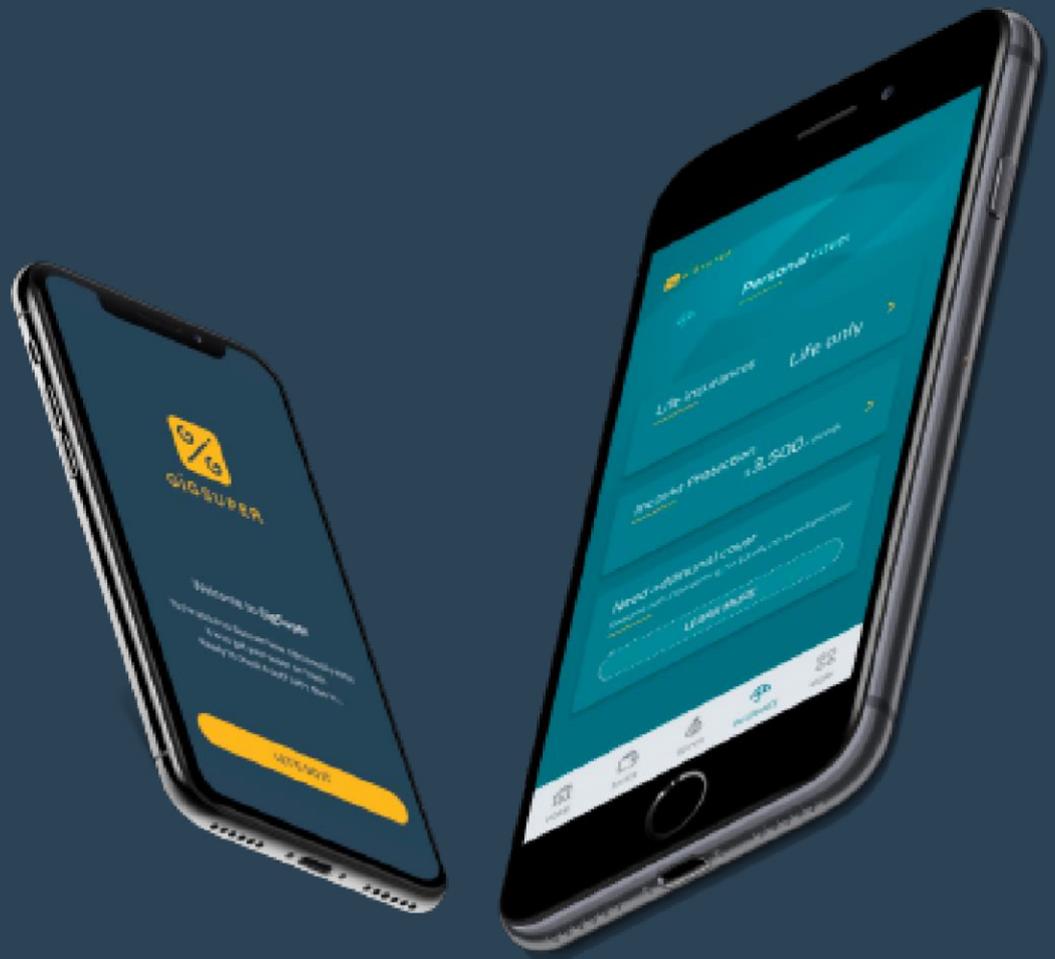




INSURANCE GUIDE

5 November, 2020



Issued by Diversa Trustees Limited (ABN 49 006 421 638, AFSL 235153) as Trustee of the DIY Master Plan (ABN 46 074 281 314) GigSuper is a public offer fund regulated by the Australian Prudential Regulation Authority (APRA).

IMPORTANT INFORMATION

The information in this document forms part of the Product Disclosure Statement (PDS), dated 5 November, 2020. GigSuper is promoted and distributed by GigSuper Pty Ltd (ABN 32 620 862 053) who is a Corporate Authorised Representative (CAR No. 1276569) of APP Financial Advisers Pty Ltd (ABN 25 132 958 591, AFSL 412302). Insurance cover is provided through group life policies issued by Hannover Life Re of Australasia Ltd (ABN 37 062 395 484) to the Trustee of GigSuper. In the event of a dispute, the policy will override the information in the PDS and this guide. If you have any queries, would like further information, or a copy of the PDS, contact us at hello@gigsuper.com.au.

All parties named in the PDS and this Guide have consented to being named in the form and context in which they have been named and have not withdrawn their consent before the date of this PDS. Any statements in the PDS or this Guide that are attributable to or based on statements made by another person have been included with the consent of that person, whose consent has not been withdrawn, before the date of this PDS. Should you require any information about the services or issues covered in the PDS or this Guide, or require any clarification, you should contact GigSuper at hello@gigsuper.com.au.

If you have any queries, would like further information, or a copy of the PDS contact us by:

Email: hello@gigsuper.com.au | Website: www.gigsuper.com.au

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IMPORTANT INFORMATION

The information in this document forms part of the GigSuper Product Disclosure Statement (PDS) dated 5 November 2020.

The information in this Insurance Guide is general information and does not take into account your personal financial situation or needs. It is recommended you obtain financial advice by contacting a licensed financial advisor.

The information in this Insurance Guide is subject to change from time to time. Information that is not materially adverse can be updated by us. Updated information can be obtained, free of charge by emailing us at support@gigsuper.com.au.

DUTY OF DISCLOSURE

Before you enter into or become insured you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect the Insurer's decision to insure you pursuant to the terms of that insurance. This duty of disclosure continues until your cover has been issued by the Insurer and applies before you extend, vary or reinstate your cover.

You do not need to disclose anything that:

- Reduces the risk that you are insured for; or
- Is common knowledge; or
- That the Insurer knows or should know, or they waive their duty to disclose.

If you do not tell the Insurer something that you are required to disclose, and the Insurer would not have insured you on the same terms if you had made the disclosure, the Insurer may avoid cover within 3 years of issuing it.

If the Insurer chooses not to avoid cover, they may, at any time, reduce the insured amount. This is calculated using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, for Death Cover, the Insurer may only exercise this right within 3 years of issuing cover.

If the Insurer chooses not to avoid cover or reduce the amount for which you have been insured, they may, at any time, vary your cover in a way that places them in the same position they would have been in if they had been told everything they should have been told. This right does not apply to Death Cover.

If your failure to disclose is fraudulent, the Insurer may refuse to pay a claim and treat your cover as if it never existed.

The Trustee has the same Duty of Disclosure with respect to your application for cover and in respect of any group policies issued to it.

CHANGE OF CIRCUMSTANCES

If you change:

- The duties of your Occupation; or
- Your Location; or
- Your Income and/or number of hours you are working; or
- You cease working altogether;

this may have an impact on your eligibility to claim for benefits should you become temporarily or permanently disabled. Please therefore let us know of any change to your circumstances.

1. INSURANCE IN YOUR SUPER

The aim of superannuation is to provide for you and your family when you can no longer work. If you are fortunate, that will be when you reach retirement, but if you are less fortunate, it could be earlier because you got injured or sick and are no longer able to work.

In this scenario, insurance inside Super can provide you and your family additional protection if the unthinkable occurs.

If you are self-employed and relying on the insurances inside Super, it is very important to read your funds insurance guide because, even though you might be paying premiums every month, that insurance may not be there for you if you need it. This is because some insurance inside Super is designed specifically for employees, and if you are not one, they may limit or void your cover.

GigSuper offers the following insurance options to eligible members of the Fund:

Death Insurance	Provides a lump sum benefit if you die or are diagnosed with a Terminal Illness.
Death and Total Permanent Disablement (TPD) Insurance	Provides a lump sum benefit if you die, suffer a Total and Permanent Disablement or are diagnosed with a Terminal Illness.
Income Protection Insurance	Pays a set percentage of your Monthly Income for a selected term in the event that you suffer Total Disability as a result of Illness or Injury.

There are costs (called 'premiums') associated with insurance cover with these costs deducted from your GigSuper account.

Note: GigSuper is eligible to claim a tax deduction for premiums attributable to your account, and you may be eligible to receive the benefit.

Important information about your insurance contract:

This document does not contain full details of the contract between GigSuper and its Insurer and only offers a general guide to the insurance offered by GigSuper. The insurance is provided under a contract between the Trustee and Hannover Life Re of Australasia Ltd (HLRA). If there is any conflict between this

document and the insurance contract with HLRA, the insurance contract will prevail.

