



Protection Plans Reserve

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Reference Document

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TAL

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Who's responsible for Protection Plans Reserve?

The Insurer is TAL Life Limited ABN 70 050 109 450 AFSL Number 237848 (TAL Life). TAL Life is part of the TAL Dai-ichi Life Australia Pty Limited ABN 97 150 070 483 group of companies.

The issuer of this Reference Document and the life insurance products described in it is the *Insurer*. The *Insurer* is responsible for this Reference Document and the *policy schedule or membership certificate* that set out the terms and conditions of the life insurance products, and the payments to be made under those documents.

The trustee of Mercer Super Trust is Mercer Superannuation (Australia) Limited (MSAL).

The Reference Document is issued by the *Insurer*. You should read this Reference Document in conjunction with the Product Disclosure Statement (PDS) which contains detailed information on options and conditions.

You can take out a Protection Plans Reserve Policy through a superannuation fund if the *Insurer* has a current arrangement with the trustee of the superannuation fund.

The Trustees or their Administrator have given and not withdrawn their consent to the Reference Document containing information referable to them in the form and context in which the information appears. Neither the Trustees or their Administrator has issued or caused the issue of the Reference Document and is not responsible for any statements in the Reference Document which are not referable to them.

The information in this Reference Document does not take into account your financial situation, objectives or needs. Before acting on any information contained in this Reference Document, you should consider whether it is appropriate to your financial situation, objectives or needs.

You should obtain and consider the Protection Plans Product Disclosure Statement and Policy Document (PP PDS) before deciding whether to acquire or continue to hold or dispose of a Protection Plans Reserve (Reserve) Policy. For a copy, free of charge, go to tal.com.au/protection-plans-docs or call 1300 553 764 Monday to Friday.

This document summarises the terms and conditions for Protection Plans Reserve (Reserve). Reserve provides cover in excess of that available under the Protection Plans Product Disclosure Statement and Policy Document (PP PDS) dated 1 April 2025.

For benefits provided under Protection Plans, the terms and conditions as set out in the *PP PDS* are applicable. The terms and conditions contained in this document apply to the additional cover provided under Reserve. Please note that Reserve, whilst enabling higher amounts of cover, does have restrictions on the ability to claim that do not apply to benefits under Protection Plans (as outlined in the *PP PDS*). It is important that you read this document and understand the differences and the restrictions.

Please note that 'Protection Plans Reserve' is an insurance product and not an investment product. Therefore, the mention of 'Reserve' in its title does not refer to or imply that it holds the types of financial reserves established to fulfil legislative and regulatory requirements for investment products.

Defined terms

In this document, you will notice the use of terms and expressions which have a particular meaning as set out below.

Term	Meaning
'We', 'us', and 'our'	The <i>Insurer</i>
Policy Owner	The person (or entity) shown as the Policy Owner in the <i>policy schedule</i> or <i>membership certificate</i> . For Policies held inside <i>superannuation</i> , the Policy Owner is the trustee of the superannuation fund.
Insured Person	The person whose life is insured, or the life to be insured. The name of each Insured Person is set out in the <i>policy schedule</i> or <i>membership certificate</i> under the heading, Insured Person.
'You' and 'your'	The Insured Person for all Policies paid through a <i>Super Fund</i> , and for all other Policies means the Policy Owner.
Policy	For Policies held inside <i>superannuation</i> , the cover as provided under the contract of insurance between us and the trustee of the superannuation fund; and for all other cover, the contract of insurance with us.

As you read on, you'll notice that some words are in italics. In this document these words have a particular meaning which can be found in the Definitions for Reserve section, comprising the defined term in bold followed by the definitional wording.

As you would expect in an insurance document, you'll also find quite a few medical terms. These are explained in the Medical Glossary for Reserve.

What cover is available under Reserve?

The table below sets out the cover available under Protection Plans (as outlined in the *PP PDS*), and illustrates the amount covered under Reserve terms and conditions. Any Reserve TPD Benefit and/or Reserve Living Benefit must be an additional benefit on a Term Life Policy, or linked to a Term Life or Term Life as Superannuation Policy through Flexible Linking Plus. Under Reserve and the *PP PDS*, the total of the TPD or Living Benefit sum insured cannot exceed the total Death Benefit sum insured.

Reserve Policies are only available for existing customers replacing an existing Reserve Policy, where the replacement is first approved by us.

Benefit type	Death Benefit	TPD Benefit	Living Benefit	Income Protection monthly benefit
Maximum sum insured you can apply for under the <i>PP PDS</i>	Unlimited	\$5 million	\$2 million	\$60,000 per month: <ul style="list-style-type: none"> • \$30,000 per month with up to age 70 <i>benefit period</i>, plus • \$30,000 per month with 2 year <i>benefit period</i>.
Maximum sum insured you can apply for under Reserve	Unlimited	\$15 million ¹	\$10 million ¹	\$60,000 per month: <ul style="list-style-type: none"> • \$30,000 per month with up to age 70 <i>benefit period</i>, plus • \$30,000 per month with a 5 or 10 year <i>benefit period</i>.²
Amounts the Reserve terms and conditions are applicable to	N/A	Amounts exceeding \$5 million up to a total TPD Benefit of \$15 million	Amounts exceeding \$2 million up to a total Living Benefit of \$10 million	Monthly benefits exceeding \$30,000 per month following 2 years on claim.

1 Under Reserve and *PP PDS*, the total of the TPD or Living Benefit sum insured cannot exceed the total Death Benefit sum insured.

2 Following the expiry of the 5 or 10 year Reserve *benefit period*, the monthly benefit amount reduces to \$30,000 per month for the remainder of the *benefit period* applicable under the *PP PDS*.

Note: CPI increases and Future Insurability Benefit increases will not be applied to the Reserve TPD Benefit or Reserve Living Benefit, in circumstances where the increase would result in the TPD Benefit amount or Living Benefit amount (as relevant), across all Policies with the *Insurer*, exceeding the above maximums.

Features of Reserve cover

Many of the features outlined in the *PP PDS* also apply to Reserve including:

- Guaranteed renewability of your cover
- Guaranteed upgrades applied automatically
- Worldwide cover – 24 hours a day
- Premium Holiday
- *CPI* increases
- Multi-Policy discount, and
- *Platform Investment* and *Platform Super* discount.

Reserve modified terms and conditions

Reserve provides cover in excess of that available under the *PP PDS*. The following tables outline the terms and conditions that have been modified from the *PP PDS* for Reserve.

