



# Insurance and your super

**GESB Super and West State Super**

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## Important note



The information in this document forms part of the Product Information Booklets for GESB Super and West State Super, each dated 1 October 2018. You should read the important information in this document, including our insurance options and the benefits available to GESB Super and West State Super members, as part of the relevant Product Information Booklet before making a decision. This document was prepared on 14 November 2018.

Insurance benefits are provided by the Insurer<sup>1</sup> in accordance with a 'Group life policy' and a 'Group supplementary income protection policy' made between us and the Insurer. The information in this booklet is only an overview of the main terms and conditions of the insurance policies. The insurance policies will supersede the information in the Product Information Booklets, and in this document. For full terms and conditions, please contact us for a copy of the insurance policies. We reserve the right to replace the Insurer and to alter the terms and conditions of the insurance policies, including the scope of cover, eligibility criteria, exclusions, limitations and premiums. If you have any questions about insurance, or would like a copy of the insurance policies, contact your Member Services Centre on 13 43 72.

This document contains information about the insured benefits that GESB Super and West State Super members may be entitled to. The information contained in this brochure is of a general nature, and does not constitute legal, taxation or personal financial advice. In providing this information, we have not taken into account your investment objectives, financial situation or needs. We are not licensed to provide financial product advice. Before acting or relying on any of the information in this brochure, you should read this document in conjunction with the relevant Product Information Booklet and disclosure documents at [gesb.wa.gov.au/brochures](http://gesb.wa.gov.au/brochures), and consider whether the information is appropriate for you. You may also wish to consult a suitably qualified adviser to assist you.

<sup>1</sup> The Insurer is AIA Australia Limited (ABN 79 004 837 861 AFS Licence No. 230043) and is hereafter referred to as 'the Insurer' or 'AIA Australia'.



-  This icon will guide you to more information, which you may find useful, within this document
-  This icon refers to other information, which you may find useful when reading this document. It is important that you read and consider all the information relating to '**Insurance and your super**' before making any decisions about the product.

Having insurance cover is one of the best ways you can protect yourself and your loved ones if something unfortunate was to happen to you.

References to 'GESB', 'us', 'we' and 'our' in this document refer to the:  
Government Employees Superannuation Board  
ABN 43 418 292 917

# Insurance and your super: a summary

Life is full of unexpected surprises, and not always for the better. If something happened to you such as an accident, serious illness, death or disability – or you were unable to work for a period of time – would you be able to maintain yours and your family’s lifestyle and cope with your financial obligations?

It makes sense to have death and disability insurance within your super. Being a member of either GESB Super or West State Super gives you automatic access to three types of insurance cover that can be tailored to your individual needs. As a not-for-profit member-focused organisation, we offer ‘value for money’ products and services. Our fees are below the industry median<sup>2</sup>. We offer the following types of insurance:

Type of insurance	Insurance benefit
<b>Death cover</b>	Provides a one-off lump-sum payment in the event of your death (and includes a terminal illness benefit <sup>3</sup> )
<b>Total and Permanent Disablement (TPD) cover</b>	Provides a one-off lump-sum payment if you are totally and permanently disabled and cannot work due to that condition
<b>Salary Continuance Insurance (SCI) cover</b>	Provides a monthly income of up to 75% of your pre-disability income for up to two years <sup>4</sup> if you become disabled due to sickness or injury. You may also be entitled to a Superannuation Top-Up Benefit

## Eligibility for cover

You are automatically eligible for the three types of insurance if you are under age 65 when you join GESB Super, or if you are already a West State Super member: Death (including terminal illness) cover, Total and Permanent Disablement (TPD) cover, and Salary Continuance Insurance cover.

If you are aged 65 or over when you join GESB Super or West State Super, you will only be eligible for Death cover. Total and Permanent Disablement and Salary Continuance Insurance cover are not available to members aged 65 or over. Death cover is not available to members aged 70 or over.

Further eligibility conditions apply (which differ for *Casual Employees*).

See the ‘Insurance options for *Casual Employees*’ section on page 6 for more information.

## For all members

The trigger for assessing your eligibility is when we receive your first Superannuation Guarantee (SG) contribution from your employer. Generally speaking, to be eligible for automatic cover you must be employed by a *Participating Employer*, receiving SG contributions from your employer and be aged less than 65. If you are eligible for insurance cover, and you have not elected to opt out or previously cancelled cover, you will be entitled to a default level of cover called basic cover.

If you are not eligible for basic cover, or if you would like to apply for a higher level of cover, you may also be able to apply for Voluntary Cover. This allows you to increase your level of insurance cover to suit your own circumstances.

Your entitlement to cover is determined using the information that you or your employer have provided to us, such as age and employment type. Premiums are also calculated based on your occupation.

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

<sup>2</sup> SuperRatings Smart database as at 31 March 2018.

<sup>3</sup> Death cover also entitles you to claim for a terminal illness benefit. If two *Registered Medical Practitioners* have certified in writing on or after 1 July 2016 that you are terminally ill and have less than 24 months to live, regardless of any treatment undertaken, you may be able to claim your full Death benefit as a one-off lump-sum payment. The claims process includes providing two medical statements. For more information, see ‘Understanding the insurance claims process’ at [gesb.wa.gov.au/brochures](http://gesb.wa.gov.au/brochures).

<sup>4</sup> See ‘When your monthly benefit will cease’ on page 20.

Occupations are categorised for insurance purposes and you are required to notify us if your occupation category changes in the future or is incorrect.

See table 3 on page 12 for information on occupation categories.

## For West State Super members

The insurance offering for West State Super members changed on 1 July 2008. West State Super members who met the insurance eligibility criteria on 30 June 2008 were automatically covered under the new Death and Total & Permanent Disablement (TPD) and Salary Continuance Insurance (SCI) cover underwritten by the Insurer. As a West State Super member, your level of Death and TPD benefit may be adjusted if you are a ‘covered risk benefits Member’ (as defined in the *State Superannuation Regulations 2001 [WA]*), and are an eligible statutory West State Super member, are under age 60 and have not opted-out of your Death or TPD cover payable by the Insurer. There will be a top up paid by us if your entitlement under the State Superannuation legislation exceeds the amount payable by the Insurer.

### How can I check my entitlement?

Your insurance details are available in:

- Member Online – login or register at [mol.gesb.wa.gov.au](http://mol.gesb.wa.gov.au)
- Your member statement
- The letter we send you after you become a new GESB member

It’s important to keep us informed of any change to your personal details, particularly when you change jobs, as this may affect your insurance cover and premiums.


## Levels of insurance cover

For most members, Death cover, TPD cover and SCI cover are provided as:

1. Basic cover – the default level of cover provided to eligible members. The default amount of cover is explained in the table below
2. Voluntary Cover – cover requiring additional underwriting by the Insurer and allowing you to increase your level of insurance cover above basic cover to suit your circumstances (subject to meeting eligibility criteria)

## An overview of automatic basic cover for Death, TPD insurance and SCI for eligible members

	Death and Total & Permanent Disablement	Salary Continuance Insurance
<b>Who is eligible?</b>	Members receiving <i>SG contributions</i> and aged less than 65. Eligibility conditions differ for <i>Casual Employees</i> .	
<b>Basic cover is provided automatically when we receive your first SG contribution</b>	Basic cover of up to \$200,000, depending on your age	Up to \$4,200 per month determined by the number of hours per week that you work
<b>Changing your cover</b>	You can apply to: <ul style="list-style-type: none"> <li>• Increase or decrease</li> <li>• Opt out</li> <li>• Fix the amount of cover</li> </ul>	You can apply to: <ul style="list-style-type: none"> <li>• Increase or decrease</li> <li>• Opt out</li> </ul>
<b>Maximum insurance cover</b>	\$10 million for Death \$3 million for TPD	The lesser of 85% of your income (calculated as 75% income plus up to 10% as a superannuation benefit) and \$30,000 per month for up to two years <sup>5</sup> .  If your occupation is classified as being in the Hazardous category, your cover will be limited to the lesser of \$4,200 per month <sup>6</sup> and 85% of your income (75% income plus up to 10% as a superannuation benefit)
<b>Premiums based on occupation category</b>	Five categories based on occupation and employment duties: <ul style="list-style-type: none"> <li>• White Collar</li> <li>• Light Blue Collar</li> <li>• Blue and Heavy Blue Collar</li> <li>• Hazardous occupations</li> <li>• Members who meet salary and other eligibility criteria can apply to join the Professional and Executive occupation category<sup>7</sup></li> </ul>	
<b>Waiting period</b>	Depending on the type of injury, you need to wait three months before you are eligible to receive a TPD benefit approved by the Insurer.	The default waiting period for any benefit payment is 90 days.  You can change your waiting period to 30, 60, 120 or 180 days, which will affect the premium you pay - see page 18 for more information.
<b>Maximum age for cover</b>	<ul style="list-style-type: none"> <li>• Death cover expires at age 70</li> <li>• TPD cover expires at age 65</li> </ul>	<ul style="list-style-type: none"> <li>• SCI cover expires at age 65</li> </ul>

 Members employed on a casual basis may be eligible to opt in for basic cover. For more details, see the 'Insurance options for *Casual Employees*' section on page 6.

Members not eligible for automatic cover can still apply for insurance by completing an 'Insurance application' through Member Online at [mol.gesb.wa.gov.au](http://mol.gesb.wa.gov.au), or by calling your Member Services Centre on 13 43 72 for a copy of our '**Insurance application**' form. Insurance cover will be on the terms offered by the Insurer.

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

<sup>5</sup> See 'When your monthly benefit will cease' on page 20.

<sup>6</sup> The following occupations, defined under the ASCO and/or ANZSCO occupation standards, are also limited to the hazardous restriction on the maximum SCI Amount Insured of \$4,200, although the Insurer provides basic cover for Death, TPD and SCI at category 3 – Blue and Heavy Blue Collar. 'Ambulance Officers and Paramedics', 'Blasting workers', 'Chemical, Gas, Petroleum and Power Generation Plant Operators', 'Chemical, Petroleum and Gas Plant Operators', 'Drillers', 'Drillers, Miners and Shot Firers', 'Forestry and Logging Workers', 'Guards and Security Officers', 'Miners', 'Mining Support Workers and Drillers Assistants', 'Power Generation Plant Operators', 'Seafarers and Fishing Hands', 'Timber and Wood Process Workers' and 'Travel Attendants'. 'Mining and Material Engineers' and 'Mining Engineers' are also limited to this hazardous restriction if any part of your role requires you to be in an underground mine at any time.

<sup>7</sup> If you are working at least 0.6 FTE (Full-Time Equivalent) and earn an equivalent full-time salary of \$100,000 p.a. or more, you meet the minimum salary criteria.

## When does basic cover start?

If you are eligible for basic cover, there are two possible dates when your default basic cover will start:

1. The date that you started your employment with the WA public sector, so long as your employer advises us of this date and sends us your first *SG contribution* within 60 days of your start date
2. If your employer sends us your first *SG contribution* more than 60 days after your employment start date, then we will use the date the *SG contribution* is received as the start date for basic cover

## Limitations on basic cover

There are some limitations on basic cover that you should be aware of. If you are a *Permanent Employee, Contractor* or *Sessional Employee*:

- You must be '*At Work*' (see definition on page 24) on the day that your cover starts in order to be fully covered for Death, TPD and SCI cover
- If you were not *At Work* on the day that your cover started, due to sickness or injury, your insurance will be changed to '*New Events Cover*' (see page 24) and backdated to the cover commencement date, until you are *At Work* and performing your normal duties and work hours for at least three consecutive months
- *New Events Cover* will not cover any medical condition, or any directly or indirectly related conditions, which caused you to not be *At Work* on the date your cover commenced
- If we receive the first *SG contribution* from your employer more than 120 days after you started your employment with them, your Death, TPD and/or SCI cover is subject to *Limited Cover* (see page 24) for at least 24 consecutive months and until such time as you are *At Work* for at least one day after the 24-month period

If you are a *Casual Employee* and you elect to opt in to SCI cover, then your SCI cover is subject to *Limited Cover* for at least 24 months and until such time as you are *At Work* for at least one day after the 24-month period.

