



Accumulation Section

INSURANCE

The information in this document forms part of the Product Disclosure Statement (PDS) for the CBH Superannuation Fund (CBH Super) Version 14 dated 31 October 2018 along with the How Your Super is Invested brochure and the Other Information brochure. You should read the information in this document (which forms part of the Product Disclosure Statement) before deciding to invest in CBH Super.

The information in this document is general information only and does not take into account any person's individual objectives, personal financial situation or needs. You should consider obtaining financial advice tailored to your own personal circumstances before making a decision about the insurance to hold through the Fund.

**Issued by CBH Superannuation Holdings Pty Ltd
(ABN 99 008 684 268, RSE Licence No L0001625)
as trustee of the CBH Superannuation Fund
(ABN 84 433 159 328, RSE Registration No R1005165)**

**30 Delhi St, West Perth WA 6005
GPO Box L886, Perth WA 6842
Telephone: 08 9237 9707
Email: donna.adam@cbh.com.au**

Version 14 – 31 October 2018

Up-to-date information

Changes before you are given this PDS

The information contained in this PDS is up-to-date at its preparation. However, some of the information can change from time to time, for example, fees or the structure of the Fund's investments. If the change is not materially adverse, the updated information will be available on our website at www.cbhsuper.com.au. A paper copy of any updated information will be given to you on request, without charge.

Changes after you become a member

The Trustee will notify fund members of any material changes to the information in this PDS. You can also go to our website at www.cbhsuper.com.au or call the Fund on 08 9237 9707 for an update.

Contents

	Page
YOUR INSURANCE PROVIDER.....	4
RESTRICTIONS AND CONDITIONS ON BENEFITS.....	4
WHAT INSURANCE COVER IS AVAILABLE	4
Type of cover	4
Extent of cover	4
DEATH AND TOTAL AND PERMANENT DISABLEMENT COVER	5
Automatic cover for new member accounts	6
Maximum cover available	6
Applying for new or additional cover	7
Opting out of cover	7
Life Events cover.....	7
Transfer of cover	7
Cover while on Parental Leave / Leave of Absence	8
Continuing your cover when you leave your employer	8
Continuing your cover when you leave the Fund	8
Cessation of cover	8
Costs of death and TPD cover.....	8
SALARY CONTINUANCE INSURANCE	11
Income definition	11
Automatic cover for new member accounts	11
Maximum cover available	12
Waiting period	12
Exclusions.....	12
Applying for new cover or an increased payment period	12
Decreasing the payment period to 2 years.....	12
Opting out of cover	12
Indexing of payments	13
Reduction in payments	13
Cessation of payments	13
Recurrent Disability	13
Cover while on Parental Leave / Leave of Absence	13
Continuing your cover when you leave your employer	14
Continuing your cover when you leave the Fund	14
Cessation of cover	14
Additional benefits provided.....	15
<i>Partial Disability Benefit</i>	15
<i>Rehabilitation Expense Benefit</i>	15
<i>Emergency Transport Benefit</i>	15
<i>Bereavement Benefit</i>	15
<i>Family Carer Benefit</i>	15
<i>Workplace Modification Benefit</i>	15
<i>World leading medical advice through Best Doctors</i>	16
Costs of salary continuance insurance cover	16
GENERAL CONDITIONS OF INSURANCE COVER	18
Medical evidence	18
Claims.....	18
Increase in costs of cover	18
Insurance and Fund Choice	18
Contacting the Fund about your insurance cover	18

YOUR INSURANCE PROVIDER

The Trustee has appointed MLC Limited (ABN 90 000 000 402, AFSL 230694) to provide any death and disability benefit insurance cover you may require. The insurance is provided under the policies of insurance issued to the Trustee. The Trustee has the right to change the insurer from time to time. If, for any reason, the insurer refuses to insure you at its normal rates, or the claim is not admitted or paid by the insurer, or not covered by the insurance policy, your insured benefit (and hence your Fund benefit) will be reduced accordingly.

RESTRICTIONS AND CONDITIONS ON BENEFITS

If a benefit is insured and the insurer restricts, reduces or refuses to pay any proceeds under the policy in respect of a member, then that member's death, total and permanent disablement or salary continuance insurance benefit shall be reduced by the amount not paid by the insurer.

Like most forms of insurance, certain conditions (and exclusions) apply to the granting, or payout of your insurance cover. Details of the conditions (and exclusions) applicable to the insurance cover available through the Fund are set out in the pages that follow in this section.

If you are not at work on commencement of insurance cover for you, you will not be covered until you provide satisfactory evidence of health to the insurer. Furthermore, the insurer may apply special terms, restrictions or conditions to your insurance cover – you will be notified of any such restrictions at the time cover is provided.

