



INSURANCE IN YOUR SUPER

For Maritime Employer Accumulation members



For the following Maritime Employer Accumulation Members

- + Maritime Svitzer Accumulation
- + Maritime AMOU Accumulation
- + Maritime Inco Accumulation
- + Maritime CSL Accumulation

Issue date 30 September 2025

The information in this document forms part of the *Maritime Employer Accumulation Product Disclosure Statement (PDS)* issued 30 September 2025. You can find this and other Guides that form part of the PDS at hostplus.com.au/maritime, or you can contact us for a copy.

This Guide has been prepared and issued by Host-Plus Pty Limited ABN 79 008 634 704, AFSL No.244392 as trustee for the Hostplus Superannuation Fund ('the Fund') ABN 68 657 495 890.

THAT'S A PLUS+

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Here to help



Call **1300 467 875**, 8am – 8pm AEST/AEDT, Monday to Friday



Live chat or email hostplus.com.au/contact



Write
Locked Bag 5046, Parramatta NSW 2124



Visit our Adelaide, Melbourne or Darwin ServicePlus Centres.
Details at hostplus.com.au/contact



Website hostplus.com.au

About this Guide

This Guide contains general information only and doesn't take into account your personal financial situation or needs. Before making a decision about your cover, you should consider your personal circumstances and read the PDS. You may also wish to obtain financial advice.

The information in this Guide is correct at the date of publication. Information contained in this Guide that is not materially adverse may change from time to time and will be made available on our website at hostplus.com.au/pds

You can request a paper or electronic copy of this Guide, and any website updates without charge, by calling us on 1300 467 875.

Use of 'we', 'us' or 'our' within this Guide refers to Host-Plus Pty Limited ABN 79 008 634 704, the trustee of the Fund.

To understand the target market that the products covered by this Guide have been designed for, please read the target market determination (TMD) relevant to your product, available at hostplus.com.au/ddo

Insurance is provided to members by Nippon Life Insurance Australia and New Zealand Limited, trading as Acenda, ABN 900 00 000 402, AFSL 230694.

Any statement made by a third party or based on a statement made by a third party in this Guide has been included with the third party's consent.

Insurance cover is subject to the terms and conditions of the insurance Policy, which are summarised in this Guide.

Where information is summarised other than in the policies themselves, it does not represent a complete description of the terms on which insurance cover is provided. The policies represent the concluded agreements between the Insurer and the trustee and in the event of an inconsistency with this PDS, the terms of the policies prevail.

For a copy of the relevant insurance policies call **1300 467 875**.

When you apply for cover, you may be contacted directly by the Insurer to discuss or gather information relating to your application.

Defined terms

Some words in this *Insurance in Your Super Guide* have specific meanings within the context of the policies. Some of these may appear to be everyday words, such as 'inactive'. We have distinguished these words, where you'll need to check their definitions, by using capitalised terms, for example 'Disablement'. See *Definitions* for the full list of defined terms.

WELCOME TO YOUR INSURANCE

Why insurance matters

What would happen if you died or were unable to work because of Sickness or Injury? Would you and your family be able to manage financially?

While it's important to consider your individual situation, insurance might be the safety net you need if, for example:

- you have children, or have other people that you're financially responsible for
- you rely on your income to pay your bills, groceries, rent, childcare and education costs and other living expenses
- you have debts such as a mortgage, car loan or credit card.

Subject to eligibility and consideration of the impact that insurance premiums can have on your retirement savings, insurance can give you financial security through tough times, helping to cover everyday essentials, debts, medical bills and more. If the unthinkable were to happen, having the right insurance in place can give you the peace of mind that you and your loved ones are protected.

Your insurance options



Death and Total and Permanent Disablement (TPD)

Pays a lump sum if you die or become permanently disabled. Your Death cover also includes Terminal Illness cover.



Death only

Pays a lump sum if you die. You can have Death-only cover in certain circumstances, for example if you apply for additional voluntary death cover or if your Death sum insured exceeds your TPD sum insured and your TPD benefit has been paid.



Income Protection (IP)

If you temporarily can't work due to Sickness or Injury, IP can cover part of your Salary until you get back to work.



Key features of your insurance

The key features of your insurance cover are:

- Eligible members automatically receive formula-based Default Death and TPD and Default Income Protection cover without any medical evidence.
- In some cases, your employer meets the cost of your Default Death and TPD and Default Income Protection cover.
- Subject to approval by the Insurer:
 - You can apply for TPD cover of up to \$2 million in total
 - You can apply for up to \$5 million of Death and Terminal Illness cover in total.
- If you have insurance cover with another super fund, you may be able to transfer that cover to Maritime Employer Accumulation subject to assessment and approval by the Insurer.

How to get help

Insurance can be complicated, but we are here to help. In addition to the information contained in this Guide, we offer the following options:

If you want to:	We offer the following resources:
determine how much insurance you need	Supersmart – online advice, tools and resources to help you make decisions about your super ▪ hostplus.com.au/supersmart¹ Financial advice – speak with an experienced financial adviser ² ▪ hostplus.com.au/members/our-products-and-services/financial-planning-and-advice
understand what cover you have in place	Your annual insurance summary ▪ made available in Member Online³ by June each year Member Online or the mobile app – see your current insurance arrangements ▪ Member Online: hostplus.com.au/memberonline ▪ Mobile app: hostplus.com.au/members/manage-your-super/tools-to-manage-your-super/download-our-mobile-app
make a claim	Your own Claims Coordinator to manage your claim through us ▪ hostplus.com.au/members/manage-your-super/manage-your-insurance/claim



¹ Terms and conditions apply, available at hostplus.com.au/supersmart

² Hostplus has engaged Industry Fund Services Limited (IFS) ABN 54 007 016 195, AFSL 232514 to facilitate the provision of financial advice to members of Hostplus via Hostplus financial planners and the web-based product SuperSmart. Hostplus financial planners are authorised representatives of IFS and fees may apply for personal financial advice. For further information about the cost of personal advice, you can speak with your Hostplus financial planner or visit hostplus.com.au/advice. Information to help you decide whether you want to use personal financial advice services being offered is set out in the relevant *IFS Financial Services Guide*, copies are available from your Hostplus financial planner or via SuperSmart.

³ If you have opted out of electronic communications, we will send your annual insurance summary via mail.

DUTY TO TAKE REASONABLE CARE

When you apply for Voluntary cover (cover other than your Default cover), your application for cover will be treated 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 applies.

! A misrepresentation could be made 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 until the contract of insurance is entered into, and 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.

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on your cover.



Guidance for answering the Insurer's questions

When you apply for insurance, the Insurer will ask you a number of questions to enable the Insurer to consider your insurability. 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 you give in response to the Insurer's questions are very important as the Insurer uses them to decide if the Insurer can provide cover to you and, if the Insurer can, the terms of the cover and the premium to be charged.

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 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.
- 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.

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

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 as set out below.

Potential consequences	Which means	Impact on claims
Your cover being avoided	Your cover will be treated as if it never existed	We will not pay any claim
The amount of your cover being changed	Your cover level could be reduced	We pay a lower amount if you claim
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If you claim, we will not pay any amount that relates to the excluded event

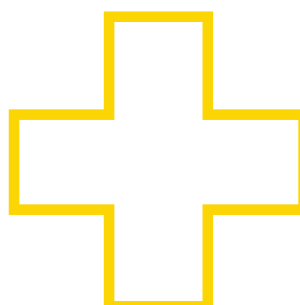
If the Insurer believes there has been a breach of the duty to take reasonable care not to make a misrepresentation, the Insurer will let you know its reasons and the information it relied on and give you an opportunity to provide an explanation.

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

It's important that you understand this information and the questions we ask, so if you have any queries please contact us on **1300 467 875**.



WHEN YOU JOIN US

Most members will receive Default cover for Death and Total and Permanent Disablement (TPD) when they join.

The premiums for this cover are explained in *Paying for your insurance (premiums and fees)*.

If you joined prior to the merger between Hostplus and Maritime Super on 2 September 2023, you may have different levels of Death, Total and Permanent Disablement and Income Protection insurance cover, depending on your circumstances. Please contact us on 1300 467 875 for more information.



Default cover

If you're over age 25 and your super balance is greater than \$6,000, you will receive Default cover when you join, unless you are not eligible for some other reason (see *Restrictions on eligibility for insurance cover* below).

Death and Total and Permanent Disablement

When you join Maritime Employer Accumulation, you will be automatically provided with Default Death and TPD insurance cover up to the Automatic Acceptance Limit (AAL) (see *Definitions*) of \$900,000, subject to meeting the eligibility conditions described above.

Your level of Default Death and TPD cover is calculated using a formula.

Your level of Default Death & TPD cover is

17.5% of Salary (see *Definitions*)

x

Future years (pro-rated for days) to your 65th birthday

If your Default Death and TPD cover exceeds the AAL, you can apply to the Insurer for the excess cover which is subject to their acceptance.

Income Protection

When joining, you may automatically qualify for Default Income Protection cover subject to meeting eligibility conditions.

Default Income Protection (IP) cover can provide you with a monthly benefit of up to 75% of your Salary to a maximum of \$10,500 per month payable for up to two years, up to age 65. A Waiting Period of 90 days applies before you can claim a benefit.

An Automatic Acceptance Limit (AAL) of \$10,500 per month applies. If your annual Salary is more than \$168,000 per year, your monthly IP benefit would exceed the AAL.

High Salary earners

If you earn more than \$168,000 per year, your Default Income Protection cover will exceed the AAL of \$10,500 per month. For example, if your annual Salary is \$170,000, you are eligible for a monthly IP benefit of:

$$\begin{aligned} &= \$170,000 \times 75\% / 12 \\ &= 127,500 / 12 \\ &= \$10,625 \text{ per month} \end{aligned}$$

In this case, you can apply for the additional \$125 per month of cover above the AAL (excess cover), which is subject to acceptance by the Insurer.

To apply, complete the **Full Personal Statement** which is available from hostplus.com.au/maritime or by calling **1300 467 875**.

