

INSURANCE GUIDE CORPORATE

1 December 2025

This guide is part of the *Media Super Corporate Product Disclosure Statement* dated 1 September 2025.

1519.9 12-25 ISS9

A young man with short dark hair, wearing a bright blue t-shirt and green work gloves, is smiling warmly at the camera. He is standing in what appears to be a construction or renovation site, with a green wall in the foreground and a blurred background of a building under construction.

Contents

Types of cover we offer	3
Death and TPD cover	5
Income protection cover	8
Changing your cover	10
The cost of cover	14
Important information	16
Making a claim	18
Defined terms	26

About this guide

The information in this guide is about insurance in Media Super Corporate. The information is general in nature and does not take into account your specific needs. You should consider your own financial position, objectives and requirements before making any financial decisions. Read the relevant Product Disclosure Statement (PDS) to decide whether Media Super is right for you. Also read the relevant Target Market Determination at mediasuper.com.au/tmd.

Issued by United Super Pty Ltd ABN 46 006 261 623 AFSL 233792 as Trustee for the Construction and Building Unions Superannuation Fund ABN 75 493 363 262. Use of 'us', 'we', 'our' or 'the Trustee' is a reference to United Super Pty Ltd. Use of 'Media Super' or 'the Fund' refers to Construction and Building Unions Superannuation Fund.

MySuper authorisation 75 493 363 262 473.

Insurance is provided under a group policy with our insurer, TAL Life Limited ABN 70 050 109 450 AFSL 237848.

Types of cover we offer



Types of cover we offer

Insurance cover is essential in providing financial protection and security to you and your family.

We offer three different types of insurance:

- Death cover (including terminal illness cover)
- Total and permanent disablement (TPD) cover
- Income protection (IP) cover.

If you're eligible, you may receive death, TPD and IP cover automatically when you join Media Super Corporate.

Death (and terminal illness) cover	TPD cover	IP cover
<ul style="list-style-type: none">• Death cover provides a lump sum benefit paid into your super account if you die. Your super account can be distributed to your dependants.• You can also claim on your cover and access your super early if you're diagnosed with a terminal illness with less than 24 months to live.	<ul style="list-style-type: none">• TPD cover provides a lump sum benefit paid into your super account if you're permanently disabled by injury or illness and unlikely to ever work again.	<ul style="list-style-type: none">• IP cover provides monthly payments if you temporarily can't work due to an accident or illness.

We cover most members automatically

Most members will get automatic death, TPD and IP cover without providing health information or medical checks.

You can stick with this automatic cover or you can change it to better suit your needs.

Automatic cover

Automatic cover might suit you if you don't want to think about your cover, or if you're just starting out or don't have many financial responsibilities.

Our automatic death, TPD, and IP covers are explained in this guide.

Cover you choose

If you want more control over your cover or need different levels of cover to suit your circumstances you can adjust your cover to suit your needs.

The different changes you can make to your cover, including transferring cover to Media Super are explained in this guide.



Get the right advice

Not sure what's right for you? We can help.

Contact us on 1800 640 886 or enq@mediasuper.com.au and we'll help you work it out.

Death and TPD cover



Cover you may receive automatically

Your employer selects the type of and amount of cover you get through Media Super Corporate.

Automatic cover

When you meet the eligibility conditions, we automatically provide you with death and TPD cover without the need to provide health information.

Automatic cover is calculated based on your salary, and an automatic cover limit applies. We won't automatically provide you more than the automatic cover limit, but you can apply if you'd like more cover.

Death and TPD cover	
Insurance design	Salary-based
Automatic cover	6 x salary
Automatic cover limit	\$600,000

Eligibility conditions for automatic cover

To be eligible to receive automatic death and TPD cover, you must:

- be aged between 15 and 70 years
- not already have an account with Cbus Super or Media Super
- not be making a claim for, not entitled to, and haven't been paid a total and permanent disablement or terminal illness benefit from any super fund or life insurer
- not have been diagnosed with an illness that is likely to result in your death within 24 months
- receive an on-time employer contribution.

You need to meet these conditions at the date your cover starts to be eligible for automatic cover.

Some of these eligibility conditions can only be checked when you lodge a claim. For example, when you join and we provide you with automatic cover, we won't always know if you've previously made a TPD or terminal illness claim through another super fund, or whether you've been diagnosed with an illness that's likely to result in your death.

If you're not eligible for cover:

- you won't be able to claim on the cover,
- we'll remove the cover from your account, and
- refund any insurance premiums back to you.

If you're unsure whether you meet the eligibility conditions for automatic cover, it's important that you let us know as soon as possible so you're not paying for cover you can't use.

When your automatic cover starts

Provided you meet the eligibility conditions described above, your automatic cover will start on the day your account balance has reached \$6,000 and you're aged at least 25.

Limitations on automatic cover

There are some scenarios where the automatic cover you receive will be limited to new events cover:

- if you weren't in active employment for the first 10 days from the date your automatic cover starts, then your automatic cover will be limited to new events cover until you've been in active employment for 10 consecutive days.
- if the on-time employer contribution that starts your automatic cover is received more than 6 months after the date that you have both:
 - an account balance of at least \$6,000, and
 - are aged 25 or older,

then your automatic cover will be new events cover until it has been in place for 24 months. If you were in active employment for the last 10 consecutive days of that 24 month period, then your cover will become full cover on the following day. Otherwise, your cover will become full cover once you've been in active employment for 10 consecutive days.

Requesting to start automatic cover early

Your automatic cover won't start until you receive an on-time employer contribution after your account balance has reached \$6,000 and you've turned 25.

You can tell us that you want your automatic cover to start earlier though. To do this, either let us know when you join or go to mediasuper.com.au/want-cover.

After you've made this election, we'll turn on your automatic cover when we receive your next on-time employer contribution. The start of your automatic cover will be the later of:

- the date of your election, if the start date of the on-time employer contribution is before the date of your election, or
- the start date of the on-time employer contribution.

There are some scenarios where the automatic cover you receive will be limited to new events cover:

- if you are not in active employment for the first 10 days from the date your automatic cover commences, then your automatic cover will be limited to new events cover until you have been in active employment for 10 consecutive days.
- if the on-time employer contribution that starts your automatic cover is received more than 6 months after the date that both your account balance has reached \$6,000 and you've turned 25, then your automatic cover will be limited to new events cover for 24 months. If you were in active employment for the last 10 consecutive days of that 24-month period, then your cover will become full cover on the following day. Otherwise, your cover will become full cover once you've been in active employment for 10 consecutive days.

Automatic cover changes with your salary

Your salary-based cover will go up or down as your salary changes. Your employer needs to tell us if your salary changes, and we'll write to you to confirm any changes to your cover, including the cost.

Your cover can increase in line with your salary up to your automatic cover limit, which is reviewed each year. We'll write to you if your cover reaches the limit.

Any fixed cover you have won't change with your salary.

Fixed death and TPD cover

If you joined Media Super before 9 April 2022, you may have fixed death and TPD cover. You may also have fixed death and TPD cover if you've applied for more cover than your automatic cover.

