs. You should obtain financial advice tailored to your personal circumstances.

If you'd like advice on your insurance cover in this super product, contributions to your **account** or investment options, you can call **us** on 131 267. An additional fee won't be charged for this one-off intrafund advice. If you'd like to obtain other financial advice, or ongoing financial advice you should seek a financial adviser.

No other company in the AMP group of companies or any of the investment managers of the investment options or the **insurer** named in this document:

- is responsible for any statements or representations made in this document
- guarantees the performance of **NM Super's** obligations to members, or assumes any liability to members in connection with this product.

Except as expressly disclosed in the **PDS** or **guide**:

- investments in the investment options aren't deposits or liabilities of **NM Super**, AMP Bank Limited ABN 15 081 596 009, any other member of the AMP group or any of the investment managers, and
- no person guarantees the performance of this super product or any of the investment options, any particular rate of return or the repayment of capital.

The **trustee** may enter into financial or other transactions with related bodies corporate in relation to this product. That related body corporate may be entitled to earn fees, profits, reimbursements or expenses or other benefits in relation to any such appointment or transaction and to retain them for its own account.

AMP Super is managed and administered in accordance with the **fund's** trust deed, **PDS, guides** and your **welcome letter**. **We** may change the way **AMP Super** is managed and administered at any time and **we'll** notify you of any material change as soon as practicable after the change occurs, except for an increase in the fees charged by us, where **we'll** give you at least 30 days' notice of any increase in these fees. **We** may also change the **insurer** or any insurance terms and conditions if **we** form the view that it is in the best interest of **members of the fund** to do so. **We'll** communicate with you if this occurs.

This offer is available only to persons receiving (including electronically) the **PDS, guides** and **welcome letter** within Australia.

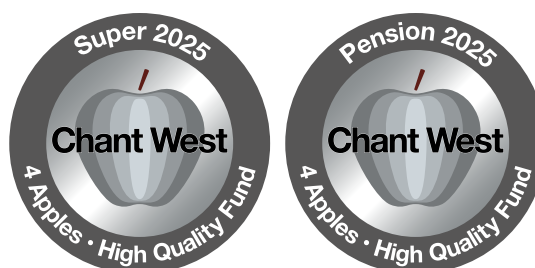
Awarded for putting you first

AMP Super has been recognised and awarded by the industry for many years.

Respected research house, SuperRatings has awarded SignatureSuper Corporate, MySuper and Pension offerings with their highest platinum rating while our Personal offering received a high rating of gold, for another year running.



2025 Chant West super ratings and recognition.



AMP Super refers to SignatureSuper®. The Platinum rating applies to SignatureSuper Corporate, MySuper and Pension offerings. The Gold rating applies to SignatureSuper Personal. Ratings issued by SuperRatings Pty Ltd a Corporate Authorised Representative (CAR No.1309956) of Lonsec Research Pty Ltd AFSL No. 421445 are general advice only. Rating is not a recommendation to purchase, sell or hold any product and is subject to change without notice. SuperRatings may receive a fee for the use of its ratings and awards. Visit superratings.com.au for ratings information. The Zenith CW Pty Ltd ABN 20 639 121 403 AFSL 226872/AFS Rep No. 1280401 Chant West rating (assigned February 2024) is limited to general advice only and has been prepared without considering your objectives or financial situation, including target markets where applicable. The rating is not a recommendation to purchase, sell or hold any product and is subject to change at any time without notice. You should seek independent advice and consider the PDS or offer document before making any investment decisions. Ratings have been assigned based on third party data. Liability is not accepted, whether direct or indirect, from use of the rating. Past performance is not an indication of future performance. Refer to chantwest.com.au for full ratings information and their ESG.



Get a quick answer

What cover is available? 5

Your **employer** has selected a combination of Death, TPD and/or IP cover for your **plan**.

When does my cover start? 11

When you are at least 25 and have a \$6,000 balance. You can elect to have cover sooner.

What's the automatic acceptance limit (AAL) and how does it work? 14/16

It's the maximum default cover available in your **plan**. Your **plan's** AAL is in your **welcome letter**.

What happens if my salary changes? 14/16

If your cover is based on your **salary**, then change may impact your cover amounts.

What does Death insurance cover? 17

A lump sum paid if you die or become terminally ill.

What does Total and Permanent Disablement (TPD) insurance cover? 19

A lump sum paid if you're unlikely to ever be able to work again due to illness or injury.

What does Income Protection (IP) insurance cover? 21

A monthly amount if you're temporarily unable to work due to illness or injury (totally (or then partially) disabled).

Am I covered while working overseas? 28

Yes, your cover continues if you move or are seconded overseas.

Am I covered during unpaid leave? 28

You're covered for Death and TPD. Your IP cover will be suspended and it may restart later.

What happens to my cover if I close my super account? 28

Your insurance will end.

What happens if I leave my employer? 29

Your insurance will continue, however there may be some changes, which **we'll** let you know.

When does my cover stop? 30

It can stop for a few reasons, including age, or your **account** not receiving any super contributions.

Can I change default cover? 31

You can apply for additional cover, reduce, or cancel your cover at any time.

How can I cancel cover? 31

You can cancel online in My AMP, over the phone or in writing.

Can I reinstate my cover? 31

You can reinstate your cover within 60 days at amp.com.au/reinstateyourinsurance unless you told us to cancel your cover.

When will insurance fees be deducted from my account? 32

Insurance fees are paid in advance and are deducted from your **account** at the start of every month.

Will my insurance fees change? 37

Yes, they will change with your age, **insurer** reviews, and if the insurance service expense change.

What's an insurance service expense? 37

This covers the cost for **us** to administer your insurance.

Your AMP Super insurance

Welcome to AMP Super, designed to provide you with comprehensive super benefits for your retirement and insurance protection for you and your family’s peace of mind.

Types of insurance available

The type and amount of insurance **we** provide will depend on factors such as your membership category and **employment status**.

Your AMP Super plan may offer you:

- Death cover (including a Terminal Illness benefit)
- Death and Total and Permanent Disablement (TPD) cover
- Death and Income Protection (IP) cover, or
- Death and TPD and IP cover.

You can also apply for IP cover only.

 DEATH COVER	 TOTAL AND PERMANENT DISABLEMENT (TPD) COVER	 INCOME PROTECTION (IP) COVER
Also known as life cover, which pays a lump sum to you, your beneficiaries or estate if you die or become terminally ill. Death cover is paid in addition to your super account balance.	Provides a lump sum benefit in the event that you become totally and permanently disabled and won’t work again. TPD cover is paid in addition to your super account balance.	Pays a monthly benefit if you’re totally (or then partially) disabled and temporarily can’t work (or need to work in a reduced capacity).



Please refer to your **welcome letter** (you get this when you join AMP), **insurance confirmation letter** (you get this when insurance is applied to your AMP account), or your latest **member statement** (you receive this every year) to confirm the insurance cover that applies to you.

See the **Types of insurance cover in detail** section for further information on each type of cover.

Automatic cover

When you become eligible (or elect to have cover) you will automatically be provided with the insurance design your **employer** has selected for your **plan** up to the automatic acceptance limit – see the **Your insurance cover** section.

Your sum insured (the dollar value you are insured for) will be determined by one of the designs outlined in the table below. You can see the design that applies to you and the type of **plan** you belong to in your **welcome letter**.

Cover provided by your employer	Insurance design options available	Example
Standard Plan (Please see page 12 for more information)		
Death cover only (including Terminal Illness)	Lifestages Cover 5 units	You are 40 years old (age next birthday 41), therefore your sum insured will be \$170,000 (5 x \$34,000). Refer to the Standard Plan cover section for further information on Lifestages cover and the amount of each unit of cover which changes according to age.
Death and TPD cover (including Terminal Illness)	Lifestages Cover 5 units	You are 40 years old (age next birthday 41), therefore your sum insured will be \$170,000 for both Death and TPD (5 x \$34,000). Refer to the Standard Plan cover section for more information on Lifestages cover. The amount of Death and TPD may not be the same for younger ages.
IP cover (together with your employer's chosen Death and TPD cover option)	75% of salary	Your salary is \$100,000 pa. Sum insured is a monthly payment (for the agreed benefit period) of: $(75\% \times \$100,000) \div 12 = \$6,250$. Your IP sum insured is the maximum you can claim for, however if you submit a claim and are earning less than this amount, a lower benefit may be payable. See the How does income from other sources impact the amount of IP I receive section for more information.
	Superannuation contribution benefit: 11.5% of salary	Employer selects 11.5%. In addition to your IP cover above, you will have a superannuation contribution benefit of: $(11.5\% \times 100,000) \div 12 = \958 Total cover for temporary disability: $\$6,250 + \$958 = \$7,208$
Non Standard Plan (Please see page 15 for more information)		
Below are some common examples for Non Standard Plan cover that applies to an employer plan . However your employer may have negotiated an insurance design unique to your plan that is not shown. Your insurance plan details including the insurance design that applies to your plan and the amount of your cover are provided in your welcome letter .		
Death cover only (including Terminal Illness)	1. A lump sum amount calculated using a percentage of your salary for each year left until the plan expiry age.	25% of salary . Your salary is \$100,000 pa and you are age 45 and your plan expiry age is 65. Sum insured will be: $(25\% \times \$100,000) \times (65 - 45)$ years of future service $= \$25,000 \times 20$ $= \$500,000$
	OR	
	2. A lump sum amount calculated using multiples of salary .	3 multiples of salary . Your salary is \$100,000 pa. Sum insured is: $3 \times \$100,000 = \$300,000$
	OR	
	3. Fixed cover (a fixed sum insured).	Employer selects a set amount of insurance, eg \$400,000.

Cover provided by your employer	Insurance design options available	Example
Non Standard Plan continued		
Death and TPD cover (including Terminal Illness)	1. A lump sum amount calculated using a percentage of your salary for each year left until the plan expiry age.	25% of salary . Your salary is \$100,000 pa and you are age 45 and your plan expiry age is 65. Sum insured will be: $(25\% \times \$100,000) \times (65-45)$ years of future service = \$25,000 x 20 = \$500,000
	OR	
	2. A lump sum amount calculated using multiples of salary .	3 multiples of salary . Your salary is \$100,000 pa. Sum insured is: 3 x \$100,000 = \$300,000
IP cover (together with your employer's chosen Death and TPD cover option)	OR	
	3. Fixed cover (a fixed sum insured).	Employer selects a set amount of insurance, eg \$400,000.
	75% of salary .	Your salary is \$100,000 pa. Sum insured is a monthly payment (for the agreed benefit period) of: $(75\% \times \$100,000) \div 12 = \$6,250$ This payment may be offset by other income you receive at the same time you are receiving benefit payments. See the How does income from other sources impact the amount of IP you receive? section for further information.
	Your employer may also choose to include the superannuation contribution benefit and the amount of that benefit.	
	Superannuation contribution benefit: up to 15% of salary paid into your super account .	Employer selects 15%. The sum insured above will be increased by: $(15\% \times 100,000) \div 12 = \$1,250$ Total cover for Temporary Disability: $\$6,250 + \$1,250 = \$7,500$

Please note: These are examples only. The actual amount of cover you are provided will be detailed in your **welcome letter** or **insurance confirmation letter**.

When you'll get cover

You get cover if you are at least 25 years old, you have an account balance of \$6,000 and your **account** has received a contribution (or rollover) in the last 16 months. This is subject to you meeting all other eligibility requirements and there are enough funds in your **account** to pay your insurance fees.

See the **Eligibility for cover** section for more information.



Insurance in super

Including insurance in your super **account** can be an effective way of financially protecting you and your family should you die or become **disabled**.

AMP Super's insurance is designed for you as an **employee** and the insurance design and benefits for your **plan** are negotiated by your **employer**. It means you can:

- ✓ have insurance fees deducted from your **AMP Super account** (if not paid for by your **employer**) so you won't be dipping into your take-home pay
- ✓ apply for additional insurance cover to meet your personal needs, if your **plan** allows you to
- ✓ have Interim Accident cover while you wait for any applications for cover to be assessed.

Employee members may also have the advantage of:

- ✓ corporate insurance fees which are generally cheaper than personal insurance fees
- ✓ not having to provide evidence of health, through automatic acceptance limits (AAL) where eligible.

Insurance provides an important benefit to many members. Having insurance in your super means the cost of your cover will reduce your super balance over time. It's important for you to regularly review the amount and cost of your current insurance cover to make sure it's right for you, and consider discussing your insurance needs with a financial adviser.

When you or an employer is making super contributions



If you stop work, or there are no contributions coming in



You can log into [My AMP](#) to check your current arrangements and visit amp.com.au/whyinsurance to find out more about what insurance is right for you.

Your insurance needs will change

It's a good idea to keep on top of your insurance needs. Because, as life changes (like if you purchase a home or have children) your insurance needs might too. Also, the cost of your cover may change as you age or if you change jobs. It's important to keep reviewing your cover to make sure it continues to be right for you.

Your **AMP Super** insurance is flexible to meet your changing needs. You can apply to increase your default cover. You can also reduce or cancel some or all of your default cover at any time. Find out more in the **Managing your cover** section. A financial adviser can help you work out your insurance needs. The calculator shown below might also be a good place to start too.



Estimate your insurance needs

Get a basic idea of how much insurance you may need with **our** insurance calculator. Access the calculator here: amp.com.au/insurance-needs



Speak to a super coach

If you have an **AMP Super account**, you can learn more about your super and insurance by booking a 20-minute session with one of our super coaches, at no extra cost. Find out more and book at: amp.com.au/superhealthcheck



Included advice

Did you know you have access to digital advice 24/7 in [My AMP](#) with no extra fees? So, if you aren't sure your insurance is right for you, call us on **131 267** to speak with a qualified financial adviser. At no extra cost, they can help you identify the right type and amount of insurance cover to hold within your AMP Super **Fund**. Our qualified financial advisers can also provide advice about contributions, investment options, accessing super and your retirement options.

Supporting your health and wellbeing

TAL Health for Life is here to protect and support your wellbeing at every stage of your health journey. This includes enabling you to live a healthy life before making a claim, supporting you at claim time and empowering recovery from illness or injury.

When it comes time to get your lives back on track after a claim, the **insurer** will support you through providing access to a wide range of evidence-based services to help you meet your health goals and sustainably achieve the best possible health and work outcomes.

How our TAL partnership can support you		
Before you claim Healthy living	When you claim Claims support	During your claim Empowering recovery
Supporting you in improving health outcomes. ✓ Engagement tools to support physical, mental and financial health engagement, and encourage preventative checks. ✓ Content to help you be informed, check yourself and take action.	Supporting your health and wellbeing in the event you need to make a claim. ✓ Condition-focused services to manage claim conditions and support carers. ✓ In-house health experts support evidence-based reviews and faster claims decisions. ✓ Access to the insurer's online health directory of community-based health services.	Supporting you to achieve your best possible health and work outcomes. ✓ Recovery and support specialists help to develop appropriate recovery strategies. ✓ Career and return-to-work coaching to explore future career paths. ✓ Stories explaining how others coped with their health challenges.

Easy online access through My AMP

[My AMP](#), the easy, convenient and secure way to manage your super and insurance online. Simply register with your account number to:

- ✓ **Feel in control of your finances** – easy access to your banking, super, investments and insurance online in one place.
- ✓ **Manage your accounts** – consolidate any lost super, manage your investments, access reports and update personal information.
- ✓ **Compare investment options** – easily compare investment performance to help you stay on top of your super investment choices.
- ✓ **Set and track your goals** – make plans for your money and track how you go.



