



Group Income Protection

For Employees

Product Disclosure Statement
Date of Issue 1 January 2024

UPlus^U
by COVERFORCE

About this document

This Product Disclosure Statement (PDS) contains information about UPlus.

UPlus is an insurance product purchased by employers to provide benefits 24/7 for employees in the event of Sickness, Injury or Accidental Death, and to provide benefits that supplement certain workers compensation benefits.

The purpose of this document is to give you an overview of the UPlus terms and conditions and how UPlus operates. You should read this document carefully before purchasing UPlus and if you are unclear on any point you should contact Coverforce or seek independent advice.

To understand who this product has been designed for, and if this Product is likely to be consistent with your needs, objectives and financial situation, you can review the Target Market Determination which is available on Coverforce's website at coverforce.com.au/tmd, or you can request a free paper copy by contacting Coverforce.

UPlus and this PDS are issued and underwritten by AIA Australia Limited (ABN 79 004 837 861 AFSL 230043) (AIA Australia).

U-Plus Pty Ltd (ABN 60 164 305 284, 238874) is the owner of the Policy.

It is important to note that in the event of any inconsistency between the terms and conditions of the Policy and this PDS, the Policy terms prevail.

Contents

Welcome	2	When do benefit payments commence?	12
Important notes	3	How are Total Disability and Partial Disability benefits calculated?	12
About AIA Australia.....	3	When do disability benefit payments reduce?	12
About UPlus	3	Recurrent disablement	12
U-Plus Pty Ltd Administration.....	4	When do benefit payments cease?	13
How UPlus works	4	Recovery of overpaid amounts	13
How to complete the application form.....	4	What are the Policy exclusions?	13
Insurance cover options & Premium rates.....	6	Payment of Premiums	13
UPlus Standard Cover explained	8	What are your obligations?	13
UPlus Premium Cover explained	9	How your Total Disability benefit is calculated	14
Becoming a Participating Employer.....	10	Taxation.....	15
Commencement of cover.....	10	Risks	15
When does cover for eligible employees commence?	10	Subrogation	15
Reinstatement of cover.....	10	What if I change my mind?	15
When does cover cease?	10	U-Plus Privacy Statement	15
Geographical scope of cover.....	11	AIA Australia Privacy Statement	16
Claims.....	11	Duty to take reasonable care.....	18
Payment of benefits.....	12	Enquiries and Complaints	19
		Glossary	20

Welcome

Welcome to UPlus, a specifically tailored insurance product purchased by building and construction industry employers for their employees.

Established in 1994, UPlus provides building and construction industry employees with income protection insurance for Injuries, Sickness, Accidental Death as well as Workers Compensation Top-Up insurance in New South Wales, which complements lump sum awards made under the Workers Compensation Act (NSW) 1987.



Important notes

The information in this PDS is current at the time of issue.

We may amend the terms of this PDS from time to time. Amendments that do not adversely affect the benefits provided by UPlus will be advised through the UPlus website located at uplus.com.au.

You can obtain a paper copy of any updated information, free of charge, by contacting Coverforce.

This PDS is issued by AIA Australia. We are responsible for the form and content of this PDS. This PDS has been prepared without taking into account any persons' financial objectives, situations or needs. Nothing in this PDS constitutes financial product advice. Before acting on any information in this document you should consider seeking advice from an appropriately qualified specialist adviser.

About AIA Australia

AIA Australia is a leading life insurance specialist with 50 years' experience and a purpose to make a difference in people's lives.

The lives of more than 5.7 million Australians are protected and enhanced through AIA Australia's unique value proposition of life, health and wellbeing. Our vision is to embrace shared value in championing Australia to be the healthiest and best protected nation in the world.

We work closely with our partners to deliver real and relevant insurance products. And in offering a broad range of health and wellbeing services to its customers, partners and broader community, AIA is proudly helping people lead healthier, longer, better lives.

About UPlus

U-Plus Pty Ltd (U-Plus) (ACN 164 305 284) acts as Trustee for the U-Plus Trust (ABN 30 779 952 012). The U-Plus Trust is a joint venture between Coverforce Pty Limited (Coverforce) (ABN 31 067 079 261) and the Construction, Forestry, Maritime, Mining and Energy Union (CFMEU). Coverforce ranks among the largest Australian owned insurance brokers by revenue and has over 20 years experience in the administration of employee benefits like UPlus. Coverforce holds Australian Financial Services Licence (AFSL) number 238874 which permits it to provide financial product advice and to arrange, manage and administer life insurance products such as UPlus. U-Plus Pty Ltd as Trustee of the U-Plus Trust is authorised to deal and arrange insurance under the AFSL of Coverforce under Authorised Representative Number 441222.

In addition to the UPlus Policy, U-Plus Pty Ltd offers general insurance, life insurance and risk advice. This PDS deals specifically with the financial services U-Plus Pty Ltd provides in relation to UPlus. If you would like information on other U-Plus Pty Ltd products and services, please contact U-Plus Pty Ltd at the address on the back cover of this PDS or visit the UPlus website located at uplus.com.au.

U-Plus Pty Ltd Administration

U-Plus Pty Ltd outsources the administration of UPlus to Coverforce.

Coverforce on behalf of U-Plus will:

- > arrange your registration as a Participating Employer;
- > arrange the registration of your employees;
- > collect, allocate and remit insurance Premiums;
- > distribute and process all the relevant documentation necessary in arranging and administering your insurance including but not limited to Monthly Premium Statements, receipts for payment of Premiums, distribution to you of disclosure documentation such as a PDS and a copy of the Policy;
- > provide you with general advice regarding the Policy if requested;
- > manage and administer applications for claims;
- > manage and administer the ongoing claims process;
- > process payments for claims including the management and remittance of applicable taxes and any other statutory requirements;
- > issue PAYG summaries to claimants that have received benefits directly from us;
- > maintain and improve the technology used to administer UPlus; and
- > provide all necessary assistance to Participating Employers and Insured Person's.

How UPlus works

The UPlus structure

UPlus is a group insurance product issued by AIA Australia to U-Plus Pty Ltd under a single Policy.

Participating Employers acquire an interest in the Policy by completing an application form and paying monthly Premiums. Eligible employees that are nominated by a Participating Employer are insured through the UPlus Policy.

UPlus is not an investment product and is not designed to generate a return for any employee or employer.

Changes to UPlus

U-Plus Pty Ltd may from time to time negotiate changes in the Policy terms, scope of cover or Premiums payable, including the appointment of an alternative insurer if they believe that such changes are in the best interests of those Participating Employers and Insured Persons who have purchased UPlus. If there are any significant changes of this nature, U-Plus Pty Ltd will provide notice in writing to you before such changes come into effect.

Where the change relates to an increase in charges, U-Plus will provide you with at least thirty (30) days' written notice before the changes takes effect.

