



Group Income Protection

For Employees

Product Disclosure Statement
Date of Issue 20 February 2023

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 Integrity Life Australia Limited (ABN 83 089 981 073, AFSL 245492) (Integrity).

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

Integrity Life Australia Limited (Integrity) is a partner and customer-focused innovative life insurance provider, with a commitment to bringing integrity to life insurance and helping Australians when they need it most.

Integrity was born out of a deep desire to disrupt and evolve the way the Life Insurance industry has traditionally operated. We're a genuine, fresh alternative, that want to make life insurance what partners, businesses, employers and employees need (and want it to be), supporting them through some of the toughest times of their lives.

Integrity is a signatory to the Life Insurance Code of Practice (the Code). This means that we will comply with all our obligations as outlined within the Code as we interact with you. The Code establishes customer service standards for the life insurance industry. Further information about the Code can be found at fsc.org.au/policy/life-insurance/code-of-practice.

Financial strength & security

Integrity is a licensed and APRA regulated Australian life insurer and therefore maintains sufficient capital, at all times, to not only meet, but exceed minimum capital requirements prescribed by APRA.

Integrity is a 100% owned subsidiary of Integrity Group Holdings Limited (Integrity) ABN 33 159 865 666.

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 Integrity 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 2023 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	\$122.40
QLD	\$121.70
VIC, ACT, WA, NT	\$124.55
SA	\$125.50
TAS	\$122.20

Benefit effective date: The benefits stated apply to Injury or Sickness claims incurred after 1 January 2023.

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	\$170.15
QLD	\$168.90
VIC, ACT, WA, NT	\$172.70
SA	\$174.40
TAS	\$169.60

Benefit effective date: The benefits stated apply to Injury or Sickness claims incurred after 1 January 2023.

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.

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.

State	Death benefit (for any cause of death)	Additional Premium (per person per month)
ALL	\$25,000	\$3.30
ALL	\$50,000	\$5.15

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 Integrity are liable for any such breach.

U-Plus 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**.

Integrity 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.

Your privacy is important to us. We have strict procedures in place to make sure that any personal information you give us is handled in a responsible manner and in accordance with the Privacy Act 1998 (Cth).

For more information on Integrity's privacy and information handling practices, you should read our Privacy Policy which can be found on our website at **integritylife.com.au** or call **1300 543 366** for a copy.

In order for us to administer insurance under the Policy, we will need you to provide us with certain personal and confidential information. If you do not provide all information requested, we may not be able to issue or administer the Policy. You should be aware of the type of information which we will request from you, in addition to how we will request this information and to whom we may need to disclose it.

Personal information we collect

We collect your personal information including:

- > name, address, sex, date of birth and contact details;
- > occupation, income, date of commencement and cessation of employment;
- > information specific to the product or service you decide to purchase from us; and
- > financial details.

We may also collect sensitive information, which includes information about your health. We may be required to collect additional sensitive information when you make an application for certain insurance.

How we collect your personal information

Where possible, we'll collect personal information from you directly either through our online services or in writing, or over the phone. We'll obtain consent before collecting sensitive information, such as health information, unless we're required or permitted by law to collect it without consent.

We may also collect personal information about you from a third party. These parties may include:

- > our agents and service providers such as financial institutions;
- > your agent or representative such as your Financial Adviser;
- > third parties who may be arranging insurance cover for a group that you are a part of, such as your employer;
- > your family member who applies for a policy that covers you or is instructed by you to deal with us;
- > people who are involved in a claim or assist us in assessing, investigating, processing or settling claims such as investigators, assessors, witnesses and medical service providers;
- > law enforcement, dispute resolution, statutory and regulatory bodies; and
- > publicly available sources such as the internet.

Sometimes we may be required to collect sensitive information about you from a third party. If you are providing information about a person who is to be covered by the Policy, you must show them this document or a copy of our Privacy Policy available on our website at **integritylife.com.au** so they understand how we may use or disclose their personal information in relation to your dealings with us.

What we do with your personal information

We collect, hold, use and disclose personal information in ways people would reasonably expect and where it is reasonably necessary for our business, including:

- > issuing, administering and managing insurance policies;
- > assessing risk and underwriting insurance;
- > processing claims and taking recovery action;
- > improving our products and services, and the customer experience;
- > handling complaints; and
- > working with business partners and insurance intermediaries.

Disclosing personal information

We, or our agents, may disclose personal information to:

- > any person authorised by you;
- > our related bodies corporate;
- > other insurers and reinsurers;
- > our distributors and agents;
- > mail houses, records management companies or technology services providers for printing and/ or delivery of mail and email, including secure storage and management of our records;
- > healthcare providers to establish medical status and arrange appropriate treatment and services. In an emergency we may also disclose information to employers and family members;
- > organisations that provide banking or transactional services to facilitate payments to and from us;
- > our advisers such as legal, actuary and accounting advisers;
- > business partners and intermediaries who arrange insurance with us;

- > co-insureds to confirm full disclosure has been made to us;
- > your employer, where you are under a group life insurance scheme, noting that sensitive information will only be disclosed with your express consent;
- > government, law enforcement, statutory, regulatory or enforcement bodies and agencies;
- > service providers that perform data analytics;
- > insurance reference bureaus;
- > companies that conduct customer surveys on our behalf; and
- > other parties as required by law.