WHAT INSURANCE COVER IS AVAILABLE

Type of cover

The insurance cover available in the Fund is:

- lump sum death cover;
- lump sum total and permanent disablement cover (TPD); and
- monthly salary continuance insurance (SCI) cover.

The lump sum death cover includes an advance payment for terminal illness.

Death, TPD and SCI cover is available to all categories of members in the accumulation section of the Fund. Note that restrictions may apply depending on your age and working hours as set out in the following pages.

Extent of cover

The insurance cover is provided 24 hours a day on a worldwide basis. However if you hold SCI and do not continuously reside in Australia or a country approved by the insurer, conditions may apply to your salary continuance cover. For information about approved countries and conditions that apply, please contact the Fund.

DEATH AND TOTAL AND PERMANENT DISABLEMENT COVER

Death cover provides your dependents or your estate with a lump sum benefit in the event of your death while you are a member of this Fund. See the 'Nominating your beneficiaries' section for details of who your benefit can be paid to upon your death.

Death and Total & Permanent Disablement (TPD) insurance is available to CBH employee members, grower, retained and spouse members of the Fund who meet age restrictions. Members who work less than an average of 15 hours per week may be subject to limited cover.

For members who hold death cover, if you suffer a terminal illness you can be paid an advance death benefit which will be the lesser of the death cover you hold or \$3,000,000. If your death cover amount is higher than \$3,000,000, the additional amount will be paid as a death benefit.

Definition of Total and Permanent Disablement

For members who joined the Fund prior to 1 July 2014, you will be considered totally and permanently disabled if you are under age 65, in permanent or Fixed Term Employment working 15 hours or more per week and meet any of the following definitions:

- Own/Similar Occupation:
You have been absent from your occupation solely through injury or illness for a period of six consecutive months and are incapacitated to such an extent that, in the opinion of the insurer after consideration of medical and other relevant evidence, you were, at the end of the six month absence, unlikely to ever engage in or work for reward in your own occupation and any similar occupation for which you are reasonably suited by education, training or experience.
- Specific loss:
You suffer the permanent loss of use of two limbs or the sight of both eyes; or the permanent loss of use of one limb and the sight of one eye (where limb is defined as whole hand of the whole foot) in circumstances where the loss will never be regained.
- Activities of Daily Living:
You have been absent from your occupation solely through injury or illness for a period of six consecutive months and are incapacitated to such an extent that in the opinion of the insurer, after consideration of medical and other relevant evidence, at the end of the six month absence you were unlikely to ever be able to perform at least two Activities of Daily Living without the physical help of someone else. These activities are:
 - bathing and/or showering;
 - dressing;
 - moving from place to place including in and out of bed and in and out of a chair;
 - eating or drinking; and
 - using the toilet.

For members who joined the Fund prior to 1 July 2014, aged between age 65 and 69 and/or employed in non-permanent employment and/or working less than 15 hours per week, only the Specific Loss and Activities of Daily Living definitions apply for you to be considered totally and permanently disabled. The Own/Similar Occupation definition does not apply.

For members who join the Fund on or after 1 July 2014, you will be considered totally and permanently disabled if you are under age 65, working 15 hours or more per week and meet the following definition:

- Any Occupation:
You have been absent from your occupation solely through injury or illness for a period of six consecutive months and are incapacitated to such an extent that, in the opinion of the insurer after consideration of medical and other relevant evidence, you were, at the end of the six month absence, unlikely to ever engage in or work for reward in any occupation and will never be able to do so again.

For members who joined the Fund on or after 1 July 2014 and are employed in non-permanent employment and/or working less than 15 hours per week, only the Activities of Daily Living definition applies for you to be considered totally and permanently disabled.

Automatic cover for new member accounts

If you elect to join the Fund within one month of commencing employment with:

- Co- operative Bulk Handling Limited (CBH Group); or
- an associated employer (including associated growers)

and you work more than 15 hours per week, an insurance amount based on your age will be provided to you who, unless you request not to have this cover.

Default cover will also be provided to new members (other than CBH Group causals) who are automatically provided membership by their employer as they have not made a choice of superannuation fund if Fund membership commences within one month of commencing employment.

The default cover amounts, based on your age next birthday at the date you join, are:

Age next birthday	Default Death & TPD cover
16 – 20	\$150,000
21 – 25	\$200,000
26 – 30	\$250,000
31 – 35	\$300,000
36 – 50	\$350,000
51 – 55	\$300,000
56 – 60	\$200,000
61 – 65	\$100,000
66 – 70	\$50,000 (Death cover only)

You can have an additional \$50,000 or \$100,000 of cover above the default for your age without the need to provide evidence of insurability, if you elect this within 60 days of joining the Fund.