Your insurer

Insurance cover for your **AMP Super plan** is provided by TAL Life Limited (TAL) ABN 70 050 109 450 AFSL No. 237848.

Insurer consent

TAL Life Limited:

- has given and not withdrawn its consent in relation to being named in this document, and
- has not issued or caused the issue of this document.

Policy documents

Your cover is subject to the terms and conditions of the policies issued to the **trustee** by the **insurer**.

If there's any inconsistency between the insurance policies and this document, the **PDS** and/or your **welcome letter**, the policies prevail.

Your insurance cover is subject to superannuation laws

Insurance in super is subject to laws to ensure affordability and eligibility. To be eligible for cover, you must:

- be at least 25 years old
- have a super balance of at least \$6,000
- have had a contribution put into your **account** within the last 16 months,

unless **you** elect to have cover earlier.

You can let **us** know you'd like cover at amp.com.au/getinsurance.

We are required to cancel your insurance if **you** haven't had a contribution or rollover put into your **account** within the last 16 months, unless you've elected to keep your cover.

You can tell **us** you'd like to keep your insurance at any time: amp.com.au/keepmyinsurance.

Eligibility for cover

Who is eligible for cover

Generally you are eligible for automatic cover as an employee member if you meet each of the following criteria:

- you are employed by an **AMP Super employer** or are a member of the **AMP Super plan**,

and unless stated in your **welcome letter**:

- for Death cover you are aged between 16 and 70 years,

- for TPD cover you are aged between 16 and 65 years, and
- if IP cover is offered in your **plan**, you are between 16 and 65 years and performing **regular remunerative work** (IP cover is generally not available for **casuals**).

See your **welcome letter** for the information that is specific to your **plan**.

When insurance is automatically applied ⁽ⁱ⁾⁽ⁱⁱ⁾	
	We'll automatically give you insurance If: • you're aged 25 or over • you have a balance of \$6,000+ • your account has received a contribution (or rollover) in the last 16 months • you have enough funds in your account to pay your insurance fees, and • for IP cover, we also have your salary available. We'll also automatically give you insurance if your employer funds the full cost of insurance and notifies us of this.
	We can't automatically give you insurance If: • you're under the age of 25 • you have a balance under \$6,000 • your account has not received a contribution (or rollover) in 16 months, or • for IP cover, we don't have your salary.
	If you'd like to opt in to insurance Generally, you won't need to answer health or lifestyle questions. Default insurance cover will be automatically applied once you've completed the application at amp.com.au/getinsurance and you have enough funds in your account to pay your insurance fees. Otherwise you can wait until you're eligible to receive insurance automatically. If you were a member immediately prior to 1 April 2024 and you were not eligible for automatic cover, then you will need to apply for cover. The insurer will require you to answer health and lifestyle questions.

(i) When insurance is automatically applied it is subject to **you** not having previously told **us** **you** don't want insurance.

(ii) Where you are not eligible for automatic or opt in insurance, you can apply for insurance by answering health and lifestyle questions.



Limited cover applies to your automatic insurance. **Limited cover** will apply until you have been **at work** for any 30 consecutive day period ending on or after the date that your automatic cover started. From that time, **limited cover** will stop and full cover will apply.

If you opt in for insurance, or join **the fund**, more than 120 days after you join your **employer**, then **limited cover** will apply for 12 months and until you have been **at work** for any 30 consecutive day period ending on or after the completion of that 12-month period.

Limited cover also applies if you have previously received a TPD or Terminal Illness benefit from any superannuation fund or under any insurance policy.

Please note: If cover in your **AMP Super employer plan** has transferred from another insurer, then you should read the **Takeover terms for insurance** section.

Cooling off period for new cover

If you don't want your cover (or additional cover you've applied for), you can cancel it effective from cover inception, within 30 days of being notified of when your cover commences and no insurance fees will be payable. You will also not be able to claim on the cover you've cancelled. If you decide you'd like cover at a later time, you'll need to apply for it and answer health and lifestyle questions.



Your insurance cover

Your insurance cover depends on whether your **employer** is part of a Standard Plan or Non Standard Plan. **We** tell you this in your **welcome letter**.



Check your **welcome letter** to see whether Standard Plan cover or Non Standard Plan cover applies to **you**. Please note that some benefits and features in this guide may not apply to **you**.

Standard Plan cover

Death and TPD cover: Your cover changes based on your age. The amount and cost of your cover is generally lower when you're younger, then increases as you get older (and your need for cover increases), then reduces again as you approach retirement and typically have fewer financial responsibilities. This cover is called Lifestages cover.

IP cover: Your cover is calculated based on the **salary we** receive from your **employer** (or received from **you** by application).

Default cover

Default cover refers to the amount of cover **you** will automatically be provided with subject to meeting the eligibility criteria.

Default cover will be provided up to the automatic acceptance limit (AAL). The AAL is the maximum amount of default cover available in your **plan**. Any cover amount that exceeds the AAL will require **you** to apply, answer health and lifestyle questions, and for that cover to be accepted by the **insurer**.

The default cover available is:

- Death cover: 5 units of Lifestages cover
- TPD cover: 5 units of Lifestages cover
- IP cover: Your IP cover will consist of a maximum amount of 75% of your **salary**, with a two year **benefit period** and 90 day **waiting period** and a superannuation contribution benefit of 11.5% of salary, unless otherwise stated in your **welcome letter** or **insurance confirmation letter**.

If your **plan** has an AAL, the AALs that are applicable to you are:

- Death and TPD cover: 5 units of Lifestages cover, and
- IP cover: \$12,000 a month.

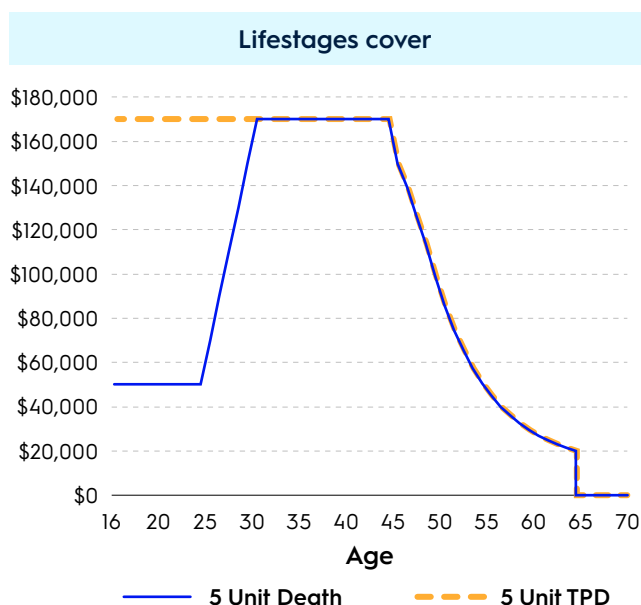
If you wish to increase your insurance above these amounts, you can apply to the **insurer** by providing evidence about your health and lifestyle.

You'll receive confirmation of your actual insurance in your **welcome letter** and/or **insurance confirmation letter**.

How Lifestages cover is calculated

The cover amount applicable is based on the Lifestages cover curve.

The table to the right also shows the amount of Death and TPD cover provided based on your age. A minimum cover of \$15,000 applies for both Death and TPD (this has not been reflected in the graph below).



Example

John is an **employee member** of the XYZ plan. John is 29 years old, meaning he will be 30 years old on his next birthday. John has a **salary** of \$100,000 pa.

The default cover for Death and TPD in John's plan is 5 units of Lifestages cover, which is:

- Death cover: \$150,000
- TPD cover: \$170,000

The default cover for IP in John's plan is:

- Up to \$6,250 per month (75% of \$100,000 divided by 12), and
- A superannuation contribution benefit of up to \$958 per month (11.5% x \$100,000 divided by 12).

Please note: This is an illustration only and should not be taken as the actual amount of default cover you'll receive. The age your Death cover ends is age 70 but Lifestages cover is applicable to age next birthday 65, therefore you will have a fixed Death cover amount of \$15,000 between age next birthday 66 and age next birthday 70 (that is between age 65 and 69).

The table to the right shows the amount of Death and TPD (if applicable to your **plan**) you will receive based on your age.

A minimum cover amount of \$15,000 always applies to your Death and TPD cover. This is not reflected in the table. For example if the age your Death cover ends is age 70, but Lifestages cover is applicable to age next birthday 65, then you will have a fixed Death cover amount of \$15,000 between age next birthday 66 and age next birthday 70 (that is between age 65 and 69). If you become eligible for Death cover between age next birthday 66 and age next birthday 70 (that is between age 65 and 69), you will have the fixed \$15,000 minimum Death cover amount. TPD cover will cease at age 65.

Lifestages cover				
Age next birthday	1 Unit Death (\$)	1 Unit TPD (\$)	5 Unit Death (\$)	5 Unit TPD (\$)
17 to 25	10,000	34,000	50,000	170,000
26	14,000	34,000	70,000	170,000
27	18,000	34,000	90,000	170,000
28	22,000	34,000	110,000	170,000
29	26,000	34,000	130,000	170,000
30	30,000	34,000	150,000	170,000
31 to 45	34,000	34,000	170,000	170,000
46	30,000	30,000	150,000	150,000
47	27,800	27,800	139,000	139,000
48	25,300	25,300	126,500	126,500
49	22,700	22,700	113,500	113,500
50	19,700	19,700	98,500	98,500
51	17,200	17,200	86,000	86,000
52	14,900	14,900	74,500	74,500
53	13,100	13,100	65,500	65,500
54	11,500	11,500	57,500	57,500
55	10,100	10,100	50,500	50,500
56	9,000	9,000	45,000	45,000
57	8,000	8,000	40,000	40,000
58	7,200	7,200	36,000	36,000
59	6,500	6,500	32,500	32,500
60	5,900	5,900	29,500	29,500
61	5,400	5,400	27,000	27,000
62	5,000	5,000	25,000	25,000
63	4,600	4,600	23,000	23,000
64	4,300	4,300	21,500	21,500
65	4,000	4,000	20,000	20,000
66	0	N/A	0	N/A
67	0	N/A	0	N/A
68	0	N/A	0	N/A
69	0	N/A	0	N/A
70	0	N/A	0	N/A

Plan review cycle

Your **plan** is reviewed on a 'dynamic' basis. This means that changes to your age (and therefore cover and insurance fees) will take effect from the date the change is made.

What happens when my salary changes?

If your cover is based on your **salary**, such as IP cover, then updates to your **salary** may change your cover amounts. We receive your **salary** from your **employer** or you (via an application for additional cover) and will update our records if subsequent salary updates are provided. Any changes will take effect when we are notified.

If your cover remains below the **plan's AAL**, evidence of health and lifestyle is not required. However, if you apply for additional cover (even where it is below the AAL), or if your cover exceeds the AAL as a result of salary or other insurance formula changes, then you will need to provide information about your health and lifestyle to obtain cover above the AAL.

Your cover won't exceed the AAL unless you provide evidence of health and lifestyle.

Qualifying for automatic acceptance for default cover

To qualify for automatic acceptance:

- an AAL must apply to your **plan** (or relevant membership category), and
- you must be an **employee** of the **AMP Super employer**.

Your **employer** must certify these things when they tell **us** you are joining the **plan** (or category). If this certification is incorrect, the **insurer** may have the right to void the insurance and refuse to pay any insured amount.

What if an AAL doesn't apply?

If your **plan** doesn't have an AAL, or **you** don't qualify for the AAL, **you** will need to apply for cover and answer questions about your health and lifestyle.

When you apply for cover, Interim Accident cover may apply.

Depending on your application, cover may be refused or accepted subject to conditions, or accepted with special limits, or increased insurance fees.

How you can take out additional cover

You may be able to apply for cover or apply for an increase to your Death and TPD cover. Depending on the cover available in your **plan**, **you** may be able to apply to add or increase your cover by nominating:

- a specific number of units of Lifestages cover up to a maximum of 99 units, or
- a specific dollar amount.

You can't have a combination of both Lifestages cover and a specific dollar amount of cover.

You may also be able to apply for IP cover, or to increase your existing IP cover, or change your **benefit period** and/or **waiting period**. Generally, **you** can apply for or change your cover to the following combinations:

- two year **benefit period** and 90 day **waiting period**, or
- five year **benefit period** and 90 day **waiting period**.

If the **insurer** approves additional cover, they may apply loadings or exclusions to the additional cover. These will generally apply to any amount of insurance cover above the existing cover held immediately prior to providing information about your health and lifestyle.

You may also apply for a superannuation contribution benefit of 11.5% of **salary**.

You won't be able to change your **benefit period** or **waiting period**, or superannuation contribution benefit amount if your insurance fees are paid for by your **employer**.

When applying for additional cover, **you** will need to provide evidence of your health and lifestyle. Your cover is subject to the maximum cover limits.

You can also apply to increase cover when a life event occurs – refer to the **Life events cover** section for more information.

You may be able to apply for (or increase) your cover by going to [My AMP](#). Check your **welcome letter**, your **member statement** or call **us** to see what cover is available to **you**.

When will your additional cover commence?

If your application is accepted, **we'll** write to you to confirm the increase in cover, the insurance fees that will apply and the date it will commence from. Until then your current level of cover will apply.

While your completed application is being assessed you may have Interim Accident cover if it has been agreed for your **plan**.

Will you need to provide details of health and lifestyle?

You will need to provide information about your health and lifestyle if you apply:

- for cover above the AAL,
- for cover below the AAL (in some cases),
- to increase your **benefit period**, or
- to increase your **salary** for IP cover.

The **insurer** may ask for additional information as part of your application for additional insurance and will consider your medical history, your likely future good health, your occupation, lifestyle and family history before deciding whether to accept your application.

They may reject or accept your application subject to conditions, special limits or higher insurance fees.

When **you** apply for cover, Interim Accident cover may apply – see the **Interim Accident cover** section for more information.



Before taking out additional cover, you should read the **Duty to take reasonable care not to make a misrepresentation** section of this guide.

Non Standard Plan cover

Non Standard Plan cover refers to the way Death, TPD and/or IP cover amounts are calculated, which usually consists of a formula. If **you** have Non Standard cover, this formula is shown in your **welcome letter**.

The value of your Non Standard cover is calculated:

- when **you** join your **plan**
- when **you** change your multiple of the Non Standard cover, and
- either on your next annual review date or at intervals between annual reviews (your **welcome letter** will inform **you** of the review cycle for your **plan**).



Check your **welcome letter** to see whether Standard Plan cover or Non Standard Plan cover applies to **you**. Please note that some benefits and features in this guide may not apply to **you**.

Default cover

Default cover will be provided up to the automatic acceptance limit (AAL). The AAL is the maximum amount of default cover available in your **plan** on an automatic basis. Any cover amount that exceeds the AAL will require **you** to provide information about your health and lifestyle and for that cover to be accepted by the **insurer**.

The AALs applicable to your **plan** are included in your **welcome letter**.

The default cover is generally equal to, or a multiple of, the Non Standard cover formula for Death and TPD and is selected by your **employer**.

Your **employer plan** may also offer default IP cover and a superannuation contribution benefit may be applicable.

The default cover for your membership category of your **employer plan** is shown in your **welcome letter**.

