

The information in this document forms part of the Super Solutions Product Disclosure Statement dated 1st January 2012, Version 4.0.

Death and Total Permanent Disablement

The following insurance information is only a guide. If you're interested in the full Terms and Conditions, please contact us for copies of the Insurance Policy documents (the Policy).

Having insurance cover with LGSP, members are provided with:

- » Insurance premiums being deducted directly from your superannuation account.
- » The ability to apply for additional cover to meet your needs.

What types of Insurance cover are offered?

The Fund offers you three types of insurance, Death only, Death & Total and Permanent Disablement (TPD) and Income Protection (IP) to help you and your family manage financially in the event of your death and disablement due to illness or injury:

- » **Death:** In the event of your death while you're a member of the Fund, a lump sum amount consisting of your super and your insured cover amount may be paid to your dependants, or legal personal representative.
- » **Total and Permanent Disablement (TPD):** In the event of your disablement while you're a member of the Fund, a lump sum amount consisting of your super and your insured cover amount may be paid to you. TPD is only available with death cover; it is not a standalone product.
- » **Income Protection (IP):** This insurance helps to protect your income and provides you with a monthly benefit based on a percentage of your salary, if you're unable to work due to illness or injury and satisfy the conditions for a total or partial disability benefit.

This fact sheet is about Death and TPD cover only. If you want more information on Income Protection please view the "Income Protection" Fact Sheet available our website at www.walgsp.com.au/PDS.

What are the levels of cover?

If you're eligible, you can choose from four levels of cover:

Description	Level of Cover
Basic Cover*	Units of cover Age-Based to Age 70 (maximum of 5 units)
Standard Cover	15% x Insured salary x Years to age 65
Top Cover	20% x Insured salary x Years to age 65
Fixed Cover**	Multiples of \$20,000

*Default Cover is 3 units of Basic Cover ** You can choose Fixed Cover on top of, or instead of, the Basic, Standard and Top Cover amounts.

The maximum benefit level for death cover is unlimited, for terminal illness is \$2.5 million and for TPD cover is \$3 million. Subject to underwriting.

The percentages of Insured salary quoted above relate to your total package salary, including super contributions.

If you make a claim, the salary level used to calculate your entitlement (Insured Salary) will be the lesser of your salary at the date of disablement or 110% of the most recently advised salary (Declared salary).

So it is really important that you keep us informed of any change in your salary or you might be underinsured or insured for less than you think.

Who is eligible?

To be eligible for cover you must be:

- » A member of, or applying for membership with the fund;
- » An Australian resident;
- » At least 15 years of age;
- » Must not have received, or have a current or pending claim to receive a TPD or Terminal Illness Benefit from any insurance policy;
- » The Insurer has agreed in writing that they will insure you under the policy;
- » Under the age of 65 for Standard, Top & Fixed Death or TPD cover and under the age of 70 for Basic Cover Death and TPD cover, however TPD will be subject to the Activities of Daily Living (ADL) definition after age 65.

Other criteria:

- » Police Officers are only eligible for Death Only insurance cover.
- » If you are a casual or temporary employee or are Self-employed you can only choose Basic Death only, Death and TPD or Fixed Cover.

When does default cover start?

If you're eligible for Automatic Acceptance, your cover will start from either of the following dates:

- » For Public Offer members, the date you joined the Fund; or
- » For employees of a participating employer, the date you commence employment with your participating employer as a permanent or contractual employee, as notified to us or the date you join the Fund, whichever is later (please refer to Limited Cover provisions if you join the fund 6 months after you commenced employment with your Employer).

If you're not eligible for Automatic Acceptance or you're applying to increase your cover above the AAL, your cover will start from the date of insurer approval, subject to the eligibility criteria or if cover is subject to a condition, premium or loading, the date you notify us in writing that you accept the insurer's offer.

When does cover stop?

