



Group Income Protection For Employees

Product Disclosure Statement
Date of Issue 20 February 2023

WageGuard 
by UCover



About this document

This Product Disclosure Statement (PDS) contains information about WageGuard, an insurance product designed for employers and employees. WageGuard and this PDS is issued and underwritten by Integrity Life Australia Limited (ABN 83 089 981 073, AFSL 245492) (Integrity) and managed by U-Cover Pty Ltd (ACN 134 723 587) as the Trustee for the U-Cover Trust (ABN 64 608 402 587) (U-Cover). The U-Cover Trust is a joint venture between Coverforce Pty Limited (ABN 31 067 079 261, AFSL 238874) (Coverforce) and the Australian Manufacturing Workers Union (AMWU). The U-Cover Trust is also the owner of the Policy. WageGuard 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 WageGuard and how WageGuard operates. You should read this document carefully before purchasing WageGuard 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 U-Cover.

This document explains the key features of WageGuard. For complete details of the cover, you should read the Policy issued by Integrity to U-Cover. A copy of the Policy will be supplied to you when you purchase WageGuard. 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 WageGuard will be advised through the WageGuard section of the Coverforce website coverforce.com.au/wageguard.

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

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 advisor.

About Integrity

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.

We are a signatory to the Life Insurance Code of Practice (the Code). This means that we will comply with all our obligations outlined in the Code as we interact with you. The Code establishes customer service standards for the life insurance industry.

For more information and to obtain a copy of the Code, please refer to the Financial Services Council's website at www.fsc.org.au.

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 U-Cover

U-Cover Pty Ltd (ACN 134 723 587) (U-Cover) acts as the Trustee for the U-Cover Trust (ABN 64 608 402 587). The U-Cover Trust is a joint venture between Coverforce Pty Limited (Coverforce), ABN 31 067 079 261 and the Australian Manufacturing Workers Union (AMWU).

Coverforce, 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 WageGuard.

In addition to WageGuard, U-Cover provides general insurance, life insurance and risk advice to thousands of businesses across Australia.

This PDS deals specifically with the financial services U-Cover provides in relation to WageGuard. If you are interested in other U-Cover products and services, please contact U-Cover at the address on the back of this PDS or visit the U-Cover website at ucover.com.au.

WageGuard administration

WageGuard is administered by Coverforce Pty Limited on behalf of U-Cover 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 WageGuard; and
- > provide all necessary assistance to Participating Employers and Insured Persons.

How WageGuard works

WageGuard is a group insurance product issued by Integrity to U-Cover 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. WageGuard is administered by Coverforce. WageGuard is not an investment product and is not designed to generate a return for any employee or employer.

Introducing WageGuard

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

WageGuard 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 WageGuard is the employee's average Income over the past 12 months and includes overtime and allowances paid to the employee. The level of income WageGuard replaces is in accordance with the level of cover you have purchased and is specified on your Monthly Premium Statement.

WageGuard 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.

WageGuard also provides a Death Expenses benefit equal to one week of an Insured Person's benefit for Sickness or Injury.



WageGuard insurance benefits explained

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

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.</p> <p>Benefits are payable once the Insured Person has been Totally Disabled or Partially Disabled continuously during and immediately after the Waiting Period.</p> <p>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>The Maximum Benefit period for all claims in relation to an Injury is 104 weeks.</p> <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.</p> <p>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 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 fifty-two (52) weeks.</p> <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>
Death benefit	<p>Provides a lump sum payment of \$20,000 upon the death of an Insured Person.</p> <p>Provides a lump sum payment of \$5,000 where the Insured Person's Spouse dies while the Insured Person is covered under the Policy.</p>

Type of cover	Description of cover
Homemaker Assistance benefit	<p>Reimburses certain expenses where an Insured Person's Spouse:</p> <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. <p>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.</p> <p>This benefit applies only:</p> <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	<p>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.</p> <p>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.</p> <p>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.</p>
Return to Work benefit	<p>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.</p> <p>The maximum amount payable in respect of this benefit is up to \$20,000 for an Insured Person.</p>
Cover Whilst Changing Jobs	<p>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.</p>
Mental Health benefit	<p>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:</p> <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. <p>The Mental Health benefit is only payable where the Insured Person's Mental Illness is a New Mental Health Event.</p> <p>This benefit is optional, and available at an additional cost.</p>

Is insurance under WageGuard flexible?

WageGuard 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.