TPD Benefit

Reserve	Modified terms and conditions applying to additional cover under Reserve
TPD Benefit definitions	Reserve TPD Benefits in excess of the \$5 million available under the <i>PP PDS</i> are subject to the following definitions: <ul style="list-style-type: none"> • TPD Benefit amounts between \$5 million and \$10 million are restricted to an <i>any occupation TPD or general cover TPD</i> definition. • TPD Benefit amounts above \$10 million are restricted to a <i>general cover TPD</i> definition.
CPI increases	No <i>CPI</i> increases will be admitted where the TPD Benefit amount, across all definitions following the increase, will exceed \$15 million across all Policies with the <i>Insurer</i> . If a <i>CPI</i> increase would result in the TPD Benefit amount (across all Policies with the <i>Insurer</i>) exceeding \$15 million, <i>CPI</i> increases on the TPD Benefit amount under the <i>PP PDS</i> will continue to apply, but no further <i>CPI</i> increases will be applied to the Reserve TPD Benefit. The Reserve TPD Benefit amount will be adjusted, so that the total TPD Benefit does not exceed \$15 million.
Built in benefits and features	<p>TPD Continuation Benefit Maximum benefit under continuation option increased to \$3 million from \$1 million.¹</p> <p>Future Insurability Benefit No increases will be admitted where the TPD Benefit amount, across all definitions following the increase, will exceed \$15 million across all Policies with the <i>Insurer</i>.</p>
Optional benefits not available	The following optional benefits are not available: <ul style="list-style-type: none"> • TPD Buy Back Benefit • Double TPD Benefit, and • Waiver of Life Premium Benefit.
Exclusions	<p>When we will not pay Additional exclusions apply in the event of a claim including, but not limited to, where the sickness or <i>injury</i> giving rise to the claim was caused by <i>alcohol abuse, alcohol dependence, drug use, mental illness or fatigue syndromes</i>.</p>

¹ Any amounts in excess of \$1 million are subject to the Reserve terms and conditions.

Living Benefit

Reserve	Modified terms and conditions applying to additional cover under Reserve
Expiry age	For the Living Benefit payable under Reserve, the expiry age is reduced from the <i>review date</i> following the Insured Person's 75th birthday to the <i>review date</i> following the Insured Person's 70th birthday.
CPI increases	No <i>CPI</i> increases will be admitted where the Living Benefit amount following the increase will exceed \$10 million across all Policies with the <i>Insurer</i> . If a <i>CPI</i> increase would result in the Living Benefit amount (across all Policies with the <i>Insurer</i>) exceeding \$10 million, <i>CPI</i> increases on the Living Benefit amount under the <i>PP PDS</i> will continue to apply, but no further <i>CPI</i> increases will be applied to the Reserve Living Benefit. The Reserve Living Benefit amount will be adjusted, so that the total Living Benefit does not exceed \$10 million.
Built in benefits and features	<p>Living Benefit The number of <i>specified medical events</i> is restricted, and different definitions apply.</p> <p>Future Insurability Benefit No increases will be admitted where the Living Benefit amount following the increase will exceed \$10 million across all Policies with the <i>Insurer</i>.</p>
Built in and optional benefits not available	<p>The following benefit is not available:</p> <ul style="list-style-type: none"> Living Buy Back Benefit. <p>The following options are not available:</p> <ul style="list-style-type: none"> Living Benefit Plus Living Reinstatement Benefit, and Double Living Benefit.
Exclusions	<p>When we will not pay Additional exclusions apply in the event of a claim, including, but not limited to, where the <i>specified medical event</i> is caused by or attributed to <i>alcohol abuse</i>, <i>alcohol dependence</i>, or <i>drug use</i>.</p>

Income Protection

Reserve	Modified terms and conditions applying to additional cover under Reserve
Types of insured monthly benefit available	<i>Indemnity</i> or <i>Endorsed Agreed Value</i> ¹ for the first \$40,000 of the <i>insured monthly benefit</i> . <i>Indemnity</i> for any additional <i>insured monthly benefit</i> above \$40,000.
Limitations and exclusions	<p>The following limitations and exclusions only apply to benefit amounts exceeding \$40,000 per month and only after we have paid a benefit for 24 months:</p> <ul style="list-style-type: none"> Additional exclusions apply where the <i>sickness</i> or <i>injury</i> giving rise to the claim was caused by or attributed to <i>alcohol abuse</i>, <i>alcohol dependence</i>, <i>drug use</i>, <i>mental illness</i> or <i>fatigue syndromes</i>. Additional limitations apply if any amounts are received from any legislated compensation schemes or Workers Compensation or payments made under common law relating to <i>sickness</i> or <i>injury</i>.

¹ *Endorsed Agreed Value* is only available if the Policy is replacing an existing Protection Plans *Endorsed Agreed Value Income Protection Policy*, and the replacement is first approved by us.

The TPD Benefit offered under Reserve is available for those who wish to apply for a TPD Benefit in excess of the \$5 million maximum available under the PP PDS. Please speak to your adviser to determine whether you are eligible to apply for a TPD Benefit under Reserve.

2.1 How Reserve TPD Benefit Works

The terms and conditions set out in **sections 9 and 10 of chapter 2** of the PP PDS apply to the first \$5 million of your TPD Benefit, and any CPI increases that accumulate on this amount over the life of your Policy.

The TPD Benefit covered under the Reserve terms and conditions is the benefit amount in excess of the \$5 million TPD Benefit available under the PP PDS up to a maximum total TPD Benefit amount of \$15 million. This additional cover is provided on the basis of the following definitions:

- For the TPD Benefit between \$5 million and \$10 million (at application), the benefit is provided on an *any occupation TPD or general cover TPD* definition.
- For the TPD Benefit exceeding \$10 million (at application), the benefit is provided on a *general cover TPD* definition.

Each TPD Benefit definition will be considered as a separate benefit for the purposes of calculating the premium amount.

TPD definitions

While you will need to meet the precise requirements of the definition of *total and permanent disability* in **chapter 6 'Definitions for Reserve'**, the following table summarises the types of TPD cover available under Reserve. You can look for these summaries in the **chapter 6** definition to match the summary with the precise requirements you will need to meet.