Death and TPD will automatically cease at the earliest of you:

- » No longer being eligible and any Extended Cover ceases;
- » Turning 65 in respect of standard, top and fixed cover (70 for Basic death & TPD cover);
- » Cancelling your cover;
- » Ceasing to be a member;
- » Death;
- » 60 days after premiums remain unpaid;
- » Being paid a whole benefit in accordance with your cover (only one benefit will be paid i.e. Death or TPD);
- » The date the policy terminates;
- » Within 120 days of joining the Fund if the initial Employer Contribution is not received.

How do I change my level of cover?

You may apply to change your level of cover at any time by completing an Insurance Application or Variation Form which includes a Personal Statement which you may need to complete

If you are eligible for Automatic Acceptance as described on page 3, you may apply to increase your cover once only up to the AAL provided your application is received and accepted within six (6) months of joining the Fund or the date you were first eligible for Automatic Acceptance, whichever is the later. After this time you will be subject to underwriting.

For cover outside Automatic Acceptance, any increase or reduction in your level of cover and premium rate will be effective from the date of insurer approval. If you cancel your insurance cover, the cancellation will be effective from the date we receive your written notice of cancellation. Premiums will continue to be deducted up to the date of cancellation.

Automatic increase in cover

Between the 1st and 15th of July each year, you can request up to an additional \$60,000 of Death Only or Death and TPD cover, without the need for underwriting, by completing the Automatic Insurance Increase Form and subject to eligibility criteria below.

There are a number of other occasions when you can apply for cover in addition to your current level without having to provide full medical evidence. These are known as Allowable Events and include the following:

- » The birth of up to two of your children;
- » You marry;
- » You divorce;
- » The first occasion your child starts education at private secondary school;
- » You obtain a first home mortgage (either alone or jointly) or you increase an existing mortgage for the purpose of building or renovating the home. The mortgage must be your primary place of residence.

To be eligible for the Automatic Increase in cover you must:

- For an Allowable Event, apply in writing, using the Automatic Insurance Increase Form within 90 days of the Allowable Event and provide evidence of the Allowable Event and
- Be aged 55 or less at the time of applying; and

- iii. Have not;
 - a) received an Automatic Increase in Cover in the previous twelve (12) month period; or
 - b) made, nor are entitled to make, a claim for a total and permanent disablement benefit, Invalidity benefit or salary continuance benefit; or
 - c) had your existing cover accepted with a loading or subject to special terms; or
 - d) been diagnosed with a Terminal Illness.
- iv. Be 'At Work' on the date you are applying for the increase.

Each application cannot exceed the lesser of the following:

- i. 25% of the original sum insured, prior to any previous Automatic Increase in cover;
- ii. The total amount or amount of increase of the mortgage you are taking out; or
- iii. \$200,000.

The total of all applications under the benefit cannot exceed the lesser of the following:

- » The original sum insured, prior to any previous Automatic increase in cover
- » \$1,000,000, subject to your total cover

The increase will be offered as Fixed Cover in multiples of \$20,000. Cover obtained is subject to the Exclusions in relation to automatic increases.

Limited Cover

If you are an employee of a participating employer and you joined the Fund after six (6) months of you commencing employment with your participating employer or first becoming a permanent or contractual employee of your participating employer; or if you joined the Fund as a Public Offer member then your cover will be subject to Limited Cover conditions.

Limited Cover Conditions will apply to you from the date your cover commences and will continue for a period of twelve (12) months. You must have been at work for 10 consecutive working days immediately prior to the expiry of that twelve (12) month period. Where you have not been at work for 10 consecutive working days immediately preceding the twelve month period, Limited Cover will continue until you have been at work for 10 consecutive working days after the period.

Limited Cover Conditions means cover for claims arising from an illness that first become apparent or an injury which first occurred on or after the date the cover commenced, recommenced or increase under the policy. In other words you are not covered for pre-existing conditions.

What is the Automatic Acceptance Limit?

The Automatic Acceptance Limit (AAL) is the maximum amount you're automatically covered for, if you are eligible and depends on your employment status.