We will ask your employer to provide updated Salary information at the start of each financial year so we can update your cover amount.

If your employer advises an increase in your Salary where:

- the amount of cover after the increase is within the AAL
- the increase in cover is advised before the final cut-off date for changes for the new financial year, and
- your Salary has not increased by more than 30% in the previous 12-month period;

the increase will apply from the first day of the financial year.

In all other circumstances, the increase in cover will apply from the date we advise.

Restrictions on eligibility for insurance cover

There are some members who will not receive Default cover when they join.

Under super law, super funds can only provide insurance on an 'opt-in' basis to members who are under 25 or whose super balance has never been \$6,000 or more unless:

- the member is engaged in a Dangerous Occupation, or
- the member's employer meets the cost of insurance.

Stevedoring occupations and seafaring occupations are both deemed to be Dangerous Occupations.

To be eligible for Death and Total and Permanent Disablement (TPD) cover you must also be:

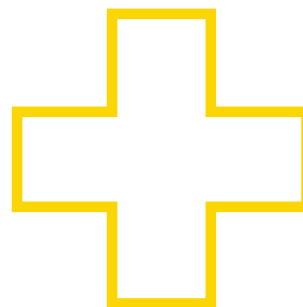
- at least age 15 but less than 70, and
- an Australian citizen, permanent resident, Temporary Work Visa (see *Definitions*) holder or a New Zealand national who is working for an Australian employer (and eligible to work under Australian law).

If, before cover starts, you have been paid, or are eligible to be paid, a TPD or Terminal Illness benefit from another fund, you will only ever be eligible for Limited Cover.

If you are unsure about your eligibility for Default cover, please contact us on **1300 467 875** for more information.

Opting in

If you are not eligible for Default cover because you don't meet the eligibility criteria (detailed above), you can apply for cover using the appropriate form within 60 days of you joining Hostplus. This cover may be Limited Cover.



PERSONALISE YOUR COVER

What changes can you make?



Cancel your cover



Apply for Income Protection



Apply for voluntary Death and TPD cover



Transfer other insurance to us

Applying for Voluntary Death and TPD cover

You may wish to apply for Voluntary cover if you want more cover than is provided by your Default cover or cover to age 70.

If you want more cover than is provided by your Default cover, you can apply for units of:

- Death-only cover
- Death and TPD cover, or
- a combination of Death only and Death and TPD cover (if you want your Death cover to be higher than your TPD cover).

The limit on the total cover you can hold in the Fund is:

- \$5 million for Death cover
- \$2 million for combined Death and TPD cover.

The cost of any Voluntary Death and TPD cover is \$1 per unit per week deducted from your account at the start of cover in the first month (pro rata) and then on a monthly basis.

The Death and TPD benefit amounts for each unit of cover (applying for the next 12 months) are based on your age and occupation as shown in the *Benefit value for 1 unit of Death and TPD cover table in Rate tables*.

Voluntary Death and TPD cover applies to age 70.

Regularly check that your cover is right for you!

As your life changes, so may your insurance needs. It's important to regularly review your insurance cover to make sure your cover is right for you. If you need help, contact **1300 467 875**.

Making your application

Please note that to apply for Voluntary Death and TPD cover, you must be Gainfully Employed (see *Definitions*).

The form you need to complete if you want to apply for Voluntary cover is as follows:

- if you are under 55 years of age and require total Death only or Death and TPD cover of up to \$1 million – complete the **Maritime – Variation of cover form** available at hostplus.com.au/maritime or by calling us
- if you require total Death only or Death and TPD cover of more than \$1 million – complete the **Full Personal Statement**, available at hostplus.com.au/maritime or by calling us.
- if you are over 55 years of age and require total Death only or Death and TPD cover of any amount – complete the **Full Personal Statement**, available at hostplus.com.au/maritime or by calling us.

Acceptance for Voluntary cover is subject to assessment and approval by the Insurer. The Insurer may also request further medical evidence or statements to assess your application.

Worked example: Voluntary Death and TPD cover

Michael turned age 40 at the last 30 June. He works in a Light Blue Collar occupation and his Salary is \$70,000.

Michael's Default Death and TPD cover is:

$$= 17.5\% \times \$70,000 \times 25 \text{ years}$$
$$= \$306,250$$

Michael determines that he needs another \$544,000 of Death and TPD cover, so he applies for an additional 16 units of Voluntary Death and TPD cover.

Michael's Voluntary Death and TPD cover is:

$$= \$544,000 / \$34,000 \text{ (from the Benefit value for 1 unit of Death and TPD cover table in Rate tables)}$$
$$= 16 \text{ units}$$

Michael's total Death and TPD cover is:

$$= \$306,250 + \$544,000$$
$$= \$850,250$$

Choosing the correct occupation category for any type of cover

Your occupational rating affects your premiums, as higher-risk occupations typically require higher premiums.

There are three occupation ratings for insurance purposes: Heavy Blue Collar, Light Blue Collar and White Collar.

Classifying your occupation

For Voluntary cover, your occupation rating is self-assessed. However, if you are not comfortable with classifying your occupation, you can provide details of your duties, and we will do this for you. We will also accept details of your occupation from your employer. However, we recommend you also assess or provide your occupation details when they change by using the **Maritime – Variation of cover form**. The form is available at hostplus.com.au/maritime

If you have transferred cover from another membership category, your occupation category will continue to apply.

If you provide details of your occupation within 90 days of the date of your welcome letter, any adjustments in your premiums will take effect from the start date of your cover.

If we have not received enough information to assess your occupation category, we will determine your occupation category by default as Light Blue Collar (except AMOU which is White Collar).

Occupation Category	Description
Heavy Blue Collar	▪ Skilled workers (i.e. in trade-qualified occupations) and unskilled blue collar workers performing Manual Duties, including, but not limited to, stevedores, or ▪ workers in any occupation or employment where employment is spent on a ship, tug, offshore vessel or on the water, including, but not limited to, occupations of seaman, integrated rating and steward. The Heavy Blue Collar category also includes people without an occupation or who are not Gainfully Employed.
Light Blue Collar	Light Blue Collar – as an occupation category, means occupations that involve light Manual Duties and are land-based or involve one of masters, engineers and officers. It also includes supervisors of Heavy Blue Collar workers.
White Collar	White Collar – means an occupation category that includes: ▪ predominantly office-based, sedentary roles performing clerical, administrative and managerial duties with no more than 10% of your time performing Manual Duties, for example stocking shelves or reloading photocopy paper. ▪ persons who work in an office environment for at least 80% of the time (excluding travel time from one office environment to another), including sales representatives that are not involved with deliveries.

If you change occupation

If you change your occupation or think your occupation category is not correct, you can apply to have it changed, but only if you are in Active Employment at the time of requesting the reassessment of your occupation.

If you are not in Active Employment at the time of requesting the change, any increased Death and/or TPD cover will be provided as Limited Cover until you are in Active Employment for 30 consecutive days, at which time the Limited Cover restriction will be removed.

You must also satisfy the following conditions if you apply to change your occupation category:

- you have not been off work due to Sickness or Injury for four or more weeks in the last 12 months, and
- you have not been diagnosed with a Terminal Illness.

Where a new occupation is accepted for you, Limited Cover only will be provided for any increase in Death only or Death and TPD cover as a result of your occupation change until you are in Active Employment for 30 consecutive days.

Applications to have your occupation category changed can be made by completing the **Maritime – Variation of cover form** available from hostplus.com.au/maritime or by calling **1300 467 875**.

A change in occupation category only takes effect if accepted by the Fund. If you provide details of your change of occupation within 90 days of the date of the change of your occupation, any adjustments in your premiums will take effect from the date your occupation changed. If you provide details of your change of occupation beyond the 90-day period, any increased cover will be Limited Cover for 12 months and until the member is in Active Employment for 30 consecutive days following the 12-month period.

Transferring other cover to us

Transferring to another Maritime membership category of Hostplus

If you transfer to another Maritime membership category of Hostplus, you'll be provided with units of Voluntary cover up to the amount of Default cover you held prior to the transfer. This is called continued cover. Continued cover will only be provided once. Please note that on transferring to another membership category, you may become responsible for paying the premiums.

Transferring from another fund

If you are under age 55, you can apply to transfer your insurance cover from another fund to Hostplus subject to eligibility. The Insurer will assess your application to transfer and, subject to Underwriting, will approve or decline it. Call **1300 467 875** for more information. You can cancel your previous cover once the transfer to Hostplus has been accepted by the Insurer. If you do not cancel your previous cover, in the event of a claim, any benefit payable to you will be reduced by the amount payable under the previous cover.

Declining, cancelling or reducing cover

You cannot decline, cancel or reduce your Default Death and TPD cover or Default Income Protection.

(SVITZER Accumulation members can elect to halve the amount of Default Death and TPD cover they receive by completing the **Maritime – Variation of cover form** available from hostplus.com.au/maritime. It's important to be aware that, if you make this election, you cannot later have it reinstated to full cover.)

You can decline, cancel or reduce your Voluntary Death and TPD cover or your Voluntary Income Protection cover at any time unless your employer meets the cost of your insurance.

Simply complete the **Maritime – Variation of cover form**, available from hostplus.com.au/maritime or by calling **1300 467 875**.

Recommencing cover

If you cancel any Voluntary cover, you can apply to have it reinstated. However, your application will be subject to assessment and acceptance by the Insurer.

Interim accidental cover

If you apply for Voluntary cover (or excess cover above your AAL) that requires assessment by the Insurer, you will receive Interim accidental cover at no cost until the Insurer has made a decision on that cover. This cover lasts from the date your application is received by the Insurer until the earlier of:

- the date the Insurer either accepts or rejects your application for cover
- the date you withdraw your application for cover, and
- 180 days in the case of Death only or Death and TPD cover and 90 days in the case of Income Protection cover from the date the Insurer receives your application for cover.

