



Group Income Protection

For Employees

Product Disclosure Statement
Date of Issue 1 December 2023

WageCare 
by COVERFORCE



About this document

This Product Disclosure Statement (PDS) contains information about WageCare, an insurance product designed for employers and employees. WageCare and this PDS is issued and underwritten by AIA Australia Limited (ABN 79 004 837 861 AFSL 230043) (AIA Australia) and managed by Coverforce Pty Limited (ABN 31 067 079 261, AFSL 238874) (Coverforce). Coverforce is also the owner of the Policy. WageCare is purchased by employers to provide insurance cover to their employees in the event of their Sickness, Injury, or death.

The purpose of this document is to give you, an employer, an overview of the terms and conditions of WageCare and how WageCare operates. You should read this document carefully before purchasing WageCare and if you are unclear on any point you should contact Coverforce for assistance.

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.

This document explains the key features of WageCare. For complete details of the cover, you should read the Policy issued by AIA Australia to Coverforce. A copy of the Policy will be supplied to you when you purchase WageCare. It is important to note that in the event of any inconsistency between the terms and conditions of the Policy and this PDS, the relevant Policy terms prevail.

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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 WageCare will be advised through the WageCare section of the Coverforce website **coverforce.com.au/wagecare**.

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 advisor.

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 Coverforce

Coverforce Pty Limited, ABN 31 067 079 261, ranks amongst the largest Australian owned insurance brokers by revenue and is the market leader for group income protection insurance as an employee benefit.

Coverforce has over 20 years experience in managing group income protection plans. 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 WageCare.

In addition to managing group plans such as WageCare, Coverforce provides general insurance and risk advice to thousands of businesses across Australia. This PDS deals specifically with the financial services Coverforce provides in relation to WageCare. If you are interested in other Coverforce products and services, please contact Coverforce at the address on the back of this PDS or visit the Coverforce website at **coverforce.com.au**.

WageCare administration

WageCare is administered by Coverforce who 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 specific 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 WageCare; and
- > provide all necessary assistance to Participating Employers and Insured Persons.

How WageCare works

WageCare is a group insurance product issued by AIA Australia to Coverforce under a single Policy. Participating Employers acquire an interest in the Policy by completing an application form and paying monthly Premiums. Employees that meet the Eligibility Criteria and are nominated by a Participating Employer become insured through the Policy. WageCare is managed and administered by Coverforce. WageCare is not an investment product and is not designed to generate a return for any employee or employer.

Introducing WageCare

WageCare is a special purpose life insurance product purchased by employers for their employees.

WageCare is designed to provide a replacement income for employees who cannot work at full capacity or at all due to Sickness or Injury. The income insured by WageCare is the employee's average Income over the past twelve (12) months and includes overtime and allowances paid to the employee. The level of income WageCare replaces is in accordance with the level of cover you have purchased and is specified on your Monthly Premium Statement.

WageCare provides additional benefits such as a \$20,000 Death benefit for an Insured Person, a \$5,000 Death benefit for the Insured Person's Spouse, a Homemaker Assistance benefit, a Rehabilitation benefit of up to \$20,000 and a Return to Work benefit of up to \$20,000. WageCare also provides a Death Expenses benefit equal to one week of an Insured Person's benefit for Sickness or Injury.



WageCare insurance benefits explained

The following table describes the insurance cover provided by purchasing WageCare:

Type of cover	Description of cover
Injury benefit	<p>Provides a benefit if the Insured Person is Totally Disabled or Partially Disabled due to Injury. For a benefit to be payable with respect to an Injury, the Total Disability or Partial Disability must occur within twelve (12) calendar months from the date of the Injury. Benefits are payable once the Insured Person has been Totally Disabled or Partially Disabled continuously during and immediately after the Waiting Period. Benefits are paid fortnightly in arrears until the Insured Person ceases to be Totally Disabled or Partially Disabled or the Maximum Benefit Period ends.</p> <p>For an Insured Person under age 65, prior to or during a claim in relation to an Injury, the Maximum Benefit period is 104 weeks.</p> <p>For an Insured Person age 65 or over, prior to a claim in relation to an Injury, the Maximum Benefit Period is fifty-two (52) weeks.</p> <p>Where an Insured Person turns age 65 whilst in receipt of benefits in relation to an Injury:</p> <ul style="list-style-type: none"> > If they have already received benefits for fifty-two (52) weeks, their benefits will cease upon turning age 65. > If they have not received benefits for fifty-two (52) weeks yet, their benefits will be payable for another fifty-two (52) weeks minus the number of weeks for which benefits have already been received. <p>The benefit amount is a percentage of the Insured Person's Income (sometimes with a Benefit Cap applied), as chosen by you and specified in the Monthly Premium Statement.</p> <p>This amount is reduced by any income (other than any benefit received under this Policy) which the Insured Persons may derive, including:</p> <ul style="list-style-type: none"> > statutory income payments such as workers compensation; and > any income where the Insured Person is Partially Disabled and returns to work in a reduced capacity. <p>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.</p>
Sickness benefit	<p>Provides a benefit if the Insured Person is Totally Disabled or Partially Disabled due to a Sickness. Benefits are payable once the Insured Person has been Totally Disabled or Partially Disabled continuously during and immediately after the Waiting Period. Benefits are paid fortnightly in arrears until the Insured Person ceases to be Totally Disabled or Partially Disabled or the Maximum Benefit Period ends.</p> <p>For an Insured Person under age 65, prior to or during a claim in relation to a Sickness, the Maximum Benefit period is 104 weeks.</p> <p>For an Insured Person age 65 or over, prior to a claim in relation to a Sickness, the Maximum Benefit Period is twelve (12) weeks.</p> <p>Where an Insured Person turns age 65 whilst in receipt of benefits in relation to a Sickness:</p> <ul style="list-style-type: none"> > If they have already received benefits for twelve (12) weeks, their benefits will cease upon turning age 65. > If they have not received benefits for twelve (12) weeks yet, their benefits will be payable for another twelve (12) weeks minus the number of weeks for which benefits have already been received. <p>The benefit amount is a percentage of the Insured Person's Income (sometimes with a Benefit Cap applied), as chosen by you and specified in the Monthly Premium Statement.</p> <p>This amount is reduced by any income (other than any benefit received under this Policy) which the Insured Persons may derive, including:</p> <ul style="list-style-type: none"> > statutory income payments such as workers compensation; and > any income where the Insured Person is Partially Disabled and returns to work in a reduced capacity. <p>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.</p> <p>Some exclusions or conditions may apply where the Insured Person's sickness is a Mental Illness. See the Mental Health benefit (following page) and the exclusions on page 11.</p>
Death Expenses benefit	<p>Provides a benefit designed to contribute to costs incurred where an Insured Person dies while receiving a Total Disability or Partial Disability benefit.</p> <p>The payment is equal to one week of the Total Disability or Partial Disability benefit that the Insured Person was entitled to receive immediately before they died.</p>

Type of cover	Description of cover
Death benefit	Provides a lump sum payment of \$20,000 upon the death of an Insured Person. Provides a lump sum payment of \$5,000 where the Insured Person's Spouse dies while the Insured Person is covered under the Policy.
Homemaker Assistance benefit	Reimburses certain expenses where an Insured Person's Spouse: <ul style="list-style-type: none"> > performs Homemaker Duties and is not in receipt of any income from employment; > suffers an Injury or Sickness lasting for twenty-four (24) consecutive hours or more; and > is certified by a Medical Practitioner as continuing to be unable to perform their regular Homemaker Duties as a result of the Injury or Sickness. The maximum amount of reimbursement is \$200 for any one week, for up to twenty (20) consecutive weeks. This benefit is payable for professional care, support or treatment that is required to complete the Homemaker Duties, but does not include any medical or nursing expenses. This benefit applies only: <ul style="list-style-type: none"> > where both the Insured Person and the Insured Person's Spouse are under age 70; and > once per each Insured Person.
Rehabilitation benefit	In the event of the payment of a Total Disability or Partial Disability benefit, we at our reasonable discretion may elect to assist the Insured Person in arranging for rehabilitation services. These services may include, but are not limited to, training at a vocation school, family counselling and emotional support services, exercise programs, participation in rehabilitation program(s) in conjunction with a rehabilitation provider, including back to work capacity activities, skills improvement and daily living functioning, and/or home modifications. This will only be provided with the agreement of the Insured Person's attending registered and legally qualified Medical Practitioner. The maximum amount payable in respect of this benefit is up to \$20,000 for an Insured Person.
Return to Work benefit	In the event of the payment of a Total Disability or Partial Disability benefit, we at our reasonable discretion, may elect to assist the Insured Person in arranging for services to assist the Insured Person's return to work. These services may include, but are not limited to, return to work programs, assistance with speech, language and communication skills, exercise programs to assist with physical job capability and safety, workplace modification equipment and alternations, an/or fitting and training with regard to prosthetics. The maximum amount payable in respect of this benefit is up to \$20,000 for an Insured Person.
Cover Whilst Changing Jobs	Cover for an Insured Person continues for a period of up to thirty (30) 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. Cover ceases on the earlier of commencement of the new employment or thirty (30) days.
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: <ol style="list-style-type: none"> continue to be Totally 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.

