

Voluntary Cover Insurance Guide

Issued 1 January 2024



About this document

This **Voluntary Cover Insurance Guide** contains detailed information about Voluntary Cover available in Qantas Super.

The Voluntary Cover described in this **Voluntary Cover Insurance Guide** is separate to, and in addition to, Basic Cover for Gateway members and Standard Cover for other eligible members in Qantas Super.

The information in this document forms part of the **Qantas Super Gateway Member Guide Product Disclosure Statement** (PDS) issued on 1 January 2024.

You should read the PDS and this document, together with the **Qantas Super Gateway Member Guide Supplement**, the **Investment Guide** and the **Which Glidepath investment stage am I invested in?** fact sheet, which are available on our website at www.qantassuper.com.au.

This **Voluntary Cover Insurance Guide** is also relevant for members in Qantas Super's divisions that are closed to new members – Divisions 1, 2, 3, 3A, 5, 6, 7, 10 and 15. Voluntary Cover is not available as part of an Income Account in Gateway.

Please read it carefully and keep it with your personal financial documents.

Note: We may update this **Voluntary Cover Insurance Guide** from time to time. For the latest version, please check our website. You can request a paper copy of updated information at any time free of charge by calling the Qantas Super Helpline on 1300 362 967.

The information in this document is of a general nature and is not intended to constitute personal financial product advice as it has not been prepared taking account of your objectives, financial situation or needs. We recommend that before acting on any information contained in this document, you consider its appropriateness and seek financial advice tailored to your personal circumstances from a licensed financial adviser.

There are terms used in this **Voluntary Cover Insurance Guide** that have a specific meaning.

Those terms are listed and defined in the 'Definitions' section.

Qantas Super's Insurer

The Voluntary Cover set out in this **Voluntary Cover Insurance Guide** is provided by MetLife Insurance Limited ABN 75 004 274 882, AFSL 238096 (MetLife or Insurer) under a group life policy issued to the Trustee (Policy). The Trustee reserves the right to change Insurer or vary the benefits described in this **Voluntary Cover Insurance Guide** from time to time.

MetLife respects your privacy and handles your information in accordance with its Privacy Policy set out on its website. For more information please go to www.metlife.com.au/privacy.

Issued by Qantas Superannuation Limited ABN 47 003 806 960, AFSL 288330, RSE licence L0002257 (QSL, we, us, our or Trustee) as trustee of Qantas Superannuation Plan ABN 41 272 198 829, RSE R1005486 (Qantas Super). Qantas Super is the default super fund for most Australian-based employees of Qantas Airways Limited ABN 16 009 661 901 and associated employers (Qantas Group).

Contents

About this document	2	Cost of Voluntary Cover	16
About Voluntary Cover	3	How to make a claim	19
Voluntary Cover for death	7	Duty to take reasonable care	20
Voluntary Cover for TPD	9	Definitions	21
When Voluntary Cover ends	14	Contact us	24

About Voluntary Cover

Voluntary Cover in Qantas Super provides you with further flexibility when it comes to arranging insurance cover at a level you feel is right for you and your personal circumstances.

Any approved Voluntary Cover is in addition to your super benefit and any Standard Cover or Basic Cover (as applicable) you have in Qantas Super.

The terms and conditions, and premium rates that apply to Voluntary Cover differ to those for Standard Cover and Basic Cover. Please read the PDS or member disclosure documents relevant to your division for information about your Standard Cover or Basic Cover in Qantas Super.

Types of Voluntary Cover

The type of Voluntary Cover you can apply for depends on your membership.

- Employee Members in any division of Qantas Super and Retained Members in Gateway.

Voluntary Cover is available for:

- death only; or
- death and total and permanent disablement (TPD).

Voluntary Cover for TPD is only available in conjunction with Voluntary Cover for death.

The amount of your Voluntary Cover for TPD cannot be higher than the amount of Voluntary Cover you have for death.

- Spouse Members in Gateway. Voluntary Cover is available for death only.

Voluntary Cover is not available for members as part of an Income Account in Gateway.

Who is eligible?

To be eligible to apply for Voluntary Cover you must be:

- a member of Qantas Super (excluding members who only hold an Income Account in Qantas Super);
- under the maximum age for cover, which is age 65; and
- an Australian resident who has always lived in Australia or has come to live in Australia, or is eligible to work in Australia.

Calculating the amount of Voluntary Cover

You can apply for a dollar amount of Voluntary Cover in multiples of \$10,000.

The maximum amount of total insurance cover you can have in Qantas Super is \$10 million for death and \$3 million for TPD (inclusive of all Standard Cover, Basic Cover and Voluntary Cover you have under one or more accounts).

Note: Tapering applies so that the amount of any Voluntary Cover for TPD will reduce by 20% each year commencing from 1 July following your 61st birthday up to your 65th birthday (when your Voluntary Cover for death and TPD will cease).

How to apply

Voluntary Cover

You can apply for Voluntary Cover but will need to provide evidence of good health (called 'underwriting'). The exclusions and limitations detailed on pages 8 to 9 for death and TPD apply to this cover.

Underwriting means that the Insurer will assess your application. Your application may be accepted or declined, or special conditions such as exclusions and restrictions may be imposed. You will be advised if this applies to you.

To apply, complete the application available on our website. The Voluntary Cover you have applied for will commence from the date your application is accepted by the Insurer. We'll write to let you know the outcome of your application.

You can also apply to increase cover as a result of a life event or transfer cover from outside Qantas Super¹ without underwriting.

If your cover was cancelled due to no contributions or rollovers being received to your account for at least 16 months and you do not request for it to be reinstated within 60 days, you will need to reapply and may need to provide evidence of good health.²

¹ Refer to 'Life events and transfer of cover' in this section for more information.

² If you request for your cover to be reinstated within 60 days of it being cancelled due to inactivity (ie no contributions or rollovers for 16 months), it will be reinstated automatically if you are At Work. If you are not At Work, Limited Cover will apply until you return to being At Work for 30 consecutive days.