If you're a permanent full time, part time, casual or temporary employee, or self-employed, working at least 15 hours per week, the AAL is \$700,000.

If you work less than 15 hours per week, the AAL is three units of Basic Cover.

If you're eligible for Automatic Acceptance, but don't let us know what cover you'd like, you will automatically be provided with three units of Basic Cover, known as Default cover.

Who is eligible for Automatic Acceptance?

Automatic Acceptance means you're automatically covered for a certain level of insurance without having to provide medical evidence. Here's how it works.

If you're a permanent full time, part time, casual or contractual employee you'll automatically be covered for insurance provided you meet all the following conditions:

- » You are "at" work on either of the following dates:

<ul style="list-style-type: none"> ○ For public offer members (members whose employer has not nominated WALGSP as their default super fund), the date you joined the Fund; or 	<ul style="list-style-type: none"> ○ For employees of a participating employer, the date you commence employment with you participating employer as a permanent full time, part time or contractual employee as notified to us.
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- » You're under age 65 for Death and under age 60 for TPD;
- » Your employer is paying superannuation guarantee contributions on your behalf into the Fund;
- » You are not a former or current police officer; and

- » Your employer does not have Automatic Acceptance for you for the same or for a similar benefit type under any other superannuation insurance policy (i.e. another superannuation fund's insurance policy).

“At Work” means you are actively at work and competently performing all the essential duties of your usual occupation without restriction, or are on approved leave other than leave which is taken for reasons related to illness or injury; and you are not receiving or claiming and/or entitled to claim income support benefits, statutory transport accident benefits and disability/Centrelink income benefits.

What is Interim Accident Cover?

If you're not eligible for Automatic Acceptance and you wish to apply for cover or you want to increase your Death only or Death & TPD cover, you'll need to complete an Insurance Application or Variation form, which includes a Personal Statement. The insurer may also require you to provide additional information to enable them to assess your cover.

The good news is that, while the insurer is assessing your application, if eligible you'll be covered in the meantime effective from the date they receive your Personal Statement provided it's less than \$1 million for Death or \$500,000 for TPD. This is called Interim Accident Cover.

When does Interim Accident Cover stop?

Interim cover automatically ceases on the earliest of:

- | | |
|---|--|
| <ul style="list-style-type: none"> » 90 days after the insurer received your fully completed Personal Statement; » The insurer accepting or rejecting the cover you applied for; » You withdrawing your application for cover; | <ul style="list-style-type: none"> » The Fund receiving your acceptance of all terms which the insurer applied to their offer of cover; » You no longer being eligible; » You turning age 70; » The policy ending. |
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Refer to page 6 in respect of exclusions that apply.

What's Extended Cover

Death or TPD cover for an injury which results from an accident (i.e. not an illness) which starts on the date you ceased to be an Eligible Person and stops on the earliest of:

- | | |
|---|---|
| <ul style="list-style-type: none"> » Sixty (60) days after cover would have otherwise stopped under the heading “When does cover stop?” » Turning age 65 in respect of standard, top and fixed cover (70 for Basic Death & TPD); | <ul style="list-style-type: none"> » The date you start alternative insurance for the same or similar benefits; or » The date the Policy is terminated. |
|---|---|

The level of extended cover is the same as the cover that applied for death & TPD cover on the date the insurer ceased to be an Eligible Person.

Other Insurance Information

When do I need to provide medical evidence?

You'll need to provide medical evidence if any of the following occurs:

- » The AAL doesn't apply to you (i.e. you are not eligible for the AAL)
- » Any subsequent change to your level of cover after the first six (6) months of first becoming eligible for Automatic Acceptance under the fund even if the level of cover remains within the AAL;
- » You are applying for cover amounts above the AAL;
- » Certain circumstances under the policy where insurer written approval is required, for example: reinstatement of cover;
- » You change your level of cover from Basic to Standard, Top, or Fixed cover resulting in an increase in cover and the increase is outside Automatic Acceptance.