Definition	Outside superannuation	Inside superannuation
Own occupation TPD*	<ul style="list-style-type: none"> • unlikely to do your own occupation ever again OR <ul style="list-style-type: none"> • loss of limbs and/or sight OR <ul style="list-style-type: none"> • unable to look after yourself ever again OR <ul style="list-style-type: none"> • unlikely to do your own occupation ever again 	<ul style="list-style-type: none"> • Not applicable[#]
Any occupation TPD*	<ul style="list-style-type: none"> • loss of limbs and/or sight OR <ul style="list-style-type: none"> • able to do a suited occupation but total remuneration for any occupation is less than 25% of the Insured Person's earnings in their last 12 months of work OR <ul style="list-style-type: none"> • loss of limbs and/or sight OR <ul style="list-style-type: none"> • unable to look after yourself ever again OR <ul style="list-style-type: none"> • permanent loss of intellectual capacity 	<ul style="list-style-type: none"> • unlikely to do a suited occupation ever again OR <ul style="list-style-type: none"> • loss of limbs and/or sight and unlikely to do a suited occupation ever again OR <ul style="list-style-type: none"> • unable to look after yourself ever again and unlikely to do a suited occupation ever again OR <ul style="list-style-type: none"> • permanent loss of intellectual capacity and unlikely to do a suited occupation ever again
General cover TPD	<ul style="list-style-type: none"> • loss of limbs and/or sight OR <ul style="list-style-type: none"> • unable to look after yourself ever again OR <ul style="list-style-type: none"> • permanent loss of intellectual capacity 	<ul style="list-style-type: none"> • loss of limbs and/or sight and unlikely to do a suited occupation ever again OR <ul style="list-style-type: none"> • unable to look after yourself ever again and unlikely to do a suited occupation ever again OR <ul style="list-style-type: none"> • permanent loss of intellectual capacity and unlikely to do a suited occupation ever again

[#] See Flexible Linking Plus and Super Plus TPD Benefit under Policy Structures in **chapter 1** of the PP PDS.

* If you do not qualify for the TPD Continuation Benefit (see **chapter 2, section 11** of the PP PDS), from the review date following the Insured Person's 65th birthday, we will only pay the TPD Benefit if the Insured Person meets the *general cover TPD* definition.

Important information about TPD cover

There are additional terms and conditions that apply for the portion of your TPD Benefit sum insured which is held under the Reserve TPD Benefit (see **section 2.6 of this chapter** for more information).

General cover TPD has criteria which makes it more difficult to claim for than the *any or own occupation TPD* definitions.

You need to carefully consider whether the limited nature of cover provided under Reserve is satisfactory for your circumstances.

Your financial adviser can help you work out which TPD definition you're eligible for and which is right for you.

2.2 When we will pay

We will pay a TPD Benefit if the Insured Person becomes *totally and permanently disabled* while the Policy is in force. The definitions of *total and permanent disability* which apply to the Insured Person will be shown on the most recent *policy schedule, membership certificate or renewal summary*.

TPD Benefit sum insured	TPD Benefit available in:	TPD definitions available:
\$10 million to \$15 million	Reserve	General cover TPD
\$5 million to \$10 million	Reserve	Any occupation TPD OR General cover TPD
Up to \$5 million	Protection Plans	Own occupation TPD OR Any occupation TPD OR General cover TPD

2.3 What we will pay

For *total and permanent disability*, the amount we will pay is the TPD Benefit shown in the most recent *policy schedule, membership certificate or renewal summary* for the Insured Person as at the *date of disablement*.

If your TPD Benefit is made up of more than one *total and permanent disability* definition, the Insured Person will need to satisfy each definition to receive the full TPD Benefit. Each definition will be considered independently and the relevant TPD Benefit paid where the corresponding definition is satisfied. The amounts of the TPD Benefit covered by each definition will be shown on your most recent *policy schedule, membership certificate or renewal summary*.

Example of the Reserve TPD Benefit (for illustrative purposes only)

Julian is a qualified accountant and applies for a total TPD Benefit of \$13 million, with \$5 million taken out as an *own occupation TPD* definition under *PP PDS*, \$5 million taken out as an *any occupation TPD* definition under Reserve, and \$3 million taken out as a *general cover TPD* definition under Reserve. Julian chooses not to have any *CPI* increases on his Policy.

Three years later, Julian lodges a claim.

In order to receive the entirety of his TPD Benefit, he would need to satisfy the following definitions:

- the *own occupation TPD* definition for the first \$5 million
- the *any occupation TPD* definition for the second \$5 million, and
- the *general cover TPD* definition for the remaining \$3 million.

2.4 When the TPD Benefit changes

The TPD definition that applies to your cover may change from the review date following the Insured Person's 65th birthday.

From the review date following the Insured Person's 65th birthday, the TPD Benefit reduces to \$3 million across all Policies issued by us in relation to the Insured Person. To continue the TPD Benefit under an *any occupation TPD* definition, the Insured Person must meet the eligibility criteria for the TPD Continuation Benefit (as per **section 11** of **chapter 2** of the *PP PDS*) at each review date.

If you do not qualify for a TPD Continuation Benefit (as per **section 11** of **chapter 2** of the *PP PDS*), from the *review date* following the Insured Person's 65th birthday, the definition of *total and permanent disability* changes to *general cover TPD*.

If you qualify for the TPD Continuation Benefit, you may continue your TPD Benefit on an *any occupation TPD* definition up until the *review date* following the Insured Person's 70th birthday. The amount that can be insured is the lesser of:

- five times the Insured Person's annual earnings, and
- \$3 million.

If, from the *review date* following the Insured Person's 65th birthday, their annual *earnings* results in a reduced sum insured which will be less than \$3 million, the difference up to \$3 million can be held under a *general cover TPD* definition. From the *review date* following the Insured Person's 65th birthday, TPD Benefits in excess of \$1 million will be considered under Reserve.

2.5 What happens after we pay

After we pay a Reserve TPD Benefit, we will reduce the sum insured of every other benefit for the Insured Person under the same Policy and every benefit under a linked Flexible Linking Plus Policy, by the amount we paid.

If the Reserve TPD Benefit is held under a Flexible Linking Plus Policy, we will also reduce the sum insured of every other benefit for the Insured Person held under the Flexible Linking Plus Policy, and under the linked Term Life or Term Life as Superannuation Policy, by the amount we paid. The *PP PDS* Living Benefit is reduced before the Reserve Living Benefit.

If we pay the entire sum insured of the TPD Benefit, the TPD Benefit in respect of that Insured Person ends.

For Term Life and Term Life as Superannuation, if the Death Benefit sum insured for the Insured Person is reduced to zero because we have paid the entire sum insured of the TPD Benefit, then the Policy will end.

Continuing on from the example under **section 2.3**, if Julian's claim was assessed and it was determined that he has only satisfied the *own occupation TPD* definition, we would pay the \$5 million TPD Benefit with the *own occupation TPD* definition. Both the Death Benefit and TPD Benefit would reduce to \$8 million, with the remaining TPD Benefit consisting of \$5 million under an *any occupation TPD* definition and \$3 million under a *general cover TPD* definition. This example is provided for illustrative purposes only.

2.6 Reserve TPD Benefit Exclusions

We will not pay a TPD Benefit offered under Reserve:

- if the *sickness* or *injury* giving rise to the claim was caused by an intentional self-inflicted act or attempted suicide (whether sane or insane), or
- if the *total and permanent disability* is caused directly or indirectly by or attributed to:
 - *alcohol abuse*
 - *alcohol dependence*
 - *drug use*
 - *mental illness*, or
 - *fatigue syndromes*.