Interim Accident Cover

If you have applied for Voluntary Cover that is subject to underwriting, while the Insurer is considering your application for Voluntary Cover, the Insurer will provide you with Interim Accident Cover for up to 90 days, commencing on receipt of a fully completed application for insurance and declaration of health in the form that is required by the Insurer.

Interim Accident Cover is paid as a lump sum if you die or become TPD as a result of an Accident. It is an amount equal to the lesser of the amount of Voluntary Cover being applied for, and \$1,000,000.

Interim Accident Cover will expire on the earliest of the following:

- 90 days after the commencement of Interim Accident Cover;
- the date on which the Insurer gives notice that your application for insurance is accepted or your Interim Accident Cover is cancelled;
- the date you cancel or withdraw the request for Voluntary Cover; or
- the date you cease to be eligible for Voluntary Cover.

Interim Accident Cover will not be payable:

- for an injury to you caused by engaging in hazardous pastimes or sports that would not be covered under the Insurer's normal assessment guidelines;
- for an injury occurring prior to the date of becoming eligible for Voluntary Cover;
- if the cover applied for would have been declined under the Insurer's normal assessment guidelines; or
- if you lodge a claim for an event or condition that would have been excluded under the Insurer's normal underwriting process.

The Insurer will not pay more than one amount under Interim Accident Cover for any one Accident to any person.

How to cancel or reduce Voluntary Cover

You can cancel or reduce your Voluntary Cover at any time. To do this, complete the application available on our website. Your insurance will be cancelled or reduced from the date we receive your valid request.

Life events and transfer of cover

You may also be eligible to apply to increase your Voluntary Cover if you experience a certain life event and/or if you have any insurance cover for death only or death and TPD outside of Qantas Super. (If you're a member of Gateway, you may also be eligible to apply to increase your Basic Cover under these circumstances. Refer to the **Gateway Member Guide Supplement** for more information.)

Life events

If you experience a certain life event and you have existing Voluntary Cover, you may apply for an increase in your Voluntary Cover without the need to provide any evidence of good health. You must apply for an increase in your cover, and provide the required proof, within 90 days of the life event.

You can apply to increase your Voluntary Cover (in multiples of \$10,000) for death only or for death and TPD for any of the following life events:

- marriage or divorce;
- birth or legal adoption of a child;
- grant of a home loan from a financial institution on the initial purchase of a principal place of residence;
- grant of a loan from a financial institution for the purpose of home renovation on a principal place of residence;
- death of your spouse;
- completion of your first undergraduate degree at an Australian university;
- you become a carer for the first time; or
- your dependent child starts secondary school.

An overall lifetime maximum of \$50,000 applies to increases in Voluntary Cover due to the above life events. For members in Gateway, any increases in Basic Cover due to a life event will count towards this overall maximum. In addition, the total amount of cover you have for death only or death and TPD in Qantas Super (including all Standard Cover, Basic Cover and Voluntary Cover) must not exceed the maximum amount¹ of total insurance cover permitted.

Note: Multiple occurrences of a life event listed above are generally considered a separate life event (eg the birth or adoption of a second child is a separate life event to the birth or adoption of your first child).

¹ Refer to 'Calculating the amount of Voluntary Cover' in this section for applicable maximums.

You are not eligible to increase your Voluntary Cover for a life event if you have:

- previously applied for an increase in cover for the same life event and your application has been either accepted or declined (for members in Gateway, this includes an application for an increase in Basic Cover for the same life event ie for a particular life event you can apply to increase Basic Cover or Voluntary Cover, but not both);
- received, or are eligible to receive, a payment from a similar insurance policy; or
- not provided satisfactory proof of the life event within 90 days of the life event occurring unless otherwise agreed by the Insurer.

If you are a Spouse Member you can only apply to increase your Voluntary Cover for death.

To apply to increase your Voluntary Cover due to a life event, complete the application available on our website and provide the required proof. The same premium rates, terms and conditions that apply to your existing Voluntary Cover also apply to any increases in Voluntary Cover approved under a life event (this includes any restrictions and/or exclusions that may apply). Any increase in your cover will be effective from the date your valid application is accepted by the Insurer. We'll write to let you know the outcome of your application.

Transfer of cover

If you have, or are eligible to have, Voluntary Cover in Qantas Super and you have insurance cover for death only or for death and TPD with another super fund, or under a group insurance policy or retail insurance policy, you may be eligible to transfer up to a maximum of \$1.5 million of this cover into Qantas Super as Voluntary Cover. If you are a member of Gateway, this limit includes any cover you may have already transferred in as Basic Cover.

If you are a Spouse Member, you can only transfer insurance cover for death only.

The amount of cover you can transfer will be limited, where necessary, so that the total amount of cover you have transferred to Qantas Super is not more than \$1.5 million and the total amount of cover you have for death only or death and TPD in Qantas Super (inclusive of the amounts transferred and all Standard Cover, Basic Cover and Voluntary Cover you have under one or more accounts in Qantas Super) does not exceed the maximum amount¹ of total insurance cover permitted.

To transfer your cover, complete the application available on our website and provide evidence of the transferring insurance cover. The premium rates for Voluntary Cover as listed in this booklet will apply to cover transferred.

Your transferred cover will only commence from the date you are accepted for cover by the Insurer. Your transferred cover will be converted into Voluntary Cover in Qantas Super (rounded up to the nearest \$10,000).

Transferred cover is subject to you cancelling the insurance cover you transferred within 60 days of you being notified of the Insurer accepting the transfer of cover into Qantas Super.

You are not eligible to transfer your insurance cover if:

- any premium loadings apply to the insurance cover you want to transfer; or
- you are currently claiming, or intending to claim a benefit under any other life, disability and/or trauma policy.

If any exclusions or other non-standard terms apply to the insurance cover you are applying to transfer, those exclusions, non-standard terms or both will continue to apply to that cover once it has been transferred into Qantas Super.

¹ Refer to 'Calculating the amount of Voluntary Cover' in this section for applicable maximums.

Voluntary Cover for death

When is Voluntary Cover for death paid?