To be eligible for this automatic cover, you must have been “At Work” (doing the full duties of your normal occupation or would have been had the day not been a leave day (other than illness or injury), public holiday or weekend) on the date you were due to commence employment with CBH or the associated employer.

If you join the Fund more than 30 days after commencing employment, you will not receive any automatic cover, but you can apply to hold cover (see page 7).

Insurance options

- You have the option to reduce or opt out of your cover at any time.
- You can elect to have Death cover only, but not TPD cover without Death cover.
- You can elect to have a higher amount of Death cover than TPD, but your TPD cover cannot be higher than Death cover.

If you opt out of any cover or reduce the cover amount and later wish to have cover re-instated or increased, you will need to provide the insurer with evidence of good health at that time.

Maximum cover available

Death cover of up to \$10,000,000 is available. (\$3,000,000 is payable where the insured person is confirmed to have a Terminal Illness. Any balance would be payable upon death).

TPD cover of up to \$3,000,000 is available.

Cover up to these levels is subject to acceptance by the insurer after evidence of good health.

Applying for new or additional cover

You can apply to commence insurance cover or increase your existing cover at any time by notifying the Fund in writing of your required insurance amount, which must be a multiple of \$50,000. If you are unsure of the level of cover to choose, you should seek appropriate advice from a licensed financial adviser.

You will generally have to provide the insurer with evidence of good health and may have to undertake a medical examination before the new or additional cover is provided. The benefit may be restricted, have premium loadings applied or refused by the insurer based on the health evidence you provide.

During the first 90 days while you are being assessed for cover, interim accident cover may apply for your increased cover. Details of interim cover are available from the Fund.

Opting out of cover

If you no longer wish to have death and/or TPD cover or do not wish to take up the cover provided under the automatic acceptance arrangements, you may opt out of cover at any time by providing a notice in writing to the Fund. The cover will cease from the date your request is received by the Fund.

Life Events cover

If you already hold some level of death and TPD cover, you can request to increase your existing cover amount by \$50,000 or \$100,000 without the need for medical evidence, within 90 days of one of the following life events occurring:

Event	Proof of Event Required by Insurer
Marriage or divorce	Marriage certificate or divorce certificate
Birth or legal adoption of a child	Birth certificate or adoption papers
First mortgage	Loan documentation or other supporting evidence from the mortgage lender
Loyalty increase (10 years fund membership)	Statement from the Fund confirming length of membership

Life event cover is subject to the following conditions:

- you must be under 60 years of age at the time of application for increased cover;
- the application for increased cover must be within 90 days of the event occurring;
- you can only increase cover once in any 12 month period due to life events;
- you can only increase cover 3 times in total for life events, up to a maximum of \$300,000 in increased cover;
- the increase in cover will be effective from the date the insurer accepts the cover;
- cover is not available if you have previously applied for cover and been declined;
- cover is not available if you have received, or eligible to receive, any disability or terminal illness payment or in the process of lodging a disability benefit claim, under any policy; and
- benefits will not be paid within the first 13 months from the date of increased cover where your death, terminal illness or TPD was caused by suicide or self-inflicted injury or self inflicted illness.

Transfer of cover

If you hold death or death and TPD insurance in another superannuation fund, group insurance policy or retail policy, you can transfer the cover to your account in CBH Super. The transfer is subject to the completion of a transfer application form and providing satisfactory evidence that you currently hold the cover you wish to transfer.

The maximum cover that you can transfer is an amount that would give you a total of \$1,500,000 cover in the Fund, including your existing cover. For example, if you hold \$200,000 of cover currently, you can transfer up to \$1,300,000 of cover.

The following conditions apply to transfer of cover:

- you cannot transfer cover if you are currently claiming or intend to claim on the previous policy;
- any exclusion, premium loading or non-standard terms that apply to your previous policy will continue to apply after the cover is transferred; and
- transfer of cover is subject to you cancelling the previous policy within 60 days of acceptance by the insurer. Note that you should NOT cancel your previous policy before receiving the insurer's acceptance of your transferred cover.

Cover while on Parental Leave / Leave of Absence

Your death and TPD cover may be continued for up to 24 months while you are on an employer-approved leave of absence or parental leave, providing:

- immediately prior to commencing the period of leave you do not join the armed forces (excluding Australian Army Reservists not deployed overseas);
- premiums continue to be paid; and
- you remain employed by CBH Group or remain a member of the Fund.