Is insurance under WageCare flexible?

WageCare offers employers the flexibility required to meet the insurance needs of your business and the needs of your employees.

You can select the applicable Waiting Period, 'Maximum Benefit Period' and Income Replacement Percentage from the cover options in the table below.

The 'Income Replacement Percentage' will differ depending on whether the Insured Person is making a claim in relation to a Workplace Injury or Sickness, or not.

The Waiting Period may also differ where the Insured Person is claiming in relation to a football Injury.

The benefit amount payable will be the Income Replacement Percentage multiplied by the Insured Person's Income; or the Benefit Cap (if lower), minus Other Disability Income, up to the Maximum Benefit of \$30,000 per month.

You can request that a Benefit Cap apply to the amount of each Insured Person's benefit. This can make the cover more affordable.

WageCare type	Waiting Period for all claims other than claims for football injuries (days)	Waiting Period for claims for football injuries (days)	Income Replacement Percentage (Workplace Injury or Sickness)	Income Replacement Percentage (Non-Workplace Injury or Sickness)	Maximum Benefit Period (up to age 64 prior to or during claim)	Maximum Benefit Period (from age 65 onwards prior to or during claim)	Is a Benefit Cap available?
Platinum 14	14	28	100	85	104 weeks	Sickness 12 weeks Injury 52 weeks	Yes
Platinum 21	21	28	100	85	104 weeks	Sickness 12 weeks Injury 52 weeks	Yes
Platinum 28	28	28	100	85	104 weeks	Sickness 12 weeks Injury 52 weeks	Yes
Gold 14	14	28	90	85	104 weeks	Sickness 12 weeks Injury 52 weeks	Yes
Gold 21	21	28	90	85	104 weeks	Sickness 12 weeks Injury 52 weeks	Yes
Gold 28	28	28	90	85	104 weeks	Sickness 12 weeks Injury 52 weeks	Yes
Silver 14	14	28	85	85	104 weeks	Sickness 12 weeks Injury 52 weeks	Yes
Silver 21	21	28	85	85	104 weeks	Sickness 12 weeks Injury 52 weeks	Yes
Silver 28	28	28	85	85	104 weeks	Sickness 12 weeks Injury 52 weeks	Yes
Bronze 14	14	28	80	80	104 weeks	Sickness 12 weeks Injury 52 weeks	Yes
Bronze 21	21	28	80	80	104 weeks	Sickness 12 weeks Injury 52 weeks	Yes
Bronze 28	28	28	80	80	104 weeks	Sickness 12 weeks Injury 52 weeks	Yes

Becoming a Participating Employer

You can request to become a Participating Employer by sending Coverforce a completed application.

If your application is accepted, Coverforce will confirm the details of your cover in writing, including the commencement date of your cover, the relevant terms and any special conditions.

Coverforce will also confirm details of your cover on each Monthly Premium Statement. Please contact Coverforce immediately if your cover does not meet your requirements.

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. Australian Residents;
- b. at least 15 years old and not more than 69 years old; and
- c. employed by you.