If we pay a TPD Benefit or Living Benefit under the *PP PDS* that is directly or indirectly caused by or attributed to *alcohol abuse*, *alcohol dependence*, *drug use*, *mental illness* or *fatigue syndromes*, the remaining TPD Benefit with the *any occupation TPD* definition offered under Reserve will be based on the *general cover TPD* definition and:

- will only be paid for a *sickness* or *injury* that is not directly or indirectly related to the cause of the prior claim under the *PP PDS* for which the TPD Benefit was paid, and
- the Insured Person must satisfy the relevant TPD Benefit definition independently of the cause of the disability for which the prior TPD Benefit claim was paid.

In addition, we will not pay any benefit if the claim was caused directly or indirectly by an event or condition specifically excluded in your policy schedule or membership certificate.

2.7 When the Reserve TPD Benefit ends

Your Reserve TPD Benefit for an Insured Person continues until the earliest of:

- the date the Insured Person dies
- the date we pay the TPD Benefit for the Insured Person
- the benefit amount for the Insured Person is reduced to zero because we have paid a Super Plus TPD Benefit, a Living Benefit or a Terminal Illness Benefit
- the date you write and ask us to cancel the benefit for the Insured Person, and
- the date your Policy ends (as set out in **section 29** of **chapter 2** of the *PP PDS*).

The Living Benefit offered under Reserve is available for those who wish to apply for a Living Benefit in excess of the \$2 million available under the PP PDS. Please speak to your adviser to determine whether you are eligible to apply for a Reserve Living Benefit. This benefit is not available for Policies held inside superannuation unless Flexible Linking Plus is selected.

3.1 How Reserve Living Benefit works

The terms and conditions set out in **sections 13 and 14 of chapter 2** of the *PP PDS* apply to the first \$2 million of your Living Benefit, and any *CPI* increases that accumulate on this amount over time.

The Living Benefit covered under the Reserve terms and conditions is the benefit amount in excess of the \$2 million Living Benefit available under the *PP PDS* up to a maximum total Living Benefit amount of \$10 million.

We will pay the additional Reserve Living Benefit if:

- the Insured Person has a Reserve *specified medical event* listed in the 'Reserve *specified medical events*' table on this page while the Policy is in force, and
- a *suitably trained doctor* providing the medical evidence to support the claim.

We will only pay a Living Benefit under Reserve if the Insured Person meets the full definition of the relevant Reserve *specified medical event*, as defined in the Medical Glossary on **pages 14 and 15** of this document.

3.2 What we will pay

The amount we will pay is the Living Benefit shown in the most recent *policy schedule* or *renewal summary* for the Insured Person. The Reserve *specified medical event* definitions for cancer (severe) with specified requirements, heart attack (severe) with specified requirements and stroke (severe) with specified impairment are different to the definitions of cancer – excluding specified early stage cancers, heart attack – of specified severity and stroke – of specified severity for the Living Benefit in the *PP PDS*. The Reserve *specified medical event* definitions are set out in the Medical Glossary on **pages 14 and 15** of this document.

Living Benefit sum insured	Living Benefit is available under:
\$2 million to \$10 million	Reserve
Up to \$2 million	Protection Plans

Reserve *specified medical events*

- Cancer (severe) with specified requirements
 - Reserve definition[#]
- Heart attack (severe) with specified requirements
 - Reserve definition[#]
- Loss of independent existence – with a specified level of impairment
- Paralysis
- Stroke (severe) with specified impairment
 - Reserve definition[#]

For the *specified medical events* marked [#] (and any treatment, symptoms or surgery that is attributable to the *specified medical event* including treatment that is a *specified medical event* in itself), the benefit for the Insured Person is only payable if the Reserve *specified medical event* occurs at least 3 months after the latest of the date we receive the completed application form and personal statement (including all required medical and financial information) for the Policy or the last reinstatement of the Policy.

If any of the above *specified medical events* occur within 3 months of any increase to the benefit for the Insured Person (excluding *CPI* and Loyalty Benefit increases), the increase will not be payable. The benefit payable will be the amount that would have applied if no increase had occurred.

This 3 month exclusion period does not apply to the Policy if it replaces another similar policy issued by another insurer, or another policy issued by us, and all the following apply:

- We were specifically told about the intended replacement of the other policy and we agreed to issue this Policy on the basis that it replaced the other policy.
- The sum insured of the Living Benefit being issued by us is the same as, or less than, the existing cover being replaced.¹
- The other policy and equivalent sum insured were continuously in force for at least 3 months immediately prior to the issue of this Policy.
- The other policy was cancelled immediately after the issue of this Policy.
- No claim is pending or payable under the other policy.

¹ Where the sum insured of the Living Benefit being issued under this Policy exceeds that of the other policy, this exclusion will apply to the sum insured in excess of the sum insured in the other policy.

Example of the Reserve Living Benefit (for illustrative purposes only)

Kirsten applied for a \$7 million Living Benefit. Kirsten chooses not to have any CPI increases on her Policy.

Six years later, Kirsten suffers a heart attack and lodges a claim. In order to receive the entirety of her Living Benefit, she would need to satisfy the following definitions:

- the heart attack – of specified severity definition in the *PP PDS* for the first \$2 million, and
- the heart attack (severe) with specified requirements – Reserve definition on [page 14](#) of this document for the remaining \$5 million.

Kirsten satisfied the heart attack – of specified severity definition in the *PP PDS*, however was unsuccessful in her claim under the heart attack (severe) with specified requirements – Reserve definition.

Kirsten was paid \$2 million, and the remaining \$5 million Living Benefit under Reserve remained in force.

3.3 What happens after we pay

After we pay a Living Benefit under Reserve we will reduce the sum insured of every other benefit for the Insured Person under the Policy by the amount we paid. If the Living Benefit is held under a Flexible Linking Plus Policy, we will also reduce the sum insured of every other benefit for the Insured Person held under the Flexible Linking Plus Policy, and under the linked Term Life or Term Life as Superannuation Policy, by the amount we paid. The *PP PDS* TPD Benefit is reduced before the Reserve TPD Benefit. If a TPD Benefit which is comprised of more than one TPD definition is reduced as a result of a Living Benefit claim, the *own occupation TPD* amount is reduced first, followed by the *any occupation TPD* amount, followed by any *general cover TPD* amount. If we pay the entire sum insured of the Living Benefit, the Living Benefit in respect of that Insured Person ends.

For Term Life and Term Life as Superannuation, if the Death Benefit sum insured for the Insured Person is reduced to zero because we have paid the entire sum insured of the Living Benefit, then the Policy will end.

3.4 Reserve Living Benefit Exclusions

We will not pay you a Living Benefit under Reserve if:

- the *sickness, injury or surgery* giving rise to the claim is caused directly or indirectly by an intentional self-inflicted act or attempted suicide (whether sane or insane), or
- if the Reserve *specified medical event* is directly or indirectly caused by or attributed to:
 - *alcohol abuse*
 - *alcohol dependence*, or
 - *drug use*.