How Non Standard Plan cover is calculated

Your cover is calculated based your **plan's** insurance fees and the insurance formula that is shown in your **welcome letter**, **insurance confirmation letter** and your **member statement**.

Minimum Death cover for employee members with Non Standard Plan cover

We'll monitor your default Death cover to make sure it doesn't fall below minimum Government requirements for **employee members**, depending on your age. The minimum cover levels are shown below. The minimum doesn't apply if you've cancelled or reduced your cover. Any change to your cover may also affect your insurance fees.

Age range	Minimum (\$)
20-34	50,000
35-39	35,000
40-44	20,000
45-49	14,000
50-55	7,000
56 and over	Nil

Plan review cycle

Your **plan** is reviewed on a regular basis. This means that changes to your age (and therefore cover and insurance fees) will take effect from either your **plan's** annual review date (non continuous review), or at intervals between the **plan's** annual reviews (continuous review). Your **welcome letter** will state when these updates take effect.

What happens when my salary changes?

If your cover is based on your **salary** then updates to your salary could change your cover amounts. We receive your salary from your **employer** or **you** (via an application for additional cover) and will update our records if subsequent salary updates are provided. Any changes will take effect from the effective date of the change or at the time of your **plan's** most recent annual review – this will be reflected in your **welcome letter**.

If your cover remains below the **plan's** AAL, evidence of health and lifestyle is not required. However, if you apply for additional cover (even where it is below the AAL), or if your cover exceeds the AAL as a result of salary or other insurance formula changes, then you will need to provide information about your health and lifestyle to obtain cover above the AAL.

Your cover won't exceed the AAL unless you provide evidence of health and lifestyle.

Qualifying for automatic acceptance for default cover

To qualify for automatic acceptance:

- an AAL must apply to your **plan** (or relevant membership category), and
- you must be an **employee** of the **AMP Super employer**.

Your **employer** must certify these things when they tell **us** you are joining the **plan** (or category). If this certification is incorrect, the **insurer** may have the right to void the insurance and refuse to pay any insured amount.

What if an AAL doesn't apply?

If your **plan** doesn't have an AAL, or **you** don't qualify for the AAL, **you** will need to apply for cover and answer questions about your health and lifestyle. **You** can find the AAL applicable to your **plan** in your **welcome letter**.

How you can take out additional cover

Depending on what cover is available in your **employer plan**, **you** may be able to apply to increase your Death and/or TPD cover by nominating:

- a specific number of units, or
- a specific dollar amount.

You may also be able to apply for IP cover or to increase your existing IP cover or change your **benefit period** and/or **waiting period**. If your **employer** pays for your IP cover insurance fees, you will not be able to change your **benefit period**, **waiting period** and/or superannuation contribution benefit amount.

Your cover must be no more than the maximum cover limits.

If the **insurer** approves additional cover, they may apply loadings or exclusions to the additional cover. These will generally apply to any amount of insurance cover above the existing cover held immediately prior to providing information about your health and lifestyle.

You can also apply to increase cover when a life event occurs – refer to the **Life events cover** section for more information.

When **you** apply for cover, Interim Accident cover may apply.

Where **you** need to provide evidence of your health and lifestyle, the **insurer** will consider your medical history, your likely future good health, your occupation and family history before deciding whether to accept your application. They may reject or accept your application subject to conditions, special limits or higher insurance fees.



Before taking out additional cover, you should read the **Duty to take reasonable care not to make a misrepresentation** section of this guide.

You may be able to apply for (or increase) your cover by going to [My AMP](#). Check your **welcome letter**, your **member statement** or call **us** to see what cover is available to **you**.

When will your additional cover commence?

If your application is accepted, **we'll** write to you to confirm the increase in cover, the insurance fees that will apply and the date it will commence from.

Will you need to provide details of health and lifestyle?

You will need to provide information about your health and lifestyle if you apply:

- for cover above the AAL,
- for cover below the AAL (in some cases),
- for cover over the maximum number (specified in your **welcome letter**) times the Non Standard cover for your **plan** (or category),
- in most cases, to increase your **benefit period**,
- in some cases, to decrease your **waiting period**, or
- to increase your **salary** for IP cover (if your salary is under the AAL then evidence may not be required).

Special offer for increasing your insurance when joining the plan

Your **plan** may have access to a special offer where **you** can apply to increase cover up to a certain amount within:

- three months of first joining **the fund**, or
- 30 days from the date of your **welcome letter** (if this is later)

with either no health evidence or limited health evidence required.

If your current insurance cover has **limited cover** applied, any additional cover you apply for under a special offer will also have **limited cover** applied.

See your **welcome letter** to check whether this applies to your **plan**.

Types of insurance cover in detail



DEATH COVER

Pays a lump sum to you, your beneficiaries or estate if you die or become terminally ill.

What is Death Insurance?

Death cover is a lump sum amount, paid in addition to your super account balance if **you** die, while insured, and includes the Terminal Illness benefit.

Maximum amount of Death cover

There is no maximum amount for Death cover. To find out your level of cover, see your **welcome letter** or view your [My AMP](#) account.

What happens if you die?

If **you** die while you're an insured **member** of the **AMP Super plan**, your Death cover will be paid if you are eligible.

Any death benefit will consist of:

- your super **account** benefit, plus
- the proceeds of any insurance claim paid by the **insurer**.

When **we** are notified of your death, your account balance will be switched into Super Cash which is a low-risk investment option and your Death cover payment will also be invested in Super Cash. If the **insurer** pays **you** a Death benefit while you're insured through **AMP Super**, the amount of the benefit will be the sum insured that applies at the time of your death.

Who gets my super if I die?

Super is not automatically included in your will, so it's important to let **us** know who you'd like to get your death benefit. You can do this by nominating a beneficiary(ies).

You can find more information about the types of beneficiaries, and how to make a nomination in the **What is a beneficiary?** section in the **member guide**.

Or you can make a nomination in [My AMP](#).

If you don't make a nomination or you cancel your existing nomination and don't make a new one, we must pay your death benefit to your estate.

What is the Terminal Illness benefit and when is it paid?

The Terminal Illness benefit is an early payment of Death cover if **you** suffer a **terminal illness**.

The maximum amount **we'll** pay is \$5 million, and the amount paid will be the greater of your Death cover or TPD cover calculated at the **terminal illness certification date**.

Insurance fees aren't charged after the **insurer** pays this benefit from the **terminal illness certification date**, except the insurance fees on any remaining Death cover. **We** reduce the Death cover and TPD cover by any Terminal Illness benefit that's paid.

If a Terminal Illness claim is accepted, the **insurer** will pay the insured amount to **us** and **we'll** invest this benefit in Super Cash, which is a low-risk investment option. Under superannuation law, if **you** are certified by two **medical practitioners** (one who is a specialist in the field of the specific illness) as having a life expectancy of 24 months or less from the date of certification (and the 24 month certification period has not yet ended), **you** will be considered to have met a Terminal Illness condition of release, and therefore will be able to withdraw your superannuation account balance, irrespective of your age.

Where you have met a condition of release and choose to withdraw your full account balance, your superannuation **account** will be closed and any insurance cover that you hold through that **account** will cease from the date of closure. Before closing your **account**, if **you** are terminally ill **you** should seek financial and tax advice to ensure that **you** fully understand the impact that this will have on your ability to claim against any other insurance cover that you hold through your superannuation **account**. You should consider that where your Death cover is cancelled because of the closure of your superannuation **account**, your beneficiaries will not be able to claim against that insurance cover.



How your Death cover amount changes as you get older

If **you** have a fixed dollar amount of Death cover and you have Standard Plan cover, then your cover may reduce as **you** get older. This is referred to as 'Death cover tapering'. Where Death cover tapering applies, in most cases **we**'ll progressively reduce your Death cover after age 60. Your Death cover will taper by 10% and then an equivalent amount of cover each year until the cover expiry age of age 70. If **you** subsequently reduce or increase your cover, the tapering of your Death cover will change so that it is reflective of the new amount.

Example of Death cover tapering for Standard Plan cover

You have Death cover of \$500,000 at age 60 (age next birthday 61).

When you turn age 61, your Death cover will reduce to \$450,000 (reduction of 10% of \$500,000 = \$50,000).

When you turn age 62, your Death cover further reduces to \$400,000 (equivalent reduction of \$50,000).

After turning age 62 you choose to reduce your cover to \$200,000.

When you turn age 63, your Death cover will reduce to \$180,000 (reduction of 10% of \$200,000 = \$20,000).

When you turn age 64, your Death cover will reduce to \$160,000 (equivalent reduction of \$20,000).

Your Death cover will reduce \$20,000 a year until it ceases when you turn age 70.

Please note: Depending on your **plan**, a minimum cover level of \$15,000 may apply if your cover tapers to an amount lower than this amount.

Indexation of your sum insured

If your **employer** has chosen it, **you** may have indexation applied to your insurance cover (sum insured). This means your cover amount will be automatically indexed each year at the time of your **plan's** annual review. Your sum insured cannot be indexed above the maximum cover limit.

Your **welcome letter** will tell **you** if indexation applies to your sum insured, including the rate of indexation applicable.

What is excluded in your Death cover?

Unfortunately, Death cover can't be paid in the following circumstances:

- if your death is caused by an act of **war** (whether declared or not) whilst you're overseas for the purposes of your **employer**, unless otherwise agreed between the **insurer** and the **AMP Super employer**,
- for any amount of **additional cover** within 13 months of **additional cover** being taken out or reinstated if your death is caused by intentional self-inflicted injury or suicide, or
- any other exclusions placed on you by the **insurer**.



TOTAL AND PERMANENT DISABLEMENT (TPD) COVER

TPD cover is a lump sum amount paid if you become **totally and permanently disabled**.

What is TPD insurance?

TPD cover is a lump sum amount paid if **you** become **totally and permanently disabled**, subject to **you** serving the **waiting period** and if for the benefit to be paid to you from **the fund**, you satisfy a condition of release. See your **welcome letter** to check if TPD cover applies to **you**.

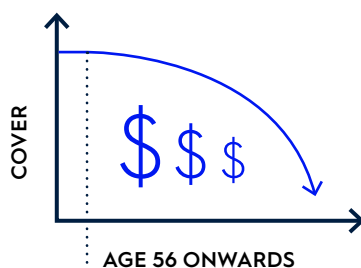
If the **insurer** agrees you're **totally and permanently disabled** while you're insured through **AMP Super** and a TPD benefit is payable, the amount of the benefit will be the sum insured that applies on the **date of disability**.

If you're **totally and permanently disabled** while you're an insured **member**, you'll be entitled to be paid a TPD benefit. Your TPD benefit is equal to the total balance of your **account**, in addition to the TPD cover amount paid as a result of your disablement. If your super **account** closes when your account balance is paid out as part of your TPD benefit, any remaining Death or Income Protection insurance cover will cease.

Maximum amount of TPD cover

TPD cover is limited to a maximum of \$5 million per **account**. To find out your level of cover, see your welcome letter or your [My AMP](#) account.

Your TPD cover may automatically decrease as you get older



If **you** have a fixed dollar amount of TPD cover and **you** have Standard Plan cover, then it may reduce as **you** get older. This is called TPD cover tapering. If TPD cover tapering applies to you, in most cases **we'll** progressively reduce your TPD cover after age 55. Your TPD cover will taper by 10% and then an equivalent amount of cover each year until the cover expiry of age 65. If **you** reduce or increase your cover, your TPD cover tapering will change so that it is reflective of the new amount.

For Non Standard Plan cover, tapering of TPD cover may not apply, or alternatively may taper and cease at different ages – see your **welcome letter** to understand what applies to **you**.

Example of TPD cover tapering for Standard Plan cover

You have TPD cover of \$500,000 at age 55 (age next birthday 56).

When you turn age 56, your TPD cover will reduce to \$450,000 (reduction of 10% of \$500,000 = \$50,000).

When you turn age 57, your TPD cover further reduces to \$400,000 (equivalent reduction of \$50,000).

After turning age 57 you choose to reduce your cover to \$200,000.

When you turn age 58, your TPD cover will reduce to \$180,000 (reduction of 10% of \$200,000 = \$20,000).

When you turn age 59, your TPD cover will reduce to \$160,000 (equivalent reduction of \$20,000).

Your TPD cover will reduce \$20,000 a year until it ceases when you turn age 65.

Please note: Depending on your **plan**, a minimum cover level of \$15,000 may apply if your cover tapers to an amount lower than this amount.

Indexation of your sum insured

If your **employer** has chosen it, **you** may have indexation applied to your insurance cover (sum insured). This means your cover amount will be automatically indexed each year at the time of your **plan's** annual review. Your sum insured cannot be indexed above the maximum cover limit.

Your **welcome letter** will tell **you** if indexation applies to your sum insured, including the rate of indexation applicable.

Other important information about TPD Cover

TPD cover is only available with Death cover and **you** can't apply for an amount greater than your Death cover. Unless **you** have Lifestages cover, where the value of your cover may differ, but the number of your TPD cover units will not exceed the number of your Death units of cover.

TPD benefits generally have a three-month waiting period (unless otherwise advised in your **welcome letter**), which is, three consecutive months from the last day **at work** before the illness or injury.

For some parts of the TPD definition, the three months waiting period is not applicable – refer to the definition of **totally and permanently disabled** and **date of disability** for further information.

Check your **welcome letter** to see the **waiting period** that applies to you.

What is excluded in your TPD cover?

Unfortunately, TPD cover can't be paid in the following circumstances:

- if disablement is caused by an act of **war** (whether declared or not) while you're overseas for the purposes of your **employer**, unless otherwise agreed between the **insurer**, **us** and the **AMP Super employer**,
- for any amount of **additional cover** within 13 months of **additional cover** being taken out or reinstated if your disablement is caused by intentional self-inflicted injury or attempted suicide, or
- any other exclusions placed on you by the **insurer**.

What happens if you become Totally and Permanently Disabled?

If you have TPD cover and **you** become **permanently disabled** while you are an insured **member** of an **AMP Super plan**, the **insurer** may pay a lump sum benefit.

The part of the definition used to assess your illness or injury depends on your **employment status** and age at the time of the event that caused the TPD claim.

Use this table to understand which definition applies to **you**:

TPD definition part available	In remunerative work within 16 months of date of disability and aged under age 65	Has not been in remuneration work within 16 months of date of disability or age 65 or older
TPD Part 1 (unlikely to do a suited occupation ever again)	✓	✗
TPD Part 2 (suffering a listed disability and permanently unlikely to work because of it)	✓	✗
TPD Part 3 (unlikely to do basic work activities associated with work ever again)	✓	✓
TPD Part 4 (loss of limbs and/or sight)	✓	✓
TPD Part 5 (permanent loss of intellectual capacity)	✓	✓

How will your TPD claim be paid?

If your TPD claim is accepted the **insurer** will pay the TPD insured amount to the **trustee** who will then deposit it in your **account**.

1. Your account balance will remain in your current superannuation investment options, and
2. Your TPD benefit will be invested in Super Cash, a low risk option.

If you're a defined benefit **member**, your TPD cover may form part of an overall formula benefit and not be paid as an additional amount.