🔍 See the 'Other things you need to know about Death, TPD and SCI cover' section on page 24 for more information on *Limited Cover, At Work* and *New Events Cover*.

## How much does insurance cover cost?

Insurance cover can be cost effective when included as part of your super.

Your insurance premiums will be deducted from your account on a monthly basis. The cost of insurance cover varies according to your age, gender, occupation category, type and amount of cover and, for SCI, the waiting period. If you need to be assessed by the Insurer, the Insurer may also consider other factors (such as your medical situation).

🔍 For details on the cost of Death and TPD cover, see page 8. For SCI cover costs, see page 16.

## Choosing your insurance options

Generally, it makes sense to have Death and TPD cover and, like us, most super funds offer them as a combined policy. As a GESB Super or West State Super member, you can tailor your Death and TPD insurance to suit your individual needs by either choosing to have different levels of Death

If you subsequently change from casual to non-casual employment with the same employer, we don't reassess your eligibility for basic cover. In this circumstance, if you want cover or wish to increase any existing cover you have, you will need to apply for voluntary cover.

If you are employed on a casual basis and you opt in for basic cover, your cover starts on the date the application is accepted by the Insurer, provided your opt-in application is made within 90 days of the date your first *SG contribution* is received by us from your *Participating Employer*.

and TPD cover (subject to the terms of the Policies) or opting out of either Death or TPD cover.

If you are eligible for basic cover and decide to keep the insurance cover provided to you, then you don't need to do anything.

You can elect to change your insurance cover at any time subject to the maximum policy limits and meeting the Insurer's requirements. You can check and make changes to your insurance details in one of two ways:

- Use Member Online at [mol.gesb.wa.gov.au](http://mol.gesb.wa.gov.au)
- Call your Member Services Centre on 13 43 72 and ask for a copy of our '**Insurance variation**' form or '**Insurance application**' form

🔍 For more information see below, or see page 8 for Death and TPD cover and page 16 for SCI cover.

## 1. Fix your level of cover

You can apply to:

- Fix your Death and TPD cover at the basic cover level for which you are automatically eligible (provided you are aged under 61)
- Vary the level of cover and fix the value of your Death and TPD cover at that amount
- Change your level of Death and TPD cover at any time in the future

If you are a *Casual Employee* who opts in for cover, then the value of your Death and TPD cover will be fixed automatically. You can elect to change your *Amount Insured* in the future. Increasing your insurance cover at a later date will be subject to certain criteria which you can see below.

If you fix the level of your Death and TPD cover, your Death and TPD *Amount Insured* will not change and the insurance premium will generally increase as your age increases. When you turn 61, the amount of TPD cover to which you are entitled will reduce annually on a lineal basis, until it ceases at age 65. For more information, see page 8.

## 2. Reduce or Opt out of part or all of your insurance cover

You can choose to reduce or opt out of some or all of your insurance cover.

If you wish to reinstate or increase your insurance cover at a later date, it will be subject to certain criteria:

- You must be under the age of 65 (for SCI and TPD cover) or 70 (for Death) to reinstate insurance
- You must provide any evidence requested by the Insurer
- There is no automatic acceptance

- Your insurance cover will only be accepted subject to the satisfactory evaluation of your application by the Insurer
- Any age based restrictions on the level of cover available

You will need to complete a full 'Insurance application' through Member Online at mol.gesb.wa.gov.au. You can also contact your Member Services Centre on 13 43 72 and ask for a copy of the '**Insurance application**' form.

You can opt out of part or all of your insurance in one of two ways:

- Use Member Online at mol.gesb.wa.gov.au
- Call your Member Services Centre on 13 43 72 and ask for a copy of the '**Insurance variation**' form.

We recommend you seek financial advice before making any changes to your cover.

### 3. Opt in to the Professional and Executive occupation category

To be eligible to opt in to the Professional and Executive occupation category, you must meet the Professional or Executive definitions below.


Professional	Executive
You earn a gross income of at least \$100,000 p.a. <sup>8</sup>	
You are working in an office environment and in a sedentary capacity <sup>9</sup> no less than 80% of the time (excluding travel time from office to office), and	
You hold a tertiary qualification or are a member of a professional institute or body approved by the Insurer <sup>10</sup>	or You are part of the Executive Management team <sup>11</sup> of your employer

The premiums for the Professional and Executive occupation category will be calculated using a different occupation category factor than you are currently paying.

Occupation category factors are shown in table 3, page 12 for Death and TPD, and table 5, page 20 for SCI.

Once accepted by the Insurer, your Death and TPD cover will be fixed as at the age you applied, and your TPD cover will not start to decrease until you reach age 61 (unless you elect to change it in the future). See table 1 on page 8. Please note that your premiums will generally increase as your age increases.

You must notify us if your occupation category changes in the future.

 To find out more or to opt in, visit [gesb.wa.gov.au/forms](http://gesb.wa.gov.au/forms) for our '**Professional and Executive occupation category application**' form or call your Member Services Centre on 13 43 72.

### 4. Insurance options for *Casual Employees*

If you started employment as a *Casual Employee* on or after 1 July 2010, you are not eligible for automatic basic cover but you can opt in for basic cover.

Generally speaking, to be eligible to opt in you must be:

- Employed on a casual basis
- Receiving *SG contributions* from your employer, and
- Aged 65 or under

You will be eligible for basic cover, without the need for a medical assessment, provided you opt in within 90 days of us receiving the first *SG contribution* from your employer and you meet the *At Work* requirement (see definition on page 24).

If you apply for cover after 90 days, or if you apply for a higher level of cover than the basic cover, this will be subject to an assessment by the Insurer of evidence of your health and other particulars that the Insurer may require to determine whether to accept your application and the terms on which it will accept.

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

8 If you are working at least 0.6 FTE (Full-Time Equivalent) and earn an equivalent full-time salary of \$100,000 p.a. or more, you meet the minimum salary criteria.

9 The Insurer has provided special approval for the following occupations as meeting the requirement for primarily working in an office environment and sedentary capacity, even though they appear to be non-office based roles: Specialist Medical Practitioners, Generalist Medical Practitioners, Legal Professionals, Solicitors, Dental Practitioners, Legislators, Judicial and Other Legal Professionals, Pharmacists and School Principals (Note, Nurses and School Teachers do not meet the requirement of working in an office environment and sedentary capacity).

10 The Insurer has approved a set number of professional institutes and bodies. If you do not hold a tertiary qualification or work in an executive management position and are unsure if your professional institute or body qualifies, contact your Member Services Centre on 13 43 72.

11 You are considered part of the executive management team if you:

- Are the Chief Executive Officer or similar position, or
- Report directly to the Chief Executive Officer, or
- Are employed in the Senior Executive Service, or
- Are a Parliamentarian

Your insurance cover will only be approved subject to the satisfactory evaluation of your application by the Insurer. Cover starts from the date your application is accepted by the Insurer. Basic SCI cover is subject to *Limited Cover* as defined under the 'Other things you need to know about Death, TPD and SCI cover' section later in this document. Cover that is not basic cover will be subject to any special terms on which the Insurer accepts your application.

If you subsequently change from casual to non-casual employment with the same employer, we don't reassess your eligibility for basic cover. In this circumstance, if you want cover or want to increase any existing cover, you will need to apply for voluntary cover.

### How much basic cover can *Casual Employees* opt-in for?

**Death and TPD** - you can opt in for any amount up to the basic cover amount for your age, as shown in table 1, page 8, columns A and B.

**SCI** - you can opt in for any amount up to the basic cover amounts shown below, depending on the number of hours per week that you work.

If you are eligible, you can use the '**Insurance opt-in for casual employees**' form to opt-in for cover, available at [gesb.wa.gov.au/forms](http://gesb.wa.gov.au/forms).

Employment status <i>Full-Time Equivalent (FTE)</i>	Basic level of cover (per month) for SCI
At least 0.4 FTE (at least <i>Minimum FTE</i> )	\$2,000
Less than 0.4 FTE (less than <i>Minimum FTE</i> )	\$1,600

## Checklist and next steps

- **Check your entitlement and details of cover**  
We recommend that you read all the information in this document and make note of the details that are relevant to you.
- **Review your insurance options when your employment circumstances change**  
Whenever you change jobs or receive a substantial increase to your income, you should check that your level of SCI cover is appropriate. This will ensure that you continue to have the correct occupation classification and relevant cover. We strongly recommend you review your insurance situation regularly to avoid paying for insurance that you do not need. For example, you may be paying for insurance within other super funds that you have held while working for other employers outside the public sector. You can make adjustments to your cover through Member Online or by calling your Member Services Centre and asking for an '**Insurance variation**' or '**Insurance application**' form.
- **Revisit your insurance needs regularly**  
Some of the key decisions we make in life can lead to a change in your insurance needs. When you marry, have children or buy a house you should review your insurance needs in line with these lifestyle changes. It's important to ensure you have the right level of cover to support your partner or family, should anything happen to you.
- Contact your Member Services Centre on 13 43 72 if you have any questions regarding your insurance

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.



# Death and Total & Permanent Disablement insurance

Death and Total & Permanent Disablement (TPD) insurance cover provides you or your estate with a lump-sum benefit if you die, are deemed to be terminally ill or become totally and permanently disabled.

All Death benefits (including terminal illness benefits) and TPD insurance benefits are paid into your super account and can be accessed when a condition of release is satisfied.

 For more information, see the '**Accessing your super**' brochure at [gesb.wa.gov.au/brochures](http://gesb.wa.gov.au/brochures).

Please be aware that although members may satisfy the Insurer's definition of eligibility for payment of a Death, TPD or SCI benefit, we are unable to pay these amounts to you (or your estate, in the case of a Death benefit) unless and until a 'condition of release' is satisfied and we have processed the claim (see page 13). This is because legislative requirements restrict the circumstances in which such benefits can be paid, until the conditions set out in the legislation have been satisfied.

## Level of cover

Subject to eligibility requirements discussed previously, the level of your automatic basic cover for Death and for TPD insurance is based on your current age.

**Table 1: Death and TPD basic cover**

Your current age	Basic Death cover	Basic TPD cover
	Column A	Column B
15-45	\$200,000	\$200,000
46	\$190,000	\$190,000
47	\$180,000	\$180,000
48	\$170,000	\$170,000
49	\$160,000	\$160,000
50	\$150,000	\$150,000
51	\$140,000	\$140,000
52	\$130,000	\$130,000
53	\$120,000	\$120,000
54	\$110,000	\$110,000
55	\$100,000	\$100,000
56	\$90,000	\$90,000
57	\$80,000	\$80,000
58	\$70,000	\$70,000
59	\$60,000	\$60,000
60	\$50,000	\$50,000
61	\$50,000	\$40,000
62	\$50,000	\$30,000
63	\$50,000	\$20,000
64	\$50,000	\$10,000

## Changing your level of cover

You can elect to:

- Increase your Death cover and/or TPD cover (including members who are eligible for cover but not eligible for basic cover)
- Decrease your Death cover and/or TPD cover
- Fix the level of Death and TPD cover

## Increasing your cover at any time

If you would like to increase your insurance cover, you will need to provide medical and/or other evidence for assessment by the Insurer. This includes members who wish to apply for cover but are not eligible for basic cover.

Your insurance cover will only be approved subject to the satisfactory evaluation of your application by the Insurer. Your cover may also be approved subject to loadings or exclusions. Your application for Voluntary Cover could also be approved subject to loadings or exclusions or declined.

## Decreasing your level of cover

You have the option to decrease your level of insurance cover at any time. However, if in the future you would like to reinstate or increase your insurance cover, you can only do so subject to:

- You being under the age of 65 (for SCI and TPD cover) or 70 (for Death)
- Completing a full '**Insurance application**'
- Any age based restrictions on the level of cover available
- Providing any evidence requested by the Insurer

Your insurance cover will only be approved subject to the satisfactory evaluation of your application by the Insurer. Your cover may also be approved subject to loadings or exclusions.