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

For the Sickness benefit, Insured Persons aged 65 or over are only entitled to a benefit period of twelve (12) weeks, or up to age 70, whichever occurs first.

For the Injury benefit, Insured Persons aged 65 or over are only entitled to a benefit period of fifty-two (52) weeks, or up to age 70, whichever occurs first.

Insured Persons are eligible for all other benefits up until they reach age 70.

When does cover for eligible employees commence?

Employees who meet the Eligibility Criteria and are employed by you on the date you are accepted as a Participating Employer are covered from that date.

Employees who meet the Eligibility Criteria 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, 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 all employees who meet the Eligibility Criteria is received in a format acceptable to Coverforce; and
- c. Premiums are paid in relation to each employee who meets the Eligibility Criteria.

Despite the paragraphs above, where these conditions are not all met 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.

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 Insured Person reaches age 70;
- c. the Insured Person dies;
- d. the Policy owned by Coverforce is terminated;
- e. the later of when the Insured Person ceases to be employed by you, or Cover Whilst Changing Jobs ceases;
- f. you cease to be a Participating Employer;
- g. thirty (30) days after the date Premiums in respect of an Insured Person are due and still remain unpaid by the Participating Employer; 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 may require either the consent of 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.

Benefits

When do benefit payments commence?

For Injury or Sickness benefits, once we admit liability in relation to an Insured Person's claim, and the Waiting Period has expired, benefit payments start to accrue. Benefits are paid fourteen (14) days in arrears.

If Premiums are due for payment, benefits are not payable until all Premiums have been paid.

What if Statutory Benefits are commuted?

If an Insured Person is receiving Statutory Benefits and agrees to redeem or commute their Statutory Benefits entitlement to a lump sum payment, 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.

If a benefit is payable for less than a whole week (7 days), we will pay 1/7th of the weekly amount for each day the benefit is payable.

When do disability benefit payments reduce?

The Insured Person's benefit will be reduced by Other Disability Income – which is other income benefits received from other sources in respect of the period of disability.

“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. any benefit under any workers compensation, statutory compensation, pension, social security or similar schemes or other similar State, Federal or Territory legislation;
- c. any benefit under state or federal legislation such as the Department of Veterans affairs;

- d. any amounts received from other disability income insurance policies arising from the same Injury or Sickness for which an Insured Person is receiving benefits under this Policy; and
- e. any employer funded sick leave entitlements and other income payments.

Where you have previously paid sick leave benefits to an Insured Person and use the benefit amounts paid by us as a reimbursement to either you or the Insured Person, the relevant sick leave amounts will not be offset.

If the Insured Person is capable of returning to work in a reduced capacity but refuses, weekly benefits will reduce to a maximum of 25% of the Total Disability benefit.

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.

What happens if an Insured Person has a recurring disability?

If within six (6) months after the cessation of Total Disability or Partial Disability, 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 Maximum Benefit Period will be reduced by the period over which benefit payments were previously made.

If an Insured Person suffers a recurrence of Total Disability or Partial Disability for the same or a related Sickness or Injury, the subsequent period of Total Disability and/or Partial Disability will be deemed to have resulted from a new Injury or Sickness if the Insured Person worked on a full time basis for a period of six (6) months performing

all the duties of their usual occupation between such periods of Total Disability and/or Partial Disability. If this occurs, the Waiting Period will apply to the recurred Total Disability or Partial Disability.

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 Benefit Period ends;
- c. benefits have been paid for the Maximum Benefit Period;
- d. the Insured Person reaches the Benefit Ceasing Age of 70;
- e. the Insured Person dies; or
- f. where the Participating Employer has not elected to make the Mental Health benefit available for Insured Persons, and a claim is being paid for a Mental Illness, when Workers Compensation benefits cease; or
- g. 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.

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.

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?

Pre-existing Sickness or Injury

No benefit is payable in respect of a Pre-Existing Sickness or Injury.

“Pre-Existing Sickness or Injury” means any Sickness or Injury for which the Insured Person has received treatment and/or advice within the twelve (12) calendar months prior to the start of the Insured Person’s cover under this Policy or the Previous Policy.