Key information about TPD claims

If your TPD claim is accepted:

- If **you** have Non Standard Plan cover, your IP cover or payments of IP benefits may stop. If this applies to your **plan**, it will be stated in your **welcome letter**.
- If **you** have Non Standard Plan cover, your Death cover will cease.
- If **you** have Standard Plan cover, your Death cover will continue, but will be reduced by the TPD amount paid. If **you** have Death cover greater than the TPD amount paid, then the reduced Death cover amount will continue. If your Death cover reduces to zero, any TPD cover will cease.
- If **you** have Standard Plan cover, your IP cover or payments of IP benefits will continue.
- If **you** are paid a TPD benefit, **we** will not charge you insurance fees that relate to that cover from the **date of disability** (as your cover ends on that date).

What happens if you're claiming a TPD benefit and you die before the insurer has assessed the claim?

The **insurer** may consider your claim under either Death or TPD depending on the below. The insurer will consider the claim under TPD where:

- for Parts 1, 3 and 5 you survived three months from the **date of disability**, or
- for Parts 2 and 4, you survived one week from the **date of disability**, and
- a claim for TPD was lodged with the **insurer** before your death.

If you do not satisfy the above requirements, the **insurer** will only consider your eligibility to claim under your Death cover.

You won't ever receive both the insured TPD and Death cover from your **AMP Super** insurance, but you may have Death cover leftover if you're paid a TPD benefit and your Death cover amount was higher than the TPD amount paid.



INCOME PROTECTION (IP) COVER

Pays a monthly benefit if you're too injured or sick to work.

What is IP insurance?

IP is a benefit paid monthly, as a percentage of your **salary**. It helps replace your income if you ever become **totally disabled**, or **totally disabled** and then **partially disabled**.

Your **AMP Super employer** has selected whether IP cover applies to your membership category. They have also selected:

- the **waiting period**, and
- the **benefit period**.

Casuals are generally not eligible for automatic IP cover, but may be able to apply by providing health and lifestyle evidence.

See your **welcome letter** for whether IP cover and the superannuation contribution benefit applies to **you**, and to understand your **waiting** and **benefit payment periods**.

Waiting periods and benefit payment periods

Waiting period

A **waiting period** is the number of continuous days, which must elapse before monthly benefits that will be paid to **you** begin to accrue. See your **welcome letter** for the **waiting period** that applies to **you**.

Standard Plan cover

90 days
30 days¹
60 days¹
13 weeks¹
26 weeks¹
104 weeks¹

Non Standard Plan cover²

30 days
60 days
90 days
180 days

You don't receive IP benefit payments during, or for, the **waiting period**.

Generally, the **waiting period** starts when **you** first become unable to work due to illness or injury.

Benefit payment period

Your **benefit period** – the timeframe you'll receive IP payments for – has been selected by your **employer**. You can find your **benefit period** and all the relevant information in your **welcome letter**.

Standard Plan cover

2 years
5 years
Age 65¹

Non Standard Plan cover²

2 years
5 years
Age 65

Benefits are paid until the end of the **benefit period**, or the date you're no longer eligible for a payment, whichever comes first.

You may be able to claim the maximum **benefit period** more than once if in the **insurer's** opinion your subsequent disablement arises from an unrelated cause or causes.

Benefit payments start one month after the waiting period has ended. Payments are made monthly (in arrears).

¹ Only available to specific **employer plans**, generally not available to new members. If available to you, your **welcome letter** will tell you.

² For Non Standard Plan cover, the **waiting periods** and **benefit periods** available to you are in your **welcome letter**. If your plan allows options to change your **waiting period** and/or **benefit period**, this will also be in your **welcome letter**.

IP benefit amounts – how much IP can you receive

How we work out your IP amounts

We use your **pre-disability income** and employer nominated **salary** to work out your benefit amount. Your **employer** provides us your **salary** on a regular basis (typically annually). We may also receive **salary** information from **you** via an application for **additional cover**. The latest **salary** information available before the date **you** stopped work will be used to calculate your insured level of income.

How much your IP amounts can be

IP cover provides a percentage of your **pre-disability income**, up to the maximum of 75% (subject to the **Maximum amount of IP cover** section below), for the applicable **benefit period** should **you** become unable to work because of illness or injury. The monthly amount the **insurer** pays will not exceed the amount the **insurer** has agreed to, including where the **insurer** provided **you** a forward underwriting limit at time of application (this is simply a limit on how much your cover can increase automatically if your employer advises your salary has increased), then your cover cannot exceed the amount the **insurer** agreed to insure **you** for or the forward underwriting limit, less any benefit **offsets**.

If you have a superannuation contribution benefit then this will be in addition to this amount, paid to your super **account**.

If you are paid a claim, the **insurer** will assess **you** based on the lesser of 75% of your **salary** or 75% of your **pre-disability income**, and the maximum insured amount below. In the case of a part month, the **insurer** will pay one-thirtieth of the monthly IP benefit for each day you are **disabled**.

Maximum amount of IP cover

The maximum insured amount including any superannuation contribution benefit is \$30,000 per month unless a different maximum IP cover amount is in your **welcome letter**.

Your IP benefit may also be subject to the following maximums (if these apply to **you**, it will be outlined in your **welcome letter**):

- up to 75% of the first \$320,000 pa of **salary**, and
- up to 50% of **salary** after \$320,000 pa.

Some Non Standard Plans may have maximum amounts that differ to these. If this applies to you, **we'll** tell you in your **welcome letter**.

Partial disability benefit

The **partial disability** benefit provides you with a portion of the IP benefit if:

- after being **totally disabled** for the first 14 consecutive days of the waiting period, you are **partially disabled** for the remainder of the waiting period, or
- you are **partially disabled** after receiving a **total disability** benefit for the same illness or injury.

If the **insurer** pays a **partial disability** benefit, the benefit is calculated as:

$$\frac{(A - B)}{A} \times C$$

Where:

A = Is your monthly earnings prior to becoming **totally disabled** (that is, your **pre-disability income**).

B = Is your **return to employment income**.

C = Is the total monthly IP cover.

How does income from other sources impact the amount of IP you receive?

If you receive income from other sources (excluding **return to employment income**) while the **insurer** pays you a **total disability** or **partial disability** benefit, the **insurer** will reduce IP payments by the amount you receive from those sources. These other sources of income are known as 'offsets'.

If **you** have Standard Plan cover, your IP benefit will only be reduced by these sources when the amount of income from all other sources (including **return to employment income** for those **partially disabled**) combined with your monthly amount of IP benefit is greater than 75% of your **pre-disability income** while you are **totally**

disabled or 100% of your **pre-disability income** whilst **partially disabled**. This is called the 'threshold' basis of offset calculation.

If **you** are entitled to the superannuation contribution benefit and your IP payments are reduced by offsets, the superannuation contribution benefit component of your IP payments will be the first aspect to be reduced with any leftover offset amounts then applying to your IP monthly benefit.

If you have Non Standard Plan cover, deduction of your other sources of income (including **return to employment income** for those **partially disabled**) may be applied based on the 'threshold' basis of offset calculation. Alternatively they may be directly applied to your disability benefit without taking into account the percentage of your **pre-disability income**. This is called the 'direct' basis of offset calculation. Your **welcome letter** will tell you what offset calculation approach applies to you.

Other sources of income that impact IP benefits ('offsets')

Offsets include:

- Income from your occupation including **employer** funded sick leave and personal leave.
- Regular payments from:
 - compensation schemes including workers', motor accident or statutory compensation
 - government or government authorities including under common law, or
 - superannuation pensions or insurance plans as a result of being ill or injured including other IP and loan protection policies.
- If any of these are paid other than monthly (ie lump sum), the **insurer** will convert these to an amount of 1/60th of the lump sum over a period of 60 months or the remainder of your **benefit payment period**.

Offsets exclude:

- payments from Centrelink or the Department of Veterans' Affairs or equivalent agencies
- TPD benefits (although being paid a TPD benefit may result in IP payments ceasing for some plans – refer to your **welcome letter** to see if this applies to you)
- annual leave or long service leave
- pension or annuity paid from a superannuation **fund** other than a **disability** pension
- income earned from investments, or
- unearned income.

See the definition of **offsets** for further information. Receiving IP payments can have tax implications. You can find out more ato.gov.au or by contacting a financial adviser.



Your IP benefit may be adjusted/reduced (including to zero) by any amount you receive (or are entitled to receive) from another IP or similar insurance policy.

Example of how offsets are applied on a 'threshold' offset basis

If you're **totally disabled**:

- Your **pre-disability income** is \$10,000 per month (or \$120,000 per 12 months), therefore your monthly benefit is \$7,500 (75% of your **pre-disability income**). Your offset threshold is \$7,500 (75% of your **pre-disability income**).
- You have a payment of \$2,000 from workers' compensation, this is referred to as your total other income. The total amount to **offset** from your benefit is calculated by looking at the **offset** amount which exceeds your offset threshold, in this example your **offset** threshold is \$7,500, your total other income is \$2,000, therefore your **total disability** benefit payable would be \$5,500. This is based on the calculation of $((\$7,500 + \$2,000) - \$7,500)$ which is \$2,000. The \$2000 is then taken off from your **offset** threshold of \$7,500.

If you're **partially disabled**:

- Your **pre-disability income** is \$10,000 per month (or \$120,000 per 12 months), therefore your monthly benefit is \$7,500 (75% of your **pre-disability income**). Your **offset** threshold is \$10,000 (100% of your **pre-disability income**). Your **return to employment income** is \$3,000. Your **partial disability** benefit is therefore \$5,250 per month $((\$10,000 - \$3,000 / \$10,000) \times \$7,500)$. This is based on the formula in the **Partial disability benefit** section of this guide.
- You have a payment of \$1,500 from another IP policy, this is referred to as your total other income. The total amount to **offset** from your benefit is calculated by looking your combined **partial disability** benefit, your return to employment income and other total income being higher than your **pre-disability income**. Your offset is therefore \$0 $((\$5,250 + \$3,000 + \$1,500) - \$10,000)$.
- Your **partial disability** benefit will remain at \$5,250 per month, despite the payment of \$1,500 you had received.

Example of how offsets are applied on a 'direct' offset basis – total disability

Your **pre-disability income** is \$10,000 per month (or \$120,000 per 12 months) therefore your monthly benefit is \$7,500 (75% of your **pre-disability income**). You have a payment of \$3,000 from workers' compensation, this is referred to as your total other income. The total amount to **offset** from your benefit is calculated by reducing the **offset** amount from your monthly benefit amount, in this example your monthly benefit is \$7,500, your total other income is \$3,000, therefore your **total disability** benefit payable would be \$4,500 per month $(\$7,500 - \$3,000)$.

Example of how offsets are applied on a 'direct' offset basis – partial disability

Your **pre-disability income** is \$10,000 per month (or \$120,000 per 12 months), therefore your monthly benefit is \$7,500 (75% of your **pre-disability income**). Your **return to employment income** is \$3,000. Your **partial disability** benefit is therefore \$5,250 per month $((\$10,000 - \$3,000 / \$10,000) \times \$7,500)$. This is based on the formula in the **Partial disability benefit** section of this guide.

You have a payment of \$1,500 from another IP policy, this is referred to as your total other income. The total amount to **offset** from your benefit is calculated by reducing the **offset** amount from your monthly benefit amount. In this example your monthly benefit is \$5,250, and your total other income is \$1,500, therefore your **total disability** benefit payable would be \$3,750 $(\$5,250 - \$1,500)$.

When will IP be paid to you?



Factors must be met

These two factors **must be met** for IP to be paid:

1. **You** become **totally disabled** or you may be entitled to be paid **partial disability** if you've had a period of **total disability** before becoming **partially disabled**.
2. You've served your **waiting period**.
Generally, the **waiting period** starts when you first become unable to work due to illness or injury.

Payment of IP benefits are made in arrears starting one month after your **waiting period** expires.



Factors that stop payment

The insurer won't pay a **total disability** or **partial disability** benefit if:

- **you** stop working or go on unpaid leave for reasons other than injury or illness
- during the **waiting period**, **you** reach age 65 or the final nominated date for your **plan** (if earlier than 65), **you** won't be eligible to claim
- **you** return to work during the **waiting period** for more than five consecutive days, the **waiting period** will restart
- **you** don't satisfy any other restrictions (such as **limited cover**) or any exclusions.

If **you're** not working, or working part time or reduced hours, this might impact your eligibility to claim IP if you are unable to work due to illness or injury.

Claims indexation benefit

If your **employer** has chosen it, claims indexation will automatically apply to your cover at the end of each continuous 12-month period of benefit payment.

Your **welcome letter** will tell **you** if indexation applies to your cover, and the rate of indexation applicable.

What happens if you suffer from a recurrent disability?

An additional claim is treated as a new claim when:

1. you cease to be **disabled** for six months or more, or
2. the claim is for a different or unrelated cause.

In this instance, both the **waiting period** and **benefit period** will start again. Where your claim is for the same or similar cause the **insurer** will only start paying if **you** have not reached the end of your **benefit period**.

An additional claim is treated as a continuation of the previous claim when:

1. a claim is made within six months of when your claim stopped, and
2. the claim is for the same or a related cause.

In this instance, the **insurer** will waive the **waiting period** and the **benefit period** will not restart.

What is the superannuation contribution benefit and how does it apply?

Put simply this is an additional cover that your employer may provide under your plan.

It's contributions into your super which is paid only if **you** are either **totally** or **partially disabled**. The **insurer** will pay this in addition to your IP benefit. The superannuation contribution benefit is subject to **offsets**.

How does it work?

1. Your **employer** chooses the amount of cover, which is usually 11.5% of your **salary** but may differ based on your **plan** – if applicable, you'll find this in your **welcome letter**.
2. The total insured IP cover, including the superannuation contribution benefit, cannot exceed the maximum IP cover.
3. Contribution tax (which usually applies to super contributions made by your **employer**) will not apply.

What exclusions apply to your IP cover?

Although **we**'ll provide **you** cover in most scenarios, there are a number of situations where we won't provide IP payments when you become **disabled** directly or indirectly as a result of:

- intentional self-inflicted injury
- any act of **war**, whether declared or not, and
- any other limitation or restriction that specifically applies to **you**.

The **insurer** doesn't see pregnancy or childbirth as an illness or injury. But if you're **disabled** because of complications during pregnancy or while giving birth, they will cover **you**.

When will IP payments stop?

The **insurer** will stop paying IP benefits if:

- You're no longer **disabled** based on information available to **us**.
- You die. An IP death benefit may be applicable – refer to your **welcome letter** if this is applicable to **you**.
- For Non Standard Plan cover, sometimes your IP payments stop when **you** become **totally and permanently disabled** – refer to your **welcome letter** or **member statement** to check if this is applicable to **you**. For Standard Plan cover, your IP payments will continue on payment of a TPD benefit.
- **You** reach age 65 (or the communicated end date of IP cover in your **plan**).
- **We** have paid **you** for the total applicable **benefit period**.

The **insurer** may stop, or suspend IP benefits if:

- You're incarcerated as a result of a criminal act, and **we** don't have enough evidence to confirm you're still **totally disabled**.
- You're overseas, and **we** ask **you** to return to Australia for medical treatment or other medical assessment and you're unable to do so. See the **Insurance whilst overseas** section for more information.
- You don't attend a medical examination, or you don't provide **us** or the **insurer** other evidence **we've** asked for to assess whether benefits should be paid.

What happens if you stop working – not because of illness or injury?

We won't pay any IP benefits if you:

- stop working for any reasons other than injury or illness, or
- go on unpaid leave.