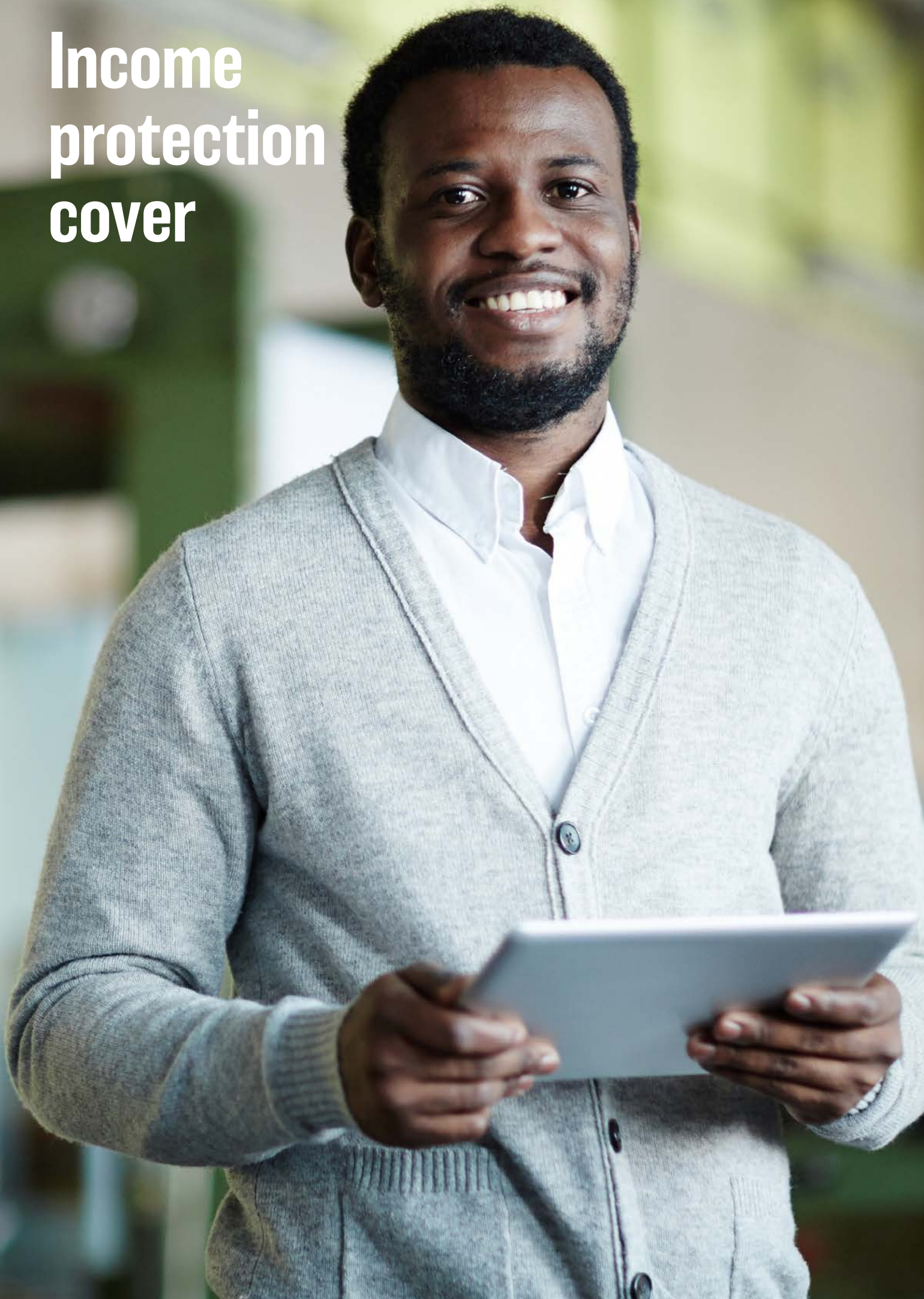
Unlike unit-based cover, with fixed cover you'll generally keep the same cover amount unless you change or cancel it, or it stops for another reason. But the cost of your cover will increase as you get older.

Your fixed TPD cover will decrease from age 61

From age 61, any fixed TPD cover you have will decrease by 10% a year until it stops when you turn 70 (unless you cancel it or it stops for another reason before then). The table below shows how this would work for \$100,000 of fixed TPD cover.

Age	Percentage of TPD cover	Amount of TPD cover
60	100%	\$100,000
61	90%	\$90,000
62	80%	\$80,000
63	70%	\$70,000
64	60%	\$60,000
65	50%	\$50,000
66	40%	\$40,000
67	30%	\$30,000
68	20%	\$20,000
69	10%	\$10,000
70	0%	\$0

Income protection cover



Cover you may receive automatically

If you are eligible, you will receive automatic IP cover.

Automatic cover is calculated based on your salary, and an automatic cover limit applies. We won't provide you more than the automatic cover limit, but you can apply if you'd like more cover.

IP cover	
Insurance design	Salary-based
Automatic cover	87% of your salary 5 year benefit period 30 day waiting period
Automatic cover limit	\$8,000 a month

Eligibility conditions for automatic IP cover

To be eligible to receive automatic IP cover, you must:

- be aged between 15 and 64 years,
- not already have another open account with Cbus Super or Media Super,
- not be making a claim for, not entitled to, or been paid a total permanent disablement or terminal illness benefit from any super fund or life insurer,
- not have been diagnosed with an illness that is likely to result in your death within 24 months,
- be an Australian resident,
- be working at least 15 or more hours per week,
- receive an on-time employer contribution, and
- not be working in an excluded occupation.

You need to meet these conditions at the date your cover starts to be eligible.

Some of these eligibility conditions can only be checked if you lodge a claim. If you're not eligible, you won't be able to claim on the cover. We'll also remove the cover from your account and refund any insurance premiums back to you.

When automatic cover starts

Your automatic cover will start when an on-time compulsory super contribution is received into your Corporate Super account, after either:

- your account balance reaches \$6,000 and you've turned 25, or
- you tell us you want cover earlier.

You can tell us you want cover when you join, or anytime at mediasuper.com.au/want-cover. Once your account balance reaches \$6,000 (and you've turned 25), your cover will generally start when we receive an on-time compulsory super contribution from your employer.

Limitations on automatic cover

There are some scenarios where the automatic IP cover you receive will be limited to new events cover:

- if you weren't in active employment for the first 10 days from your automatic cover starting, then your automatic cover will be new events cover until you've been in active employment for 10 consecutive days.
- if you receive an on-time employer contribution more than 6 months after the date that you have both:
 - an account balance of at least \$6,000; and
 - are aged 25 or older,
 then your automatic cover will be new events cover until it has been in place for 24 months. If you were in active employment for the last 10 consecutive days of that 24 month period, then your cover will become full cover on the following day. Otherwise, your cover will become full cover once you've been in active employment for 10 consecutive days.

Requesting to start automatic cover early

Your automatic cover won't start until you receive an employer contribution after your account balance has reached \$6,000 and you've turned 25.

You can tell us that you want your automatic cover to start earlier though. To do this, either let us know when you join or go to mediasuper.com.au/want-cover.

After you've made this election, we'll turn on your automatic cover when we receive your next on-time employer contribution. The start date of your automatic cover will be the later of:

- the date of your application, if the start date of the on-time employer contribution is before the date of your application, or
- the start date of the on-time employer contribution.