Medical evidence involves completing a Personal Statement and sometimes additional information as requested by the insurer.

Who gets my super if I die?

In the unfortunate event of your death while you're a member, a death benefit will be paid to one or more of your dependants and/or the legal personal representative of your estate. Your legal personal representative can distribute your super in accordance with your will or the intestacy laws of each state, whichever is applicable.

Your dependants include any of the following:

- » Your spouse (including legal, ex-nuptial, de facto and certain same sex couples);
- » Your children (including step, ex-nuptial, adopted and your spouses' children);
- » Any person who was financially dependent on you at the time of your death; and
- » Any person who was in an interdependency relationship (see below) with you at the time of your death.

An "interdependency relationship" exists where two people:

- » Have a close personal relationship and live together; and
- » One or both of them provides the other with financial support, domestic support and personal care.

An interdependency relationship also exists if two people have a close personal relationship and the other requirements are not met because one or both suffer from a physical, intellectual or psychiatric disability.

Although the Trustee uses its discretion in deciding who receives a death benefit, it will be guided by your wishes. So, it's really important you keep details of your nominated beneficiaries, up to date.

To nominate one or more beneficiaries, please complete the relevant section on the Application Form (upon joining) or, if revising your beneficiaries at a later date a Change in Nominated Beneficiaries Form, or online in the secure member area at www.walisp.com.au. Details of your beneficiaries are included on your Member Statements and online. Depending on who receives your benefit, there may be different tax implications.

What happens if I change Employer?

If you leave your employer, your insurance cover and premiums will continue to be deducted from your account. Should you find employment (including self employment) during this time, let us know so we can recalculate your cover and premiums based on your new salary details. Any increase in cover will then be provided automatically, up to the AAL.

If you'd rather cancel your insurance, let us know by completing an Insurance Cancellation Form. Just be aware that cancelling your cover will mean having to provide medical evidence for future applications of insurance.

If, after leaving your employer, you become unemployed and your period of unemployment extends beyond 60 days, you can do one of two things:

- 1) You can cancel or reduce your cover. Using this option will require medical evidence for future applications of insurance or increased cover.
- 2) You can continue to pay premiums based on the level of cover you had prior to leaving your employer. However any TPD claim will be assessed against the "Activities of Daily Living" definition and not the full definition of Total and Permanent Disablement. This is called Retained cover.

If you choose option 2 and become employed or self-employed, let us know immediately so we can recalculate your cover and premiums based on your new salary details. Any increase in cover will then be provided automatically, if

What happens if I am transferred into Super Solutions – Personal?

As long as you're still eligible, your existing insurance cover will continue, subject to the policy conditions. This means you'll be paying the same premium rates as when you were an Employer member. So, if your employment situation changes let us know, so we can adjust your cover and premium rates accordingly.

Can I transfer existing cover?

If you have existing insurance cover through another fund, insurer or employer, you may be able to transfer that insurance cover subject to a maximum total of \$1 million for death & TPD. Simply fill in the Transfer of Insurance Cover form (available on our website) and send it to us.

Our insurers will make an assessment and let you know if any additional information is required. We will advise you of the Insurer's decision.

What happens if I am self-employed?

If you are self-employed please contact the fund for assistance in determining your income level for the purpose of insurance.

What if I have cover elsewhere?

If you have cover under any other policy or your employer has cover for you under any other policy, your entitlement under that policy is to be claimed first and offset against any entitlement under this cover.

What happens if I take Employer approved unpaid leave and employment overseas cover?

If you're planning on taking employer approved unpaid leave, you can continue your insurance while on leave, however after the first two years of leave, TPD will be subject to the ADL definition.

Worldwide Cover

All Insured Members are covered worldwide 24 hours a day, 7 days a week.

If you make a claim from outside Australia, the Insurer may require you to return to Australia at your expense before your claim is assessed.

Tailored Cover

If you have some specific requirements which are not covered here, contact us and we will work with you and the insurer to see whether we can tailor a package to suit you.