## Fixing your level of cover

If your application for an increase or decrease in Death and/or TPD Cover is accepted by the Insurer, your *Amount Insured* is fixed at that level, subject to the table on page 9.

If you have basic cover for Death and/or TPD, you can elect to fix the then current *Amount Insured* at any time prior to your 61st birthday by written request to us – again subject to the table on page 9.

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.



If your cover is fixed, your *Amount Insured* will work as follows:

#### Death Amount Insured

Your *Death Amount Insured* will remain the same on each birthday until cover ceases under the Policy

#### TPD Amount Insured

1. From age 15 to 60 (inclusive): your *TPD Amount Insured* will remain the same on each birthday
2. From age 61 to 65 (inclusive): your *TPD Amount Insured* will reduce linearly on each birthday until it is zero at the age of 65

If you have not fixed your level of Death/TPD cover, the value of your Death cover and TPD cover will work as follows:

#### Death Amount Insured

1. From age 15 to 45 (inclusive): your *Death Amount Insured* will remain the same on each birthday
2. From age 46 to 64 (inclusive):
  - a) If your *Death Amount Insured* is greater than the default level of Death cover for your age according to table 1 'Death and TPD basic cover', your *Death Amount Insured* will reduce by \$10,000 on that birthday, or
  - b) If your *Death Amount Insured* is equal to or less than the default level of Death cover for your age according to table 1 'Death and TPD basic cover', your *Death Amount Insured* will remain the same on that birthday
3. From age 65 to Cover Expiry Age (inclusive):
  - a) If your *Death Amount Insured* is greater than \$50,000 on your birthday, the *Death Amount Insured* will reduce by \$10,000 on that birthday, or
  - b) If your *Death Amount Insured* is equal to or less than \$50,000 on your birthday, the *Death Amount Insured* will remain the same on that birthday

#### TPD Amount Insured

1. From age 15 to 45 (inclusive): your *TPD Amount Insured* will remain the same on each birthday
2. From age 46 to 60 (inclusive):

If your *TPD Amount Insured* is greater than the default level of TPD cover for your age according to table 1 'Death and TPD Basic cover', your *TPD Amount Insured* will reduce by \$10,000 on that birthday, or

  - b) If your *TPD Amount Insured* is equal to or less than the default level of TPD cover for your age according to table 1 'Death and TPD basic cover', your *TPD Amount Insured* will remain the same on that birthday
3. From age 61 to Cover Expiry Age (inclusive): your *TPD Amount Insured* will reduce linearly on each birthday until it is zero at the age of 65.

If you are under age 61 you can apply to:

- Fix your Death and TPD cover at the level for which you are automatically eligible under basic cover
- Vary the level of cover and fix the value of your Death and TPD cover at that amount

If you are a *Casual Employee* who opts in for cover, then the value of your Death and TPD cover will be fixed automatically unless you elect to change it again in the future.

If you fix the level of your Death and TPD cover, the insurance premium will generally increase as your age increases.

## Example

John is aged 40 and receives \$200,000 of combined Death and TPD cover. If he opts to decrease this cover to \$180,000 (which also fixes his cover) then:

- He will receive Death and TPD cover to the value of \$180,000 for each year he is under the age of 61 (unless John opts to change the value in the future)
- From age 61, his TPD cover reduces linearly from age 61 at each birthday, to become nil at age 65
- His Death cover will remain fixed at \$180,000 until age 70 (unless John opts to change the value in the future)

## How do I change my level of cover?

The table on page 10 highlights the tools available to increase, decrease or fix the level of your Death or TPD cover and whether or not approval is required from the Insurer.

## What are the waiting periods for TPD?

The waiting period for TPD is generally three months (except where you suffer the total and irrecoverable loss of limbs and/or sight) and starts from the date you are determined by both us and the Insurer as totally and permanently disabled and have ceased working due to that condition.

You are able to make a claim as soon as you meet the medical requirements, but there may be a waiting period before any benefit payment that has been approved by the Insurer is paid into your account.

If you submit a claim relatively early in the waiting period, then the Insurer may ask you to provide more up-to-date medical information at the end of the waiting period to finalise their assessment. All Death and TPD insurance benefits are paid to your super account and can be accessed when a condition of release is satisfied.

- ❓ For more information, see our '**Accessing your super**' brochure available at [gesb.wa.gov.au/brochures](https://gesb.wa.gov.au/brochures).

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

Type of change (Death/TPD cover)	How to make the change	Assessment required by the Insurer
<b>Increasing</b> your cover <ul style="list-style-type: none"> <li>In excess of any existing cover</li> <li>If you are a <i>Casual Employee</i> who opted in for cover</li> </ul>	Apply through Member Online at mol.gesb.wa.gov.au or complete our ' <b>Insurance application</b> ' form	Yes
<b>Decreasing</b> your cover	Apply through Member Online at mol.gesb.wa.gov.au or complete our ' <b>Insurance variation</b> ' form	No
<b>Fixing</b> your cover	Apply through Member Online at mol.gesb.wa.gov.au or complete our ' <b>Insurance variation</b> ' form	No

For a copy of our '**Insurance variation**' or '**Insurance application**' form, call your Member Services Centre on 13 43 72.

## How much does Death and TPD cover cost?

The cost of insurance cover varies according to your age, gender, occupation category, type and amount of cover. If you need to be assessed by the Insurer, the Insurer may also consider other factors.

Occupations are categorised into broad groupings for insurance purposes and are shown in table 3 on page 12. In determining your occupation category, we rely on information provided by you or your employer. You are required to notify us if your occupation details are incorrect or if your occupation category changes in the future.

Your premiums for Death-only cover, TPD-only cover or combined Death and TPD cover are calculated using the equation below and will be deducted from your account each month.

$$\begin{array}{c} \text{Level of benefit (per \$1,000 of cover)} \\ \times \\ \text{Age and gender-based annual premium rate} \\ \times \\ \text{Occupation category factor}^{12} \end{array}$$

## Example

Carly is a dental assistant<sup>13</sup> and is 31 years old with \$200,000 Death and TPD cover. Her insurance premium for combined Death and TPD cover is calculated as follows:

	How many \$1,000s of cover	Age and gender-based premium rate	Occupation category factor	Annual premium <sup>14</sup>
<b>Reference</b>	Cover amount divided by \$1,000	Annual premium rate from table 2, page 11	From table 3, page 12	
<b>Carly's Death and TPD cover premium based on her current age</b>	\$200,000 / \$1,000 = 200	X \$0.90	X 1.050	= \$189 (or \$15.75 per month)
<b>Fill in your details here</b>	\$ / \$1,000 =	x \$	x	= \$

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

<sup>12</sup> An additional premium loading may also apply depending on your application for extra insurance cover. For example, if you have a pre-existing medical condition.

<sup>13</sup> Dental assistants are classified as category 2 - Light blue collar occupation. See table 3 on page 12 for occupation category factors.

<sup>14</sup> If you have extra insurance cover subject to a loading, the premium is calculated separately for the cover that is, and the cover that is not, subject to loading. For cover that is subject to a loading, the result needs to be multiplied by the loading.

**Table 2: Age and gender-based annual premium rates per \$1,000 Amount Insured**

Your current age	Death only		TPD only		Death and TPD	
	Males	Females	Males	Females	Males	Females
	Column A	Column B	Column C	Column D	Column E	Column F
15	0.28	0.25	0.05	0.04	0.33	0.29
16	0.46	0.32	0.07	0.08	0.53	0.40
17	0.62	0.38	0.13	0.10	0.75	0.48
18	0.72	0.43	0.13	0.08	0.85	0.51
19	0.78	0.48	0.17	0.10	0.95	0.58
20	0.84	0.48	0.15	0.11	0.99	0.59
21	0.85	0.48	0.18	0.10	1.03	0.58
22	0.85	0.46	0.18	0.08	1.03	0.54
23	0.85	0.44	0.22	0.14	1.07	0.58
24	0.85	0.41	0.24	0.13	1.09	0.54
25	0.76	0.41	0.24	0.17	1.00	0.58
26	0.75	0.43	0.26	0.21	1.01	0.64
27	0.72	0.46	0.29	0.24	1.01	0.70
28	0.72	0.47	0.29	0.26	1.01	0.73
29	0.69	0.47	0.35	0.36	1.04	0.83
30	0.68	0.48	0.36	0.38	1.04	0.86
31	0.66	0.48	0.39	0.42	1.05	<b>0.90</b>
32	0.65	0.49	0.43	0.53	1.08	1.02
33	0.65	0.53	0.45	0.58	1.10	1.11
34	0.66	0.54	0.51	0.59	1.17	1.13
35	0.68	0.59	0.56	0.63	1.24	1.22
36	0.71	0.63	0.63	0.69	1.34	1.32
37	0.70	0.66	0.74	0.71	1.44	1.37
38	0.76	0.71	0.81	0.78	1.57	1.49
39	0.84	0.72	0.87	0.85	1.71	1.57
40	0.84	0.78	0.90	0.94	1.74	1.72
41	0.90	0.78	0.99	1.01	1.89	1.79
42	0.96	0.81	1.10	1.09	2.06	1.90
43	1.07	0.80	1.23	1.16	2.30	1.96
44	1.21	0.85	1.38	1.34	2.59	2.19
45	1.34	0.92	1.55	1.57	2.89	2.49
46	1.49	0.97	1.76	1.83	3.25	2.80
47	1.65	1.04	2.01	2.13	3.66	3.17
48	1.78	1.12	2.29	2.38	4.07	3.50
49	1.91	1.21	2.62	2.67	4.53	3.88
50	2.06	1.29	3.02	2.99	5.08	4.28
51	2.21	1.40	3.42	3.35	5.63	4.75
52	2.38	1.51	3.93	3.76	6.31	5.27
53	2.57	1.75	4.47	4.46	7.04	6.21
54	2.75	1.87	5.06	4.92	7.81	6.79
55	2.95	2.00	5.75	5.42	8.70	7.42
56	3.16	2.16	6.53	5.96	9.69	8.12
57	3.39	2.31	7.41	6.57	10.80	8.88
58	3.76	2.47	8.04	7.02	11.80	9.49
59	4.15	2.64	8.73	7.52	12.88	10.16
60	5.10	2.76	10.57	7.87	15.67	10.63
61	5.64	2.96	11.49	8.40	17.13	11.36
62	6.25	3.16	12.50	8.95	18.75	12.11
63	6.81	3.39	13.90	9.78	20.71	13.17
64	7.41	3.63	15.51	10.64	22.92	14.27
65*	8.07	3.90	0.00	0.00	8.07	3.90
66*	8.81	4.18	0.00	0.00	8.81	4.18
67*	9.60	4.47	0.00	0.00	9.60	4.47
68*	10.64	4.84	0.00	0.00	10.64	4.84
69*	11.79	5.25	0.00	0.00	11.79	5.25

\*Death only cover.

**Note:** the rate used for Carly's example on page 10 has been highlighted in this table.

The insurance premium rates in table 2 are inclusive of stamp duty and GST. We reserve the right to review insurance premiums to ensure that the structure and level of premiums are appropriate. We will always inform you of any changes through our website at [gesb.wa.gov.au](http://gesb.wa.gov.au) or your member statement. We will give you at least 30 days' written notice of any premium increases.

Other limits and conditions may apply to Death and TPD insurance. For more information or a copy of the Insurance Policy terms and conditions, contact your Member Services Centre on 13 43 72.

**Table 3: Occupation category factors**

Occupation categories	Death only / TPD only / Death and TPD combined
Category 1 – White collar occupations e.g. accounting clerks, office managers, physiotherapists, counsellors, secondary school teachers	0.830
Category 2 – Light blue collar occupations e.g. dental assistants, registered and qualified child care workers, qualified cooks	1.050
Category 3 – Blue and heavy blue collar occupations e.g. electricians, commercial cleaners, registered nurses	1.075
Category 4 – Hazardous occupations e.g. police officers, fire fighters, prison officers	1.100
Category 5 – Professional and Executive subject to the eligibility criteria shown on page 6	0.664

**Note:** the rate used for Carly's example on page 10 has been highlighted in this table.

### Reasons why your Death cover will cease

Your Death insurance cover will cease at the end of the day on the earliest of one of the following events (note termination of cover will not affect your eligibility to make a claim where the *Incident Date* occurs during the period cover was in force):

- You turn age 70
- You cease to be a member of GESB Super or West State Super
- You die
- We receive your cancellation of cover (in writing)
- Your premium was not paid as a result of your account balance being insufficient (and remains unpaid)
- Your claim for a terminal illness benefit is paid
- Your claim for TPD is paid<sup>15</sup>
- The Insurance Policy is terminated by us or the Insurer

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

<sup>15</sup> Where a claim for TPD is paid, the value of Death cover that exceeds the value of the TPD benefit will continue until another one of the above events occurs.