2. GIGSUPER PERSONAL COVER

For members who meet the below eligibility conditions GigSuper provides Default Death and Total and Permanent Disablement Cover without any medical underwriting.

WHEN DEFAULT COVER COMMENCES

Your Default Cover commences when:

1. You have submitted a Member Application Form via the GigSuper App; and
2. Your Fund account balance has, at any time, reached \$6,000 or more; and
3. You are at least 25 years old; and
4. You are not currently receiving, or have in the past received, Voluntary death and Total and Permanent Disablement Cover with GigSuper;

ELIGIBILITY FOR DEFAULT COVER

You will only be eligible to make a claim on your Default Cover if:

1. At the time your cover commences, you are not applying for, entitled to, or have not been paid a TPD or Terminal Illness benefit from any Super Fund or life insurance policy; and
2. You are not employed in, or perform any duties of, an Excluded Occupation

If you do not meet the eligibility criteria you may wish to turn your Default Cover off.

VOLUNTARY INSURANCE COVER

If you are under 25, have a balance of at least \$6,000 and you wish to apply for Insurance cover, you can apply for voluntary cover which is subject to Insurance underwriting. If you wish to apply for voluntary cover please email support@gigsuper.com.au.

INACTIVE ACCOUNTS

By law, we cannot continue to provide insurance cover to members whose accounts have not received a contribution or rollover for 16 or more months. If you wish to maintain insurance benefits regardless of whether a contribution has been received within a 16 month period, please contact us to find out how to make an election to maintain coverage.

Your Default Cover will be for New Events only (see below) for the first 24 months. If you are not At Work continuously for 60 consecutive days immediately prior to the end of the 24 months period, then New Events Cover will continue until you have been At Work for 60 consecutive days. The amount of Default Cover provided is shown in Table 1 below. Premium rates for this cover are shown in Table 2 on page 4.

Table 1: Default personal Death & TPD Cover

Summary	
Life Insurance Death Cover	\$50,000
Life Insurance TPD Cover	\$50,000
Premiums	Premiums are deducted from your account monthly in arrears.
Does the value of Default Cover remain the same as I age?	Yes
Does the cost for cover remain the same as I age?	Cost will vary with age. See Premium Rates shown in Table 2.

Example: How to calculate your Personal Death and TPD Default Insurance Premium		
38 year old male, with a White Collar occupation who is eligible for our Default Death & TPD cover		
1.	Default Death & TPD Cover	\$50,000 cover
2.	Find your age next birthday* in the Premium Rates Table (Table 2) on page 4. *Determined when your cover first commences and Age Next birthday is then reviewed every year on your birthday.	Age next birthday is 39
3.	Look up the annual premium rate per \$1,000 cover, depending on gender.	Annual premium rate per \$1,000 cover for Death & TPD cover is \$2.63
4.	Multiply the cover required by the annual premium rate and divide by 1,000. This is your annual premium.	$50,000 \times 2.63 / 1000 = \131.50
5.	If you are eligible for the occupational loading discount, see page 4 – White Collar Discount, apply the discount factor.	$\$131.50 * (100\% - 51\%) = \64.44
6.	To work out your monthly premium, divide your annual premium by 12.	$\$64.44 / 12 = \5.37

WHAT IS 'NEW EVENTS' COVER?

'New Events' cover is cover for an Illness first diagnosed or an Injury that first occurs on or after the date your cover commences or recommences in GigSuper.

CHANGING DEATH & TPD COVER

You can opt out of Default Cover or select death only cover at any time. Any subsequent request to reinstate or increase cover will be subject to underwriting.

You can increase your insurance cover to suit your needs. This is called Voluntary Cover and is 'fixed' cover. It will need to be underwritten and is only available to eligible members who have an account balance of at least \$6,000. The cost of Voluntary Cover is per the premium rates in Table 2.

You can change New Events Cover to immediate full cover by completing a Short Form Personal Statement questionnaire available from within your account.

Insurance cover is subject to a maximum of \$3 million for Death, TPD and Terminal Illness. This is the total amount of cover held with GigSuper and all other policies with any other insurers.

If you are 25 years or older your amount of TPD cover cannot exceed the amount of Death cover.

If you are under this age your amount of TPD cover may exceed the amount of death cover. On your 25th birthday you will then automatically receive Death cover for the same amount as your Total and Permanent Disablement cover. You must be At Work on your 25th birthday otherwise the increase to your Death cover will be New Events Cover only until you are At Work for 60 consecutive days.

INTERIM ACCIDENT COVER

While your application for Voluntary Cover is being underwritten, the Insurer will provide interim Accident Cover for up to 90 days and to a maximum of \$1.5million. This is payable in the event of death or TPD suffered from an Injury. Interim Accident Cover will not be payable where:

- a) The Death of an Insured Person is directly or indirectly the result of suicide or attempted suicide, or
- b) The Total and Permanent Disablement of an Insured Person is directly or indirectly the result of an intentional self-inflicted Injury or attempted suicide

TAPERING OF TPD COVER

TPD is subject to the following tapering from age 61

Age Next Birthday	Reduction in Benefit
62	20%
63	25%
64	33%
65	50%
Age Next Birthday	Determined when your cover first commences and Age Next Birthday is then reviewed every year on your birthday.

Example: How to calculate your additional Voluntary Death and TPD Default Insurance Premium		
38 year old male, with a White Collar occupation who requires an additional \$1mil Death & TPD Cover		
1.	Determine the level of additional cover you require.	\$1,000,000 death and TPD cover
2.	Find your age next birthday* in the Premium Rates Table (Table 2) on page 4. *Determined when your cover first commences and Age Next birthday is then reviewed every year on your birthday.	Age next birthday is 39
3.	Look up the annual premium rate per \$1,000 cover, depending on gender and whether you wish to obtain additional death or TPD only insurance cover or additional death and TPD cover.	Annual premium rate per \$1,000 cover for Death & TPD cover is \$2.63
4.	Multiply the cover required by the annual premium rate and divide by 1,000. This is your annual premium.	$1,000,000 \times 2.63/1000 = \$2,630.00$
5.	If you're eligible for the occupational loading discount, see page 4 – White Collar Discount, apply the discount factor.	$\$2,630.00 * (100\% - 51\%) = \$1,228.70$
6.	To work out your monthly premium, divide your annual premium by 12.	$\$1,228.70/12 = \107.39

INCOME PROTECTION INSURANCE COVER

Income Protection insurance cover is available on a voluntary basis to eligible members who have an account balance of at least \$6,000, subject to a maximum of 75% of your pre-disability Monthly Income up to a maximum of \$30,000 per month. This maximum amount is the total amount of cover held with GigSuper and all cover held under other policies with any other insurer.

GigSuper offers cover with a 30-day Waiting Period and a 1-year Benefit Period. Cover is subject to underwriting and acceptance by the Insurer.

Premiums are based on your age, gender and occupation category, as shown in Table 3 on page 5. In addition, you will be required to pay stamp duty on your premium based upon your state of residence. Please refer to the stamp duty rates on page 6.

Premiums are be deducted from your account monthly in arrears. The cost of your cover will vary with your age.

INTERIM ACCIDENT COVER

While your application is being underwritten, the Insurer will provide interim Accident Cover of up to \$15,000 per month for up to 90 days. This is payable if you suffer Total Disability as the result of an Injury. The Insurer is not liable to pay a benefit for Partial Disability under interim Accident Cover. During the period the Insurer pays a benefit in connection with interim Accident Cover, they will not be liable to pay any other benefits.

WHITE COLLAR DISCOUNT

If the duties of your usual occupations are White Collar (e.g clerical, administrative or managerial in an office-based environment) you will be eligible for a discount on your insurance premiums. The GigSuper app will prompt you to confirm this information once you've funded your superannuation account.