If you apply for additional cover whilst on parental leave or during a leave of absence, additional cover will not commence until the insurer accepts the additional cover and you return to work.

Continuing your cover when you leave your employer

If you leave your employer and are approved to retain your benefit in the Fund, you will automatically retain your death and TPD insurance cover at the amount you held prior to ceasing employment unless you request to cancel the cover.

Continuing your cover when you leave the Fund

If you are under 60 and hold insurance at the date you leave the Fund, you may be able to continue the cover you held as a personal policy with the insurer. Full information about the continuation option is available on request from the Fund.

Cessation of cover

Your death and TPD cover in the Fund will generally cease on the earliest of the following:

- the date the policy ceases (ie if the insurer ceases to provide insurance cover to Fund members);
- 60 days after you cease to be a member of the Fund;
- the date you effect a continuation option under the policy (see 'Continuing your cover when you leave the Fund' above)
- the date you attain age 70 for death cover and age 65 for TPD cover (for members who joined the Fund prior to 1 July 2014, some TPD cover is available until age 70);
- the date you cancel your insurance cover;
- the date you are paid a death or TPD benefit;
- the date you are paid a terminal illness benefit (if this is not less than the death and/or TPD amount you hold);
- the date of your death;
- 24 months from the commencement of employer-approved leave of absence if you do not return to work prior to the expiry of the 24 month period; or
- the day before you commence service with the armed forces of any country (excluding Australian Army Reservists not deployed overseas).

Costs of death and TPD cover

When selecting the level of your insured benefit, you should consider the cost of the cover.

The insurance cost is deducted from your account in the Fund at the date you commence the insurance for the year in advance to the next 31 March. For future years, premiums for the year in advance will be deducted on 1 April each year (see **Other Information** booklet for more detail).

This table sets out the annual cost per \$1,000 of insured amounts, which depends on your age:

Age next birthday	Death cover	TPD cover	Death & TPD combined
16	0.25	0.13	0.38
17	0.31	0.13	0.44
18	0.36	0.11	0.47
19	0.41	0.11	0.52
20	0.46	0.11	0.57
21	0.47	0.11	0.58
22	0.48	0.11	0.59
23	0.49	0.11	0.60
24	0.49	0.13	0.62
25	0.49	0.14	0.63
26	0.46	0.15	0.61
27	0.44	0.17	0.61
28	0.44	0.19	0.63
29	0.43	0.22	0.65
30	0.43	0.25	0.68
31	0.43	0.26	0.69
32	0.43	0.30	0.73
33	0.43	0.33	0.76
34	0.44	0.36	0.80
35	0.46	0.41	0.87
36	0.47	0.47	0.94
37	0.48	0.51	0.99
38	0.49	0.57	1.06
39	0.54	0.64	1.18
40	0.57	0.71	1.28
41	0.62	0.78	1.40
42	0.67	0.87	1.54
43	0.73	0.95	1.68
44	0.81	1.08	1.89
45	0.89	1.24	2.13
46	0.99	1.41	2.40
47	1.11	1.62	2.73
48	1.23	1.85	3.08
49	1.35	2.12	3.47
50	1.47	2.44	3.91
51	1.60	2.82	4.42
52	1.76	3.24	5.00
53	1.90	3.72	5.62
54	2.09	4.23	6.32
55	2.27	4.81	7.08
56	2.47	5.48	7.95
57	2.69	6.24	8.93
58	2.93	7.11	10.04
59	3.24	7.73	10.97
60	3.60	8.41	12.01
61	3.98	9.15	13.13
62	4.40	9.95	14.35
63	4.87	10.83	15.70
64	5.31	12.13	17.44
65	5.80	13.57	19.37
66	6.40	15.82*	22.22*
67	7.03	18.41*	25.44*
68	7.74	21.39*	29.13*
69	8.50	24.74*	33.24*
70	9.36	28.56*	37.92*

* TPD cover is only available after age 65 for members who joined the Fund prior to 1 July 2014.

An example

Joe is aged 31 (32 next birthday) and he has chosen \$100,000 of cover for death and TPD. His annual premium is \$73.00. This is calculated as:

Amount of cover ÷ 1,000 x 0.73 (premium for 32 at next birthday)
(ie. $\$100,000 \div 1,000 \times 0.73 = \73.00)

If Joe only held death cover, his annual premium would be \$43.00. This is calculated as:

Amount of cover ÷ 1,000 x 0.43
(ie. $\$100,000 \div 1,000 \times 0.43 = \43.00)

SALARY CONTINUANCE INSURANCE

Salary Continuance Insurance (SCI) cover provides you with a monthly income benefit if you are off work for a prolonged period due to illness or injury. The benefit is 75% of your monthly income prior to ceasing work, up to a maximum of \$12,000 per month unless you have been individually accepted by the insurer for a higher benefit.

