

INSURANCE

1 April 2023

Mercer Super Trust
Corporate Superannuation Division

Mercer SmartSuper Plan
Individual Section

The information in this document forms part of the Product Disclosure Statement for the Individual Section of the Mercer SmartSuper Plan in the Corporate Superannuation Division of the Mercer Super Trust dated 1 April 2023.



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ABOUT THIS BOOKLET

This *Insurance* booklet (Booklet) is a summary of the key terms and conditions (including exclusions) of the insurance arrangements in the Individual Section of the Mercer SmartSuper Plan (your Plan) in the Corporate Superannuation Division (CSD) within the Mercer Super Trust. This Booklet should be read in conjunction with the Product Disclosure Statement (PDS) for the Individual Section.

See the Glossary at the end of this Booklet for clarification on capitalised terms used in this Booklet.

Mercer Superannuation (Australia) Limited (MSAL) ABN 79 004 717 533 Australian Financial Services Licence (AFSL) 235906 is the trustee of the Mercer Super Trust. In this Booklet, MSAL is called trustee, we or us.

MSAL is a wholly owned subsidiary of Mercer (Australia) Pty Ltd (Mercer) ABN 32 005 315 917.

The insurance part of your super benefit is subject to the terms and conditions of the applicable insurance policy. Other conditions may apply.

Insurance for the Individual Section is provided through a group insurance policy (known as the trustee's umbrella policy) with AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (referred to as the Insurer throughout this Booklet) who has consented to being so named.

In providing insurance cover, the Insurer will collect and use your personal information. Your privacy is important to the Insurer. The Insurer's privacy policy sets out how your personal information is managed by them and is available at www.aia.com.au.

You should not rely on this Booklet as a full and complete description of the terms and conditions of the insurance policy. All terms and conditions of the insurance policy prevail over any inconsistency in this Booklet. Your super benefit could be reduced if the Insurer does not pay out all or part of the insured benefit when a claim is made.

The trustee has the right to change the Insurer.

You should consider the information in this Booklet and the PDS and any other important information booklets referred to in this Booklet and the PDS before making any decision about your super.

References to 'your Plan' and 'Individual Section' throughout the PDS and this Booklet mean the Individual Section of the Mercer SmartSuper Plan in the CSD of the Mercer Super Trust.

This Booklet contains general information only and does not take into account your individual objectives, financial situation or needs. Before acting on any of this information, you should consider whether it is appropriate to your objectives, financial situation and needs. You should get financial advice tailored to your personal circumstances.

MSAL is responsible for the contents of this Booklet and is the issuer of this Booklet.

Mercer and the Insurer are not responsible for the issue of, or any statements in this Booklet, the PDS or any of the other important information booklets referred to in this Booklet or the PDS. They do not make any recommendation or provide any opinion regarding your Plan in the Mercer Super Trust or an investment in it.



Updated information

The information in this Booklet, the PDS and the other booklets (that are part of the PDS) may change.

You can obtain updated information that is not materially adverse at mercersuper.com or call the Helpline to request a copy of the information free of charge.

Changes that are materially adverse will be advised to you as required by law.

HOW TO CONTACT US

Helpline

Call our Helpline on **1800 682 525** or if calling from outside Australia on **61 3 8306 0900** from 8am to 7pm AEST Monday to Friday.

We can help you in a number of languages, simply ask for a translator when you call.

Online

mercersuper.com.au

After you join the Individual Section, we will send you your personal login. You can access the *How Your Super Works* booklet and other information about your super in the Mercer Super Trust and other relevant information, including annual reports at mercersuper.com.au/pds.

Our online tools include:

- up to date information on investment options,
- information from our wealth education experts
- financial planning tools
- ability to update your contact details.

Our website is available 24 hours per day, seven days per week; however, the website may not be available when we need to carry out scheduled updates or maintenance.

Call the Helpline if you need more information about accessing the website.

By mail

General correspondence and forms

Mercer Super Trust
GPO Box 4303
Melbourne VIC 3001

To write to the trustee

Mercer Superannuation (Australia) Limited
GPO Box 4303
Melbourne VIC 3001



Keep your contact details up to date

We can only send you information if we have your current contact details. You can update your details at mercersuper.com.au (sign in using your personal login) or call the Helpline.

If the law permits, we may send member communications to you electronically (including member statements and significant event notices) by:

- email and/or
- SMS and/or
- a link to a website so you can download them.