The amount of Interim accidental cover for Death only or Death and TPD cover is limited to whichever is the lesser of the cover you applied for and \$1.5 million.

The amount of interim accidental cover for Income Protection cover is limited to whichever is the lesser of the cover you applied for and \$10,000 per month. This cover is subject to the Waiting Period you've applied for (or 90 days for Default cover).

Interim accidental cover does not cover death or a disability arising directly or indirectly as result of any of the following:

- you engaging in any sport or pastime that the Insurer would not normally cover at standard rates or terms
- any Sickness or Injury that occurred (or that a reasonable person would have been aware of) before your application for cover
- any other exclusion described in the Policy.

DEATH AND TPD IN DETAIL

Death cover provides a lump-sum benefit to your beneficiaries in the event of death before age 70. An advance payment of your Death cover may be made to you if you are Terminally Ill.

Total and Permanent Disablement (TPD) cover provides a lump-sum benefit in the event of you becoming Totally and Permanently Disabled (see *Definitions*) before age 70. If the amount of a TPD benefit paid to you is less than your current Death cover, your Death cover (including Terminal Illness cover) will be reduced by the amount of the TPD benefit paid to you, and you will continue to be insured for the balance of the Death (and Terminal Illness) cover.

Your default level of Death and TPD cover is explained in the *Default cover* section. You may also be able to apply for additional Voluntary cover. That is covered in the section called *Applying for Voluntary Death and TPD cover*.

What does ‘Totally and Permanently Disabled’ mean?

You are considered to be Totally and Permanently Disabled, for claims where the Date of Disablement is on or after 1 July 2024, if one of the following five definitions applies to you.

Please note that if you are between the age of 67 and 70, you are not eligible to make a claim under the first definition.

Unlikely to work in a suited occupation ever again	If you: a. are aged less than 67 years as at the Date of Disablement, and, b. are employed or engaged in a gainful occupation, business, profession or employment or within 16 months of the date you cease to be so employed or engaged, and c. have suffered an Injury or Sickness and, solely as a result of that Injury or Sickness are: i. totally unable to be employed or engaged in that occupation, business, profession or employment for a period of six consecutive months, and ii. determined by the Insurer that at the end of that six-month period described in (c)(i), and up to the Date of Assessment, to be permanently incapacitated to such an extent as to render you unlikely ever to be employed or engaged in any gainful occupation, business, profession or employment for which you are reasonably suited by education, training or experience. In forming a view under (c)(ii) of this Part, the Insurer will consider the following factors: a. any re-skilling or retraining undertaken up to the Date of Assessment, and b. all relevant information up to the Date of Assessment. Note: For the avoidance of doubt, the six-month period referred to in (c)(i) of this part above does not apply to parts below.
Significant impairment to whole body	You suffer an Injury or Sickness and, as a result of that Injury or Sickness, you: a. suffer a permanent impairment of at least 25% of whole person function as defined in the latest edition of the American Medical Association publication ‘Guides to the Evaluation of Permanent Impairment’, or an equivalent guide to impairment approved by the Insurer, and b. are disabled to such an extent, as a result of this impairment, that you are unlikely ever again to be able to be employed or engaged in any gainful occupation, business, profession or employment for which you are reasonably suited by education, training or experience.
Loss of limbs and/or sight	As a result of Sickness or Injury, you suffer the total and permanent loss of the use of: a. two limbs (where ‘limb’ is defined as the whole hand or the whole foot), or b. the sight in both eyes, or c. one limb and the sight in one eye, and are disabled to such an extent, as a result of this impairment, that you are unlikely ever again to be employed or engaged in any gainful occupation, business, profession or employment for which you are reasonably suited by education, training or experience.

Unable to do basic activities associated with work ever again	a. Solely as a result of Sickness or Injury, you have been unable to perform at least two Basic Work Activities for at least 12 consecutive months, and b. in the Insurer's opinion, you are unlikely to perform two Basic Work Activities for the rest of your life without the help of another person, and c. as at the Date of Assessment you are unlikely ever again to be able to be employed or engaged in any gainful occupation, business, profession or employment for which you are reasonably suited by education, training or experience.
Permanent loss of intellectual capacity	As a result of Sickness or Injury, you suffer cognitive loss and are disabled to such an extent, as a result of this impairment, that you are unlikely ever again to be able to be employed or engaged in any gainful occupation, business, profession or employment for which you are reasonably suited by education, training or experience. 'Cognitive loss' means the Insurer has determined that a total and permanent deterioration or loss of intellectual capacity has required you to be under continuous care and supervision by another adult person for at least six consecutive months and, at the end of those six consecutive months, you are likely to require permanent ongoing continuous care and supervision by another adult person.

What does 'Terminally Ill' mean?

The Policy's definition of Terminal Illness and Terminally Ill means that:

- in the opinion of two Medical Practitioners approved by the Insurer, at least one of which is a specialist in the relevant area approved by the Insurer, despite all reasonable medical treatment, your medical condition will result in your death within 24 months of the date of the medical certificate, and
- the Insurer is satisfied that you are not expected to live for 24 more months regardless of treatment undertaken.

When does your cover start?

Default cover

If you are eligible for Default cover and you join Maritime Employer Accumulation within 150 days of starting with your employer, your Default Death and TPD cover within the AAL will start automatically (if eligible) from the first day of employment in respect of which your employer makes an employer contribution to your account. You will be provided with Limited Cover until you are in Active Employment for 30 consecutive days.

If you are eligible and join the Fund more than 150 days after starting with your employer, your Default Death and TPD cover within the AAL will start from the date you join the Fund. Limited Cover will be provided for the first 24 months and until you are in Active Employment for 30 consecutive days immediately prior to or after the expiration of this 24-month period thereafter.

Voluntary cover

Any Voluntary cover (including Income Protection) above the AAL will start from the date your application is approved and accepted by the Insurer.

If your cover is subject to special conditions or exclusions, the Insurer will need to receive and accept your agreement to the terms offered before your cover will start.

For any cover other than Default cover, your cover commencement date is the date the Insurer accepts your application (as long as there are sufficient funds in your account to pay for premiums by the end of the first month during which you have been notified of your successful application).

Cover subject to special conditions or exclusions

If your cover is subject to special conditions or exclusions, the Insurer will need to receive and accept your agreement to the terms offered before your cover will start.

How Death and TPD claims are paid

In the event of an accepted claim, your benefits will be paid into your Hostplus account. To withdraw any amount from your super, you need to meet a condition of release. Read more about conditions of release in the *How Super Works Guide* for your product, available at hostplus.com.au/pds

Under legislation, in the event of your death, your superannuation (including any Death benefit) is only payable to your dependants or legal personal representative(s). For more information and to find out who you can nominate to receive your benefit if you die, see the *How Super Works Guide* for your product for details, available at hostplus.com.au/pds

When the Insurer will not pay a Death or TPD claim

If you are currently working, even if you met one of the definitions of TPD in the past, then you are unable to claim a TPD benefit. Equally, if you don't satisfy the TPD definition (see *What does 'Totally and Permanently Disabled' mean?*) the Insurer will not pay a TPD claim.

No Death or TPD benefit will be payable for a claim as a result of:

- active service in the armed forces of any country or international organisation, or
- any act of invasion or war, whether declared or undeclared, in which the Commonwealth of Australia's armed forces are involved, or your country of residence (including temporary residence) is involved.

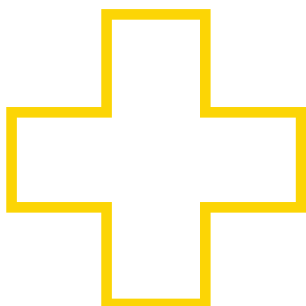
No benefit will be payable to you for a claim which is caused wholly or partly, directly or indirectly as a result of a Pre-Existing Medical Condition, which you, at any time prior to cover commencing or re-commencing, received or were eligible to receive a Total and Permanent Disability benefit or a Terminal Illness benefit from the Fund, another superannuation fund or an insurer.

In addition to the above, no benefit will be paid if the payment would contravene any provision of the *Private Health Insurance Act 2007* (Cth), *Health Insurance Act 1973* (Cth) or the *National Health Act 1953* (Cth) or any other related Australian legislation.

Don't pay more than you need to!

It's important that your occupation category is assessed correctly so you have the right level of cover and related premium.

For more information, please see *Choosing the correct occupation category for any type of cover*.



INCOME PROTECTION IN DETAIL

What is Income Protection cover?

Income Protection (IP) cover provides a replacement Income when Sickness or Injury prevents you from working. To receive this replacement Income, you must satisfy the definition of 'Total Disablement' or 'Partial Disablement' (see *What does Totally Disabled or Partially Disabled mean?*) under the terms of the Policy and have your claim accepted by the Insurer.

Default Income Protection cover can provide you with a monthly benefit of up to 75% of your Salary to a maximum of \$30,000 per month payable for up to two years. This cover ceases when you reach age 65.

The Automatic Acceptance Level (AAL) is \$10,500 per month. For cover in excess of the AAL, you will need to apply and be accepted by the Insurer.

A Waiting Period of 90 days applies before you can claim a benefit, however you can apply to reduce your Waiting Period to 30 days.

When does your IP cover start?

If you are eligible for Default cover and you join Maritime Employer Accumulation within 150 days of starting with your employer, your Default Income Protection cover (within the AAL) will start automatically (if eligible) from the first day of employment in respect of which your employer makes an employer contribution to your account. You will be provided with Limited Cover until you are in Active Employment for 30 consecutive days.

If you are eligible and join the Fund more than 150 days after starting with your employer, your Default Income Protection cover within the AAL will start from the date you join the Fund. Limited Cover will be provided for the first 24 months and until you are in Active Employment for 30 consecutive days immediately prior to or after the expiration of this 24-month period thereafter.



Benefit payments

Benefits are payable once the Waiting Period has been served. They are paid monthly in arrears. No payments are made for the Waiting Period.