If **you** leave your **employer**, any IP cover will typically continue. If **you** want your IP cover to stop because **you** are no longer employed, **you** should contact **us** immediately. Otherwise **we**'ll continue to charge your full insurance fees. Refer to the **What happens to your cover when you leave your AMP Super employer?** section.

Rehabilitation and workplace modification

The **insurer** may, at its discretion, pay for any **rehabilitation** expenses (including workplace modifications) **you** incur relating to **rehabilitation** programs approved by the **insurer** with the goal of assisting **you** to return to work. Any expenses the **insurer** agrees to pay, will be paid directly to the provider of the **rehabilitation** service and take place as part of the claims process. Any requests for payment of **rehabilitation** expenses must be received and approved by the **insurer** in writing before **you** incur them. Any **rehabilitation** payments are paid in addition to your insurance benefit.

What happens to your insurance fees when you are paid an IP benefit?

If **you** are being paid an IP benefit, **we** will not charge you insurance fees related to that cover for the period **you** are eligible to be paid that benefit, however insurance fees remain payable during the **waiting period**.



INTERIM ACCIDENT COVER

If **you** apply to add or increase your cover, the **insurer** will provide you with Interim Accident cover while considering your application.

When does cover start?

The Interim Accident cover period will start when the **insurer** receives a fully and accurately completed application for the applicable cover.

Interim Accident cover will not be applicable if **you** apply for any insurance that you would not be accepted for.

When does cover stop?

Interim Accident cover will stop on the earliest of:

- the **insurer** either accepting, rejecting or imposing conditions on cover applied for,
- the date your application is withdrawn,
- 90 days from the date Interim Accident cover starts, or
- the date your cover is cancelled.

How much Interim Accident cover will the insurer pay?

If **you** pass away or become **totally and permanently disabled**, the **insurer** pays the Interim Accident cover for Death and/or TPD cover that has been applied for, up to \$1,500,000 for Death and TPD cover (this is referred to as **accidental death** or **accidental TPD**). **You** can only be paid this benefit once.

If you have IP cover, the monthly amount of **accidental disablement** cover the **insurer** will pay will be the lesser of:

- the amount of cover applied for, and
- \$10,000 per month.

The **insurer** will only pay out that part of the benefit which would have been accepted under standard underwriting rules and exclusions.

When will an Interim Accident benefit be paid?

The **insurer** will only pay an Interim Accident benefit if:

- **you** have Death cover and pass away solely because of an **accident** and the death occurs within 90 days of the **accident**,
- **you** have TPD cover and, because of an **accident**, are **disabled** and the **date of disability** is within 90 days of the **accident** occurring.

If **you** have applied for IP cover, the **insurer** will pay an Interim Accident benefit if you can't work solely as a result of an **accident** occurring during the period when **you** had Interim Accident cover and the **date of disability** occurs within 90 days of the **accident**. The benefit is paid monthly while you can't work, starting from the end of the **waiting period**, for a maximum of 24 months.

When the insurer won't pay a benefit for Interim Accident cover

The **insurer** will not pay an Interim Accident benefit when death or disablement is directly or indirectly caused by or resulting from intentional self-inflicted injury or suicide, in addition to any other exclusion for Death, TPD or IP cover.

When cover is not available

Interim Accident cover will not be available if **you**:

- have withdrawn an application for insured benefits (including through a super fund) within the last 12 months,
- have applied for similar cover elsewhere and that cover was declined or the application is pending a determination by another insurer, or
- are an **employee member** and are not **at work** for reasons related to illness or injury when Interim Accident cover would otherwise commence.

Can Interim Accident cover change?

If the **insurer** changes the insurance they offer while your application for cover is being assessed, your Interim Accident cover may change. **We'll** advise **you** of any change in writing.

General terms that apply to your cover

Insurance and Choice of Fund

If Choice of Fund applies to **you**, **you** should consider your insurance arrangements carefully before choosing to direct Superannuation Guarantee (SG) contributions away from **AMP Super** to another fund. **AMP Super**, with group insurance arrangements, may provide more potential advantages than a personal insurance policy, including lower rates and obtaining insurance cover without having to provide medical evidence.

Your insurance could be affected if you decide to direct future SG contributions away from **AMP Super** to another fund, depending on the terms and conditions of your cover. If this is the case, **we'll** let **you** know in writing.

You should talk to your financial adviser before making any decisions that could affect your insurance cover.

Takeover terms for insurance

Takeover terms for insurance may apply when your **plan** commences in **AMP Super** and the **insurer** agrees to take over the cover previously provided under your former super arrangement by another insurer.

Further information will be provided at the time.

Transfer your insurance to AMP

If **you** already have insurance with another super fund or life insurer, you may want to consider if **you** still need it. **You** can apply to transfer insurance from your other super fund or life insurer, so that it's all in the one place with AMP.

Your financial adviser can assist **you** with determining your insurance needs, or please contact **us**.

If you'd like to transfer your insurance from another super fund or life insurer to your **AMP Super account**, you can do this by contacting **us** or you may be able to log on to [My AMP](#).

If your employer pays for some or all of your insurance fees, they will not pay the insurance fees for any transferred cover.

Eligibility for transferring insurance from another super fund

You can submit an application to transfer insurance if:

- your **plan** allows you to take out additional cover,
- for IP cover, your insurance fees are not paid by your **employer**,
- for IP cover, **we** have your **salary**,
- for Death cover, **you** are age 69 or younger,

- for TPD and/or IP cover, **you** are age 64 or younger,
- **you** haven't previously been declined cover under the insurer's policy,
- where **you** have both death and TPD cover, you transfer both insurances noting that your TPD cover cannot exceed your death cover,
- **you** agree not to transfer the cover in the other super fund, to any other super fund or insurer,
- there are sufficient funds to pay your insurance fees in your **account** when this cover starts,
- **you** don't continue your cover in the other super fund and cancel the cover on written acceptance by the **insurer**, and
- you're working.

You will be required to answer a short set of questions. The **insurer** will require information regarding any loadings, exclusions, restrictions or limitations that exist on your cover in the other super fund, and these conditions may continue to the transferred cover.

What is the maximum amount of cover you can transfer from another super fund?

- For Death cover: \$2,000,000.
- For TPD cover: \$2,000,000.
- For IP cover, the lesser of:
 - 86.5% of your **pre-disability income** (if you have a superannuation contribution benefit) otherwise 75% of your **pre-disability income**, and
 - \$20,000 per month.

Your **benefit period** (if applicable) will be replaced with your transferring **benefit period** if this is available under your **employer plan**. Otherwise, the next shortest **benefit period** available under the **employer plan** will apply.

Your existing **waiting period** (if applicable) will be replaced with your transferring **waiting period** if this is available under your **employer plan**. Otherwise, the next longest **waiting period** available under your **employer plan** will apply.

When does cover start?

When **you** answer the short set of questions to the **insurer's** satisfaction and the **insurer** accepts your application.

Worldwide cover

Your insurance through **AMP Super** provides worldwide cover 24 hours a day, seven days a week, giving you peace of mind.

Insurance whilst overseas

If you're overseas, **we**'ll continue to deduct insurance fees from your **account** and any Death, TPD and IP cover will continue.

If **you** claim whilst you are overseas, the **insurer** may require you to return to Australia at your own expense for medical treatment and/or other assessments.

If you're **disabled** while you're outside Australia and **you** qualify for an IP claim, the **insurer** may pay you for a maximum period of six months in total whilst overseas. The **insurer** will start paying **you** again when **you** return to Australia (if you're still entitled to be paid). If the **insurer** decides to pay benefits while you're outside Australia for longer than six months, they may set conditions and suspend payments if **you** don't comply.

Insurance during unpaid leave

If you're granted a leave of absence or parental leave without pay, and your **employer** notifies **us** of this, then **we**'ll suspend your IP cover including any associated insurance fees. You'll retain any Death and TPD cover (including any associated insurance fees which will continue to be deducted from your **account**). If **you** return from leave, then your IP cover and insurance fees will recommence when your **employer** notifies **us** of your return. This means **you** won't be covered for (or able to claim on) IP cover whilst **you** are on unpaid leave.

Your IP cover will resume at the same level when **you** return to work, without evidence of health, and any existing exclusions or restrictions will continue to apply to your IP cover. **You** must have enough funds in your **account** for the cover to recommence.

What happens to your insurance cover if you withdraw money from your account?

If **you** choose to withdraw some or all of your account balance and there are insufficient funds to pay your insurance fees, all cover will cease. If you close your **AMP Super account**, all cover will cease.



What happens to your insurance cover when you leave your AMP Super employer?

Payment process

Upon leaving the **AMP Super employer** or your employment, **we** will generally transfer you to a **retained plan** with continuation of your insurance (if any). When you leave your employer you will be considered a **retained member**.

For more information, please refer to the **What happens when you leave your employer?** section of the **member guide** and see below.

If your employer paid for your cover and you haven't turned 25 and/or your super balance hasn't reached \$6,000.

We're required to cancel your insurance from the date we're notified by your employer unless you tell **us** you'd like to keep it.

If you decide to keep your insurance, the insurance fees (including any outstanding insurance fees) will be paid via your super **account**.



You can tell **us** you'd like to keep your insurance at any time: amp.com.au/keepmyinsurance.

You should consider whether you need to take out insurance appropriate to your circumstances. A financial adviser can advise you on whether you should obtain cover under a personal insurance policy.

Continuing in the AMP Super retained plan

We will write to you at the time to confirm the details of your membership and any differences between your **employer plan** and your **retained plan**. Where you have cover at the time you leave your **employer**, then in most cases your cover will convert to:

- an equivalent amount of Death cover (or the nearest unit value) to which tapering may apply,
- if TPD cover is applicable, an equivalent amount of TPD cover (or the nearest unit value) to which tapering may apply,
- if IP cover is applicable, a fixed amount as at the date you move into your **retained plan** (including any Superannuation Contribution Benefit amount). In your **retained plan**, the Superannuation Contribution Benefit percentage is generally 11.5% (unless otherwise notified to you). **You** will generally have a **benefit period** of two years and a waiting period of 90 days.

Any existing conditions, loadings, exclusions or restrictions that applied to cover whilst in your **employer plan**, will continue to apply in the **retained plan**. The cover cease age on any cover transitioned to the **retained plan** (including any underwritten cover) will adopt the standard cover cease ages of 70 for Death cover and 65 for TPD or IP cover.

Example of default cover SCB differing in the employer plan vs the retained plan

John's employer plan has 10% SCB. His salary is \$120,000 pa, which means his default IP cover is \$7,500 per month (75% of his monthly salary) plus \$1,000 SCB (10% of his monthly salary). When John leaves his employer and is moved to the standard retained plan, his salary transfers as is, but his SCB is now 11.5%. So, his new default IP cover amount becomes \$7,500 plus \$1,150 SCB.

Please note: This is an example only. The actual amount of cover you are provided will be detailed in your **welcome letter** (**employer plan** and **retained plan**).

If you don't have insurance in your employer plan when you leave your employer because you're not yet 25 and/or your super balance hasn't reached \$6,000, and you're a MySuper member.

You may still be eligible for insurance after leaving your **AMP Super employer**.

MySuper members who leave their **employer** and transfer to **AMP Super** retained, and then become eligible for insurance (turn 25, have a balance of at least \$6,000 and meet all other eligibility criteria) will have insurance automatically applied. You will be provided with Death and TPD cover, although if you were not eligible for TPD cover in your **employer plan**, this restriction may continue to apply to you and you may only be provided with Death cover in the **retained plan**. **We'll** send you an **insurance confirmation letter** at the time you are provided with insurance with the details specific to you.

If you have previously told **us** you don't want your insurance, then this cover will not be applied.

In most cases, your **retained plan** will be a Standard Plan, meaning that you will automatically receive:

- 5 units of Lifestages cover for Death (if you are not yet age 70), and
- if your **plan** has TPD cover, 5 units of Lifestages cover for TPD (if you are not yet age 65).

If your **retained plan** is a Non Standard Plan you will automatically receive:

- A fixed dollar amount of \$50,000 Death cover.
- A fixed dollar amount of \$25,000 TPD cover.

Limited cover will apply until you've been **at work** for a 30 consecutive day period ending on or after the date that your cover commences in the **retained plan**.

If insurance is applied to your **account**, you'll be notified, including the amount and cost, in your **insurance confirmation letter**. And you'll also be able to see the amount of insurance in your **member statements** and on [My AMP](#).

Cooling off period when you leave your employer

If you leave your **employer** and **you** choose to cancel or reduce your cover within 60 days of the date you join the **retained plan**, the cancellation (or reduction) will take effect from the date **you** joined the **retained plan** meaning it never existed, so no insurance fees are payable and claims cannot be made on that cover.

If you cancel your cover:

- **you** won't be able to make a claim for events or conditions after the effective date that your cover has been cancelled
- **we**'ll no longer deduct insurance fees from your **account**, and
- your ability to restart your cover may be subject to health assessment and acceptance by the **insurer**, and you may not be able to get cover.

If you're cancelling your cover because you're applying for cover elsewhere, **you** should consider not cancelling until the alternative cover is in place. **You** can get independent financial advice to help make a decision.

When does cover stop

Your cover will stop in your **AMP Super plan** when:

- For **employee members**, you cease to be an **employee**. However, you may be transferred to the **AMP Super retained plan** and cover may continue, subject to certain eligibility conditions.
- **You** cease to be a **member of the fund**.
- You die.
- Your **account** doesn't have enough money to pay insurance fees at the time that they are charged, meaning your insurance will be cancelled immediately. You'll have 60 days to ask for your cover to be reinstated (see the **Reinstating cover** section).
- You've been paid a terminal illness or TPD benefit unless as a result of that benefit payment amount, your Death and TPD cover has not been reduced to zero, in which case any leftover Death and TPD will continue. In the case of Non Standard Plan cover, if you are paid a TPD claim then your Death cover will cease.
- The date a TPD benefit becomes payable if you held TPD only cover.
- For **employee members**, your membership in **AMP Super** is for insurance purposes only (ie your account balance is always nil and your employer is paying your insurance fees). If your **employer** stops paying your insurance cover and you want to keep it, you'll need to make contributions for the insurance fees. **We**'ll let **you** know when paying the insurance fees becomes your responsibility.
- For **employee members**, your **employer** lets **us** know in writing that they want to cancel the cover that applies to your **plan** (or membership category) – **we**'ll let you know if this happens.
- **You** tell **us** that you want to cancel your cover.