<sup>16</sup> Where a terminal illness benefit is paid (which is equal in value to your full Death benefit), the value of TPD cover which exceeds the value of the terminal illness benefit paid will continue until another one of the above events occurs.

### Reasons why your TPD insurance cover will cease

Your TPD insurance cover will cease at the end of the day on the earliest of one of the following events (note termination of cover will not affect your eligibility to make a claim where the *Incident Date* occurs during the period cover was in force):

- You turn age 65
- You cease to be a member of GESB Super or West State Super
- You die
- We receive your cancellation of cover (in writing)
- Your premium was not paid as a result of your account balance being insufficient (and remains unpaid)
- Your claim for a terminal illness benefit is paid<sup>16</sup>
- Your claim for TPD is paid
- The Insurance Policy is terminated by us or the Insurer

### Continuation of cover

Subject to the terms of the Policy, where you cease all employment for remuneration or reward (paid employment) with all your employers, Death and/or TPD cover automatically continues under the Policy. However, a different TPD definition may apply to your TPD cover, as set out below.

If the TPD *Incident Date* occurs:

- during the period that commences when you ceased all paid employment with all your employers (the 'ceased employment date') and ends no more than sixty (60) days afterwards; or
- more than sixty (60) days, but less than one (1) year after the ceased employment date (where evidence supports that the cessation of employment was due to illness or injury related to the claimed condition);

and you did not commence paid employment prior to the TPD *Incident Date*, the TPD definition applicable will be that which would have applied to you if the TPD *Incident Date* had been immediately prior to the ceased employment date.

If the TPD *Incident Date* occurs:

- more than sixty (60) days after the ceased employment date (and the cessation of employment was not due to illness or injury related to the claimed condition); or
- more than one (1) year after the ceased employment date (where evidence supports that the cessation of employment was due to illness or injury related to the claimed condition);

and you have not commenced paid employment prior to the TPD *Incident Date*, you will be subject to the 'Activities of daily living' TPD definition.

If you commence paid employment following the ceased employment date, but not with a *Participating Employer*, and immediately prior to the ceased employment date, you were either a:

- (a) *Casual Employee*
- (b) *Permanent Employee*
- (c) *Contractor*

working less than the *Minimum FTE*, calculated as the average *Full-Time Equivalent (FTE)* level worked per week over the thirteen (13) weeks immediately prior to the ceased employment date, you will be subject to the 'Activities of daily living' TPD definition where the *TPD Incident Date* occurs within the first sixty (60) days of commencing that employment.

## Claiming your Death benefit

All Death benefits are payable to your estate, subject to limited exceptions. It is therefore important that you have an up-to-date will that specifies how you wish your estate to be distributed.

A claim for assessing a Death benefit can take quite some time. Once we have been notified of your death, we will send a letter to your legal personal representative (this will be the executor named in your will, or if there is no will, the administrator appointed under Letters of Administration) that explains the documentation we need to process the claim. It is often the case that the insurance component of the final benefit (if any) is paid to your super account relatively early in the process. Once it has been determined that the insurance benefit is payable, we will write to your legal personal representative to advise the amount of the entitlement and also explain the process they should follow when making an application for payment of your superannuation benefit. The insured component of your benefit is treated in the same way as your super balance.

Once we have received formal notification of death<sup>17</sup>, the existing account balance and any insured amounts received will be invested in the Cash investment plan. This is done to provide greater certainty as to the benefit amount payable because cash investments are generally less volatile. If the Death benefit has not been paid at the date a Grant of Probate or Letters of Administration are issued, the executor or administrator has the right to choose which investment plan(s) the benefit is invested in until payment occurs.

For more information, see our '**Accessing your super**' brochure available at [gesb.wa.gov.au/brochures](http://gesb.wa.gov.au/brochures), as well as our '**Understanding the insurance claims process**' fact sheet available at [gesb.wa.gov.au/factsheets](http://gesb.wa.gov.au/factsheets).

## Claiming your TPD benefit

To claim against your TPD cover you must meet the definition of Total and Permanent Disablement (see definitions adjacent). You are able to submit a claim as soon as you meet the medical requirements, but there is generally a waiting period of three months (except where you suffer the total and irrecoverable loss of limbs and/or sight) before any benefit payment that is approved by the Insurer is paid into your account.

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

<sup>17</sup> Certified copy of Death Certificate, Coroner's report, autopsy report, inquest finding, or a medical certificate completed by a *Registered Medical Practitioner*.

<sup>18</sup> If you were an existing 'Casual member' with TPD cover greater than nil immediately prior to 1 July 2016, your TPD cover from 1 July 2016 will be assessed against the 'Standard Definition', subject to the regular eligibility conditions, for TPD unless the claim is as a result of a pre-existing condition or a self-inflicted injury in which case the 'Activities of daily living' definition will apply. This condition applies for 12 consecutive months from 1 July 2016 and ceases once you are 'At Work' for 30 consecutive days following this 12-month period.

If you submit a claim early on in the waiting period, then the Insurer may ask you to provide more up-to-date medical information at the end of the waiting period to finalise their assessment.

🔍 For more information, see our '**Understanding the insurance claims process**' fact sheet available at [gesb.wa.gov.au/factsheets](http://gesb.wa.gov.au/factsheets).

## Where Total and Permanent Disablement occurs

If you make a TPD claim, the Insurer will make an assessment based upon the definition of Total and Permanent Disablement that applies to your cover. Definitions differ depending on the hours you work and payment of an insured TPD benefit is dependent upon you meeting the definitions shown below.

Any insured benefit will be paid to your super account and you will be able to access this benefit once you meet a condition of release (i.e. we are satisfied you have ceased to be gainfully employed due to ill health and are unlikely to ever engage in gainful employment again, for which you are reasonably qualified by education, training or experience). This benefit can also be rolled into a complying pension or annuity like our Retirement Income Pension.

Please be aware that although members may satisfy the Insurer's definition of eligibility for payment of a Death, TPD or SCI benefit, we are unable to pay these amounts to you unless and until a 'condition of release' is satisfied. This is because legislative requirements restrict the circumstances in which such benefits can be paid, until the conditions set out in the legislation have been satisfied.

Please contact us on 13 43 72 if you need more information.

## Permanent Employees, Contractors and Casual Employees<sup>18</sup> working at least 0.4 FTE and working a minimum of 13 hours per week averaged over the 13 weeks immediately prior to the Incident Date

### Total and permanent disability – unlikely to do a suited occupation ever again

#### Standard definition:

Total and Permanent Disablement is where you:

- a) While insured under the relevant Insurance Policy, as a result of injury, sickness or disease:
  - Have not performed any work for an uninterrupted period of at least three consecutive months, solely due to the same injury, sickness or disease, and
  - Are attending a *Registered Medical Practitioner* and have undergone all reasonable and usual treatment including rehabilitation for the injury, sickness or disease, and
  - After consideration of all medical and such other evidence as the Insurer may require, have become in the Insurer's opinion, incapacitated to such an extent as to render you unlikely ever to be able to engage in your own occupation and any occupation for which you are reasonably suited by education, training or experience.

**OR**

**Total and permanent disability – loss of limbs and/or sight or permanent loss of intellectual capacity**

b) While insured under the relevant Insurance Policy, have suffered the total and irrecoverable loss of the:

- Sight of both eyes, or
- Use of two limbs<sup>19</sup>, or
- Sight of one eye and use of one limb, or
- Cognitive function,

Where limb is defined as the whole hand or whole foot, and the total and irrecoverable loss of 'cognitive function' is defined as a total and irrecoverable loss of intellectual capacity that requires the insured member to be under continuous care and supervision by another adult person for at least three consecutive months, and at the end of the three consecutive month period, the insured member is likely to require permanent ongoing continuous care and supervision by another adult person both according to the determination of the Insurer.

**Casual Employees working the Minimum FTE or more will be subject to the Standard Definition of Total and Permanent Disablement**

Prior to 1 July 2016, members with TPD insurance who are defined as *Casual Employees* at the *Incident Date* for a TPD insurance claim could only be assessed against the 'Activities of daily living' Total and Permanent Disablement definition. Between 1 July 2016 and 1 July 2018, subject to certain conditions<sup>20</sup>, members working as *Casual Employees* at the *Incident Date* for a TPD insurance claim and working at least 15 hours a week, will be assessed against the Standard Definition of Total and Permanent Disablement. From 1 July 2018 onwards the requirement to be working at least 15 hours a week is reduced to at least 13 hours a week while the other conditions<sup>19</sup> for assessment against the Standard Definition of Total and Permanent Disablement remain unchanged.

**Permanent Employees, Contractors and Casual Employees who aren't working at least 0.4 FTE and working a minimum of 13 hours per week, averaged over the 13 weeks immediately prior to the Incident Date and all Sessional Employees**

**Total and permanent disability – unable to look after yourself ever again**

**Activities of daily living definition:**

Total and Permanent Disablement means:

a) While insured under the relevant Insurance Policy, you have been (for a period of three consecutive months after the occurrence of the illness, accident or injury) continuously, totally and permanently unable to perform at least two of the following activities of daily living, as certified by a *Registered Medical Practitioner* appointed by the Insurer, and provided such continued inability is irreversible as certified by that *Registered Medical Practitioner*:

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

<sup>19</sup> Limb is defined as the whole hand or whole foot.

<sup>20</sup> If you were an existing 'Casual member' with TPD cover greater than nil immediately prior to 1 July 2016, your TPD cover from 1 July 2016 will be assessed against the 'Standard Definition', subject to the regular eligibility conditions, for TPD unless the claim is as a result of a pre-existing condition or a self-inflicted injury in which case the 'Activities of daily living' definition will apply. This condition applies for 12 consecutive months from 1 July 2016 and ceases once you are 'At Work' for 30 consecutive days following this 12-month period.

<sup>21</sup> Limb is defined as the whole hand or whole foot.

**Bathing** – the ability to wash yourself either in the bath or shower or by sponge bath without the standby assistance of another person.

**Dressing** – the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten and unfasten them, without the standby assistance of another person.

**Eating** – the ability to feed yourself once food has been prepared and made available, without the standby assistance of another person.

**Toileting** – the ability to get to and from, and on and off the toilet, without the standby assistance of another person and ability to manage bowel and bladder functions through the use of protective undergarments or surgical appliances, if appropriate.

**Transferring** – the ability to move in and out of a chair without the standby assistance of another person.

**OR**

**Total and permanent disability – loss of limbs and/or sight or permanent loss of intellectual capacity**

b) while insured under the relevant Insurance Policy, you have suffered the total and irrecoverable loss of the:

- Sight of both eyes, or
- Use of two limbs<sup>21</sup>, or
- Sight of one eye and use of one limb, or
- Cognitive function,

The total and irrecoverable loss of 'cognitive function' is defined as the Insurer determining a total and irrecoverable loss of intellectual capacity that requires the insured member to be under continuous care and supervision by another adult person for at least three consecutive months, and at the end of the three consecutive month period, the insured member is likely to require permanent ongoing continuous care and supervision by another adult person.

**Other considerations for Death and TPD insurance claims**

If you're on paid leave, your insurance cover and your *SG contributions* from your employer continue as normal. If you go on leave without pay you can continue your insurance cover for up to 24 months provided the premium continues to be paid (from the time your period of leave commenced) and the TPD definition used to assess a TPD claim will be that which would have applied to you on the date immediately prior to the commencement of leave without pay.