In addition, we will not pay any benefit if the claim was caused directly or indirectly by an event or condition covered by any exclusion in your *policy schedule*.

3.5 When the Reserve Living Benefit ends

The Living Benefit under Reserve for an Insured Person continues until the earliest of:

- the date the Insured Person dies
- the date we pay the Living Benefit for the Insured Person
- the *review date* following the Insured Person's 70th birthday
- the benefit amount for the Insured Person is reduced to zero because we have paid a TPD Benefit, a Super Plus TPD Benefit or a Terminal Illness Benefit
- the date you write and ask us to cancel the benefit for the Insured Person, and
- the date your Policy ends (as set out in [section 29](#) of [chapter 2](#) of the *PP PDS*).

4.1 How Reserve IP works

The terms and conditions commencing in **section 1** of **chapter 3** of the *PP PDS* apply to the *insured monthly benefit* up to \$30,000 and also to the *insured monthly benefit* between \$30,000 and \$60,000 for the first 2 years of claim plus any *CPI* or claims escalation that accumulates over the life of the Policy.

The terms and conditions for Reserve apply to the *insured monthly benefit* between \$30,000 and \$60,000 following 2 years of claim payments. Unless otherwise specified in this section, all other terms outlined in **sections 1** and **2** of **chapter 3** of the *PP PDS* apply.

4.2 When we will pay

We will pay a monthly benefit when the Insured Person has satisfied the definition of *total disability* or *partial disability*.

4.3 What we will pay

The benefit payable will depend on the *insured monthly benefit* and whether the Insured Person is *totally disabled* or *partially disabled*.

For *insured monthly benefits* up to \$40,000 per month, the benefit paid will depend on whether the benefit type is *Endorsed Agreed Value*¹ or *Indemnity*. The benefit type will be shown on your *policy schedule* or *membership certificate*.

Any *insured monthly benefit* exceeding \$40,000 per month is provided on an *Indemnity* basis.

Total Disability Benefit

If the Insured Person is *totally disabled* while covered under the Policy, we will pay a monthly benefit after the end of your *waiting period*. The benefit accrues from the first day of *total disability* after the *waiting period* and is payable monthly in arrears.

The benefit will continue to accrue until the earliest of the:

- date the Insured Person is no longer *totally disabled*
- end of your *benefit period*, and
- date your Policy ends.

The amount of this benefit is reduced by any limitations on benefits (see **section 31** of **chapter 3** of the *PP PDS*).

Partial Disability Benefit

If the Insured Person is *partially disabled* while covered under the Policy, we will pay a monthly Partial Disability Benefit after the end of your *waiting period*.

The monthly Partial Disability Benefit is calculated as follows:

The monthly Total Disability Benefit

×

$$\frac{(\text{Pre-disability monthly earnings} - \text{Post-disability monthly earnings})}{\text{Pre-disability monthly earnings}}$$

The amount of this benefit is reduced by any limitations on benefits (see **section 31** of **chapter 3** of the *PP PDS*).



¹ *Endorsed Agreed Value* is only available if the Policy is replacing an existing *Protection Plans Endorsed Agreed Value Income Protection Policy*, and the replacement is first approved by us.

4.4 Additional Reserve IP Limitations

The limitations outlined in **section 31 of chapter 3** of the *PP PDS* apply to the Income Protection, Income Protection as Superannuation and Income Protection Plus benefits offered under Reserve.

The following limitation also applies to the *insured monthly benefit* in excess of \$30,000 (plus CPI increases) after you have been paid a Total Disability Benefit or Partial Disability Benefit for 24 months:

- The Total Disability Benefit or Partial Disability Benefit may be reduced or recovered in respect of the Insured Person if any amounts are received from any legislated compensation schemes or workers compensation schemes or insurance, or under common law or statutory liability relating to *sickness or injury*.

4.5 Reserve IP Exclusions

All exclusions set out in **section 34 of chapter 3** of the *PP PDS* apply to Income Protection, Income Protection as Superannuation and Income Protection Plus benefits offered under Reserve.

In addition, after you have been paid a Total Disability Benefit or Partial Disability Benefit for 24 months, the amount we will pay in any month will be reduced so that it does not exceed \$40,000 per month if the *total disability or partial disability* is directly or indirectly caused by or attributed to:

- *alcohol abuse*
- *alcohol dependence*
- *drug use*
- *mental illness, or*
- *fatigue syndromes.*

4.6 When does Reserve IP end?

Your Policy continues until the earliest of:

- the date we cancel your Policy because you have not paid your premiums or any other amounts which relate to your Policy
- the date the Insured Person dies
- the date we receive your written notice to end your Policy
- the *review date* following the Insured Person's 65th birthday, and
- for a Policy held through a *Platform Super* account:
 - the date your cover is cancelled because your account balance is insufficient to meet the insurance premium deduction or any amounts which relate to the Policy
 - if the nominated *Platform Super* account is closed, the date that you ceased to be a member of the *Super Fund*, and
 - the date your Policy ends as set out in **section 35 of chapter 3** of the *PP PDS*.

When your Policy ends, any Policy which is linked through Income Linking Plus will also end.

No benefit will be payable once a Policy has ended.

This section explains what all of the medical terminology means and how it applies to you.

If your Policy has a medical definition which specifies an obsolete method of diagnosis or treatment that is no longer used in mainstream medical practice in Australia we will assess your claim, including whether it meets the required degree of severity defined in your Policy, using a current method of diagnosis or treatment approved for use in Australia.

For more information on The Code, please visit tal.com.au/code-of-practice

Activities of daily living

The activities of daily living are:

Bathing	The ability to shower or bathe
Dressing	The ability to put on and take off clothing
Toileting	The ability to use the toilet, including getting on or off
Mobility	The ability to get in and out of bed and a chair
Continence	The ability to control bladder and bowel function
Feeding	The ability to get food from a plate into the mouth

Cancer (severe) with specified requirements – Reserve definition

A malignant cancer pathologically confirmed and characterised by the uncontrolled spread of malignant cells and the invasion of normal tissue beyond the basement membrane. The following malignant tumours are specifically excluded for the Reserve Living Benefit:

- a. all skin cancers except metastatic squamous cell carcinomas or melanomas of 2 millimetres or more in thickness or from 1.5 millimetres up to 2 millimetres in thickness with evidence of ulceration
- b. all tumours of the prostate except those histologically classified as having progressed to at least clinical TNM classification T3NOMO
- c. breast cancer except where the tumour is greater than 2cm in size or there is lymph node involvement or metastases
- d. chronic lymphocytic leukaemia except where classified as Binet stage C or Rai stages 3 or 4
- e. Hodgkin's disease except where classified as stage 3 or higher
- f. Non-Hodgkin's Lymphoma (NHL) except where classified as stage 2 or higher
- g. thyroid cancers except where the cancer has extended outside the thyroid capsule, invading lymph nodes or with distant metastases

- h. testicular cancers except where the cancer has extended outside the testicle, invading lymph nodes or with distant metastases
- i. cancers of the cervix except where classified as stage 2 or higher (according to the FIGO staging method), and
- j. all tumours which are histologically described as microcarcinoma, pre-malignant or showing the malignant changes of 'carcinoma in situ', including cervical dysplasia classified as low or high grade squamous intraepithelial lesions.