Subject to eligibility and claim approval by the Insurer, your Voluntary Cover for death is paid as a lump sum if you die at any time while you are a member of Qantas Super. It is payable in addition to any amount payable under any Standard Cover or Basic Cover that you have for death in Qantas Super. Conditions apply (see 'Exclusions/Limitations below).

Note: The Trustee will consider each claim independently from the Insurer and form its own opinion. The Trustee will do everything reasonable to pursue an insurance claim, if the Trustee considers the claim has a reasonable prospect of success.

Your Voluntary Cover for death may also be paid prior to death if you are suffering from a Terminal Illness (see below).

Your Voluntary Cover for death is payable as part of your total death benefit paid by Qantas Super. Please read the PDS or member disclosure documents relevant to your division for details on how your total death benefit is calculated and paid.

Terminal Illness

If you meet the definition of **Terminal Illness** as defined in the 'Definitions' section, you may receive an advance payment of your Voluntary Cover for death.

The total amount of cover that can be paid due to a Terminal Illness (irrespective of whether this Voluntary Cover is held under one or more accounts in Qantas Super) will be the lesser of:

- Your Voluntary Cover for death plus your Standard Cover and Basic Cover for death¹; and
- \$3 million.

Subject to you remaining a member of Qantas Super and premiums continuing to be paid, where the total of your Voluntary Cover, Standard Cover and Basic Cover is more than \$3 million, the balance will be paid as part of your death benefit after you die.

Following the advance payment of Voluntary Cover for death due to Terminal Illness, your Voluntary Cover for TPD ceases and, if you remain a member of Qantas Super, insurance premiums in relation to your reduced level of any remaining Voluntary Cover for death will still be payable.

¹ Inclusive of all Standard Cover, Basic Cover and Voluntary Cover you have under one or more accounts in Qantas Super.

Exclusions/Limitations

Voluntary Cover for death and Terminal Illness will not be payable for death and Terminal Illness arising directly or indirectly from:

- i) any intentional self-inflicted injury or attempted suicide within 12 months of the commencement, increase or reinstatement of cover, whether you are sane or insane; or
- ii) your service¹ in the armed forces of any country, other than service in the Australian Defence Force Reserves not deployed overseas; or
- iii) if we received your completed application for cover before 1 November 2017, any cause relating to a Pre-existing Condition within 12 months of the commencement, increase or reinstatement of cover; or
- iv) if we receive your completed application for cover on or after 1 November 2017 and before 1 July 2022, any cause relating to a Pre-existing Condition within 24 months of the commencement, increase or reinstatement of cover.

¹ Where the service occurs on or after 1 July 2023 and after the date you joined Qantas Super.

The above exclusions and limitations under paragraphs i), iii), and iv) above will not apply to an amount of Voluntary Cover if:

- that cover was approved as a result of a life event or transferred from another superannuation fund or other insurance policy; and/or
- that cover was Standard Cover that converted to Voluntary Cover when you transferred from Division 8 to Gateway as a Retained Member because you did not elect for that cover to be converted to Basic Cover in Gateway during the period from 1 July 2015 to 30 November 2015 (inclusive).

In addition, the exclusion for a Pre-existing Condition described in iii) and iv) above will not apply where you were required to provide evidence of good health with your application for cover or have applied to the Insurer and the Insurer has accepted your application for the Pre-existing Condition to be removed. To apply to have an exclusion or Pre-existing Condition removed, complete the Apply for cover form available on our website.

Voluntary Cover for TPD

When is Voluntary Cover for TPD paid?

Subject to eligibility and claim approval by the Insurer, your Voluntary Cover for TPD is paid as a lump sum if you become totally and permanently disabled while you are a member of Qantas Super (ie you satisfy the Insurer's definition of TPD relevant to you, as defined in the Trustee's insurance policy with the Insurer). These definitions and when they apply are set out in this section. Conditions apply (see 'Exclusions/Limitations' below).

Your Voluntary Cover for TPD is payable in addition to any amount payable under any Standard Cover or Basic Cover you have for TPD in Qantas Super.

Note: The Trustee will consider each claim independently to the Insurer and form its own opinion. The Trustee will do everything reasonable to pursue an insurance claim, if the Trustee considers the claim has a reasonable prospect of success.

Exclusions/Limitations

Voluntary Cover for TPD will not be payable for TPD arising directly or indirectly from:

- i) any intentional self-inflicted injury or attempted suicide within 12 months of the commencement, increase or reinstatement of cover, whether you are sane or insane; or
- ii) your service¹ in the armed forces of any country, other than service in the Australian Defence Force Reserves not deployed overseas; or
- iii) if we receive your completed application for cover before 1 July 2022, any cause relating to a Pre-existing Condition within 36 months of the commencement, increase or reinstatement of cover; or
- iv) the direct or indirect commission or attempted commission of a Criminal Act for which you:
 - have a conviction recorded; and
 - are serving, or have served a term of imprisonment as a result of a conviction for that Criminal Act.

¹Where the service occurs on or after 1 July 2023 and after the date you joined Qantas Super.

If you have been charged with a Criminal Act which may be punishable by a term of imprisonment and this exclusion may apply in relation to that Criminal Act, a decision whether to accept or decline the claim may be delayed until the conclusion of criminal proceedings, including sentencing, and there is sufficient information to determine if this exclusion clause applies.

The exclusions and limitations under paragraphs i) and iii) above will not apply to an amount of Voluntary Cover if:

- that cover was approved as result of a life event or transferred from another superannuation fund or other insurance policy; and/or
- that cover was Standard Cover that converted to Voluntary Cover when you transferred from Division 8 to Gateway as a Retained Member because you did not elect for that cover to be converted to Basic Cover in Gateway during the period from 1 July 2015 to 30 November 2015 (inclusive).

In addition, the exclusion for a Pre-existing Condition described in iii) above will not apply where you were required to provide evidence of good health with your application for cover or have applied to the Insurer and the Insurer has accepted your application for the Pre-existing Condition to be removed. To apply to have an exclusion or Pre-existing Condition removed, complete the Personal Statement available on our website.