How to complete the application form

When completing the application form:

- > first, ensure you have read the PDS carefully;
- > make sure you nominate all eligible employees for cover. If you need to include more employees than the space allows, add extra pages;
- > use a black pen and write in BLOCK LETTERS;
- > read, sign and date the declaration;
- > do NOT send any payments by cash.

Who should sign the application form?

Only a person with the authority to enter into contracts on behalf of the Participating Employer's Company should sign the application form.

Send or fax your completed application form and payment for the initial Premium to:

Coverforce Pty Ltd

Locked Bag 5273,

Sydney NSW 2001

F 02 9223 1333

E admin@uplus.com.au



Insurance cover options & Premium rates

The Premium Rates specified in the following tables are applicable from 1 January 2024 and are subject to change in accordance with the Policy.

UPlus Standard Cover

Income benefit

- > Income benefit in relation to Total Disability or Partial Disability.
- > Workplace Injury or Sickness: Income Replacement Percentage of 85%, with a Benefit Cap of \$2,500 per week.
- > Non-Workplace Injury or Sickness: Income Replacement Percentage of 85% for Injury and 80% for Sickness, with a Benefit Cap of \$2,000 per week.
- > 10% Superannuation benefit, included within the Total Disability or Partial Disability benefit.
- > 30 day Waiting Period.
- > 2 year Maximum Benefit Period.

Additional benefits

- > Death benefit \$5,000.
- > Accidental Death benefit \$20,000.
- > Lump Sum Workers Comp Top Up benefit (*for Insured Persons working in NSW only*).

The 'Benefit Ceasing Age' for all benefits for Standard Cover is age 66.

Premium Rates

Premiums Rates are listed adjacent and subject to annual CPI (Sydney) increases. Rates in NSW include the Lump Sum Workers Comp Top-up benefit. Rates in each state are adjusted to account for stamp duty.

State	Total Premium (per person per month)
NSW	\$129.30
QLD	\$128.50
VIC, ACT, WA, NT	\$131.50
SA	\$132.00
TAS	\$129.00

Benefit effective date: The benefits stated apply to Injury or Sickness claims incurred after 1 January 2024.

UPlus Premium Cover

Income benefit

Income benefit:

- > Income benefit in relation to Total Disability or Partial Disability.
- > All Injury or Sickness: Income Replacement Percentage of 85%, capped at \$2,500 per week.
- > 10% Superannuation benefit, included within the Total Disability or Partial Disability benefit.
- > 21 day Waiting Period.
- > 2 year Maximum Benefit Period.
- > NB the Benefit Period is only 1 year for a claim which is the result of an Accident from age 66 onwards.

Additional benefits

- > Death benefit \$5,000.
- > Accidental Death benefit \$20,000.
- > Lump Sum Workers Comp Top Up benefit (*for Insured Persons covered under the NSW Workers Compensation Act only*).

The 'Benefit Ceasing Age' for all benefits for Premium Cover is age 70.

Premium rates

Premiums Rates are listed adjacent and subject to annual CPI (Sydney) increases. Rates in NSW include the Lump Sum Workers Comp Top-up benefit. Rates in each state are adjusted to account for stamp duty.

State	Total Premium (per person per month)
NSW	\$179.70
QLD	\$178.40
VIC, ACT, WA, NT	\$182.40
SA	\$182.20
TAS	\$179.10

Benefit effective date: The benefits stated apply to Injury or Sickness claims incurred after 1 January 2024.

Other Options

Enhanced Death benefit

- > Increase the benefit paid for any covered cause of death to \$25,000; or
- > Increase the benefit paid for any covered cause of death to \$50,000.

State	Death benefit (for any cause of death)	Additional Premium (per person per month)
ALL	\$25,000	\$3.50
ALL	\$50,000	\$5.50

Note: The Premium payable for the Enhanced Death benefit must be paid in addition to the Premium for either UPlus Standard or UPlus Premium Cover as described in the adjacent table.

Reduced Waiting Period

Note: this option is not available in relation to the Premium Cover.

To calculate the applicable Premium when reducing the Waiting Period simply multiply the total Premium for Standard Cover by the additional Premium loading in the adjacent table.

State	Waiting Period	Additional Premium loading (per person per month)
ALL	Decrease the Waiting Period from 30 days to 14 days	Premium x 1.75 or 75% loading
ALL	Decrease the Waiting Period from 30 days to 21 days	Premium x 1.50 or 50% loading

Mental Health benefit

Provides cover in relation to Mental Illness.

The Mental Health benefit is optional, and available at an additional cost, as outlined in the tables on page 8 and page 9.

State	Benefit	Additional Premium loading (per person per month)
ALL	Add Mental Health benefit	Premium x 1.30 or 30% loading

UPlus Standard Cover explained

The following table provides an explanation of the benefits provided under UPlus Standard Cover.