However, a Pre-Existing Sickness or Injury does not include a Sickness or Injury for which at the date of the Sickness or Injury, the Insured Person has, with the agreement of a registered and legally qualified Medical Practitioner:

- a. ceased all treatment and advice in relation to the condition, or any related condition; for at least twelve (12) months; and
- b. the Insured Person has been actively at work for at least thirty (30) consecutive days.

War

No benefit is payable for Injury, Sickness or death caused by or resulting from war (whether declared or not), hostilities or rebellion, civil war, revolution, insurrection, military or usurped power, invasion, or act of a foreign enemy.

Maternity leave

No benefit is payable during any period of maternity leave or for any complications arising after the rehabilitation-third week of pregnancy.

Sanctions

No cover is provided and no benefit is payable, if doing so will contravene or violate any sanction, prohibition, restriction, proscription or prevention under any sanctions, laws or regulations, including but not limited to sanctions, laws or regulations of Australia, New Zealand, the European Union, the United Kingdom or the United States of America or those set out in any United Nations resolutions.

Other exclusions

No benefit is payable where the relevant Injury or Sickness was directly or indirectly caused by or resulted from:

- a. ionising radiation or contamination by radioactivity from:
 - 1. any nuclear fuel or from any nuclear waste; or
 - 2. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission); or
 - 3. nuclear weapons material;
- b. in any way in connection with terrorism, which includes, but is not limited to, any act, preparation in respect of action or threat of action, designed to:
 - 1. influence a government or any political division within it for any purpose; and/or
 - 2. influence or intimidate the public or any section of the public with the intention of advancing a political, religious, ideological or similar purpose;
- c. intentional self-inflicted Injury or Sickness;
- d. being a pilot or crew-member of any aircraft; or engaging in any aerial activity, except as a fare paying passenger in a properly licensed aircraft, or as a passenger in an aircraft used as the means of transporting the Insured Person to and from their place of work;
- e. pregnancy, childbirth or miscarriage, other than a complication arising from any of those conditions which requires hospitalisation in the first thirty-three (33) weeks of pregnancy;
- f. complications arising after the thirty-third week of pregnancy;
- g. professional sporting activity;
- h. a criminal act committed by an Insured Person;

- i. the Insured Person suffering from a Mental Illness, unless the Insured Person is in receipt of workers compensation benefits for that condition (*this clause (i) does not apply where the Participating Employer has chosen to include the Mental Health benefit*);
- j. the Insured Person engaging in or taking part in naval, military or air force service or operations; or
- k. Pre-Existing Sickness or Injury.

Mental Health benefit exclusion

If the Participating Employer has elected to make the Mental Health benefit available to Insured Persons, and the cause of the claim is a Mental Illness, benefits are payable only in relation to New Mental Health Events.

A New Mental Health Event is 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.

If the Participating Employer has not elected to make the Mental Health benefit available to Insured Persons, then no Sickness benefit is payable with respect to a Mental Illness.

How are Premiums paid?

Monthly Premiums are payable in arrears by the 15th day of the subsequent month.

Before the first business day of each month Coverforce will request the prior month's payroll information from you in electronic format. The information should be easily obtainable from your payroll system and downloaded to an excel spreadsheet in the format indicated in the example below.

The information will reflect the payroll history of the prior month and will be used to determine the total Premium payable.

Within forty-eight (48) hours of Coverforce receiving your payroll information, you will be issued a Monthly Premium Statement.

The Monthly Premium Statement sets out the:

- > employees covered under the Policy;
- > period of coverage;
- > type of coverage including the benefit options you have chosen and any special conditions;
- > the amount of Premium payable;
- > due date for payment; and
- > payment instructions.

The Premium payable is calculated as a percentage of each Insured Persons' salaries and the number of your employees who are Insured Persons.

This percentage is calculated taking into account the following factors:

- a. the type of cover you have selected – a type of cover with a lower Waiting Period and/or a Higher Income Replacement Percentage will increase the percentage and premiums;
- b. the age of Insured Persons – Insured Persons with a higher age will increase the percentage and premiums;
- c. the job roles and industry of the Insured Persons – job roles and industries that are associated with a higher degree of risk will increase the percentage and premiums.