TPD definitions

The definition of TPD that applies to you depends on your circumstances, including which Qantas Super division you are in, the date you joined Qantas Super, as well as the number of hours you are working (where work means Regular employment), and whether you are unemployed or occupied in home duties, at your Date of Claim.

Voluntary Cover for TPD is not available for Spouse Members in Gateway or as part of an Income Account in Gateway.

The different definitions of TPD for Voluntary Cover are set out below. For some divisions in Qantas Super, there is more than one Part to the definition. You only need to satisfy one Part of the TPD definition that applies to you to be eligible for payment of your Voluntary Cover for TPD.

Note: If you also have Standard Cover or Basic Cover, a different TPD definition may apply to that cover, depending on your circumstances. Please read the **Gateway Member Guide Supplement** or member disclosure documents relevant to your division for more information regarding the TPD definitions that apply to that cover.

The definitions below apply from 1 July 2022. For previous definitions, refer to the website or contact us.

Which TPD definition applies to me?

Division	If you are employed or have been unemployed for less than 6 months	If you have been unemployed for 6 months or more or are occupied in home duties
1, 2, 3, 15	Parts (a) and (c) apply ¹	Parts (a), (c) and (d) apply ¹
3A, 5, 6, 7, 10	Part (e) applies ¹	Part (c) applies ¹
Gateway	Parts (c) and (e) apply ^{1,2}	Parts (c) and (d) apply ¹

¹ If you joined Qantas Super in a division other than Gateway and have continuously held Voluntary Cover since before 1 July 2013, an additional Part (b) Specific loss is available to you as described below.

² If you were a member of Division 8 prior to 1 July 2013 and have continuously held Voluntary Cover since then and currently working 15 hours or more a week, Part (e) applies to you but is modified by replacing the words 'any occupation' with 'your own Occupation and any similar occupation'.

What does each Part mean?

Part (a) – Any Occupation (termination of employment) means:

Termination of employment through injury or Illness which, in the Insurer's opinion after consideration of medical evidence and any other evidence the Insurer considers to be necessary or desirable, has rendered you incapacitated to such an extent that you are unlikely ever to be able to resume work or to attend to any gainful profession or occupation for which you are reasonably qualified by education, training or experience.

Part (b) – Specific loss means:

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 the whole hand or the whole foot) in circumstances where the loss will never be regained.

Part (c) – Activities of daily work means:

TPD definition (Physical disorders)

Solely because of injury or Illness, and having provided proof to the Insurer's satisfaction, you:

- have been unable to perform at least two **basic work activities** for at least 3 consecutive months, and
- are unable to perform at least two **basic work activities** for the rest of your life, without the help of another person, and
- have been absent from your occupation with your **employer** through injury or Illness for at least 3 consecutive months and have provided proof to the Insurer's satisfaction that you have become incapacitated to such an extent as to render you unlikely ever to engage in or work for reward in any occupation or work for which you are reasonably qualified by reason of education, training or experience.

Where **basic work activities** means any of the following six activities:

1. Mobility (walking or bending):

- Walk, with or without a walking aid (such as a walking stick, crutches or walking frames) more than 200m on a level surface without stopping; or
- Bend, kneel or squat to pick something up from the floor from standing position and straighten up again.

2. Vision (reading):

Read, with visual aids, to the extent that an ophthalmologist can certify that:

- visual acuity is equal to, or better than, 6/48 in both eyes; or
- constriction is, within or greater than, 20 degrees of fixation in the eye with the better vision.

3. Lifting:

Using one or both hands to hold an object weighing at least 5kg above your own waist height continuously for 60 seconds.

4. Manual dexterity:

With at least one hand, without the use of aids:

- type words using a computer keyboard; or
- pick up a small object such as a coin or pen.

5. Hearing:

Clearly hear with or without an aid, where the inability to hear clearly must be due to permanent hearing loss of at least 90 dB in both ears, averaged over frequencies of 500Hz, 1000Hz and 2000Hz, as certified by an appropriate medical specialist.

6. Communicating (verbal or written):

Comprehend and express oneself through verbal or written language with clarity, where the inability to speak verbally or write with clarity must be due to dysfunction of the nervous system that is present on clinical examination, as certified by an appropriate medical specialist. Examples of dysfunction include dysarthria, aphasia and dysphasia.

TPD definition (Psychiatric disorders)

Severe Psychiatric Impairment:

All of the following are satisfied:

- You have a psychiatric disorder which:
 - has been diagnosed by a consultant psychiatrist and Fellow of RANZCP under the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) issued by the American Psychiatric Association, and
 - you have been receiving **psychiatric treatment** (as defined in the 'Definitions' section) for at least 12 months prior to your treating psychiatrist assessing the psychiatric disorder as chronic and unlikely to improve in the foreseeable future with or without further treatment, and
 - The Insurer determines that solely because of your psychiatric disorder, you have suffered from the following incapacity for at least 12 consecutive months, and are likely to continue to be so incapacitated for the rest of your life:
 - have received an established diagnosis of **Schizophrenia** or **Schizophreniform Disorder** (as defined in the 'Definitions' section) from your treating psychiatrist, or
 - are unable to care for your dependent children in any capacity due to the unacceptable risk that the dependent(s) will be exposed to physical, emotional or psychological harm, requiring the dependent(s) to be removed from your care by Court order, or
 - are unable to manage day-to-day financial affairs, including:
 - manage bank balance, or
 - pay bills on time without assistancerequiring the appointment of a guardian to manage your financial affairs, where the appointment of a guardian must be made by Court or Tribunal order and the Court or Tribunal must be satisfied through its own independent medical review that you are not capable of managing your day-to-day financial affairs as a result of your psychiatric disorder, or
 - are unable to live independently, requiring a **care provider** (as defined in the 'Definitions' section) to provide daily care and supervision, or
 - requires ongoing **psychiatric treatment** (as defined in the 'Definitions' section) and full-time residential care in a mental health facility to protect you and/or others from serious physical harm. The mental health facility must be authorised by the relevant Australian government (state or federal) to provide treatment and care to persons who have a mental illness, and
 - You have been absent from your occupation with the employer through injury or illness for at least 3 consecutive months and have provided proof to the Insurer's satisfaction that you have become incapacitated to such an extent as to render you unlikely ever to engage in or work for reward in any occupation or work for which you are reasonably qualified by reason of education, training or experience.
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Part (d) – Home duties means:

You have been absent from your Occupation of home duties solely through injury or Illness for a period of three consecutive months and you are incapacitated to such an extent that, in the Insurer's opinion, after consideration of medical and other relevant evidence, you were at the end of the period of three consecutive months' absence from your Occupation of home duties, unlikely to ever again attend to at least two normal physical domestic household duties.