Total Disablement

The monthly benefit payable on Total Disablement will be the lesser of:

- the amount insured, and
- 90% of your pre-disability Income (75% paid to you, 15% paid into your Hostplus account as a superannuation contribution), or the maximum approved by the Insurer if you have applied for increased cover, limited to a maximum of \$30,000 per month.

Where your Income Protection benefit is up to 75% of your pre-disability Salary, we will pay that benefit to you.

Where your Income Protection benefit is from 75% to 90% of your pre-disability Salary, we will pay a maximum of 75% of your pre-disability Salary to you and the remainder is paid into your Hostplus account as a superannuation contribution.

Your Income Protection benefit will also be reduced by any payments made under workers' compensation or similar state or federal legislation, motor accident compensation, social security, other insured and super payments being paid as a result of Injury or Sickness, any other insurance benefits in relation to the Injury or Sickness (whether claimed or not) as well as sick leave. Any other Salary received from your employer will also reduce your Income Protection benefit. Your Income Protection benefit will be reduced under this condition only if the total amount of monthly benefit payable by us and other payments exceed 90% of your pre-disability Income.

Partial Disablement

The monthly benefit payable on Partial Disablement is calculated as:

$$\frac{\text{Pre-disability monthly Income} - \text{actual monthly Income earned}}{\text{Pre-disability monthly Income}} \times \text{Total Disablement monthly benefit}$$

What does 'Totally Disabled' or 'Partially Disabled' mean?

There are strict definitions that must be met in order for you to receive any IP benefit. Firstly, you must either be Totally Disabled or Partially Disabled.

Definition of Total Disablement or Total Disability

Your work status	Definition that applies to you for the purposes of Income Protection cover
If you are: - a permanent employee - a casual employee or contractor working on average 10 hours or more per week for a period of at least three months immediately prior to disablement - unemployed for less than three months immediately prior to disablement and either a permanent employee or a casual or contractor working on average 10 or more hours per week for a period of at least three months immediately prior to becoming unemployed, or - on leave without pay for less than 24 months immediately prior to disablement	Disablement resulting solely from Injury or Sickness that occurs while the Policy is in force and as a result you: - are unable to perform Regular Duties of your own occupation, or solely due to the Injury or Sickness which is the subject of the claim, you are unable to obtain a Required Medical Clearance - remain under the regular care and attendance of a Medical Practitioner and follow their advice in relation to that Sickness or Injury, and - are not engaged in any occupation (whether or not for reward).
If you are: - a casual employee or contractor (working on average less than 10 hours per week for a period of at least three months immediately prior to disablement) - unemployed for more than three months prior to disablement - unemployed for less than three months immediately prior to disablement and you worked on average less than 10 hours per week for a period of at least three months immediately prior to becoming unemployed, or - on leave without pay for more than 24 months immediately prior to disablement	Disablement resulting solely from Injury or Sickness that occurs while the Policy is in force and as a result you: - remain under the regular care and attendance of a Medical Practitioner and follow their advice in relation to that Injury or Sickness, and - are not engaged in any occupation, whether paid or unpaid, and - are, in the opinion of the Insurer, continuously unable to perform at least two (2) Everyday Working Activities (even if using appropriate aids).

Definition of Partial Disablement or Partial Disability

For the purposes of Income Protection cover, Partial Disablement and Partial Disability means that immediately following a period of Total Disability of at least 14 consecutive days during the Waiting Period, and solely because of the Injury or Sickness that directly caused the Total Disability, you:

- are unable to perform Regular Duties of your own occupation at full capacity
- are capable of working (whether or not for reward)
- are earning a monthly income that is less than your pre-disability monthly income, and
- remain under the regular care and attendance of a Medical Practitioner and follow their advice in relation to that Injury or Sickness.

Choosing your Waiting Period

The Waiting Period for your IP cover is 90 days.

When does the benefit Waiting Period start?

The Waiting Period for benefit payments starts from the day you are first examined and certified by a Medical Practitioner as Totally Disabled in relation to the Injury or Sickness that you're claiming for.

You can return to work for up to 10 days during the Waiting Period without having to restart the Waiting Period (30 or 90 days depending on your cover).

What happens in the case of recurrent disability?

If your disability recurs within six months of Income Protection payments ceasing, a claim arising from the same or related cause is treated as a continuation of the previous claim and the Waiting Period is waived.

A total Maximum Benefit Period of 2 years will apply to all Income Protection claims due to the same condition or a related condition. You may claim multiple times and receive benefits for longer than 2 years if you suffer multiple unrelated Sicknesses or Injuries.

The Maximum Benefit Period for recurrent disability includes any period in which a benefit is paid or payable for Partial Disability or Total Disability or was payable but is calculated to be zero.

When will you start receiving the IP benefit?

Income Protection benefits are payable monthly in arrears after the end of your applicable Waiting Period and once your claim has been approved. The monthly benefit starts to accrue from the day after the end of the Waiting Period.

How are IP benefits paid?

Income Protection benefits are paid into your nominated bank account on a monthly basis.

Annual benefit increases

The Insurer will increase the amount of the benefit payable when you have received the monthly benefit for a continuous period of 12 months. The benefit will be adjusted annually at the anniversary of the end of the Waiting Period by the lesser of 5% and the percentage increase in the CPI over the 12-month period concluding at the end of the last reported quarter.

When will you stop receiving a benefit payment?

Your benefit payment stops at the earlier of:

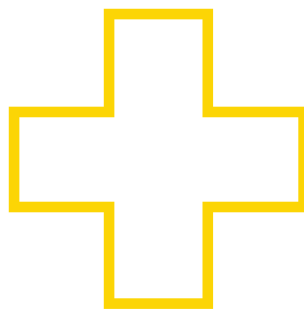
- the date you are earning, or are capable of earning, a monthly income equal to or greater than your monthly pre-disability income, or engaging in any occupation on a full-time basis (if working full-time prior to disability) or part-time basis (if working part-time prior to disability) or casual basis (if working casually prior to disability)
- the end of the Maximum Benefit Period (2 years or as accepted by the Insurer)
- your 65th birthday
- the date of your death
- the date you are no longer Totally Disabled or Partially Disabled
- the date that you fail to comply with the Insurer's requirement to return to Australia for ongoing assessment.

Exclusions from Income Protection cover

No benefit will be payable for a claim as a result of:

- any intentional self-inflicted Injury or attempted suicide or self-destruction while sane or insane
- an uncomplicated pregnancy, childbirth or miscarriage, or
- active service in the armed forces of any country or international organisation or any act of invasion or war, whether declared or undeclared, in which the Commonwealth of Australia's armed forces are involved, or your country of residence (including temporary residence) is involved.

No benefit will be payable for a claim which is caused wholly or partly, directly or indirectly as a result of a Pre-Existing Medical Condition, which you, at any time prior to your cover commencing or re-commencing, received or were eligible to receive a total and permanent disability benefit or a terminal illness benefit from the Fund, another superannuation fund or an insurer.



PAYING FOR YOUR INSURANCE (PREMIUMS AND FEES)

Premiums are deducted from your account.

Any premiums you pay (as opposed to your employer) will be deducted from your Hostplus account monthly in arrears based on the number of Fridays in the month – either four or five.

Your weekly premiums will be shown on your insurance confirmation letter. Premiums include stamp duty and any government charges.

Premium rates and cover levels may change in the future under the Policy and the rules of the Fund. The trustee will give you at least 30 days' notice before any increase in premium rates takes effect.

Unitised cover

Where you have unitised Death and TPD cover which costs \$1 per unit per week, the level of cover will vary year to year based on your age, while the cost of your cover will stay the same.

Who pays for what

The table below shows how premiums are calculated for your cover and who pays them. Please note that the table assumes you are eligible for cover.

Default Death and TPD cover	Voluntary Death and TPD cover	Default Income Protection cover
Your Default cover is calculated according to a formula. Annual premium rates per year per \$1,000 of cover are shown in the <i>Premium rates for Default Death and TPD cover (per year, per \$1,000 of cover)</i> table in <i>Rate tables</i>. The rates depend on your age and occupation category.	Voluntary cover is provided in units. The value of each unit depends on your age and occupational category (see the <i>Benefit value for 1 unit of Death and TPD cover</i> table in <i>Rate tables</i>). The premium is \$1 per unit of cover per week, which is paid by you.	Your Default cover can provide you with a monthly benefit of up to 75% of your Salary to a maximum of \$10,500 per month. The annual premium depends on: - your age, and - your occupation category The <i>Annual cost of Default Income Protection cover of 75% of Salary per \$1,000 of cover (Employer Acc)</i> table in <i>Rate tables</i> shows the premiums for this cover.
AMOU, CSL and Inco members Your employer meets the cost of your Default Death and TPD cover (including excess cover if approved by the Insurer). The premium will be deducted from your account and will be matched by an equal contribution from your employer. There is no net cost to you.		AMOU, CSL and Inco members Your employer will meet the cost of Default Income Protection cover (including excess cover above the AAL if approved by the Insurer) by making a matching contribution to your account on the same day the premium is deducted.



SVITZER members

If you are a new Maritime Employer Accumulation member joining as a SVITZER employee, or if you are a former SVITZER Accumulation member who joined after March 2006, insurance premiums are deducted from your account monthly.

In some cases your employer may elect to contribute a higher rate of employer contributions to your account to contribute to this cost, however, this is not mandatory. Please refer to your Enterprise Bargaining Agreement (EBA) for details relating to your circumstances.

SVITZER members

If you are a new Maritime Employer Accumulation member joining as a SVITZER employee, or if you are a former SVITZER Accumulation member who joined after March 2006, insurance premiums are deducted from your account monthly.

In some cases your employer may elect to contribute a higher rate of employer contributions to your account to contribute to this cost, however, this is not mandatory. Please refer to your Enterprise Bargaining Agreement (EBA) for details relating to your circumstances.

Example

Michael has Default Death & TPD cover of \$306,250 and 16 units of Voluntary Death & TPD cover.