We can also post documents to you. When you receive your personal login details, simply update your communication preferences online under 'Personal Details' or call the Helpline.

DEATH AND TPD INSURANCE – TERMS AND CONDITIONS

This section is a summary of the terms and conditions for the Death and Total and Permanent Disablement (TPD) insurance cover that apply in the Individual Section.

Call the Helpline for more information about insurance terms and conditions.

See the Glossary for terms used in this section of the Booklet.

WHEN YOU JOIN YOUR PLAN

Death cover (including Terminal Illness)

Death cover provides a lump sum benefit if you are diagnosed with a Terminal Illness or die.

Your beneficiaries and/or your estate will receive your insured benefit if you die. You will receive an insured Terminal Illness benefit if you are diagnosed with a Terminal Illness and satisfy other applicable conditions including the condition of release under superannuation law.

Refer to the *How Your Super Works* booklet for more information about the level of Death cover and other options in the Individual Section.

Total and Permanent Disablement (TPD) cover

TPD cover provides a lump sum payment if you become totally and permanently disabled due to an illness or injury, meet the Insurer's definition of TPD and satisfy other conditions.

Refer to the *How Your Super Works* booklet for more information about the level of TPD cover and other options in the Individual Section.

Your Insurer

The trustee has appointed AIA Australia Limited to provide the insurance for the Individual Section. The trustee's umbrella insurance policy provides this insurance subject to the terms and conditions of the insurance policy issued by the Insurer to the trustee. The terms and conditions of the insurance policy will prevail if there is any inconsistency between the insurance policy and the information about your insurance cover in the Individual Section as described in this Booklet and the Insurance booklet.

The trustee has the right to change the Insurer. Your privacy is important to the Insurer. By becoming a member, or otherwise interacting or continuing your relationship with the Insurer directly or via a representative or intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of personal and sensitive information in the manner described in the AIA Australia Group Privacy Policy on the Insurer's website (<http://www.aia.com.au/en/privacy-statement/privacy-statement>) as updated from time to time (AIA Australia Group Privacy Policy).

Underwriting

Underwriting is a process where the Insurer considers your application for cover by taking into account your lifestyle, current health, salary details, past medical history and your family medical history. To start this process, you will generally be required to complete a personal statement. The Insurer may ask you for further information based on their assessment. The Insurer may accept, decline or impose special conditions (such as an exclusion, restriction or premium loading) for the amount of cover that is subject to underwriting.

You will be advised of the date your cover starts and/or if the Insurer accepts your application with underwriting terms.

Changing your Death or Death and TPD cover

You can generally apply to adjust or opt out of your insurance cover at any time. If you want more insurance cover, you can increase the amount by requesting Voluntary Insurance cover. Underwriting will be required.

The type of personal information you'll need to provide will depend on the amount of increase you require.

Where available, you can apply for Voluntary Insurance cover when you join your Plan or at any other time you are a member of your Plan. Refer to the *How Your Super Works* booklet for the insurance cover available in your Plan.

To change your insurance cover, please call the Helpline or use your personal login at mercersuper.com.au. We can help you to understand your options and the implications of any changes.

Cancelling your Death and TPD cover

You can cancel your insurance at any time. If you do, any associated premiums will no longer be deducted from your account. If you want to cancel your cover or need more information about the cancellation process use your personal login at mercersuper.com.au or call the Helpline to discuss your options.

If you choose to cancel your insurance it is important to note that you will not be able to make a claim for insurance benefits for events or conditions that arise after your cover has been cancelled. Additionally, your ability to reinstate your cover may be subject to acceptance by the Insurer and may require underwriting.

TPD cover will be cancelled if you choose to cancel or opt out of your Death cover.

Consider obtaining independent financial advice to help you make a decision appropriate to your situation.

Interim accidental cover

The Insurer will cover you for Accidental Death and (if applicable) Accidental TPD while they are assessing your insurance application.

Interim cover starts from the date you sign your insurance application. It ends on the earlier of:

- your application being accepted by the Insurer, or
- you withdrawing your application, or
- 20 business days after the Insurer notifies us that your application has been declined (we will advise you of this date after we receive the information from the Insurer), or
- 90 days past the date the interim cover started, or
- when a benefit becomes payable under these interim cover conditions.