Type of Cover	Discount Factor
Death & TPD	51%
Death Only	22%
TPD Only	65%
Income Protection	55%

3. GIGSUPER PREMIUM RATES TABLE

Table 2: Death & TPD Cover – Annual Premium Rates per \$1,000 sum insured

Age Next Birthday	Death Only		Death & TPD		TPD Only	
	Male	Female	Male	Female	Male	Female
16	0.95	0.32	1.97	0.79	1.01	0.47
17	0.95	0.32	1.97	0.79	1.01	0.47
18	0.95	0.32	1.97	0.79	1.01	0.47
19	0.95	0.32	1.97	0.79	1.01	0.47
20	0.95	0.32	1.97	0.79	1.01	0.47
21	0.95	0.32	1.97	0.79	1.01	0.47
22	0.91	0.29	1.93	0.77	1.02	0.48
23	0.84	0.26	1.85	0.74	1.01	0.47
24	0.79	0.26	1.77	0.74	0.98	0.47
25	0.76	0.23	1.77	0.69	1.01	0.46
26	0.71	0.23	1.69	0.69		
27	0.69	0.23	1.64	0.74		
28	0.69	0.23	1.64	0.74		
29	0.69	0.23	1.70	0.78		
30	0.69	0.26	1.70	0.83		
31	0.66	0.26	1.70	0.90		
32	0.66	0.29	1.70	0.97		

33	0.69	0.32	1.79	1.08		
34	0.71	0.35	1.91	1.22		
35	0.74	0.37	1.99	1.31		
36	0.76	0.45	2.08	1.50		
37	0.79	0.49	2.20	1.68		
38	0.84	0.53	2.39	1.84		
39	0.93	0.61	2.63	2.12		
40	1.01	0.68	2.86	2.35		
41	1.06	0.74	3.11	2.65		
42	1.18	0.79	3.51	2.96		
43	1.29	0.84	3.96	3.28		
44	1.40	0.90	4.45	3.68		
45	1.53	0.94	4.99	3.96		
46	1.67	1.00	5.65	4.43		
47	1.83	1.08	6.35	4.96		
48	1.99	1.16	7.14	5.59		
49	2.19	1.29	8.05	6.38		
50	2.38	1.43	9.00	7.29		
51	2.56	1.58	10.01	8.22		
52	2.78	1.76	11.24	9.34		
53	3.04	1.92	12.60	10.51		
54	3.28	2.13	14.11	11.85		
55	3.55	2.33	15.53	13.05		
56	3.86	2.54	17.20	14.40		
57	4.21	2.78	19.11	15.82		
58	4.62	3.05	21.34	17.41		
59	5.09	3.31	23.92	19.16		
60	5.58	3.57	26.75	21.00		
61	6.07	3.86	29.66	22.94		
62	6.57	4.23	32.69	25.27		
63	7.08	4.68	35.97	27.95		
64	7.60	5.20	39.50	31.10		
65	8.18	5.81	43.38	34.60		
66	8.79	6.46	n/a	n/a		
67	9.55	7.25	n/a	n/a		
68	10.38	8.12	n/a	n/a		
69	11.21	8.97	n/a	n/a		
70	12.11	9.88	n/a	n/a		

Notes relating to Table 2

- Rates shown include stamp duty.
- Determined when your cover first commences, and Age Next Birthday is then reviewed every year on your birthday.

- Premiums are payable monthly in arrears.
- Rates shown include a 15% (includes GST) insurance fee payable to the promoter, GigSuper Pty Ltd, to cover the administrative cost of GigSuper making insurance available to members.

Table 3: Income Protection Cover – Annual Premium Rates per \$1,000 Monthly Benefit

Age Next Birthday	Benefit Period – 1 Year, Waiting Period – 30 days					
	Per \$1,000 Monthly Benefit		Per \$3,000 Monthly Benefit		Per \$5,000 Monthly Benefit	
	Male	Female	Male	Female	Male	Female
16	35.74	52.3	107.23	156.91	178.71	261.51
17	35.74	52.3	107.23	156.91	178.71	261.51
18	35.74	52.3	107.23	156.91	178.71	261.51
19	35.74	52.3	107.23	156.91	178.71	261.51
20	35.74	52.3	107.23	156.91	178.71	261.51
21	35.74	52.3	107.23	156.91	178.71	261.51
22	36.29	52.85	108.88	158.56	181.47	264.27
23	36.85	53.82	110.54	161.46	184.23	269.1
24	37.12	53.96	111.37	161.87	185.61	269.79
25	37.81	55.06	113.44	165.19	189.06	275.31
26	38.36	55.89	115.09	167.67	191.82	279.45
27	38.92	56.58	116.75	169.74	194.58	282.9
28	39.74	58.1	119.23	174.29	198.72	290.49
29	40.85	59.75	122.54	179.26	204.24	298.77
30	41.95	61.41	125.86	184.23	209.76	307.05
31	43.75	64.03	131.24	192.1	218.73	320.16
32	45.82	66.93	137.45	200.79	229.08	334.65
33	48.16	70.1	144.49	210.31	240.81	350.52
34	50.51	73.97	151.52	221.9	252.54	369.84
35	52.99	77.42	158.98	232.25	264.96	387.09
36	56.17	81.83	168.5	245.5	280.83	409.17
37	59.75	87.49	179.26	262.48	298.77	437.46
38	63.34	92.46	190.03	277.38	316.71	462.3
39	67.34	98.39	202.03	295.18	336.72	491.97
40	71.9	104.88	215.69	314.64	359.49	524.4
41	76.18	111.09	228.53	333.27	380.88	555.45
42	81.14	118.4	243.43	355.21	405.72	592.02
43	86.94	126.82	260.82	380.47	434.7	634.11
44	92.46	135.38	277.38	406.13	462.3	676.89
45	99.08	144.62	297.25	433.87	495.42	723.12
46	106.26	154.97	318.78	464.92	531.3	774.87
47	113.71	165.88	341.14	497.63	568.56	829.38
48	122.27	178.3	366.8	534.89	611.34	891.48

49	130.96	191.13	392.89	573.39	654.81	955.65
50	140.62	205.48	421.87	616.45	703.11	1027.41
51	151.39	220.94	454.16	662.81	756.93	1104.69
52	163.53	238.6	490.59	715.81	817.65	1193.01
53	176.5	257.78	529.51	773.35	882.51	1288.92
54	190.58	278.07	571.73	834.21	952.89	1390.35
55	206.31	301.25	618.93	903.76	1031.55	1506.27
56	223.7	326.78	671.09	980.35	1118.49	1633.92
57	243.02	354.8	729.05	1064.39	1215.09	1773.99
58	264.41	385.85	793.22	1157.54	1322.04	1929.24
59	288.56	421.04	865.67	1263.11	1442.79	2105.19
60	314.78	459.26	944.33	1377.79	1573.89	2296.32
61	343.9	502.04	1031.69	1506.13	1719.48	2510.22
62	377.29	550.48	1131.88	1651.45	1886.46	2752.41
63	388.19	566.35	1164.58	1699.06	1940.97	2831.76
64	327.34	477.62	982.01	1432.85	1636.68	2388.09
65	152.77	228.94	458.3	686.83	763.83	1144.71

Notes relating to Table 3

- Rates shown do not include stamp duty. Refer to Table 4 for Stamp Duty rates.
- Age Next Birthday is determined when your cover first commences and is then reviewed every year on your birthday and remains fixed until the following annual review date.
- Rates shown include a 15% (includes GST) insurance fee payable to the promoter, GigSuper Pty Ltd, to cover the administrative cost of GigSuper making insurance available to members.
- Premiums are payable monthly in arrears.
- If you receive a TPD payment from GigSuper, Income Protection benefits can continue for the agreed Benefit Period.

Table 4: Stamp Duty applicable to Income Protection premiums

State of Residence	Stamp Duty*
ACT	0%
NSW	5%
QLD	9%
SA	11%
NT/TAS/VIC/WA	10%

*Rates current at 16/09/2020

Stamp duty may vary at any time when changes are made by individual States.

Example: How to calculate your Income Protection insurance premium		
38 year old male, with a White Collar occupation who earns an annual salary of \$80,000, living in the state of VIC		
1.	Determine the level of cover you are eligible for, subject to a maximum of 75% of your pre-disability Monthly Income up to a maximum of \$30,000 per month.	$\$80,000 * 75\% = \$60,000$ $\$60,000 / 12 \text{ months} = \$5,000/\text{month}$
2.	Find your age next birthday* in the Premium Rates Table (Table 2) on page 4. *Determined when your cover first commences and Age Next birthday is then reviewed every year on your birthday.	Age next birthday is 39
3.	Look up the annual premium for \$5,000/month cover, depending on gender	Annual premium for \$5,000/month cover for Income Protection is \$336.72
4.	If you're eligible for the occupational loading discount, see page 4 – White Collar Discount, apply the discount factor.	$\$336.72 * (100\% - 55\%) = \151.52
5.	Apply Stamp Duty Rates	$\$151.52 * (100\% + 10\%) = \166.68
6.	To work out your monthly premium, divide your annual premium by 12.	$\$166.68 / 12 = \13.89

4. GROUP LIFE INSURANCE TERMS & CONDITIONS

GigSuper offers Group Life Insurance via a Group Insurance Policy with Hannover Life Re of Australasia Ltd (the Insurer). The information contained in this section is a summary of the terms and conditions associated with the Group Life Insurance Policy. Full terms and conditions are provided in the policy. In the event of any inconsistency or ambiguity, the policy shall prevail.