The annual Default Death & TPD insurance premium is:

= \$306,250 / 1,000 x \$2.22

(refer to the *Premium rates for Default Death and TPD cover (per year, per \$1,000 of cover)* table in *Rate tables*)

= \$679.88 p.a.

The annual Voluntary Death & TPD insurance premium

= \$1 x 52 weeks x 16 units

= \$832.00 p.a.

The total cost of Death & TPD cover payable is:

= \$679.88 + \$832.00

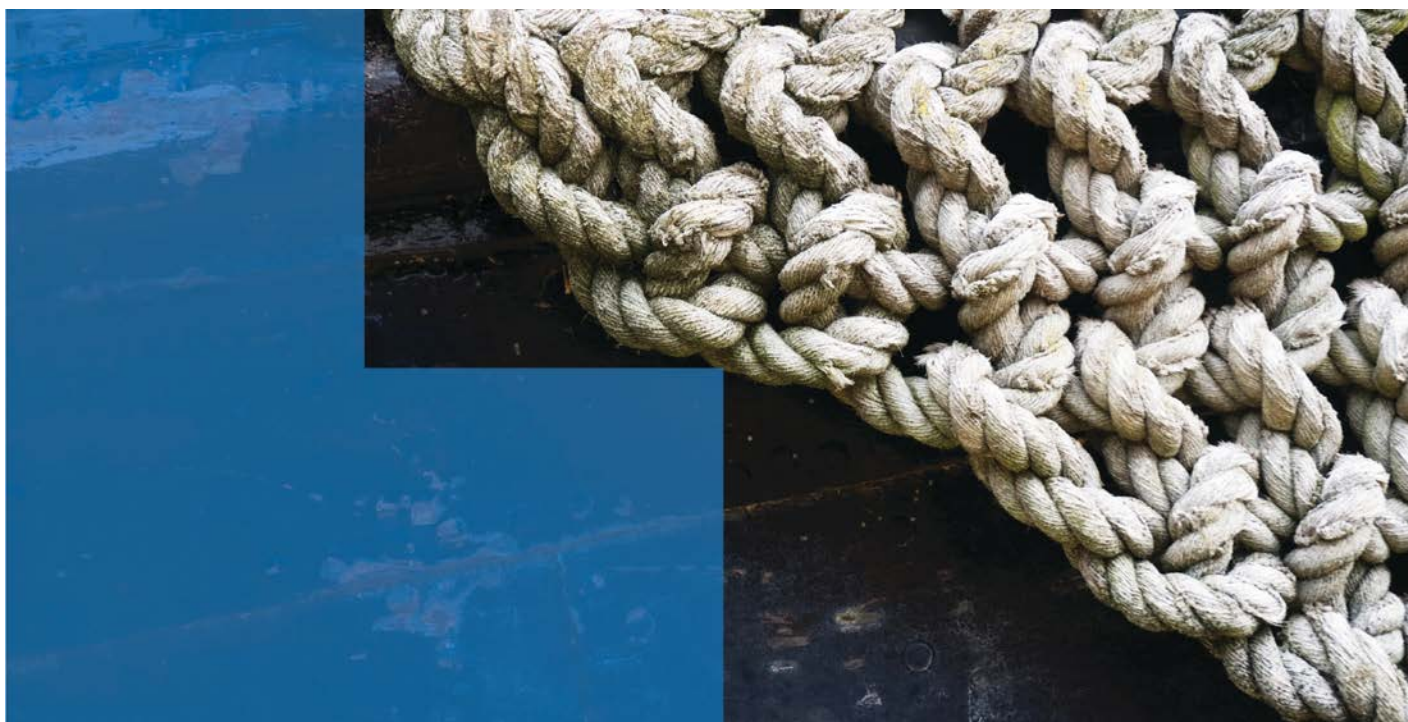
= \$1,511.88 p.a.⁴

Impact of War Conditions on your premiums

In the event of any invasion or outbreak of war which involves Australia, the Insurer may vary Death, TPD and Income Protection premium rates.

Taxation

You cannot claim a tax deduction for any premiums or other insurance fees because your premiums and fees are paid through a superannuation fund.



4 Michael's employer may pay the Default cover premium of \$679.88 but it will not pay the Voluntary cover premium.

CEASING, RECOMMENCING AND RESTARTING COVER

When your cover will cease

Your insurance cover will stop on the earliest of the following events:

- you are no longer a member of any of the following Maritime products in the Fund:
 - Maritime Accumulation Advantage,
 - Maritime Stevedores Accumulation,
 - Maritime Contributory Accumulation or
 - Maritime Employer Accumulation products in the Fund
- you die
- for cover you pay for, there is not enough money in your account to pay the premium in full when it falls due
- you have not elected to be provided with Default cover and:
 - your account is deemed inactive where no contributions have been received for 16 months or more under the *Protecting Your Super* legislation
 - you are under 25 years old and cease to be employed in a Dangerous Occupation or your employer ceases to meet the cost of your insurance cover
 - your account balance has not exceeded \$6,000 and you cease to be employed in a Dangerous Occupation or your employer ceases to meet the cost of your insurance
- for cover you pay for, we receive notice in writing that you would like to cancel your cover (this does not apply if you are in Maritime Contributory Accumulation)
- you use the total of your Hostplus benefit to open a Hostplus Retirement account
- 30 days after you should have returned to work in Australia after being seconded overseas (for a period of not more than four years, unless the Insurer agrees to a longer period of leave)
- if you are a temporary work visa holder or a New Zealand national, you leave Australia (other than on a temporary basis as a seafarer) or are no longer eligible to work under Australian law
- for **Default** cover you pay for, that **Default cover will cease** when you become eligible for Default cover in another Maritime product (Maritime Accumulation Advantage, Maritime Stevedores Accumulation, Maritime Contributory Accumulation or Maritime Employer Accumulation, as applicable)
 - for Death and TPD cover:
 - you turn 70 (a restricted definition of TPD applies from age 67 – see *Definitions*)
 - an insured benefit is paid or becomes payable. However, if a TPD benefit is paid and your Death cover is greater than your TPD cover, the remaining Death cover will continue
 - a Terminal Illness benefit is paid or becomes payable
 - for TPD cover:
 - you permanently retire from the workforce
 - a TPD benefit is paid or becomes payable
 - 30 days after you should have returned to work after the end of an agreed period of approved leave of up to 24 months or the first anniversary of approved leave that extends beyond 24 months (unless approved by the Insurer)
 - for Income Protection cover:
 - you turn 65
 - you permanently retire from the workforce
 - if your employer is responsible for paying for your cover, they fail to pay the premium in full when it is due (your cover may convert to Voluntary Income Protection cover)
 - 30 days after you should have returned to work at the end of an agreed period of approved leave of up to 24 months, or the first anniversary of approved leave that extends beyond 24 months (unless approved by the Insurer)
 - six months after the end of the month in which the last employer contribution is received for your account but ignoring late payments (or if you are self-employed, 12 months after the last contribution or deposit is received for your account), provided you were not on approved leave for 24 months (see *Parental leave or approved leave* below), unless you are in receipt of Income Protection benefits.

If you die or become Terminally Ill prior to your cover ceasing

If you die or become Terminally Ill before your cover ceased, the Insurer may pay a benefit if continuous cover was in force.

If you think this applies to you or your loved one, please contact Hostplus.

If you become sick or injured prior to your cover ceasing

If you became sick or injured before your cover ceased, the Insurer may pay a benefit but only as result of that Injury or Sickness which occurred whilst continuous cover was in force for you.

If you think this applies to you, please contact Hostplus.

Cooling off period

There is a 30-day premium refund period in relation to Default IP cover only.



MAKING A CLAIM

How to make a claim

The information below provides an overview of the claims process. There is more information about the claims process on our website at: hostplus.com.au/members/manage-your-super/manage-your-insurance/claim

Call us straight away

If you or your beneficiaries need to claim against your Hostplus insurance, please call Hostplus on **1300 467 875** as soon as you can. Failure to notify us of a potential claim within a reasonable time may cause the Insurer to reduce or refuse to pay the insured benefit to the extent their assessment of your claim is prejudiced.

It is important to note that if you make a claim, you will only be entitled to an insured benefit if you meet all the eligibility criteria under the terms of the Policy. The insured benefit is determined as at the date of the event occurring (e.g. for a Death benefit, the date of death) and your level of cover at that time.

In circumstances where you are in the process of applying for additional cover but have not yet been accepted by the Insurer, you will only be entitled to the lesser amount of cover applicable prior to the increase (unless Interim accidental cover applies), in the event of a successful claim.

Evidence and required information

When you call us to make a claim, we will send you a Claims Pack with all the relevant forms and evidence needed. Some evidence will need to be certified. See hostplus.com.au/members/manage-your-super/manage-your-insurance/claim for information about how to certify your documents.

Send your forms and supporting documents to:

Hostplus Claims,
Locked Bag 9, Carlton South VIC 3053

If you need help at any time, you can contact your Claims Coordinator directly, call us on **1300 467 875** or use Chat Now on our website.

The Insurer reserves the right to investigate the claim including but not limited to the use of investigative agents, conducting surveillance and requesting information and medical examinations.



Age limits for claims

If you have Hostplus IP cover with a 'to age 65' benefit period, then you can claim until your 65th birthday.

For all other cover types, you can claim until your 70th birthday.

Death

If you die while you are covered under the Policy, the Trustee will make a claim for payment of your Death cover from the Insurer. Once admitted, the amount insured will be added to your benefit in the Fund and will form part of your Death benefit. Superannuation law sets out who can be paid a Death benefit, but there can still be disputes as to who should receive the benefit, and this can delay payment.

For further information about beneficiaries and the process, please see the *Death Claim Guide* at hostplus.com.au/members/manage-your-super/manage-your-insurance/claim

Terminal Illness

If you are diagnosed with a Terminal Illness, you may apply for a prepayment of your Death cover. You must have become Terminally Ill while covered under the Policy and remain Terminally Ill to lodge a claim. The cover amount for your claim will be based on the later of the two dates on which the Medical Practitioners gave their certification that you are suffering from a Terminal Illness.