Benefit type	Description
Death benefit	Provides \$5,000 if an Insured Person dies.
Accidental Death benefit	Provides an additional \$20,000 on top of the \$5,000 Death benefit if an Insured Person dies as a result of an Accident. This benefit is only payable where benefits under any Workers Compensation Policy are not paid or payable in relation to the Accident.
Enhanced Death benefit	Provides \$25,000 or \$50,000 if an Insured Person dies. This benefit is payable instead of, not in addition to, the Death benefit and/or the Accidental Death benefit. The Enhanced Death benefit is optional, and available at an additional cost.
Total Disability and Partial Disability benefit	Provides a monthly benefit if an Insured Person becomes Totally Disabled and remains Totally Disabled continuously during the Waiting Period and immediately after the Waiting Period. For a benefit to be payable with respect to an Injury, the Total Disability must occur within thirty (30) days from the date of the Injury. If the Insured Person ceases to be Totally Disabled after the Waiting Period but remains Partially Disabled, this benefit will continue to be payable for as long as the Insured Person continues to be Partially Disabled or Totally Disabled. The benefit amount is calculated as follows: <u>Workplace Injury or Sickness</u> [85% x Income or \$2,500 (if lower)], minus Other Disability Income <u>Non-Workplace Injury or Sickness</u> Injury: [85% x Income or \$2,000 (if lower)], minus Other Disability Income Sickness: [80% x Income or \$2,000 (if lower)], minus Other Disability Income
Superannuation benefit	For periods of Total Disability or Partial Disability, the Superannuation benefit is 1/11th x the Total Disability or Partial Disability amount payable to the Insured Person. This amount is deducted from the Total Disability or Partial Disability benefit amount payable to the Insured Person and paid to the superannuation fund nominated by the Insured Person.
Lump Sum Workers Comp Top Up benefit (for Insured Persons covered under the NSW Workers Compensation Act only)	<u>Death benefit</u> Provides a single lump sum payment equal to 16% of the compensation paid under Part 3, Section 25(1) (a) of the NSW Workers Compensation Act, if an Insured Person dies as a result of a Workers Compensation Injury. <u>Permanent Injury benefit</u> Provides a single lump sum payment equal to: > 100% (for a single Workers Compensation Injury); or > 75% (for multiple Workers Compensation Injuries); of the permanent impairment compensation paid under Part 3, Section 66 of the NSW Workers Compensation Act in relation to a Permanent Injury of the Insured Person. This benefit is capped: > in the case of hearing loss, at \$3,000; and > in the case of back Injury, at \$6,000.
Cover Whilst Changing Jobs	Cover for an Insured Person continues for a period of up to twenty-one (21) days from the date the Insured Person ceases employment with you, provided the Insured Person has written evidence they have accepted a position with another employer prior to ceasing employment. The extended cover will cease on the later of: > twenty-one (21) days after the Insured Person ceases work for you; or > the end of the current paid up monthly insurance period. In all instances, such cover will cease on the date the Insured Person starts employment with their new employer. Where an Insured Person ceases work with you and they don't have another job to go to, their cover will end on the date their employment with you is terminated.
Mental Health benefit	Provides a Total Disability or Partial Disability benefit, where the relevant Sickness is a Mental Illness. Where an Insured Person makes a claim in relation to a Mental Illness, for benefit payments to continue after the first three (3) months of the Benefit Period, the Insured Person must: > continue to be Totally Disabled or Partially Disabled; > have been diagnosed with a Mental Illness as defined by DSM 5 (or subsequent iterations) (excluding those directly or indirectly related to alcohol and/or drug use) by a Medical Practitioner; and > continue to follow the reasonable and appropriate advice for treatment that represents best practice, recommended by a Medical Practitioner in relation to the Mental Illness that is the subject of the claim, in accordance with the most recent evidence based guidelines. The Mental Health benefit is only payable where the Insured Person's Mental Illness is a New Mental Health Event. This benefit is optional, and available at an additional cost.

UPlus Premium Cover explained

The following table provides an explanation of the benefits provided under UPlus Premium Cover.

Benefit type	Description
Death benefit	Provides \$5,000 if an Insured Person dies.
Accidental Death benefit	Provides an additional \$20,000 on top of the \$5,000 Death benefit if an Insured Person dies as a result of an Accident. This benefit is only payable where no workers compensation benefits are payable in relation to the Accident.
Enhanced Death benefit	Provides \$25,000 or \$50,000 if an Insured Person dies. This benefit is payable instead of, not in addition to, the Death benefit and/or the Accidental Death benefit. The Enhanced Death benefit is optional, and available at an additional cost.
Total Disability and Partial Disability benefit	Provides a monthly benefit if an Insured Person becomes Totally Disabled and remains Totally Disabled continuously during the Waiting Period and immediately after the Waiting Period. For a benefit to be payable with respect to an Injury, the Total Disability must occur within thirty (30) days from the date of the Injury. If the Insured Person ceases to be Totally Disabled after the Waiting Period but remains Partially Disabled, this benefit will continue to be payable for as long as the Insured Person continues to be Partially Disabled or Totally Disabled. The benefit amount is calculated as follows: <u>All Injury or Sickness</u> [85% x Income or \$2,500 (if lower)], minus Other Disability Income
Superannuation benefit	For periods of Total Disability or Partial Disability, the Superannuation benefit is 1/11th x the Total Disability or Partial Disability amount payable to the Insured Person. This amount is deducted from the Total Disability or Partial Disability benefit amount payable to the Insured Person and paid to the superannuation fund nominated by the Insured Person.
Lump Sum Workers Comp Top Up benefit (for Insured Persons covered under the NSW Workers Compensation Act only)	<u>Death benefit</u> Provides a single lump sum payment equal to 16% of the compensation paid under Part 3, Section 25(1) (a) of the NSW Workers Compensation Act where an Insured Person dies as a result of a Workers Compensation Injury. <u>Permanent Injury benefit</u> Provides a single lump sum payment equal to: > 100% (for a single Workers Compensation Injury); or > 75% (for multiple Workers Compensation Injuries); of the permanent impairment compensation paid under Part 3, Section 66 of the NSW Workers Compensation Act in relation to a Permanent Injury of the Insured Person. This benefit is capped: > in the case of hearing loss, at \$3,000; or > in the case of back Injury, at \$6,000.
Cover Whilst Changing Jobs	Cover for an Insured Person continues for a period of up to twenty-one (21) days from the date the Insured Person ceases employment with you, provided the Insured Person has written evidence they have accepted a position with another employer prior to ceasing employment. The extended cover will cease on the later of: > twenty-one (21) days after the Insured Person ceases work for you; or > the end of the current paid up monthly insurance period. In all instances, such cover will cease on the date the Insured Person starts employment with their new employer. Where an Insured Person ceases work with you and they don't have another job to go to, their cover will end on the date their employment with you is terminated.
Mental Health benefit	Provides a Total Disability or Partial Disability benefit, where the relevant Sickness is a Mental Illness. Where an Insured Person makes a claim in relation to a Mental Illness, for benefit payments to continue after the first three (3) months of the Benefit Period, the Insured Person must: > continue to be Totally Disabled or Partially Disabled; > have been diagnosed with a Mental Illness as defined by DSM 5 (or subsequent iterations) (excluding those directly or indirectly related to alcohol and/or drug use) by a Medical Practitioner; and > continue to follow the reasonable and appropriate advice for treatment that represents best practice recommended by a Medical Practitioner in relation to the Mental Illness that is the subject of the claim, in accordance with the most recent evidence based guidelines. The Mental Health benefit is only payable where the Insured Person's Mental Illness is a New Mental Health Event. This benefit is optional, and available at an additional cost.

Becoming a Participating Employer

You can become a Participating Employer when you send Coverforce your completed application. The application contains information relating to each eligible employee for whom you wish to obtain cover accompanied with the first Premium or a deposit Premium. Upon receipt of the completed application Coverforce will advise you in writing whether your application is accepted.

Commencement of cover

Eligible employees

To become an Insured Person, an employee must meet the 'Eligibility Criteria' and be nominated for cover by you.

Employees who meet the Eligibility Criteria are employees who are:

- a. an Australian Resident;
- b. at least:
 - i. 15 years old and not more than 65 years old in relation to Standard Cover; or
 - ii. 15 years old and not more than 69 years old in relation to Premium Cover;
- c. employed by you; and
- d. covered by a Workers Compensation Policy.

The Insured Person must also be At Work for cover to start.

If the Insured Person is not At Work because they are on leave (for reasons other than Injury or Sickness), they will be considered to be At Work .

Where a person is not At Work , cover will not commence for that person until he or she has resumed work and is performing all the normal duties of their usual occupation without restriction.