There are some scenarios where the automatic cover you receive will be limited to new events cover:

- if you made your election to receive automatic cover within the first six months of the date you commenced employment with your employer and you were not in active employment for the first 10 days from the date your automatic IP cover starts, then your automatic IP cover will be limited to new events cover until you have been in active employment for 10 consecutive days.
- if you made your election to receive automatic cover more than six months after you commenced employment with your employer, then your automatic IP cover will be limited to new events cover until it has been in place for 24 months. If you were in active employment for the last 10 consecutive days of that 24-month period, then your cover will become full cover on the following day. Otherwise, your cover will become full cover once you've been in active employment for 10 consecutive days.

Changing your cover



How you can change your death and TPD cover

You can change your cover to make sure it better suits your particular circumstances, by:

- applying to increase your death and TPD cover
- decreasing or cancelling your cover.

Your death and TPD cover are not bundled. This means that you can have different levels of death and TPD cover, or, if you don't need one type of cover you can cancel it and keep the other.

Unfortunately, you can't increase your cover if at the time you of changing your cover:

- you've reached age 70
- you've received a total and permanent disablement or terminal illness payment from a super fund or insurance policy, or you're currently making a claim for or entitled to one, or
- you have a terminal illness with a life expectancy of 24 months or less.

How you can change your IP cover

There are a number of ways you can change your IP cover so that it suits your needs. You can:

- apply to increase the amount of IP cover you have to 87% of your salary
- reduce or cancel your IP cover at any time

Unfortunately you can't increase your IP cover if:

- you've reached age 65
- you've received a TPD or terminal illness payment from a super fund or insurance policy, or you're currently making a claim for or entitled to one, or
- you have a terminal illness with a life expectancy of 24 months or less when it was diagnosed.

You can check your IP cover including the benefit period and waiting period at any time in your online account, by checking your latest annual statement or giving us a call.

Decreasing or cancelling cover

You can easily reduce or cancel some or all of any cover you have whenever you like, in a few different ways:

- complete and return the *Change my insurance: Corporate* form available from our website mediasuper.com.au, or
- if you only want to cancel your cover, you can do that by calling us on **1800 640 886**.

We'll decrease or cancel your cover effective from the date that we receive the request from you.

If you cancel your cover:

- within the first 14 days since we told you that your cover has started, then it will be deemed never to have started and we'll refund you all the premiums paid (unless you've made or are making a claim for a benefit already)
- you won't be able to make a claim for events or conditions that happen after your cover was cancelled

- we'll deduct insurance premiums from your account up to the date you cancel your cover and then you'll stop paying insurance premiums
- if you change your mind and want cover later, you'll need to provide detailed health and other information for our insurer to consider, and you may not be approved for cover.

Increasing cover

You can apply to increase your cover at any time by completing and returning the *Change my insurance: Corporate Super* form available from our website mediasuper.com.au/forms.

When you apply to increase your cover, you'll need to provide the insurer with personal information including about your health and finances. The insurer may ask you for more information or medical tests to help them assess your application. Once the insurer has considered your application, they will either:

- accept the cover
- accept the cover with conditions such as exclusions and loadings
- decline the cover.

If your application is approved, we'll let you know the details of your new cover.



Any death and TPD cover you're approved for that is above your automatic cover will be fixed cover.

Fixed TPD cover will generally stay the same until you reach age 61. From age 61 it will begin gradually decreasing. Read more on page 7.

When your new cover will start

Your new cover will start on the date approved by the insurer provided that we have already received an on-time employer contribution for you.

If we haven't yet received an on-time employer contribution for you, then your cover will start on the date approved by the insurer provided that we receive an on-time employer contribution for you within 90 days of the acceptance date. Otherwise, your new cover won't start.

You can change your mind later and decide to cancel your increased cover. If you ask us to cancel your increased cover within 31 days, then the increased cover will be deemed never to have started. We'll refund all premiums paid in respect of that cover (unless you've made a claim) and you won't be able to make a claim for the increased cover.

Maximum cover

You can apply for cover up to these limits:

- Death cover: \$5 million
- TPD cover: \$3 million
- IP cover: \$30,000 a month

Our insurer may not approve you for the full amount of cover you apply for; these are just the absolute maximum levels of cover available.

Transferring your cover from another fund

You can apply to transfer existing death or TPD cover that you have with another super fund or life insurer into your Media Super account.

To be able to transfer cover, you must:

- be in active employment when you apply
- not be making a claim for, entitled to, or have been paid a total and permanent disablement or terminal illness benefit from any superannuation fund or life insurer
- not have been diagnosed with a terminal illness
- not have a premium loading on your other cover.

How much can you transfer?

You can apply to transfer amounts up to the following limits:

- for death cover (including terminal illness): you can transfer up to \$2 million, but your total death cover with Media Super can't be more than \$5 million,
- for TPD cover: you can transfer up to \$2 million, but your total TPD cover with Media Super can't be more than \$3 million.
- for IP cover: you can transfer up to \$20,000 a month but your total IP cover can't be more than \$30,000 a month.

What cover will you get?

If accepted, your transferred cover will be added to any cover you already have with Media Super, as long as the total amount doesn't exceed the limits outlined in the previous section.

You'll receive the amount of any transferred death and TPD cover as fixed cover (rounded up to the next \$1,000). You can read more about fixed cover on page 7.

If we haven't provided you with automatic cover yet, by choosing to proceed with this application, you're also electing to receive any automatic cover you're eligible for.

How to transfer your cover

1	Leave your other cover in place – don't cancel it yet.
2	Log into your account at mediasuper.com.au/login , go to the <i>Insurance</i> page and complete your transfer request online. If you prefer, you can complete the <i>Transfer my other insurance</i> form.
3	Submit your application to us, along with a copy of your most recent annual statement or other proof from your other super fund or life insurer that shows the type and amount of cover you have, and any exclusions that apply.
4	Our insurer will assess your application and write to you to confirm if the transfer is accepted or not.
5	If it's accepted, you'll have 14 days from the date we notify you to cancel your other insurance policy.

The duty to take reasonable care



When you apply for or change your insurance cover, you need to take care when answering questions. Not taking appropriate care when answering questions for the insurer may mean that you can't claim on your cover. Your full duty is explained below.

The duty to take reasonable care

When you apply for insurance, you're treated as if you are applying for cover under an individual consumer insurance contract.

A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is:

- a false answer
- an answer that is only partially true
- an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you don't meet your duty

If you don't meet your legal duty, this can have serious impacts on your insurance. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the insurer. They are intended to put the insurer in the position it would have been, if the duty had been met. For example, the insurer may:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation (this depends on all of the relevant circumstances)
- what the insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- and in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering questions in your applications

You're responsible for the information provided to the insurer. When answering questions:

- Think carefully about each question before you answer. If you're unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you're unsure about whether or not you should include information, please include it.
- Review your application carefully before it's submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes that occur between when you complete your application and when your cover starts might require further assessment or investigation, it could save time if you let us or the insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

The cost of cover



How premiums are calculated

The cost of your insurance cover (also known as premiums) is calculated based on how much cover you have and your age. Generally, the cost of cover will increase as you get older. You can check the cost of your cover any time by logging into your account and navigating to the insurance page. You can also see the transactions on your account, including the cost of insurance cover being deducted.