Exclusions

The following exclusions apply:

General Exclusions for Death and TPD

- i. For Death, Terminal Illness or Total and Permanent Disablement Cover not obtained through Automatic Acceptance, no benefit shall be payable where the claim arises directly or indirectly from any of the following:
 - 1. Suicide within the first thirteen (13) months after the commencement or reinstatement of cover;
 - 2. Total and Permanent Disablement as a result of intentional self-inflicted act or intentional self-inflicted injury; or
 - 3. Any event in respect of which the Insurer has placed an individual exclusion on cover.

Exclusions in relation to Automatic Increases

- i. No benefit will be payable for death, or Total and Permanent Disability in respect of cover obtained under an Automatic Increase that was not the result of an accident where the date of Disability or date of death occurred within six (6) months of either the date of the Allowable Event or the date the Automatic Increase in cover was accepted by the Insurer, whichever is the earlier.
- ii. As a result of the General Exclusions above.

Interim Accident Cover Exclusions

- i. The Insurer will not pay an Interim Accident Benefit where the Death, TPD or Disablement:
 - 1. Occurs more than ninety (90) days after the date of Accident which resulted in the death or Total and Permanent Disablement;
 - 2. Is caused by a Pre-existing Condition; or
 - 3. Is the result of any of the General Exclusions above.

Premiums and Costs

How much does Insurance cost?

Premiums are automatically deducted from your account and differ depending on your level of cover, age, gender and occupation.

We use your salary as last advised to us (declared salary) to work out your premiums for all types and levels of cover other than Basic or Fixed Cover.

If you make a claim, the salary level used to calculate your entitlement (Insured salary) will be the lesser of your salary at the date of death or disablement or 110% of the most recently advised salary (Declared salary).

So it is really important that you keep us informed of any change in salary or you might be underinsured or insured for less than you think.

Insurance Administration Fee

The insurance premiums include a 15% administration fee to cover costs of implementing and maintaining insurance, managing claims, legal costs, and obtaining independent advice in relation to claims.

Death Only and Death and TPD Insurance – Basic Cover

Basic cover has the same premiums for males and females across all occupation levels.

Insurance Cover for One to Five Units of Basic Cover

Age next birthday	1 unit	2 units	3 Units (Default Level)	4 Units	5 Units
Up to 30	\$76,000	\$152,000	\$228,000	\$304,000	\$380,000
31 – 35	\$61,700	\$123,400	\$185,100	\$246,800	\$308,500
36 – 40	\$49,000	\$98,000	\$147,000	\$196,000	\$245,000
41 – 45	\$28,000	\$56,000	\$84,000	\$112,000	\$140,000
46 – 50	\$14,000	\$28,000	\$42,000	\$56,000	\$70,000
51 – 55	\$7,000	\$14,000	\$21,000	\$28,000	\$35,000
56 – 60	\$3,900	\$7,800	\$11,700	\$15,600	\$19,500
61 – 65	\$1,900	\$3,800	\$5,700	\$7,600	\$9,500
66 – 70*	\$1,300	\$2,600	\$3,900	\$5,200	\$6,500

*ADL definition applies to TPD cover.

Weekly Premium for Basic Cover

Type of Cover	1 unit	2 units	3 Units	4 Units	5 Units
Death Only	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75
Death and TPD	\$1.00	\$2.00	\$3.00	\$4.00	\$5.00

Need help working out your premiums?

The easiest way to work out the annual premium is to use our online premium calculator on our website at www.walgsp.com.au. You can find it under the Members tab then Calculators.

However, if you are unable to access the web here is how we manually work out the annual premium:

Let's assume you'll be 35 on your next birthday and you want 3 units of Basic Cover for Death and TPD. What is your weekly premium rate?

\$3.00 per week (x 52 weeks) = \$156 per year.

Therefore, for \$3.00 per week, you and/or your dependants would receive cover of \$185,100 in the event of your death or total and permanent disablement.