You must nominate for cover all employees who meet the Eligibility Criteria.

When does cover for eligible employees commence?

Nominated employees who meet the Eligibility Criteria, who are At Work and are employed by you on the date you are accepted as a Participating Employer are covered from that date.

Nominated employees who meet the Eligibility Criteria, are At Work and who commence employment after that date are covered from the date they commence employment.

For cover to start for any employee who meets the Eligibility Criteria and is At Work, the following must occur within ninety (90) days of the date you become a Participating Employer, or the date the employee starts employment with you (if later):

- a. a fully completed application form is received by Coverforce;
- b. employee data reasonably requested by Coverforce in relation to the relevant employee is received in a format acceptable to Coverforce; and
- c. premiums are paid in relation to the relevant employee.

Despite the paragraphs above, where these conditions do not occur within ninety (90) days, cover for the relevant employee will begin on the date on which the above has occurred.

Please note: all employees who meet the Eligibility Criteria must be nominated for cover.

Reinstatement of cover

Where cover has ceased due to non-payment of Premiums, you may apply to us in writing to reinstate cover for a person who meets the Eligibility Criteria and is At Work.

Reinstatement of cover is subject to our requirements and approval.

If we agree to reinstate cover, cover will recommence from the date of our approval, and will be subject to Premium payments from that date.

When does cover cease?

Ceasing to be a Participating Employer

If you no longer wish to be a Participating Employer, you may terminate the cover at any time by advising Coverforce in writing. If cover ceases, you must still submit final monthly payroll information following the termination of cover and Coverforce will use this information to calculate your final Premium payment.

Cancellation of cover

We may cancel or avoid the cover under the Policy where permitted by law. For example, we may do so where:

- a. you or the Insured Person have made a misrepresentation to us in applying for cover, or have failed to comply with a provision of the Policy, including the terms relating to payment of Premium; or
- b. you or the Insured Person have made a fraudulent claim under the Policy.

If the Policy is cancelled, we may deduct a pro rata proportion of the premium for time on risk, and any government taxes or duties we cannot reasonably recover.

When does cover for an Insured Person cease?

Cover for an Insured Person ceases on the earliest date on which:

- a. the Insured Person ceases to satisfy the Eligibility Criteria;
- b. the date the Insured Person reaches age:
 - i. 66 in relation to Standard Cover; or
 - ii. 70 in relation to Premium Cover;
- c. the Insured Person ceases to be covered under a Workers Compensation Policy;
- d. where the Premium has not been paid by the Due Date, the end of the cover period for which the last Premium was received by Coverforce;
- e. the Insured Person ceases to be employed by you, or Cover Whilst Changing Jobs ceases;
- f. you cease to be a Participating Employer
- g. the Insured Person dies; or
- h. the Policy is terminated.

Geographical scope of cover

Cover is provided with respect to Injury, Sickness or death that arises when the Insured Person is located:

- a. in Australia; or
- b. outside Australia, but only if the Insured Person is located outside Australia temporarily (e.g. while on holiday) when the Injury, Sickness or death occurs.

Diagnosis of the Injury, Sickness or death must occur in Australia and we also require evidence that the death (if applicable) is recognised in Australia.

Claims

Proof of Claim

You and the Insured Person must notify Coverforce and us as soon as possible if you become aware that an Insured Person may wish to make a claim. You can notify Coverforce and us by phone, email or in writing.

You and the Insured Person must provide Coverforce and us with all the initial information and documentation that we may, acting reasonably, require in order to consider the claim.

This initial information will include:

- a. a completed claim form – with all three parts fully completed:
 - Part A – Insured Person Statement;
 - Part B – Medical Practitioner Statement;
 - Part C – Employer Statement;
- b. medical evidence and reports from the Insured Person's treating Medical Practitioners;
- c. a copy of the Insured Person's job description;
- d. records of the Insured Person's Income, attendance and duties with you; and
- e. a certified copy of the death certificate (if relevant).

We are not responsible for any expenses incurred in providing this initial information.

After we have received the initial information, we may, acting reasonably request further information or assessments before we can determine a claim. This may include, but is not limited to, the Insured Person:

- a. attending medical examinations by a Medical Practitioner;
- b. attending a meeting with our representative;
- c. undertaking functional capacity tests; and
- d. undertaking vocational assessments.

Any of the additional assessments or investigations requested after the initial information has been provided are at our cost.

Any of the above initial or further information may be reasonably requested by us at any time in order to assess an Insured Person's continued eligibility for benefits.

To assess a claim, we may require information from third parties for which we require the consent of either the Insured Person or a related party. If this consent is withheld, we may not be able to accept the claim.

For each claim, we will agree with the Insured Person how often we need to be provided with updates. How often we ask for updates and what information we will need will depend on the type of condition the Insured Person has.

You and/or the Insured Person must authorise the Insured Person's Workers Compensation insurer to supply Coverforce and us with any information that is required to determine any claim. You or the Insured Person can do this in the relevant part of the claim form.

Payment of benefits

Benefits are paid by us. Coverforce ensures that these benefits are directed to the appropriate recipient, as outlined below.

Death benefits are payable to the nominated beneficiary or the estate of the deceased person.

All other benefits are paid to the Insured Person, unless payment to the Insured Person is not possible, or you request otherwise, in which case benefits will be paid to you.

When do benefit payments commence?

Total Disability benefits will commence once we admit liability and the Insured Person remains Totally Disabled continuously during the Waiting Period and immediately after the Waiting Period has ended.

Partial Disability benefits will commence once we admit liability and the Insured Person:

- a. remains Totally Disabled continuously during the Waiting Period and immediately after the Waiting Period the Insured Person is Partially Disabled; or
- b. the Insured Person is in receipt of a Total Disability benefit but remains Partially Disabled.

If, during the Waiting Period, the Insured Person returns to employment for five (5) days or less, then those days for which the Insured Person was employed will be added to the Waiting Period.

If, during the Waiting Period, the Insured Person returns to employment for more than five (5) days, then the Waiting Period will recommence.

How are Total Disability and Partial Disability benefits calculated?

The amount of the Total Disability and Partial Disability benefit will be calculated as outlined in the applicable table on page 8 and page 9.

If we are paying a Total Disability or Partial Disability benefit to an Insured Person who is in receipt of Statutory Benefits and the Insured Person agrees to redeem or commute their Statutory Benefits entitlement to a lump sum payment with an insurer or authority, then we will treat the commutation or redemption payment as Other Disability Income and offset it accordingly for the number of weeks that the commutation or redemption payment represents the payment of Statutory Benefits to the Insured Person. The number of weeks will be determined by dividing the commutation payment by the weekly Statutory Benefit that was paid to the Insured Person immediately before the commutation or redemption.

Benefits are paid fortnightly in arrears.