If you wish to make a claim for a Terminal Illness insured benefit, you will need to complete a claim form and provide a report from a Medical Practitioner who is a specialist in the area of your Sickness which states that it is likely that your condition will result in your death within 24 months. You will also need to supply a report from another Medical Practitioner certifying that you are Terminally Ill.

After you have lodged your claim, you may be required to undergo one or more medical examinations before the Insurer can determine whether you satisfy the Policy definition of Terminal Illness. Any sum insured admitted by the Insurer will be added to your benefit and will become payable in accordance with the rules of the Fund and super law.

Total and Permanent Disablement

If you wish to make a claim for a TPD benefit, you should contact Hostplus as soon as possible as it is in your interest to lodge your claim immediately. You will need to complete a claim form and provide at least one Medical Practitioner's report in support of your claim.

In the event of a claim, the cover amount will be determined at the date you were last actively at work as a result of your Injury or Sickness or, if you are not employed when you are injured or first display the symptoms of your Sickness, the date the Insurer determines that you first become Totally and Permanently Disabled.

After you have lodged your claim, you may be required to undergo one or more medical examinations to determine whether you satisfy the Policy definition of Total and Permanent Disablement.

The Insurer may also take into account any retraining and/or rehabilitation you could acquire in the future, to determine whether you satisfy the Policy definition. It can often take some time to obtain all the information required for the Trustee and the Insurer to make an informed decision and for your claim to be finalised. We will try to process your claim as quickly as possible and to keep you informed of the progress of your claim.

Any sum insured admitted by the Insurer will be added to your benefit in accordance with the rules of the Fund and super law. You should note that before you can be paid a TPD benefit you must also satisfy a 'condition of release' under super law. Call **1300 467 875** to find out more.

Income Protection

If you wish to make an Income Protection claim, you will need to complete a claim form and provide at least one Medical Practitioner's report in support of your claim. If your claim is not lodged with the Trustee within a reasonable time, it may not be accepted.

Whether you receive an Income Protection benefit, and the amount of your benefit, will be based on whether you satisfy the definition of Total Disablement or Partial Disablement (see *Definitions*).

The benefits will be increased by the lesser of the Consumer Price Index (CPI) and 5% after you have continued to receive Income Protection benefits for 12 consecutive months.

The Income Protection monthly benefit will continue until the earliest of the following events:

- you recover and no longer satisfy the Total Disability and Partial Disability definitions
- you die
- you've received your 24th monthly payment (i.e. expiry of the two-year benefit period)
- you held a temporary work visa or are a New Zealand national and leave Australia permanently or are no longer eligible to work under Australian law, or
- you turn age 65.

To receive payments you may be required to provide medical evidence each month to the Insurer to demonstrate that your Sickness or Injury is ongoing.

Rehabilitation expenses

Where the Insurer determines that you meet the Policy definition of Total Disablement, the Insurer will determine if rehabilitation services will assist your ability to return to work.

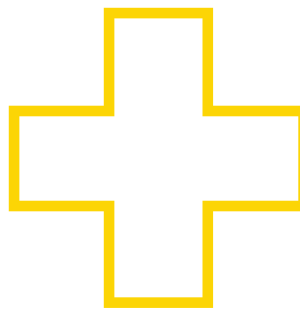
In determining rehabilitation services, the Insurer will take into account:

- your current or potential capabilities
- available medical evidence, and
- the nature, scope, objective and costs of any rehabilitation or retraining program.

The Insurer may require an examination(s) to assist in designing and implementing a rehabilitation program that is appropriate for you to participate in, based on appropriate medical evidence. Participation in any rehabilitation or retraining program is compulsory for you where deemed appropriate by the Insurer.

Rehabilitation expenses approved by the Insurer will be reimbursed up to an amount equivalent to six monthly payments, provided the expenses relate to a rehabilitation program designed to return you to work.

Once an approved rehabilitation program has commenced you must complete it. Where you cease to participate in the approved program, the Insurer will require written documentation outlining the reasons for your inability to continue with the rehabilitation program. Where you are not available or choose not to co-operate or participate in the duration of the program, your claim will cease. The Insurer will only exercise this right where it reasonably believes that the rehabilitation program remains appropriate for you.



When benefits are not payable

In addition to the exclusions outlined in this document, insured benefits may not be payable if:

- your claim relates to any other circumstances or restriction advised to you in writing before you make a claim, or
- in the event of omissions or false or misleading information you've provided to the Insurer or us in any application for cover.

GENERAL INFORMATION APPLYING TO YOUR COVER

Privacy

For information about your privacy as it relates to insurance arrangements with the Insurer, refer to a copy of the *Acenda Privacy Policy*, available on their website at

www.acenda.com.au

Feedback or complaints

If you have an enquiry, feedback or complaint, contact us on **1300 467 875**, or use Chat Now (on our website) or email at **hostplus.com.au/contact**. We'll do everything in our power to resolve your matter promptly and courteously. If you're not happy with the way we handle your matter, please email us at **resolutions@hostplus.com.au**, or send a letter to the Hostplus Resolutions Officer, Locked Bag 5046, Parramatta NSW 2124.

We'll acknowledge your complaint within 24 hours (or 1 business day) of receiving it, or as soon as possible, and will provide a resolution to complaints within 45 days for superannuation matters and 90 days for complaints relating to the distribution of a superannuation Death benefit. If there's a delay resolving your complaint, we will contact you within these timeframes to let you know why.

If you're not satisfied with the outcome or the way we handle your complaint, you can contact the Australian Financial Complaints Authority (AFCA). AFCA provides free, fair and independent financial services complaint resolution to our members and their beneficiaries. Although you can contact AFCA at any time, they generally won't deal with your complaint until it has first been through our complaints handling process. You can contact AFCA on **1800 931 678**, through its website **afca.org.au**, in writing via email to **info@afca.org.au** or post to Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001.



Duplicate accounts

You must inform us immediately if you have more than one account with Hostplus, as you are only eligible to retain Hostplus insurance in one account.

Where you have multiple Hostplus accounts, you will retain cover in the account with the highest level of insurance and the account with lower insured amount will be closed. Any overpaid premiums will be refunded to you. Your cover will automatically be transferred once your accounts have been merged unless you tell us otherwise.

Parental leave or approved leave

You will continue to be covered when you're on approved parental or approved leave without pay.

TPD and Income Protection cover will continue for a period up to 24 months from the start of the leave provided you have agreed to a 'return to work' date and the premium for your cover continues to be paid. Where you do not return to work on the agreed date, your TPD and Income Protection cover will automatically stop 30 days after the agreed date.

You can also apply to have your TPD cover extended for periods of leave longer than 24 months. Call us on **1300 467 875** for more information.

Going overseas

Your insurance cover will normally continue for a period of time when you are overseas, unless you are a temporary work visa holder or New Zealand national, provided your premiums are paid.

When you are travelling or holidaying overseas (except to a war zone), cover will generally be provided for a period of up to three months.

If you are seconded and working overseas (except to a war zone), insurance cover will continue for a period of up to four years (or longer with approval from the Insurer). However, if any of the overseas countries where you live, are seconded and working in, or are travelling or holidaying to have been issued with a Department of Foreign Affairs and Trade 'Do not travel' advisory at the time you leave Australia, you will not be covered while you are in that country.

Also, if the Insurer is not satisfied with the assessment of a claim made overseas, they have the right to request your return to Australia (at your own expense) for claims assessment before payment of any insured benefits. Temporary work visa holders and New Zealand nationals will not be covered outside Australia unless you travel outside Australia on a temporary basis in a seagoing occupation, or you are employed by, and are receiving an income from, an Australian employer.

When the terms of your cover may change without your consent

Changes in the law and its interpretation

If there is a change to a law or the way a law is interpreted, the Insurer may also vary any of the terms and conditions of the Policy under which insurance cover is provided to you (including the premium rates), with immediate effect.

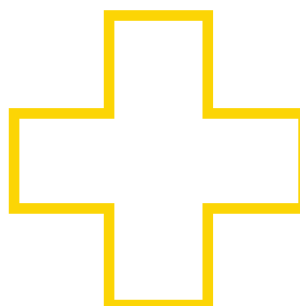
The Insurer can do this when a change to a law or its interpretation means:

- it becomes impossible or impractical for the Insurer to carry out its obligations under the Policy
- how the Insurer or the Policy is taxed changes
- government charges, taxes or levies are imposed or changed, or
- the terms of the Policy would become inconsistent with the law.

For this purpose, a 'law' includes an industry code of practice and directions from regulators such as APRA with which the Insurer is under a legal or contractual obligation to comply.

Changes that we agree with the Insurer

The policies under which insurance cover is provided to you may be varied by written agreement between us and the Insurer. Our ability to agree to vary the policies is subject to our obligation to perform our duties and exercise our powers in the best financial interests of members.



DEFINITIONS

The Policy is the final word!

The information provided in this Guide is a summary only. The full insurance terms and conditions, including payment of benefits, are contained in the Policy document, which you can request from the Fund. The trustee reserves the right to alter the terms and conditions of the Policy, including cover amounts and premiums.