Death Only Insurance

Standard and Top Cover Options rates per \$1,000 sum insured

Standard Cover = 15% times Insured salary times years to age 65

Top Cover = 20% times Insured salary times years to age 65

Age next birthday	Death only cover std & top option	
	Level One Occupation	
	Male	Female
16	0.58	0.22
17	0.65	0.24
18	0.70	0.25
19	0.70	0.25
20	0.68	0.25
21	0.66	0.24
22	0.63	0.22
23	0.61	0.22
24	0.58	0.21
25	0.54	0.20
26	0.53	0.19
27	0.51	0.18
28	0.49	0.19
29	0.48	0.19
30	0.47	0.20
31	0.47	0.21
32	0.47	0.22
33	0.47	0.23
34	0.47	0.25
35	0.48	0.28
36	0.49	0.31
37	0.50	0.34
38	0.51	0.37
39	0.55	0.40
40	0.58	0.45

Age next birthday	Death only cover std & top option	
	Level One Occupation	
	Male	Female
41	0.63	0.47
42	0.67	0.51
43	0.73	0.54
44	0.81	0.55
45	0.89	0.58
46	0.97	0.61
47	1.06	0.64
48	1.17	0.69
49	1.26	0.74
50	1.35	0.80
51	1.46	0.88
52	1.58	0.95
53	1.69	1.03
54	1.82	1.12
55	1.95	1.22
56	2.10	1.31
57	2.27	1.41
58	2.45	1.52
59	2.69	1.63
60	2.94	1.75
61	3.22	1.88
62	3.52	2.03
63	3.83	2.23
64	4.17	2.44
65	4.50	2.67

Occupation Loading –

Multiple the above rates by the factor below depending on occupation rating level.

	Death Only	DTPD
Level 1	1.00	1.00
Level 2	1.20	1.60
Level 3	1.80	2.50

Level 1 – e.g. administration and management

Level 2 – e.g. works supervisor

Level 3 – e.g. trades and manual workers

Death & TPD Insurance

Standard and Top Cover Options rates per \$1,000 sum insured

Standard Cover = 15% times Insured salary times years to age 65

Top Cover = 20% times Insured salary times years to age 65

Age next birthday	Death & TPD cover std & top option	
	Level One Occupation	
	Male	Female
16	0.63	0.23
17	0.70	0.26
18	0.76	0.27
19	0.77	0.28
20	0.76	0.28
21	0.74	0.28
22	0.72	0.27
23	0.70	0.26
24	0.69	0.26
25	0.65	0.25
26	0.63	0.25
27	0.63	0.26
28	0.63	0.27
29	0.62	0.28
30	0.63	0.30
31	0.63	0.33
32	0.65	0.35
33	0.66	0.39
34	0.69	0.42
35	0.73	0.47
36	0.75	0.53
37	0.80	0.59
38	0.85	0.66
39	0.93	0.73
40	1.00	0.80

Age next birthday	Death & TPD cover std & top option	
	Level One Occupation	
	Male	Female
41	1.10	0.88
42	1.19	0.99
43	1.31	1.07
44	1.46	1.16
45	1.63	1.27
46	1.81	1.38
47	2.02	1.52
48	2.25	1.69
49	2.50	1.89
50	2.77	2.10
51	3.08	2.35
52	3.41	2.62
53	3.78	2.89
54	4.18	3.18
55	4.60	3.47
56	5.07	3.78
57	5.60	4.11
58	6.21	4.47
59	6.83	4.78
60	7.52	5.14
61	8.26	5.52
62	9.06	5.98
63	9.93	6.51
64	10.92	7.16
65	10.18	6.60

Occupation Loading –

Multiple the above rates by the factor below depending on occupation rating level.

	Death Only	DTPD
Level 1	1.00	1.00
Level 2	1.20	1.60
Level 3	1.80	2.50

Level 1 – e.g. administration and management

Level 2 – e.g. works supervisor

Level 3 – e.g. trades and manual workers

Definitions and Key Terms

What is Total and Permanent Disablement?