Heart attack (severe) with specified requirements – Reserve definition

Death of heart muscle caused by inadequate blood supply, evidenced by typical rise and/or fall of cardiac biomarker blood tests with at least one of the following:

- a. Acute cardiac symptoms consistent with a heart attack
- b. New serial electrocardiograph changes associated with myocardial infarction, or
- c. Imaging evidence of new loss of viable myocardium or new regional wall motion abnormality.

If the above tests are inconclusive or superseded by technological advances, we will consider other appropriate and medically recognised tests in support of a diagnosis.

In addition to the above being met, we require that the left ventricular ejection fraction (taken six weeks or more after the event) is 40% or less.

The following are specifically excluded:

- other acute coronary syndromes, including but not limited to angina pectoris
- takotsubo cardiomyopathy, and
- any elective percutaneous procedure for coronary artery disease, which is the sole cause of a rise in cardiac biomarkers.

Loss of independent existence – with a specified level of impairment

As a result of *sickness* or *injury*, the Insured Person:

- a. has a permanent and irreversible inability to perform, without assistance, any two of the activities of daily living, or
- b. suffers cognitive impairment that requires permanent and constant supervision, which must be established and the diagnosis reaffirmed after a continuous period of at least 6 months of such impairment.

Paralysis

The total and permanent loss of use through *sickness* or *injury* of:

- a. both legs (paraplegia)
- b. both arms and legs (quadriplegia)
- c. one side of the body (hemiplegia), or
- d. both sides of the body (diplegia).

Stroke (severe) with specified impairment –

Reserve definition

Any cerebrovascular accident (CVA) or incident resulting in neurological deficit. The stroke must:

- a. be confirmed by a consultant neurologist
- b. be evidenced by neuro-imaging (e.g. CT, MRI or similar scanning technique), and
- c. result in permanent neurological deficit with persisting clinical symptoms, and result in a score of 2 or greater on the Modified Rankin scale, confirmed at least 3 months after the event.

The Modified Rankin scale is as follows:

0. no symptoms at all
1. no significant disability despite symptoms, able to carry out all usual duties and activities
2. slight disability, unable to carry out all previous activities, but able to look after own affairs without assistance
3. moderate disability, requiring some help, but able to walk without assistance
4. moderately severe disability, unable to walk without assistance and unable to attend to own bodily needs without assistance
5. severe disability, bedridden, incontinent and requiring constant nursing care and attention
6. dead.

The following are specifically excluded:

- cerebral events with reversible neurological deficits, including but not limited to transient ischemic attack
- cerebral symptoms due to migraine
- cerebral injury resulting from head trauma or hypoxia, and
- neurovascular disease or incident affecting the eye, optic nerve or vestibular functions.

The following definitions are applicable to Reserve. Please note that some definitions differ from the corresponding definition in the Definitions section of the PP PDS. These definitions are marked with an asterisk (*).

Each defined term is indicated by the use of italics throughout the Reference Document. Those italicised terms are subject to the definitional meanings set out in this section: Definitions for Reserve ('this section'). Within this section, the corresponding defined term/s are indicated in bold, and given the meaning that is supplied by the wording which subsequently follows up until the start of the next defined term/s indicated in bold.

Administrator means the administrator of your *Platform Investment* or *Platform Super* account. Refer to your *Platform Investment* or *Platform Super* offer document for details of the administrator.

Alcohol abuse means an episodic or established pattern of drinking that results in *injury*, health consequences and/or social problems.

Alcohol dependence means physiological and/or psychological reliance on or addiction to alcohol, which results from recurrent use, characterised by mental and/or physical changes in the user that make it difficult to stop usage despite repeated alcohol related problems.

Any occupation TPD is a definition of *total and permanent disability*.

Benefit period means the maximum period of time measured from the end of the *waiting period* for which a benefit entitlement in respect of any one *sickness* or *injury* may continue to accrue (subject to recurrent disability). Your benefit period is shown in your *policy schedule* or *membership certificate*.

Commencement date means the 'Policy Risk Commencement Date' shown on your *policy schedule* or *membership certificate*.

CPI means the percentage increase in the Consumer Price Index ('weighted average of eight capital cities combined') as published by the Australian Bureau of Statistics or its successor over the 12 month period ending 31 March each year. The CPI will apply for the subsequent year commencing 1 October. If the CPI is not published, or is considered by us to be inappropriate, the percentage increase shall be calculated by reference to such other index of inflation as, in our opinion, most nearly replaces it. If the CPI is negative, we will consider it to be zero.

Date of disablement* means:

- for *own occupation TPD* and *any occupation TPD*, 3 months after ceasing work due to *sickness* or *injury*, and
- for *general cover TPD*, the date the Insured Person meets the *general cover TPD* definition.

Doctor means a person who:

- is a registered medical practitioner in Australia or New Zealand (or is a medical practitioner of another country with qualifications acceptable to us), and
- is not:
 - you or the Insured Person, or
 - a spouse, parent, child, sibling or any other relative or business partner of you or the Insured Person.

Drug use means the Insured Person abusing or having abused, or being under the influence of drugs or controlled substances, other than drugs legally and appropriately prescribed by a *doctor* and used, as directed, by the Insured Person.

Earnings means the income earned by the Insured Person's own personal exertion before tax, but after deduction of any expenses incurred in earning that income.

Endorsed Agreed Value* means the amount of the Total Disability Benefit (which is relevant to calculating the benefit payable in the event of *total disability* and/or *partial disability*) will be subject to a guaranteed amount, being the *insured monthly benefit* amount stated in the most recent *policy schedule*, *membership certificate* or *renewal summary*.

Fatigue syndromes means any of the several related syndromes characterised by a constellation of disabling symptoms primarily causing fatigue and myalgia, including but not limited to chronic fatigue syndrome, myalgic encephalomyelitis, post viral fatigue syndrome or fibromyalgia (chronic widespread pain).

Gainful employment and **gainfully employed** means:

- for employees, a person is working for salary, wages, or commission
- for self-employed, a person is working in a business or professional practice and as a result of their personal exertion is generating an income from the business or professional practice.

General cover TPD is a definition of *total and permanent disability*.