For the purposes of this definition, normal physical domestic household duties means:

- cleaning the family home;
- shopping for food and household items;
- meal preparation and laundry services;
- leaving the house without the assistance of another person;
- looking after dependent child/children under 16 years of age or in full time secondary education, where applicable; or
- providing full time care for a disabled person(s) who is a member of your immediate family, where applicable.

If you are able to perform the normal physical domestic household duties with the assistance of another person or with the use of assistive devices, you are deemed to be able to perform these duties. You must be under the regular care and attention and following the advice of a Doctor for that injury or Illness. Evidence that you carried out the normal physical domestic household duties on a daily basis prior to your period of disability will be required.

Part (e) – Any Occupation means:

You have been absent from your Occupation solely through injury or Illness for a period of three consecutive months and you are incapacitated to such an extent that, in the Insurer's opinion, after consideration of medical and other relevant evidence, you were, at the end of the period of three consecutive months' absence from employment, unlikely to ever engage in or work for reward in any occupation for which you are reasonably suited by education, training or experience.

Meeting preservation rules

In certain situations, although an amount of Voluntary Cover may be payable to the Trustee as the policy owner, you can only receive that amount if the preservation rules have been satisfied (for more information about preservation rules, refer to the **Gateway Member Guide Supplement** or your relevant member disclosure and our **When you can access your super** fact sheet available on our website). If an amount is paid to the Trustee as the policy owner and it cannot be paid to you under the preservation rules, it will be held in your Qantas Super account until a preservation rule has been satisfied.

When Voluntary Cover ends

When does cover end?

Your Voluntary Cover for death and TPD will cease on the earliest of the following:

- the date you cease to be a member of Qantas Super;
- the date you effect a continuation option with the Insurer;
- 90 days after the date you have insufficient funds in your superannuation account to meet the cost of the insurance premium;
- the date you attain 65 years of age;
- the date your Voluntary Cover for death or TPD is paid;
- the date your Voluntary Cover is paid under Terminal Illness which is at least the amount of your Voluntary Cover for death;
- the date of your death;
- the date we receive your valid request to cancel your Voluntary Cover;
- 90 days after you are no longer eligible for Voluntary Cover (for example you have an Income Account but no longer have a Super Account);
- the date Qantas Super's policy with the Insurer in respect of Voluntary Cover terminates or is cancelled;
- 16 months from the date of the last contribution or rollover to your account that relates to that product, unless you elect to maintain your cover by completing the form at www.qantassuper.com.au/optin; or
- 1 April 2020, where your account balance did not reach \$6,000 at any time in the period from 1 November 2019 to 31 March 2020, unless you made an election on or before 31 March 2020 to maintain your cover.

Note that your Voluntary Cover for death and TPD will continue if you commence parental leave or leave of absence, provided none of the above conditions also apply.

Voluntary Cover when you become a Retained Member

If you are an Employee Member, and you cease employment with the Qantas Group or elect to have your super contributions paid to another super fund (choice of fund), subject to certain exceptions, you automatically become a Retained Member in our Gateway division.

Upon becoming a Retained Member in Gateway, any Voluntary Cover you have for death only or death and TPD (including any restrictions and exclusions that apply to that Voluntary Cover) will continue as Voluntary Cover in Gateway. The premium rates for Voluntary Cover will continue to apply. (Note: the annual premium rate that applies to you may change depending on your occupational group rating when you become a Retained Member – see the 'Cost of Voluntary Cover' section for more information.)

In relation to a product in Qantas Super, any Voluntary Cover will cease 16 months from the date of the last contribution or rollover to your account in relation to that product, unless you elect to maintain your cover by completing the form at www.qantassuper.com.au/optin.

For information about what happens to your Standard Cover or Basic Cover when you become a Retained Member, please refer to the **Gateway Member Guide Supplement** or member disclosure documents relevant to your division, which are available on our website.

Continuation Option

If you leave employment with the Qantas Group and you are under age 60, you may be eligible to apply to continue your Voluntary Cover for death only under a personal insurance policy with the Insurer without providing further medical evidence. This is called a continuation option. If you choose to do so, your Voluntary Cover for death and TPD through Qantas Super will cease from the date you effect the continuation option.

Eligibility for a continuation option for Voluntary Cover is subject to the following conditions:

- You must have ceased employment with the Qantas Group;
- You must apply to the Insurer for a continuation option within 60 days of ceasing employment with the Qantas Group;
- You must not have ceased employment due to ill-health;
- You must not have received, nor be eligible to receive, any TPD payments or similar payments under any other group life policy or other policy; and
- You must be a permanent resident of Australia.

The level of cover under any personal insurance policy with the Insurer which is obtained using the continuation option must not exceed your level of Voluntary Cover in Qantas Super, and any special terms and conditions applying to your Voluntary Cover (including exclusions) will also apply under that personal policy.

The Insurer's retail policy premium rates will apply (taking into account various factors including but not limited to, your level of cover, age, gender, occupation, pastimes, smoking status, residency status and any other special terms that may apply to your Voluntary Cover). The Insurer will advise you of the premium payable and you will be responsible for payment of the relevant premiums directly to the Insurer.

For further information or to request a quote, you can contact the Insurer on 1300 555 625 or by email at auservices@metlife.com. The Insurer will assess if you are eligible to apply, explain the terms and conditions, and let you know the cost of a continuation option. The Insurer retains the discretion to refuse to provide cover under the continuation option where it does not have a retail product which covers your occupational risk or you do not meet other conditions applicable to the continuation option.