For example

Adrian is 46 years old has \$525,000 of death and TPD cover. The total annual cost of Adrian's cover is calculated as:

- Death cover: $\$525,000 / \$1,000 \times \$1.2426 = \652.37 per year
- TPD cover: $\$525,000 / \$1,000 \times \$0.9616 = \504.84 per year
- Total annual cost = **\$1,157.21**

When we deduct the cost of cover from your account

We deduct the cost of your cover monthly, generally on the last Friday of each month. If you close your account during the month, we'll calculate and deduct the cost of your cover when we close your account.

You can see the cost of insurance cover deducted from your account online or on your annual statement.

Insurance loyalty rebate

You're entitled to a rebate on your future insurance premiums if you held insurance cover for any period of time, and you first activated the insurance cover more than 10 years ago.

The rebate is:

- 2% of insurance premiums if your cover was first activated 10 to 19 years ago, or
- 4% of insurance premiums if your cover was first activated 20 or more years ago.

If you were formerly a member of Media Super and became a member of Media Super on 9 April 2022, we'll determine your eligibility using the date you originally joined Media Super. If you were an accumulation member of the former EISS fund and became a member of Media Super on 12 May 2023, we'll determine your eligibility using the date you originally joined EISS.

If you're eligible for the rebate, we'll automatically credit it to your account when we deduct your insurance premiums. You'll be able to see the rebate reflected in your account online and on your annual statement.

Cost of death and TPD cover

Your employer pays for your automatic death and TPD cover up to the automatic cover limit.

You'll pay for any fixed cover you have or cover over and above the automatic cover limit. The following table shows the cost for the year for every \$1,000 of cover you have above the automatic cover limit.

Age	Death	TPD
15 - 19	\$0.4435	\$0.4079
20 - 24	\$0.3915	\$0.5385
25 - 29	\$0.3537	\$0.5385
30 - 34	\$0.3896	\$0.6731
35 - 39	\$0.5184	\$0.6731
40	\$0.6928	\$0.8414
41	\$0.7631	\$0.8414
42	\$0.8400	\$0.8414
43	\$0.9281	\$0.8414
44	\$1.0159	\$0.8414
45	\$1.1137	\$0.9616
46	\$1.2426	\$0.9616
47	\$1.3793	\$0.9616
48	\$1.5342	\$0.9616
49	\$1.7085	\$0.9616
50	\$1.9274	\$1.3461
51	\$2.1477	\$1.3461
52	\$2.3863	\$1.3461
53	\$2.6374	\$1.3461
54	\$2.8366	\$1.3461
55	\$3.1320	\$1.6826
56 - 64	\$3.7585	\$1.6826
65 - 69	\$3.7585	\$3.3656

Cost per unit of IP cover

Your employer pays for your automatic IP cover up to the automatic cover limit.

The rates below are per week per \$500 of monthly cover.

Cover	Weekly cost per \$500 of monthly cover
2 year benefit period, 30 day waiting period	\$1.449
5 year benefit period, 30 day waiting period	\$2.203

Important information



When cover stops

Any death, TPD or IP cover you have stops when any of the following happen:

- you stop being a Media Super member
- you cancel your cover
- our insurer approves your claim for a TPD or terminal illness payment (if you're getting IP payments at the time, those payments can continue)
- you turn 70 (all cover)
- you join the armed forces of any country (except the Australian Defence Force Reserves, as long as you're not on active duty outside Australia)
- you don't have enough super in your account to pay your premiums. Cover will stop at the end of the month when you run out of money to pay for it
- your account becomes inactive (it hasn't received any amounts for 16 months) and you haven't elected to keep your cover
- for IP cover, you're no longer residing in Australia and you're not an Australian citizen or permanent resident
- for IP cover, you haven't received an employer contribution for six months (measured from the last day of the month in which you last received an employer contribution)
- for IP cover, you are working less than 15 hours per week
- you die.

Keep your cover even if your account is inactive

Unless you've told us you want to keep your cover, death and TPD cover will stop once your account becomes inactive. Your account is inactive when it has received no contributions for 16 months.

We can keep you covered if you tell us you want to keep your insurance by making an election:

- when you join on the *Join Media Super Corporate* form,
- anytime at mediasuper.com.au/opt-in or on the *Keep my insurance cover* form.

Asking us to keep your insurance doesn't lock you into a specific level of cover. It simply prevents any current and future cover stopping after your account becomes inactive. You can change your mind and cancel your cover at any time.

If you haven't elected to keep your cover, it will stop at the end of the day once your account becomes inactive, unless it has already stopped for another reason listed on this page. Keep in mind that your cover might restart if you receive an on-time employer contribution in the future.

If you want cover again after cancelling it

You can't reinstate cover if it has ceased. You'll need to apply for new cover.

When you apply for cover, you'll need to provide the insurer with personal information including about your health and finances. The insurer may ask you for more information or medical tests to help them assess your application. Once the insurer has considered your application, they'll either:

- accept the cover
- accept the cover with conditions such as exclusions
- decline the cover.

If you have more than one account

We have processes in place to try and avoid creating new (duplicate) accounts if you've already got an account with Media Super or Cbus Super. However, if we do identify that you have more than one account across either Media Super or Cbus Super, then we will:

- review and update your insurance cover based on what you're entitled to (this may include removing cover you've received automatically that you're not eligible for), and
- refund any insurance premiums paid for cover that you're not eligible for.

We may also combine your super accounts, usually into your oldest account, and refund any duplicate administration fees you've paid. Any changes will be shown on your next annual statement.

When a claim won't be paid

If we identify a duplicate account for you when you make a claim, then our insurer will check if you're eligible for any automatic cover you have. If you weren't eligible for automatic cover, then:

- your claim won't be paid
- we'll remove the cover from your account
- we'll refund any insurance premiums back to you.

Making a claim



How to make a claim



To make a claim, call our claims team on **1800 640 886**. We'll be able to help you through the claim process and send you the right forms by post or email.

For more information on applying for a payment read the relevant fact sheet for your cover, available at mediasuper.com.au/forms, under *Insurance - Death, TPD and IP cover - Documents*.

Claiming a death benefit

How a death benefit is paid

If you die, your dependants (such as your spouse or children) or your legal personal representative can receive your death benefit which is made up of your super account balance plus any death cover you had when you died.

When we're notified of your death, we'll lodge the claim for your death cover with our insurer. Any claim for death cover that the insurer pays will be paid as a lump sum directly into your super account and will be distributed as part of your death benefit.

Nominating beneficiaries

Your super doesn't automatically become part of your estate when you die, even if there are instructions in your will. That's why it's important to nominate at least one beneficiary to receive your super.

When you die, we'll decide who receives your super and any associated insurance benefits, in accordance with Fund rules and superannuation law.

Taking steps now to let us know your wishes can make it easier for the loved ones you leave behind.

The simplest way to do this is to make a binding death benefit nomination.

Who you can nominate

Not everyone can be nominated as a beneficiary, so it's important to know who is eligible to receive your super. You can nominate:

A dependant

- your current spouse (including a de-facto spouse or partner of the same sex),
- your child/children (including adopted or step children),
- someone you're in an interdependency relationship with, or
- someone who is financially dependent on you.