In the case of a claim we may also disclose personal information to:

- > investigators and assessors to investigate and assess claims and related matters;
- > lawyers and recovery agents, to defend actions by third parties, to recover our costs (including amounts owed to us) or to seek a legal opinion;
- > witnesses, to obtain witness statements;
- > experts to provide us with opinions; and
- > other parties to a claim to obtain statements from them, seek recovery or defend an action.

We also collect personal information from these people and organisations.

We do not store or disclose personal information overseas. However, from time to time we may engage a service provider who does. You can find further information in our Privacy Policy available on our website at integritylife.com.au.

Disclosure to business partners and intermediaries

When you buy a policy arranged by one of our business partners or intermediaries, you consent to us providing all of your personal information to that business partner or intermediary, which may include sensitive information and claim information. That business partner or intermediary will also provide us with personal information.

You should read the Privacy Policy of that business partner or intermediary to find out how they collect, hold, use and disclose your personal information.

Access, corrections and complaints

Our aim is to always have accurate, complete, up-to-date and relevant personal information. If you would like to seek access to, or revise, your personal information, or feel that the information we currently have on record is incorrect or incomplete, please contact the Privacy Officer on **1300 543 366**, by email hello@integritylife.com.au or by writing to the Privacy Officer at **R1741 Royal Exchange, NSW 1225**.

Duty to take reasonable care

Your UPlus Policy will be a consumer insurance contract for the purposes of the Insurance Contracts Act 1984 (Cth) and the duty to take reasonable care will apply.

Please read your duty to take reasonable care carefully and understand that we will rely on the information submitted to us. It is your responsibility to ensure that the information you have given us, or the information given to us on your behalf, is complete and accurate. Your duty to take reasonable care continues, after your application, until we agree to insure the Insured Person.

If the cover being applied is not on your life, it is crucial that the person whose life is being insured also reads this duty to take reasonable care and gives complete and accurate information to you so you are able to provide the information to us in accordance with your duty to take reasonable care.

Your duty to take reasonable care

Before you enter into a contract of life insurance with us, you have a duty under the Insurance Contracts Act 1984 to take reasonable care not to make a misrepresentation to us. You have the same duty before you extend, vary or reinstate this Policy.

Whether you have taken reasonable care not to make a misrepresentation will be determined with regard to all relevant circumstances, including:

- > the product type and its target market;
- > explanatory material or publicity produced or authorised by us;
- > how clear, and how specific, any questions we asked were and how clearly we communicated to you the importance of answering those questions, and the possible consequences of failing to do so;
- > whether or not an agent was acting for you;
- > whether the contract was a new contract or was being renewed, extended, varied or reinstated;
- > any particular characteristics or circumstances relating to you which we are aware or ought reasonably to have been aware.

You will not be taken to have made a misrepresentation merely because you fail to answer a question or give an obviously incomplete or irrelevant answer to a question.

Any misrepresentation made fraudulently is a breach of your duty to take reasonable care.

When you are not the Insured Person, and the Insured Person does not take reasonable care not to make a misrepresentation to us, this may be treated as a failure of your duty to take reasonable care.

Failure of your duty to take reasonable care

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each such contract.

If you make a misrepresentation in breach of your duty to take reasonable care and we would not have entered into the contract on any terms if the failure had not occurred, we may avoid the contract within three years of entering into it. Where such misrepresentation is fraudulent, we may avoid the contract at any time.

If we avoid a contract we will not pay any claim under that contract.

If we do not avoid a contract:

- > unless the contract provides cover on death, we may at any time reduce the cover amount under the contract using a formula that takes into account the Premium that would have been payable if you had complied with your duty to take reasonable care. If the contract provides cover on death, we may only exercise this right within three years of entering into the contract; or
- > unless the contract provides cover on death, we may at any time vary the contract in such a way that places us in the same position that we would have been in if you had complied with your duty to take reasonable care. We do not have this right if the contract provides cover on death.

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 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 and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you.

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 Integrity, who are committed to handling your enquiries, feedback and complaints in a reasonable and timely manner you can contact Integrity at:

T 1300 54 33 666

hello@integritylife.com.au
integritylife.com.au

PO Box R1741
Royal Exchange NSW 1225

If you need additional assistance lodging your complaint, for example due to illness, disability or English as a second language, please contact us and we will assist you through the complaints resolution process.

Your complaint will be assigned to one of our staff who is independent of the cause of complaint, and we will keep you up to date on the progress of your complaint resolution.

We will endeavour to provide you with a written response informing you of our final decision within thirty (30) days of receiving your complaint. If we are unable to resolve your complaint within that period, we will let you know the reasons for the delay and when we expect to be able to provide you with a response.

If Coverforce's or Integrity'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.

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 Integrity

means Integrity Life Australia Limited ABN 83 089 981 073.

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

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