You can apply to extend the period beyond 24 months, which is subject to approval by the Insurer.

Where the Insurer has not allowed an extension for you beyond 24 months or you have not requested an application to extend, any potential TPD claims where the *Incident Date* arises beyond the 24-month period will be assessed against the 'Activities of daily living' definition (see adjacent column), subject to payment of your premiums.

Claims for payment of TPD benefits should be made within a reasonable period of time of you ceasing work as it helps the Insurer with making an assessment of your claim. Any delays could affect your complaint being addressed by an appropriate external dispute resolution body. For more information, see the 'Making a complaint' section on page 26.

If you are a West State Super member, your entitlement to an insured benefit may be affected if you do not apply within 12 months of ceasing employment. However, we can accept applications outside this period, at our discretion.

**i** For more information, see our '**Understanding the insurance claims process**' fact sheet available at [gesb.wa.gov.au/factsheets](http://gesb.wa.gov.au/factsheets).

**Note:** the definitions used to assess a claim are made based on your employment status at the time that you ceased employment as a result of Total and Permanent Disablement. At the time of the claim, the Insurer will assess the level of hours worked per week over the previous 13 weeks immediately prior to your *Incident Date* (see the Glossary for definition). The 13-week period includes any periods of paid leave, and will not be adjusted to exclude periods of unpaid leave. However, the Insurer will use a different test to determine the definition of Total and Permanent Disablement that applies to your claim if you are relying on a continuation of cover condition (see the section 'Continuation of cover' on page 12).

**Q** For more information or a copy of the Insurance Policy terms and conditions, contact your Member Services Centre on 13 43 72.

## Exclusions

You or your dependants will not be able to claim against your Death or TPD insurance:

- If Death or TPD is caused wholly or partly, directly or indirectly:
  - by active service in the armed forces of any country or international organisation<sup>22</sup>, or
  - from declared or undeclared war or any act of war, or
- If death is caused as a result of any intentional self-inflicted act, whether sane or insane, for any increase in the *Amount Insured*, within 13 months of acceptance of the increase<sup>23</sup>, or
- If TPD is caused as a result of any intentional self-inflicted act, whether sane or insane, for any increase in the insured amount

In addition to the above exclusions, for Casual Employees who opt in for basic Death and TPD cover, if death or TPD is caused wholly or partly, directly or indirectly by any intentional self-inflicted act, whether sane or insane, within 13 months of opting in for basic Death and TPD cover.

Further exclusions may apply to Voluntary Cover for pastimes (e.g. parachuting) and/or medical reasons (e.g. for existing illness), and/or certain occupations may not be eligible for extra TPD cover. Exclusions will be assessed by the Insurer when you apply for Voluntary Cover and you will be required to provide medical and/or other evidence.

For more information, or a copy of the Insurance Policy terms and conditions, contact your Member Services Centre on 13 43 72.

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

22 Where you are enrolled in the Australian Defence Force Reserves, this exclusion only applies when you have been called up for active service.

23 In which case the amount payable is the insured amount prior to the increase.



# Salary Continuance Insurance

Salary Continuance Insurance (SCI) provides a monthly benefit for up to two years<sup>24</sup> if you become disabled due to injury or sickness, and is paid after a waiting period has been satisfied.

SCI benefits are assessed on your pre-disablement income which is the average monthly income you earned over the 12 months prior to you becoming totally disabled (or if employed for less than 12 months, over your period of employment).

If you are under 65 years of age and are receiving *SG contributions* from your employer, you will generally be automatically covered for SCI.

If you are newly employed on a casual basis you will not receive automatic SCI cover. However, if you would like insurance cover, you can choose to opt in, subject to some conditions.

See 'Insurance options for *Casual Employees*' on page 6 for more information.

## Basic cover

The basic level of cover for SCI is based on your employment status when we received your *Participating Employer's* first *SG contribution*.

Employment status <i>Full-Time Equivalent (FTE)</i>	Basic level of cover (per month)
Full time	\$4,200
Between 0.8 and 0.99 FTE	\$3,200
Between 0.6 and 0.79 FTE	\$2,400
Between 0.4 and 0.59 FTE	\$2,000
Less than 0.4 FTE (i.e. less than two days a week)	\$1,600

### Notes:

- Casual Employees* with an FTE of 0.4 and above will be restricted to \$2,000 per month.
- the basic level of cover is inclusive of your SCI income and superannuation benefit. Refer to the 'Limits on Voluntary Cover' section below.

## Limits on Voluntary Cover

If you increase the *Amount Insured* above the basic level of cover for your FTE, the *Amount Insured* for SCI benefits cannot be greater than:

- 75% of your pre-disablement income (SCI income) plus
- Up to 10% of your pre-disablement income, which represents a component for superannuation

However, if your monthly basic level of cover exceeds the *Amount Insured*, then you may be entitled to a Superannuation Top-Up Benefit. Refer to 'Superannuation Top-Up Benefit' on page 21 for more information.

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

<sup>24</sup> See 'When your monthly benefit will cease' on page 20.

## Limits on benefits payable

Note that regardless of whether you have Voluntary Cover or the basic level of cover, the maximum benefit payable by the Insurer will be the lesser of:

- The *Amount Insured*, and
- At the *Date of Disability*:
  - 75% of your pre-disablement income which excludes superannuation, plus
  - the Superannuation Top-up Benefit (refer to page 21 for more information)

## Working out how much cover you want

It is important that you make sure you have the right level of SCI cover.

If you are a full-time employee earning income of more than \$67,200 per annum, the automatic basic monthly SCI benefit cover of \$4,200 per month is less than 75% of your income and may need to be increased.

Similarly, if you earn *Income* of less than \$67,200 per annum, you may want to reduce your cover.

It is also possible that you have insurance with other super funds or insurers, so we strongly recommend you review your insurance situation regularly to avoid paying for insurance that you do not need or may have a reduced or nil payment on claim due to offsets being applied. For examples of offsets see 'Reductions to the amount of SCI benefits payable' on page 20.

To work out how much cover you might need as part of your super, use the calculator on page 17. We've included an example to help you.

## Example

Sally is aged 39 and earns \$66,000 per annum. She wants SCI cover to be sufficient to cover herself for the full 75% of her current income plus contribute 10% to her super. Note that Sally may want to change her SCI cover if her salary subsequently increases or decreases.

So, \$4,125 is 75% of Sally's monthly income and the level of cover she is insured for. If Sally's income remains the same, this will be the amount (less any tax) paid directly into her bank account. The remainder (\$4,600 - \$4,125) constitutes the super component and this is paid to Sally's current GESB Super account.



<b>Insurance cover calculator</b>		<b>Sally</b>	<b>You</b>
Annual income	A	\$66,000	\$
Monthly income A (\$66,000) divided by 12	B	\$5,500	\$
What % of monthly income do you want paid to you? (The maximum is 75%)	C	75%	.....% maximum of (75%)
Multiply B (\$5,500) by C (75%)	D	\$4,125 per month	\$ per month
What % of monthly income do you want paid to your super account? (The maximum is 10%)	E	10%	.....% maximum of (10%)
Multiply B (\$5,500) by E (10%)	F	\$550 per month	\$ per month
Add D (\$4,125) and F (\$550) together	G	\$4,675 per month	\$ per month
Monthly insurance amount (G) rounded down to closest \$200	H	<b>\$4,600 per month</b>	<b>\$ per month</b>

Whether you are a West State Super or GESB Super member, you can insert your details into the table above to estimate how much insurance cover you may need.

If you simply want to work out the maximum *Amount Insured* per month that you can currently apply for, you can use this formula:

<b>Maximum SCI amount insured (per month) =</b>	<b>Your annual income</b>	<b>x 0.070833</b>
Fill in your details here:	\$	x 0.070833
Result rounded down to the nearest even \$200	\$	

Note: the 0.070833 figure used in this table is derived by combining elements 'B', 'D' and 'F' of the 'Insurance cover calculator' together (  $1/100 \times 85/12$ ).

## Changing your level of cover

- Choose to decrease your SCI cover by increments of \$200 per month (or opt out altogether)
- Apply to increase your SCI cover by increments of \$200 per month up to an *Amount Insured* which is the lesser of:
  - your SCI benefit (i.e. 75% of your Income) plus a superannuation component of up to 10% of your Income, and
  - \$30,000 per month (or a lower amount, as determined by the Insurer based on your occupation)

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

25 The following occupations, defined under the ASCO and/or ANZSCO occupation standards, are also limited to the hazardous restriction on the maximum SCI Amount Insured of \$4,200, although the Insurer provides basic cover for Death, TPD and SCI at Category 3 – Blue and Heavy Blue Collar. 'Ambulance Officers and Paramedics', 'Blasting workers', 'Chemical, Gas, Petroleum and Power Generation Plant Operators', 'Chemical, Petroleum and Gas Plant Operators', 'Drillers', 'Drillers, Miners and Shot Firers', 'Forestry and Logging Workers', 'Guards and Security Officers', 'Miners', 'Mining Support Workers and Drillers Assistants', 'Power Generation Plant Operators', 'Seafarers and Fishing Hands', 'Timber and Wood Process Workers' and 'Travel Attendants'. 'Mining and Material Engineers' and 'Mining Engineers' are also limited to this hazardous restriction if any part of your role requires you to be in an underground mine at any time.

The purchase of Voluntary Cover above the basic level of cover (including any extra Voluntary Cover where you have previously opted out or reduced your cover), is subject to approval by the Insurer unless particular circumstances apply as outlined on page 16. The Insurer may ask for more information in order to assess your application, which may include medical evidence or proof of income. If approved, your extra Voluntary Cover begins from the date of the Insurer's letter of acceptance unless otherwise specified. Your cover may be approved subject to loadings or exclusions. Your application for Voluntary Cover could also be declined.

## Increasing your level of cover without providing medical information

Normally when you apply for more insurance, your application is assessed by the Insurer and you may have to provide extra medical information. But this may not apply in the following instance:

### Within 90 days of us receiving your first employer SG contribution

If you receive basic cover of less than \$4,200 per month but your income supports a higher level of basic cover (see the 'Basic level of cover' table on page 16), you can increase your cover up to the lesser of \$4,200 per month and 85% of your Income (75% *Income* plus a superannuation component of up to 10% of your pre-disability *Income*) without having to provide any medical or other evidence. You must be *At Work* (see definition on page 24) on the day you complete the application. However, you need to apply within 90 days of the date that we received your first SG contribution from your *Participating Employer*.

*Casual Employees* who opt in for basic cover can only increase cover by completing an '**Insurance application**' and applying for extra Voluntary Cover. Call your Member Services Centre on 13 43 72 for a copy of the form. The application is subject to approval by the Insurer.

## Increasing your cover at any time

You will need to provide medical and/or other evidence for assessment by the Insurer if you are not eligible for the options above and want to increase your cover.

The maximum benefit payable is capped at the *Amount Insured*. Your *Amount Insured* cannot be greater than the lesser of:

- your SCI income (i.e. 75% of pre-disablement *Income*) plus a superannuation component of up to 10% of your pre-disablement *Income*, and
- \$30,000 per month (or \$4,200 per month for Category 4 - Hazardous occupations and certain listed Category 3 - Blue and heavy blue collar occupations<sup>25</sup>)

Your insurance cover will only be approved subject to the satisfactory evaluation of your application by the Insurer. Your cover may also be approved subject to loadings or exclusions. It is possible that your application for Voluntary Cover could be declined.

## Decreasing your level of cover

You can choose to decrease your level of insurance cover. However, if you would like to reinstate or increase your insurance cover, you can only do so subject to you being under the age of 65, by completing a full **'Insurance application'** and providing any evidence requested by the Insurer. Your insurance cover will only be approved subject to the satisfactory evaluation of your application by the Insurer. Your cover may also be approved subject to loadings or exclusions.

## What are the waiting periods?

The waiting period for SCI starts from the date you are first examined and certified by a *Registered Medical Practitioner* as being totally disabled as a result of the claimed condition and you ceased work due to that condition.