What happens to my insurance if I am stood down?

Your voluntary cover won't change while you are stood down as long as your premiums continue to be paid.

Cost of Voluntary Cover

The cost of Voluntary Cover (insurance premiums) is deducted from your account each month.^{1, 2}

Calculating your annual insurance premium

Your annual insurance premium is calculated by applying a premium rate for every \$10,000 of Voluntary Cover you have. The premium rate used depends on your age last 1 October and your occupational group rating.

Refer to 'Premium rates table' and 'Occupational group rating guide' in this section to determine your annual premium rate and which occupational group applies to you.

Premium rates are subject to change in accordance with Qantas Super's policy terms with the Insurer. We will notify you of any changes in premium rates.

Example

Mei is age 50 as at last 1 October and is in occupational group 2. She has \$500,000 of Voluntary Cover for death.

The premium rate for her Voluntary Cover is \$18.88.

Her annual premium is calculated as:

$$\begin{aligned} & (\text{Amount of Voluntary Cover} \div \$10,000) \times \text{premium rate for age as at last 1 October} \\ &= (\$500,000 \div \$10,000) \times \$18.88 \\ &= \$944 \text{ pa } (\$78.67 \text{ a month}) \end{aligned}$$

Insufficient funds to pay insurance premiums

For:

- Members of accumulation Divisions 3A, 5, 6, 7, 10 and Gateway – if there are insufficient funds in your Qantas Super account to meet the cost of insurance premiums for your Voluntary Cover; or
- Members of defined benefit Divisions 1, 2, 3 and 15 – if your super benefit is insufficient to meet the cost of insurance premiums for your Voluntary Cover;

you will have 90 days to make additional contributions to cover the cost of insurance premiums. If you do so within 90 days, your Voluntary Cover will continue and any outstanding premiums owing will be deducted from your account.

If you do not make sufficient contributions to cover the cost of insurance premiums within 90 days, your Voluntary Cover will cease. If you would like to apply for Voluntary Cover again in the future you will need to complete the application, and restrictions and exclusions may apply.

You will need to monitor your account to ensure there are sufficient funds to meet all ongoing fees and costs, including insurance premiums. You can check your Super Account balance online by logging into your account online using your PIN or contacting us.

¹ The amount deducted will vary depending on the number of days in the month.

² Premiums are deducted from your super account, if you have one. For members in a Qantas Super defined benefit division, insurance premiums for Voluntary Cover may be credited to an offset account (credited interest rates according to your chosen investment option, which may be positive or negative, will be applied to this offset account and the total amount is deducted from your total super benefit when it becomes payable).

Annual premium per \$10,000 Sum Insured

The premiums you pay are based on a premium rate for every \$10,000 of Voluntary Cover for death only or death and TPD. The annual premium rate that applies depends on your age last 1 October and your occupational group rating (see next page to work out your occupational group rating).

Premium rates table¹

Your age last 1 October	Occupational rating								
	Group 1			Group 2			Group 3		
	Death (\$)	TPD (\$)	Death & TPD (\$)	Death (\$)	TPD (\$)	Death & TPD (\$)	Death (\$)	TPD (\$)	Death & TPD (\$)
35 and under	3.02	4.25	7.27	5.24	7.35	12.59	6.05	8.51	14.56
36	3.26	6.93	10.19	5.64	11.98	17.62	6.52	13.83	20.35
37	3.36	7.79	11.15	5.80	13.49	19.29	6.71	15.60	22.31
38	3.62	8.61	12.23	6.26	14.88	21.14	7.24	17.23	24.47
39	3.89	9.53	13.42	6.74	16.49	23.23	7.79	19.06	26.85
40	4.22	10.55	14.77	7.30	18.25	25.55	8.42	21.12	29.54
41	4.56	11.65	16.21	7.89	20.16	28.05	9.12	23.29	32.41
42	4.91	12.89	17.80	8.51	22.28	30.79	9.83	25.76	35.59
43	5.48	14.77	20.25	9.49	25.53	35.02	10.97	29.51	40.48
44	6.10	16.87	22.97	10.57	29.19	39.76	12.22	33.75	45.97
45	6.80	19.35	26.15	11.75	33.47	45.22	13.59	38.68	52.27
46	7.57	22.13	29.70	13.10	38.30	51.40	15.14	44.28	59.42
47	8.42	25.34	33.76	14.57	43.85	58.42	16.85	50.70	67.55
48	9.17	29.13	38.30	15.87	50.37	66.24	18.35	58.25	76.60
49	9.99	33.47	43.46	17.28	57.89	75.17	19.97	66.95	86.92
50	10.91	38.44	49.35	18.88	66.52	85.40	21.83	76.89	98.72
51	11.93	44.20	56.13	20.66	76.46	97.12	23.87	88.39	112.26
52	13.04	50.80	63.84	22.56	87.86	110.42	26.09	101.60	127.69
53	14.20	57.74	71.94	24.56	99.90	124.46	28.39	115.52	143.91
54	15.47	65.71	81.18	26.77	113.68	140.45	30.94	131.39	162.33
55	16.84	74.74	91.58	29.14	129.26	158.40	33.68	149.46	183.14
56	18.33	85.04	103.37	31.72	147.13	178.85	36.66	170.08	206.74
57	19.95	96.79	116.74	34.54	167.47	202.01	39.93	193.59	233.52
58	22.16	105.20	127.36	38.33	181.99	220.32	44.31	210.40	254.71
59	24.60	114.30	138.90	42.56	197.76	240.32	49.21	228.62	277.83
60	27.20	124.26	151.46	47.05	214.98	262.03	54.39	248.53	302.92
61	30.08	135.06	165.14	52.05	233.65	285.70	60.17	270.14	330.31
62	33.28	146.83	180.11	57.57	253.99	311.56	66.55	293.63	360.18
63	36.39	164.28	200.67	62.95	284.21	347.16	72.77	328.59	401.36
64	39.77	183.86	223.63	68.81	318.06	386.87	79.55	367.70	447.25
65	–	–	–	–	–	–	–	–	–

¹ All premiums are inclusive of Stamp Duty.