- For **employee members**, for IP cover, when **you** start unpaid leave (including parental leave), however **you** may be eligible for cover to recommence on your return from unpaid leave. Refer to the **Insurance during unpaid leave** section.
- The **AMP Super** policy terminates.
- **You** reach the insurance cessation age for your **plan** (see your **welcome letter**), which is usually:
 - age 70 for Death cover,
 - age 65 for TPD and IP insurance.
- Where a fraudulent claim is submitted on your **account**.
- No contributions or rollovers have been received into your **account** for 16 months, as **we** are required to cancel your insurance, unless **you** have told **us** in writing that **you** want to keep it. You can make an insurance election online at amp.com.au/insurancecancellation.
- For **employee members**, you had insurance because your **employer** funded the full cost of insurance and notified **us** of this, but then the employer ceases to fully fund your insurance and you don't meet Super law eligibility (eg you are under age 25, or have a balance below \$6,000 and you have not elected to keep your insurance) – **we** are required to cancel your insurance. **You** can choose to keep your cover at amp.com.au/whyinsurance.
- For **employee members**, your **AMP Super employer** was paying your insurance fees by making additional contributions and you leave your **employer**, then they will stop paying effective the date **you** leave employment. If **you** are eligible for insurance (eg you've reached \$6,000 in your **account** and are at least 25 years of age), insurance fees charged from the date you ceased employment to the date **we're** notified that you've left your **employer** will be deducted from your **account**. If **you** have insufficient funds to pay these insurance fees, your cover will be cancelled effective from the date that insurance fees are unpaid. **You** will have 60 days to ask for your cover to be reinstated.
- For **employee members**, you had insurance because your **employer** funded the full cost of insurance and notified **us** of this, and **you** then left your **employer** and if you don't meet Super law eligibility (eg you're under age 25, or have a balance below \$6,000 and haven't chosen to keep your insurance). **We're** required to cancel your insurance from the date **we're** notified by your **employer**. You can choose to keep your cover at amp.com.au/whyinsurance.
- In some cases, when you commence service in the armed forces (see your **welcome letter** for whether this applies to **you**),

whichever occurs first.

Managing your cover

As life changes, your insurance needs may change too. The level of cover you need will depend upon your own personal circumstances and your need to provide for your family and/or other beneficiaries. It's important to keep reviewing your cover to make sure it continues to be right for you.

How to change your cover

You can increase, reduce or cancel your cover. Just bear in mind TPD cover cannot be greater than your Death cover, other than where **you** have Lifestages cover. In order to apply for TPD cover **you** must also apply for (or already have) Death cover.

If you need to change your cover please contact **us** or you may be able to change your cover on [My AMP](#).

If you don't want any cover

For **employee members**, having insurance as part of your **plan** is generally cheaper than having the same cover under a personal insurance policy.

If **you** don't want to take advantage of this, you can simply contact **us** and tell **us** what cover **you** want to reduce or cancel.

Alternatively, **you** may be able to reduce or cancel cover online on [My AMP](#). Cancellation or reduction of your cover will take effect on the later of the date **we** receive the notification or the date that **you** nominated in your request.

Reinstating cover

You can reinstate your cover within 60 days of the date that it ceases for any reason (except if **you** cancelled it voluntarily or the **insurer** paid **you** a claim) at amp.com.au/reinstateyourinsurance.

If you've cancelled your cover voluntarily, then you'll need to complete an application form with health evidence. Contact **us** for a copy of the form or you can reinstate your cover online on [My AMP](#).

If your cover is reinstated, the cover will be reinstated to the cover **you** previously had, back to the date it was cancelled (and insurance fees will be payable for that period) and will retain any conditions, exclusions or restrictions that applied prior to it being cancelled. If **you** wish to reinstate only some of your cover, then your cover will still be reinstated back to date it lapsed, and any reductions will be effective from the date of your request.

Additional cover

If your **plan** allows you to take out additional cover, **you** can apply by calling **us**, or you may be able to apply online via [My AMP](#). In most cases **you** will be required to provide evidence about your



health and lifestyle (this is called the underwriting process) – unless your application is for life events cover or **you** are transferring cover into AMP – refer to the **Life events cover** and **Transfer your insurance to AMP** sections for more information. Acceptance of additional cover is subject to the **insurer's** discretion and underwriting guidelines.

If your insurance has exclusions or loadings applied you can always ask for the decision to be reviewed at any time, subject to provision of updated information. Upon receipt of your request, the **insurer** will advise what information is required at the time of review.

The underwriting process



Personal statement

Apply for cover, or to increase your existing cover, by completing a personal statement.



Assessment

The **insurer** will assess your application and will consider factors like your age, gender, occupation, health and lifestyle.



Further information

To complete their assessment, the **insurer** may ask for more information. This may include medical reports and/or exams.



Decision

The **insurer** will either:

- accept
- accept with special terms (such as additional costs or cover exclusions), or
- decline your application.

We'll communicate the decision to you.

Updating your occupation

When **you** leave your **employer**, **you** may be able to update your occupation if it changes in the future. If **you** are allowed to update your occupation, then **you** will be able to do so by contacting **us**. Changing your occupation may result in a change to your insurance fees.

When will my insurance fees be deducted from my account?

Insurance fees are paid in advance and are deducted from your super **account** at the start of every month. For more information see the **How are your insurance fees paid?** section of this **guide**.

Life events cover

If you've experienced a significant change in your life which **you** need to be covered for, **you** may be able to apply to increase your existing cover by answering a short number of health and lifestyle questions. **You** have access to life events cover if your **plan** allows **you** to take out additional cover. Life events cover is only available for Death cover and TPD cover.

What events are covered?

- Taking out a new or increasing an existing mortgage for your principal place of residence alone or with your **spouse**.
- **You** or your **spouse** gives birth to or adopts a child.
- **You** get married or commence a de facto relationship.
- **You** get divorced or end a de facto relationship.
- **You** suffer the death of your **spouse**.
- **You** have a dependent child who starts primary or secondary school.

Am I eligible to apply for life events cover?

You can submit an application for life events cover if:

- **you** are age 69 or younger for Death cover and/or age 64 or younger for TPD cover
- **you** submit your accurately completed application within 90 days of the life event occurring
- **you** have not applied for life events cover in the last 12 months
- for TPD cover, your total cover amount will be less than \$5 million
- **you** have not previously been declined for additional cover under this policy, and
- there are sufficient funds in your **account** when this cover starts.

You will be required to answer a short set of questions.

If your employer pays for some or all of your insurance fees, they will not pay insurance fees for any additional cover obtained under life events cover.

What is the maximum amount of cover you can apply for under life events cover?

Per application:

- Death: \$250,000
- TPD: \$250,000.

Across all applications:

- Death: \$500,000
- TPD: \$500,000.

When does cover start?

When **you** answer the short set of questions to the **insurer's** satisfaction and they accept your application.

Your insurance fees will change to reflect any increases in cover as a result of the insurer's approval of your life events cover application. Life events cover is subject to the same loadings, exclusions, restrictions and limitations that applies to your existing cover, until such time that they expire according to their terms or the **insurer** agrees in writing to remove them. Life events cannot be used to reinstate or recommence cover, or apply for cover where **you** have previously opted out of cover.

What does my insurance look like on my statement?

Your insurance

Your total benefit at 1 October 2023 is:

Total Death benefit	Total and Permanent Disablement benefit
\$441,820.12	\$41,820.12

This amount includes:

– Total cover of \$400,000.00	– Total cover of \$0.00
– Super balance of \$41,820.12	– Super balance of \$41,820.12

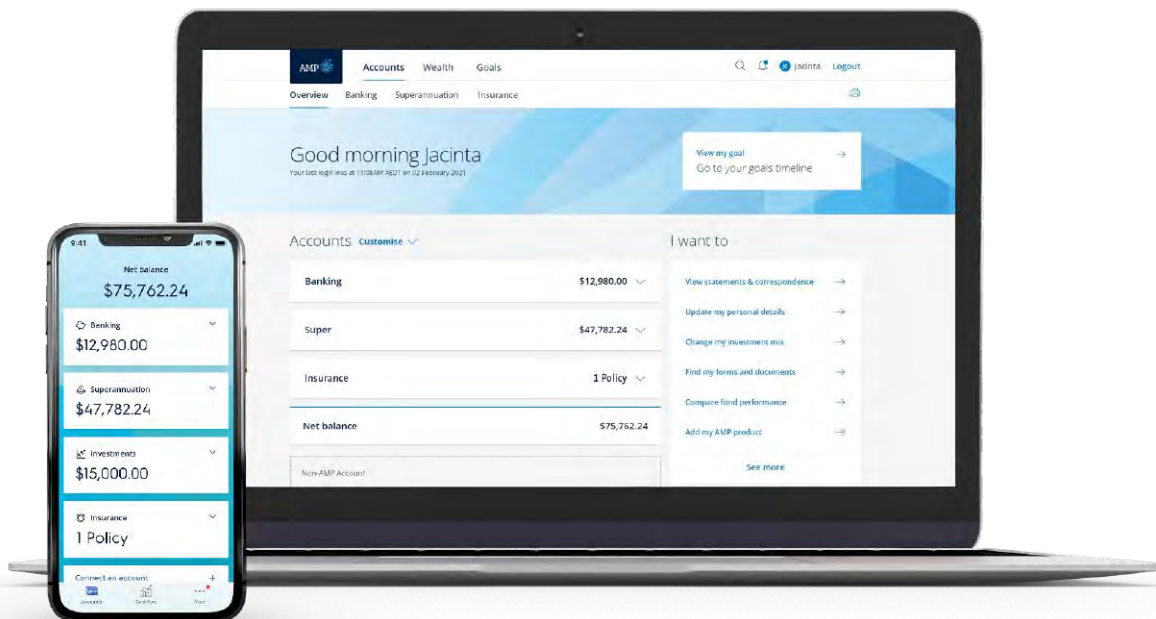
Insurance cover and charges

As at 1 October 2023

Insurance type	Your cover \$	Total monthly charge \$
Simple Protection - Death Benefit - default	400,000.00	172.15
Total monthly charge		\$172.15

Your insurance cover may have minimum and/or maximum limits, subject to your plan's rules or any government legislation. Your insurance cover may be restricted to lower levels of cover due to automatic acceptance limits and/or any underwriting assessments by the insurer. Your monthly charge for your insurance cover is made up of your premium and any insurance service fee and stamp duty that applies. The insurance service fee is up to 5.4% of your premium, capped at \$25 per month. The insurance service fee is charged by us and covers the cost to administer your insurance. For more details see your PDS and insurance guide available at amp.com.au/signaturesuper.

What does my insurance look like on My AMP?



If you don't want cover

You can cancel your cover at any time online by logging into [My AMP](#), or by contacting **us**. If you cancel your cover:

- you will not be able to make a claim for insurance benefits for events or conditions that arise after your cover has cancelled
- **we**'ll no longer deduct insurance fees from your **account**, and

- your ability to restart your cover may be subject to health assessment and acceptance by the **insurer**, and you may not be able to get cover.

If you're cancelling your cover because **you** intend to apply for insurance elsewhere, **you** should wait until the alternative cover is in place. **You** can get independent financial advice to help **you** to make a decision.

How to make a claim

When you or your representative become aware of a potential claim, we need to be told as soon as reasonably possible.

If the **insurer** is not notified of a claim within a reasonable amount of time and can show they were prejudiced by this delay, the **insurer** may reduce your benefit amount.

You or your representative can lodge an insurance claim through your **AMP Super account** using any one of these options:

Online	For Illness or injury claims	<u>Online Claims form</u>
	For Life (also known as Death) insurance claim	<u>Online Claims form</u>
Call	For Illness or injury claims	1300 366 214 Monday to Friday 8.30am – 5pm (Sydney time)
	For Life (also known as Death) insurance claim	1300 373 654 Monday to Friday 8.30am – 5pm (Sydney time)
Write	AMP Claims, PO Box 6346, Wetherill Park NSW 1851 Dharug Country	
Email	amp_claims_admin@amp.com.au	

Medical examinations and reporting for claims

When you submit a disability claim, the **insurer** will require you to provide information about your health and any other information that it reasonably requires to assess your claim. The **insurer** may require you to be examined by a **medical practitioner** of their choosing. In this case, the **insurer** will pay for this examination including any ensuring reporting from the **medical practitioner**. If you fail to attend any pre-arranged examinations or don't provide enough notice of your inability to attend, you may be liable for any fees incurred by the **insurer**.

The **insurer** will not pay for any fees incurred for the cost of having the standard initial claim reports completed or ongoing claims reporting for IP claims.

The claims process



We'll provide details on the claims process

You may have the option to choose between online, paper or tele-claim lodgement with the **insurer**.



Your TAL claim consultant will be in touch

Within two business days of receiving the minimum claim requirements, the **insurer** will confirm receipt of the required information and then your claim will move to assessment. **You** (or your representative) can contact the AMP claims team with any questions and we'll get back to you within 10 business days.



The insurer will assess your claim

We (or the **insurer**) will keep **you** (or your representative) informed of your claim's progress at least every 20 business days (or as otherwise agreed). **You** may contact **us** or the **insurer** directly with any questions about your claim.

The **insurer** may contact **you** (or your representative) to request more information relevant to your claim, like medical or occupational details.

The **insurer** maintains the right to:

- fully investigate and assess any claims to its satisfaction prior to claim settlement, and
- require assessment or any medical examination to be conducted in Australia as part of its consideration of your claim, should a TPD or IP claim arise while you're overseas. **You** will be responsible to pay any costs associated with **you** returning to Australia for assessment.

Benefit payments are subject to the **insurer's** acceptance of your claim.



We'll let you or your representative know the outcome of the claim

If your claim is:

- **accepted**, **you** (or your representative) will be asked to confirm how to pay the benefits to **you** or your estate/any beneficiaries (depending on the type of claim); or
- **declined**, we'll review the **insurer's** decision within 15 business days and advise the reason why, and what options **you** have.



Develop a recovery plan (for IP cover only)

If your IP claim is accepted, the **insurer** may:

- ask for additional requirements they need, to start and/or continue your payments; and
- work with **you** to set up a recovery or support plan specific to your situation.

Your feedback is welcome

We take complaints seriously and we want all of our members to have a great experience, so if you're ever unhappy we want to hear about it so we can resolve this for you as quickly as possible.

Making a complaint

Our Complaints Handling Guide is on our website. Our complaints process can be found by visiting amp.com.au/support/complaints/complaints-process.

If you wish to make a complaint you can contact **us** by phone, in writing (email or send **us** a letter) or via our website.

- Call us on: **131 267**
- Email us at: **ampsuper@amp.com.au**
- Notify us through [My AMP](#)
- Website: amp.com.au/ampsuper
- Write to us at: **AMP Super Customer Service
PO Box 6346
Wetherill Park NSW 1851
Dharug Country**

If your complaint is resolved within five business days **we'll** not provide you with a written response, unless you request it. However, if your complaint is about hardship, a declined insurance claim, the value of an insurance claim or a decision of the **trustee**, **we'll** provide you with a written response even if your complaint is resolved within five business days.

If your complaint can't be resolved within five business days, **we'll** resolve it through our complaint resolution process. **We'll** provide you with:

- a name and contact information of the Customer Resolution team responsible for handling your complaint,
- regular progress updates, and
- specify when the investigation into the complaint is likely to be resolved.

When we complete our investigation, **we'll** contact you to discuss our decision and then provide you with a written response including the outcome of the investigation and the reasons for our decision. Depending on the type of complaint lodged, different timeframes apply for the resolution of the complaint. You can find out more information by reading our Complaints Policy on our website.

If you aren't satisfied with the outcome of the complaint, you can refer it to the Australian Financial Complaints Authority (AFCA). AFCA is an independent body that provides a free complaint resolution service for complaints made to financial firms. The contact details for AFCA are:

Australian Financial Complaints Authority

Postal address: GPO Box 3, Melbourne VIC 3001

Australia phone: 1800 931 678

Email: info@afca.org.au

Website: afca.org.au

There may be a time limit for referring your complaint to AFCA. You should contact AFCA or visit the AFCA website for more details.