The Insurer has the right under the policy to: accept cover for the member; accept cover for the member subject to exclusions or restrictions they may consider appropriate; or refuse to provide cover to a member.	
Accident Cover	Means cover for an unintended and unexpected Injury only
At Work	Means that a person: <ul style="list-style-type: none"> a) Is not restricted by Illness or Injury from being capable of actively performing all of their full and normal duties of their usual occupation on a full-time basis (for at least 30 hours per week) even though actual employment may be on a full-time, part-time, casual or contract basis and for less than 30 hours per week, and b) Is not in receipt of, or entitled to claim, any income support

	benefits from any source including but not limited to workers' compensation benefits, statutory transport accident benefits and disability income benefits.
Australian Resident	Means an Australian citizen or a person who is the holder of an Australian permanent visa within the meaning of the Migration Act 1958, Subsection 30(1), or resides in Australia on a Temporary Work (Skilled) visa. It also includes a New Zealand citizen who is residing and working in Australia.
Cessation of Insured Cover	Insured Cover for an Insured Person ceases on the earlier of the date: <ul style="list-style-type: none"> a) They reach the Cover Ceasing Age, or b) They cease to be an Eligible Person or Insured Person under the Fund, or c) They cease to reside in Australia or fail to meet the terms under Overseas cover, or d) They commence active service with the armed forces of any country, except as a member of the Australian Defence Force Reserves whilst performing duties within Australia, or e) They cease to be a member of the Fund, or f) Their account balance in the Fund is insufficient to meet the next premium which falls due. Where this applies cover will cease on the last day of the month in which the premium fell due and was paid, or g) They die, or h) They are the subject of a fraudulent claim under the policy, or i) The Policy Owner gives notice that Insured Cover will cease for the Insured Person, or j) The Insured Person has not made a contribution or rollover into their GigSuper account for a period of sixteen or more months, and has not made an election to take out or maintain insurance despite inactivity, or k) Insured Cover for every Insured Person under the policy ceases.
Cognitive Loss	Means a total and permanent deterioration or loss of intellectual capacity.
Cooling Off Period	We will provide a Cooling Off Period during which an Insured Person may cancel their Insured Cover and obtain a refund of premium. The Cooling Off Period is 30 days and commences from the date the Insured Cover commenced. Where Insured Cover has been cancelled under this clause it will be considered not to have started and no benefit will be payable.
Cover Ceasing Age	Means the maximum age that cover is provided under the policy: <ul style="list-style-type: none"> a) Death cover - 70th birthday

	<p>b) Total and Permanent Disablement cover - 65th birthday</p>
Cover Whilst Working Overseas	<p>Insured Cover will continue for an Insured Person whilst Overseas provided:</p> <ul style="list-style-type: none"> a) The Insurer continue to receive premium for them, and b) The period of Overseas is no longer than 5 years, and c) In the Insurer's opinion, the residence Overseas is temporary in nature, and d) A condition of Cessation of Insured Cover does not apply.
Date of Certification	<p>Means the latter of the dates 2 Doctors approved by the Insurer have certified, jointly or separately, that the Insured Person suffers a Terminal Illness. At least 1 of the Doctors must be a specialist practising in the field to which the Terminal Illness relates. Each of the certificates must be supported by test results and the certification period must not have ended.</p>
Date of Disablement	<p>means the earlier of the date:</p> <ul style="list-style-type: none"> a) The Insured Person is diagnosed with an Immediate Assessment Condition, or b) The 3 consecutive months absence from work that results in Total and Permanent Disablement began under Part 1 of Total and Permanent Disablement. However, if the Insured Person undertakes a formalised graded return to work which fails within 12 months, the Insurer will take the Date of Disablement as being the date on which the person first ceased work, or c) The permanent impairment under Part 2 of Total and Permanent Disablement that results in Total and Permanent Disablement began, or d) The Insured Person suffers the Loss Of Use Of the sight in both eyes, or the Loss Of Use Of both limbs, or the Loss Of Use Of both the sight in 1 eye and 1 limb, or e) The Insured Person suffers the Loss Of Use Of the sight of another eye or the Loss Of Use Of another limb, having already suffered the Loss Of Use Of the sight of an eye or the Loss Of Use Of a limb, or f) The Cognitive Loss that results in Total and Permanent Disablement was first diagnosed.
Default Cover	<p>\$50,000 of Death and Total and Permanent Disablement cover.</p> <p>No Taper will apply to Default Cover.</p> <p>All Default Cover is provided as New Events Cover. An Insured Person may complete our Short Form Personal Statement to apply to remove the New Events Cover period. Any change in the cover terms is subject to the</p>

	<p>Insurer's approval and will commence from the date that the Insurer advise in writing</p>
Doctor	<p>means a registered medical practitioner who is legally qualified and properly registered to practice in Australia or New Zealand or as otherwise agreed by the Insurer. That person may not be the Eligible Person or Insured Person, their business partner, a member of their immediate family or their employer.</p>
Eligible Person	<p>means a person who:</p> <ul style="list-style-type: none"> a) Is an Australian Resident, and b) Is aged between the Minimum Entry Age and the Maximum Entry Age, and c) Is not employed in an Excluded Occupation, or who does not perform any duties of an Excluded Occupation, or d) The Insurer expressly agrees in writing is an Eligible Person.
Excluded Occupation	<p>means a person who is employed in or who performs any duties of an occupation listed below:</p> <ul style="list-style-type: none"> a) Aviation worker such as a pilot, air traffic controller or aerial photographer, b) Emergency services worker such as a fireman, police officer, ambulance officer or paramedic, except as a volunteer, c) Entertainer working professionally such as an actor, dancer, musician or performer, d) Forestry worker such as a tree feller or sawmill worker, e) Horse racing industry worker such as a jockey, trainer or strapper, f) Mining worker such as a miner, mineral explorer earth driller or explosives handler, g) Offshore worker such as a fisherman, oil rig worker or diver, h) Seasonal worker, i) Security worker such as a security guard, doormen, bouncer or crowd controller, j) Sex worker, k) Sports person working professionally or semi-professionally, l) Underground or underwater worker, m) Working at heights above 10 metres such as a rigger, scaffolder, roof worker or antenna erector.
Exclusions	<p>Insured Cover will not be payable where a claim is directly or indirectly the result of:</p> <ul style="list-style-type: none"> a) War, or b) The Insured Person having been in country listed on the Department of Foreign Affairs & Trade website (www.dfat.gov.au) as subject to a 'not travel' warning at the time they entered the country, or c) Death where the Death of an Insured Person is directly or

	<p>indirectly the result of suicide or attempted suicide within 24 months from the date Insured Cover was accepted, or</p> <p>d) Total and Permanent Disablement where the Total and Permanent Disablement of an Insured Person is directly or indirectly the result of an intentional self-inflicted injury or attempted suicide, or</p> <p>e) Any additional exclusion advised by the Insurer in writing under underwriting.</p>
Fund	Means GigSuper, a product offered in the DIY Master Plan (ABN 46 074 281 314).
Gainful Employment	Means employed or self-employed for gain or reward in any business, trade, profession, vocation, calling, occupation or employment at the time the Insurer assesses the claim and includes part-time occupations, an occupation which may be perceived by the Eligible Person or Insured Person to be of lower status than their previous occupation or an occupation in which they do not earn as much income as they did in their previous occupation.
Illness	Means a sickness, disease or disorder.
Immediate Assessment Conditions	<p>Means any of the following:</p> <p>(a) Blindness - the permanent loss of sight in both eyes, whether aided or unaided, due to Injury or Illness to the extent that visual acuity is 6/60 or less in both eyes, or to the extent that the visual field is reduced to 20 degrees or less of arc, as certified by an ophthalmologist.</p> <p>(b) Cardiomyopathy - condition of impaired ventricular function of variable aetiology (often not determined) resulting in significant physical impairment, i.e. Class 3 on the New York Heart Association classification of cardiac impairment or a left ventricular ejection fraction of less than 35%.</p> <p>(c) Chronic Lung Disease - the permanent end stage respiratory failure with FEV1 test results of consistently less than 1 litre or requiring continuous permanent oxygen therapy or FEV1 of less than 35% of predicted value on two separate occasions 6 months apart and confirmed by a pulmonologist.</p> <p>(d) Dementia and Alzheimer's Disease - the clinical diagnosis of dementia (including Alzheimer's disease) as confirmed by a consultant neurologist, psycho-geriatrician, psychiatrist or geriatrician. The diagnosis must confirm permanent irreversible failure of brain function resulting in significant cognitive impairment for which no other</p>