You are able to make a claim as soon as you meet the medical requirements but there is a waiting period before you become entitled to receive a benefit payment approved by the Insurer. The default waiting period for SCI payments is 90 days but you can choose from four other options – 30, 60, 120 and 180 days. This may affect the premium you pay.

If you submit a claim relatively early in the waiting period, then the Insurer may ask you to provide more up-to-date medical information at the end of the waiting period to finalise its assessment.

## What form should I use?

The table below shows the forms to be completed to increase or decrease the level of your SCI cover or change the waiting period and whether or not approval is required from the Insurer.

Change	How to make the change	Approval required from the Insurer
<b>Increasing</b> SCI cover up to \$4,200 per month <ul style="list-style-type: none"> <li>• Within 90 days of us receiving the first <i>SG contribution</i> from your employer</li> </ul>	Apply through Member Online at mol.gesb.wa.gov.au or complete our <b>'Insurance variation'</b> form	No
<b>Increasing</b> SCI cover <ul style="list-style-type: none"> <li>• If total cover will exceed \$4,200 per month; or</li> <li>• More than 90 days after we receive your first <i>SG contributions</i> from your employer; or</li> <li>• If you are a <i>Casual Employee</i> who previously opted in for cover</li> </ul>	Apply through Member Online at mol.gesb.wa.gov.au or complete our <b>'Insurance application'</b> form	Yes
<b>Decreasing</b> SCI cover or opting out	Apply through Member Online at mol.gesb.wa.gov.au or complete our <b>'Insurance variation'</b> form	No
<b>Decreasing</b> waiting period e.g. from 90 days to 60 days	Apply through Member Online at mol.gesb.wa.gov.au or complete our <b>'Insurance application'</b> form	Yes
<b>Increasing</b> waiting period e.g. 90 days to 120 days	Apply through Member Online at mol.gesb.wa.gov.au or complete our <b>'Insurance variation'</b> form	No

For a copy of our **'Insurance variation'** or **'Insurance application'** form, call your Member Services Centre on 13 43 72.

## How much does SCI cover cost?

The cost of SCI cover varies according to your age, gender, occupation category, amount of cover and waiting period selected. If you need to be assessed by the Insurer, they may also consider other factors.

Your premium is calculated using the equation on the right<sup>26</sup> and will be deducted from your super account each month.

$$\begin{array}{l}
 \text{Level of benefit (per \$1,000 of monthly benefit)} \\
 \times \\
 \text{Age and gender-based annual premium rate} \\
 \times \\
 \text{Occupation category factor} \\
 \times \\
 \text{Waiting period factor}
 \end{array}$$

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

<sup>26</sup> An additional premium loading may also apply depending on your application for extra insurance cover. For example, if you have a pre-existing medical condition.

# Example

Ben is aged 38 and earns \$80,000 a year as a Registered Nurse<sup>27</sup>. If Ben accepts the default basic level of cover of \$4,200 per month and the default waiting period of 90 days, his SCI premium would be calculated as follows:

	How many \$1,000s of cover	Age and gender-based premium rate for SCI	Occupation category factor for SCI	Waiting period factor	Annual premium <sup>28</sup>
<b>Reference</b>	Divide SCI cover amount per month by \$1,000	Annual premium rate from table 4, Column A	From table 5, page 20	From table 6, page 20	
<b>Ben's SCI total cover</b>	\$4,200 / \$1,000 = 4.2 per month	X 17.83	X 2.10	x 1.00	= \$157.26 (or \$13.11 per month)
<b>Fill in your details here</b>	\$ / \$1,000 = per month	x \$	x	x	= \$

**Table 4: Age and gender based annual premium rate for SCI (per \$1,000 monthly benefit)**

Your current age	Males		Females	
	Column A	Column B	Column A	Column B
15	11.04	16.56		
16	11.04	16.56		
17	11.04	16.56		
18	11.04	16.56		
19	11.04	16.56		
20	11.04	16.56		
21	11.04	16.56		
22	11.04	16.56		
23	11.04	16.56		
24	11.04	16.56		
25	10.73	16.10		
26	10.57	15.87		
27	10.57	15.87		
28	10.57	15.87		
29	10.89	16.32		
30	11.04	16.56		
31	11.48	17.23		
32	11.93	17.92		
33	12.56	18.82		
34	13.31	19.94		
35	14.21	21.30		
36	15.26	22.89		
37	16.48	24.71		
38	<b>17.83</b>	26.76		
39	19.51	29.25		
40	21.48	32.21		
41	23.75	35.59		
42	26.14	39.22		
43	29.01	43.53		
44	32.21	48.29		
45	35.97	53.96		
46	40.36	60.54		
47	45.20	67.78		
48	50.80	76.18		

Your current age	Males		Females	
	Column A	Column B	Column A	Column B
49	57.13	85.70		
50	64.24	96.37		
51	72.24	108.38		
52	81.32	121.97		
53	91.59	137.39		
54	102.49	153.71		
55	115.18	172.77		
56	129.38	194.09		
57	145.10	217.66		
58	162.79	244.19		
59	182.44	273.66		
60	204.05	306.09		
61	227.93	341.91		
62	252.58	378.87		
63	277.82	416.73		
64	152.79	229.20		

**Note:** the rate used for Ben's example has been highlighted in table 4.

The premium rates in table 4 are inclusive of stamp duty and GST. We reserve the right to review insurance premiums to ensure that the structure and level of premiums are appropriate. We will always inform you of any changes through [gesb.wa.gov.au](http://gesb.wa.gov.au) or through your member statement. We will give you at least 30 days' notice of any premium increases.

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

<sup>27</sup> Registered Nurses are classified as category 3 - Blue/Heavy Blue occupation, see table 5 on page 20.

<sup>28</sup> If you have extra insurance cover subject to a loading, the premium is calculated separately for the cover that is, and the cover that is not, subject to loading. For cover that is subject to a loading, the result needs to be multiplied by the loading.

**Table 5: Occupation category factors for Salary Continuance Insurance (SCI)**

Occupational categories	Salary Continuance Insurance
Category 1 - White collar occupations e.g. accounting clerks, office managers, physiotherapists, counsellors, secondary school teachers	1.00
Category 2 - Light blue collar occupations e.g. dental assistants, registered and qualified child care workers, qualified cooks	1.50
Category 3 - Blue and heavy blue collar <sup>29</sup> occupations e.g. electricians, commercial cleaners, registered nurses	<b>2.10</b>
Category 4 - Hazardous occupations e.g. police officers, fire fighters, prison officers	2.60
Category 5 - Professional and Executive, subject to meeting to meeting the eligibility criteria shown on page 6	0.90

**Table 6: Waiting period factors for Salary Continuance Insurance**

**Note:** the factor used for Ben's example on page 19 has been highlighted in this table.

Waiting period (in days)	Waiting period factor
30	3.20
60	1.85
90	<b>1.00</b>
120	0.90
180	0.80

### Reductions to the amount of SCI benefits payable

The benefit payable to you in relation to any injury or sickness will be reduced by any amount which is paid or required to be paid to you under:

- Workers' Compensation, social security, transport accident compensation or similar legislation in relation to the injury or sickness, or
- Other salary continuance or income protection benefits from other insurance companies, or
- Any eligible sick leave entitlements

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

<sup>29</sup> The following occupations, defined under the ASCO and/or ANZSCO occupation standards, are also limited to the hazardous restriction on the maximum SCI Amount Insured of \$4,200, although the Insurer provides basic cover for Death, TPD and SCI at category 3 – Blue and Heavy Blue Collar. 'Ambulance Officers and Paramedics', 'Blasting workers', 'Chemical, Gas, Petroleum and Power Generation Plant Operators', 'Chemical, Petroleum and Gas Plant Operators', 'Drillers', 'Drillers, Miners and Shot Firers', 'Forestry and Logging Workers', 'Guards and Security Officers', 'Miners', 'Mining Support Workers and Drillers Assistants', 'Power Generation Plant Operators', 'Seafarers and Fishing Hands', 'Timber and Wood Process Workers' and 'Travel Attendants'. 'Mining and Material Engineers' and 'Mining Engineers' are also limited to this hazardous restriction if any part of your role requires you to be in an underground mine at any time.

If you continue to receive any other income from your employer whilst receiving SCI benefits, these amounts will also offset any SCI benefit entitlements.

If any of these payments are in the form of a commuted lump sum, the value of these payments will be converted to an equivalent monthly payment deemed to be 1/60th of the lump-sum payment.

Other limits and conditions may apply to Salary Continuance Insurance (SCI). For more information or a copy of the Insurance Policy terms and conditions call your Member Services Centre on 13 43 72.

### Reasons why your insurance cover will cease

Your SCI cover will cease on the earliest of one of the following events:

- You turn age 65
- You cease to be a member of GESB Super or West State Super
- You die
- We receive your cancellation of cover (in writing)
- Your premium was not paid as a result of your account balance being insufficient (and remains unpaid)
- 120 days have elapsed since your last *SG contribution* was received
- The Insurance Policy is terminated by us or the Insurer

### Your monthly benefit

The maximum benefit payable is the lesser of:

- The *Amount Insured*, and
- At the *Date of Disability*:
  - 75% of your pre-disablement *Income* which excludes superannuation (SCI income), plus
  - The Superannuation Top-Up Benefit

Where a monthly benefit becomes payable, this will be paid at the end of each month that you're entitled to be paid. For a Total Disability Benefit for a part month, you will be paid 1/30th of the benefit for each day of disability.

### When your monthly benefit will cease

The SCI benefit will continue to be paid until the earliest of the:

- Expiry of the two year maximum benefit period
- Date you are no longer totally or partially disabled
- Date you turn 65 years old
- Date of your death

If you're receiving a Superannuation Top-Up Benefit, the payment will continue until the earlier of any of the above, or if any of the following occurs:

- You access part or all of your super benefit from your GESB Super or West State Super account for retirement purposes
- Your GESB Super or West State Super account is closed

## Superannuation Top-Up Benefit

Where your disablement occurs on or after 1 January 2009, the SCI benefit will provide a Superannuation Top-Up Benefit where your Amount Insured is greater than 75% of your pre-disablement income.

The amount of this Superannuation Top-Up Benefit is determined by age.


The Superannuation Top-Up Benefit will be preserved in your super and you will need to satisfy another condition of release to access this amount. For more information on super conditions of release, read our '**Accessing your super**' brochure available at [gesb.wa.gov.au/brochures](http://gesb.wa.gov.au/brochures).

The amount paid as the Superannuation Top-Up Benefit will be based on the difference between 75% of your pre-disablement income and the *Amount Insured*.

The amount is limited to a maximum of 75% or 25% of pre-disablement income - whichever is applicable based on age, as set out in the table below. Where the *Amount Insured* is less than 75% of your pre-disablement income, no Superannuation Top-Up Benefit will be paid.

Age	Top-up to super from SCI benefit
Under age 55	Up to an extra 75% of pre-disablement income
Age 55 and over	Up to an extra 25% of pre-disablement income

This Superannuation Top-Up Benefit is treated as a concessional contribution and will count towards your concessional contributions cap.

 For more information on these caps, see our '**Contributing to your super**' brochure at [gesb.wa.gov.au/brochures](http://gesb.wa.gov.au/brochures).

## Example

Jane is aged 44 and works full time. She has a basic level of cover of \$4,200 per month and her annual salary is \$62,000. If she was to become totally disabled and her claim for SCI cover was approved by the Insurer, she would receive a benefit paid as follows:

	Gross monthly benefit	How is this benefit paid
75% pre-disablement <i>Income</i> (75% of \$62,000/12)	\$3,875	Paid to Jane's bank account (less any tax)
Top-up to super	\$325	Paid as a Superannuation Top-Up Benefit to Jane's super account
<b>Total benefit paid</b>	<b>\$4,200</b>	

The maximum benefit payable in this example is \$4,200. The maximum Superannuation Top-Up Benefit allowed in this example is \$325 i.e. the difference between the SCI income and the *Amount Insured*.

## Claiming your SCI benefit

To claim against your SCI cover you must meet the definition of Total Disability or Partial Disability.