A benefit will not be payable if during the interim cover period your Accidental Death or Accidental TPD is caused directly or indirectly by engaging in any sport or pastime for which, at the time of application the Insurer would not normally provide cover at standard rates or terms. Sport or pastime includes but is not limited to abseiling, aviation, (other than a passenger on a recognised airline), football (all codes), long-distance sailing, scuba diving, motor racing, parachuting, powerboat racing, mountaineering or martial arts. Other exclusions may also apply. See the 'Exclusions and reductions to your cover may apply' section later in this Booklet.

All other terms and conditions of the policy apply to interim cover. There are no premiums to be paid for the period of interim cover.

You will be advised of the start date for your cover and/or if the Insurer accepts or limits your cover.

You will have the same amount of interim cover as the insurance cover you applied for, subject to a maximum of \$2 million for Death and \$2 million for TPD*.

*The amount of TPD cover based on a Limited TPD definition is dependent on your age, amount of insurance cover and how your TPD is calculated.

WHILE YOU ARE A MEMBER OF YOUR PLAN

Cover while travelling overseas

You may be able to continue your Death or Death and TPD cover if you are travelling overseas subject to the conditions of the insurance policy.

Cover will continue provided the following conditions are satisfied:

- you must remain a member of the Individual Section, and
- premiums for your cover must continue to be paid.

If you make a TPD claim, you may have to return to Australia at your own expense for medical treatment and/or assessment, or the Insurer may require your medical treatment and assessment to be equivalent to Australian standards. The trustee may not pay a TPD benefit if you do not comply with these requirements.

If your cover stops or if you cancel it, your cover will be subject to underwriting before the Insurer can provide you with insurance cover after you return to Australia.

You will not be able to re-apply under the same insurance basis, if you cancel or opt out of the insurance cover that was automatically transferred from your Employer plan to the Individual Section and then subsequently want to re-apply. See the *How Your Super Works* booklet for more information.

Other important details while overseas

You must advise us if you are working overseas permanently or no longer intend to work in Australia whilst you are a member of the Individual Section. Keep your contact details up to date by contacting the Helpline so we can provide you with more information about what will happen to your insurance arrangements and other benefits. Call the Helpline for more details.

Exclusions and reductions may apply

The following exclusions may apply to your Death (including Terminal Illness) and TPD cover.

Exclusions to all cover

- Benefits are not payable if your Death, Terminal Illness, Accidental Death, TPD or Accidental TPD is caused wholly or partly, directly or indirectly by:
 - an act of War unless otherwise agreed by the Insurer, or
 - active service in the armed forces of any country or territory or foreign or international organisation*.

*If you are enrolled in the Australian Defence Forces Reserve, this exclusion will only apply where you are called up for active service.

Exclusions to Voluntary Insurance

- Any application for Voluntary Insurance cover isn't payable if:
 - your Death is caused by suicide or your Terminal Illness is caused by any deliberate self-inflicted act, or
 - your TPD is caused by attempted suicide or by any deliberate self-inflicted act

within 13 months from the date your cover commenced or from the date your cover is increased, or from any other exclusion imposed by the Insurer under underwriting terms.

Reductions to all cover

Your insurance benefit may not be payable or may be reduced if, subject to applicable law where you do not notify us as soon as reasonably possible after you first became disabled, in circumstances where such a delay has prejudiced the Insurer's ability to assess and manage a claim.

When Death and TPD cover stops

Your Death and TPD cover stops in your Plan:

- if you cancel your cover, or
- if you leave your Plan, or
- if you die, or
- if the Insurer pays a Death (including Terminal Illness) or TPD benefit, or
- if the insurance policy terminates, or
- if you no longer meet the eligibility criteria of the policy, or
- if you reach the Cover Expiry Age, or
- if premiums are not paid, or
- if the Insurer accepts or declines your continuation option application for death cover, or
- if you make a fraudulent claim, or
- if you have insurance cover and we have not received any contributions or rollovers into your account for a continuous period of 16 months, and you have not elected to maintain your insurance cover*, or
- on retrospective acceptance of a TPD claim in the CSD.

*You may be able to reinstate cover subject to certain conditions if your cover has been cancelled due to no contributions and/or rollovers being received into your super account for a continuous period of 16 months. If we receive a written election to reinstate cover after 90-days of when cover stopped, different terms and conditions will apply to your cover. Call the Helpline for more information about the options available to you, any underwriting conditions or limitations that may apply.