SCI is available to all accumulation members of the Fund who are under age 65 and working an average of 15 or more hours per week.

The Fund offers 2 choices of payment period:

- benefits paid for up to 2 years while you are unable to work (or to age 65 if this is within the 2 year period); or
- benefits paid until age 65 while you are unable to work.

The premiums payable for the cover depend on which payment period you choose. As you would potentially receive more payments if you have chosen to have payments until age 65, the premiums you pay for the cover are higher.

Income definition

The monthly income that you can cover under the policy is defined as follows: Monthly Income means one-twelfth of your annual pre-tax income derived from your occupation where:

- if you work as an employee** (of any employer), that is you do not directly or indirectly own part or all of a business or practice - the salary from your occupation which may include the value of all non-cash remuneration approved by the insurer.
Monthly income does not include any director's fees, commissions, overtime payments, bonuses, penalty, shift or other allowances, investment income, income received from deferred compensation plans, disability income policies or retirement plans or income not derived from vocational activities.
Monthly income is determined on the date your cover commences, or where the insurer has been advised of an increase in your monthly income, then at the date of the most recent alteration to your monthly income.
- if you are self-employed**, that is you directly or indirectly own part or all of a business or practice - the income of the business or practice generated by your personal efforts after the deduction of your appropriate share of business or practice expenses in generating that income, or any other income as approved by the insurer.

If you are employed by CBH Group, we will be advised annually of your salary amount by CBH and adjust your cover accordingly.

If you are not employed by CBH, it is your responsibility to ensure the Fund is kept updated with your current salary details to ensure you are covered correctly.

Automatic cover for new member accounts

If you elect to join the Fund within one month of commencing employment with:

- Co- operative Bulk Handling Limited (CBH Group); or
- an associated employer (including associated growers)

and you work more than 15 hours per week, an insurance amount based on your age will be provided to you who, unless you request not to have this cover or you are a CBH harvest casual.

Default cover will also be provided to new members (other than CBH Group causals) who are automatically provided membership by their employer as they have not made a choice of superannuation fund if Fund membership commences within one month of commencing employment.

To be eligible for this automatic cover, you must have been "At Work" (doing the full duties of your normal occupation or would have been had the day not been a leave day (other than illness or injury), public holiday or weekend) on the date you were due to commence employment.

The automatic cover will be restricted to a benefit of \$12,000 per month (ie an annual salary of \$192,000). If your calculated cover is above \$12,000 per month, the insurer will require satisfactory evidence of good health before providing your full cover amount.

You have the option to opt out of this cover at any time.

If you join the Fund more than 30 days after commencing employment, you will not receive any automatic cover, but you can apply to hold cover (see below).

Maximum cover available

The maximum benefit is \$30,000 per month (ie cover for an annual salary of \$480,000).

Waiting period

A 90 day waiting period applies before any payments will commence. The waiting period starts on the date you first get medical advice and are confirmed to have a total disability by a doctor.

Exclusions

A SCI benefit is not payable where the claim arises from:

- an intentional self inflicted injury or attempted suicide, whether you were sane or insane;
- normal and uncomplicated pregnancy or childbirth;
- war or warlike operations; or
- service in the armed forces (excluding Australian Army Reservists not deployed overseas).

Applying for new cover or an increased payment period

Any member can apply to:

- commence SCI cover; or
- increase your existing payment period from 2 years to payments to age 65 (note that a payment period to age 65 is not available to casual employees).

This can be done by notifying the Fund in writing of your required insurance cover. If you are unsure of the cover to choose, you should seek appropriate advice from a licensed financial adviser.

You will need to provide the insurer with evidence of good health and may have to undertake a medical examination before the new cover is provided. The benefit may be restricted or refused by the insurer based on the health evidence you provide.

During the first 90 days while you are being assessed for cover, interim accident cover may apply for your cover. Details of interim cover are available from the Fund.

Decreasing the payment period to 2 years

Members who hold SCI cover with payments to age 65 can elect to change their cover to have payments made for 2 years only, which reduces the premiums payable. This can be done by notifying the Fund in writing of the request.

No medical evidence is required to make this change, however you should note that if you wish to change back to have payments made until age 65 at any time in the future, this change would require you to provide the insurer with evidence of good health and may have to undertake a medical examination before the longer benefit period is provided. The benefit may be restricted or refused by the insurer based on the health evidence you provide.

If you are unsure of the cover to choose, you should seek appropriate advice from a licensed financial adviser.