The definition is different depending on the hours you work in the 13 weeks immediately prior to you ceasing work as a result of Total Disability (see below).


You are able to make a claim as soon as you meet the medical requirements but there is a waiting period before you become entitled to receive a benefit payment approved by the Insurer. Benefits are payable monthly in arrears.

If you submit a claim relatively early in the waiting period, then the Insurer may ask you to provide more up-to-date medical information at the end of the waiting period to finalise their assessment.

You are permitted to return to work for up to five consecutive days (30-day waiting period) and up to ten consecutive days (for waiting periods greater than 30 days), without recommencing the waiting period. Any days worked during the waiting period will be added to the end of the relevant waiting period<sup>30</sup>.

If SCI benefits are payable to you and the same injury or sickness recurs within 12 months of a previous absence, no waiting period will apply. However, the recurrent claim will be deemed to be a continuation of the original claim. Any income payments will cease after a period of two years<sup>30</sup> (taking into account any previous payments made as part of the original claim). However, if the same injury or sickness recurs more than 12 months from a previous absence, the injury or sickness will be treated as a new claim and a new waiting period and benefit period will apply.

SCI benefits are assessed on your pre-disablement income, which is the average monthly income you earned over the 12 months prior to you becoming totally disabled. The 12-month period includes any periods of paid annual leave and unpaid leave.

 For more information, see our '**Understanding the insurance claims process**' fact sheet available at [gesb.wa.gov.au/factsheets](http://gesb.wa.gov.au/factsheets).

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

<sup>30</sup> See 'Your monthly benefit' on page 20.

## **Members working at least 0.4 FTE and working a minimum of 13 hours per week averaged over the 13 weeks immediately prior to the *Date of Disability***

### **Standard Total Disability definition:**

Total Disability means that solely as a result of injury or sickness you:

- Are unable to perform one or more important duties<sup>31</sup> of your own occupation, and
- Remain under the regular care, attendance and following the advice of a *Registered Medical Practitioner* in relation to that injury or sickness, and
- Are not engaged in any occupation, whether paid or unpaid

### **Standard Partial Disability definition:**

If you are assessed as being partially disabled, beyond the end of the waiting period, and have been totally disabled for at least seven out of 10 consecutive days, a Partial Disability benefit will be payable. Partial Disability means that solely due to the injury or sickness, which directly caused the Total Disability, you:

- Remain under the regular care, attendance and following the advice of a *Registered Medical Practitioner* in relation to that injury or sickness, and
- Are able to perform one or more important duties<sup>31</sup> of your own occupation, but unable to perform all of the duties, and
- Are earning an income from your own occupation or another occupation at a monthly rate of less than your pre-disability income, or are capable of working, whether paid or unpaid

The Insurer will notify you of the amount of the Partial Disability benefit payable.

## **Members who do not meet the requirement of working at least 0.4 FTE and working a minimum of 13 hours per week, averaged over the 13 weeks immediately prior to the *Date of Disability* and all *Sessional Employees*.**

### **Any Occupation Total Disability definition:**

Total Disability means that solely as a result of injury or sickness you:

- Have been incapacitated to such an extent as to render you unable to engage in your own occupation or any occupation for which you are reasonably suited by education, training and experience, and
- Remain under the regular care, attendance and following the advice of a *Registered Medical Practitioner* in relation to that injury or sickness, and
- Are not engaged in any occupation, whether paid or unpaid

### **Any Occupation Partial Disability definition:**

If you are assessed as being partially disabled, beyond the waiting period, and have been totally disabled for at least seven out of 10 consecutive days, a Partial Disability benefit will be payable. Partially disabled means that solely due to the sickness or injury which directly caused the Total Disability, you:

- Remain under the regular care, attendance, and following the advice of a *Registered Medical Practitioner* in relation to that sickness or injury, and
- Are able to perform one or more important duties<sup>31</sup> of your own occupation or any occupation for which you are suited by education, training and experience, but unable to perform all the duties, and
- Are earning an income from your own occupation or another occupation at a monthly rate of less than your pre-disability income, or are capable of working, whether paid or unpaid

The Insurer will notify you of the amount of the Partial Disability benefit payable.

## **Other things you need to know about SCI**

If you're on paid leave, your insurance cover and your *SG contributions* from your employer continue as normal.

If you go on leave without pay your SCI cover will continue for up to 24 months (from the time your period of leave commenced) subject to the continued payment of premiums. Regardless of this, your SCI cover will cease after 120 days of the last SG contribution from your employer, unless you make an election to us for your SCI cover to continue while on leave without pay. If it has been 75 days since we last received a SG contribution from your employer, we will attempt to contact you to remind you that you will need to make such an election for your SCI cover to continue.

You can apply to extend the period beyond 24 months, which is subject to approval by the Insurer.

If you suffer a partial or total disability during the period of leave without pay and the *Date of Disability* is within the 24 month period (or where an extension of cover beyond the 24 months is approved by the Insurer, within the extended period of leave approved by the Insurer), your pre-disablement income will be determined as the average monthly income you earned over the 12 months prior to you commencing leave without pay (or if you had been employed for less than 12 months, over your period of employment).

SCI benefits are assessed on your pre-disablement income, which is the average monthly income you earned over the 12 months prior to you becoming totally disabled (or if you have been employed for less than 12 months, over your period of employment). The 12-month period includes any periods of paid annual leave.

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

<sup>31</sup> An important duty is one that involves 20% or more of your overall tasks.

## You may be able to reinstate SCI cover that ceased during a period of leave without pay

From 1 July 2016, where your SCI cover has ceased due to us not receiving your employer contributions during a period of leave without pay, you will be able to apply to reinstate your SCI cover without assessment by the Insurer subject to the:

- Application being made prior to your approved return to work date from approved leave without pay
- Payment of premiums during the period of approved leave
- Provision of written evidence of the approved leave without pay when applying
- Agreed return to work date being within 24 months of going on leave without pay (or, where an extension was approved beyond the 24 months by the Insurer, within the extended period approved)

If your SCI cover has been reinstated as described above and you have not returned to work on the approved return to work date, your cover will cease 30 days after the approved return to work date (unless an employer contribution is received by us in respect of your account within thirty [30] days after your agreed return to work date). If this occurs, you will have to re-apply to the Insurer for any reinstatement of cover.

### Existing members whose cover increased on 1 July 2016

If your SCI cover increased on 1 July 2016 due to the new default amounts and you met the 'At Work' definition for 30 consecutive days immediately prior to 1 July 2016, your increased SCI cover is not subject to 'Limited Cover'.

If your SCI cover increased on 1 July 2016 due to the new default amounts and you did not meet the 'At Work' definition for 30 consecutive days immediately prior to 1 July 2016, your increased SCI cover is to 'Limited Cover' until such time as you are 'At Work' for 30 consecutive days.

**Note:** a different definition of *At Work* applied prior to 1 July 2016 and continues to apply to existing members as at that date in relation to SCI Cover for *Permanent Employees*, *Contractors* and *Sessional Employees* - see the definition of *At Work* on page 24.

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

32 Where you are enrolled in the Australian Defence Force Reserves, this exclusion only applies when you have been called up for active service.

## Exclusions

You will not be able to claim against your Salary Continuance Insurance if your disability is caused directly or indirectly from:

- Any intentional self-inflicted injury, attempted suicide or self-destruction while sane or insane, or
- Declared or undeclared war or any act of war, or
- Active service in the armed forces of any country or international organisation<sup>32</sup>, or
- Uncomplicated pregnancy, childbirth or miscarriage

Further exclusions may apply to Voluntary Cover for pastimes (e.g. parachuting) and/or medical reasons (e.g. for existing illness). Exclusions will be assessed by the Insurer if you apply for Voluntary Cover and you will be required to provide medical and/or other evidence.

🔍 For more information or for a copy of the Insurance Policy terms and conditions, contact your Member Services Centre on 13 43 72.



# Other things you need to know about Death, TPD and SCI cover

## Limited Cover

Your insurance cover is subject to *Limited Cover* if:

1. The first *SG contribution* from your employer is received by us more than 120 days after you commenced employment with them, or
2. You are employed on a casual basis and opt in for SCI cover, or
3. You received the automatic increase to your *SCI Amount Insured* on 1 July 2016 and you were not *At Work* for 30 consecutive days immediately prior to 1 July 2016. The extra cover is *Limited Cover* until you are *At Work* for 30 consecutive days, after which time the cover will no longer be *Limited Cover*

*Limited Cover* means insurance cover which applies only in respect of events or conditions which arise entirely after your insurance cover commenced.

Other than the *Limited Cover* which may apply as a result of an automatic increase to your *SCI Amount Insured* (described at item 3 above), *Limited Cover* will apply for two years from your insurance cover commencement date.

After two continuous years of *Limited Cover*, these restrictions will be removed, subject to you meeting the *At Work* criteria at the end of that two-year period, as defined in the Insurance Policy.

If the *At Work* criteria is not met after the two-year period, *Limited Cover* will continue to apply until you meet the *At Work* criteria.

Note: a different definition of *At Work* applied prior to 1 July 2016 and continues to apply to existing members as at that date in relation to SCI Cover for *Permanent Employees*, *Contractors* and *Sessional Employees* - see the definition of *At Work* below.

## At Work

You must be *At Work* on the day that your cover commences to be covered for Death, TPD and SCI cover.

For *Permanent Employees*, *Contractors* and *Sessional Employees*, *At Work* means you must be actively (or capable of) performing all the duties of your occupation with your *Participating Employer* and not receiving, or be entitled to receive, any form of income support benefits (including workers' compensation benefits, statutory transport accident benefits and disability income benefits). If you were not *At Work* on the day that your cover commenced, for reasons other than sickness or injury (for example, if you were on approved leave), you will be provided with full cover provided that:

- You were *At Work* on the day preceding the first day of your leave, and

- You were not disabled due to an event (e.g. sickness or injury) occurring on a date preceding the commencement date of your cover while on approved leave

If you were not *At Work* on the day that your cover commenced due to sickness or injury, you will be provided with *New Events Cover* from the commencement of your cover.

Full cover will be provided to you once you return to work and perform your normal duties and work hours for a period of three consecutive months.

For *Casual Employees*, *At Work* means on the date of signing the insurance application, the member is engaged in their full or normal duties and is working normal hours without limitation or restriction due to sickness or injury, or is capable of performing their full and normal duties on a full time basis for at least 30 hours per week, even though their employment may be on a casual basis, and the member is not in receipt of any and is not entitled to receive income support benefits (including workers' compensation benefits, statutory transport accident benefits and disability income benefits).

If you are a *Casual Employee* and do not meet the *At Work* criteria on the Insurance opt-in form, you are not eligible for basic cover.

Note: If you need to meet the definition of *At Work* under the SCI Policy in effect prior to 1 July 2018 and you were covered as a *Permanent Employee*, *Contractor* or *Sessional Employee*, you could only satisfy the definition of *At Work* if you were actively performing all the duties of your usual occupation with a *Participating Employer* (it is not sufficient if you were capable of performing these duties) and not in receipt of, or entitled to claim, any income support benefits from any source including (but not limited to) workers' compensation benefits, statutory transport accident benefits and disability income benefits.

## New Events Cover

*New Events Cover* means cover other than cover in relation to the medical condition or any directly or indirectly related conditions arising from sickness or injury, which caused the member to be not *At Work* on the date that their cover commenced.

## Travelling and working overseas

Cover will continue automatically for an unlimited period of time where you travel or work overseas, subject to the payment of your insurance premiums<sup>33</sup>.

In the event of a claim or where SCI benefits are being paid, the Insurer may require you to return to Australia at your own expense for medical treatment and assessment where you are overseas or traveling overseas.

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

<sup>33</sup> If you are on leave without pay, the period of cover for overseas travel is restricted to 24 months, unless otherwise agreed.



The Insurer will continue to consider a claim or pay SCI benefits if you intend to travel overseas, but must be advised in advance and approve of, any overseas travel. SCI benefits will be limited to 12 months unless you continuously reside in Australia, New Zealand, Sweden, the United Kingdom, the United States of America or in any other country to which the Insurer agrees in writing.