If you do not pay the Premium when due then cover may cease and your employees may not be covered by WageCare.

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.

Guarantee Period

The Premium Rates are guaranteed until 31 October 2024 ("Guarantee Period").

During the Guarantee Period, Coverforce may:

- a. increase the Waiting Period to twenty-eight (28) days;
- b. reduce the Income Replacement Percentage to 85%; and/or
- c. if a Benefit Cap applies, cap the maximum weekly Sickness or Injury benefit payable to an Insured Person.

During the Guarantee Period we, acting reasonably, may vary the Premium Rates of The Policies when any of the following occurs:

- a. the Policy Owner and we agree in writing to change the Premium Rate or Premium;
- b. the Policy Owner experiences a change in control;
- c. there is a change in the applicable law which necessitates a Premium or Premium Rate change;
- d. the number of Insured Person's insured under The Policies decreases or increases by more than 20% since 1 December 2023;
- e. Coverforce issue cover or documentation to a Participating Employer on terms other than outlined in any or all of The Policies, or as agreed by us in writing;
- f. the advent of War, an act of terrorism or civil commotion on Australian shores or any act of invasion (whether declared or undeclared) on Australian shores;

- g. the Policy Owner or Coverforce delay by more than three (3) months any agreed Premium or Premium Rate increases in relation to cover under The Policies and/or in relation to any Participating Employer under the Policies. Where this relates to a specific Participating Employer any resulting changes to Premium will only relate to the specific Participating Employer;
- h. the Policy Owner or Coverforce make any material changes to the claims processes or procedures used by the Policy Owner or Coverforce, in relation to The Policies, which results in, or is expected, in our reasonable opinion, to result in, a material deterioration of the claims cost under The Policies;
- i. from 1 December 2023 to 31 October 2024, there has been an incorrect calculation or error in calculation made by the Policy Owner or Coverforce, or incorrect, incomplete, inaccurate or erroneous data collected, generated, provided or held by the Policy Owner or Coverforce prior to 1 November 2022, in relation to The Policies, which has adversely affected our decision (formed reasonably and by applying appropriate actuarial principles) whether, and on what terms and conditions cover has been provided under The Policies;
- j. from 1 November 2024 there has been an incorrect calculation or error in calculation made by the Policy Owner or Coverforce, or incorrect, incomplete, inaccurate or erroneous data collected, generated, provided or held by the Policy Owner or Coverforce in the three (3) years prior to the current date (which may include a time period prior to 1 November 2022) in relation to The Policies, which has adversely affected our decision (formed reasonably and by applying appropriate actuarial principles) whether, and on what terms and conditions cover has been provided under The Policies.

For the purposes of this section 'The Policies' means any or all of policies MP8841 PayCover, MP8842 UPlus, MP8843 WageCare and / or MP8844 WageGuard issued by AIA Australia. The "Policy Owner" means the various owners of the Policies, severally or together.

After the Guarantee Period, from time to time, we may also change the Premiums payable under the Policy.

We will give Coverforce thirty (30) days prior notice of any such change.

What are the obligations of a Participating Employer?

You are required to nominate all employees who meet the Eligibility Criteria to be insured by WageCare and pay all Premiums when they fall due. If you fail to satisfy these requirements, we may:

- > instruct Coverforce to end your participation under the Policy and the cover of your employees that are Insured Persons will end on the expiry of the period of insurance for which Premium has been paid; or
- > refuse to pay any claim arising under the Policy in respect of an Insured Person's cover or reduce our liability for any benefit payable, by the amount of Premium overdue with respect to the Insured Person.

You must also provide us with payroll information for each employee who meets the Eligibility Criteria each month. Coverforce will use this information to produce your Monthly Premium Statement.

You must inform Coverforce of any changes to information about an Insured Person under the Policy within thirty (30) days of the change occurring. You can do this by providing updated details with the next month's data.

You must provide us with all information we reasonably require to assess a claim.

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 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.

In the event of a claim relating to an Insured Person, you agree to take all reasonable steps to help the Insured Person return to work at full capacity as soon as possible.