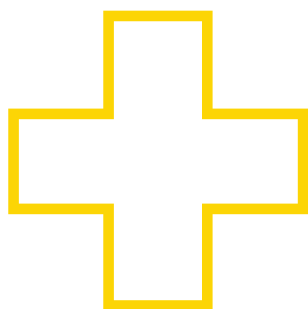
Active Employment	means ▪ if Gainfully Employed, that you are engaged in your normal duties without limitation or restriction due to Sickness or Injury and are working normal hours on the relevant date ▪ that you are not restricted by Sickness or Injury from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week) even though actual employment can be on a full-time, part-time, casual or contractual basis or you may not currently be Gainfully Employed, and ▪ that you are not receiving and/or entitled to claim income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits. If you are on leave, paid or unpaid, other than leave in connection with Sickness or Injury, you will be considered to be in Active Employment. Where you can provide proof to the Insurer's satisfaction: a. that you have been incapable of performing your full and normal duties on a full-time basis due to a temporary and minor Sickness or Injury, and b. that Sickness or Injury has not caused or contributed to your death, Terminal Illness or TPD, you will be considered as being in Active Employment for those days.
Automatic Acceptance Limit (AAL)	is the limit set by the Insurer below which Default insurance will be provided without the need for underwriting. In Maritime Employer Accumulation, the AAL is \$900,000 for Default Death & TPD cover, and \$10,500 per month for Income Protection cover. Default insurance cover above the AAL is only provided following assessment and acceptance by the Insurer.
Basic Work Activities	1. Mobility (walking or bending): a. walk, with or without a walking aid⁵, more than 200m on a level surface without stopping, or b. 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: a. visual acuity is equal to, or better than, 6/48 in both eyes, or b. 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 their own waist height continuously for 60 seconds. 4. Manual dexterity: With at least one hand, without the use of aids: a. type words using a computer keyboard; or b. 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.

⁵ Such as a walking stick, crutches or walking frames.

Dangerous Occupation	means an occupation that has been determined to be risky based on actuarial data. Stevedoring occupations and seafaring occupations fall within this definition.
Date of Assessment	means the date the Insurer makes a written determination with respect to your lodged claim for a TPD Benefit under the Policy.
Date of Disablement	has a particular meaning depending on the paragraph of the definition of "Total and Permanent Disablement". Details of the date of disablement can be found in the insurance Policy. (Please contact the Fund for a copy of the Policy.)
Everyday Working Activities	means the following six (6) activities as described: 1. Moving and Travel – the ability to: a. plan and execute travel and be able to move more than 200m without stopping; or b. bend, kneel or squat to pick something up from the floor and straighten up again and get in and out of a standard sedan car. 2. Communicating – when engaging with family, friends or other members of the community, the ability to: a. hear and speak with sufficient clarity to be able to hold a conversation in a quiet room in the Insured Member's first language; or b. understand a simple message given in the Insured Member's first language and relay that message to another person. 3. Vision – the visual acuity to read ordinary newsprint and pass the standard eyesight test for a car license. 4. Lifting – the ability to lift a 5 kilogram weight with either or both hands from bench/table height, carry it over a 5 metre distance and place it back down at bench/table height. 5. Using the hands – the ability to use the hands or fingers to handle small objects with precision and success. 6. Comprehension and concentration – the ability to understand, follow, and carry out instructions, or effectively maintain concentration and routinely complete tasks without excessive rest breaks.
Forward Underwriting Limit (FUL)	means the level and type of insurance determined by the Insurer after the assessment of a member's application for insurance, below which future increases in cover will be automatically provided without Underwriting.
Gainful Employment or Gainfully Employed	means employed for gain or reward in a business, trade, profession, vocation, calling, occupation or employment.
Group Employer	refers to a Participating Employer who provides Default Income Protection cover as an employer-funded benefit for employee members (subject to acceptance by the Insurer).
Heavy Blue Collar	as an occupation category means: ▪ skilled workers (i.e. in trade-qualified occupations) and unskilled blue collar workers performing Manual Duties, including, but not limited to, stevedores, or ▪ workers in any occupation or employment where employment is spent on a ship, tug, offshore vessel or on the water, including, but not limited to, occupations of seaman, integrated rating and steward. The Heavy Blue Collar category also includes people without an occupation or who are not Gainfully Employed.
Income	for the purpose of Income Protection cover means: ▪ for a permanent employee - the Salary package paid to you by your employer including Salary, fees, regular bonuses, regular commissions, regular overtime, shift allowances and items in lieu of cash (e.g. Salary sacrificed items) but excluding mandatory superannuation contributions and unearned income (e.g. investment or interest income). Bonuses, overtime earnings and commissions will be calculated based on the average of the last three years received by you from your employer. In the event of a claim, where you have been working in a normal capacity and you subsequently reduce your hours over the sixty (60) days immediately prior to the date of disability as a result of the same Sickness or Injury giving rise to the claim, your income will be calculated as the income immediately prior to your hours being reduced, otherwise at the date of disability ▪ for a non-permanent employee or a casual or those between jobs – the Salary package paid to you by your employer including Salary, fees, regular bonuses, regular commissions, regular overtime, shift allowances and items in lieu of cash (e.g. Salary sacrificed items) but excluding mandatory superannuation contributions and unearned income (e.g. investment or interest income). In the event of a claim, income will be based on the income received by you over the 12 months immediately prior to the date of disability ▪ for a self-employed person – where you directly or indirectly own all or part of the business from which you earn your usual income, the total amount earned by the business over the financial year as a direct result of your personal exertion or activities through your usual occupation, less your share of business expenses, but before the deduction of income tax, for that business (or the relevant proportion for part of a financial year). In the event of a claim, income will be based on the income generated by the business due to your personal exertion or activities less your share of business expenses over the last 12 months immediately prior to becoming disabled.

Injury	- for the purpose of Income Protection cover, means bodily injury to you, resulting solely and directly from violent, accidental, external and visible means and independently of any other cause. - for the purposes of the TPD definitions, means bodily injury which is caused solely and directly by external, violent and accidental means and is independent of any other cause.
Light Blue Collar	as an occupation category means occupations that involve light Manual Duties and are land-based or involve one of masters, engineers and officers. It also includes supervisors of Heavy Blue Collar workers.
Limited Cover	means that you are only covered for claims arising from a Sickness that first became apparent or an Injury that first occurred on or after the date your cover started, restarted or increased.
Manual Duties	means duties involving or using human effort, power or physical energy.
Maximum Benefit Period	means the maximum period for which benefits can be received under the Policy for a disability resulting from any one or related causes.
Medical Practitioner	means, in relation to a psychological condition, a legally qualified psychiatrist registered in Australia as a practicing psychiatrist, or otherwise, a legally qualified Medical Practitioner registered to practice in Australia with specialisation in the relevant medical condition but does not include chiropractors, physiotherapists, psychologists or alternative health providers, your employers, yourself, your spouse or a member of your immediate family or a business partner, associate or a fellow shareholder or unit holder in a company or trust that is not a publicly listed company or trust.
Partial Disablement and Partial Disability	See <i>What does 'Totally Disabled' or 'Partially Disabled' mean?</i> above
Participating Employer	is an employer who has applied and been accepted by Hostplus as a participating employer of the Fund and has agreed to participate in the Fund and be bound by the rules of the Fund. This category of employer is generally limited to employers operating in the maritime industry. For insurance purposes, it includes a Participating Employer under the rules of the Fund.
Policy	refers to the Group Policy (number G3608) for Death and Total & Permanent Disablement insurance and Income Protection insurance provided by Nippon Life Insurance Australia and New Zealand Limited, trading as Acenda, ABN 90 000 000 402, AFSL 230694 for members in Maritime Accumulation Advantage, Maritime Stevedores Accumulation, Maritime Contributory Accumulation and Maritime Employer Accumulation.
Pre-Existing Medical Condition	means a Sickness which first became apparent or an Injury which first occurred prior to the date the cover last commenced or re-commenced.
Regular Duties	means the duties that are normally required to perform your occupation.
Required Medical Clearance	means a certificate of medical fitness mandated by law or under a workplace policy, without which you are unable to perform your own occupation. Where relevant to your occupation, it may include Australian Maritime Safety Authority (AMSA) certificate of medical fitness.
Salary	means your regular ordinary time earnings, which is primarily your Salary. (For AMOU members, 'Salary' refers to the member's ordinary periodic remuneration paid by AMOU and is generally exclusive of bonuses, loadings, overtime, and allowances which AMOU determines as not ordinary.)
SG Contributions	refers to the employer contributions required under the <i>Superannuation Guarantee (Administration) Act 1992</i> .
Sickness	means - for the purpose of Death and TPD cover, an illness, a disease or a medical disorder diagnosed by an appropriately qualified Medical Practitioner. - for the purpose of Income Protection cover, sickness or disease suffered by you while covered under the Policy.
Standard Employer Sponsor	means an employer who has entered into an agreement with Hostplus to make contributions to the Fund on behalf of one or more employees. A standard employer sponsor can nominate employees for membership in Maritime Employer Accumulation.
Temporary Work Visa	refers to the temporary visa issued by the Australian Federal Government to an overseas worker who is sponsored by an employer to work in Australia on a temporary basis.
Terminal Illness and Terminally Ill	means that: - in the opinion of two Medical Practitioners, approved by the Insurer at least one of which is a specialist in the relevant area approved by the Insurer, despite all reasonable medical treatment, your medical condition will result in your death within 24 months of the date of the medical certificate, and - the Insurer is satisfied that you are not expected to live for 24 more months regardless of treatment undertaken.
Total Disablement and Total Disability	See <i>What does 'Totally Disabled' or 'Partially Disabled' mean?</i> above
Total and Permanent Disablement (TPD), Total and Permanent Disability and Totally and Permanently Disabled	See <i>What does 'Totally and Permanently Disabled' mean?</i> above

Trustee	refers to Host-Plus Pty Limited ABN 79 008 634 704, AFSL 244392 as trustee for the Hostplus Superannuation Fund (the Fund) ABN 68 657 495 890, MySuper No 68657495890198.
Underwriting	is the process used by an insurer to assess the risk associated with providing insurance. You may need to answer questions about your health, occupation and pastimes. Insurance cover that is subject to underwriting may be declined or subject to restrictions as determined by the Insurer. Alternatively, the Insurer may limit the level of cover available to you.
Waiting Period	refers to the number of continuous days that must elapse before an Income Protection benefit becomes payable. Your Waiting Period starts from the date you are first examined and certified by a Medical Practitioner as Totally Disabled and stopped working (if employed).
White Collar	means an occupation category that includes: ▪ predominantly office-based, sedentary roles performing clerical, administrative and managerial duties with no more than 10% of your time performing Manual Duties, for example stocking shelves or reloading photocopy paper ▪ persons who work in an office environment for at least 80% of the time (excluding travel time from one office environment to another), including sales representatives that are not involved with deliveries.