Getting help to make a complaint

If you need support or help to make a complaint you can ask an authorised representative, family member or friend to contact **us** on your behalf. We need your permission to speak with anyone else about your complaint, and this can be provided verbally or in writing. If you have a hearing or speech impairment you can use the National Relay Service as per the following:

- TTY (Text Telephone) users –
phone 133 677 then ask to contact 131 267
- Speak and Listen (speech to speech relay) users –
phone 1300 555 727 then ask to contact 131 267
- Internet relay users – visit the
[National Relay Service website](#).

The Translating and Interpreting Service (TIS National) provides interpreting services to people who do not speak English and to agencies and businesses that need to communicate with their non-English speaking clients. TIS National can be contacted on 131 450.



Please note: Time limits apply to certain complaints to the Australian Financial Complaints Authority. If you have a complaint you should contact them immediately to find out if a time limit applies.



How much does insurance cover cost?

Your insurance fees are made up of your insurance premiums and any insurance service expense and stamp duty that applies.

Lower cost insurance fees

For **employee members**, group insurance fees are generally less expensive than a personal insurance policy.

The cost of your cover depends on the amount and type of cover, your age and insurance fees that apply to your **plan** or category. Your health and lifestyle can also influence your insurance fees if **you** needed to provide those details to get cover.

How are your insurance fees paid?

Where your insurance benefit starts part way through the month, your insurance fees will only be payable from when your insurance starts.

Insurance fees are then paid in advance and are deducted from your super **account** at the start of every month (unless your **AMP Super employer** has agreed to pay your insurance fees).

We'll deduct your insurance fees in the following order:

- first, from any money held in Choice investment options, excluding any amount held in term deposits, and
- if there is insufficient money in Choice investment options, or if your only investment is in the MySuper investment option, **we'll** then deduct from the MySuper investment option.

If you're receiving an IP benefit payment, **you** won't need to pay IP insurance fees.

For **employee members**, if your **AMP Super employer** is paying your insurance fees with additional contributions, but then stops paying, then insurance fees will be deducted from your account balance unless **we** are required to cancel your insurance back to the last time that your **employer** paid your insurance fees (for example if there is insufficient funds in your **account** to pay for cover). For more information regarding when **we** are required to cancel your insurance, refer to the **When does cover stop** section of this **guide**.

You can tell **us** you'd like to keep your insurance at any time: amp.com.au/keepmyinsurance.

If you decide to keep your insurance, the insurance fees (including any outstanding insurance fees) will be paid via your super **account**. This will be the case if:

- you leave your employer
- your employer doesn't pay on time, or
- your employer doesn't notify **us** that they are paying your insurance fees.



If there isn't enough money in your **account** to pay for your insurance fees, your cover will stop.

Will your insurance fees change?

Insurance fees for **employee members** may be recalculated annually at your **plan's** annual review or at regular intervals between your **plan's** annual reviews. They may also be recalculated when the amount of cover changes (eg if we become aware that your **salary** increases), or as you age and the premium rates applicable to you change. These reviews reflect the profile of the insured members in your **plan** and your **plan's** claims experience. Refer to the **How premiums are calculated for employee members** section for more information. Insurance premiums are based on your age and generally increase as **you** get older. Depending on your **employer plan**, your cover may reduce as you get older, and your insurance fees will change to reflect this. Your **welcome letter** will tell **you** on what frequency your **plan** recalculates your cover and insurance fees.

The **insurer** has the right to vary insurance fees in the future. When **we** increase your insurance fees, at least 30 days' notice will be given to **you**. When **we** decrease insurance fees **we** will notify **you** no more than 90 days after the change. Generally, the new insurance fees will apply from your **plan's** next annual review.

If **you** make a change to your cover, such as increasing your cover, your insurance fee will be adjusted to reflect this change. Your new insurance fee will apply from the date that the **insurer** accepts the proposed changes to your cover.

Change in the event of war

If there's a **war** impacting Australian civilians, the **insurer** may change insurance fees. **We'll** tell you if this happens.

Government duties

Stamp duty is incorporated into your insurance fees. The **insurer** may change the way they recover stamp duty in the future, from incorporating it into the insurance fees to making it an additional charge. If a state or territory government stamp duty or tax applies, it will be based on the address **we** have on record. As stamp duty and tax differ between states/territories, it's important **you** let **us** know of any changes to your address. Stamp duty charges can change without notice (up and down), as governments introduce a new stamp duty or revise an existing one or as **we** change our address records.

Insurance service expense

The insurance service expense is currently up to 11.5% of your premium, capped at \$30 per month. The insurance service expense is charged by **us** and covers the cost of providing your insurance.

For details, refer to the **Fees and costs** section of the **PDS** or **Member Guide** or your **welcome letter**.

How premiums are calculated for employee members

Your insurance premiums may be calculated annually at your AMP Super employer **plan's** annual review or at any time there is a substantial change in the **plan** to reflect the profile of insured members. It may also be recalculated when the amount of your cover changes (eg following a **salary** increase).

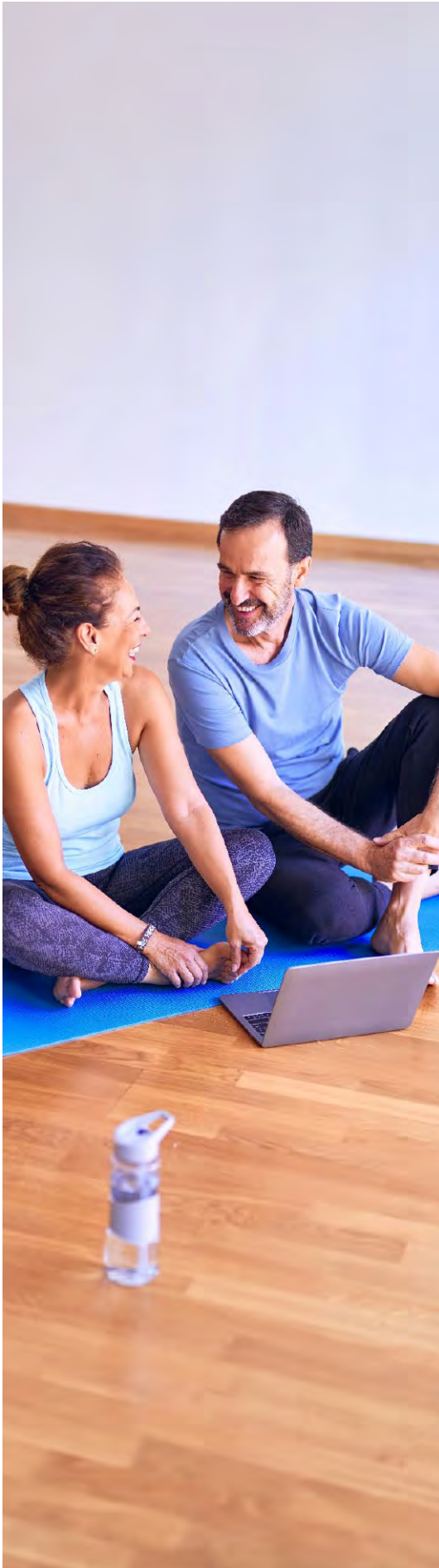
The insurance fees for your **plan** may depend on many factors including:

- the insurance cover available within your **plan**
- your **plan** or category's occupation mix
- your **plan** or category's gender mix
- your **plan** or category's age profile
- whether **you** are an **employee** or **retained member**
- the number of insured members in your **plan**
- your **plan** past claims experience
- any health and lifestyle details (if **you** were required to provide them).

Refer to the section **Will your insurance fees change?** for more information.

Insurance fees quote

You can obtain a quotation by contacting **AMP Super** Customer Service or you may be able to log on to [My AMP](#).



Other things you need to know

Disclosure and representations by employers and members

We rely on the information provided by you and the **AMP Super employer**. A non-disclosure or misrepresentation may impact on any benefits to be paid by the **insurer** and passed on to you.

The **employer** should tell **us** if they're aware of anything affecting their **employees** as a group (other than the information about their ages, occupations and claims experience that **employees** have already given **us**) that's relevant to the insurer's decision whether to accept the risk and if so, on what terms.

The **employer** does not need to tell **us** about the health of individual **employees**. If **employees** don't qualify for automatic acceptance or their cover exceeds the AAL, **we** (or the **insurer**) will advise **employees** of their duty to take reasonable care when **we** (or the **insurer**) collects information about their health.

The duty to take reasonable care not to make a misrepresentation

Your legal duty

When you apply for insurance with the **insurer**, you are 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, or an answer which doesn't 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 legal duty

If **you** don't meet your legal duty, this can have a serious impact 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 in 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, or
- vary the terms of the cover.

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

- Whether the person who answered the questions took reasonable care 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 the **insurer** would have offered cover, and if so, on what terms.

- Whether the misrepresentation was fraudulent.
- 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 the insurer's questions

You are responsible for the information provided to the **insurer**. When answering questions, please:

- Think carefully about each question before you answer. If you're not sure of the meaning of any question, please ask **us** before you respond.
- Answer every question that the **insurer** asks you.
- Answer truthfully, accurately and completely. If you're not sure whether you should include information, please include it.
- Review your application carefully. If someone else helped prepare your application (eg your adviser), please check every answer (and make corrections if needed) before submitting it.

There may be circumstances where the **insurer** later investigates whether the information given to it was true. For example, they may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the **insurer** may ask 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. It could save time if **you** let **us** or the **insurer** know about any changes when they happen as they might require further assessment or investigation.

If you need help

It's important that you understand your obligations and the questions that are being asked. Contact **us** for help if you have difficulty understanding the process of obtaining insurance or answering any questions, or you're having difficulty due to a **disability**, understanding English or for any other reason.

Your privacy with us and TAL Life Limited

We are authorised under superannuation law to collect your personal and sensitive information for the purpose of administering your superannuation, including insurance held through super. The personal and sensitive information **you** provide is collected and held by **us** to administer your insurance within your **AMP Super account**. If you do not provide the requested information, **we** may be unable to process your insurance application, assess a claim or properly administer your insurance. Your personal and sensitive information will only be disclosed to our staff as required, **TAL Life Limited** (as the **insurer**) and/or our legal or other professional advisors if reasonably necessary.

You can access our privacy policy at amp.com.au/privacy, or **we** can send you a copy upon request or you can contact **us** for further information. Our privacy policy contains detailed information about how **we** manage your personal and sensitive information. It also contains information about how to make a complaint in relation to how **we** have managed your personal and sensitive information.

TAL and its related entities are committed to ensuring that your information is handled responsibly in accordance with the privacy laws, including the *Privacy Act 1988* (Cth) and the Australian Privacy Principles. The way in which TAL collects, uses, secures and discloses information relating to their customers is set out in their privacy policy available at tal.com.au/privacy-policy or available on request.

Defined terms

These definitions apply to your insurance unless otherwise detailed in your [welcome letter](#).

Defined term	Meaning
Accident	Accident is bodily injury caused directly or solely by violent, external and visible means and independent of all other causes.
Accidental death	Accidental death means you pass away because of an accident and: - the accident occurs whilst interim accident cover is in force, and - your death occurs within 90 days of the date of the accident.
Accidental disablement	Accidental disablement means you become disabled solely because of an accident and: - the accident occurs whilst interim accident cover is in force, and - your date of disability occurs within 90 days of the date of the accident.
Accidental TPD	Accidental TPD means you become permanently disabled solely as a result of an accident and: - the accident occurs whilst interim accident cover is in force, and - the date of disability occurs within 90 days of the date of the accident.
Account or AMP Super account	A record of your individual super holding in your AMP Super plan .
AMP Super	The AMP Super superannuation product forming part of the fund .
AMP Super plan, or plan	- As an AMP Super employer, this means the particular AMP Super employer's plan in the fund which comprises of AMP Super. - If you are an employee member, this means your AMP Super employer's plan in the fund. - If you are a retained member, this means your former AMP Super employer's plan in the fund.
At work	You are: - either: - performing all your duties of your normal occupation without restriction due to injury or illness or would have been capable of doing so, had the relevant day not been a public holiday or weekend day, or - on employer approved leave (except leave caused by any injury or illness) or absent for reasons other than injury or illness, and you would be capable of attending work and performing all your duties of your normal occupation without restriction, and - in the insurer's opinion, not restricted by injury or illness from being capable of performing your normal occupation on a full-time basis, for at least 30 hours per week even though actual employment may be on a full-time, part-time, casual or contract basis, and - not receiving or claiming and/or entitled to claim income support benefits from any source, including but not limited to, workers' compensation benefits, statutory transport accident benefits and disability income benefits.
Benefit period or benefit payment period for (IP)	The longest period of time for which the insurer will pay any one claim for any one cause or related causes.
Cognitive impairment	Cognitive impairment means a significant and permanent cognitive impairment with a loss of intellectual capacity, which requires you to be under the continuous care and supervision of someone else, as confirmed by a medical practitioner .
CPI	CPI means the latest annual Weighted Average of 8 Cities Combined Index published by the Australian Bureau of Statistics. The insurer uses the last published index for the 12-month period to the end of March each year, updated at 1 July each year.
Date of assessment	Date of assessment means the day the insurer concludes their assessment of your claim for TPD.

Defined term	Meaning
Date of disability	Date of disability means: - For Part 1 of the TPD definition, the first day of the most recent period you were disabled, - For Part 2 of the TPD definition, the later of the: - the diagnosis of the listed disability, and - the first day of the most recent period you were disabled, - For Part 3 of the TPD definition, the later of the: - the first day you were totally and permanently unable, even with assistive devices or personal - assistance, to perform three or more of the everyday working abilities, and - the first day of the most recent period you were disabled, - For Part 4 of the TPD definition, the later of the: - the first day you had lost the use of two limbs, the sight in both eyes or the loss of use of one limb and sight in one eye, and - the first day of the most recent period you were disabled, - For Part 5 of the TPD definition, the later of the: - the first day you were determined to be suffering a cognitive impairment or a psychiatric impairment, and - the first day of the most recent period you were disabled. Where you were disabled and then work for no more than one week before becoming disabled again, that period of work will not be considered in determining the date of disability. However, this consideration will only apply to the most recent period of work.
Disabled or disability	Disabled or disability means: - for TPD, as confirmed by a medical practitioner, not being capable of performing remunerative work solely due to illness (including a medical condition) or injury, and - for IP Cover, being totally disabled or partially disabled.
Employee	Means each of the following AMP Super members: - non-executive director of the employer; - casual employee; - contract employee; - permanent employee; and - any other AMP Super member agreed to by the trustee and the insurer.
Employee member	An employee who has been nominated by an AMP Super employer for membership in its plan and has been admitted by the trustee to membership of the fund.
Employer/AMP Super employer	The employer who has agreed with the trustee to participate in AMP Super and any associated employers who make contributions to AMP Super.
Employment status	- Permanent employee: an employee who is entitled to annual leave and sick leave and whose employment does not have a fixed end date, other than expected normal retirement date. - Contract employee (for Death and TPD): an employee who works regular hours and who has a contract guaranteeing employment until a specified date. - Contract employee (for IP where applicable): an employee who is not a permanent employee, works regular hours, has a contract guaranteeing employment until a specified date that is for a period of at least six months, performing all normal/usual duties of their work, accrues annual leave and sick leave entitlements and receives superannuation guarantee contributions from the AMP Super employer. - Casual employee: an employee who has no entitlement to annual leave or sick leave and no guarantee of continued employment. Any other employment status for a member the insurer agrees to including non-executive directors of an employer.
Everyday working abilities	Everyday working abilities means the following abilities: Walking – To be able to walk more than 200 metres on a level surface without stopping due to breathlessness, angina or severe pain anywhere in the body. Bending – To be able to bend, kneel or squat to pick something up from the floor and straighten up again.