If a benefit is payable for less than a whole fortnight (14 days), we will pay 1/14th of the fortnightly amount for each day the benefit is payable.

When do disability benefit payments reduce?

We will reduce any Total Disability Benefit or Partial Disability benefit payable for an Insured Person by the amount of any Other Disability Income received by them in respect of the period of Total Disability or Partial Disability.

Where an Insured Person is Partially Disabled and elects not to return to partial employment, we may estimate the amount of Other Disability Income they would have received based on their capacity to earn. Our liability in respect of the claim will be reduced by the amount that fairly represents the extent to which we have been prejudiced as a result of that election to not return to partial employment.

The Insured Person must undertake any treatment recommended by a treating Medical Practitioner and continue to do so during the currency of any period of Total Disability or Partial Disability. If the Insured Person fails to seek or follow medical advice or treatment or a rehabilitation programme for the relevant Injury or Sickness, our liability in respect of the claim will be reduced by the amount that fairly represents the extent to which our interests have been prejudiced as a result of that failure.

Recurrent disablement

If within six (6) months after the cessation of Total Disability or Partial Disability benefit payments, the Insured Person again becomes Totally Disabled or Partially Disabled due to the same or a related Injury or Sickness, we will waive the Waiting Period and regard the Total Disability or Partial Disability as a continuation of the previous claim. The Benefit Period will be reduced by the period over which benefit payments were previously made.

Where Total Disability or Partial Disability benefits have been paid in respect of an Insured Person and where Total Disability or Partial Disability recurs from the same or a related cause or causes at least six (6) months after the cessation of benefit payments, we will not pay any further benefits under this Policy unless, prior to the commencement of the second claim, where the Insured Person:

- a. returned to work for at least six (6) months working an average of at least twenty (20) hours per week over eighteen (18) weeks of the twenty four (24) weeks immediately prior to the recommencement of Total Disability or Partial Disability; or
- b. returned to work for at least six (6) months but is in our opinion not capable, due solely to the same or related cause, of working an average of at least twenty (20) hours per week over eighteen (18) weeks of the twenty four (24) weeks immediately prior to the recommencement of Total Disability or Partial Disability.

In both instances where benefits are reinstated, a Waiting Period will be applied.

If a Total Disability or Partial Disability benefit has been paid for any one Injury or Sickness for less than the Maximum Benefit Period, then the Total Disability or Partial Disability benefit payable will only be payable for the balance (if any) of the Maximum Benefit Period.

When do benefit payments cease?

Benefits will cease at the earliest of when:

- a. the Insured Person is no longer Totally Disabled or Partially Disabled;
- b. the Maximum Benefit Period ends;
- c. the Insured Person reaches the Benefit Ceasing Age of:
 - 66 in relation to Standard Cover; or
 - 70 in relation to Premium Cover; or
- d. the Insured Person dies; or
- e. where cover for the Mental Health benefit has been obtained by the Participating Employer, in accordance with the end of the Mental Health benefit terms.

If an Insured Person suffers Total Disability or Partial Disability whilst residing or travelling outside Australia, the payment of benefits will cease six (6) months after the date the Insured Person was deemed Totally Disabled or Partially Disabled, unless the Insured Person has permanently returned to Australia.

Recovery of overpaid amounts

Where you or an Insured Person have been paid an amount under the Policy which we are entitled to reduce under applicable legislation, you or the Insured Person will be liable to repay the full amount of any overpayment to us.

What are the Policy exclusions?

No benefit is payable where the Injury or Sickness which is the cause of the claim is in relation to or caused directly or indirectly by:

- a. an Injury or Sickness which an Insured Person suffered from prior to their cover starting under this Policy or the Previous Policy;
- b. if on the date covered should have started for an Insured Person, they were not At Work;
- c. intentional self-inflicted Injury or Sickness;
- d. uncomplicated pregnancy or childbirth;
- e. war or acts of war whether declared or not, hostilities or rebellion, civil war, revolution, insurrection, military or usurped power, invasion, or act of a foreign enemy;

- f. service in the armed forces of any national or international organisation including active service and training exercises within national or international armed reserve units; or
- g. the Insured Person is suffering from a Mental Illness (*this clause (g) does not apply if the Mental Health benefit has been selected*).

If the Mental Health benefit applies, and the cause of the claim is a Mental Illness, benefits are only payable in relation to New Mental Health Events.

Payment of Premiums

Premiums must be paid monthly in advance to Coverforce by the Due Date specified in the Monthly Premium Statement.

If Premiums are not received by the Due Date, cover for your employees who are Insured Persons will cease on the expiry of the month for which the last Premium was paid.

Each month Coverforce will send you a Monthly Premium Statement. The Monthly Premium Statement will generally be sent seven (7) days prior to the commencement of each month.

The Monthly Premium Statement sets out:

- > Insured Persons covered under UPlus;
- > period of coverage;
- > type of coverage;
- > amount of Premium due for the coming month;
- > the Due Date for payment;
- > a payment form; and
- > an adjustment form.

If a premium becomes payable in respect of an Insured Person while a benefit that is not a lump sum benefit is payable, we will waive the premium applicable to the Insured Person for the period during which the Insured Person is receiving a benefit.

In certain circumstances, we may also alter the premiums payable under the Policy.

What are your obligations?

As a Participating Employer, you must nominate all employees who satisfy the Eligibility Criteria and pay all Premiums by the Due Date.

If you fail to satisfy the above conditions cover for an Insured Person(s) will cease. In addition, Coverforce will be entitled to:

- > end a Participating Employer's participation under the Policy and the cover of the Participating Employer's employees that are Insured Persons will end on the expiry of the period of insurance for which Premium has been paid; or
- > refuse to submit any claim to us, arising under the Insured Person's cover or reduce any benefit payable by the amount of Premium overdue with respect to the Insured Person.

You must notify Coverforce of any changes to the information that has been supplied to Coverforce in relation to any Insured Person within thirty (30) days of the change(s) occurring.

You must maintain records of Insured Persons' details, including their names, addresses, dates of birth, occupations, Income, dates of commencement and cessation of cover and employment, and other matters relevant to the Policy and must provide us or Coverforce with such details when reasonably requested.

You must allow U-Plus/Coverforce and us, upon reasonable notice and during normal office hours, to conduct an audit of any records you hold which are connected with the Policy. We may make copies of any relevant records and take them away. We may exercise this right regardless of the termination of the Policy for two years after termination or until final settlement of all claims made under the Policy, whichever is the later.

On the date the Participating Employer ceases to be a Participating Employer under the Policy, our liability is limited to the benefits that we are paying or which are payable in respect of that Insured Person for the month in which the Participating Employer ceased to be covered.

Acceptance of any Premium after the Due Date will not be construed as a waiver of this condition.