RATE TABLES

Benefit value for 1 unit of Death and TPD cover

	Heavy Blue Collar		Light Blue Collar		White Collar	
Age at last 30 June	Death only	Death & TPD	Death only	Death & TPD	Death only	Death & TPD
15	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
16	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
17	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
18	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
19	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
20	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
21	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
22	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
23	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
24	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
25	\$87,000	\$64,000	\$90,000	\$66,000	\$142,000	\$100,000
26	\$85,000	\$62,000	\$90,000	\$65,000	\$142,000	\$99,000
27	\$83,000	\$61,000	\$90,000	\$63,000	\$142,000	\$98,000
28	\$81,000	\$58,000	\$90,000	\$61,000	\$142,000	\$98,000
29	\$79,000	\$56,000	\$90,000	\$59,000	\$142,000	\$96,000
30	\$77,000	\$52,000	\$90,000	\$57,000	\$142,000	\$95,000
31	\$75,000	\$49,000	\$90,000	\$55,000	\$142,000	\$94,000
32	\$73,000	\$47,000	\$90,000	\$53,000	\$142,000	\$92,000
33	\$71,000	\$44,000	\$90,000	\$50,000	\$142,000	\$90,000
34	\$69,000	\$41,000	\$90,000	\$47,000	\$142,000	\$84,000
35	\$67,000	\$38,000	\$90,000	\$46,000	\$142,000	\$81,000
36	\$63,000	\$35,000	\$88,000	\$44,000	\$140,000	\$76,000
37	\$59,000	\$32,000	\$84,000	\$41,000	\$133,000	\$72,000
38	\$55,000	\$29,000	\$80,000	\$39,000	\$129,000	\$67,000
39	\$51,000	\$26,000	\$76,000	\$37,000	\$120,000	\$63,000
40	\$47,000	\$24,000	\$71,000	\$34,000	\$116,000	\$59,000
41	\$43,000	\$22,000	\$67,000	\$31,000	\$108,000	\$54,000
42	\$41,000	\$20,000	\$63,000	\$28,000	\$102,000	\$50,000
43	\$39,000	\$18,000	\$59,000	\$26,000	\$94,000	\$46,000
44	\$38,000	\$16,000	\$54,000	\$24,000	\$88,000	\$41,000
45	\$34,000	\$14,000	\$50,000	\$21,000	\$80,000	\$37,000
46	\$31,000	\$13,000	\$46,000	\$19,000	\$74,000	\$34,000
47	\$28,000	\$11,000	\$41,000	\$17,000	\$67,000	\$30,000
48	\$25,000	\$10,000	\$38,000	\$15,000	\$61,000	\$27,000
49	\$23,000	\$9,000	\$34,000	\$14,000	\$55,000	\$24,000
50	\$20,000	\$8,000	\$30,000	\$12,000	\$49,000	\$21,000
51	\$18,000	\$7,000	\$27,000	\$11,000	\$44,000	\$19,000
52	\$16,000	\$6,000	\$24,000	\$10,000	\$40,000	\$17,000
53	\$15,000	\$5,000	\$22,000	\$8,000	\$35,000	\$15,000
54	\$13,000	\$5,000	\$19,000	\$7,000	\$31,000	\$13,000
55	\$12,000	\$4,000	\$17,000	\$6,000	\$28,000	\$11,000
56	\$11,000	\$4,000	\$15,000	\$6,000	\$25,000	\$10,000
57	\$10,000	\$3,000	\$14,000	\$5,000	\$22,000	\$9,000
58	\$9,100	\$3,000	\$12,000	\$4,000	\$20,000	\$8,000
59	\$8,200	\$3,000	\$11,000	\$4,000	\$18,000	\$7,000
60	\$7,400	\$2,000	\$10,000	\$3,000	\$16,000	\$6,000
61	\$6,700	\$2,000	\$8,000	\$3,000	\$14,000	\$5,000
62	\$6,100	\$2,000	\$7,000	\$3,000	\$12,000	\$4,000
63	\$5,600	\$2,000	\$7,000	\$2,000	\$11,000	\$4,000
64 - 69	\$5,100	\$2,000	\$6,000	\$2,000	\$9,000	\$3,000

Premium rates for Default Death and TPD cover (per year, per \$1,000 of cover)

	Heavy Blue Collar		Light Blue Collar		White Collar	
Age at last 30 June	Death only	Death & TPD	Death only	Death & TPD	Death only	Death & TPD
15	0.55	0.77	0.73	0.98	0.46	0.68
16	0.56	0.8	0.73	0.98	0.46	0.68
17	0.59	0.84	0.73	0.98	0.46	0.68
18	0.61	0.98	0.73	0.98	0.46	0.68
19	0.62	1.07	0.73	0.98	0.46	0.68
20	0.62	1.2	0.73	0.98	0.46	0.68
21	0.65	1.28	0.73	0.98	0.46	0.68
22	0.66	1.31	0.73	0.98	0.46	0.68
23	0.68	1.42	0.73	0.98	0.46	0.68
24	0.7	1.49	0.73	0.98	0.46	0.68
25	0.72	1.59	0.73	0.98	0.46	0.68
26	0.77	1.7	0.73	1.02	0.46	0.69
27	0.8	1.76	0.73	1.06	0.46	0.69
28	0.83	1.95	0.73	1.08	0.46	0.69
29	0.86	2.04	0.73	1.13	0.46	0.69
30	0.9	2.13	0.73	1.15	0.46	0.7
31	0.97	2.33	0.73	1.21	0.46	0.7
32	1.02	2.59	0.73	1.25	0.46	0.72
33	1.11	2.81	0.73	1.31	0.46	0.73
34	1.18	3.06	0.73	1.41	0.46	0.79
35	1.28	3.35	0.73	1.43	0.46	0.82
36	1.38	3.51	0.75	1.49	0.46	0.86
37	1.47	3.92	0.79	1.61	0.49	0.91
38	1.61	4.4	0.83	1.69	0.52	0.98
39	1.77	5.05	0.86	1.79	0.55	1.06
40	1.97	5.58	0.93	1.93	0.57	1.13
41	2.17	6.16	0.98	2.13	0.62	1.22
42	2.26	6.79	1.06	2.35	0.66	1.31
43	2.35	7.48	1.13	2.53	0.7	1.43
44	2.38	8.04	1.22	2.74	0.75	1.61
45	2.46	8.58	1.31	3.13	0.83	1.79
46	2.53	9.11	1.43	3.46	0.88	1.93
47	2.56	9.62	1.61	3.87	0.98	2.2
48	2.59	10.14	1.74	4.37	1.08	2.43
49	2.63	10.7	1.93	4.69	1.21	2.74
50	2.67	11.37	2.2	5.47	1.34	3.13
51	2.67	12.07	2.43	5.98	1.49	3.46
52	2.74	13.14	2.74	6.59	1.65	3.87
53	2.84	14.47	2.97	8.22	1.88	4.37
54	2.97	15.83	3.46	9.38	2.13	5.07
55	3.24	17.55	3.87	10.94	2.35	5.98
56	3.53	19.39	4.37	10.94	2.65	6.59
57	3.87	22.06	4.69	13.14	2.97	7.3
58	4.4	24.85	5.47	16.42	3.28	8.22
59	5.21	28.43	5.98	16.42	3.65	9.38
60	6.27	32.69	6.59	21.86	4.1	10.94
61	7.37	36.35	8.22	21.86	4.69	13.14
62	8.52	40.71	9.38	21.86	5.47	16.42
63	9.72	45.51	9.38	32.8	5.98	16.42
64	11.15	50.17	10.94	32.8	7.3	21.86
65	11.15	50.17	10.94	32.8	7.3	21.86
66	11.15	50.17	10.94	32.8	7.3	21.86
67	11.15	50.17	10.94	32.8	7.3	21.86
68	11.15	50.17	10.94	32.8	7.3	21.86
69	11.15	50.17	10.94	32.8	7.3	21.86

Annual cost of Default Income Protection cover of 75% of Salary per \$1,000 of cover (Employer Acc)

90-day Waiting Period, 2-year benefit period				
Age at last 30 June	Heavy Blue Collar	Light Blue Collar	White Collar	
15		5.22	2.54	1.49
16		5.29	2.55	1.51
17		5.35	2.58	1.52
18		5.39	2.63	1.52
19		5.43	2.65	1.54
20		5.48	2.66	1.57
21		5.55	2.66	1.57
22		5.58	2.66	1.57
23		5.58	2.68	1.57
24		5.55	2.66	1.57
25		5.27	2.54	1.51
26		5.08	2.44	1.47
27		4.87	2.33	1.39
28		4.78	2.29	1.37
29		4.73	2.28	1.37
30		4.78	2.29	1.37
31		4.83	2.33	1.38
32		4.96	2.39	1.42
33		5.19	2.50	1.49
34		5.38	2.58	1.52
35		5.68	2.72	1.62
36		6.04	2.88	1.71
37		6.51	3.14	1.87
38		7.06	3.40	2.03
39		7.72	3.70	2.20
40		8.37	4.00	2.39
41		9.13	4.37	2.59
42		9.96	4.78	2.85
43		11.04	5.29	3.19
44		12.27	5.89	3.49
45		13.65	6.54	3.91
46		15.29	7.33	4.37
47		17.11	8.24	4.87
48		19.11	9.16	5.44
49		21.35	10.24	6.08
50		23.82	11.42	6.77
51		26.68	12.81	7.59
52		29.83	14.34	8.50
53		33.37	16.05	9.51
54		37.38	17.96	10.65
55		40.21	19.35	11.44
56		43.25	20.82	12.30
57		46.52	22.40	13.22
58		50.04	24.10	14.21
59		53.83	25.93	15.27
60		57.90	27.90	16.41
61		62.28	30.02	17.64
62		66.99	32.30	18.96
63		50.50	24.34	14.34
64		20.44	9.85	5.80



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