Underwriting conditions will apply if you want cover after cancelling or opting out of cover you previously held or where cover stopped for any of the reasons listed above. The Insurer may impose limitations or exclusions on your new cover or decline to provide you with cover. You should refer to the 'Insurance' section of the *How Your Super Works* booklet for more information about options to reinstate your cover. You will not be able to re-apply under the same insurance basis if you cancel or opt out of your insurance cover that was automatically transferred from your Employer plan to the Individual Section and then subsequently want to re-apply.

If you leave the Individual Section, your cover will stop and you may not be eligible for cover under your new fund. It is important that you confirm the impact on your existing cover before you leave the Individual Section. Call the Helpline for more details.

Multiple insurance policies

If you have insurance cover outside your Plan, you should consider the impacts of having multiple insurance policies (of the same or similar cover) because you may not be able to lodge a claim on multiple policies. If you are unsure what to do about any duplicate cover you may hold, please call the Helpline.

Cost of cover can change

The Insurer may vary the cost of your insurance cover without your prior approval by giving notice to the trustee. Costs may change if:

- Australia is involved in War, or
- War or any act of invasion occurs (whether declared or undeclared) in which the Commonwealth of Australia's armed forces are involved in activities including combat, defence or other military and operational activities, or
- there are significant changes in the total number of insured members and/or total insurance cover, and/or the information used in determining the premium rates for the Mercer Super Trust, or
- the guaranteed period of the premium rates provided by the Insurer to the trustee expires, or
- there is a change in taxes or duties or other legislative changes that increase the Insurer's costs.

The trustee will let you know of any change in the cost of cover. We will write to you at least 30 days beforehand if your cost of cover is increasing.

MAKING A CLAIM UNDER YOUR PLAN

A claim for Death or TPD may be made if you die or have an injury or illness.

When you make a claim

You or your beneficiaries must advise us as soon as reasonably possible of any claim or potential claim. To make a claim, you or your beneficiaries can call us on the Helpline.

You and your Medical Practitioner must provide the necessary documents and complete all application requirements to make a claim. You will need to meet the costs associated with completing the claim pack (including the completion of any forms).

Where the Insurer needs further information to assess your claim, the Insurer may pay the cost to obtain this information. We will support you through the claim process.

Assessing a TPD claim can take around 6 to 12 months. However, in many circumstances assessment can be completed sooner.

The Insurer needs to assess medical and other evidence for a TPD claim. You may have to return to Australia at your own expense for medical treatment or assessment, or the Insurer may require your medical treatment and assessment to be equivalent to Australian standards. If you are living or travelling overseas you will need to pay the cost of returning to Australia.

If the Insurer identifies that you are not eligible to claim for cover that was automatically transferred from the CSD, we will refund the premiums to your account for the period you were ineligible.

If you make a claim that is accepted and your cover ceases under the terms of the policy on the date you became eligible to claim, we will refund the premium into your account for the period you were ineligible.

The Insurer may, subject to law, consider your claim withdrawn or refuse to pay your claim if you do not meet its requirements.

Paying your Death (including Terminal Illness) or TPD benefit

While a member of the Individual Section, you'll need to meet the Insurer's definition of Terminal Illness or TPD before being eligible for a Terminal Illness or TPD benefit payment.

The trustee must meet various legal requirements before it can pay a benefit. While we make every effort to pay benefits quickly, there may be a significant time between the date of Death or TPD and the benefit payment.

The trustee can only pay an insured benefit if:

- the Insurer has accepted the claim
- the insurance proceeds have been received from the Insurer, and
- you satisfy a relevant condition of release under superannuation law.

The trustee will not be able to pay the benefit if you do not satisfy a condition of release. We will deduct any applicable tax from your super benefit payment. Refer to the *Accessing Your Super* fact sheet on mercersuper.com.au for details about the conditions of release under superannuation law.

WHEN YOU LEAVE THE INDIVIDUAL SECTION

How to continue your cover

You may continue your Death cover with the Insurer under a personal policy at your own expense (known as a continuation option) up to the same amount of cover without underwriting provided:

- you make an application for a personal policy within 60 days of the date your cover stops, and
- you stop being a member, and
- the amount of Death cover you require is no more than the amount of cover you had, immediately prior to stopping cover in your Plan.