Important income producing duties means those duties which could reasonably be considered primarily essential to producing the Insured Person's monthly income.

Indemnity* means the amount of the Total Disability Benefit (which is relevant to calculating the benefit payable in the event of *total disability* and/or *partial disability*), being the *insured monthly benefit* amount stated in the most recent *policy schedule*, *membership certificate* or *renewal summary*, may be reduced if the Insured Person's *monthly earnings* have reduced since your insurance commenced.

Injury means a bodily injury which is sustained by the Insured Person after the later of:

- the *commencement date*
- for an increase in the sum insured for any benefit, the date we increase the benefit (other than a *CPI* or *Loyalty Benefit* increase), and
- the date your Policy was last reinstated, but before your Policy ends.

A bodily injury which was sustained prior to the commencement date or last reinstatement of your Policy, that you or the Insured Person fully disclosed to us and we agreed to cover is considered an injury for the purposes of this definition.

Insured monthly benefit means the amount shown in the most recent *policy schedule, membership certificate or renewal summary*.

Insured Person means the person whose life is insured, or the life to be insured. The name of each Insured Person is set out in the *policy schedule or membership certificate* under the heading, Insured Person.

Insurer means TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL Life).

Limb means an arm or leg, including the whole hand or the whole foot.

Membership certificate means the most recent document that we issue to you, which sets out the details of the insurance we provide you under Term Life as Superannuation or Income Protection as Superannuation.

Mental illness means a condition (other than dementia and Alzheimer's disease):

- for which a doctor might ordinarily recommend treatment, advice or counselling from a psychiatrist, psychologist, therapist or mental health professional, or for which psychotropic medications might commonly be prescribed, including, but not limited to, depression, bipolar disorder, schizophrenia, post-traumatic stress syndrome, anxiety, somatoform disorders, nervousness, behavioural disorders, sleeplessness, and phobias (including the fear, whether rational or irrational, of harming others by practising in one's occupation)
- that is classified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (or the diagnostic manual then in use by the American Psychiatric Association as at the date of disability), or
- caused by stress, or related to substance abuse or dependency.

Monthly earnings* means:

- If the Insured Person is not self-employed the normal monthly value of the remuneration package paid to the Insured Person by their employer, including salary, superannuation contributions, fees, commissions, regular overtime and regular bonus payments and packaged fringe benefits. Remuneration package does not include income which is not derived from the Insured Person's personal exertion such as interest or dividend payments.
- If the Insured Person is self-employed:
 - the normal monthly income earned by the Insured Person's business, practice or partnership due to the Insured Person's personal exertion or activities, less
 - the Insured Person's share of the expenses of the business, practice or partnership that were necessarily incurred in producing the normal monthly income.

Monthly earnings are calculated as the amount before the deduction of income tax.

MSAL means Mercer Superannuation (Australia) Limited ABN 79 004 717 533 AFSL 235906 (MSAL) as trustee of the Mercer Super Trust ABN 19 905 422 981.

Our means the *Insurer*.

Own occupation means the occupation that the Insured Person was engaged in immediately prior to the event giving rise to a claim.

If the Insured Person was unemployed immediately prior to the event given rise to the claim, *own occupation* refers to the occupation they were engaged in the last time they were *gainfully employed* prior to the event giving rise to the claim.

Own occupation TPD is a definition of *total and permanent disability*.

Partial disability and **partially disabled*** means:

- Due to *sickness or injury* the Insured Person:
 - while working and able to perform one or more of the *important income producing duties* of their *usual occupation*, is unable to perform all of them
 - while working and able to perform all of the *important income producing duties* of their *usual occupation*, is only able to do so in a reduced capacity, or
 - is working in another occupation, and
- the *monthly earnings* of the Insured Person are less than the amount of their *pre-disability monthly earnings*, and
- the Insured Person is under the *regular care of a doctor*.

Platform Investment means an investment platform in respect of which the *Insurer* has a current arrangement with the *administrator* to provide insurance benefits for the investors through the platform.

Platform Super means a superannuation platform in respect of which the *Insurer* has a current arrangement with the trustee of the underlying superannuation fund to provide insurance benefits for the members of the relevant superannuation fund through the platform. *TAL Super* is excluded from this definition.

Policy means:

- for Policies held inside *superannuation*, the cover as provided under the contract of insurance between us and the trustee of the superannuation fund, and
- for all other cover, the contract of insurance with us.

Policy Owner means the person (or entity) shown as the Policy Owner in the *policy schedule or membership certificate*. For Policies held inside *superannuation*, the Policy Owner is the trustee of the superannuation fund.

Policy schedule means the most recent document that we issue to you which sets out the details of the insurance we provide you, and forms part of your contract with the *Insurer*.

Post-disability monthly earnings means the Insured Person's *monthly earnings* after becoming *partially disabled*.

PP PDS means the Protection Plans Product Disclosure Statement and Policy Document dated 1 April 2025.

Pre-disability monthly earnings* means:

- if the monthly benefit type shown in the *policy schedule* or *membership certificate* is *Indemnity*, the Insured Person's highest average *monthly earnings* in any consecutive 12 month period in the 36 months immediately preceding the commencement of *total disability* or *partial disability*, increased by the *CPI* each review date since that date, or
- if the monthly benefit type shown in the *policy schedule* or *membership certificate* is *Endorsed Agreed Value*, the Insured Person's highest average *monthly earnings* in any consecutive 12 month period between the date 2 years prior to the *commencement date* and the date that the *waiting period* commences, increased by the *CPI* each review date since that date.

Regular care of a doctor means the Insured Person:

- has sought advice, care, and treatment from a *doctor* in relation to the *sickness* or *injury* that you are claiming for and is continuing to do so at such times as is reasonable in the circumstances, and
- is following the advice, care and treatment of the *doctor*.

Renewal summary means the annual renewal notice sent to the Policy Owner.**Review date** means the anniversary of your Policy *commencement date*, or if you have placed your Policy in a group of Policies (i.e. a portfolio) with a different review date, the review date of the portfolio.**Sickness** means a sickness or disease which first becomes apparent after the later of:

- the *commencement date*
- for an increase in the sum insured for any benefit, the date we increase the benefit (other than a *CPI* or Loyalty Benefit increase), and
- the date your Policy was last reinstated, but before your Policy ends.

For the avoidance of doubt, a sickness or disease is taken to have first become apparent when:

- a *doctor* first gave the Insured Person advice, care or treatment or recommended that the Insured Person seek advice, care or treatment for the sickness or disease, or
- the Insured Person first had any *symptom* of the sickness or disease for which a reasonable person in the same circumstances would have sought advice, care or treatment from a *doctor*.

A sickness or disease which first became apparent before the *commencement date*, increase in sum insured but only in respect of that increase, or last reinstatement of the Policy that you or the Insured Person fully disclosed to us and we agreed to cover is considered a sickness for the purposes of this definition.