Taxation

Generally:

- > premiums paid for WageCare are tax deductible for Participating Employers;
- > benefits are assessable as income for Participating Employers, but a deduction may be available for any benefits paid to an employee;
- > a benefit, other than a Death benefit or Death Expenses benefit, is assessable income for employees;
- > a Death benefit or Death Expenses benefit paid to a dependant of an employee are not assessable - benefits paid to non-dependants are assessable;
- > this product is a life insurance policy and is therefore GST exempt.

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 Coverforce, nor AIA Australia are liable for any such breach.

WageCare does not provide comprehensive cover. There are limits to its coverage, as stated in this PDS and the Policy, limiting cover in some cases to less than 100% of an employee's average weekly earnings and a total Benefit Period of 104 weeks.

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

If you fail to nominate 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.

The objective of WageCare is to provide as many employers as possible with a high standard of insurance for their employees. To assist this objective, the Policy enables Coverforce to amend the terms of an employer's insurance under certain circumstances, for example if claims from that employer are unusually excessive, or the overall product terms are being changed. Coverforce will not however make such changes unreasonably and will either consult you or provide reasonable notice of changes.

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 Coverforce 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.

Changes to WageCare

Coverforce, as the WageCare Policy Owner may from time to time negotiate changes in the Policy terms, the scope of cover, or the Premiums payable, including the appointment of an alternative insurer. If there are any changes of this nature, Coverforce will provide notice in writing to you before such changes come into effect.

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

Completing the application form

When completing the application form, ensure you have read the PDS carefully. Make sure you nominate all employees who meet the Eligibility Criteria for cover. You can provide Coverforce with electronic information if you prefer. Use a black pen and write in BLOCK LETTERS. Read, sign and date the declaration. Do NOT send any payments by cash. Only a person with the authority to enter into contracts on behalf of the Participating Employer should sign the application form.

Send, fax or email your completed application form and payment of the initial Premium to:

Attn: Coverforce Pty Limited
Locked Bag 5273
Sydney NSW 2001
F 02 9223 1333
wagecare@coverforce.com.au

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 the cover during the cooling-off period, we will refund Premiums paid by you. 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.

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

Coverforce 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 Coverforce.

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. 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 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 try to 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 can't 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 **coverforce.com.au** or alternatively contact our Privacy Officer on **02 9376 7888**.

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**

How your Total Disability benefit is calculated

Example 1:

You have purchased WageCare with a Silver 21 benefit structure. Your employee is injured at the workplace and is Totally Disabled for the entire duration of the WageCare Benefit Period.

The employee has a pre-disability Income of \$8,000.00 gross per month. The employee receives \$6,000.00 gross per month in workers compensation benefits.

Pre-disability Income per month	\$8,000
WageCare one month of fortnightly benefits for a workplace Injury is 85% of pre-disability Income	\$6,800
Less monthly workers compensation benefits	-\$3,000
Total gross monthly benefit	\$3,800

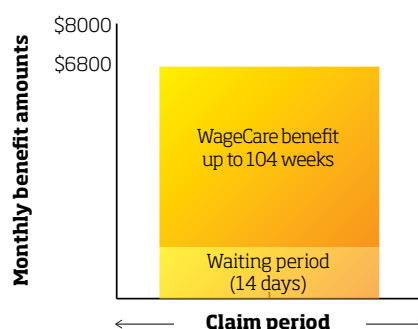


Example 2:

You have purchased WageCare with a Silver 21 benefit structure. Your employee is injured outside the workplace and is Totally Disabled for the entire duration of the WageCare Benefit Period.

The employee has a pre-disability Income of \$8,000.00 gross per month. The employee does not receive workers compensation benefits.

Pre-disability Income per month	\$8,000
WageCare one month of fortnightly benefits for a non-workplace Injury is 85% of pre-disability Income	\$6,800
Total gross monthly benefit	\$6,800



Some important definitions

“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.

“Benefit Ceasing Age” means the date an Insured Person reaches age 70.

“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) as the Policy Owner.

“DSM 5” means The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR).

“Guarantee Period” means the period described on page 12.

“Homemaker Duties” means the domestic tasks normally performed by a person who does not work for monetary reward and whose primary responsibility is tending the home and family. These duties may include cleaning, washing, cooking and tending to the needs of children and pets.