How your Total Disability benefit is calculated

(two examples)

Example 1: A workplace Injury

Adjacent is an example of the UPlus benefit payable to an Insured Person who sustains a Workplace Injury or Sickness and suffers Total Disability for the duration of the Benefit Period. The Insured Person has an Income of \$1,800.00 gross per week. In this example the employee receives \$995.00 gross per week in workers compensation benefits and is receiving no other income or similar payments. If workers compensation benefits reduce or other payments change further, UPlus benefits will change accordingly.

Average pre-injury Income	\$1,800.00 per week
85% of average pre-injury Income	\$1,530.00 per week
Less workers compensation benefit	\$995.00 per week
Total UPlus benefit	\$535.00 per week
Less Superannuation benefit (1/11th of total benefit above) (paid to employee's nominated superannuation fund)	\$48.64 per week
Gross income benefit paid to Insured Person	\$486.36 per week

Benefits are calculated daily at 1/7th of the weekly benefit and are paid fortnightly in arrears.

Example 2: Injury outside of the workplace

Adjacent is an example of the UPlus benefit payable to an Insured Person who sustains an Injury outside of the workplace and suffers Total Disability for the duration of the Benefit Period. The employee has an Income of \$1,800.00 gross per week. In this example the employee does not receive workers compensation nor any other income replacement or similar benefits.

Average pre-injury Income	\$1,800.00 per week
85% of average pre-injury Income	\$1,530.00 per week
Total UPlus benefit	\$1,530.00 per week
Less Superannuation benefit (1/11th of total benefit above) (paid to employee's nominated superannuation fund)	\$139.09 per week
Gross income benefit paid to Insured Person	\$1,390.91 per week

Benefits are calculated daily at 1/7th of the weekly benefit and are paid fortnightly in arrears.

Taxation

Generally:

- > Premiums are tax deductible for the Participating Employer.
- > Lump sum Workers Comp Top Up benefits are not assessable income for the Participating Employer or the Insured Person.
- > Death benefits are assessable to the Participating Employer, but the payment of this benefit to an Insured Person would be deductible, so the tax effect is neutral.
- > Total Disability benefits are assessable income.

This description is based on our understanding of the taxation laws at the time of this PDS. This description may be subject to change and may not apply to your situation. If there are any issues relating to taxation that you are unsure of, you should seek professional advice as to your individual situation.

Risks

Non-payment of Premiums will result in the cancellation of your cover. If your cover is cancelled due to non-payment of premiums, your employees will not be covered in the event of death, Injury or Sickness.

In addition, this cover may not exactly match the terms set out in your relevant enterprise agreement.

This can result in an inadvertent breach of an award or enterprise agreement. Neither U-Plus nor AIA Australia are liable for any such breach.

UPlus does not provide comprehensive cover. There are limits to its cover, as stated in this PDS, limiting liability to either 80% or 85% of an Insured Person's Income and a cap on maximum benefits.

You and your employees should consider whether to take out other insurance cover in addition to this product.

If you fail to insure an employee who meets the Eligibility Criteria, they will not be covered, and will not have a right to make a claim in the case of an Injury, Sickness or their death.

Subrogation

If we pay a benefit to indemnify an Insured Person for any loss under the Policy, we may have and we may exercise our right to take action or commence proceedings in the Insured Person's name to recover from any person who may be legally liable for that loss. Both U-Plus and the Insured Person must provide reasonable assistance to us in pursuing any such action or proceedings.

If the Insured Person brings a claim in their own name against another person arising out of the insured event giving rise to indemnity under this Policy and the Insured Person is successful in recovering against the other person then the Insured Person will repay to us out of any such amount they are awarded for their loss for the same period during which the Insured Person received benefits under this Policy. We will provide reasonable cooperation to the Insured Person or their legal advisers in bringing any such action.

What if I change my mind?

You may cancel your cover within twenty-one (21) days of the date Coverforce confirm acceptance of you as a Participating Employer. This is known as the cooling-off period. If you cancel during this period, we will refund all premiums. To cancel your cover during the cooling-off period, please contact Coverforce in writing using the details shown on the back cover of this PDS.

You may not exercise your right to cancel the cover where you have exercised another right under the Policy, such as making a claim.

U-Plus Privacy Statement

In this section 'you/your' means an Insured Person, a person eligible for cover, the Participating Employer or Potential Participating Employer or the Policy Owner as the context indicates. 'We' means U-Plus.

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs including purchasing insurance on your behalf and processing of your insurance claims. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors, solicitors medical providers, the trustees of a superannuation fund that you are a member of and claims administrators).

Your information may be given to an overseas insurer (like Lloyd's of London) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We will tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you don't provide us with full information, we are not able to properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty to take reasonable care.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, you can access a copy of our Privacy Policy on our website uplus.com.au or alternatively contact our Privacy Officer on **02 9376 7888**.

AIA Australia Privacy Statement

In this section 'you/your' means an Insured Person, a person who meets the Eligibility Criteria, the Participating Employer or Potential Participating Employer and/or the Policy Owner as the context indicates.

This section summarises key information about how AIA Australia handles personal information including sensitive information. For further information, please review the most up to date full version of the AIA Australia Group Privacy Policy on AIA Australia's website at www.aia.com.au, as updated from time to time (AIA Australia Privacy Policy).

Your privacy is important to us and AIA Australia and we are both bound by the Privacy Act, and other laws which protect your privacy. AIA Australia Group consists of AIA Australia Limited, AIA Financial Services Limited, The Colonial Mutual Life Assurance Society Limited, CMLA Services, Jacques Martin Pty Ltd, Jacques Martin Administration and Consulting Pty Ltd, AIA Group and their related bodies corporate and joint venture partners (together referred to as "**AIA Australia**", "**we**", "**us**" and "**our**").

Together, we provide you the following notification and information about AIA Australia's Privacy Policy and your rights.

Why AIA Australia collects Personal Information

AIA Australia collects, uses and discloses personal and sensitive information ("**Personal Information**") for purposes set out in the AIA Australia Privacy Policy, including to process applications for AIA Australia's products and services (including products AIA Australia distribute), to assist with enquiries and requests in relation to AIA Australia's products and services (including products AIA Australia distributes), for underwriting and reinsurance purposes, to administer, assess and manage your products and services, including claims, to understand your needs, interests and behaviour and to personalise dealings with you, to provide, manage and improve AIA Australia's products and services, to maintain and update

AIA Australia's records, to verify your identity and/or authority to act on behalf of a customer, to detect, manage and deal with improper conduct and commercial risks, for reporting, research and marketing purposes, to otherwise comply with local and foreign laws and regulatory obligations, and for any other purposes outlined in AIA Australia's Privacy Policy.