Total and Permanent Disablement (TPD) means that in the Insurers opinion, while insured by them, you:

- a) have suffered, solely because of illness or injury, the permanent loss of:
 - i. the use of two limbs (where 'limb' is defined as the whole hand below the wrist or whole foot below the ankle);
 - ii. the sight in both eyes; or
 - iii. the use of one limb and the sight in one eye.

OR

- b) have suffered, solely because of illness or injury:
 - i. a permanent impairment of at least 25% of Whole Person Function or a Loss of Cognitive and Intellectual Function; and
 - ii. are not working in any occupation; and
 - iii. are disabled to such an extent as to render you unlikely to ever again work in any occupation for which you are reasonably suited by education, training or experience.

The assessment of Whole Person Function and/or Loss of Cognitive and Intellectual Function will be undertaken by an appropriately qualified specialist Medical Practitioner and will be based on you attaining maximum medical recovery.

OR

- c) are, solely because of illness or injury, unlikely to ever again perform at least two of the following Activities of Daily Living (ADL):
 - i. Dressing – the ability to put on and take off clothing without assistance;
 - ii. Bathing – the ability to wash or shower without assistance;
 - iii. Toileting – the ability to use the toilet, including getting on and off, without assistance;
 - iv. Mobility – the ability to get in and out of bed and a chair without assistance; or
 - v. Feeding – the ability to get food from a plate into the mouth without assistance;

Where 'assistance' means the assistance of another person.

OR

- d) i. Where
 - a) you have not worked for 6 consecutive months solely because of illness or injury; and
 - b) based on a consideration of all relevant evidence, you are disabled solely from that illness or injury to render you unlikely to ever again work in any occupation for which you are reasonably suited by your education, training or experience.

OR

- ii. Where immediately prior to the occurrence of the illness or injury, you were not Gainfully Employed and were home performing unpaid domestic duties, you:
 - a) are unable to perform those domestic duties solely because of the illness or injury;
 - b) are under the care of a Medical Practitioner;
 - c) are unable to leave your home without assistance;
 - d) have not worked in any Gainful Employment for a period of six consecutive months after the occurrence of the illness or injury; and
 - e) based on a consideration of all relevant evidence, you are disabled to such an extent as to render you unlikely to ever again perform those domestic duties or be Gainfully Employed.

"Loss of Cognitive and Intellectual Function" means your permanent loss of cognitive and intellectual function that has resulted in you requiring ongoing care and supervision by another adult person.

"Whole Person Function" means you have suffered 25% Whole Person Impairment based on the latest edition of the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', or an equivalent guide approved by the Insurer. The 'Guides to the Evaluation of Permanent Impairment' covers every body system and provides a standardised approach to determine impairment assessment using patient history, physical examination and clinical tests.

Part D) i. of the definition does not apply to you if you are:

- » Not working or you're working less than 15 hours on average per week; or
- » A Casual or temporary employee; or
- » Over age 65.

What is a Terminal Illness benefit?

If you're insured for Death cover, you may be eligible to receive a Terminal Illness benefit, which is a lump sum amount, explained below. To be eligible, you must satisfy the definition of Terminal Illness, which is:

- » Any condition that, in the opinion of one (1) appropriate specialist Medical Practitioner and one (1) treating Medical Practitioner approved by the Insurer and having regard to the current treatment or such other treatment as you may reasonably be expected to receive, is likely to lead to your death within 12 months from the date your condition is certified as being Terminal. The insurer must also be satisfied, on such medical or other evidence, that despite reasonable treatment, the illness will lead to your death within 12 months of certification.

This benefit ceases on the earlier of you:

- » Turning age 65 (age 70 for Basic Cover);
- » Being paid the benefit.

The amount of Terminal Illness benefit is the lesser of your Death benefit or \$2,500,000. The remainder of any Death benefit above \$2,500,000 will be payable on your death, subject to the policy conditions and premiums are paid.