Qantas Super may be eligible to claim a tax deduction for premiums paid for Voluntary Cover. Where we are eligible to claim a tax deduction, we will pass the benefit of this deduction directly onto our members. The premium rates above do not take into account any tax deduction.

Occupational group rating guide

When applying for Voluntary Cover, you must advise the correct occupational group rating for your occupation.

In the event your occupational group rating improves in the future (ie you change occupation and move from group 3 to group 1 or 2, or from group 2 to group 1), you can complete the relevant form available on our website and return this to us to ensure you pay the correct premium for your Voluntary Cover. We will write to you to confirm your new occupational rating.

If you make a claim in the future and we determine that any premiums paid have been based on an incorrect occupational group rating at the time you applied for cover, a premium adjustment will be made to your account prior to the payment of your Voluntary Cover for death or TPD.

	General description of your current position/role	Examples specific to Qantas
Occupational group 1	Members who: <ul style="list-style-type: none"> are working in a mainly sedentary capacity in an office or retail environment, with less than 20% of time spent outdoors; or are mainly engaged in light manual duties; or travel regularly for work but do not deliver goods (excludes Flight Crew). 	<ul style="list-style-type: none"> Consultants (Telephone Sales) Customer Service Agents Customer Sales Agents Executives Senior Professional Group (SPG) positions
Occupational group 2	Members who: <ul style="list-style-type: none"> are Flight Crew; or hold a trade certificate and perform a moderate amount of manual work; or have been unemployed or engaged in full time home duties for more than 12 months¹ 	<ul style="list-style-type: none"> Avionics Maintenance Engineer (AME) Cabin Crew Chef Home duties Licensed Aircraft Maintenance Engineer (LAME) Technical Crew Pilots
Occupational group 3	Members who are: <ul style="list-style-type: none"> mainly performing manual work; or skilled employees performing heavy manual work. 	<ul style="list-style-type: none"> Airline Services Operators Airlines Service Attendants Apprentices Catering Service Attendants Ground Crew/Ramp Services Store Persons

¹ If you are unemployed or engaged in full time home duties for a period of less than 12 months, your existing occupational group rating will continue to apply during that period or until we receive a valid form to change your occupational rating from you. If you are unemployed or engaged in full time home duties for more than 12 months, occupational group rating 2 will apply for the purposes of calculating insurance premiums payable for your Voluntary Cover.

How to make a claim

Your Voluntary Cover for death and TPD is paid as part of your total death or TPD benefit in Qantas Super.

Claim for a death benefit

Once we are advised of your death, we will send claim forms to the person advising us of the claim, or to anyone who has enquired about making a claim.

Claim for Terminal Illness or TPD benefit

If you would like to make a claim, you should notify us as soon as possible. We will send you the relevant claim forms to complete and return. The Insurer will assess your claim and will liaise with you directly if additional information or medical evidence is required.

You will be required to provide, at your own expense, reports from your treating doctors prepared using the forms we send you. For TPD and Terminal Illness claims, we require reports from two treating Doctors. The Insurer may also require you to undergo further medical and/or vocational assessment with a Doctor or specialist provider of its choice, at the Insurer's expense.

If you lodge a claim for Terminal Illness or TPD more than a year after the event giving rise to the claim, please be aware that it may be more difficult to substantiate your claim with appropriate medical evidence. This may impact on the ability of the Insurer and the Trustee to assess your claim.

The Trustee will consider your claim independently to the Insurer and form its own view. The Trustee will do everything reasonable to pursue an insurance claim, if it considers the claim has a reasonable prospect of success.

When a decision has been made about your claim, you will be advised of the decision in writing. If you do not understand the decision or would like further information, please contact us.

If your claim is declined, you may request a review of the decision to decline your claim by writing to us. You will need to attach any additional documentation or medical evidence to support your request for the decision to be reviewed. We will write to you with the outcome of this review once a further decision has been determined.

Note: Your Voluntary Cover for TPD is provided under a separate insurance policy to Standard Cover or Basic Cover for TPD. This means that when you make a claim for a TPD benefit in Qantas Super, payment of your Voluntary Cover may be assessed differently to your Standard Cover or Basic Cover for TPD. This means there may be a situation where your Voluntary Cover is payable but your Standard Cover or Basic Cover is not, or vice versa.

Duty to take reasonable care

The duty to take reasonable care not to make a misrepresentation

When you apply for life insurance, the Insurer will ask you a number of questions.

The Insurer's questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to the Insurer's questions are very important. The Insurer uses them to decide if it can provide cover to you and, if it can, the terms of the cover and the premium it will charge.

Care must be taken to answer all questions the Insurer asks as part of your insurance application honestly and accurately.

Otherwise, you may not be able to rely on your insurance when it's needed the most.

The duty to take reasonable care

When applying for insurance, you have a duty to take reasonable care not to make a misrepresentation to the Insurer before it provides you with cover.

Depending on the circumstances, you might fail to take reasonable care not to make a misrepresentation if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering the Insurer's questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer the Insurer's questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

The Insurer may later investigate the answers given in your application, including at the time of a claim.

Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance because the Insurer may take certain actions, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable No further claims may be made
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	The Insurer could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable

If the Insurer believes there has been a breach of the duty to take reasonable care not to make a misrepresentation, it will let you know its reasons and the information it relies on and will give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, the Insurer will consider all relevant circumstances.

The rights the Insurer has if there has been a failure to comply with the duty will depend on factors such as:

- any particular characteristics or circumstances which the Insurer is aware of, or ought to have been aware of;
- what the Insurer would have done had a misrepresentation not been made during your application process; and
- whether or not the misrepresentation was fraudulently made.

If the Insurer decides to take some action on your cover, it will advise you of its decision and the process to have this reviewed or make a complaint if you disagree with its decision.