WageGuard 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 claim)	Maximum Benefit Period (from age 65 onwards prior to claim)	Is a Benefit Cap available?
Platinum 14	14	28	100	85	104 weeks	Sickness 52 weeks Injury 104 weeks	Yes
Platinum 21	21	28	100	85	104 weeks	Sickness 52 weeks Injury 104 weeks	Yes
Platinum 28	28	28	100	85	104 weeks	Sickness 52 weeks Injury 104 weeks	Yes
Gold 14	14	28	90	85	104 weeks	Sickness 52 weeks Injury 104 weeks	Yes
Gold 21	21	28	90	85	104 weeks	Sickness 52 weeks Injury 104 weeks	Yes
Gold 28	28	28	90	85	104 weeks	Sickness 52 weeks Injury 104 weeks	Yes
Silver 14	14	28	85	85	104 weeks	Sickness 52 weeks Injury 104 weeks	Yes
Silver 21	21	28	85	85	104 weeks	Sickness 52 weeks Injury 104 weeks	Yes
Silver 28	28	28	85	85	104 weeks	Sickness 52 weeks Injury 104 weeks	Yes
Bronze 14	14	28	80	80	104 weeks	Sickness 52 weeks Injury 104 weeks	Yes
Bronze 21	21	28	80	80	104 weeks	Sickness 52 weeks Injury 104 weeks	Yes
Bronze 28	28	28	80	80	104 weeks	Sickness 52 weeks Injury 104 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.

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 U-Cover 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 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. the Insured Person reaches age 70;
- d. the Insured Person dies; or
- e. 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
- f. 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 WageGuard.

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.

During the period of two years starting from the date on which the Policy commenced ('Guarantee Period'), U-Cover 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 November 2022;
- 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. where the average number of daily deaths over any seven (7) day period in Australia from COVID-19 is more than 200;

- h. 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;
- i. 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;
- j. from 1 November 2022 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;
- k. 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 CGSC0001 PayCover, CGSC0002 UPlus, CGSC0003 WageCare and / or CGSC0004 WageGuard issued by Integrity. 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 U-Cover thirty (30) days prior notice of any such change.

What are your obligations?

You are required to nominate all employees who meet the Eligibility Criteria to be insured by WageGuard 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 WageGuard 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 (if applicable).

This can result in an inadvertent breach of an award or enterprise agreement. Neither U-Cover, nor Integrity are liable for any such breach.

WageGuard 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 WageGuard is to provide as many employers as possible with a high standard of insurance for their employees. To assist this objective, the Policy enables U-Cover 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. U-Cover 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 U-Cover 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 WageGuard

U-Cover Trust, as the WageGuard 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, U-Cover will provide notice in writing to you before such changes come into effect.

Where the change relates to an increase in charges, U-Cover 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
wageguard@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.

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.

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

Your WageGuard 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

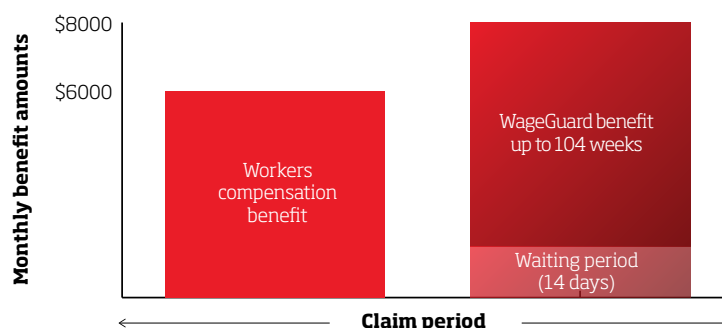
How your Total Disability benefit is calculated

Example 1:

You have purchased WageGuard with a Platinum 14 benefit structure. Your employee is injured at the workplace and is Totally Disabled for the entire duration of the WageGuard 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
WageGuard one month of fortnightly benefits for a workplace Injury is 100% of pre-disability Income	\$8,000
Less monthly workers compensation benefits	-\$6,000
Total gross monthly benefit	\$2,000

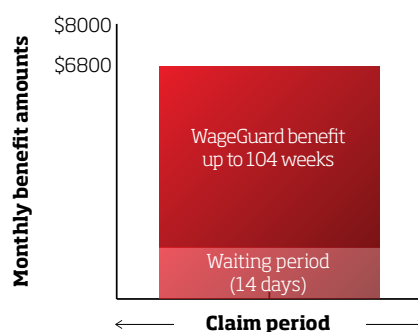


Example 2:

You have purchased WageGuard with a Platinum 14 benefit structure. Your employee is injured outside the workplace and is Totally Disabled for the entire duration of the WageGuard 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
WageGuard 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, in the event of an Insured Person having Previous Cover, 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 the 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.

In the event of an Insured Person not having Previous Cover, 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.

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:

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

“Previous Cover” means cover under a prior sickness and injury policy agreed by Us that was in force immediately prior to the date the Policy commences.

“Policy” means the WageGuard 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 GLD4308 issued by Hannover Life Re.

“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.

“U-Cover Pty Ltd” means the Trustees who act for the U-Cover Trust.

“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 **“Integrity”** means Integrity Life Australia Limited (ABN 83 089 981 073).

“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

➤ 1300 UCOVER
➤ coverforce.com.au

WageGuard is managed and administered by U-Cover Pty Ltd (ACN 134 723 587) as Trustee for the U-Cover Trust (ABN 64 608 402 587).

Authorised Representative no.334641 of AFSL 238874 held by Coverforce Pty Limited

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 **UCover**