The reasons why AIA Australia collect, use and disclose Personal Information may vary depending on the product, services or other circumstances in which you have engaged with AIA Australia. Where you agree or AIA Australia is otherwise permitted by law, AIA Australia may contact you on an ongoing basis by email, phone and otherwise, with offers and other promotional information about products or services AIA Australia think may interest you. If you do not wish to receive these direct marketing communications you may indicate this where prompted or by contacting AIA Australia as set out in AIA Australia's Privacy Policy.

How AIA Australia collects, uses and discloses Personal Information

AIA Australia may collect your Personal Information from various sources including forms you submit and AIA Australia's records about your use of AIA Australia's products and services and dealings with AIA Australia, including any telephone, email and online interactions. AIA Australia may also collect your information from public sources, social media and from the parties described in AIA Australia's Privacy Policy. AIA Australia is required or authorised to collect Personal Information under various laws including the Life Insurance Act, Insurance Contracts Act, Corporations Act and other laws set out in AIA Australia's Privacy Policy. Where you provide AIA Australia with Personal Information about someone else, you must have their consent to provide their Personal Information to AIA Australia in the manner described in AIA Australia's Privacy Policy.

AIA Australia may collect your Personal Information from, and exchange your Personal Information with, AIA Australia's related bodies corporate including without limitation, joint venture partners and third parties, including the life insured, policy owner or beneficiaries of your insurance policy, AIA Australia service providers or contractors, your intermediaries (including without limitation, your financial adviser and the Australian Financial Service Licensee they represent, the distributor of your insurance policy, the trustee or administrator of your superannuation fund, your employer, unions of current and former staff members of AIA Australia (including contractors) medical professionals or anyone acting on your behalf including any other representative or intermediary) ("**Representatives**"), your employer, bank, medical professional or health providers, partners used in AIA Australia's activities or business initiatives (including if relevant to your policy, the Commonwealth Bank of Australia), AIA Australia's distributors, clients, and reinsurers, private health insurers (including MO Health Pty Ltd) and their contractors and agents, other insurers including worker's compensation insurers, authorities and their agents, other super funds, trustees of those super funds and their agents, regulatory and law enforcement agencies, other bodies that administer applicable industry codes, and other parties as described in AIA Australia's Privacy Policy.

Where AIA Australia provides your Personal Information to a third party, the third party may collect, use and disclose your Personal Information in accordance with their own privacy policy and procedures. These may be different to those of AIA Australia.

Parties to whom AIA Australia discloses Personal Information may be located in Australia, South Africa, the United States, the United Kingdom, Europe, Asia and other countries including those set out in AIA Australia's Privacy Policy. If the Financial Services Council Life Code of Practice ("**Code**") applies to the insurance cover AIA Australia provides to you, AIA Australia will comply with the Code when AIA Australia collects, uses and discloses your Personal Information.

Other important information

By providing information to AIA Australia or your Representatives, the trustee or administrator of a superannuation fund, submitting or continuing with a form or claim, or otherwise interacting or continuing your relationship with AIA Australia directly or via an intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of Personal Information in the manner described in AIA Australia's Privacy Policy on AIA Australia's website as updated from time to time, and that you have been notified of the matters set out in the AIA Australia Privacy Policy before providing Personal Information to AIA Australia. You agree that AIA Australia may not issue a separate notice each time Personal Information is collected.

You must obtain and read the most up to date version of the AIA Australia Privacy Policy from AIA Australia's website at www.aia.com.au or by contacting AIA Australia on 1800 333 613 to obtain a copy. You have the right to access the Personal Information AIA Australia holds about you, and can request the correction of your Personal Information if it is inaccurate, incomplete or out of date.

Requests for access or correction can be directed to AIA Australia using the details in the 'Contact AIA Australia' section below. AIA Australia's Privacy Policy provides more detail about AIA Australia's collection, use (including handling and storage), disclosure of Personal Information and how you can access and correct your Personal Information, make a privacy related complaint and how AIA Australia will deal with that complaint, and your opt-out rights. Always ensure you are reviewing the most up-to-date version of AIA Australia's Privacy Policy as published on AIA Australia's website.

For the avoidance of doubt, the AIA Australia Privacy Policy applicable to the management and handling of Personal Information will be the most current version published at www.aia.com.au, which shall supersede and replace all previous AIA Australia Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access, including but not limited to those contained in or referred to in any telephone recordings and calls, websites and applications, underwriting and claim forms, Product Disclosure Statements and other insurance and disclosure statements and documentation.

Contact AIA Australia

If you have any questions or concerns about your Personal Information, please contact AIA Australia as set out below:

The Compliance Manager
AIA Australia Limited
PO Box 6111
Melbourne, VIC 3004
Phone 1800 333 613

Duty to take reasonable care

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

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

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

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

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.

Answer every question. Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.

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

Changes before your cover starts

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

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

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



Enquiries and Complaints

If you have a query or complaint regarding the Policy, you can initially contact Coverforce by telephone or in writing. Their contact details are shown on the back cover of this PDS. They will acknowledge your complaint in writing and endeavour to resolve your complaint.

If your issues are not resolved, you may contact AIA Australia directly on 1800 333 613 and we will promptly investigate your enquiry, referring it if necessary, to our Internal Disputes Resolution Committee (IDRC).

Internal complaints are normally resolved within 30 days. In special circumstances, we may take longer. If this is the case, we will advise you.

If Coverforce's or AIA Australia's resolution to your complaint is not to your satisfaction, you can refer your complaint to the Australian Financial Complaints Authority (AFCA).

Contact details for AFCA are:

T 1800 931 678 (free call)
F 03 9613 6399

afca.org.au
info@afca.org.au

GPO Box 3,
Melbourne VIC 3001

Glossary

This section provides a summary of important policy definitions used to describe insurance options and benefits in this PDS. You should read these definitions carefully and in conjunction with the Policy document. For all definitions please refer to the Policy.

Accident

means a violent, external and visible event that occurs accidentally.

Australian Resident

means a person who permanently resides in Australia, or a temporary resident of Australia on a temporary working visa as agreed between you and us.

At Work

means the Insured Person is performing all the duties of his or her usual occupation without restriction, or is on approved leave other than leave taken for reasons of Injury or Sickness.

Benefit Period

means the period beginning from the first day after the end of the Waiting Period and ending on the earliest of the following:

- a. the Insured Person is no longer Totally Disabled or Partially Disabled;
- b. the end of the Maximum Benefit Period;
- c. the death of the Insured Person; or
- d. the date the Insured Person attains the Benefit Ceasing Age.

Coverforce

means Coverforce Pty Limited (ABN 31 067 079 261, AFSL 238874).

Due Date

means the date on which Premium must be paid as shown in the relevant Monthly Premium Statement.