Guidance for answering the Insurer's questions

When answering the Insurer's questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask the Insurer before you respond.
- Answer every question that the Insurer asks you.
- Do not assume that the Insurer will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with the Insurer.

Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Other important information

The Insurer will treat your application for cover as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation will apply.

Before your cover starts, the Insurer may ask about any changes that mean you would now answer its questions differently. As any changes might require further assessment or investigation, it could save time if you let the Insurer know about any changes when they happen.

If, after the cover starts, you think you may not have met your duty, please contact the Insurer immediately and it will let you know whether this has any impact on the cover.

It's important that you understand this information and the questions the Insurer asks, so if you have any queries please contact the Insurer on 1300 555 625.

Definitions

In explaining how Voluntary Cover works, it is necessary to use certain terms which have a very specific meaning.

Accident means an event where bodily injury is caused directly and solely by external and visible means, independent of all other causes.

At Work means:

- where the person's Occupation is not classified as home duties, the person is at work for the normal daily hours of work and is actively performing the full, unrestricted or unmodified duties of their normal Occupation for which they were Employed or would have been had the day not been a day of leave (other than due to Illness or injury), public holiday or weekend day; and
- where the person's Occupation is classified as home duties, the person is actively performing the full, unrestricted or unmodified duties of their normal physical domestic household duties for their normal daily hours of those duties.

Basic Cover means the amount of insurance cover for death, TPD and income protection automatically provided to you (if eligible) when you join Gateway and any additional amounts of Basic Cover subsequently approved. This can be Salary-Linked Basic Cover or Fixed Dollar Basic Cover, depending on your membership. Refer to the **Gateway Member Guide Supplement** for more information on these benefits.

Care provider means a professional carer who is paid on a commercial basis.

Criminal Act means any summary or indictable offence within the meaning of relevant State or Commonwealth legislation or an offence with a similar meaning under foreign law.

Date of Claim means, with regard to:

- a death claim, the date of your death;
- a Terminal Illness claim, the date or, if two different dates, the later of the dates on which the Insurer receives certification from two registered Medical Practitioners (at least one of whom is a specialist practicing in an area related to the Illness or injury suffered by you) that your life expectancy is reduced to 24 months or less; and
- a TPD claim, the later of the date you cease all work solely as a result of injury or Illness and the date on which a Doctor certifies that you suffer from an injury or Illness that is the cause of total and permanent disablement.

Doctor or Medical Practitioner means:

For the purpose of the Home Duties definition for TPD and at least one of the treating Doctor reports required for TPD claim applications:

- a registered medical practitioner who, is qualified in an appropriate speciality, and who is not you or your spouse, family member, business partner, employee or employer; or
- if the claimed condition is a psychological condition diagnosed in accordance with the latest edition of the Diagnostic and Statistical Manual of Mental Disorders:
 - a person who is registered as a medical practitioner with a speciality of psychiatry on the register of practitioners that is maintained by the Australian Health practitioners that is maintained by the Australian Health Practitioners Regulation Agency; and
 - who is not you or your spouse, family member, business partner, employee or employer.

In all other cases:

- a registered medical practitioner who is not you or your spouse, family member, business partner, employee or employer.

Employee Member means someone who works on a full-time, part-time, permanent, casual or temporary basis for the Qantas Group and is also a member of Qantas Super.

Employed means engaged in Regular employment.

Illness means a sickness, disease or medical disorder.

Income Account means an account in Gateway that pays you regular income payments that can be used as part of your retirement or transition to retirement strategy.

Insurer means MetLife.

Limited Cover means you are covered only for claims arising from:

- an Illness which first became apparent; or
- an injury which first occurred;

on or after the date you first became eligible for cover.

Medical Practitioner has the meaning set out in the definition of 'Doctor' on the previous page.

Occupation means the employment or activity in which you are Employed unless you are occupied in home duties or unemployed.

Pre-existing Condition means an injury or Illness that existed prior to the commencement, increase or reinstatement of your Voluntary Cover, of which you were aware before your Voluntary Cover took effect or of which a reasonable person in the circumstances could have been expected to have been aware.

Psychiatric treatment means following the advice of a treating psychiatrist in accordance with an established treatment plan and expert guidelines for the treatment of psychiatric conditions (guidelines must be recognised in Australia).

Regular means the period of continuous work history as measured over the six month period immediately prior to your Date of Claim or if you have less than six months of continuous work history, the period of continuous work history as measured over your average length of service immediately prior to your Date of Claim.

Retained Member means an Employee Member who has ceased employment with the Qantas Group or exercised choice of fund and is eligible to continue their membership with an account in Gateway.

Schizophrenia means Schizophrenia (Multiple Episodes or Continuous), diagnosed in accordance with Diagnostic and Statistical Manual of Mental Disorders (DSM) 5.

Schizophreniform Disorder means Schizophreniform Disorder (Multiple Episodes or Continuous), diagnosed in accordance with Diagnostic and Statistical Manual of Mental Disorders (DSM) 5.

Spouse Member means a current or former spouse (as defined by the relevant law) of an Employee Member, who is a member of Gateway.

Standard Cover means the amount of insurance cover for death, TPD and income protection (where applicable) automatically provided to you when you joined Qantas Super (excluding members of Gateway).

Super Account means an account in Gateway where you can build your super through regular or ad hoc contributions. This account does not provide regular income payments like an Income Account.

Terminal Illness means you suffer an Illness or incur an injury that two registered Medical Practitioners (at least one of whom is a specialist practising in an area related to your Illness or injury) certify, jointly or separately, is likely to result in your death in 24 months or less and that certification period has not ended. The reduced life expectancy must occur while you are a member of Qantas Super and have Voluntary Cover.

Voluntary Cover is an amount of additional insurance cover for death and/or TPD that you can apply for in Qantas Super, as set out in this booklet.

Contact Us

Phone

1300 362 967 (within Australia)

+61 3 8687 1866 (outside Australia)

Postal address

Qantas Superannuation Plan

GPO Box 4303, Melbourne VIC 3001

Website

www.qantassuper.com.au