Any person you nominate must still be a dependant when you die for your nomination to remain valid.

Your legal personal representative (LPR)

- the executor of your will, or
- the court appointed administrator if you don't have a will.

This option may suit you if you want your super to go to someone who doesn't fit within the definition of a dependant, such as a parent, sibling or close friend. You can include them in your will and nominate your legal personal representative as a beneficiary.

Binding nominations

A binding nomination is a written instruction from you on who we should pay your death benefit to. Benefits include:

- **It's legally binding.** If your binding nomination is valid, then it's legally binding on us and we must pay your death benefit to the person or people you've nominated.
- **It saves time.** Because we save time figuring out who to pay your super to, we can pay out your super faster.
- **Support your loved ones.** Rest assured that your super will go to the people you want to have it.

Binding nominations must be signed and witnessed by two people who are not named as beneficiaries. You can make a binding nomination on your account by completing the *Binding death benefit nomination* form available from mediasuper.com.au/binding.

Nominations expire after three years, so you'll need to renew your nomination if you want it to continue. If you want to renew an existing binding nomination you should complete the *Renew your binding death benefit nomination* form available from mediasuper.com.au/renewbinding.

If you don't make a binding nomination

If you don't make a binding nomination, we must decide who your death benefit is paid to in accordance with the law and the Cbus Super trust deed.

If you haven't nominated any beneficiaries and you die, your death benefit will be paid to either your current spouse, your children or your estate.

If you have a current spouse

- We'll pay your entire benefit to your current spouse (including same-sex, married or de-facto).

If you don't have a current spouse

- Your benefit will be divided equally among your children (including adopted and outside of marriage).

If you don't have a current spouse or any children

- Your benefit will be paid to your estate.

In special circumstances, where we're not able to pay your benefit to your estate, your death benefit may be transferred to the ATO.

Non-binding nominations

These nominations aren't legally binding but we'll consider who you've nominated. The final decision on who to pay your super to will be made by us in accordance with Fund rules and superannuation law.

It can be difficult and time-consuming for super funds to decide who should get your death benefit. Lots of people in your life may make a claim for your death benefit payment, and we consider all perspectives to make the fairest decision.



You can make or update a non-binding nomination online by logging into your member account.

Claiming a terminal illness benefit

If you're diagnosed with a terminal illness, you can apply for a terminal illness (TI) benefit. This would be made up of your super account balance plus an advance of any death cover you have (up to the limits on this insured component).

For the insured component, any amount paid due to a terminal illness is limited to a maximum of \$3 million. If you have more than \$3 million of death cover, the rest can be paid to your beneficiaries as a residual death payment as long as you're still a member when you die, and premiums are paid until then.

Any claim for death cover that the insurer accepts will be paid as a lump sum directly into your super account and will form part of your overall TI benefit.

You'll qualify for a TI benefit if:

- two doctors approved by our insurer believe your illness is likely to lead to your death within 24 months,
- one of the doctors is a specialist in your condition, and
- you had death cover when your illness was diagnosed.

All your insurance cover (including any TPD and IP cover you have with us) will stop once you receive a TI benefit, except death cover where a residual death benefit applies (cover above \$3 million). See our *Applying for a terminal illness payment* fact sheet at mediasuper.com.au/forms or call us for more information.



If your claim for a TI benefit isn't approved, you may still qualify for a TPD benefit (if you're totally and permanently disabled and have TPD cover) or permanent incapacity benefit (if you're disabled but don't have TPD cover).

Claiming a TPD benefit

You'll need to make a claim and our insurer will assess whether you qualify for a TPD benefit against the definitions of disablement in our group insurance policy. If you do qualify, your benefit will be made up of the value of your TPD cover (which will go into your super account), and the value of your super (less any fees and taxes that apply). We'll then get in touch to let you know:

- how you can withdraw some or all of your insurance payment and super
- how withdrawals will be taxed, and
- any ongoing conditions you'll need to meet for withdrawals after 12 months from payment of the insured benefit.

See our *Applying for a TPD payment* fact sheet at mediasuper.com.au/forms or call us for more information.

If you die or are diagnosed with a terminal illness within 14 days of the insurer making a TPD payment and you have more death cover than TPD, we'll pay the death cover amount less the TPD amount already paid.

Definition of disablement

To be eligible for a TPD payment, you must be insured under the policy on your date of disablement. The definition of disablement has two parts:

Part 1 - Unlikely to return to work

Part 1 applies if immediately before your date of disablement you were:

- in full-time, part-time or casual work (or on employer-approved leave),
- self-employed and had engaged in some paid work in the past 24 months, or
- unemployed and had been for less than 24 consecutive months.

If you don't meet these criteria, then part 2 applies.

You'll be considered totally and permanently disabled under part 1 if since your date of disablement:

- you haven't been able to do your usual occupation because of injury or illness for three months in a row, and
- in the insurer's opinion (based on medical and other evidence) you're unlikely ever to be able to engage in any regular paid work for which you're reasonably suited, taking into account your education, training or experience when your claim is assessed.

The three-month waiting period doesn't apply if you have a specified medical condition (see page 29).

Part 2 – Everyday work activities and psychiatric impairment

If part 1 doesn't apply to you, you may be covered under part 2 instead.

You'll be considered totally and permanently disabled under part 2 if, due to injury or illness:

- in the insurer's opinion (based on medical and other evidence), you're unlikely ever to be able to do any regular paid work for which you're reasonably suited taking into account your education, training or experience when your claim is assessed, and
- you've been getting regular care from a doctor (or if the illness is a mental disorder, from a psychiatrist) for your injury or illness.

You must also meet one of the criteria below:

- Due to your injury or illness you've been unable to do at least two of the five everyday work activities listed on page 27 without help from another adult (even if using appropriate aids) for at least 12 months in a row and the insurer believes you're likely to need another adult's help for the rest of your life to do at least two of these activities, or:
- Your illness is a mental disorder, diagnosed by a psychiatrist under the DSM. You must have been assessed by the psychiatrist as having reached maximum medical improvement, with a Psychiatric Impairment Rating Scale of 19% or above.

The 12-month waiting period doesn't apply if you have a specified medical condition (see page 29).

Waiting period

There are minimum waiting periods you must have been disabled and unable to work for in order to qualify for a TPD benefit. The waiting period starts from your date of disablement and will depend on which definition of disability applies:

- for claims assessed against Part 1 (unlikely to ever work in a suitable occupation again), it's a 3-month waiting period,
- for claims assessed against Part 2 (unable to do everyday work activities), it's a 12-month waiting period.

These waiting periods don't apply if you're suffering from one or more of the specified medical conditions.

How a TPD claim is paid

Any claim for TPD that the insurer accepts will be paid as a lump sum directly into your super account and will form part of your overall super benefit. We'll also review your claim and let you know how you can access it. You may be able to:

- take some or all of the benefit as a lump sum,
- start a super income stream,
- leave the money in your super account and make regular withdrawals as you need, or
- do a combination of these options.

If you're under age 60, amounts withdrawn from super, including as income streams, are taxed. You can find more information on the tax that applies in our *How super works* guide at mediasuper.com.au/superworks or on the *Tax on super benefits* page of the ATO website ato.gov.au.