You must complete the applicable continuation application form and meet the following conditions if you want to apply for a personal policy with the Insurer:

- you are under age 65, and
- you must not have ceased to be a member of the Mercer Super Trust due to injury or illness, and
- you are not receiving or are entitled or become entitled to or must not have been paid an insured benefit from the Mercer Super Trust, and
- you satisfy the eligibility criteria and terms under the Insurer's death only personal policy, and
- you satisfactorily complete and provide an Australian citizen or residency and smoker declaration to the Insurer, and
- at the time you apply for the personal policy, you meet the minimum premium requirements for the personal insurance policy.

Any underwriting conditions that applied to your insurance cover under the Individual Section will continue to apply under the personal insurance policy and cover will be subject to the terms and conditions of that policy.

You'll need to call the Helpline before the 60 days expire (or when you stop paying premiums, if earlier) to arrange for a replacement policy if you decide that you'd like to continue this cover with the Insurer. The cost of continuing your cover outside the Mercer Super Trust will be based on the Insurer's prevailing personal insurance policy premiums and terms and conditions.

Under the trustee's insurance policy, the terms and conditions of the continuation option above are not guaranteed and may be subject to change by the Insurer. For more information, please call the Helpline.

GLOSSARY

Definition of capitalised terms that apply to your insurance cover in the Individual Section.

Accident

Bodily injury caused directly and solely by a violent, accidental, external and visible event.

Accidental Death

Death which is a result of an Accident.

Accidental Total and Permanent Disablement

Means TPD which is a result of an Accident.

Activities

Means:

Mobility: To

- bend, kneel or squat to pick something up from the floor and straighten up again, and get into and out of a standard sedan; or
- walk more than 200 metres at a normal pace on a level surface without stopping due to breathlessness as a result of a medical condition;

Seeing: To read ordinary newsprint and pass the standard eye test for a car licence (even with glasses or contact lenses) and your vision is better than legal blindness. Legal blindness is as certified by an ophthalmologist;

Lifting: To lift with your hands (from bench height) and carry a 5 kg weight a distance of 10 metres and place the item back down at bench height;

Communicating: To speak in your first language with sufficient clarity such that you can hold a conversation in a quiet room by understanding a simple message and relaying that message to another person;

Manual dexterity: To use

- at least one hand to pick up or manipulate small objects precisely with your hand or fingers (such as picking up a coin from desk height, using cutlery, tying shoelaces or fastening buttons); or
- a pen, pencil or keyboard to write a short note that can be understood by another person in their first language.

Where you are unable to perform one or more of the above activities from the later of 1 December 2021 or when TPD cover commenced, that activity will not be taken into consideration by the Insurer as part of your TPD claim assessment.

At Work

Means that you are actively performing all the duties of your usual occupation with your employer free from any limitation due to injury or illness and you are not receiving and/or are entitled to claim income support payments from any source including worker's compensation payments, statutory transport accident payments or disability income payments. If you are absent from work for reasons other than injury or illness, you will be considered to be at work as long as you are at work on the day before the first day of your employer approved leave. If you do not meet any of these conditions, you will be considered to be not at work.

Australian Resident

For insurance purposes means you are legally permitted to reside and work for reward in Australia.

Cognitive Impairment

Means:

- you have suffered a total and permanent deterioration or loss of intellectual capacity that requires you to be under the continuous care and supervision by another adult person for at least 6 months; and
- it has been clinically observed and evidenced by accepted standardised testing relevant to your condition; and
- at the end of the 6 month period, you are likely to require permanent ongoing continuous care and supervision by another adult person as certified by a Medical Practitioner which the Insurer requires to be a specialist practicing in the area related to the injury or illness suffered by you.

Cover Expiry Age

Is as described in the How Your Super Works booklet.

Effective Date

Means if you Exercise Choice, the date your employer of your CSD plan first remitted contributions to your chosen fund as notified to the trustee.

Exercise Choice

Is as described in the PDS.

Family Member

Your spouse, parent, parent-in-law, child including adopted child, step-child or ex-nuptial child.