	<p>recognisable cause has been identified. Where significant cognitive impairment means a deterioration in the person's Mini-Mental State Examination scores to 24 or less and deterioration would continue but for any effective treatment. Dementia related to alcohol or drug abuse are excluded.</p> <p>(e) Diplegia - the total loss of function of symmetrical sides of the body due to Injury or Illness, where such loss of function is permanent.</p> <p>(f) Hemiplegia - the total loss of function of 1 side of the body due to Injury or Illness, where such loss of function is permanent.</p> <p>(g) Loss of Hearing - the complete and irrecoverable loss of hearing, both natural and assisted from both ears of 90dB or more over the frequencies 500Hz, 1000Hz, 2000Hz, and 3000Hz on 2 occasions taken 6 months apart. The loss of hearing must be as a result of Injury or Illness, as certified by an ear, nose and throat specialist.</p> <p>(h) Loss of Speech - the total and irrecoverable loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or the speech centres of the brain. The loss must be certified by an appropriate medical specialist not less than ninety days after the ability to speak was first lost.</p> <p>(i) Major Head Trauma - Injury caused by an external force to the head resulting in neurological deficit causing either:</p> <p>i. A permanent loss of at least 25% whole person function (as defined by the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment latest Edition' or the equivalent guide to the evaluation of impairment approved by the Insurer, or</p> <p>ii. The permanent and irreversible inability to perform without the assistance of another person any 2 of the following activities of daily living:</p> <ul style="list-style-type: none"> • Dressing - the ability to put on and take off clothing, • Bathing – the ability to wash or shower without assistance, • Toileting - the ability to use the toilet, including getting on and off, • Mobility - the ability to get in and out of a bed and a chair,
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	<ul style="list-style-type: none"> • Continence - the ability to control bowel and bladder function, • Feeding - the ability to get food from a plate into the mouth, <p>as certified by a consultant neurologist.</p> <p>(j) Motor Neurone Disease - unequivocal diagnosis of motor neurone disease by a consultant neurologist and confirmed by neurological investigations.</p> <p>(k) Multiple Sclerosis - the unequivocal diagnosis of multiple sclerosis as confirmed by a consultant neurologist and characterised by demyelination in the brain and/or spinal cord evidenced by Magnetic Resonance Imaging or other investigations acceptable to the Insurer. There must have been more than 1 episode of well-defined neurological deficit affecting different anatomical sites with a permanent loss of at least 25% whole person function as defined by the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment (current edition)' or equivalent guide to impairment approved by the Insurer.</p> <p>(l) Muscular Dystrophy - the unequivocal diagnosis of Muscular Dystrophy by a consultant neurologist with at least 25% Impairment of Whole Person Function that is permanent, as defined in the current American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', or an equivalent guide to impairment approved by the Insurer.</p> <p>(m) Paraplegia - the permanent Loss Of Use Of both legs resulting from spinal cord Injury or Illness.</p> <p>(n) Parkinson's Disease - the unequivocal diagnosis of Parkinson's disease by a consultant neurologist with the inability to perform without the assistance of another person any 2 of the following activities of daily living:</p> <ol style="list-style-type: none"> Dressing - the ability to put on and take off clothing, Bathing – the ability to wash or shower without assistance, Toileting - the ability to use the toilet, including getting on and off, Mobility - the ability to get in and out of a bed and a chair, Continence - the ability to control bowel and bladder function, Feeding - the ability to get food from a plate into the mouth,
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	<p>(o) Primary Pulmonary Hypertension - primary pulmonary hypertension associated with right ventricular enlargement established by cardiac catheterisation resulting in significant permanent physical impairment to the degree of at least Class 3 on the New York Heart Association classification of cardiac impairment, or where there is a pulmonary artery pressure (PAP) of more than 30mmHg.</p> <p>(p) Quadriplegia - the permanent Loss Of Use Of both arms and both legs, resulting from spinal cord Injury or Illness.</p> <p>(q) Severe Burns – tissue injury caused by thermal, electrical or chemical agents causing third degree burns to 20 per cent or more of the Body Surface Area as measured by the 'Rule of Nines' or the Lund and Browder Body Surface Chart, or to the whole of the face or the whole of both hands requiring surgical debridement and/or grafting.</p> <p>(r) Severe Rheumatoid Arthritis - the unequivocal diagnosis of Severe Rheumatoid Arthritis by a rheumatologist in accordance with the '2010 Rheumatoid Arthritis Classification Criteria' published by the American College of Rheumatology and European League Against Rheumatism, with evidence of persistent joint inflammation and progressive disease. There must be evidence of a poor clinical response to:</p> <ol style="list-style-type: none"> At least six (6) months of treatment with oral disease modifying anti-rheumatic drugs (DMARDs), and All conventional therapy including biological agents. <p>Degenerative osteoarthritis and all other arthritis are excluded.</p>
Injury	Means bodily Injury caused by violent, external and visible means.
Insured Person	Means an Eligible Person who has cover other than Accident Cover
Insured Cover	Means the total insurance cover that the Insurer agree to for an Eligible Person.
Insurer	Means Hannover Life Re of Australasia Ltd (ABN 32 620 862 053)
Loss Of Use Of	Means: <ol style="list-style-type: none"> The permanent loss of sight, whether aided or unaided due to Injury or Illness to the extent that the visual acuity is 6/60 or less in both eyes, or to the extent that visual field is reduced to 20

	degrees or less of arc, as certified by an ophthalmologist, or b) The loss of the use of a leg from at or above the ankle, or an arm from at or above the wrist, which is permanent.
Maximum Entry Age	Means the maximum age an Eligible Person can join the Fund and receive Default Cover or Voluntary Cover. The Maximum Entry Age is prior to the Eligible Person's 65 th birthday.
Member Application Form	Means the application form on which an Eligible Person requests cover which has been agreed between the Insurer and the Fund from time to time.
Minimum Entry Age	Means the minimum age an Eligible Person is eligible to apply for Insured Cover and is the Eligible Person's 15 th birthday.
New Events Cover	Means Insured Cover that is provided for an Illness first diagnosed, or an Injury that first occurs, on or after the date Insured Cover commences or recommences for an Insured Person. For avoidance of doubt, Insured Cover is not provided for a pre-existing Injury, Illness, condition or related symptom that the Insured Person was aware of, or a reasonable person in their position should be aware of, or for which they had a medical consultation on or prior to the date Insured Cover commences or recommences for an Insured Person.
Overseas	Means anywhere other than the Commonwealth of Australia and its Territories or New Zealand
Policy Owner	Means Diversa Trustees Limited (ABN 49 006 421 638, AFSL 235153)
Taper	Means the tapering of fixed Voluntary Cover for Total and Permanent Disablement
Terminal Illness	Means a disease or condition that is highly likely to result in the Insured Person's Death within 24 months from the Date of Certification.
Terminal Illness Benefit	Where an Insured Person has been diagnosed with Terminal Illness, the Insurer will pay a Terminal Illness benefit provided that: a) The Date of Certification of the Terminal Illness is on or after the date their Insured Cover commenced. No Terminal Illness benefit will be considered where the Date of Certification is prior to this date, and b) The Insured Person must supply, at their expense, supporting medical evidence from two Doctors approved by the Insurer, at least one of the Doctors must be a specialist practising in the field to which the Terminal Illness relates. The Insurer will require this information in a form of their choosing and reserve the right to ask for any additional information that the Insurer feel

	is appropriate. Where the Insurer asks for additional information, The Insurer will incur the cost of obtaining this information, and c) If the policy has terminated, the Insured Person, will only be eligible for a Terminal Illness benefit where: i. The Date of Certification is prior to the date that the policy terminated, and ii. The Insured Person is not eligible for a terminal illness, total and permanent disablement or death claim under a new replacement policy. From the date a Terminal Illness claim has been lodged an Insured Person will no longer be eligible for Total and Permanent Disablement, any increase in Insured Cover or any reinstatement of Insured Cover. If a claim for Terminal Illness is admitted, all Insured Cover will cease from that date. Where a Terminal Illness benefit is paid, it will be considered as an advance payment of the Insured Cover for Death.
Total and Permanent Disablement	If on the Date of Disablement an Insured Person has worked for an average of: a) At least 15 hours per week during the 6 months prior to the Date of Disablement, the Insurer will pay the Insured Cover for Total and Permanent Disablement if the Insured Person satisfies Part 1, 2, 3 or 4, and b) Less than 15 hours per week during the 6 months prior to the Date of Disablement, the Insurer will pay the Insured Cover for Total and Permanent Disablement if the Insured Person satisfies Part 1, 2, 3 or 4. However, the Insurer will assess their ability to engage in Gainful Employment using the same average hours that they worked in the 6 months prior to the Date of Disablement. For example, where an Insured Person has worked on average 10 hours per week, the Insurer will assess your ability to engage in Gainful Employment for at least 10 hours per week. If an Insured Person is suffering from 1 or more of the Immediate Assessment Conditions and all claim requirements have been received by the Insurer, the 3 month waiting period that applies to Part 1 and 4 is waived and assessment of a claim commences immediately. In order to satisfy Part 3 or 4, the Insured Person must be disabled to such an extent as a result of that Injury or Illness that in the Insurer's opinion they are unlikely ever at any time in the future to engage in any Gainful