Income

means the average weekly remuneration paid by a Participating Employer to the Insured Person over twenty-six (26) consecutive weeks (or the Insured Person's period of employment if less) prior to the Injury or Sickness that resulted in the claim:

- a. including the industry standard productivity allowance (or such similar allowances);
- b. excluding compulsory contributions paid by the Participating Employer to the Insured Person's nominated superannuation fund; and
- c. excluding other performance related payment(s) and meal allowance, over award travel allowances, commission and redundancy payments.

Income Replacement Percentage

means the percentage that the Total Disability benefit represents as a proportion of the Insured Person's Income.

Injury

means a physical injury to an Insured Person caused by a violent, external and visible means, which occurs fortuitously after the employee becomes an Insured Person and which results in any of the insured events specified in the Policy, within thirty (30) days from the date of its occurrence, but does not include any condition which is also a Sickness.

Insured Person

means a person for whom cover is in force under the terms of the Policy.

Medical Practitioner

means a medical practitioner legally qualified and registered to practice in Australia who is not:

the Insured Person;

- a. a Spouse or relative of the Insured Person unless approved by us; or
- b. a Participating Employer, their relatives, business partners, shareholders or employees.

A medical practitioner located outside Australia will be deemed to satisfy this definition if he or she satisfies the conditions in paragraphs a-c above and, in our opinion he or she has qualifications equivalent to Australian qualifications.

Mental Illness

means any stress related or psychiatric related condition, including but not limited to, depression, neurosis, psychosis, mental or emotional stress or anxiety, physical fatigue, mental disease or an associated disorder.

Monthly Premium Statement

means the premium statement issued by Coverforce to you.

New Mental Health Event

means a Mental Illness where the Insured Person first experienced:

- a. any signs or symptoms; and
- b. was diagnosed with the condition,;

after the later of:

- c. the start of cover; or
- d. the date that the Mental Health benefit was included in the Insured Person's cover.

NSW Workers Compensation Act

means as the context requires, the Workers Compensation Act 1987 (NSW) and/or the Workplace Injury Management and Workers Compensation Act 1998 (NSW), as amended from time to time.

Non-Workplace Injury or Sickness

means an Injury or Sickness that is not a Workplace Injury or Sickness.

Other Disability Income

means any income (other than any benefit received under this Policy) which a person may derive during a month, whether that income was actually received or not and includes:

- a. any employment or other work income performed while Partially Disabled;
- b. statutory compensation, pension or similar schemes;
- c. income portions of common law settlements;
- d. income benefits from other disability income insurance policies or superannuation funds; and
- e. any other loss of income payments.

Other Disability Income excludes sick leave entitlements and social security payments.

Partial Disability and Partially Disabled

means that as a result of an Injury or Sickness an Insured Person is:

- a. unable to carry out his or her pre-disability working hours; or
- b. is unable to perform at least one income producing duty of his or her usual employment with the Participating Employer; and
- c. suffers a reduction in Income as a result of the Injury or Sickness; and
- d. is under the regular care of and acting in accordance with the instructions or professional advice of a Medical Practitioner.

Participating Employer

means the Participating Employer named in the relevant Monthly Premium Statement.

Permanent Injury

means a Workers Compensation Injury with a degree of permanence calculated in accordance with Part 3, Section 65 of the NSW Workers Compensation Act.

Policy

means the UPlus policy document including its Schedules and any document which evidences any authorised alteration or variation of them, as amended from time to time.

Previous Policy

means policy number GLD4307 (Accident/Sickness Cover) and/or GLD4307 (Death and Workers' Compensation Top-up Cover) issued by Hannover Life Re or CGSC0002 issued by Integrity Life Australia Limited (as applicable).

Schedule

means the schedule attached to the Policy, as amended from time to time.

Premium

means the monthly amount payable by you on behalf of Insured Persons for cover under the Policy.

Sickness

means any illness or disease of which the Insured Person first becomes aware after the employee becomes an Insured Person under the Policy.

Spouse

includes a de-facto or same sex spouse.

Statutory Benefit

means a regular payment to an Insured Person as a result of an entitlement from an Australian worker's compensation or transport accident statutory scheme.

Total Disability and Totally Disabled

means that as the sole and direct result of an Injury or Sickness an Insured Person:

- a. is unable to perform at least one necessary income producing duty of his or her regular occupation; and
- b. is not working in any undertaking usually performed for wage or profit; and
- c. is under the regular care and following the advice of a Medical Practitioner.

UPlus

refers to the product in which U-Plus Pty Ltd (ACN 164 305 285) as Trustee for the U-Plus Trust (ABN 30 779 952 012). U-Plus Pty Ltd acts under an Authorised Representative licence, Authorised Representative no. 441222 of AFSL 238874 held by Coverforce.

Waiting Period

means the period commencing when a Medical Practitioner first certifies an Insured Person is Totally Disabled and ending on the expiry of the relevant period as selected by the Participating Employer and specified in the Monthly Premium Statement throughout which the Insured Person must be Totally Disabled or Partially Disabled.

If, during the Waiting Period, the Insured Person returns to employment for five (5) days or less, then those days for which the Insured Person was employed will be added to the Waiting Period.

If, during the Waiting Period, the Insured Person returns to employment for more than five (5) days, then the Waiting Period will recommence.

we, our, us or AIA Australia

means AIA Australia Limited (ABN 79 004 837 861 AFSL 230043).

Workers Compensation Injury

has the same meaning as "injury" in Part 1, Section 4 of the NSW Workers Compensation Act.

Workers Compensation Policy

means an insurance policy in any Australian State or Territory, under which a person is covered for the benefits payable under workers compensation legislation applying in the relevant State or Territory.

Workplace Injury or Sickness

means an Injury or Sickness caused by or arising out of the employment of the Insured Person by the Participating Employer and which entitles the Insured Person to bring a claim for Statutory Benefits.

you or your

means the employer or Participating Employer, as applicable.

For more information

➤ 1 3000 COVER
➤ uplus.com.au

UPlus is managed and administered
by U-Plus Pty Ltd (ACN 164 305 284)
as Trustee for the U-Plus Trust
(ABN 30 779 952 012)

Authorised Representative no. 441222
of AFSL 238874 held by Coverforce Pty Ltd
ACN 067 079 261 | ABN 31 067 079 261

Level 26, Tower One
International Towers Sydney
Barangaroo NSW 2000

Locked Bag 5273
Sydney NSW 2001

T 02 9376 7888
F 02 9223 1333
E admin@uplus.com.au

Uplus is issued by:
AIA Australia Limited
ABN 76 004 837 861
AFSL 230043

509 St Kilda Road
Melbourne VIC 3004

W www.aia.com.au

T 1800 333 613
(between 8am and 6pm (AEST/AEDT), Monday to Friday)



HEALTHIER, LONGER,
BETTER LIVES



COVERFORCE
Smart Insurance Solutions