Full Total and Permanent Disablement

Means solely because of injury or illness you are totally and permanently disabled if you have a Permanent Disability, you are under the care and following the advice of a Medical Practitioner, and the below applies;

- (i) you have been continuously absent from employment through injury or illness; and
- (ii) have suffered a Medical Condition
- (iii) have suffered any other medical condition for the Waiting Period; or
- (iv) have suffered an injury or illness which first became apparent while you were insured and as a result of the injury or illness have suffered the total and irrecoverable loss of (or total loss of the use of):
 - both hands; or
 - both feet; or
 - one hand and one foot; or
 - the sight of both eyes; or
 - one hand and the sight in one eye; or
 - one foot and the sight in one eye,

where the loss of sight means to the extent that the visual acuity is 6/60 or less, or to the extent that the visual field is reduced to 20 degrees or less of arc.

Limited Total and Permanent Disablement

Means you are totally and permanently disabled if you have a Permanent Disability, you are under the care and following the advice of a Medical Practitioner and:

(a) are unable to do basic everyday activities which means:

Solely because of illness or injury, you are continuously absent from employment and unable for the Waiting Period, after being diagnosed as totally and permanently disabled, to perform at least 2 out of the 5 Activities as certified by a Medical Practitioner, and in the Insurer's opinion on the basis of the medical evidence, are permanently unable to perform the same Activities without assistance from another adult person (even if using aids and adaptations*)

*Aids and adaptations refer to equipment or fixtures which assists you to carry out the Activities.

or

(b) have a Mental Illness and

- your treating psychiatrist, psychologist or Medical Practitioner believes won't improve, and
- you have been assessed by a psychiatrist appointed by the Insurer as having an impairment of 19% or more on the Psychiatric Impairment Rating Scale and in their opinion the condition is permanent;

or

(c) have a Cognitive Impairment.

Medical Condition

Means you are diagnosed by a Medical Practitioner specialising in the relevant field as having Alzheimer's disease or other dementias, blindness, cardiomyopathy, chronic lung disease, diplegia, hemiplegia, , loss of hearing, loss of speech, major head injury, motor neurone disease, multiple sclerosis, muscular dystrophy, paraplegia, Parkinson's disease, quadriplegia, pulmonary arterial hypertension (primary), tetraplegia.

Medical Practitioner

Means a registered doctor of medicine who is appropriately qualified to treat you for your injury or illness. The medical practitioner cannot be you or a Family Member, business partner, employee or employer. The Insurer may, in absolute discretion, accept a similarly qualified person who is registered and practising as a medical practitioner in another country with a similar standard of medical care as that in Australia. The Insurer may, in absolute discretion, seek an independent opinion from a medical practitioner in Australia to review such overseas medical evidence.

Mental Illness

Means you have been diagnosed by a psychiatrist under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association (or a similar diagnostic tool determined by the Royal Australian and New Zealand College of Psychiatrists Board).

New Events Cover

Means you are only covered for claims arising from an illness which became apparent or an injury which occurred on or after the date your insurance cover started or most recently started under the Individual Section.

Permanent Disability

Means you have become incapacitated due to ill-health (whether physical or mental) to such an extent, in the Insurer's opinion, that it makes it unlikely that you will ever engage in or work for reward in any occupation or work for which you are reasonably qualified by education training or experience.

Terminal Illness

Means:

- two Medical Practitioners have certified, jointly or separately, that an illness has caused a reduction in life expectancy to 24 months or less and the Insurer agrees (based on medical evidence provided by your Medical Practitioners), that you suffer from an illness that is likely to result in your death within a period (the certification period) that ends not more than 24 months after the date of the certification, regardless of any treatment that might be undertaken, and
- at least one of the Medical Practitioners is a specialist practising in an area related to the illness suffered by you, and
- for each of the certificates, the certification period has not ended.

The illness resulting in the terminal illness must occur, and the date any Medical Practitioner certifies you as being terminally ill, must take place while you are covered under the Individual Section.

Total and Permanent Disablement (TPD)

Means you are totally and permanently disabled if you have satisfied the Full Total and Permanent Disablement definition or Limited Total and Permanent Disablement definition.

Voluntary Insurance

For Death and TPD cover means any sum insured you elect that requires underwriting and which is:

- (a) not basic insurance or basic voluntary insurance, or
- (b) agreed to be voluntary insurance between the trustee and the Insurer.

Waiting Period

Means for Total and Permanent Disablement (TPD) and where described in the relevant part of the TPD definition:

- a) three months, except where a Cognitive Impairment applies in which case it is six months. No waiting period applies for a Medical Condition, or
- b) as otherwise agreed by the Insurer.

War

Includes but is not limited to war (declared or undeclared) or war related activities, revolution, invasion or rebellion or civil unrest.