Opting out of cover

If you no longer wish to have SCI cover or do not wish to take up the cover provided under the automatic acceptance arrangements, you may opt out of cover at any time by providing a notice in writing to the Fund or advising on your application form that you do not wish to have SCI cover.

Indexing of payments

If you have chosen the 2 year payment period, there will be no increase in the payment amount you receive over the 2 years of payments.

If you have payments to age 65, your payments will increase after every 12 months of payments by the lesser of 5% and CPI (All Group Index Weighted Average for Eight Capital Cities).

Reduction in payments

Benefits paid will be reduced by any other income which you may be entitled to from other sources, whether that income was received or not. Income from other sources includes:

- any other income derived as a result of disability from employment under any other insurance policy;
- any benefit under worker's compensation or similar compensation under state or federal legislation or common law, but not including payments in respect of medical treatment, rehabilitation and permanent impairment or permanent loss of use of a body part; and
- monies paid in respect of any claim for past or future economic loss arising from any claim you make for personal injury.

Income from other sources does not include:

- income earned from investments; or
- any lump sum total and permanent disablement benefit.

If your entitlement for worker's compensation is in dispute, the insurer will pay the full amount of benefits due to you on a conditional basis. If you are declared entitled to worker's compensation, it is a condition of payment that you will repay to the insurer any part of the benefit paid representing the proceeds received by way of compensation. The insurer may at their discretion obtain payment of this amount by offsetting it against future amounts due to you.

Payments are reduced to deduct any tax, duty, impost or the like, including income tax payable.

Cessation of payments

Benefits being paid will cease at the earliest of the following events:

- you are no longer totally or partially disabled;
- you die;
- you reach the end of your payment period (2 years or age 65 as you have chosen);
- you reach age 65;
- you are no longer under the regular or continuous care of a doctor; and
- you fail to provide the insurer with requested information and other evidence reasonably required to assess your claim.

Recurrent Disability

If payments cease before the end of the payment period and a total or partial disability claim recurs within 6 months of you returning to full-time work, the insurer will treat the claim as a continuation of the original claim so long as the cause of the disability is the same or related to the cause of the original disability. No new waiting period will be required, so you can claim as soon as the disability recurs and the payment period will apply to the original disability including continuation of that disability.

Cover while on Parental Leave / Leave of Absence

Your SCI cover may be continued for up to 24 months while you are on an employer-approved leave of absence or parental leave, providing:

- immediately prior to commencing the period of leave you were "At Work" (doing the full duties of your normal occupation or would have been had the day not been a leave day (other than illness or injury), public holiday or weekend);
- you don't join the armed forces (excluding Australian Army Reservists not deployed overseas);
- premiums continue to be paid; and
- you remain employed by CBH or an associated employer or remain a member of the Fund.

If you suffer a total disability while on approved leave, the benefit payable will be based on your income prior to commencing leave and payments will start from the later of:

- the end of the 90 day waiting period; and
- the date you were due to return to work.

If you apply for new cover or an increase to the payment period whilst on parental or leave of absence, new cover will not commence until the insurer accepts the cover and you return to work.

Continuing your cover when you leave your employer

If you retain your benefit in the Fund, you can also elect to continue your SCI cover within the first 60 days after leaving employment. You will need to confirm that you wish to retain the SCI cover in the Fund on your Retained Member Application form. If this is not requested within 60 days, the cover will be cancelled automatically from the date you left employment. If you wish to hold this cover again in the future, you would need to provide the insurer with evidence of good health and may have to undertake a medical examination before the new cover is provided. The benefit may be restricted or refused by the insurer based on the health evidence you provide.

The amount of cover provided after leaving employment with CBH Group or an associated employer will be based on your final salary that was paid to you while you were an employee of CBH or the associated employer. Should you wish to change your level of benefit due to a change in salary, you will need to advise the Fund in writing of your new salary. If you are increasing your salary, you may need to complete the insurer's medical questionnaire to be accepted for the higher level of cover.

Suspension and reinstatement of cover

If you do not have immediate new employment arrangements, you can elect to suspend your SCI cover while you are not working and request to reinstate the cover when you commence new employment. The reinstatement must be done within 12 months of the date you ceased work and you must be working at least 15 hours per week. Premiums will not be charged and you would not be covered for any events that occur during the period of suspension.

You will need to confirm that you wish to suspend your SCI cover on your Retained Member Application form and return the form within 60 days of leaving employment. The reinstatement of SCI cover must be done within 12 months from the date you ceased work and you would need to provide the Fund a completed Reinstatement of Salary Continuance form within 30 days of commencing new employment.