“Injury” means a physical injury to an Insured Person caused by 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 twelve (12) calendar months from the date of its occurrence, but does not include any condition which is also a Sickness.

“Income” means the Insured Person's income:

- a. including all overtime and all allowances actually paid to the Insured Person, earned as a result of their personal exertion from their usual employment with the Participating Employer;
- b. excluding superannuation guarantee contributions;
- c. before personal deductions and income tax; and
- d. averaged over the twelve (12) month period (or the period employed if less) immediately prior to the Insured Person's Injury, Sickness or death.

“Income Replacement Percentage” means the percentage that the Total Disability or Partial Disability benefit represents as a proportion of the Insured Person's Income.

“Insured Person” means a person for whom cover is in force under the terms of the Policy.

“Maximum Benefit Period” means the maximum period for which benefits will be paid, as outlined in the table on page 7, and then outlined in the Monthly Premium Statement.

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

- a. the Insured Person;
- b. a Spouse or relative of the Insured Person unless approved by us; or
- c. a Participating Employer, its 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 monthly 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.

“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. any benefit under any workers compensation, statutory compensation, pension, social security or similar schemes or other similar State, Federal or Territory legislation;
- c. any benefit under state or federal legislation such as the Department of Veterans affairs;
- d. any amounts received from other disability income insurance policies or superannuation funds arising from the same Injury or Sickness for which an Insured Person is receiving benefits under this Policy; and
- e. any employer funded sick leave entitlements and other income payments.

Where the Participating Employer has previously paid sick leave benefits to an Insured Person and they use the benefit amounts paid by us as a reimbursement to either the Participating Employer or the Insured Person, the relevant sick leave amounts will not be offset.

“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.

“Pre-Existing Sickness or Injury” means any Sickness or Injury for which the Insured Person has received treatment and/or advice within the six (6) calendar months prior to the start of the Insured Person’s cover under this Policy or the Previous Policy.

However, a Pre-Existing Sickness or Injury does not include a Sickness or Injury for which at the date of the Sickness or Injury, the Insured Person has, with the agreement of a registered and legally qualified Medical Practitioner:

- a. ceased all treatment and advice in relation to the condition, or any related condition for at least six (6) months; and
- b. the Insured Person has been actively at work for at least thirty (30) consecutive days.

“Policy” means the WageCare policy document including its Schedules and any document which evidences any authorised alteration or variation of them.

“Policy Owner” means Coverforce Pty Limited (ABN 31 067 079 261, AFSL 238874).

“Premium” means the amount collected from Participating Employers and payable by you in respect of an Insured Persons for cover under this Policy, determined by reference to the Premium Rate.

“Premium Rate” means the rate at which Premium is payable for cover under this Policy, as outlined in the Monthly Premium Statement. The Premium Rate includes all fees, charges and commissions, guaranteed until the earlier of the end of the Guarantee Period or the expiry of the relevant enterprise agreement (if applicable).

“Previous Policy” means policy number GLD4306 issued by Hannover Life Re or CGSC0001 issued by Integrity Life Australia Limited (as applicable).

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

“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 a result of Injury or Sickness the Insured Person is:

- a. wholly and continuously prevented from engaging in his or her usual occupation; and
- b. is under the regular care of and acting in accordance with the instructions or professional advice of a Medical Practitioner.

“Waiting Period” means the period commencing on the later of:

- a. the date an Insured Person is deemed Totally Disabled or Partially Disabled due to Injury or Sickness; or
- b. the first day of treatment by a Medical Practitioner for the Injury or Sickness that causes the Total Disability or Partial Disability,

The length of the Waiting Period that applies to an Insured Person is specified in the Monthly Premium Statement, but will not be less than fourteen (14) days.

“we”, “our”, “us” or “AIA Australia” means AIA Australia Limited (ABN 79 004 837 861 AFSL 230043).

“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
➤ coverforce.com.au

WageCare is managed and
administered by Coverforce
Pty Limited.

ACN 067 079 261
ABN 31 067 079 261
AFSL 238874

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Barangaroo NSW 2000

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