Permanent incapacity

If you don't have cover or your claim isn't approved, you may be able to access your super if you're permanently incapacitated and can no longer work. You'll need to provide evidence that you have a physical or mental condition that is likely to stop you from ever being able to work again in a job you were qualified to do by education, training or experience. Contact us on **1300 722 152** and we can help you make a claim.

Claiming an IP benefit

You can make an IP claim if you had IP cover in place when you became sick or injured and stop working. If your IP claim is approved, you'll be paid an IP benefit. Your IP benefit will be paid after the waiting period and will only be paid until the benefit period ends.

Disability definitions

To be eligible to claim an IP benefit, you'll need to have either a total disability or partial disability.

Total disability means that you have a disability caused by an accident or illness and as a result of that disability you:

- are unable to perform your occupation
- are not otherwise employed or engaged in any business activity
- are under the continuous and regular care of a doctor and undergoing appropriate treatment
- satisfy all of the insurer's claims requirements.

Partial disability means that you're no longer suffering a total disability and that you:

- have ceased to suffer total disability and have resumed employment or, in the insurer's opinion, are capable of returning to partial employment duties
- as a result of the accident or illness that caused your total disability, you receive a post-disability income that is less than your monthly income
- are under the continuous and regular care of a doctor undergoing appropriate treatment
- satisfy all claim requirements.

How an IP benefit is paid

Any IP benefit you receive will be paid directly to you by the insurer, with any super contribution benefit directed to your Media Super account. This means that if you're receiving 87% of your pre-disability monthly income:

- 75% goes to you
- 12% goes to your super.

IP benefits are paid monthly, in arrears, starting from the end of your waiting period. The insurer will deduct tax from the IP benefits it pays to you and pay those amounts to the ATO. You'll receive a payment summary for tax purposes. IP benefits will be paid for the duration of your benefit period, as long as you continue to be either totally disabled or partially disabled.

How an IP benefit is calculated

When you're approved for an IP benefit, the amount you receive may be lower than the amount of IP cover you had. Your monthly IP benefit will be calculated as the lower of:

- 87% of your pre-disability monthly income
- the amount of IP cover you have
- \$30,000.

Your monthly IP benefit will then be reduced by any other disability income or post-disability income you receive (or are due to receive) that month. Your benefit will only be reduced when the sum of the benefit and other disability income or post-disability income exceeds 87% of your pre-disability monthly income.

When your IP benefits will stop

Any IP benefits you're receiving will stop if:

- you're no longer totally disabled or partially disabled
- you die
- you're no longer under the care of a doctor
- you turn 70 (if your benefit period is 2 years or 5 years) or you turn 65 (if your benefit period is to age 65)
- you fail to provide the insurer with any of the information required to assess your claim
- you make a fraudulent claim
- you reach the end of your benefit period.

Calculating monthly income

What the insurer considers to be your monthly income will depend on whether you're self-employed or not.

- If you're self-employed:** this is 1/12th of the annual share of the income of that business or practice generated by your personal work, after the deduction of your share of expenses in generating that income, and before the deduction of tax, or any other income the insurer has expressly approved. This annual amount is averaged over the 12 months immediately before the start of the waiting period applicable to your cover (or, the period that you have been continuously self-employed if it's less than 12 months).
- If you're not self-employed:** generally this is 1/12th of your current annual pre-tax salary from your employer, not including any director's fees, commissions, overtime payments, bonuses, penalty or shift allowances. This annual amount is averaged over the 12 months immediately before the start of the waiting period applicable to your cover (or, the period that you have been continuously employed if it's less than 12 months).

Monthly income doesn't include investment income, income received from deferred compensation plans, disability income policies or retirement plans or income not derived from vocational activities, unless the insurer has expressly agreed otherwise.

Offsets for other disability income

The insurer will reduce your monthly IP benefit by any other disability income or post-disability income you receive (or are due to receive) that month. Your benefit will only be reduced when the sum of your monthly benefit and other disability income or post-disability income exceeds 87% of your pre-disability monthly income.

Other disability income

Other disability income includes any amount paid or payable, such as income from:

- any other IP or salary continuance policy, loan protection insurance policy or similar policy in any jurisdiction
- Worker's Compensation, motor vehicle accident compensation, statutory compensation or similar scheme, however named, in any jurisdiction, or other similar, federal, territory or extraterritorial legislation
- any common law or under state, federal, territory or extraterritorial legislation unless excluded (see next page).

Other disability income doesn't include any amount paid or payable:

- by Centrelink, Department of Veterans Affairs
- as TPD, terminal illness, critical illness types of lump sum payments
- as annual leave or long service leave
- a pension or annuity paid from a super fund other than a disability pension
- as a form of compensation for or payments in respect of pain and suffering, medical expenses, reasonable legal expenses.

Post-disability income

Post-disability income is any income you're making from partial employment after the commencement of your waiting period. If you're suffering from a partial disability, then this can also include amounts that the insurer considers you would be capable of earning, even if you're not working.

Indexation of benefits

If you have a 5-year benefit period, your IP benefit payments will increase at the end of each 12-month period for which benefits are payable. The increase is the lower of:

- the percentage increase in the Consumer Price Index (CPI) for the most recently published period, or
- 5%.

This increase won't apply if you have a 2-year benefit period.

Benefit period

Your IP cover will have a benefit period of 5 years (or 2 years if you're aged 63 or over). The benefit period is the maximum amount of time that our insurer will pay you an IP benefit if you have a claim accepted.

Your benefit period starts immediately after your waiting period has ended and includes all periods you were receiving any benefit payments for the same accident or illness.

You won't receive any further benefit payments after the end of the benefit period.

Waiting period

A waiting period of 30 days will apply. This is how long you'll need to wait from the date of disablement (the day your doctor certifies that you cannot work due to your accident or illness) before any payments start.

If your IP claim is accepted, your benefit period will start once your waiting period ends and you'll receive monthly IP benefit payments as long as:

- you were totally disabled for at least 7 out of 12 consecutive days of your waiting period
- you were still totally disabled or were partially disabled for the rest of your waiting period, and
- you continue to be totally or partially disabled after your waiting period.

If you return to your pre-disability duties and hours during your waiting period:

- for five days or less if your waiting period is 30 days, or
- for six days or less if your waiting period is 60 days, or
- for nine days or less if your waiting period is 90 days,

then those days will be added to your waiting period.

Otherwise, a new waiting period will start if you become totally disabled again.

A new waiting period won't apply if you become totally disabled or partially disabled again within six months of your IP benefit payments stopping if your disability is caused by the same medical condition as for your previous claim. Otherwise, a new waiting period will apply.

Approved rehabilitation benefits

The insurer may pay for your rehabilitation if they think it could help you get back to work. This may include the cost of a program, device or course of treatment that your doctor or other health professional believes to be necessary for your rehabilitation. The insurer can't pay for hospital treatment or other medical treatment.

The insurer will pay any approved rehabilitation expenses directly to the provider, not to you. The maximum the insurer will pay is the lower of six times your monthly income protection benefit or \$60,000. You need to get the insurer's written agreement before the expense is incurred. If the insurer doesn't agree to pay, you'll need to cover the cost if you decide to participate in the rehabilitation.