Defined term	Meaning
Everyday working abilities continued	c. Communicating – To be able to: - clearly hear with or without a hearing aid or alternative aid if required - comprehend and express oneself by spoken or written language with clarity, and - successfully communicate on a day-to-day basis in a work environment. d. Reading – To be able to read, with or without correction or with suitable lenses, to the extent that an ophthalmologist can certify that: - visual acuity is equal or greater than 6/60 in both eyes, or - constriction is within or greater than 20 degrees of fixation in the eye with the better vision. e. Lifting – To be able to lift, carry or otherwise move objects weighing up to 5kg using either or both hands. f. Dexterity – To be able, with reasonable precision and success, to: - use at least one hand, its thumb and fingers, including the ability to pick up and manipulate small objects, and - use a keyboard. g. Comprehension and concentration – To be able to understand, follow, and carry out instructions, or effectively maintain concentration and routinely complete tasks without excessive rest breaks (for example mental capacity to drive a vehicle; complete tasks based on a procedure manual, operating manual or verbal instruction; maintain the household; care for children or others). Where you can perform an everyday working ability only with the use of an aid or adaption, you will be considered to be able to perform that ability.
Fund or the fund	AMP Super Fund ABN 78 421 957 449, RSE Registration No. RI056433.
Insurance confirmation letter	Means the communication the trustee sends to you when you receive insurance within AMP Super .
Insurer	Insurance cover for your AMP Super plan is provided by TAL Life Limited (TAL) ABN 70 050 109 450 AFSL No. 237848.
Interdependency relationship	Two persons (whether or not related by family) have an interdependency relationship if: - they have a close personal relationship, and - they live together, and - one or each of them provides the other with financial support, and - one or each of them provides the other with domestic support and personal care. An interdependency relationship also includes two persons (whether or not related by family): - who have a close personal relationship, and - who do not meet the other four criteria listed in the paragraph above because either or both of them have a physical, intellectual or psychiatric disability.
Limited cover	Limited cover means cover, or a portion of cover, that will only be paid if: - the claim was caused by a medical condition, injury or illness which you were first diagnosed with, which first happened or you first suffered from, or first had symptoms of, or was first treated for, after the date you first became covered for the relevant component of cover; and - the claim was not caused by any medical condition, injury or illness: - you were reasonably aware of; or - a reasonable person in the circumstances could have been expected to have been aware of, at the time before the relevant component of cover commenced.
Listed disability	Listed disability means disability due to one of the following conditions: - Dementia - Blindness - Advanced heart failure - Paralysis – permanent loss of the use of two or more limbs - Deafness - Loss of speech - Advanced lung failure - Motor neurone disease - Advanced multiple sclerosis - Muscular dystrophy
Medical practitioner	Medical practitioner means a legally qualified medical practitioner registered to practice in Australia, New Zealand, the United Kingdom, the United States of America, or Canada. If the medical practitioner is located outside of those countries, the insurer will only accept them as a medical practitioner if the insurer has reviewed their qualifications and are satisfied they are sufficiently qualified to treat the relevant illness or injury. That person may not be you, your business partner, or a member of your immediate family.

Defined term	Meaning
Member	Includes an employee member or a retained member .
Member statement	The communication we send to you annually which includes information regarding your AMP Super account .
MySuper member	A member who has any retained account balance in a default MySuper investment option from the inception of their superannuation account .
Normal occupation	A set of duties and responsibilities that you have been employed to perform for an employer , with reference to any formal written account or other such quantifiable material determined by the insurer , of such duties and responsibilities.
Notification date	Notification date means the date that the trustee is notified by the employer of the date you cease work.
Offsets	Offsets means, subject to paragraphs 'd' and 'e', any amount paid or payable in connection with, or arising out of, the injury or illness causing your disability which you may receive or be entitled to receive during a month a benefit is payable (whether by lump sum, periodic payment or otherwise) including the following: a. offsets include any amount paid or payable: - under another income protection insurance policy, salary continuance insurance policy, loan protection insurance policy, or similar policy, in any jurisdiction; - under any workers' compensation, motor accident compensation, statutory compensation or similar scheme, however named, in any jurisdiction or other similar state, federal, territory or extraterritorial legislation; - under common law or under state, federal, territory or extraterritorial legislation unless excluded under 'd' or 'e' below; - 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 you to be paid and you have not requested the payment for the relevant period); b. offsets include 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: - a lump sum, a periodic payment, a combination of a lump sum and a periodic payment, or otherwise; or - 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 offsets or otherwise; d. note that offsets do not include: - an amount paid or payable under this Policy or any earnings that make up the 'B' component of the partial disability benefit; - amounts paid or payable by Centrelink, the Department of Veterans' Affairs, or any equivalent or replacement agencies; - a total and permanent disablement benefit; - investment income; - annual leave or long service leave; or - 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', the insurer will not consider any portion of an amount paid or payable to you to be offsets, if you establish to the insurer's reasonable satisfaction, that it represents or covers compensation for or payment in respect of: - pain and suffering; - 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; - medical expenses; or - reasonable legal expenses, and, for clarity, to the extent that you cannot establish to the insurer's satisfaction, acting reasonably, 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 of that amount will be deemed to be offsets; and f. where offsets are in the form of a lump sum or are commuted to a lump sum, unless the insurer agrees otherwise, the monthly benefit will be reduced by an amount equal to one sixtieth 1/60. of the lump sum over a period of sixty months or the remainder of the benefit period, whichever is the less.

Defined term	Meaning
Ongoing care	You: - Have sought advice, care and associated treatment that was reasonably necessary and appropriate, from an appropriate medical practitioner who is a specialist practising in an area related to the illness or injury suffered by you who: - personally assessed you; - has been provided with full clinical details in relation to the illness or injury, and - continues to be provided with details at such intervals as are reasonable in the circumstances. - is following the advice, care and associated treatment of that medical practitioner, and - has taken all other reasonable measures to minimise or avoid further deterioration of the original illness or injury.
Partially disabled / partial disability for (IP)	You are partially disabled if you suffer an illness or injury whilst you have cover for IP and as a result you are: - only earning or capable of earning a monthly income that is less than your pre-disability income; - working (whether or not for remuneration) in a reduced capacity, or have the ability to carry out any one duty or combination of duties that are critical to the proper performance of your usual occupation; and - under the ongoing care of a medical practitioner.
Permanently disabled	Permanently disabled means in the insurer's opinion, based on medical and other evidence, at the date of assessment you are disabled to such an extent that you are unlikely ever to be able to perform any remunerative work for which you are reasonably fitted by your education, training or experience or to which you could become fitted by rehabilitation.
Pre-disability income	Means: - for someone who is not a permanent employee, their monthly salary averaged over the 12-month period or longer for a person who owns directly or indirectly) all or part of their own business or practice) immediately prior to the commencement of their waiting period; and - for all other persons, their monthly salary immediately prior to the commencement of their waiting period.
Psychiatric impairment	Psychiatric impairment means a disorder that: - has been diagnosed by a psychiatrist, who is a medical practitioner, under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association (or a similar diagnostic system that is commonly used and accepted by psychiatrists in Australia) - that psychiatrist believes the condition would not improve - has been assessed by that psychiatrist as having an impairment of 19% or more on the Psychiatric Impairment Rating Scale, and - the insurer agrees with the diagnoses and assessment outcomes based on medical and other evidence available to them.
Regular remunerative work	You are engaged in regular remunerative work if you are doing work in any employment, business or occupation. You must be doing the work for reward – or hope of reward – of any type.
Rehabilitation	For total disability and partial disability, occupational rehabilitation for the purpose of returning you to duties of employment. Occupational rehabilitation includes initial rehabilitation assessment, functional assessment, workplace assessment and workplace modification, vocational assessment and vocational retraining. Any occupational rehabilitation must be as part of a return to work program approved by the insurer. For TPD, any reasonable education, training, experience or rehabilitation (including occupational rehabilitation) activity which in the insurer's opinion, based on medical and other evidence satisfactory to them, which: - you have reasonable capacity to undertake; and - may render you to be reasonably fitted to engage in or work, whether or not for reward, in an occupation which is related to the skills and knowledge you will acquire via that education, training, experience or rehabilitation activity. Occupational rehabilitation includes initial rehabilitation assessment, functional assessment, workplace assessment, vocational assessment and vocational retraining. Any occupational rehabilitation must be as part of a return to work program approved by the insurer.

Defined term	Meaning
Relapse	Relapse is where you have earlier suffered an illness or injury, and then you again suffer the same illness or injury or one that arises from the same cause or a related cause.
Remunerative work	Remunerative work for TPD means any work in any employment, business or occupation. Remunerative work includes work conducted: • on a part-time or full-time basis; • as a permanent, contract or casual employee or as self-employed, and/or • regardless of whether it is for reward or not.
Retained member	A member that: • is an employee member who leaves their AMP Super employer, or • is an employee member who remains part of the fund after their AMP Super plan terminated.
Return to employment income	Return to employment income means the total of any income or other remuneration received by you in the period that a partial disability benefit is payable or which, whether or not actually received during that period, can be reasonably attributed to you for that period, which includes but is not limited to: - any salary or wages paid by an employer in respect of work performed by you including commissions, bonus and other payments); and - if you are self-employed, your gross income less all business expenses incurred in earning that income, from all jobs in which you are employed in.
Salary	- The amount nominated by your employer or you that is deemed to be your 'salary', or - For the purposes of calculating pre-disability income, the amount: - where you do not own (directly or indirectly) all or part of the business practice, your total annual remuneration package from employment which: - includes commissions, regular bonuses, overtime, fringe benefits (determined by the average taxable salary earned for the previous three years); - excludes superannuation contributions made by your employer, other than salary sacrifice contributions (but includes superannuation contributions made by your employer that are part of salary sacrifice arrangements between you and your employer); and - excludes investment income. - where you own (directly or indirectly) all or part of the business or practice, your salary means income earned by the business or practice, averaged over the three financial years immediately prior to the commencement of the waiting period, as a result of your personal exertion or activities, less your share of the business expenses incurred in earning that income.
Spouse	Means as defined in the <i>Superannuation Industry (Supervision) Act 1993</i> (Cth). This includes married, de facto and same sex spouses.
TAL Life Limited or insurer	TAL Life Limited ABN 70 050 109 450, AFSL No. 237848.
Terminal illness certification date	Means the date or if there are two different dates (the later of the two dates), that two medical practitioners sign on a medical statement in a form acceptable to the insurer in which they certify that you have a life expectancy of 24 months or less.
Terminal illness	Means: - the insurer is satisfied that you have a life expectancy of 24 months or less, and - this is certified in writing in a medical statement form approved by the insurer and the trustee by your attending medical practitioner and a second medical practitioner (with at least one of the medical practitioners being a specialist in an area related to your illness or injury) and diagnosed on the basis of clinical findings and reports acceptable to the insurer; and - for each of the certificates, 24 months has not elapsed from the date the certification was provided. You cannot be considered to have a terminal illness on a date prior to the terminal illness certification date.

Defined term	Meaning
Totally and Permanently Disabled (TPD)	Means the insurer agrees: - that the date of disability was while you were covered under your plan - that you are permanently disabled - since you became Disabled, you have been under ongoing care for your disability, and - where: - you are under age 65 and have engaged in remunerative work within the 16 months prior to the date of disability, you meet at least one of Parts 1, 2, 3, 4 or 5 below, or - you are age 65 or over or have not engaged in remunerative work within the 16 months prior to the date of disability, you meet at least one of Parts 3, 4 or 5 below. Where you pass away before an assessment for TPD is completed, the insurer will only consider the claim under TPD where: - for: - Parts 1, 3 or 5, you survived three months from the date of disability, or - Parts 2 and 4, you survived one week from the date of disability, and - a claim for TPD had been lodged with us prior to your death. Where you qualify for a benefit under TPD, the benefit amount is the amount applicable at the date of disability. Part 1 – Unlikely to do a suited occupation ever again You have been disabled for at least three consecutive months or such shorter period agreed in writing between the insurer and the trustee) since the date of disability, and continuously since then until the date of assessment. Part 2 – Suffering a specifically defined medical condition (listed disability) and permanently unlikely to work because of it Solely due to a listed disability, you have been disabled since the date of disability, and continuously since then until the date of assessment. Part 3 – Unlikely to do basic activities associated with work ever again Solely due to disability, you have not been capable for at least three consecutive months since the date of disability, and continuously since then until the date of assessment, and will not be capable at any future time, of performing at least three or more of the everyday working abilities. Part 4 – Loss of limbs and/or sight Solely due to disability, you have, since you commenced Cover under this policy, suffered the total and irrecoverable loss of: - the use of two limbs; - the sight of both eyes, or - the use of one limb and the sight of one eye. The loss of use of a limb means the loss of use of the whole hand below the wrist or of the whole foot below the ankle. The loss of sight in an eye means the inability to read, with or without correction or with suitable lenses, to the extent that an ophthalmologist can certify that: - visual acuity is less than 6/60 in that eye, or - constriction is less than 10 degrees of fixation in that eye. Part 5 – Permanent loss of intellectual capacity Solely due to disability, you have suffered for at least six consecutive months since the date of disability, and continuously since then until the date of assessment, and will continue to suffer in the future: - a cognitive impairment, or - a psychiatric impairment.
Totally disabled/ total disability for Income Protection (IP)	Means you suffer an illness or injury while you have IP cover and as a result you are: - unable to do your usual occupation because you are ill or injured; - under the ongoing care of a medical practitioner, and - not doing any remunerative work. When the insurer assesses your ability to do your usual occupation, the assessment is based on your capacity to carry out any one duty or combination of duties that are critical to the proper performance of your usual occupation.

Defined term	Meaning
TPD waiting period	Three consecutive months (or such shorter period agreed in writing between us and your AMP Super employer) from the last day at work prior to the illness or injury.
Waiting period for IP	Is a period of time, usually 90 days (but may be an alternative period depending on your plan) that the AMP Super employer has chosen for their plan in which no benefits are payable. You must be totally disabled for the duration of the waiting period before a benefit can become payable. The waiting period starts on the later of: - the day on which the illness or injury that caused you to become totally disabled began or happened; or - the last day you worked before you became totally disabled. If the insurer and the trustee agree to reduce your waiting period, the shorter waiting period will only apply after the expiry of the difference between the previous and new waiting period. If you are able to work during the waiting period but suffer a relapse and are again unable to work the following will apply: - if you are able to work for five consecutive days or less before the relapse, the waiting period will continue. The insurer will only start to pay a claim if you are unable to work for the total number of days of the waiting period; or - if you are able to work for more than five consecutive days before you suffer a relapse, the waiting period will start again.
War	Means any war or act of war (whether declared or not), revolution, invasion and rebellion or civil unrest.
We, us, our, NM Super, issuer or trustee	N.M. Superannuation Proprietary Limited, ABN 31 008 428 322, AFSL No. 234654.
Welcome letter	Means the communication the trustee sends to you when you join AMP Super .
You or your	- If you're an employee member or retained member, this means you as a member of the fund. - As an employer, this means a member.

Contact us

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