### Cover for non-Australian citizens

Cover is available to non-Australian citizens who are not permanent residents of Australia during their stay in Australia and meet other eligibility criteria. In the event of a claim, the Insurer reserves the right to request that the member remains in Australia for claims assessment.

### Privacy and your insurance

For information about your privacy relating to insurance arrangements with AIA Australia Limited, a full copy of AIA's privacy policy is available on their website at [aia.com.au](http://aia.com.au).

# Partial and Permanent Disablement benefits for West State Super members

## Eligibility

Your eligibility for a Partial and Permanent Disablement (PPD) benefit depends on a number of factors. To be eligible for the benefit you must:

- Have been employed or currently be employed in the WA public sector and have received an *SG contribution* from your employer to your West State Super account and ceased work due to disability
- Be less than 60 years of age
- Be a covered risk benefits member (as defined in the *State Superannuation Regulations 2001 [WA]*) who is an eligible statutory West State Super member, and
- Have never opted out of Death and/or TPD insurance cover
- Be able to satisfy the definition of 'partial and permanent disablement' in the *State Superannuation Regulations 2001 (WA)*

The definition of PPD is the physical or mental incapacity to the extent we consider you are, and until turning 60 will remain:

- Unable to perform your own duties, but
- Able to perform duties of another job (in the public or private sector) for which we consider you:
  - are suited by reason of education, training or experience, or
  - would be suited if retrained

You remain eligible for PPD benefits as defined in the WA State Superannuation legislation, if:

- At the time when you first suffered from the illness or injury, you were eligible for supplementary risk benefits (if any) provided by us

## How to calculate your level of benefit

Your maximum PPD lump-sum benefit (before tax) at any point in time is determined by your total super benefit plus your insured component.

Your Total Superannuation Benefit is the amount that has accumulated in your West State Super account over the life of your membership.

Your insured component is calculated using the following formula:

$$\frac{\text{MNS}}{12} \times 9.5\% \times R$$

- Where **MNS** is Months of Notional Service to age 60.
- Where **9.5%** represents the current *Superannuation Guarantee* amount.
- Where **R** is your Remuneration. This is calculated in accordance with the State Superannuation Regulations and discounted by the annual amount of the remuneration that we consider you have the capacity to earn after becoming disabled.

If we determine you are partially and permanently disabled for the purposes of the *State Superannuation Regulations 2001 (WA)*, and approve a PPD payment, your potential future earning capacity will be considered when determining the amount of Insured Component payable.

A PPD benefit will always be lower than a TPD benefit. The full formula used to calculate your benefit is detailed in the State Superannuation legislation.

For a PPD payment to be made, we must be satisfied that:

- You are permanently incapacitated from your normal duties, and
- You are capable of alternative duties of another job

If approved, the PPD payment would equal the balance in your account, plus a reduced insured component based on your assessed loss in income earning capacity. This insured component will depend upon our assessment of your income earning capacity, taking into account your education, work history, functional disability and other relevant factors. If you receive any other benefit in relation to the same illness or injury, the insured component may be reduced for the amount of that benefit. At a minimum, if we have approved the payment of a disability benefit, you are entitled to the balance in your account.

**Note:** for a definition of *italicised* terms, please refer to the glossary on page 27.

## Opting out of your insurance cover

By opting out of your entitlement to any cover for Death and/or TPD, you also opt out of any entitlements for PPD benefits specified in State Superannuation legislation.

Before opting out of part or all of your Death and/or TPD insurance cover, you should also be aware that if you wish to reinstate your insurance at a later date, it will be subject to the satisfactory completion of a full **'Insurance application'** form and any evidence requested by the Insurer. There is no automatic acceptance. You may wish to seek financial advice before making any changes to your insurance cover.

## Other information about the PPD benefit

### When your benefit ceases

Your PPD benefit ceases automatically on your 60th birthday or when you are no longer working in the WA public sector. It will only lapse at an earlier age if you go on leave without pay for more than two years.

### PPD benefits while you are on leave

If you're on paid leave, your entitlement to PPD benefits and your employer's contributions continue as normal. Your entitlement to a PPD benefit during a period of leave without pay will continue but will gradually decrease because it is calculated based on your average salary for the previous two-year period. After two years of leave without pay, your entitlement will cease.

### Claiming your PPD insurance benefit

If you make a claim against your insurance, the Insurer will make an assessment of your claim based upon the definition of TPD that applies to your cover. If your claim for a TPD benefit is declined, we will automatically assess your eligibility for a PPD benefit.

## When to apply

You should apply to be assessed for a PPD benefit within 12 months of ceasing work due to your disablement. After this time, we have discretion to accept or reject your claim.

# Making a complaint

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As a current or former member, you (or a person acting on your behalf), can make a complaint verbally or in writing.

You can:

- Call your Member Services Centre on 13 43 72
- Email [memberservices@gesb.com.au](mailto:memberservices@gesb.com.au)
- Write to: Member Services - Feedback, PO Box J 755, Perth WA 6842

We will call you or send you a letter or email to acknowledge your complaint. You'll be provided with a contact name and telephone number for one of our staff who you can talk to about any issues related to your complaint. In most cases, we'll be able to resolve your concern over the phone, or promptly if it's a written complaint.

We will try to resolve your complaint within 30 days. If you are not satisfied with the outcome, you can ask for an independent internal review.

If you are still not satisfied with the outcome, you have the right to appeal to an independent, external dispute resolution body established by the Commonwealth Government.

For details on our complaints process or complaining through the external dispute resolution body, please refer to the **'Resolving your complaint'** brochure. This is available at [gesb.wa.gov.au/brochures](http://gesb.wa.gov.au/brochures).

# Glossary

Some words in this document have special meaning in the Insurance Policies. Please note the defined terms in the Insurance Policies will supersede the information in the Product Information Booklets, and in this document.

Term	Explanation
<i>Amount Insured</i>	Means the amount certified from time to time by us as your Amount Insured.
<i>At Work</i>	<p>a) Permanent Employees, Contractors and Sessional Employees: means you are actively performing or capable of performing (if currently unemployed) all the duties of your usual occupation with the Participating Employer and is not in receipt of, or entitled to claim, any income support benefits from any source including (but not limited to) workers' compensation benefits, statutory transport accident benefits and disability Income benefits. If you do not meet these requirements you are correspondingly described as 'not At Work'.</p> <p>b) Casual Employees: means that on the day of signing the relevant form, you are:</p> <ul style="list-style-type: none"> <li>(i) engaged in your full and normal duties and is working normal hours without limitation or restriction due to sickness or injury, or</li> <li>(ii) capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week) even though your actual employment may not be on a full-time basis, and</li> <li>(iii) is not in receipt of and/or entitled to claim Income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits</li> </ul> <p>If you do not meet these requirements, you are correspondingly described as 'not At Work'.</p> <p><b>Note:</b> Definition of 'At Work' has changed over time, see 'Other things you need to know about Death, TPD and SCI cover – At Work' on page 24 for more information.</p>
<i>Casual Employee</i>	Means you are engaged by a Participating Employer if you are paid at an hourly rate and are not entitled to be paid annual leave or sick leave in your employment. This also includes any other person not defined as a Permanent Employee, Sessional Employee or Contractor.
<i>Contractor</i>	Means you have been provided a written contract of employment for a specific period by a Participating Employer and are entitled to be paid annual leave and sick leave.
<i>Date of Disability</i>	Means the day the Waiting Period commences.
<i>Full-Time Equivalent (FTE)</i>	Unit of measure to indicate workload of an employed person. An FTE of 1.0 is equivalent to a full-time workload, whilst an FTE of 0.5 is equivalent to half of a full-time workload. See also Minimum FTE definition on page 28.
<i>Incident Date</i>	<p>Means:</p> <ul style="list-style-type: none"> <li>a) For Death benefits - the date you die.</li> <li>b) For Terminal Illness benefits - the date you are certified as being Terminally Ill. The date of certification is the later of the dates that two Registered Medical Practitioners certify in writing that you are Terminally Ill.</li> <li>c) For TPD benefits: <ul style="list-style-type: none"> <li>(i) the date you suffer the total and irrecoverable loss of: <ul style="list-style-type: none"> <li>• Sight of both eyes, or</li> <li>• Use of two limbs<sup>34</sup>, or</li> <li>• Sight of one eye and use of one limb, or</li> </ul> </li> <li>(ii) the first day of the three consecutive month period as described in the Standard TPD Definition, and the Activities of Daily Living Definition.</li> </ul> </li> </ul>
<i>Income</i>	<p>Means:</p> <ul style="list-style-type: none"> <li>(a) if you are not self-employed: Income means your basic wage or income. Income includes your total remuneration package, salary and fees, but does not include bonuses, overtime earnings, mandated superannuation contributions, additional commissions and unearned income such as investment or interest income.</li> <li>(b) if you are self-employed, a working director or partner in a partnership: Income means the income generated by the business or practice due to your personal exertion or activities, less your share of necessarily incurred business expenses.</li> </ul>

34 Limb is defined as the whole hand or whole foot.

Term	Explanation
<i>Limited Cover</i>	Means insurance cover which applies only in respect of events or conditions which arise entirely after the date that your cover commences.
<i>New Events Cover</i>	Means cover other than cover in relation to the medical condition or any directly or indirectly related conditions arising from sickness or injury which caused you to be not At Work on the date that your cover commenced.
<i>Minimum FTE</i>	Means at least 0.4 Full-Time Equivalent (FTE), and is working a minimum of 13 hours per week for the Employer.
<i>Participating Employer</i>	Means an employer that is eligible to make contributions to GESB Super or West State Super.
<i>Permanent Employee</i>	Means you are permanently employed by a Participating Employer and are entitled to be paid annual leave and sick leave. A Board member is also to be considered to be a Permanent Employee.
<i>Registered Medical Practitioner</i>	Means a legally qualified and properly registered medical practitioner. It does not include you, your employer, an employee of your employer or your immediate family or business partner.
<i>Sessional Employee</i>	Means you are an employee, but not employed under a contract of employment, who is paid for undertaking work within a specific period or an ad hoc arrangement to meet varying agency needs for a Participating Employer.
<i>Superannuation Guarantee (SG) or SG contribution</i>	The compulsory rate (legislated by the Commonwealth Government) of contributions your employer must make to your super.
<i>State Superannuation Regulations 2001 (WA)</i>	Subsidiary legislation made under the <i>State Superannuation Act 2000 (WA)</i> .
<i>Terminal Illness or Terminally Ill</i>	Means: <ul style="list-style-type: none"> <li>a) Two Registered Medical Practitioners have certified, jointly or separately, that you suffer from an illness, or have incurred an injury that is likely to result in your death within a period (the certification period) that ends no more than 24 months after the date of the certification, and</li> <li>b) At least one of the Registered Medical Practitioners is a specialist practicing in an area related to your illness or injury, and</li> <li>c) For each of the certificates, the certification period has not ended</li> </ul> The Insurer reserves the right to validate the certifications from the two Registered Medical Practitioners.
<i>Waiting Period</i>	Means (subject to the General Condition in the SCI Policy that permits you to work for a specified number of days without the Waiting Period recommencing), the number of continuous days which must elapse before Salary Continuance Insurance benefits begin to accrue. The Waiting Period commences from the date you are first examined by a Registered Medical Practitioner as totally disabled in relation to a condition that gave rise to a claim and you ceased work, due to that condition.

Disclaimer: the information contained in this document is of a general nature and does not constitute legal, taxation or personal financial advice. In providing the information, we have not taken into account your objectives, financial situation or needs. We are not licensed to provide financial product advice. Before acting or relying on any of the information in this brochure, you should read this document in conjunction with the relevant Product Information Booklet and disclosure documents at [gesb.wa.gov.au/brochures](http://gesb.wa.gov.au/brochures), and consider whether the information is appropriate for you. You may also wish to consult a suitably qualified adviser to assist you.

## How to contact us

T Member Services Centre 13 43 72  
PO Box J 755, Perth WA 6842

F 1800 300 067

W [gesb.wa.gov.au](http://gesb.wa.gov.au)