Deferring IP benefits

If you have IP cover elsewhere, you can choose a flexible waiting period and delay your IP benefit payments through Media Super for up to two years. This means you could get paid through your other policy first and start your Media Super IP benefit payments once the payments through your other policy have stopped, if you continue to be totally or partially disabled.

To take up this option you must:

- have a two-year benefit period
- tell us you'd like to defer your IP benefits before the end of your waiting period.

Your IP premiums while you're claiming

IP cover premiums will stop being deducted from your super account while you're receiving IP benefit payments. Premiums will start being deducted again once your IP benefit payments end, unless you no longer have IP cover.

Exclusions

- when a claim won't be paid

If your cover is limited to new events cover and the illness or injury that has led to the claim is not a new event, your claim won't be paid.

Similarly, if you've applied for cover and had an exclusion applied by the insurer then no claim will be paid for events relating to that particular exclusion.

For IP cover, no benefit will be paid if a claim arises directly or indirectly as a result of:

- a) your normal and uncomplicated pregnancy or childbirth. For the purposes of this exclusion multiple pregnancy, threatened or actual miscarriage, participation in an in vitro fertilisation or similar program, discomfort commonly associated with pregnancy such as morning sickness, backache, varicose veins, ankle swelling and bladder problems are not considered abnormal or complications of pregnancy
- b) your active participation in, or contributing to, an act of terrorism, war or warlike operation or civil commotion
- c) war, whether declared or not, military activity or insurrection
- d) any other individual exclusion imposed as part of the insurer's underwriting process.

Your claim also won't be paid if the payment would cause the insurer to infringe any health insurance legislation.

Defined terms



Accident: Means an event leading to bodily injury which is caused solely and directly by violent, accidental, external and visible means and independent of any other cause.

Active employment: Means you're gainfully employed and:

- at work and doing your normal duties without being restricted by illness or injury, or
- on employer-approved leave but could do your normal duties without being restricted by illness or injury.

If you don't meet this definition but you've returned to work and have been doing the same modified duties for 12 months in a row, then these modified duties become your new normal duties. You're considered to be in active employment at the end of that 12-month period.

Annual taxable income: Means your gross annual salary for the last financial year, as shown on your PAYG payment summary.

Australian resident: Means an Australian citizen or a person who is the holder of an Australian permanent visa within the meaning of Section 30 of the *Migration Act 1958 (Cth)* or person who resides in Australia on an approved working visa.

Date of disablement: Means:

- a) If you're suffering from a specified medical condition: The date you were diagnosed with the specified medical condition.
- b) If you're being assessed against part 1 of the total and permanent disablement (TPD) definition: The first day of the 3 month consecutive period that you haven't been able to do your usual occupation.
- c) If you're being assessed against part 2 of the total and permanent disablement (TPD) definition: The first day of the period in which you were unable to perform at least two of the everyday working activities for 12 consecutive months or the date you were assessed as having an impairment of at least 19% under the Psychiatric Impairment Rating Scale by a suitably qualified psychiatrist.

DSM: Means the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* issued by American Psychiatric Association.

If the DSM is no longer used or published, the insurer will use another diagnostic tool similar to it for the determination of the psychiatric illness, as determined by the Royal Australian and New Zealand College of Psychiatrists Board.

Everyday working activities: Means the following activities:

- a) mobility – you can't:
 - (i) walk more than 200m on a level surface without stopping due to breathlessness, or
 - (ii) bend, kneel or squat to pick something up from the floor and straighten up again, or get in and out of a standard sedan car.
- b) communicating – you can't:
 - (i) speak in your first language so that you're understood in a quiet room and hear an instruction in your first language said in a normal voice in a quiet room (even with a hearing aid), or
 - (ii) understand a simple message in your first language, and relay that message to another person.
- c) vision – you can't read ordinary newsprint and pass the standard eye test for a car licence (even with glasses or contact lenses).
- d) lifting – you can't lift, carry or move a 5kg object with your hands.
- e) manual dexterity – you can't manipulate small objects precisely with your hands or fingers (such as pick up a coin, tie shoelaces, button a shirt, use cutlery or write a short note with a pen or keyboard).

Excluded occupations: Means the following:

- miner (working with explosives),
- fireman, police, ambulance officer, and paramedic,
- fisherman,
- forestry worker,
- sex worker,
- workers in the horse racing industry such as trainer, jockey, and strapper,
- offshore oil rig worker,
- commercial pilot,
- professional and semi-professional sport person,
- security guard (if armed),
- doormen, bouncer, or crowd control (if armed),
- Australian Disability Enterprises employees, or
- underwater worker.

Illness: Means a sickness, disease or disorder.

Injury: Means injury to your body caused by violent, external and visible means.

Monthly income: Means:

- a) **If you're self-employed:** this is 1/12th of the annual share of the income of that business or practice generated by your personal work, after the deduction of your share of expenses in generating that income, and before the deduction of tax, or any other income the insurer has expressly approved. This annual amount is averaged over the 12 months immediately before the start of the waiting period applicable to your cover (or, the period that you have been continuously self-employed if it's less than 12 months).
- b) **If you're not self-employed:** generally this is 1/12th of your current annual pre-tax salary from your employer, not including any director's fees, commissions, overtime payments, bonuses, penalty or shift allowances. This annual amount is averaged over the 12 months immediately before the start of the waiting period applicable to your cover (or, the period that you have been continuously employed if it's less than 12 months).

Monthly income doesn't include investment income, income received from deferred compensation plans, disability income policies or retirement plans or income not derived from vocational activities, unless the insurer has expressly agreed otherwise.

New events cover: Means that you're not covered for pre-existing injuries or illnesses. You're only covered for injuries or illnesses that first occur after your cover starts.

On-time employer contribution: Means a superannuation guarantee (SG) contribution that we receive within six months of the end of the month that the contribution is for.

Other disability income: Means, subject to paragraphs (d) and (e) of this definition, any amount paid or payable for a month in connection with, or arising out of, the accident or illness causing your total disability or partial disability which you may receive or be entitled to receive, during a month an IP benefit is payable (whether by lump sum, period payment or otherwise) including but not limited to:

- a) any amount paid or payable:
 - (i) under another income protection insurance policy, salary continuance policy, loan protection insurance policy, or similar policy, in any jurisdiction;
 - (ii) under any Workers' Compensation, motor vehicle accident compensation, statutory compensation or similar scheme, however named, in any jurisdiction or other similar state, federal, territory or extraterritorial legislation;
 - (iii) under common law or under state, federal, territory or extraterritorial legislation unless excluded under (d) or (e) below;
 - (iv) as employer-funded sick leave, personal leave or any other employer-paid leave in any jurisdiction (except if the sick leave entitlements must be requested by the insured person to be paid and they have not requested the payment for the relevant period);
- b) any out of court settlement sum, or any award of money sum by a court, tribunal, arbitrator or government body in any jurisdiction;
- c) whether an amount under paragraph (a) of this definition is:

- (i) a lump sum, a periodic payment, a combination of a lump sum and a period payment or otherwise; or
 - (ii) in the nature of a capital payment or income payment (as those terms are understood having regard to normal accounting standards and practice), has no bearing on whether that amount is an Other Disability Income or otherwise.
- d) other disability income does not include:
 - (i) an amount paid or payable under this Policy;
 - (ii) Centrelink, Department of Veterans Affairs, or any equivalent or replacement agencies;
 - (iii) total and permanent disability, terminal illness, critical illness types of lump sum benefits;
 - (iv) annual leave or long service leave; or
 - (v) a pension or annuity paid from a superannuation fund other than a disability pension,
 whether a lump sum, a periodic payment, a combination of a lump sum and a periodic payment, or otherwise.
 - e) in addition to the amounts, benefits and payments excluded under paragraph (d), we will not consider any portion of an amount paid or payable to the insured person to be other disability income if the insured person establishes to our reasonable satisfaction, that it represents or covers compensation for or payment in respect of:

- (i) pain and suffering;
- (ii) the loss of a part or the use of a part of the body to the extent that such compensation is not income or capital (as those terms are understood having regard to normal accounting standards and practice);
- (iii) medical expenses; or
- (iv) reasonable legal expenses, and, for clarity, to the extent that the insured person cannot establish to our reasonable satisfaction that any portion of an amount paid or payable to them represents compensation for or payment in respect of those items set out in (i) to (iv) above, the entirety will be considered other disability income.

Where other disability income is in the form of a lump sum or is commuted to a lump sum, unless the insurer agrees otherwise, your monthly benefit will be reduced by an amount equal to one sixtieth (1/60th) of the lump sum over a period of sixty months or the remainder of the benefit period, whichever is less.

Partial disability / Partially disabled: Means you:

- have ceased to suffer total disability and have resumed employment or, in the insurer's opinion, are capable of returning to partial employment duties
- as a result of the accident or illness that caused your total disability, you receive a post-disability income that is less than your monthly income
- are under the continuous and regular care of a doctor undergoing appropriate treatment
- satisfy all claim requirements.

Post-disability income: Means any income that you make from work after the commencement of the waiting period.

However, if you are, in the insurer's opinion, suffering partial disability but have not received such income, your post disability income will be the amount they consider you're capable of earning from work having regard to the extent of your partial disability.

Psychiatrist: Means a medical practitioner legally qualified and registered with AHPRA to practise in Australia. This does not include psychologists or other health providers. The psychiatrist cannot be you, your spouse or partner, parent, child, sibling or close family relative, business partner, employer or employee.

Senior manager or executive: Means you're a senior manager or executive if at least three of the following apply in your main job:

- you're responsible for the work of other supervisory, managerial or professional employees, or you manage a key business function in your organisation,
- you make decisions or recommendations about staff employment, such as hiring, firing, promotions and authorising leave,
- you manage a profit centre or budget and are authorised to approve significant expenses,
- you're a senior specialist and give expert advice to other professional employees or executives in your organisation.

Specified medical conditions: Means the medical conditions listed and defined in the insurance policy. These are:

- advanced heart failure (including cardiomyopathy),
- advanced rheumatoid arthritis with significant permanent impairment,
- blindness (permanent),
- chronic lung failure (on permanent oxygen therapy),
- deafness (permanent),
- dementia including Alzheimer's disease (permanent),
- idiopathic pulmonary arterial hypertension (of specified severity),
- loss of use of limbs (permanent),
- major head trauma (with permanent neurological deficit),
- motor neurone disease (with worsening neurological deficit),
- multiple sclerosis (with persisting neurological abnormalities),
- muscular dystrophy,
- Parkinson's disease,
- severe burns, and
- speech loss (permanent).

The insurer may review and change these conditions from time to time, but you won't be disadvantaged by this.

Different definitions may apply depending on your date of disablement. To find out more see our *Applying for a TPD payment* fact sheet, or to read about our claims philosophy, visit mediasuper.com.au/claims.

Terminal illness: You meet the definition of terminal illness if:

- two doctors approved by our insurer believe you have a condition that's likely to lead to your death within 24 months from when it was diagnosed, and
- one of the doctors specialises in your condition.

Total and permanent disablement (TPD): Means:

To be eligible for a TPD payment, you must be insured under the policy on your date of disablement. The definition of disablement has two parts:

Part 1 - Unlikely to return to work

Part 1 applies if immediately before your date of disablement you were:

- in full-time, part-time or casual work (or on employer-approved leave),
- self-employed and had engaged in some paid work in the past 24 months, or
- unemployed and had been for less than 24 consecutive months.

If you don't meet these criteria, then part 2 applies.

You'll be considered totally and permanently disabled under part 1 if since your date of disablement:

- you haven't been able to do your usual occupation because of injury or illness for three months in a row, and
- in the insurer's opinion (based on medical and other evidence) you're unlikely ever to be able to engage in any regular paid work for which you're reasonably suited, taking into account your education, training or experience when your claim is assessed.

The three-month waiting period doesn't apply if you have a specified medical condition (see page 29).

Part 2 – Everyday work activities and psychiatric impairment

If part 1 doesn't apply to you, you may be covered under part 2 instead.

You'll be considered totally and permanently disabled under part 2 if, due to injury or illness:

- in the insurer's opinion (based on medical and other evidence), you're unlikely ever to be able to do any regular paid work for which you're reasonably suited taking into account your education, training or experience when your claim is assessed, and
- you've been getting regular care from a doctor (or if the illness is a mental disorder, from a psychiatrist) for your injury or illness.

You must also meet one of the criteria below:

- Due to your injury or illness you've been unable to do at least two of the five everyday work activities listed on page 27 without help from another adult (even if using appropriate aids) for at least 12 months in a row and the insurer believes you're likely to need another adult's help for the rest of your life to do at least two of these activities, or:
- Your illness is a mental disorder, diagnosed by a psychiatrist under the DSM. You must have been assessed by the psychiatrist as having reached maximum medical improvement, with a Psychiatric Impairment Rating Scale of 19% or above.

The 12-month waiting period doesn't apply if you have a specified medical condition (see page 29).

Total disability / Totally disabled: Means you have a disability caused by an accident or illness, and as a result of the disability:

- a) are unable to perform your occupation
- b) are not otherwise employed or engaged in any business activity
- c) are under the continuous and regular care of a doctor and undergoing appropriate treatment
- d) satisfy all of the insurer's claims requirements.

If you have a benefit period to age 65, then part a) described above only applies for the first 5 years of a claim. After that time, you must be unable to perform your occupation or any occupation for which you are reasonably capable of performing by reason of education, training or experience.



Contact us



Media Super,
Locked Bag 5056
PARRAMATTA NSW 2124



1800 640 886
8am to 8pm (Melbourne
time) Monday to Friday



enq@mediasuper.com.au
[mediasuper.com.au](https://www.mediasuper.com.au)



Visit us in person in Adelaide, Brisbane,
Melbourne, Perth and Sydney.
Details: **[mediasuper.com.au/contact](https://www.mediasuper.com.au/contact)**

This information is about Media Super. It doesn't account for your specific needs. Please consider your financial position, objectives and requirements before making financial decisions. Read the relevant Product Disclosure Statement (PDS) and Target Market Determination (TMD) to decide if Media Super is right for you. Call **1800 640 886** or visit **[mediasuper.com.au](https://www.mediasuper.com.au)**. The information in this guide is current at 1 December 2025, but may change later. For the latest information, visit our website or call us. Case studies in this guide are for illustration purposes only.