Specified medical event(s)* is a sickness or *injury* for which a Living Benefit is payable as listed in the Reserve *specified medical events* table on [page 10](#).

SMSF means a self-managed superannuation fund as defined by section 17A of the *Superannuation Industry (Supervision) Act 1993* (Cth). With limited exceptions, self-managed superannuation funds have no more than six members, all of which are trustees or directors of the trustee company.

Suitably trained doctor means a doctor or specialist that has the appropriate training, qualifications and experience to provide an opinion, diagnosis and treatment.

Super Fund means a superannuation fund for which the *Insurer* has a current arrangement with the trustee of the superannuation fund to provide insurance benefits for the members of the relevant superannuation fund. This definition includes *TAL Super* or *Platform Super*.

Superannuation means a self-managed super fund (SMSF) or a Super Fund.

Symptom means a departure from normal function or feeling which is noticed by the Insured Person, indicating the potential presence of *sickness* or abnormality. A symptom is taken to have existed when first noticed by the Insured Person.

TAL Super is a plan within the Retail Division in the Mercer Super Trust ABN 19 905 422 981 and is sponsored by TAL Services Limited ACN 076 105 130.

Total disability and **totally disabled*** means:

- the Insured Person is, because of *sickness* or *injury*:
 - unable to perform one or more of the *important income producing duties* of their *usual occupation*
 - not working, and
 - under the *regular care of a doctor*, or
- the Insured Person is, because of *sickness* or *injury*:
 - not working for more than 10 hours per week in their *usual occupation*, and not working in any other occupation
 - unable to perform the *important income producing duties* of their *usual occupation* for more than 10 hours per week, and
 - under the *regular care of a doctor*, or
- the Insured Person is continuously *partially disabled* after the end of the *waiting period*, and the *post-disability monthly earnings* while *partially disabled* are less than or equal to 20% of *pre-disability monthly earnings*.

The above definition applies to occupation categories (as shown in the *policy schedule* or *membership certificate*) AA, A, P, S, BB, B or C during the life of a claim and only applies to occupation category E for the first 2 years of a claim, after which, the Insured Person will need to demonstrate that they are, because of *sickness* or *injury*:

- unable to perform any occupation for which they are reasonably suited by education, training or experience
- not working, and
- under the *regular care of a doctor*.

Total and permanent disability and **totally and permanently disabled*** means:

a. For own occupation TPD (**TPD Benefit (Own)**) appears on your policy schedule):

Unlikely to do your own occupation ever again

- sickness or *injury* which has prevented the Insured Person from working in their *own occupation* for at least 3 consecutive months
- the 3 month period has ended before the *review date* following the Insured Person's 65th birthday, and
- the *sickness or injury* makes it unlikely that the Insured Person will ever again be able to work in their *own occupation*.

The Insured Person will also be considered to be totally and permanently disabled if the Insured Person meets the *general cover TPD* definition of total and permanent disability.

b. For any occupation TPD (**TPD Benefit (Any)**) appears on your policy schedule):

If the Policy is held outside superannuation:

Unlikely to do a suited occupation ever again

OR

Able to do a suited occupation but total remuneration for any occupation is less than 25% of the Insured Person's earnings in their last 12 months of work

- sickness or *injury* which has prevented the Insured Person from working in their *own occupation* for at least 3 consecutive months, and
- the 3 month period has ended before the *review date* following the Insured Person's 65th birthday, and either:
 - the *sickness or injury* makes it unlikely that the Insured Person will ever again be able to work in any occupation for which they are reasonably qualified because of education, training or experience, or
 - if the Insured Person is able to work in any occupation for which they are reasonably qualified because of education, training or experience but the total remuneration for this occupation is less than 25% of the Insured Person's earnings in their last 12 months of work.

The Insured Person will also be considered to be totally and permanently disabled if the Insured Person meets the *general cover TPD* definition of total and permanent disability.

If the Policy is held inside *superannuation*:

Unlikely to do a suited occupation ever again

- *sickness or injury* which has prevented the Insured Person from working in their *own occupation* for at least 3 consecutive months, and
- the 3 month period has ended before the *review date* following the Insured Person's 65th birthday, and
- the *sickness or injury* makes it unlikely that the Insured Person will ever again be able to work in any occupation for which they are reasonably qualified because of education, training or experience.

The Insured Person will also be considered to be totally and permanently disabled if the Insured Person meets the *general cover TPD* definition of total and permanent disability.

c. For *general cover TPD* (**TPD Benefit (General)**) appears on your policy schedule):

If the Policy is held outside *superannuation*:

Loss of limbs and/or sight

OR

Unable to look after yourself ever again

OR

Permanent loss of intellectual capacity

- the Insured Person has suffered either:
 - total and permanent loss of use of two limbs; loss of use of one limb and loss of sight in one eye; or loss of sight, or
 - a Loss of Independent Existence (as defined in the Medical Glossary).

If the Policy is held inside *superannuation*:

Loss of limbs and/or sight and unlikely to do a suited occupation ever again

OR

Unable to look after yourself ever again and unlikely to do a suited occupation ever again

OR

Permanent loss of intellectual capacity and unlikely to do a suited occupation ever again

- the Insured Person has suffered:

- total and permanent loss of use of two limbs; loss of use of one limb and loss of sight in one eye; or loss of sight, or
- the Insured Person has suffered a Loss of Independent Existence (as defined in the Medical Glossary), and
- the *sickness* or *injury* makes it unlikely that the Insured Person will ever again be able to work in any occupation for which they are reasonably qualified because of education, training or experience.

Us means the *Insurer*.

Usual occupation means the occupation in which the Insured Person was last engaged before suffering a *specified medical event* or becoming *totally disabled* or *partially disabled*.

Waiting period* means the minimum period of time which must elapse before any Income Protection, Income Protection as Superannuation or Income Protection Plus benefit entitlement may accrue. Your waiting period is shown in the *policy schedule* or *membership certificate*. For occupation categories AA, A, P, S, BB, B, or C:

- the Insured Person must be continuously *totally disabled* or *partially disabled* throughout the entire waiting period, and
- the waiting period will end if the Insured Person ceases to be *totally disabled* or *partially disabled* at any time during the waiting period. If the Insured Person becomes *totally disabled* or *partially disabled* again, the waiting period will start from the beginning.

For occupation category E:

- Total Disability Benefit:** the Insured Person must be continuously totally disabled throughout the entire waiting period.
- Partial Disability Benefit:** the Insured Person must be totally disabled for at least 14 of the first 19 days of the waiting period and totally disabled or partially disabled for the balance of the waiting period.

We means the *Insurer*.

You and **your** means the Insured Person for Policies paid through a *Super Fund*, and for all other Policies means the Policy Owner.

Contacting us

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