	<p>Employment for which they are reasonably suited by education, training or experience.</p> <p>Part 1 - Unlikely to Return to Work</p> <p>The Insured Person is unable to do any work as a result of Injury or Illness for 3 consecutive months and in the Insurer's opinion at the end of that 3 months they continue to be so disabled as the result of their ill-health (whether physical or mental) that they are unable to resume their previous occupation at any time in the future and will be unlikely ever at any time in the future to engage in Gainful Employment for which they are reasonably suited by education, training or experience.</p> <p>Part 2 - Permanent Impairment</p> <p>The Insured Person is engaged in Gainful Employment when suffering an Injury or Illness and, as a result of that Injury or Illness, they:</p> <ul style="list-style-type: none"> a) Suffer a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment 4th Edition', or the equivalent guide to the evaluation of impairment approved by the Insurer, and b) Are disabled to such an extent, as a result of this impairment, that the Insured Person is unlikely ever at any time in the future to engage in any occupation, business, profession or employment for which they are reasonably suited by education, training or experience. <p>Part 3 - Loss of Use of</p> <p>The Insured Person suffers the total, permanent and irrecoverable Loss Of Use Of:</p> <ul style="list-style-type: none"> a) 2 limbs, or b) The sight of both eyes, or c) 1 limb and the sight of 1 eye. <p>Part 4 - Cognitive Loss</p> <p>The Insured Person, as a result of Injury or Illness, is first diagnosed with Cognitive Loss and is under the continuous care and supervision by another adult for at least 3 consecutive months and, at the end of that 3 month period, they are likely to require permanent ongoing continuous care and supervision by another adult.</p>
Short Form Personal Statement	Means the form agreed between the Insurer and the Fund from time to time.
Voluntary Cover	Means the amount of Voluntary Cover the Insurer have underwritten and accepted for the Insured Person. All Voluntary Cover is

	<p>provided as fixed cover for an amount nominated by the Insured Person.</p> <p>Additional Voluntary Cover is available prior to the Insured Person's 65th birthday once your account balance reaches at least \$6,000.</p>
War	Means an act of war, whether declared or not, armed aggression by a country or organisation resisted by any country or organisation, or civil disturbance.
When Interim Accident Cover Ends	<p>Interim Accident Cover for an Eligible Person or an Insured Person ceases on the earliest of:</p> <ul style="list-style-type: none"> a) When the Insurer notifies the Policy Owner of their decision under underwriting, or b) When the application is withdrawn, or cancelled, or the Insurer is advised it is not being proceeded with, or c) At midnight on the 90th day after it commenced, or d) When Insured Cover for an insured person ceases, or e) The cessation of the policy. <p>Where the Insurer has made an offer of Insured Cover that is subject to special terms, interim Accident Cover for an Eligible Person or an Insured Person ceases on the earliest of:</p> <ul style="list-style-type: none"> i. When the Insurer is notified that the Eligible Person or Insured Person accepts their offer, or ii. When the Insurer is notified that the Eligible Person or Insured Person has rejected their offer, or iii. At midnight on the 28th day after the Insurer notifies the Policy Owner of their decision under underwriting, or iv. When Insured Cover for an Insured Person ceases, or v. The cessation of the policy.
White Collar	<p>means at the time of completion an Insured Person is able to answer 'yes' to the following question:</p> <p>Are all the duties of all your occupations, White Collar occupations where you perform clerical, administration or managerial duties only in an office-based environment?</p>

5. INCOME PROTECTION INSURANCE TERMS & CONDITIONS

GigSuper provides members with the opportunity to have Income Protection insurance through a Group Insurance Policy, issued to us by Hanover Life Re of Australasia Ltd (the Insurer). The information contained in this section is a summary of the terms and conditions associated with the Group Income Protection Policy. Full terms and conditions are contained in the Policy.

The Insurer has the right under the policy to: accept cover for the member; accept cover for the member subject to exclusions or restrictions they may consider appropriate; or refuse to provide cover to a member.	
Accident Cover	Means cover for an unintended and unexpected Injury only
Approved Rehabilitation	Means a program, device or course of treatment certified by a Doctor or other health professional to be necessary for the rehabilitation of a person but excluding any program providing hospital treatment or an ancillary health service within the meaning of the National Health Act 1953 or any other program which might cause the policy to cease to be exempt from the National Health Act 1953 or Health Insurance Act 1973 or any similar legislation in connection with health insurance.
Approved Rehabilitation Benefit	<p>If an Insured Person suffers Total Disability or Partial Disability and the Insurer agrees that a program is likely to assist in their return to work, the Insurer may pay for the cost of Approved Rehabilitation in addition to the benefits otherwise payable for the Insured Person.</p> <p>Any payment of this benefit will be made to the service provider and the expense must be approved by the Insurer, in writing before it is incurred. The approval of the Approved Rehabilitation benefit is at the Insurer's absolute discretion.</p>
At Work	<p>Means that a person:</p> <ul style="list-style-type: none"> a) Is not restricted by Illness or Injury from being capable of actively performing all of their full and normal duties of their usual occupation on a full-time basis (for at least 30 hours per week) even though actual employment may be on a full-time, part-time, casual or contract basis and for less than 30 hours per week., and b) Is not in receipt of, or entitled to claim, any income support benefits from any source including but not limited to workers' compensation benefits, statutory transport accident benefits and disability income benefits.
Australian Resident	Means an Australian citizen or a person who is the holder of an Australian permanent visa within the meaning of the Migration Act 1958, Subsection 30(1), or resides in Australia on a Temporary Work (Skilled) visa. It also includes a New

	Zealand citizen who is residing and working in Australia.
Benefit Limits	<p>The Monthly Benefit the Insurer is liable to pay will never be more than the Maximum Monthly Benefit.</p> <p>The Insurer is not liable to continue to pay a Monthly Benefit once the Insured Person reaches the Cover Ceasing Age.</p> <p>Subject to Benefit Period and Recurrent Disability, the entitlement of the Monthly Benefit payable will not exceed the Benefit Period for any one claim.</p>
Benefit Offsets	<p>The Monthly Benefit for Total Disability or Partial Disability shall be reduced by any Other Disability Income that the Insured Person is entitled to during that month. Unless, the Insurer has agreed otherwise, a reduction will only be made where their Monthly Benefit plus any Other Disability Income exceeds 75% of their pre-disability Monthly Income or the Maximum Monthly Benefit.</p> <p>If the entitlement of an Insured Person to Other Disability Income is in dispute, the Insurer may at their discretion pay the full amount of the benefit due under the policy on a conditional basis until the dispute is resolved. If the Insurer chooses to pay, and the Insured Person receives Other Disability Income, the Insurer may offset those payments received from future benefits or recover the amount of benefit the Insurer has paid which would have been offset.</p>
Benefit Period	The Benefit Period is one year, and starts the day after the expiry of the Waiting Period.
Cessation of Insured Cover	<p>Insured Cover for an Insured Person ceases on the earlier of the date:</p> <ul style="list-style-type: none"> a) They reach the Cover Ceasing Age, or b) They cease to be an Eligible Person or Insured Person under the Fund, or c) They cease to reside in Australia or fail to meet the terms under Overseas cover, or d) They commence active service with the armed forces of any country, except as a member of the Australian Defence Force Reserves whilst performing duties within Australia, or e) They cease to be a member of the Fund, or f) Their account balance in the Fund is insufficient to meet the next