Continuing your cover when you leave the Fund

If you are under age 60 and hold insurance at the date you leave the Fund, you may be able to continue the cover you held as a personal policy with the insurer. Full information about the continuation option is available on request from the Fund.

Cessation of cover

Your SCI cover in the Fund will generally cease on the earliest of the following:

- the date the policy ceases (ie if the insurer ceases to provide cover to Fund members);
- the date you leave employment with CBH, unless you elect to become a retained member of the Fund and request to maintain your cover;
- 60 days after you cease to be employed (ie you don't have employment with any employer);
- 60 days after you cease to be a member of the Fund;
- the date you effect a continuation option under the policy (see 'Continuing your cover when you leave the Fund' above)
- the date you attain age 65;
- the date you cancel your insurance cover;
- the date of your death;
- 24 months from the commencement of employer-approved leave of absence if you do not return to work prior to the expiry of the 24 month period, except where the reason you have not returned to work is because you have made a claim against this cover; or
- the day before you commence service with the armed forces of any country (excluding Australian Army Reservists not deployed overseas).

Additional benefits provided

Partial Disability Benefit

Partial disability applies where you have been totally disabled for at least 14 consecutive days and as a direct result of the illness or injury which caused the total disability you return to work but are:

- continuously unable to perform the important duties of your occupation; and
- earning less than your income prior to total disability; and
- under the continuous care and following the advice for treatment of a doctor in relation to your illness or injury.

Where partial disability applies, you will receive a proportion of your insured benefit as follows:

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

Where:

A is your monthly income immediately prior to total disability

B is the income you earned during the month in which you were partially disabled

C is your monthly insurer benefit

The partial disability benefit paid will not be any higher than the total insured benefit.

Rehabilitation Expense Benefit

While a total or partial disability benefit is being paid, the insurer (at their discretion) will meet the expenses incurred as a result of your participation in a rehabilitation program subject to:

- the rehabilitation program must be approved by the insurer before the expenses are incurred;
- the rehabilitation program must be approved by your doctor; and
- the maximum amount payable shall not exceed 24 times your monthly benefit amount, less any amount that can be claimed from any other source for the expenses.

The expenses must be incurred to directly assist you in returning to work in a gainful occupation or in undertaking a vocational retraining program.

Emergency Transport Benefit

If you have an illness or injury which results in total or partial disability, the insurer will reimburse the emergency transportation costs incurred up to a maximum of \$500. This amount will not be paid if the costs are payable from any other source.

Bereavement Benefit

If you die while being paid a total or partial disability benefit, the insurer will pay a lump sum amount equivalent to 3 times your monthly benefit at the date of your death.

Family Carer Benefit

If a member of your family leaves permanent employment to care for you while you are receiving a total disability benefit, the insurer will pay for a maximum of 6 months the lesser of:

- the amount the insurer estimates the carer would have earned if you had not been disabled
- a maximum benefit amount of \$2,000 per month.

The family member must not have been employed by you or by an entity under your control.

Workplace Modification Benefit

While a total or partial disability benefit is being paid, the insurer will pay an additional benefit up to 2.5 times your monthly benefit for the purpose of modifying your workplace to facilitate your return to work. Payment of this benefit is at the insurer's discretion and must be approved by the insurer in writing before the expense has been incurred.

World leading medical advice through Best Doctors



If you hold SCI cover, you, your partner, children and parents and parents in law will have access to Best Doctors, a new and unique medical advice benefit. Best Doctors gives you access to medical advice from the world's leading physicians. It's for everything from back pain to minor surgery to serious issues like cancer and heart disease. With Best Doctors, you can have a leading international expert review your diagnosis and treatment plan to make sure it's right.

Best Doctors won't cost you anything. As a member of Best Doctors, you can:

- **Have an expert specialist conduct an in-depth review of your medical case** - It's like a second opinion, only better. Best Doctors collects all your records, images and test samples. Then an expert physician confirms your diagnosis and treatment plan or recommends a change. You get a full report that you can share with your treating physician if you choose.
- **Get expert advice about medical treatment** - You can call Best Doctors for answers to basic questions about a diagnosis or treatment options. No more wondering what steps to take or relying on Internet searches. You get a personalised response in about five days from a doctor who fully understands your particular situation.
- **Put your questions to local GP** – Best Doctors has a team of experienced Australian GP's who are there to answer your questions. Simply submit your question through the member portal and receive a response with 48 hours.

Second opinions are common protocol in the medical field and your treating doctors will welcome the insights and views of top international specialists.

Best Doctors is 100% confidential. CBH Super and MLC will not receive any information about your call. And you don't have to travel or hunt down medical files. All you do is call Best Doctors. They do the rest. They'll even help you decide which service you need. All at no cost to you.