	<p>premium which falls due. Where this applies cover will cease on the last day of the month in which the premium fell due and was paid, or</p> <ul style="list-style-type: none"> g) They die, or h) They are the subject of a fraudulent claim under the policy, or i) The Policy Owner gives notice that Insured Cover will cease for the Insured Person, or j) The Insured Person has not made a contribution or rollover into their GigSuper account for a period of sixteen or more months, and has not made an election to take out or maintain insurance despite inactivity, or k) Insured Cover for every Insured Person under the policy ceases.
Claim Payment	<p>After the conclusion of the Waiting Period the Insurer will pay all Total Disability and Partial Disability benefits monthly in arrears.</p> <p>The amount of Insured Cover payable is determined in accordance with the Monthly Benefit.</p> <p>For the purpose of calculating the Monthly Benefit, Monthly Income is determined immediately prior to the date of Disability and salary is the latest amount advised by the Insured Person on which premium has been paid.</p> <p>If immediately prior to the date of Disability, an Insured Person was no longer a Permanent Employee or Contractor working for their employer for at least 15 hours per week, the Insured Person's Monthly Income will be averaged over the 12 months immediately prior to the date of Disability.</p> <p>If a benefit is payable for less than the whole month, the Insurer will pay 1/30th of the Monthly Benefit for each day the benefit is payable.</p> <p>The total maximum Insured Cover per Insured Person is the Maximum Monthly Benefit.</p> <p>If the Insurer is required by law to deduct any amount from a benefit, the Insurer may deduct the amount the Insurer considers it is obliged to deduct and pay it to the relevant collection authority. Their liability to pay a benefit under the policy will be discharged to the extent of their payment of the deduction amount.</p>

	<p>If an Insured Person has more than one Injury or Illness causing their Disability, whether they are related or not, only one Total Disability benefit or Partial Disability benefit will be payable.</p> <p>Subject to Waiver of Premium, the Insurer will only pay a Monthly Benefit for an Insured Person where premium has been calculated and paid.</p> <p>The Insurer will cease payments for an Insured Person at the earliest of the following events:</p> <ul style="list-style-type: none"> a) They no longer meet the definition of Total Disability or Partial Disability, or b) They die, or c) The Benefit Period expires, or d) They attain the Cover Ceasing Age, or e) They are no longer under the regular care of and following the advice of a Doctor, or f) The Policy Owner or the Insured Person fails to provide the Insurer with any requested information that is required to assess the Insured Person's claim, or g) A fraudulent claim is made by the Insured Person. <p>If an Insured Person is in receipt of a Monthly Benefit it will not cease on payment of a total and permanent disablement or terminal illness benefit to the Insured Person under another insurance policy.</p> <p>If the Policy Owner has instructed the Insurer in writing to pay all benefits to the Insured Person, with the exception of the Superannuation Contribution benefit which is payable to the Fund, payment in accordance with this written instruction is a full discharge of their liability for the claim.</p> <p>All benefits will be paid in Australian currency.</p>
Contractor	Means an Eligible Person or Insured Person who is working on a fixed term contract for a duration of at least 12 months that requires them to perform identifiable duties for a regular number of hours each week.
Cover Ceasing Age	Means the maximum age that cover is provided under the policy being the Insured Person's 65 th birthday

Cover Whilst Working Overseas	<p>Insured Cover will continue for an Insured Person whilst Overseas provided:</p> <ul style="list-style-type: none"> a) The Insurer continues to receive premium for them unless Waiver of Premium applies, and b) The period of Overseas is no longer than 5 years, and c) In the Insurer's opinion, the residence Overseas is temporary in nature.
Death Benefit Whilst on Claim	<p>If an Insured Person dies while the Insurer is paying a Monthly Benefit, the Insurer will pay an additional lump sum benefit equal to 3 times the Monthly Benefit for Total Disability or Partial Disability applicable to the Insured Person at the date of their death. This lump sum benefit is only payable by the Insurer upon receipt of satisfactory evidence.</p>
Disability	<p>Means either Total Disability or Partial Disability.</p>
Doctor	<p>Means a registered medical practitioner who is legally qualified and properly registered to practice in Australia or New Zealand or as otherwise agreed by the Insurer. That person may not be the Eligible Person or Insured Person, their business partner, a member of their immediate family or their employer.</p>
Eligible Person	<p>Means a person who:</p> <ul style="list-style-type: none"> a) Is an Australian Resident, and b) Is aged between the Minimum Entry Age and the Maximum Entry Age, and c) Is not employed in an Excluded Occupation, or who does not perform any duties of an Excluded Occupation, or d) The Insurer expressly agree in writing is an Eligible Person.
Excluded Occupation	<p>Means a person who is employed in or who performs any duties of an occupation listed below:</p> <ul style="list-style-type: none"> a) Aviation worker such as a pilot, air traffic controller or aerial photographer, b) Emergency services worker such as a fireman, police officer, ambulance officer or paramedic, except as a volunteer, c) Entertainer working professionally such as an actor, dancer, musician or performer,

	<ul style="list-style-type: none"> d) Forestry worker such as a tree feller or sawmill worker, e) Horse racing industry worker such as a jockey, trainer or strapper, f) Mining worker such as a miner, mineral explorer earth driller or explosives handler, g) Offshore worker such as a fisherman, oil rig worker or diver, h) Seasonal worker, i) Security worker such as a security guard, doormen, bouncer or crowd controller, j) Sex worker, k) Sports person working professionally or semi-professionally, l) Underground or underwater worker, m) Working at heights above 10 metres such as a rigger, scaffolder, roof worker or antenna erector.
Exclusions	<p>Insured Cover will not be payable where a claim is directly or indirectly the result of:</p> <ul style="list-style-type: none"> a) War, or b) The Insured Person having been in a country listed on the Department of Foreign Affairs & Trade website (www.dfat.gov.au) as subject to a 'do not travel' warning at the time they entered the country, or c) Intentional self-inflicted injury or attempted suicide or d) Normal and uncomplicated pregnancy or childbirth. For avoidance of doubt, complications such as threatened or actual miscarriage, participation in an IVF or similar program, multiple pregnancy, or discomfort such as morning sickness, backache, varicose veins, ankle swelling and bladder problems, are all considered normal and uncomplicated and are therefore excluded, or e) Participation in a criminal act, or f) Any additional exclusion advised by the Insurer in writing under underwriting.

Fund	Means GigSuper, a product offered in the DIY Master Plan (ABN 46 074 281 314).
Illness	Means a sickness, disease or disorder.
Injury	Means bodily Injury caused by violent, external and visible means.
Insured Cover	Means the total insurance cover that the Insurer agrees to for an Insured Person.
Insured Person	Means an Eligible Person who has cover other than Accident Cover
Insurer	Means Hannover Life Re of Australasia Ltd (ABN 32 620 862 053)
Maximum Entry Age	Means the maximum age an Eligible Person can join the Fund and receive Insured Cover. The Maximum Entry Age is prior to the Eligible Person's 65 th birthday.
Maximum Monthly Benefit	Means the maximum amount of total Insured Cover per Insured Person based on all cover held with the Insurer and under all policies in the market. The Maximum Monthly Benefit is \$30,000 per month.
Member Application Form	Means the application form on which an Eligible Person requests cover which has been agreed between us and the Insurer from time to time.
Minimum Entry Age	Means the minimum age an Eligible Person is eligible to apply for Insured Cover and is the Eligible Person's 15 th birthday.
Monthly Benefit	Means 75% of the Insured Person's pre-disability Monthly Income, plus the Superannuation Contribution benefit if included, subject to the Monthly Benefit not exceeding the amount of Insured Cover at the date of Total Disability or the Maximum Monthly Benefit.
Monthly Income	Means: <ul style="list-style-type: none"> a) Where the Insured Person is employed, 1/12th of the annual pre-tax Salary paid by the employer to the Insured Person, or b) Where the Insured Person directly or indirectly owns all or part of the business, including all or part ownership through another legal entity, from which they earn their usual income, 1/12th of the gross amount earned by the business in the 12 months immediately before the period of Total Disability, as a

	direct result of the Insured Person's personal exertion or activities through their usual occupation after allowing for the costs and expenses incurred in deriving that income. Income from the business will not include investment income, profit distributions or similar payments that may continue in the event of Total Disability or Partial Disability.
Notice of Claim	Notice of a potential claim must be given to the Insurer as soon as possible after the incident that has caused the claim. This process ensures that The Insurer can efficiently and effectively manage all claims. The Insurer will only consider a claim where in their opinion the delay in notification does not prejudice their ability to assess the claim.
Other Disability Income	Means any income, other than income under the policy, which a person may derive during a month for which a benefit under the policy is being assessed, whether that income was actually received or not, and includes: <ul style="list-style-type: none"> a) Any other income derived as a result of incapacity under any other insurance policy, and b) Any benefit under any worker's compensation, motor accident compensation or other similar State, Federal or Territory legislation, and c) Sick leave entitlements, and d) Termination payments from the employer. <p>It does not include:</p> <ul style="list-style-type: none"> e) Income earned from investments, f) Any lump sum total and permanent disablement benefit, lump sum superannuation benefit, lump sum trauma or terminal illness style of benefit, g) Annual leave or long service leave entitlements, or h) Centrelink payments. <p>Any Other Disability Income that is in the form of a lump sum, or is commuted for a lump sum, has a monthly equivalent of 1% of the lump sum for each month a disability benefit is paid. If it can be</p>