A detailed overview about Best Doctors is available on our website under Help and Advice → Best Doctors or you can visit the [Best Doctors Member Portal](http://www.askbestdoctors.com) at www.askbestdoctors.com to find out more about the services and submit questions to a GP online. Click 'Register', enter 'MLC' as the Insurer and select 'Income Protection through employer' as the product. You can also call 1800 388 097 for further information.

Costs of salary continuance insurance cover

When selecting the level of your insured benefit, you should consider the cost of the cover.

The insurance cost is deducted from your account in the Fund at the date you commence the insurance for the year in advance to the next 31 March. For future years, premiums for the year in advance will be deducted on 1 April each year (see **Other Information** booklet for more detail).

The table over the page sets out the annual cost per \$1,000 of insured amounts, which depends on your age and the payment period you have chosen. Salary continuance premiums attract stamp duty and the premiums in the table include 10% stamp duty.

Age next birthday	Benefits for 2 years	Benefits to age 65
16	1.39	5.58
17	1.39	5.58
18	1.39	5.58
19	1.39	5.58
20	1.39	5.58
21	1.40	5.80
22	1.41	6.03
23	1.41	6.30
24	1.42	6.57
25	1.43	6.83
26	1.37	6.69
27	1.30	6.57
28	1.26	6.53
29	1.23	6.57
30	1.21	6.67
31	1.21	6.83
32	1.23	7.09
33	1.27	7.43
34	1.31	7.87
35	1.39	8.38
36	1.47	9.01
37	1.57	9.76
38	1.69	10.63
39	1.83	11.63
40	2.01	12.78
41	2.19	14.08
42	2.42	15.54
43	2.68	17.19
44	2.97	19.04
45	3.30	21.07
46	3.69	23.31
47	4.11	25.76
48	4.60	28.40
49	5.16	31.23
50	5.78	34.23
51	6.47	37.34
52	7.26	40.56
53	8.50	46.44
54	9.93	52.61
55	11.59	58.89
56	13.49	65.02
57	15.66	70.60
58	18.14	75.21
59	21.01	78.09
60	24.27	78.33
61	27.99	74.73
62	32.21	65.53
63	24.36	48.16
64	13.54	26.79
65	2.74	5.41

An example

Joe is 30 and has a salary \$80,000. His SCI cover is \$60,000 per annum (\$80,000 x 75%) which would be paid \$5,000 per month. If he chooses a 2 year payment period, his premium would be \$72.60. If he has elected payments to be made until age 65, his premium would be \$409.80.

These premiums are calculated as:

Benefits for 2 years

Amount of cover ÷ 1,000 x 1.21

(ie. \$60,000 ÷ 1,000 x 1.21 = \$72.60)

Benefits to age 65

Amount of cover ÷ 1,000 x 6.83

(ie 60,000 ÷ 1,000 x 6.83 = \$409.80)

GENERAL CONDITIONS OF INSURANCE COVER

Medical evidence

You will be asked to provide evidence of good health prior to any death or disability benefit cover being provided (except under automatic acceptance conditions) and your application for cover will be cancelled if you don't supply the requested information. The insurer may also require you to undergo a medical examination and/or complete medical questionnaires before accepting your cover.

Claims

A claim must be notified to the Fund as soon as reasonably possible following your death or if an illness or injury prevents you from working. The insurer may request certain medical information and other documentation in relation to the claim.

Increase in costs of cover

The insurer may increase the cost of any insurance cover offered in respect of the Fund. We will provide you with least 30 days prior written notice where this occurs.

Insurance and Fund Choice

Generally, any death or disability benefit insurance that you may have in place through the Fund will remain in place until either you notify the Fund that you wish to cancel that cover, you attain the maximum age for cover, you leave the Fund or if there are insufficient funds in your account to support the premium payments.

If you are contemplating exercising Fund Choice, it is critical when comparing funds to take the time to consider not only the benefits but the potential risks that can be associated with making a change to your current insurance arrangements. It is recommended that you seek advice from a licensed or appropriately authorised financial adviser before deciding to choose another superannuation fund.

Contacting the Fund about your insurance cover

If you have any questions about your cover or the cover offered by the Fund, please contact the Fund's Chief Executive Officer, Donna Adam, at:

Telephone	08 9237 9707
Email	donna.adam@cbh.com.au

Written requests in relation to your insurance, including the provision of application or medical forms, can be:

- sent to the e-mail address above;
- forwarded through CBH's internal mail system addressed to "CBH Super"; or
- posted to CBH Superannuation Fund at GPO Box L886, Perth, WA 6842.