	<p>shown that a portion of the lump sum represents compensation for pain and suffering, or the loss of use of a part of the body, the Insurer will not take that portion into account as Other Disability Income.</p> <p>Where a common law, workers compensation or statute payment is received as a lump sum and pain and suffering cannot be isolated from loss of earnings, the Insurer will convert this to income on the basis of 1% of the lump sum for each month a disability benefit is paid.</p>
Overseas	Means anywhere other than the Commonwealth of Australia and its Territories, or New Zealand.
Partial Disability	<p>Means because of an Injury or Illness an Insured Person has suffered Total Disability continuously for a period of at least 7 days out of 12 consecutive days and:</p> <ul style="list-style-type: none"> a) Has ceased to suffer Total Disability, and b) Has resumed partial employment or, in the Insurer's opinion, is deemed capable of returning to partial employment duties, and c) As a result of the Injury or Illness that caused their Total Disability has received, or could in the Insurer's opinion receive, a Post-Disability Income that is less than their Monthly Income, and d) Is under the continuous and regular care of a Doctor undergoing the appropriate treatment.
Partial Disability Benefit	<p>The amount the Insurer must pay for Partial Disability is calculated in accordance with the following formula, less any Other Disability Income that accrues to the Insured Person during the month:</p> $\frac{A - B}{A} \times C$ <p>Where,</p> <ul style="list-style-type: none"> A. Is the Insured Person's pre disability Monthly Income. B. Is the Insured Person's actual Monthly Income earned during the month of Partial Disability. C. Is the Monthly Benefit which would otherwise be payable if the Insured

	<p>Person had suffered Total Disability.</p> <p>If an Insured Person suffers Partial Disability and no work is available then, after considering all the medical and other evidence available to the Insurer, they will calculate the Insured Person's Post-Disability Income based on the Insurer's assessment of their capacity to earn.</p>
Payment of Benefits Overseas	<p>When an Insured Person is Overseas, or resides in Australia and subsequently travels Overseas and becomes disabled, the Insurer will not be liable to pay benefits for more than a total of 6 months while they remain Overseas. However, if the entitlement to the benefit is continuing, the Insurer will continue to pay the Monthly Benefit with effect from the date they return to Australia.</p> <p>The Insurer reserves the right to ask the Insured Person to return to Australia at their expense for the ongoing assessment of a claim.</p>
Permanent Employee	<p>Means an Eligible Person who is employed on a permanent basis under an ongoing contract that:</p> <ul style="list-style-type: none"> a) Requires the Eligible Person to perform identifiable duties for a regular number of hours each week, and b) Allows the Eligible Person to accrue annual leave, sick leave, leave loading and long service leave, and c) Is not employed on a casual basis.
Policy Owner	Means Diversa Trustees Limited (ABN 49 006 421 638, AFSL 235153)
Post-Disability Income	<p>Means any income that an Insured Person may derive after the commencement of the Waiting Period during a month for which a benefit is being assessed.</p> <p>If an Insured Person is suffering Partial Disability but has not received such income, in order to enable the Insurer to calculate the benefit the Insurer will estimate their capacity to earn and substitute an amount for partial earnings.</p>
Recurrent Disability	<p>Where Insured Cover for an Insured Person is in force, a period of Disability will be deemed to be a continuation of an earlier period of Disability if the Disability is caused by the same medical condition and is separated from the previous period of Disability by a period of less than 6 months active full time work.</p> <p>If a period of Disability is deemed to be a continuation of an earlier period of Disability the Waiting Period does</p>

	<p>not apply to it and it will be a continuation of the same Benefit Period. If the period of Disability is not deemed to be a continuation of an earlier period of Disability under this clause then a new Waiting Period and Benefit Period will apply.</p> <p>An Insured Person's usual hours of work prior to their Disability will be considered as their full time work.</p>
Salary	<p>Means the Insured Person's pre-tax salary derived from their occupation, less any expenses incurred in deriving that income. Salary does not include director's fees, overtime payments, commissions, bonuses, penalty or shift allowances, non-employer superannuation contributions, investment income, income received from deferred compensation plans, disability income policies, retirement plans or any income derived from non-vocational activities.</p>
Short Form Personal Statement	<p>Means the form agreed between us and the Insurer from time to time.</p>
Superannuation Contribution	<p>Means the benefit payable under employer superannuation contribution benefit.</p>
Total Disability	<p>Means because of an Injury or Illness the Insured Person is:</p> <ol style="list-style-type: none"> Unable to perform the usual income producing duties of his or her occupation, and Under the regular care and following the advice of a Doctor, and Not working in any occupation, whether for reward or not for reward.
War	<p>Means an act of war, whether declared or not, armed aggression by a country or organisation resisted by any country or organisation, or civil disturbance.</p>
Waiting Period	<p>The Insurer is not liable to begin to pay any Total Disability or Partial Disability benefit until the expiry of the Waiting Period. The Waiting Period starts on the date an Insured Person who suffers an Injury or an Illness first receives medical advice from a Doctor about their condition and the Doctor certifies that on that day the Insured Person suffers Total Disability.</p> <p>Where an Insured Person suffering Total Disability returns to work during the Waiting Period and this return to work proves unsuccessful due to the Injury or Illness causing Total Disability, then the original Waiting Period will continue if the number of days they return to work</p>

	<p>for is no more than 10% of the Waiting Period.</p>
Waiver of Premium	<p>While an Insured Person is being paid a Monthly Benefit as a result of Disability, the Insurer will waive income protection premiums under the policy for the period the Insured Person is entitled to be paid a Monthly Benefit. Premium is payable to the Insurer whilst an Insured Person is in receipt of a Monthly Benefit from another insurer.</p>
When Interim Accident Cover Ends	<p>Interim Accident Cover for an Eligible Person or an Insured Person ceases on the earliest of:</p> <ol style="list-style-type: none"> When the Insurer notifies the Policy Owner of their decision under underwriting, or When the application is withdrawn, or cancelled, or the Insurer is advised it is not being proceeded with, or At midnight on the 90th day after it commenced, or When Insured Cover for an insured person ceases, or The cessation of the policy. <p>Where the Insurer has made an offer of Insured Cover that is subject to special terms, interim Accident Cover for an Eligible Person or an Insured Person ceases on the earliest of:</p> <ol style="list-style-type: none"> When the Insurer is notified that the Eligible Person or Insured Person accepts their offer, or When the Insurer is notified that the Eligible Person or Insured Person has rejected their offer, or At midnight on the 28th day after the Insurer notifies the Policy Owner of their decision under underwriting, or When Insured Cover for an Insured Person ceases, or The cessation of the policy.
White Collar	<p>Means at the time of completion an Insured Person is able to answer 'yes' to the following question:</p> <p>Are all the duties of all your occupations, White Collar occupations where you perform clerical, administration or managerial duties only in an office-based environment?</p>

Workplace Modification Benefit	<p>If the Insured Person is receiving Total Disability or Partial Disability benefits and the Insurer agrees that modification to their place of employment is necessary in order for them to return to work, the Insurer may pay all or some of the modification expenses. The workplace modification benefit will be paid in addition to any other benefit payable under the policy.</p> <p>Any payment of this benefit will be made to the service provider and the expense must be approved by the Insurer, in writing before it is incurred.</p> <p>The approval of a workplace modification benefit is at the Insurer's absolute discretion.</p>
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